MCT 110: Long-Term Services and Supports Populations

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Overview: The transition to NC Medicaid Managed Care will impact members of the LTSS population in different ways.

Topics include:

- Supporting LTSS members in Managed Care
- Overview of Managed Care regions
- LTSS member eligibility for Managed Care
- LTSS-related requirements
- Safeguards & resources for transition to Managed Care
NC Medicaid Managed Care: An Overview
In 2015, the NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service (FFS) to managed care.

Since then, the North Carolina Department of Health and Human Services (DHHS) has collaborated extensively with clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates, and other stakeholders to shape the program, and is committed to ensuring Medicaid managed care plans:

• Deliver **whole-person care** through coordinated physical health, behavioral health, intellectual/developmental disability and pharmacy products and care models

• Address the **full set of factors** that impact health, uniting communities and health care systems

• Perform **localized care management** at the site of care, in the home or community

• Maintain broad **provider participation** by mitigating provider administrative burden
The populations using LTSS are extremely diverse in terms of individuals’ care needs, service utilization and spending. Over the next five years, the transition of programs that support these citizens will offer significant opportunities to improve care coordination, access to community-based services and outcomes for these vulnerable populations…

North Carolina’s Vision for Long-term Services and Supports Transition to Managed Care
There is a lot of information out there...

- Medicaid Direct?
- PHP?
- Carved Out?
- Standard Plan?
- Carved In?
- Health Plan?
- Mandatory?
- Excluded?
- Exempt?
- Tailored Plan?
What do some of those terms mean?

NC Medicaid Direct
- New name for our current Medicaid program.
- Fee-for-service + LME-MCOs (or PACE)
- What everyone on Medicaid has now

NC Medicaid Managed Care
- The term used reference the five “prepaid health plans” or “PHPs” or “health plan”
- Also called “Standard Plan”

Tailored Plan
- Specialized plans for members with significant behavioral health needs and intellectual/developmental disabilities
- What the LME-MCOs will become in a few years
- NOT the focus of today’s webinar
What Is Medicaid Managed Care?

State Medicaid Program

- Provides a payment for each member covered
- Sets service requirements
- Establishes its quality goals for improving services and health
- Monitors Plan’s activities
- Sets strategic direction based on vision, legislative and regulatory requirements and stakeholder guidance.

Health Plan

- Is responsible for providing services covered by the contract.
- Builds and manages a provider network to serve its members
- Provides care coordination and care management
- Develops innovative services and approaches to meet member need.
- Follows State’s quality and oversight requirements.

Contracts with
PHPs for NC Medicaid Managed Care

Statewide Contracts

• AmeriHealth Caritas North Carolina, Inc.
• Blue Cross and Blue Shield of North Carolina, Inc.
• UnitedHealthcare of North Carolina, Inc.
• WellCare of North Carolina, Inc.

Regional Contract – Regions 3 & 5

• Carolina Complete Health, Inc.
Phase 1: Region 2 & 4 Counties
Launch Date: November 1, 2019

Region 2
- Alleghany
- Ashe
- Davidson
- Davie
- Forsyth
- Guilford
- Randolph
- Rockingham
- Stokes
- Surry
- Watauga
- Wilkes
- Yadkin

Region 4
- Alamance
- Caswell
- Chatham
- Durham
- Franklin
- Granville
- Johnston
- Nash
- Orange
- Person
- Vance
- Wake
- Warren
- Wilson

Serving beneficiaries living in one of these counties?
Launch Date: November 1, 2019
Phase 2: Regions 1, 3, 5, 6
Launch Date: February 1, 2020

Serving beneficiaries living in one of these counties?
Launch Date: February 1, 2020
Phase 1 Timing – Regions 2 and 4

- **JUNE 28, 2019**
  - Mailings Start

- **AUG. 13, 2019**
  - Reminder Postcard

- **JULY 15 – SEPT. 13, 2019**
  - Open Enrollment

- **SEPT. 16, 2019**
  - Auto-Assignment

- **NOV. 1, 2019**
  - Health Plan Coverage Starts

- **FEB. 1, 2020**
  - Lock-in Period Starts

**Note:** LTSS members may select different PHP without cause at any time.
NC Medicaid Managed Care: LTSS Beneficiary Enrollment and Eligibility Information
# LTSS-Oriented Member Groups Under Managed Care and Medicaid Direct

<table>
<thead>
<tr>
<th>LTSS Oriented Population</th>
<th>Covered in Medicaid Managed Care</th>
<th>Remain Covered in Medicaid Direct (FFS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare and Medicaid (Duals)</td>
<td>NO (excluded)</td>
<td>YES</td>
</tr>
<tr>
<td>Aging, Blind, Disability (ABD) Medicaid Eligibility Category</td>
<td>YES (Medicaid Only)</td>
<td>YES</td>
</tr>
<tr>
<td>Medically Needy Eligibility Category (Deductible)</td>
<td>NO (excluded)</td>
<td>YES</td>
</tr>
<tr>
<td>Special Assistance-Medicaid Eligibility</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>
### LTSS Services under Managed Care and Medicaid Direct

<table>
<thead>
<tr>
<th>LTSS Service</th>
<th>Covered in Medicaid Managed Care</th>
<th>Covered in Medicaid Direct (FFS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Health</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PCS</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hospice</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HIT</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>Up to 90 days (over 90 days is excluded)</td>
<td>✓</td>
</tr>
<tr>
<td>PDN</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>DME</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HIV Case Management</td>
<td>PHPs may contract with HIV case managers</td>
<td>✓</td>
</tr>
<tr>
<td>CAP/DA and CAP/C</td>
<td>NO (excluded)</td>
<td>✓</td>
</tr>
<tr>
<td>PACE</td>
<td>NO (excluded)</td>
<td>✓</td>
</tr>
</tbody>
</table>

For acronym key, please see end of slide deck
How Does NC Medicaid Managed Care Impact LTSS Members?

- If a beneficiary receives Medicaid and Medicare (dually eligible). This includes partial duals.
  - Remaining in NC Medicaid Direct

- If a beneficiary receives CAP/DA, CAP/C or PACE
  - Remaining in NC Medicaid Direct

- If a Medicaid only beneficiary is on waiting list for CAP/DA or CAP/C
  - It depends. If in excluded service or population: remaining in NC Medicaid Direct. If in no other excluded service or population: transitioning to NC Medicaid Managed Care.
How Does NC Medicaid Managed Care Impact LTSS Members?

If Medicaid Only beneficiary is in a nursing facility:
- If Medicaid Only beneficiary is in a nursing facility for over 90 days: NC Medicaid Direct.
- If under 90 days: NC Medicaid Managed Care

If Medicaid Only beneficiary has a “deductible” or a “spend down”:
- Remaining in NC Medicaid Direct

If beneficiary uses services through LME/MCO:
- Please see slides in Appendix.
How Does NC Medicaid Managed Care Impact LTSS Members?

- Medicaid Only and services used are not otherwise excluded
- Likely enrolling in NC Medicaid Managed Care and needs to connect with NC Enrollment Broker
- Member unclear on enrollment pathway.
- Connect with NC Medicaid Enrollment Broker.
Beneficiaries who use PCS and/or Adult Care Home residents

- Medicaid beneficiaries who use PCS often fall into several categories.
- PCS will be both a “covered service” under Managed Care and in NC Medicaid Direct.
- Special Assistance Medicaid is included in both Managed Care and NC Medicaid Direct.
- Some PCS users/Adult Care Home residents may enroll with a health plan and others will stay in NC Medicaid Direct. If in excluded service or population: remaining in NC Medicaid Direct. If in no other excluded service or population: transitioning to Managed Care.
- Next step if it’s still not clear? Call the Enrollment Broker.
Enrollment Broker

The Enrollment Broker is responsible for choice counseling for Health Plan and Primary Care Provider (PCP) selection. As part of this, the Enrollment Broker is also responsible for mailing all notices and handling enrollment.

Options for Beneficiaries

1. Direct them to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) to learn more.

2. Direct them to [ncmedicaidplans.gov](http://ncmedicaidplans.gov) to chat with an Enrollment Specialist.

3. Direct them to download and use the NC Medicaid Managed Care mobile app.

4. Tell them to call 1-833-870-5500 to speak with an Enrollment Specialist. The call is free.

5. Individuals with hearing impairments may contact an Enrollment Specialist via the TTY line at 1-833-870-5588.

6. Beneficiaries can also enroll by mailing or faxing their completed enrollment form.
NC Medicaid Managed Care: A Summary of LTSS Benefits
Fact:
  - Current requirement of “medical necessity” remains

Fact:
  - PHPs have the authority to increase LTSS benefit limits, but cannot restrict the amount, duration or scope of any LTSS benefit as outlined in Clinical Policy

Fact:
  - The Department will encourage PHPs to use “in-lieu-of services” (ILOS), which are services or settings that are not covered under the State plan but are a medically appropriate, cost-effective alternative to a service that is covered. An example: use of physician home visits for high-risk, medically frail individuals as a substitute for in-office visits.
• **Fact:** All LTSS members will receive some form of care management.

• **Fact:** Care management will be comprehensive
  - Social determinants of health (housing, toxic stress, transportation, food insecurity)
  - Vocational
  - Caregiving related needs of unpaid caregivers
Additional Safeguards for LTSS Members

- Expedited screening for Aged/Blind/Disability (ABD) members
- LTSS members and those in “imminent need” of LTSS services will receive care management.
- LTSS cultural competence
- Person-centered requirements
- Robust monitoring
  - Quarterly monitoring of care management ratios and activities
  - Monthly monitoring of service utilization trends
  - Weekly monitoring of PHP transitions and delivery systems
- PHPs must secure NCQA Accreditation with LTSS Distinction by end of Contract Year 3.
NC Medicaid Managed Care: A Summary of Provider Credentialing Process
Provider Enrollment and Credentialing

Credentialing is a critical part of the federally regulated screening and enrollment process. A centralized approach will reduce administrative burden on providers and maximize efficiency among plans.

- Enrollment process similar to today
- Centralized credentialing and recredentialing policies uniformly applied
- Nationally recognized, third-party credentials verification organization (CVO)

Providers must be enrolled as a Medicaid or NC Health Choice provider to be paid for services to a Medicaid beneficiary.*
Vendor – PDC Vendor Information

Wipro Infocrossing
- Contracted vendor effective 12/31/2018
- Medversant
  - Third party vendor of Wipro
  - NCQA-certified organization conducting the primary source verifications

Contract Purpose:
To supplement the state’s existing provider enrollment and credentialing data to support the PHPs ability to make quality determinations during provider Medicaid Managed Care network contracting activities
• PDC responsible for obtaining the primary source-verified credentialing data for NC Medicaid and NC Health Choice enrolled providers

• PDC is not permitted to reach out to providers to update the provider’s information, though providers are encouraged to keep their credentialing file up to date with NCTracks

• PDC must ensure that PHPs have access to information from a credentialing process that is held to consistent, current standards, the credentialing data will be primary source-verified using the standards of NCQA.

• PHPs will be required to accept verified information from the PDC and will not be permitted to require additional credentialing information from a provider to make their quality determination
Primary Source Verification Process

Individual Providers

1. Education and Training (Highest level)
2. Board Certification (Current board status)
3. Malpractice History/Liability Insurance (Past 5 years)
4. Work History (Past 5 years)
5. DEA/CDS Certification
6. Licensure
7. State Licensing Board Sanctions (Past 5 years)
8. Medicare/Medicaid Sanctions (Past 5 years)

Note: Neither the PDC nor the PHP can contact NC Medicaid Providers for any missing information
Provider Payment

PHPs will be required to contract with “any willing qualified provider.” PHP payment rates to most in-network providers will be subject to rate floors.

In-Network Payment
- PHPs are required to contract with “any willing qualified provider” unless the provider refuses to accept the PHP’s rates or does not meet the PHP’s objective quality standards.
- Payment to in-network hospitals, physicians, and physician extenders must be no less than 100% of the Medicaid fee-for-service rate, unless the PHP and provider mutually agree to an alternative reimbursement arrangement.
- Special payment provisions apply to certain provider types, such as local health departments, public ambulance providers, and FQHCs; additional details will be provided in future webinars.

Out-of-Network Payment
- PHPs are prohibited from paying out-of-network providers that refused to accept a PHP contract or failed to meet objective quality standards more than 90% of the Medicaid FFS rate. This excludes emergency and post-stabilization services, which are to be reimbursed at no more than 100% of the Medicaid FFS rate.
- PHPs must reimburse out-of-network providers 100% of the Medicaid FFS rate if the provider was excluded for reasons other than the above.
## Support – Call Center, Reports, & Training

<table>
<thead>
<tr>
<th>Call Center Support</th>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toll-free Telephone Number</td>
<td>• PDC will provide technical support and training to PHP to ensure</td>
</tr>
<tr>
<td>• Inquire about data provided by PDC</td>
<td>- successful implementation and operation of the data exchanges</td>
</tr>
<tr>
<td>• Correct data provided by PDC</td>
<td>- online screens</td>
</tr>
<tr>
<td></td>
<td>- other functions as required within contract</td>
</tr>
<tr>
<td></td>
<td>• PDC will educate providers on process to:</td>
</tr>
<tr>
<td></td>
<td>- Correct data provided by the PDC</td>
</tr>
<tr>
<td></td>
<td>- Supplement information provided by PDC</td>
</tr>
</tbody>
</table>
Key Takeaways for LTSS Providers

• Enroll with PHPs as soon as possible.
• Engage with PHPs as soon as possible.
• Stay current on NC Medicaid Transformation activities by signing up
• Ask questions until you understand.
• Seek to understand PHP’s structure and the role of providers.
For Additional Guidance

**General Overview of Provider Transition to Managed Care**
MCT 101 Provider Transition to Managed Care
https://medicaid.ncdhhs.gov/nc-medicaid-managed-care-training-courses

**Information about Provider Rates and Contracting**
MCT 102 Provider Payment and Contracts

**Information on Benefits under Managed Care**
MCT 106 Beneficiary Policies under Managed Care

**Information about Provider Network Adequacy Requirements, Grievances and Appeals and Other Policies**
MCT 104 Key Policies for Providers in Managed Care
https://files.nc.gov/ncdma/Provider-Policies-Webinar-5.9.19-Final.pdf

**To Contact the PHPs about Contracting**
Please visit the NC DHHS Medicaid Provider webpage
https://medicaid.ncdhhs.gov/providers

Please visit the NC DHHS Medicaid Provider webpage
https://medicaid.ncdhhs.gov/providers
Questions and Answers
Next Steps
Upcoming DHHS-Sponsored Webinars

• For July 25, 2019: Care Management from an LTSS Perspective
  – Overview: LTSS members transitioning to NC Medicaid Managed Care may have access to care management support for the first time. This webinar will provide an overview of the NC Medicaid Managed Care’s care management design.

• For [Date TBD, August, 2019]: Supporting the LTSS Community through the Transition to Managed Care
  – Overview: As NC transitions to managed care, North Carolina is establishing processes for ensuring providers and members have a smooth transition. This webinar will discuss activities related to Prior Authorization submissions and provider payment considerations at the time of transition.
To Receive Notices and Register for Webinars

• Stay Updated:
  – NC Medicaid Transformation website
  – Providers may benefit from signing up for NC TRACKS Email Distribution List.
  – More opportunities to come!

• Register for Webinars:
  – https://medicaid.ncdhhs.gov/provider-transition-managed-care
Appendix
## NC Medicaid Managed Care Plans

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellCare</td>
<td><a href="http://www.WellCare.com/nc">www.WellCare.com/nc</a></td>
<td>1-866-799-5318</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711)</td>
</tr>
<tr>
<td>HealthyBlue</td>
<td><a href="http://www.HealthyBlueNC.com">www.HealthyBlueNC.com</a></td>
<td>1-844-594-5070</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711)</td>
</tr>
<tr>
<td>North Carolina</td>
<td></td>
<td>(TTY: 1-866-209-6421)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(TTY: 711 or 1-833-552-2962)</td>
</tr>
</tbody>
</table>
If a Medicaid beneficiary is on the Innovations or TBI waiver

- Innovations and TBI waiver recipients will remain in NC Medicaid Direct.
- Waiver services will continue to be managed by beneficiary’s LME/MCOs.

If Medicaid beneficiary is on Innovations or TBI waiver:

The way the beneficiary receives services will not change.
If a beneficiary is on the Innovations or TBI waiver waiting list

- Beneficiaries on the Innovations or TBI waiver waiting list will stay in Medicaid Direct.
- Beneficiaries will have the option of enrolling in a Medicaid health plan.

The way the beneficiary currently receives services will likely change at this time.
Other LME-MCO populations who will not be enrolling in a health plan

- Remaining in NC Medicaid Direct:
  - TCLI participants
  - Members with significant ID/BH/SUD service needs.
  - State DD Center and ICF residents.
  - People without Medicaid who use LME-MCO services.

- Services will continue to be managed by the LME-MCOs.
If a beneficiary uses other services for a developmental disability, mental health needs, substance addiction or traumatic brain injury

- Some beneficiaries with mild service needs may enroll in a health plan.
- Beneficiaries with more significant service needs will remain in NC Medicaid Direct.
- Criteria based on services used and diagnoses.

If beneficiary is not on Innovations or TBI waiver but uses other services through LME-MCO

Next step depends on specific services and diagnoses. Please contact beneficiary’s LME-MCO or Enrollment Broker for additional information.
Acronyms Used in Today’s Call

• ABD: Aged, Blind, Disabled
• BH: Behavioral Health
• CAP/C: Community Alternatives Program for Children
• CAP/DA: Community Alternatives Program for Disabled Adults
• DD Center: Developmental Disability Center
• DSS: Division of Social Services
• ICF: Intermediate Care Facility
• ID: Intellectual Disability
Acronyms Used in Today’s Call

• LME-MCO: Local Management Entity-Managed Care Organization
• LTSS: Long-Term Services and Supports
• PACE: Program of All-Inclusive Care for the Elderly
• PCP: Primary Care Physician
• PCS: Personal Care Service
• PHP: Prepaid Health Plan
• SUD: Substance Use Disorder
• TBI: Traumatic Brain Injury
• TCLI: Transitions to Community Living Initiative