

Building Our Partnership: What's Ahead for DHHS and Counties

Department of Health and Human Services
Secretary Mandy Cohen, M.D.

May 30, 2019

Welcome!

Our goals for quarterly webcasts

- Share information about priorities**
- Address how state activities impact local work**
- Share resources to support local work**
- Answer questions**
- Get feedback on how we can continue to strengthen our partnership**

Our Shared Purpose

Our Vision: Advancing innovative solutions that improve health, promote well-being and foster independence for all North Carolinians.

Our Mission: In collaboration with our partners, DHHS provides essential services to improve the health, safety and well-being of all North Carolinians.

Our Priorities

- **Build an innovative, coordinated, and whole-person centered health system**
- **Turn the tide on the opioid epidemic**
- **Ensure that all North Carolina children get a healthy start and develop to their full potential**

Agenda

- **Hot Topics**
- **Overview of Medicaid Transformation**
- **Key Milestones**
- **Supporting County Success**
- **Questions**

Hot Topics

Poll Question

- **Have you participated in a webinar or in-person meeting about Medicaid Transformation?**

What is Medicaid Transformation?

- In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to managed care.
- This “transition” has been dubbed “Medicaid Transformation.”

www.ncdhhs.gov/assistance/medicaid-transformation

What is Medicaid Transformation?

- A change in the way most people receive Medicaid services

Fee-For-Service

- DHHS works directly with healthcare providers
- DHHS pays healthcare providers for each service based on established rates
- Under transformation this will be called NC Medicaid Direct
- Some people will be in NC Medicaid Direct because it provides services that meet specific needs

Managed Care

- DHHS contracts with insurance companies, called Prepaid Health Plans
- DHHS pays a pre-determined set rate per person to provide all services (capitated rate)
- Beneficiaries choose a health plan
- Medicaid services will not change, but health plans may offer enhanced services



North Carolina's Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

Key Points

- **1.6 of 2.1 million Medicaid beneficiaries will move to managed care**
- **A small number of people will stay in fee-for-service, which will be known as NC Medicaid Direct.**
- **Beneficiaries will be able to choose from 4 Prepaid Health Plans (PHPs) and 1 Provider Led Entity (PLE) depending on location.**
- **Medicaid services will not change, but health plans may offer enhanced services, such as smoking cessation programs.**
- **Medicaid eligibility rules will not change**

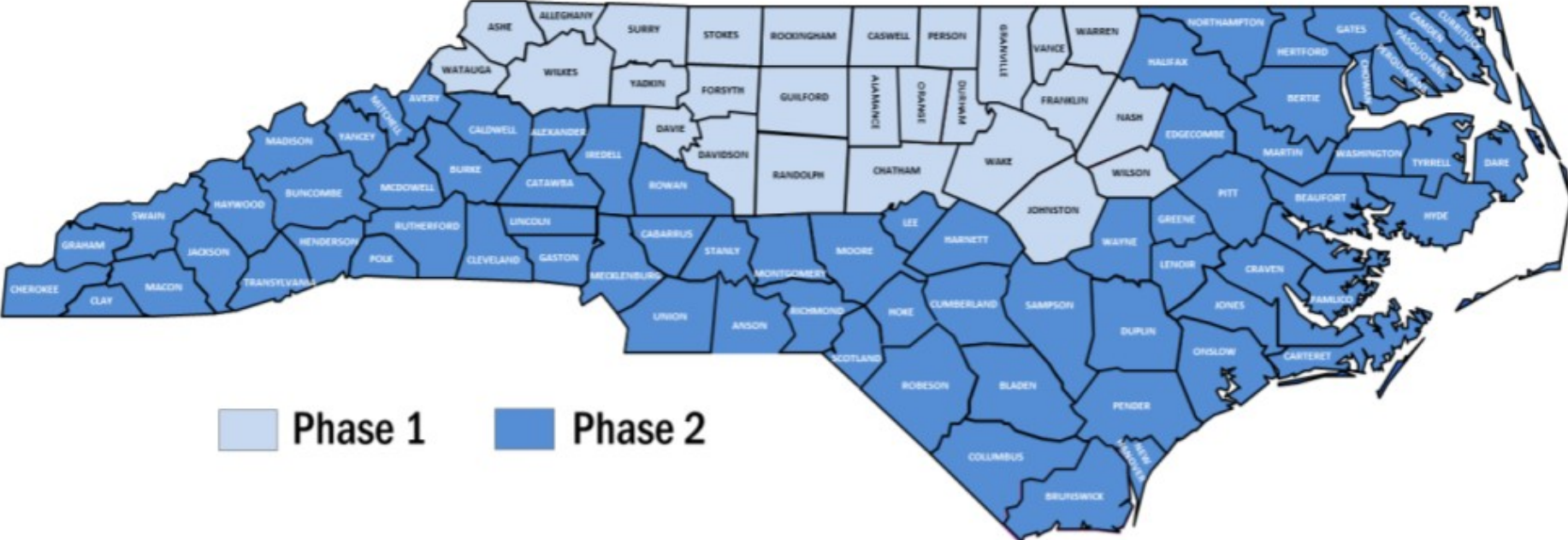
DHHS' Priorities for Day 1 of Managed Care

- **A person with a scheduled appointment is seen by provider**
- **A person's prescription is filled by the pharmacist**
- **Calls made to call center are answered promptly**
- **Individuals know their chosen or assigned health plan**
- **Individuals have timely access to information and are directed to the right resource**
- **Health plans have sufficient networks to ensure member choice**
- **A provider enrolled in Medicaid prior to Nov 1, is still enrolled**
- **A provider is paid for care delivered to members**

Hallmarks of NC's Medicaid Transformation

- Integrated physical and behavioral health
- Advanced medical homes
- Value-based care
- Healthy Opportunities

Medicaid Transformation Timeline

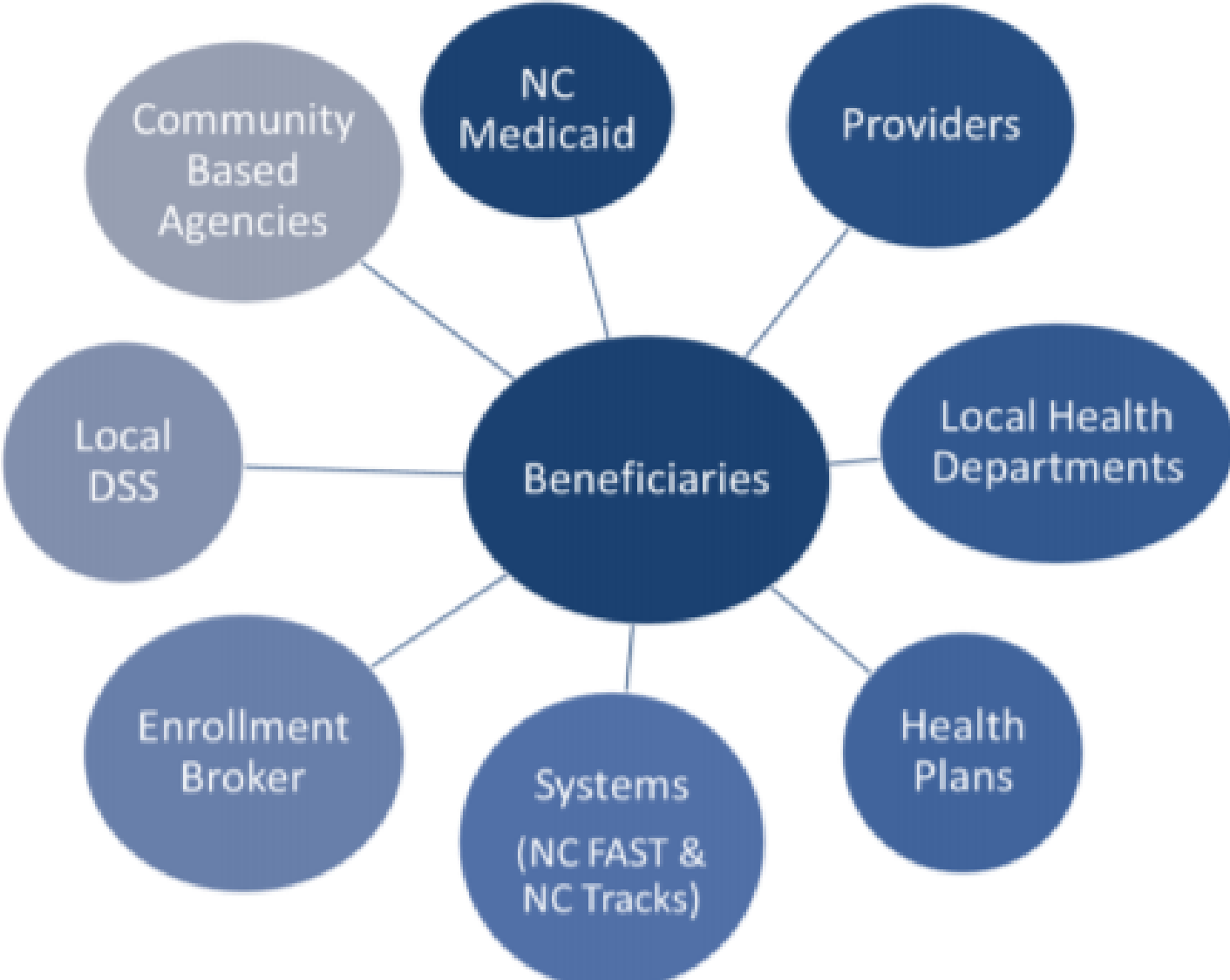


Medicaid Transformation Milestones

Milestone	Phase 1*	Phase 2*
Enrollment Packets mailed Enrollment Broker Phone, Chat, Website and Mobile App go Live	Begins 6/28/19	Begins 9/2/2019
Open Enrollment (postcard reminders will be sent)	7/15/2019 - 9/13/2019	10/14/2019 - 12/13/2019
Auto-Assignment (for beneficiaries who have not selected a plan)	9/16/2019	12/16/2019
Day 1 – Health Plan Effective Date	11/1/2019	2/1/2020

*Dates are approximate and subject to change.

Partners and Roles



Poll Question

What role do you fill?

- Provider
- Local Department of Social Services
- Local Health Department
- County Commissioner
- County Manager
- Community Organization
- Health Plan
- Enrollment Broker
- NC Medicaid
- Beneficiary
- Other

Medicaid Transformation

Must Enroll (Mandatory)	Cannot Enroll (Excluded*)	May Enroll (Exempt)
Required to enroll in a health plan	Stays in NC Medicaid Direct	May enroll in a health plan or stay in NC Medicaid Direct.
Most Family & Children's Medicaid, NC Health Choice, Pregnant Women, Non-Medicare Aged, Blind, Disabled.	Family Planning Program, Medically Needy, Health insurance premium payment (HIPP), Program of all-inclusive care for the elderly (PACE), Refugee Medicaid	Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available)**

*Some beneficiaries are temporarily excluded and become Mandatory later. This includes dually-eligible Medicaid/Medicare, Foster Care/Adoption, & Community Alternatives Program for Children (CAP-C). **Target launch date for Tailored Plans is mid-2021. (SL2018-48)

Standard Plans and Tailored Plans

- **Timelines shared are for standard plans only**
- **In Standard Plans, members benefit from integrated physical & behavioral health services**
- **In Tailored Plans members benefit from integrated services in specialized plans designed for those with significant behavioral health needs and intellectual/developmental disabilities. Tailored Plans will also serve other special populations, including Innovations and Traumatic Brain Injury**

Tailored Plans

- Tailored Plans will launch in 2021
- Until then, beneficiaries who are eligible for Tailored Plans remain in NC Medicaid Direct and Local Management Entity-Managed Care Organizations (LME-MCOs)
- Members who are eligible for Tailored Plans have the option to enroll in NC Medicaid Managed Care. However, not all specialized services will be available through those plans.
- Members will also be able to request participation in Tailored Plan

Download Final Policy Guidance at <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>

Communicating with Beneficiaries

- **Convey information in layman's terms and avoid jargon**
- **Make it as easy as possible for the recipient to take the actions needed**
- **Provide an overview of what is being communicated and why before going into details.**
- **Provide communication via multiple channels (e.g., outreach events, written materials, web-based resources)**
- **Leverage relationships with key partners (e.g., providers, community and faith based agencies, DSS, health departments)**

Supporting County Success

- **Multipronged approach to support counties' engagement and education during transition to managed care**
- **Developed in collaboration with associations**
- **Web based and in person training**
- **Regular participation in statewide meetings**
- **Playbooks**

Supporting County Success - Playbooks

- **A series of fact sheets that address critical questions and are intended to help county leaders:**
 - **Understand the impact of Medicaid Transformation on their operations**
 - **Help them respond to questions and concerns from constituents around transformation.**
 - **Provide information to assist in understanding budget impacts of Medicaid Transformation.**
 - **Understand the resources that DHHS can and cannot provide.**
- **Fact sheets will be updated as new information is available**

Fact Sheet #1

NC Medicaid

Introduction to Medicaid Transformation: Part 1 – Overview

NC Medicaid 2019 County Playbook

What is Medicaid Transformation?

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the NC General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and NC Health Choice from fee-for-service to managed care.

Under the fee-for-service model, DHHS reimbursed physicians and healthcare providers based on the number of services they provide or the number of procedures they order. This model will now be known as **NC Medicaid Direct**. Only a small number of people will stay in Medicaid Direct.

Under Managed Care, instead of contracting directly with providers, the State will contract with insurance companies, called Prepaid Health Plans or PHPs. These insurance companies will be paid a pre-determined set rate per person to provide all services, known as a capitated rate. This model is known as **NC Medicaid Managed Care**. Approximately 1.6 million of the current 2.1 million Medicaid beneficiaries will transition to Medicaid Managed Care.

CHANGES FOR MEDICAID BENEFICIARIES

Medicaid Managed Care will bring changes for most Medicaid beneficiaries.

- Medicaid services under Managed Care will now be administered by health plans.
- Beneficiaries will be able to choose their health plan and primary care provider (PCP). They will have new support systems available to help them make that choice.

- Medicaid services will not change, but the health plans may offer enhanced services to their plan members, such as smoking cessation programs.
- Medicaid eligibility rules will not change because of Medicaid Transformation.

Local Departments of Social Services (DSS) will have materials to share with beneficiaries about the changes. Current beneficiaries will receive information by mail that outlines actions to be taken, when to take those actions, and who they can contact for assistance.



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- What is Medicaid Transformation?
- Changes for Medicaid Beneficiaries
- Key Terms You Should Know
- Key Partners and Their Roles
- What Does Medicaid Transformation Mean for You? (by role)

Fact Sheet #2

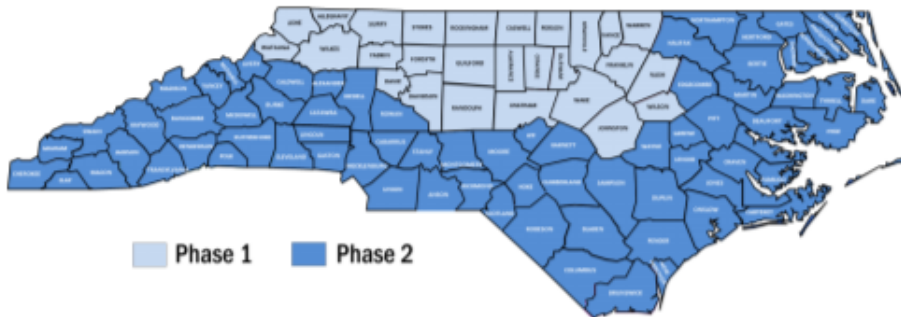
Introduction to Medicaid Transformation: Part 2 – Enrollment & Timelines

NC Medicaid

NC Medicaid 2019 County Playbook

Medicaid Managed Care is Rolling Out in Two Phases

The Department of Health and Human Services (DHHS) will transition most beneficiaries to NC Medicaid Managed Care in two phases based on region. A small number of beneficiaries will stay in NC Medicaid Direct. This Fact Sheet provides details on how and when these transitions will occur. Phase 1 will run from June 28, 2019, to November 1, 2019 and Phase 2 will run from September 2, 2019, to February 1, 2020.



*For a list of counties by region, please see the Appendix attached to this Fact Sheet.



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- Medicaid Managed Care is Rolling Out in Two Phases
- NC Medicaid Managed Care Transition Timeline
- How Enrollment Occurs
- When Enrollment Occurs
- Choices for Enrollment
- Budget Considerations

Fact Sheet #3 Increase in Beneficiary Contact

NC Medicaid

NC Medicaid 2019 County Playbook

Potential for Higher Call Volumes & Foot Traffic at the DSS

Change almost always prompts questions. Many Medicaid beneficiaries will turn to their local Department of Social Services (DSS) to get answers. As a result, the local DSS will likely experience higher call volumes and foot traffic. You can anticipate when increased volumes are likely based upon the Medicaid Transformation timelines associated with your county.

The Introduction to Medicaid Transformation – Part 2: Enrollment & Timelines Fact Sheet outlined some of the key milestones most of our beneficiaries will experience in the transition to Medicaid Managed Care. We recommend that the local DSS prepare for an increase in calls and visits around the time that these milestones occur. Please reference the table below for approximate dates we anticipate will result in increased contact. We have also included examples of scenarios to demonstrate why a beneficiary may contact the DSS (or other community partners) during this time. NC Medicaid will provide the local DSS with additional training to help counties prepare for transformation.

Milestone	Phase 1 Timeframe to expect increased contact	Phase 2 Timeframe to expect increased contact	Example Scenario
Enrollment Packets mailed to beneficiaries	Starting 5/28/2019* (all should be mailed within 10 Business days)	Starting 9/2/2019* (all should be mailed within 10 Business days)	Joe receives a letter from NC Medicaid explaining that he and his family need to enroll in a health plan. Instead of calling the toll-free number on the form, he calls his caseworker to make sure this is really something he has to do.
Reminder Postcards mailed to beneficiaries	Starting 8/13/2019*	Starting 11/13/2019*	Angie receives a postcard from NC Medicaid reminding her about Open Enrollment. She remembers seeing something about that a few weeks ago, but misplaced her paperwork. She calls the main number for her local DSS to see if they can help.
Auto-Assignment	Starting 9/16/2019* Health Plans will mail Welcome Packets to their members within 7 Business days of plan assignment.	Starting 12/16/2019* Health Plans will mail Welcome Packets to their members within 7 Business days of plan assignment.	Lola received mail from NC Medicaid about enrolling in a health plan, but she ignored it. She is auto-assigned to a health plan after Open Enrollment ends. She then receives mail from one of the health plans containing a handbook and an insurance card. She calls her Medicaid caseworker to ask if she still has Medicaid.

*Dates are approximate and subject to change



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- Potential for Higher Call Volumes & Foot Traffic at DSS
- Returned Mail
- Budget Considerations

Fact Sheet #4

Non-Emergency Medical Transportation (NEMT)

NC Medicaid 2019 County Playbook

NC Medicaid

Who is responsible for NEMT under Medicaid Managed Care?

Medicaid is required to provide transportation to medical appointments for all eligible individuals who need and request assistance with transportation.

For beneficiaries enrolled in Medicaid Managed Care, health plans are required to provide non-emergency medical transportation (NEMT) services. Health plans may use transportation brokers to arrange and provide transportation, or contract directly with transportation providers.

For beneficiaries in NC Medicaid Direct, county DSS agencies will continue to arrange NEMT. Counties will continue to follow North Carolina NEMT policies, and providers will continue to bill NC Tracks for reimbursement.

For all beneficiaries – NC Medicaid Managed Care and NC Medicaid Direct – transportation will be available if the beneficiary receives a Medicaid covered service provided by a qualified Medicaid provider (enrolled as a North Carolina Medicaid and NC Health Choice provider). Medicaid only pays for the least expensive means suitable to the beneficiary's needs.

WILL OUR BENEFICIARIES RECEIVE THE SAME SERVICE FROM THE HEALTH PLANS THAT THEY ARE USED TO RECEIVING FROM THE DSS?

Yes. The amount, duration, and scope of the NEMT service is NOT changing. NEMT will be provided by the health plan in which the beneficiary is enrolled for Medicaid. Health plans will be contracting with statewide and regional NEMT brokers to arrange and provide NEMT to enrolled members.

Health plans are required to:

- Provide NEMT appropriate for the member to the nearest appropriate medical provider;
- Provide NEMT to a Medicaid-covered service provider, including services carved out* of Medicaid Managed Care, provided by a NC-enrolled Medicaid provider;
- Provide travel-related expenses, including:
 - Lodging,
 - Food,
 - Parking fees/tolls,
 - Transportation vouchers (i.e. taxis, ride sharing services, public transit), and
 - Mileage; and
- Develop a network of NEMT providers.

*Carved out services are services that are not covered by the health plan and will remain fee-for-service.



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- Who is Responsible for NEMT under Medicaid Managed Care?
- Will Our Beneficiaries Receive the Same Service?
- How and When Can Health Plan Members Schedule NEMT?
- Can DSS Contract with the Health Plan for NEMT Services?
- Who are the Brokers for Each Health Plan
- Budget Considerations

Fact Sheet #5 Warm Transfers & Referrals

NC Medicaid

NC Medicaid 2019 County Playbook

What is a warm transfer?

"Warm transfer" is one way to support beneficiaries through the changes associated with Medicaid Transformation. Throughout the transition, many organizations – from the Enrollment Broker to the Health Plans to the County Departments of Social Services (DSS) – will work together on behalf of beneficiaries. With warm transfers beneficiaries get connected to the right person, regardless of who they start with. Here is a description of a warm transfer related to other types of referrals:

Referral	Provide contact information for appropriate support entity.
Cold Transfer	Transfer beneficiary to appropriate support entity and provide contact information.
Warm Transfer	Transfer beneficiary to appropriate contact and stay on the line with him or her until a live agent answers; explain the situation to ensure the agent clearly understands before leaving the call.

ROLES BY ORGANIZATION UNDER MEDICAID TRANSFORMATION

Local DSS

- Determine Medicaid eligibility.
- Enter Plan Preference in NC FAST for beneficiaries who already know which health plan they want.
- Assist beneficiaries in understanding who to contact to get questions answered.
- Ensure that address and contact information is up-to-date in NC FAST.
- Ensure that changes in circumstance are recorded in NC FAST and evaluated.

Enrollment Broker

- Provide general assistance with questions about Medicaid eligibility.
- Send notices to beneficiaries about enrolling in health plans.
- Provide choice counseling to help beneficiaries choose the right health plan and primary care provider to meet their needs.
- Enroll beneficiaries in health plans.
- Provide general assistance with questions about Medicaid Transformation.
- Perform outreach to beneficiaries (provide informative materials, participate in community events) and be accessible by phone, mail, internet, and in-person.



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- What is a Warm Transfer?
- Roles by Organization Under Medicaid Transformation
- Transfers & Referrals to and from DSS
- Discussion Topics for Warm Transfers
- Budget Considerations

Polling Question

Which topic should the Playbook address next?

- **Estimated number of people impacted by county**
- **DSS readiness assessment checklist**
- **Sample enrollment notices**
- **Budget implications for Local Health Departments**
- **Other (send other topics in chat bar)**

Supporting County Success – County Commissioners and Managers

- Materials
 - 1115 Waiver Information Fact Sheet **AVAILABLE NOW**
 - Medicaid Managed Care and Counties **AVAILABLE NOW**
 - NEMT and county transportation programs **AVAILABLE NOW**
 - How does managed care affect local health departments
 - How does managed care impact public ambulance providers
 - County Involvement with Tailored Plans
 - Prepaid Health Plans Involvement in Local Communities
- Webinars/Monthly Calls
- Training for Commissioners
- County Commissioner - Recommendations for Tailored Plan Regions

Supporting County Success – Local Health Departments

- Health plans must contract with any willing Local Health Department
- Medicaid Cost Settlements will be held as level as possible through Utilization-Based Payments
- The care management glide path means that Local Health Departments have an exclusive 3-year contract for at-risk children and high risk pregnancy populations
- NC's model of Medicaid Transformation continues the current safety net system

Supporting County Success - DSS Upcoming Trainings

Region	Date	Time	Location
1	7/16 /2019	9-11 AM	Burnsville Town Center (Yancey County) 6 South Main Street Burnsville, NC 28714
1	6/6/2019	9-11 AM	Buncombe County DSS 40 Coxe Ave Asheville, NC 28801
3	7/17/2019	1-3 PM	Catawba DSS 3030 11th Ave Dr SE, Hickory, NC 28602
3	6/17/2019	1-3 PM	Cabarrus DSS 1303 S Cannon Blvd, Kannapolis, NC 28083
5	TBD		Robeson County 120 Glen Cowan Rd, Lumberton, NC 28360
5	TBD		Harnett County DSS 311 Cornelius Harnett Blvd. Lillington, NC 27546
6	7/24/2019	9-11 AM	Pitt County DSS 403 Government Circle Greenville, NC.
6	8/13/2019	9-11 AM	Dare County Coastal Studies Institute (CSI) 850 NC-345 Wanchese, NC 27981

Looking Ahead

- **Meetings**
 - Medical Care Advisory Committee - Behavioral Health and Intellectual and Developmental Disability Subcommittee June 13th
- **Contracts/Procurement**
 - Ombudsman RFP release COMING
- **Information**
 - County Playbooks on DHHS website
 - Health Plan meet and greets
 - DHHS presentation/ Health Plan panel June 10th and 11th
- **Feedback Opportunities**
 - Request form for beneficiaries to remain in LME-MCO System/Medicaid Direct

Questions and Answers

For more information about North Carolina Counties, visit:

<https://medicaid.ncdhhs.gov/county-dss>

Comments, questions and feedback are very welcome at:

Medicaid.Transformation@dhhs.nc.gov

