



## NC Medicaid Managed Care Open Enrollment Webinar

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>> Good afternoon and welcome to today's webinar. I am Tracy Zimmerman, director of internal affairs for the department of Health and Human Services. And I will be a moderator today. Before we get started, here are a few reminders about today's webinar. Please use a computer with audio or smartphone connected to the Internet. Make sure you have turned on the audio for your computer or smartphone and have adjusted the volume. If you are experiencing technical issues during the presentation, send a message using the ask a question box on your screen. Sites for this presentation are located on your screen under event resources. Questions can be submitted anytime during the presentation, using the ask a question box. We will answer as many questions as time allows after the presentation.

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>> Now I would like to introduce your presenter, Dr. Mandy Cohen, Secretary of the Department of Health and Human Services.

>> **SLIDE 1** - Thank you, Tracy. Good afternoon everyone. Thank you for joining us on this beautiful summer day. We are happy to hit this milestone here on July 15 for the start of open enrollment in our Phase I County, and I want to have this webinar make sure that we were communicating all we could about what is happening with this major effort of transformation that we have been working on for many years. I am joined here by Dave Richard and the Medicaid team -- people on the team have been working tirelessly on this project. I will go through some information in a few slides, and I will be turning it over to the folks who run the enrollment broker work, and they will go through more from their perspective and then at the end we will come to your questions. So, as we are talking, thank you no questions, feel free to put them in the chat box and we will get to them at the end.

>> **SLIDE 2** - So, on July 15, we have a lot of things to be very proud of the work today. With that we have turned national the number there is 833-870-5500, and we also have the website line, and see Medicaid.gov, those are live for the consumers right now -- ncm Medicaidplans.gov.

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>> Notifications have been mailed right now and that is a lot to be excited about and go through. And as many of you know, we have been working on this project for many years.

>> **SLIDE 3** - In 2015, the General Assembly passed laws directing our department to move to Managed Care. There's been a lot of work and a lot of collaboration with hundreds of thousands of folks out there on how we shape this program in the best way possible. And make the Medicaid program stronger as we go through this major change.

>> So, thank you for all the engagement. And that's another one in place.

>> And there's lots still going on in the legislative world.

>> We recognize that our current mandate is to move forward with Managed Care. And that is a huge effort with a lot of moving pieces, and we want to make sure our consumers who are experiencing the change have the time and space that they need to understand the program and make changes, and understand the right changes are for them and their family as we move forward. That is why we are moving forward.

>> There are still some very significant things related to the General Assembly action that need to happen for us to stay on the timeline that I will be talk about related to budget and access to the Medicaid Transformation fund and authorized to be able to pay claims. There are still several things that need to happen at the General Assembly. We are working actively in partnership with them to make this happen. But we have continued to move forward to make sure that these years of work that we put in continued to move forward.

>> **SLIDE 4** - Just a reminder to ground us here on slide four, the vision that we have been working on for several years, it's really to improve the health of North Carolinians. And we want to do that through an innovative all person centered and well-coordinated system of care that addresses both the medical and nonmedical drivers of health. We will continue to see those teams repeatedly, as we do our work.

>> **SLIDE 5** - As a reminder, about the features of Managed Care, Medicaid services are going to be paid differently. Right now, services are paid directly by the state and in the future, they will be paid through private insurance companies, or health plans. PHPs, which are prepaid health plans, you see lots of those different acronyms.

>> We have entered into contract with those insurance companies to pay that predetermined set rate, which is a capitated rate per person, we have set medical -- minimum rate floors for certain providers, and we have an extensive array of rules of the road, if you will, to be accountable for managing them on behalf of the state. We always continue to oversee the program and make sure we do the best for North Carolinians in the program.

>> The new steps that our beneficiaries are going to be taking for the first time especially in the Medicaid program is to choose a plan, and becoming familiar with the eligibility process, that's going to stay the same. The same County process. But now there's going to be a second step to the process, which is choosing a health plan for the first time. And the enrollment broker which is going to be the second half of this webinar will be helping folks in the process.

>> As a reminder, this whole effort is going to really be focused on what we have been calling Standard Plans. And it's the population in Standard Plans that we will be focused on today. And a separate effort that the Department is taking is to enroll folks into Tailored Plans, but that's not until several years into

the future. 2021. But today, things that we are talking about in Phase I and Phase II are all focused on Standard Plans.

>> **SLIDE 6** - So here we are on slide six, and a map you're familiar with, the map of North Carolina, I want to draw your attention to the light blue counties. Those are the Phase I regions that we are going to be rolling out to you first. And then Phase II are all the dark blue regions, which will be rolling out to you later in the year. We are doing this phased rollout to help us best transition in this large change that we are undertaking. We want to learn and work out the kinks if any, in a smaller part of the state, before we roll out the system to everybody, and that's why we are doing this in two phases.

>> So, look at the light blue areas. Those are the folks that start open enrollment today. Those are the counties in which beneficiaries have gotten their enrollment packets over the past weeks. The rest of the counties may be experiencing pieces of this in terms of contracting with the provider contracting and such, but it's really those in the light blue counties that we are going to be focused on today in terms of what is happening now as of the start of open enrollment.

>> **SLIDE 7** - Here we go to the specific dates that we have been talking about. I mentioned already that the enrollment packets have been mailed, we also had the website and the call center go live that began in the view of today's role. Open enrollment will last for the next 60 days until September 15. After which time, folks will have had a two-month opportunity to select their plans, and then if they do not do that, then you will be automatically assigned a plan. And then all of this will start to be live. November 1 of this year, again in those same regions.

>> In Phase 2 which was kind of a setback to a similar cadence from beginning open enrollment, for the Phase 2 counties, will be in October 14 closing December 13 with go live February of 2020.

>> So those are the timelines again, we are on right now. We are currently on target for those dates, but as I mentioned, every time I mentioned these dates, there is a little there that is very important. And these are subject to change. With any big project like this there's a lot of moving pieces. So, I mentioned some of the legislative pieces but there's also a lot of operational pieces that go into this, and so if we need to we will adjust the dates, but right now we are on track.

>> **SLIDE 8** - So here in slide eight, just to mention a couple of successes to date that we are proud of, that there have been calls for. More than a dozen calls to handle the enrollment broker call center. Folks are visiting the website and folks are downloading the app. We very much expect for these numbers to go up now that today is the first of open enrollment. We hope to see many more calls come in, so that those can do the process of selecting the plan and learning more about managed care. So, as you're sitting here you can download our app if you're curious about what that looks like. So please do that. As well as visit the website so you can see what information we are providing directly to beneficiaries.

>> **SLIDE 9** - Want to talk about how we want to make sure that we are in constant communication with you. This webinar is one opportunity to do that. But this is a big effort, and a big change. It's really the most significant change that the program has undertaken in its history, and we want to be sure that we are understanding what is happening on the ground. We also note that any changes of this magnitude are going to come with some bumps. Some things that aren't going to go as anticipated. We have already seen with the soft launch of our call center and the website, that we are picking up some things that we want to change when you go through here. So, I want to shout out and thank the society, the Psychiatric Association, these have been instrumental in handling pressing issues that have come up

along the way. They prioritize those and consolidate those to us. Things like the provider directory having some challenges in terms of errors within that the specialist we're visualizing. Or there are missing web links things like that.

>> So, I would encourage you to continue to use your professional association and other partners to help us make sure that we are linking good information to folks. I will also mention we just talked about making sure the provider directories are showing up, make sure that your information is up-to-date in NCTracks, because that is the information we send the provider directory and populate contact information. Make sure that information is up-to-date.

>> **SLIDE 10** - But on slide 10 here, is how you can you tell us about issues that you may be experiencing. First, I want to make sure that we want to hear from you. Please use your professional societies or normal channels that you would use, but here's a few additional channels if you want to reach out to us directly. So, if you are a provider or clinician, you probably interact with the NCTracks systems so the phone numbers are there. If you are one of our beneficiaries you can obviously call the Medicaid Contact Center that number, as I mentioned before is, 833-870-5500. And then our County partners know to call through the NC FAST line. So those are all the channels that folks can use. In addition, we wanted to make sure that things have been going through this that we also have a SWAT team that's going to jump on the problems, big or small, help us identify systematic issues. So, there's an opportunity also for you to escalate issues to a SWAT team, there's a phone number here as well as an email address. So if those other channels aren't giving you the resolution that you feel like you need or particularly if you think it's something that's systematic and not just an issue specific to your practice or your counties, feel free to use that email at MedicaidSWAT@dhhs.nc.gov and we will be triaging those and working as we go through that.

>> So, like I said any change like this there will be issues that come up and we want to jump on them, prioritize them, understand if there one offered and systematic. And you finding that for us would be helpful.

>> **SLIDE 11** - So these districts transition to slide 11 here. Give a sense of how we are supporting folks across the board. First let us look at some of those that serve our beneficiaries in our program. They are working hard to try to make this a extensive team that is easy for folks to understand. Because it is a lot of the same for folks. Their benefits packet for example are saying the way they do eligibility is staying the same, but there are changing, and we want them to take action starting today. Counties, for instance to convey a plan. Trying to convey information in layman's terms, multiple channels and using you as partners to help us reach folks. We wanted to be a sense of some of the materials that are out there. I know it's timely. But I want to make sure that you know there are folks in the back may come into your office and say what is it, they want to give you a sense of the types of things that are out there in the district right now and these all exist on electronic forms on the website as well.

>> **SLIDE 12** - In terms of slide 12 here, our support for providers, this is been an important goal for me personally. As a physician to make sure that we are not just supporting our beneficiaries to this team but also recognizing that those who care for the beneficiaries stay and we make sure we are supporting you as well. That started with policies we put in place early in the process whether we established a timely payment board or centralize credentialing or modifying pharmacy drug lists or streamlining forms and contracts where we could. But we want to continue to support providers through this transition. Because we know a lot is coming at you. And it's not just coming at you for Medicaid, it is coming at you

from a lot of different avenues. And I am personally very sensitive to that. I just want to make sure that we can support folks through this whether it's from additional education -- additional education opportunities and playbooks to help walk folks through the different changes or using our partners or our partnering with folks to do additional supporting and training -- through AHEC. We have a lot of ways in which we are hoping to support providers.

>> Given that in the moment where we are in in the moment of time, two things that we are experiencing contracting. I'm sure many have been approached by the health plan and the contracting that have already contracted. And the other is that we may have Medicaid patients that come to you and say hey what should I do, how should I choose. And we want to support you in both of those ways. Know that we have approved the contract from our standard contracts from our end of the state. When you actually go into and enter those contracts with a health plan, it does take three weeks to fully have that show up in our system, because we want to verify not only that yes you signed on the dotted line that you are in the network for particular pain, but we also want to make sure that you can be paid. And that is the extra check that goes on. So, it does take from the time that you say yes, I want to be a network plan, it does take to three weeks to get you on that list. And so that's why deep into the second part of what providers are probably being asked, hey doc, what plan should I choose, and you know that we recognize that networks are going to mature over the next, over the summer really, as more folks sign the contract, and we get folks uploaded into the provider directory.

>> I think it's a good time to remind folks that open enrollment is a twofold month and folks can come and make the choice and have to make the final selection today, but even after we go live, in November and December, our beneficiaries will still have 90 days from November 1 in which they can choose a different plan. If something changes in the medical life, the family life or for whatever reason, you don't like your logo. They can change.

>> So, there is a lot of flexibility here. We do that intentionally. We have a big change like this week making sure folks end up in the right place that's right for them and their families. But I think providers are going to hear about that and want to make sure you can reassure your patients that they have that flexibility at the time.

>> **SLIDE 13** - Let's move on to supporting counties. We have been doing a lot of work with our counties. Again, the counties are aware beneficiaries will still go for eligibility support. In the same way they have the certification. And we are doing as much as we can to provide support through webinars and office hours and on-site training, as well as put together tons of materials. I know our team has been working overtime to touch as many people as we can, not just our departments of social service, but the folks in public health. The transportation providers. Our County commissioners and managers, our behavioral health professionals.

>> **SLIDE 14** - So as you can see on slide 14, we also have posted on our website [Medicaid.NCDHHS.gov](https://www.Medicaid.NCDHHS.gov). We have a lot of material supporting counties. So, if you are in the county and interact with other County players, know that there's a lot of materials that we been putting together. These are topics we need to address. We would be happy to invite materials, but again these are meant to help you get through what is a very big change.

>> **SLIDE 15** - On slide 15 we are also doing a similar type of support for our legislature, and they have a specific SWAT team that is just for them. Doing conference calls, again more fact sheets and information

so that you can answer questions or make sure that they are willing concerns to us from constituents just to make sure that they are supported.

>> **SLIDE 16** - And before I turn it over to the enrollment broker, just to end my portion of this webinar, focus on the things that I keep in my mind for priorities for day one for managed care. And it's a big change, but at the end of the day there are some very concrete and focused things that we want to do for the first day.

>> We want to make sure that someone who is scheduled for an appointment is seen. Very basic. We want to make sure that prescriptions are filled by the pharmacist that they need in a timely way. We want to make sure providers are enrolled in Medicaid prior to November 1 to continue to be enrolled. And we want to make sure the providers are paid for care that's delivered to members. And so, we are keeping our eye on the ball in all these things that they are very hard. Very hard. They seem simple, but it takes a ton of work from the team here, and success in partnership with the prepaid health plans in partnership with all of them, the doctors and nurses in the behavioral professionals and on and on and on. To get to basic success on day one. So, I appreciate you tuning in to hear about what we're doing today. And we have the sessions to answer questions, and now I will turn it over to Eric and the colleagues at MAXIMUS, and sort of go through their piece of the work in answering the questions.

>> **SLIDE 17** – Thank you very much.

>> **SLIDE 18** - One of the things I want to start out with is as the Secretary said, the state will continue to handle eligibility, so I think it's important for people to understand. The goal of the enrollment broker is to simplify the enrollment process. To make it easy for consumers to understand. That increases the number beneficiaries automatically select the health plan. Versus being selected into the health plan. An unbiased broker really concerned with program integrity will help beneficiaries who have health coverage for them and the family. And that is what's key. We are truly independent, and our goal is to help beneficiaries select the right plans for their health needs.

>> **SLIDE 19** - One of the things that we are responsible for at the enrollment is the million notices. As the Secretary says, over the past week or so 200,000 notices have been mailed in Phase 1 In the following slide, I will walk through some of these notices, so people understand what types have been spent in what they actually look like.

>> **SLIDE 20** - So to make sure that people have access to the information that they need, the enrollment broker has really set up an army channel solution for North Carolina. It really proposed the four basic parts. Number one, there is an NCMedicaidPlans.gov. The website is really a key captioner -- area for the beneficiaries and it is up and running right now. So, you will find information not only about the transformation, we'll talk about this a little later, if comes to an area near you. And if you need to find it we can help with one of the areas. To get additional help is the mobile app. Mobile apps have been downloaded over the last couple of days. It is available in the Apple and android format. Download the mobile app.

>> In addition, there's a call center, it is up and running, at 833-870-5500. We will get you to enrollment specialist. We also have available for people who might be hearing impaired, TTY line as well as we have language lines available for those people who speak a language other than Spanish or English, in fact we have well over 100 languages that are available today.

>> Now good old-fashioned mail still works. So, you will find, and we will go through this in a few moments, that there is an enrollment form, that everyone is getting. It can be mailed in, or it can be faxed in as well.

>>**SLIDE 21** - So, let's look at the enrollment packet that has now been received in phase 1. You will see that throughout the different notices we will cover, there really is the same layout. I realize on the computer screen, this is a small print. So, I would encourage people to go out to websites, Medicaid. [ncdhhs.gov](http://ncdhhs.gov), and you can contact the Medicaid Contact Center and we will walk you through any problems you have. But if you notice the red box, this is very simple, that box will tell the recipient who this letter is for. It's set up in brief step national three steps. It really does tell people what they need to do, how they need to do it, the timeframe that they need to do it, and where they can go to get help.

>>**SLIDE 22** - So, if we go now to a sample mandatory notice, this is what the beneficiary district has received usually eligible for Medicaid during open enrollment and have enrolled into a managed care plan. The notice will also include a PCP if someone has selected one, and if -- it's a reminder to choose a CBC if you have not done so.

>> You will see again at the top box, that will tell the beneficiaries exactly who the letter is intended for, and again it walks people through the very simple steps of what they need to do and you will find that on every page, you will see the call center number so that people very easily can find it, and they can call in because we are open as of today. Seven days a week. So please again call if you got questions.

>>**SLIDE 23** - Now, there are some beneficiaries to our excluded district who are excluded from going into managed care. This is an example of a notice. Again -- an excluded notice. Red box of the top will tell them exactly that they are excluded and that if you receive this letter, you will get your Healthcare Services through Medicaid direct.

>> **SLIDE 24** - So, if we also move on, this is a sample exempt notice. Again, this is for beneficiaries who can choose to enroll in Medicaid managed care, or Medicaid direct. Again, the red boxes tell call people's attention to the fact that they can view the new plan and lets people know that this is an example notice.

>> **SLIDE 25** - Other things they will be contained within the enrollment packet, including informational flyers. The flyer will tell people exactly again three simple steps that they need to take. It asks questions -- consistent the questions and answers as you can see on the right side, and again you will see that the call center 833-8708 that the call center 83387085500 is clearly called out -- 833870 -- 83387055 -- 833-870-5500 is called that. So, I encourage you to go to the website and look at all the resources that are there and I think you will find that it is a wealth of information. Not only for beneficiaries, but for providers as well.

>> As I did say, we are going to take good old-fashioned mail, so that will be an enrollment form included in each one of the enrollment packets. This can be mailed in or it can be faxed in. And you can also find enrollment again information on the website. If you've got any questions about how to fill the form or again will have people standing by seven days a week, to answer your questions.

>> **SLIDE 28** - Now as we move into phase 1, there are four health plans that are available. You will find this PDF is already uploaded out on the website, it can also be downloaded via the county playbook that you can see here is already uploaded on the website. What you will see are the four current plans that

are available for phase 1. And as we move to phase 2, you will see that this comparison chart will be updated to include Carolina complete as it is the fifth option within specific counties.

>> Now one of the things that will also be updated on the website in the next few weeks is additional information added that one of these plans offer, so again I encourage you to keep checking the website and information will be updated weekly there. And we will be adding the updated comparison chart as soon as the information is available.

>> **SLIDE 29** - The other items in the enrollment packet, there is some information. So, one of the forms is the Notice of Non-Discrimination, and the other shows all the languages in which the enrollment program can aid. These are the top language is that are spoken with the North Carolina and they did say earlier, we can support well over 100 languages to date.

>> **SLIDE 30** - The other item that will be coming out a reminder postcard that will be mailed on August 13, these are for the beneficiaries who have not yet chosen the managed care plan. It will also be doing this for the phase 2 counties, and those reminder postcards will be mailed in November.

>> **SLIDE 31** - Now one of the other aspects of the enrollment program is outreach and education. We have been out partnering with the state since late fall. Addressing both provider groups as well as many associations.

>> **SLIDE 32** - One of the things we will see by 32 is that there are different kinds of events that we will be hosting. In the month of July alone, we will have 18 partner engagement events, we will have four enrollment invents, one of the areas in which you can find out about these events is to check on the website. And I will cover that in just a moment. But we will be listing all these events out there. These will include on-boarding sessions, these will include having support at these events to help people enroll in health plans and choose their provider as well.

>> **SLIDE 33** - These have already been distributed to the offices. There is a poster that covers the program. There are fact sheets. We have got Q&A. Sheets that have already been distributed as well as a wild card that someone can carry in their purse were in their wallet, that has the key information that you will need. If you've got questions it tells you who to call. And we hope that this will be very useful for everyone as well as we are distributing flyers which can again have key information about enrollment.

>> **SLIDE 34** - One of the other items that is available, is an introductory video. This is really a 4 1/2 minute video that's going to be online, and the interesting part about this video, it's been produced in such a way that you can listen to it in English, but also because it is so graphic and oriented in nature, and you can see a snapshot of this up screen right now, that you can really watch this video and get a good sense of what you need to do to enroll. And what are the sources available to help you enroll.

>> We will also be breaking this video down for clips which you will see added to outreach events and can be very useful for beneficiaries as they go through the different enrollment phases.

>> **SLIDE 35** - So, we have covered a lot of information. In the past 35 minutes. So, let me just recap for a moment. There're questions about eligibility or encouraging people to contact the local DSS offices, and that's key. If people have questions about and see Medicaid directors back and see McKay direct, people need to contact the Medicaid contact center at 88 McKay direct, people need to contact the Medicaid contact center at 888 McKay direct, people need to contact the Medicaid contact center at 888245

McKay direct, people need to contact the Medicaid contact center at 88824501 McKay direct, people need to contact the Medicaid contact center at 888-245-0179. However, people want help about choosing a plan, or PCP. And want to go through the enrollment process, call the enrollment broker call center and that's at 833 call center and that's at 833870 call center and that's at 833-870-5500, and as I said, starting today we will be open seven days a week, and we will have training, enrollment specialists there to help you. However, if you got questions about your health plan or your benefits, those really you want to refer people to their actual health plan that they choose.

>> So, with that, I would like to open the webinar to questions.

>> Thank you, we have several questions that have come in. I'm going to start with the Secretary, there's a couple questions related to the impact of the budget and the timing of the budget as well as other legislations through the house. And people like to understand how that might impact their time.

>> Sure. And as I mentioned earlier, there are a lot of things that still need to happen for us to go live November 1 in the counties.

>> Right now, we are on track as I keep mentioning from an operational perspective, and our current legislative mandate that continues to move forward.

>> Now whether its things related to the budget which we do need to have a budget, to move forward. Our fiscal year or a new fiscal year started on July 1. We can continue our work for a period, so that is not changed our ability to expand our timeline, but there will become a time at the -- near the end of the summer where we would need a budget in order to continue just a on our timeframe. We communicated that to the Gen. assembly, but the house and the Senate, and that they are working together as we are trying to work with them and continuing to move forward. But there are a lot of factors that impact that movement forward.

>> There are also other pieces of legislation related to transformation that are working their way to unclear where they will go, and thus we need to continue to move forward on our current legislative charge which is to launch the program. And to keep moving forward and take key beneficiaries the maximum amount of time to learn about the program, and to choose and select the plan for that that we are doing.

>> We will be in touch obviously if anything changes with our timelines, we will be sure to be notified -- notifying everyone so you can know if these dates move. There's a little\*there right now we are on time.

>> Thank you Secretary. I will go on now to question and Dave's symbol will be for you. Is the committee assistance assistant program involved in the transitions in manage Medicaid, Medicaid managed care or are those burst out?

>> The DA and the CAP program are currently not in manage care. And when we will bring those into the program they were to as well as the other community-based service which we will start with.

>> Great, thank you. Eric. This one is for you. My health system is not yet finding a contract, so we intend to find them, if our patients call the enrollment but for now, what with a rightfully be given?

>> If people call now, we will talk to them about where they live. What provider they would like to if they don't see the provider listed we encourage them to check back. Providers are signing up every day and as the secretary said health plans are very focused on building of the networks, so again we will be

encouraging people to check back because they do have 60 days. For the enrollment. Process. And we want to make sure the people do get not only the right plans with the right providers.

>> And Tracy if I could jump in, it's Mandy: again, I want to thank enrollment broker for helping folks make the right choice for them, which may be not the right choice on the day and coming back, we know that the networks or whether particular doctor or hospital is going to be in a particular network is going to change amateur as mentioned over the next period of time. And so there may be reason for folks to come back and to let a plan during the 60 days at a later point, but again we also know just to reiterate that even after we go live, on November 1, there will be opportunity for folks to still change and make the selection that's right for them and their family and so I think our message today is that beneficiaries don't have to feel locked in to a decision, but want them to start to get familiar with their options and choices, and they can make the best choice possible. Thank you.

>> On that one view Eric. Will there be a form that practice can get to patient to sign up with the health plan? Informs her mother to the patients in many of our patients who frequently and they're worried about.

>> Absolutely. As I said, the enrollment forms are available online. If you can find them, I encourage people to call the enrollment broker center. We will either help you find them, or we will mail one out to the appropriate beneficiary. If that's what we need to do. And then help them fill out that form and get enrolled in the PhD that they want. And help the provider must find a provider to meet their needs.

>> Great, thank you.

>> If a person lives in the county that's in phase I that has a managed care organization and not in phase 2, will they be engaging in open enrollment now or later?

>> If they are in phase I, they should be engaging now.

>> Great.

>> And what happens if a member is in phase I County moves to phase 2 County, will they no longer be they in no longer Medicaid managed care?

>> I get it, it's Mandy Cohen. So, if they enroll now, and then they moved, we can again, again they have opportunities to make sure there is physician desperate position and opportunities for the family. So, if they live in a baseline County and they make a choice, and starting in January of next year, they move in there in a different place to get back in touch with the enrollment broker, they will still be a managed care when he goes live in that area for their family. But because we're trying to be as flexible as possible for folks and individual's situation district individual situations the committee) with them.

>> Is the video available for download? On the Baltimore?

>> Right now, the video is just uploaded on the website, but I think we can work with people if they have an interest in using the video. I would again encourage people to contact the enrollment broker contact center, or you can contact Dave Richards or myself, and we can make sure we get the video to you.

>> The packets have been mailed out.

>> This is Cindy. Also, on the Medicaid plan.gov, on both versions, English and Spanish is available as well as in both English and Spanish.

>> Thank you.

>> Why are the health plans not seen the current rates for behavioral health services?

>> Just remind people on how the pay structure works. Or is it inside the health structure managed care. Many of them manage care when I go through standard decayed place that others will have the current services.

>> But it's important to note the rate that we are put in the health them contemplates the rates that have been paid for them to help providers.

>> So that is part of the health and themselves.

>> We are making district working to make sure that were looking at the current rates that are provided for the services that are provided inside the [ Indiscernible - low volume]. That's probably what is happening. People talking there, you're since you're talking with health plans, to make sure they are aware of the rate that is currently providing why it's important.

>> Thank you.

>> So, someone else's asking our office to sign with all health plans, but only showing under one. We were told that the systems were talking to each other. If that is the issue, when will be resolved and if they issue the plan they want as well as us in the primary care provider.

>> Good afternoon, this is Jay love, so I can't speak to each individual case. But as part of our effort to mitigate or manage some of the provider burden, we have put in a requirement that the health plan must have the capability of paying a provider for the list them in the directory. And so, in some cases, some health plans are very quick to get the provider loaded into the claim's payment platform and there for you would see the record displaying in the enrollment broker provider directory. Other health plans might have, in me be taking them a little longer. So, continue to refresh your provider directory to see if there's any changes, reach out to your provider relations, contact at the health plan. To that they are not see the records and that should resolve the issue.

>> There is no system issue quote" that preventing that information being transmitted, it's likely to be a local issue with helping to follow up with your provider relations rep.

>> Okay great.

>> Can you please repeat the hours of the call-center?

>> Yes, starting with open enrollment, it will be open our is open seven days a week. We do start at seven or and the open until 8 PM.

>> Okay if patients do not that the spec the auto assigned and does the patient.

>> Again, this is maybe going.

>> And wait we are determining someone's assignment of 10 will be based on several factors. It will be where you live, which regions are which counties and which plans will be available to you. We also are

going to be looking at what other plans may be a member of your family might already be enrolled in. And then we also want to look at historically what doctors have you seen and is there particular doctor and a network that aligns most closely to what you have used in the past.

>> So, the auto assignment algorithm will consider, but the best way for you as an individual to make sure that you get the doctor and plan that you want, is to take advantage of the 60-day period to make that selection on your own. That is the best way to do this.

>> Now our auto assignment algorithm review of best job to pair everyone, but again, I keep reminding folks this, that they don't like the results of the auto assignment, there is also another opportunity for the consumer and family to make a different choice for themselves even after auto assignment and

>> Again, our goal is to get folks to the right plan and stick with Dr. that they want to continue to see, so we tried give as many options for this weekend.

>> While they're still be limited Medicaid programs such as family planning or the Medicare part B?

>> Yes, there will be. Those are outside of the managed care environment. They will continue to be provided in Medicaid.

>> Thank you.

>> Work and you find the actual services of the different plans? The clear planning doesn't have that information right now.

>> Well right now I think what you will find on the computer plan, is the PDF that we showed that just as you put the success, with a different plan offers, it has the contact information on it. Again, as I said, keep track on the website, it will be updated in the next couple weeks with all the additional services that each of the health plans is going to be offering. And it will, they will be further augmenting that over the next couple weeks as well with a variety of services that each one of those plans have it right the unique just to themselves.

>> My vices keep checking back, because the information is coming. Also, the call center, call the call center because we do have access to the information in the represented can help you walk to that right now.

>> Great, thank you.

>> How well should newborns be and fee-for-service and what would that look like ask

>> Yes, this is Jay love again. The new word processor core starts with eligibility. But the newborn will be in managed care and will be assigned accordingly and is consistent with the algorithm.

>> Now obviously here, the primary driver will be family relations. And so, where we have, where the child has siblings, they will be. With her sibling's health plan. And then it will use further logic. But if the assignment is not correct, if the parent or guardian does not feel like the health plan which the newborn is enrolled is correct for them, they will have 90 days to switch that health plan and make sure that they get the newborn enrolled in the right one.

>> Thank you.

>> So, this is someone who has 30 offices, they are all in phase 1. From the face to frequently. So, they are asking if you can see the patients in the transition period.

>> Please continue to see a patient. So, everyone who is in the phase 2 counties, they are still Medicaid. As basically status quo. You continue to build -- bill the states directly for those who are in your county who are not yet in managed care. Thank you for the question. We want to really make sure that no one care gets dropped accidentally here, so senior patients, ceasing patients, but you important you must bill your PHC, your managed care folks, you will have to bill the state for your face to folks in and see who are going to be in traditional Medicaid or a direct for a few more months

>> But everyone will get paid, and just and we will try to make it as easy as possible for you through the transition.

>> How will providers be able to check in and see to see who is eligible?

>> So, this is Jay Lublin. We are building functionality in MC fast that will allow providers to seek which health plan a beneficiary has been assigned to. So that functionality will be rolling out, I'm sorry, tracked. It will be tracked. It will be rolling out this summer. And before or right around auto assignments, so that providers can validate who has been assigned to which health plan.

>> So, some folks are under the, have an understanding that providers are not supposed to help beneficiaries who sign up. They're supposed to go through enrollment. Is that correct?

>> Yes. So, the enrollment broker is responsible for choices. So, it is the responsibility of the enrollment broker to connect doctors and beneficiaries with health plans. And of course, we encourage providers to contract with all health plans. And they should not promote one over the other. They are not marketers, but providers can share her they are working with, and the beneficiaries or the members can decide whether or which health plan is right for them at that time.

>> Thank you. So, does what we have been talking about today apply to the medical equipment -- [ Indiscernible - low volume] therapy, physical therapy, and if so, how do we get with them to start the contract process?

>> Yes, this is Jay Lublin again. All those services are covered under Medicaid managed care. And if you have found that nobody from the health plan has reached out to you, there is a link from our website with the network development context for each of the five health plans including the one health plan that is not in phase 1.

>> World dental and vision covered under the health plan for pediatrics?

>> So, this is Jay. Dental services are generally carved out. And what that means is they are not part of the Medicaid managed care covered benefits. However dental services continue to be covered through North Carolina Medicaid direct. The traditional fee-for-service program that we have today. Vision is a little bit more complicated, and I don't have a good way to describe it. Dave, do you have it?

>> Vision is in managed care and sitting portion of the vision goes through itself go through correction enterprises. They -- there's a carveout piece of it but the clear majority is district [ Indiscernible - low volume].

>> Contact your health plan and they will direct you on what services are provided, but in most ways, it doesn't matter with the beneficiary, which is an issue that will have to work with the providers on.

>> Will the privacy medical program be affected by and see managed care and if so why.

>> So yes. The pregnancy medical program will continue the prepaid health plans who are responsible for managing those programs. But local health departments currently deliver pregnancy medical care management as well as high risk management for children who are very young. Will continue to deliver the services, but the prepaid health plans will be responsible for managing those high-risk management programs.

>> Thank you, Debra.

>> Will the personal care services be in a plan?

>> This is Dave, and personal care services are included in the plan. For the beneficiaries that go into the plan.

>> Thank you. And most of the materials in the coming playbook are in Spanish, and there's a question of enrollment forms. Is it also in Spanish?

>> We will get that posted.

>> Thank you.

>> What, it looks like we have answered most of the questions. Let me just go back quickly. One last one. When patients come in for an appointment in they do not know who they are auto assigned to, is there way to look it up?

>> This is Jay. And we're developing functionality that we will roll out to and see track that will allow providers to check which health plan a member has been enrolled in. Whether they are auto assigned, or they go to the enrollment broker website or they call the hotline and see tracks will display which health plan the beneficiary is assigned to.

>> Okay, and who answers district who enters the health into and see tracks?

>> And I apologize. I said and see past, this is Jay Lublin for the record, I did they it was and see past. It is NCTracks. Again all traces for all help them traces go through the enrollment broker. The enrollment broker enters those in that information, that information is transmitted intrastate systems because so that we can display for fighters and those who support beneficiary.

>> Thank you. And for the final question, it's a reminder of when will auto enrollment begin?

>> This is Jay Lublin again. So, auto assignment will begin, it's a process, a technical process where our systems will run the algorithm. But that process will start after the close of open enrollment. So, we are talking about I think it's September 16 or 13th, thereabouts, sometime in the middle of September. The auto assignment algorithm will run for phase 1. And there will be a corresponding time in phase 2. I think it's around December 16.

>> That that will run for phase 2.

>> Okay thank you all very much. This presentation will be posted on the Medicaid website. A link has been provided on the left-hand side of the screen to ask a question. And is located under event resources. Thank you so much for attending today's webinar.

>> [ Event concluded]

Sincerely,

Jane Doe  
Title

