

North Carolina Medicaid Managed Care Update

**Dave Richard
Deputy Secretary
NC Medicaid**

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What we'll cover today

- **DHHS' Silent Period**
- **Managed Care Vision and Goals**
- **Medicaid Managed Care Status Report**
- **What this change means for counties**
 - **Key Areas of Impact**
 - **Opportunities for Collaboration**
- **Discussion/Next Steps**

DHHS Silent Period In Effect

- **Session Law 2018-249** directs the Department of Health and Human Services to issue a request for proposal (RFP) for Medicaid Managed Care Prepaid Health Plans (PHPs) by **August 21, 2018**. Therefore, DHHS is in a silent period through the award of the PHP contracts.
- During the silent period, please note that Department employees may not discuss the PHP RFP. However, discussions on other topics may continue to be held as part of the normal course of business. This includes discussions related to issues of interest to DHHS and other health care stakeholders (e.g., the opioid crisis or promoting childhood vaccination), even if those topics may be in some way reflected in the RFP, provided that the discussions do not address the PHP RFP in any way.
- Please direct procurement related inquiries regarding the PHP RFP or Medicaid Managed Care PHPs to **Kimberly Kilpatrick, Contract and Compliance Specialist**.

Thank you for helping DHHS ensure all potential respondents have a fair and equitable opportunity to submit a proposal and be part of Medicaid Managed Care in North Carolina.



North Carolina's Vision for Medicaid Managed Care

By implementing managed care, and advancing integrated and high-value care, North Carolina Medicaid will improve population health, engage and support providers, and establish a sustainable program with more predictable costs.

Medicaid Managed Care Goals and Opportunities

1

Measurably improve health

2

Implement new initiatives

3

Increase access to care

4

Build on successes in current system

Medicaid Managed Care Overview

- Transform State's current Medicaid and NC Health Choice programs from fee for service to managed care structure
- Transitions ~1.6 million individuals from North Carolina Medicaid into managed care
- Regional Rollout
 - Phase 1 (2 regions) November 2019
 - Phase 2 (Remaining 4 regions) Feb 2020
- Prepaid Health Plans (PHPs)
 - 4 statewide MCOs (commercial plans)
 - Up to 12 Provider Led Entities (PLES) in 6 regions

Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- Creation of BH/IDD TPs supports vision for whole person care
- Implement 1 year after go-live*
- Only LME-MCOs may operate BH/IDD TPs**
 - Responsible for total cost of care
 - 1115 Waiver impact on cost
 - 5 - 7 regions
 - Must contract with licensed PHPs operating SPs
 - DHHS developed parameters to support integration and minimize cost shifting
- Legislative changes to support cross catchment board participation

*At the start of the first fiscal year that is one year after the implementation of the first contracts for Standard Benefit Plans.

** For 1st five years of TP

Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- **Timing/Overview**
 - Implement **1 year** after go-live*
 - Responsible for total cost of care
- **Populations**
 - Individuals with significant behavioral health needs
 - Other eligibility groups
- **Services**
 - Integrated physical, behavioral and pharmacy services
 - Certain services only provided by BH/IDD TPs
 - Includes Innovations waiver, 1915(b)(3), federal block grant and state funded services
- **Contracting**
 - Centralized credentialing
 - Closed network for behavioral health
 - Open network for physical health

*At the start of the first fiscal year that is one year after the implementation of the first contracts for Standard Benefit Plans.

NC Medicaid Transformation Update

PHP RFP responses- Oct. 2018

**1115 Waiver Approval-
pending**

**Ongoing Engagement
Activities**



NC DEPARTMENT OF **HEALTH AND HUMAN SERVICES**

“DHHS Awards Contract for Medicaid Managed Care Enrollment Broker Services to Maximus Inc.”

- **Awarded 8-2-18**
- **Major milestone in transformation process**
 - **1st contract award**
- **For additional information on Maximus**
<https://www.maximus.com/>

Medicaid Managed Care

- **Most significant change in Medicaid program since its inception**
- **Standard Plans represents largest procurement in Department history – over \$6 Billion annually**
- **Impacts beneficiaries, providers, counties, community based agencies**
- **Significant change brings challenges and opportunities**
- **Requires close collaboration to achieve vision for better care, predictable cost, system which supports beneficiaries and providers**

What this means for counties

DSS

- Eligibility and enrollment
- Non Emergency Medical Transportation
- Staff education and training

DPH

- Care Management programs
- 2 yr. glide path
- Address unmet social needs

What this means for counties

LME-MCOs

- Current issues
 - Children in foster care
 - Crisis Services
- Tailored Plans

Schools

- LEAs carved out
- Additional Services in development

DSS- Specific opportunities for collaboration

- **DHHS is committed to supporting**
 - **Training for staff**
 - **Operationalizing implementation of enrollment broker services**
 - **Coordination with Enrollment Broker (DSS Liaisons)**
 - **Evaluating Eligibility application process**
- **DSS can support beneficiaries by directing them to the right resource**
 - **Flyers**
 - **Key messages on monitors**

Public Health - Specific opportunities for collaboration

- **SL 2015-245 identifies LHDs as “essential providers”**
- **DHHS’ Requires PHP Consistency**
 - DHHS Responsible and Accountable
 - Local Care Management preferred
- **Change in Relationship**
 - PHPs
 - Assume Risk/Manage Funds
 - Contract with public health
 - Responsible for Care
- **CC4C and OBCM operated by LHD will continue**
 - 2-year Glide Path gives LHD opportunity to demonstrate strengths

LME-MCOs - Specific opportunities for collaboration

- **Current Issues**
 - **Access to care for children in foster care**
 - **Crisis Services Improvements**
- **Tailored Plan**
 - **One year post go-live implementation supports coordinated planning**
 - **More discussions needed on regions, boards, GS-122C, governance**

Local Schools - Specific opportunities for collaboration

- **Existing services continue**
- **Services delivered by LEA carved out**
- **Legislative support for development of new services**

Important Links

- **Recent Policy Papers**

- [“North Carolina Medicaid Managed Care Updates”](#)
- [“Data Strategy to Support the Advanced Medical Home Program in North Carolina”](#)

Other relevant links

- RFP <https://files.nc.gov/ncdhhs/30-19029-DHB.pdf>

- **Fact Sheets**

- <https://files.nc.gov/ncdhhs/Medicaid-Factsheets-BENEFICIARIES-8.9.18.pdf>
- <https://files.nc.gov/ncdhhs/Medicaid-Factsheets-CLINICIANS-8.9.18.pdf>

DISCUSSION

NC MEDICAID TRANSFORMATION WEBSITE
www.ncdhhs.gov/medicaid-transformation

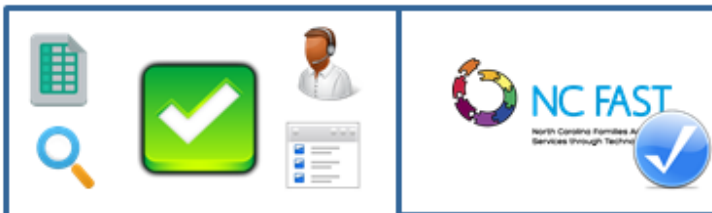
High-Level Eligibility & Enrollment Pathway

Eligibility & Enrollment Process Flow



Individual applies for coverage online, by phone, in-person or by mail.

County Offices
NC FAST

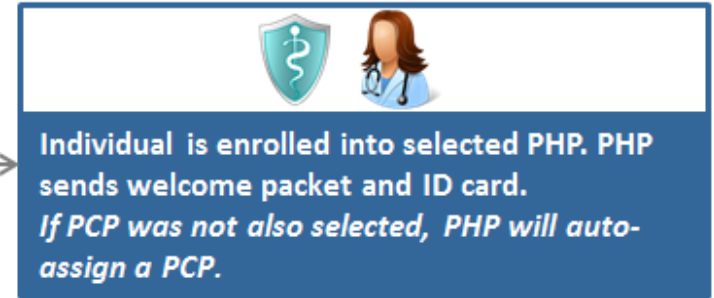


Individual has the opportunity to select a PHP and AMH/PCP. Assistance is available from the enrollment broker (in the short-term) or county DSS offices (in the long-term).

Counties/NC FAST determine eligibility for Medicaid and for managed care program. An eligibility determination notice is sent.

Other tools are available to help make the PHP selection, including comparison charts, links to each plan's website and a provider search tool.

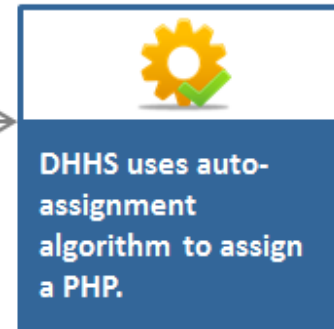
State/NC Fast/ Enrollment Broker



Individual is enrolled into selected PHP. PHP sends welcome packet and ID card.
If PCP was not also selected, PHP will auto-assign a PCP.

PHP was selected

No PHP was selected



DHHS uses auto-assignment algorithm to assign a PHP.



Individual is enrolled into assigned PHP. PHP sends welcome packet.
PHP assigns a PCP.