

Fact Sheet

NORTH CAROLINA MEDICAID MANAGED CARE

Amended 1115 Demonstration Waiver Application

In September 2015, the General Assembly enacted Session Law 2015-245, directing the transition of Medicaid from a fee-for-service structure to a managed care structure. As the Department of Health and Human Services prepares to launch Medicaid managed care in 2019, it will continue to work with stakeholders and experts to refine program details and ensure a transparent process.

On Nov. 20, 2017, North Carolina submitted an amended 1115 demonstration waiver application to the federal Centers for Medicare & Medicaid Services (CMS). This is an amended version of the 1115 waiver application that North Carolina submitted to CMS in June 2016. The amended 1115 waiver application focuses on the specific items of the managed care transformation that require CMS approval.

Comments are encouraged. Please email feedback by Dec. 29, 2017, to medicaid.transformation@ncdhhs.gov.

Key components of the waiver application include:

- **Opioid Strategy.** To support North Carolina's opioid strategy, the Department is seeking authority to increase access to inpatient and residential substance use disorder and behavioral health treatment through reimbursement for services in institutions of mental disease.
- **Behavioral Health Integration.** North Carolina does not need a waiver to integrate behavioral health and physical health services, but the Department is seeking authority from CMS to use Medicaid funds to build capacity to support a robust health home care management model for behavioral health and I/DD populations.
- **Tailored Plans.** The Department is seeking authority to provide certain behavioral health benefits through only Tailored Plans, not Standard Plans. For more information on Tailored Plans, see "Behavioral Health and I/DD Tailored Plan," a concept paper recently published by Department, at ncdhhs.gov/nc-medicaid-transformation.
- **Public-Private Regional Pilots.** To improve health, it is crucial to think beyond what happens inside a doctor's office. The Department is seeking authority from CMS to use Medicaid funding to create public-private regional pilots to address unmet resource needs. The Department also seeks support to establish standardized tools to screen and refer individuals.
- **Workforce.** The Department is seeking authority from CMS to use Medicaid funding to expand existing loan repayment programs for providers in underserved areas, and to support the development of other workforce/job functions needed to develop a transformed system.
- **Telemedicine.** The Department is seeking authority from CMS to use Medicaid funding to pilot new approaches to telemedicine, and supporting providers in optimizing the use of telemedicine in their practices.
- **Payments to Safety-Net Providers.** The Department is seeking authority to continue cost settlements with certain essential safety-net providers outside of reimbursement arrangements with the new prepaid health plans. In addition, the Department is requesting authority to establish an uncompensated care pool to strengthen federally recognized tribal providers.

Additionally, the Department's "Proposed Program Design for Medicaid Managed Care" includes several other complementary initiatives. More information is available at ncdhhs.gov/nc-medicaid-transformation.