

NC Department of  
Health and Human Services

# Managed Care Transformation Update

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**October 9, 2019**

# North Carolina is an Employment First State

“Competitive, integrated employment is the preferred mode of employment for all North Carolinians with disabilities, regardless of the level of disability” –Gov. Cooper, EO 92

- In March, Governor Cooper signed [Executive Order 92](#), making North Carolina an Employment First state
- EO 92 directs the Office of State Human Resources, in consultation with NC DHHS, to issue guidance to all State Agencies covered under the State Human Resources Act , in order to make recruitment, hiring, and retaining North Carolinians with disabilities more accessible, inclusive, and welcoming
  - NC DHHS and OSHR are meeting and actively working together to implement the EO
- Matt Herr, Assistant Director for System Performance at DMHDDSAS, is a person with a disability and took lead for the Department in drafting and finalizing EO 92 with the Governor’s Office
  - He, and two other DHHS employees, [shared their experiences](#) at Gov. Cooper’s EO signing

# Vision for NC Managed Care

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

# Overview of Medicaid Managed Care

NC Medicaid providers will contract with and be reimbursed by prepaid health plans (PHPs) rather than the State directly

There will be two types of PHP products:

- **Standard Plans** for most Medicaid and NC Health Choice beneficiaries; scheduled to launch in February 2020
- **BH I/DD Tailored Plans** for qualifying high-need populations with a serious mental illness, serious emotional disturbance, substance use disorder, I/DD, or traumatic brain injury; tentatively scheduled to launch in July 2021

Both products will offer a robust set of behavioral health benefits; however, certain, more intensive, behavioral health benefits will only be available through BH I/DD Tailored Plans

There will be a continue focus on high-quality, local care management

**Note:** Certain populations will **continue to receive fee-for-service (FFS) coverage, also known as NC Medicaid Direct**, on an ongoing basis. In addition, certain benefits, such as those provided by Children's Developmental Services Agencies (CDSAs), will be carved out of managed care.

# Standard Plans for NC Managed Care

## Statewide Contracts:

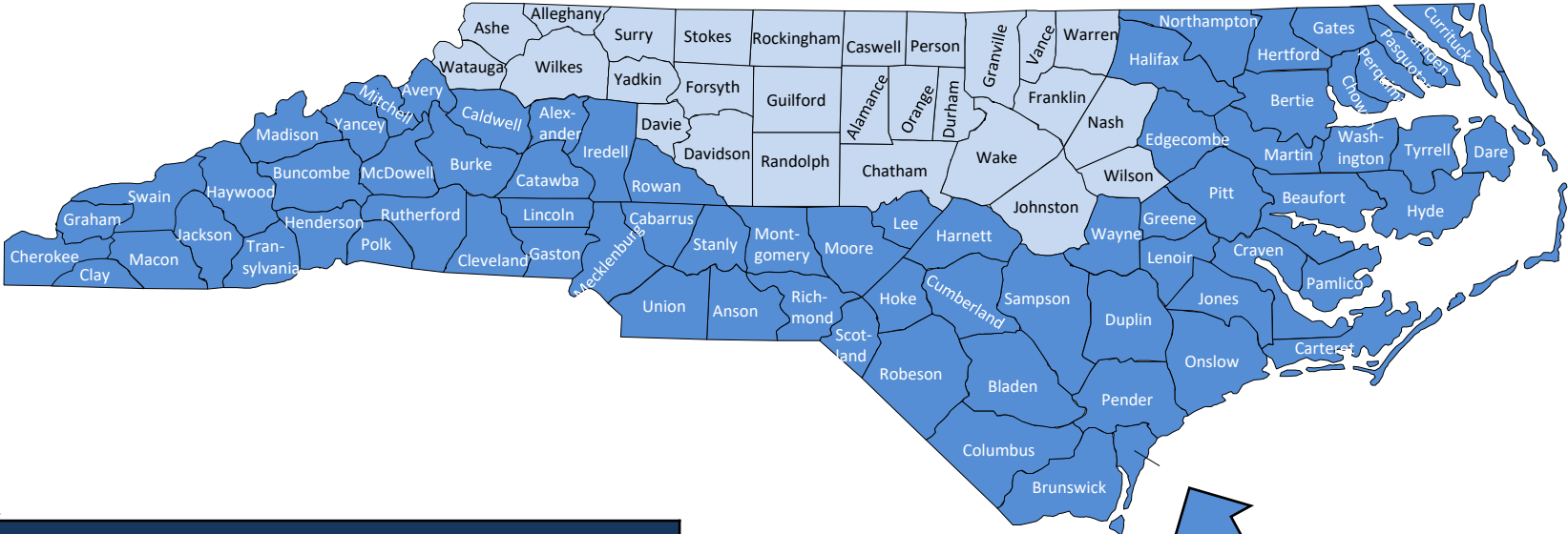
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

## Regional Contracts: Regions 3, 4\* & 5

- Carolina Complete Health, Inc.

# Standard Plan Open Enrollment

Open enrollment began in July for Regions 2 & 4



Open enrollment began in October for Regions 1, 3, 5 & 6



## Important Dates

Open Enrollment Ends for All Regions	December 13, 2019
Health Plan Starts	February 1, 2020

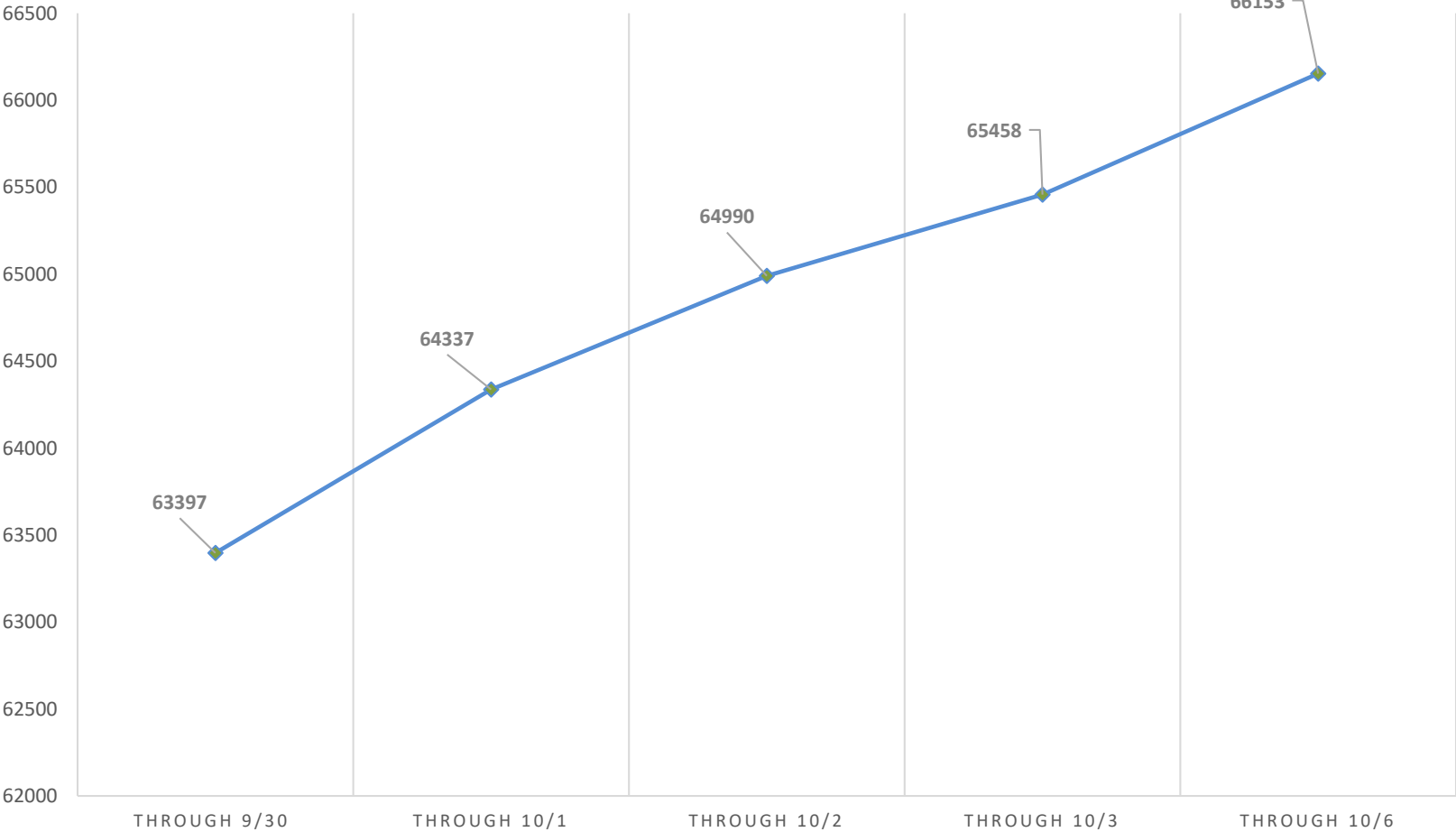
\*\*See Appendix for breakdown of regions by county

# Notices for Final Open Enrollment (OE) Period

- Notice about beginning of OE to all mandatory and exempt individuals in 73 counties
- Mailing of notices began 9-30-19
- Estimate ~50,000 packets will be sent per day
- Enrollment packet mailings will continue through October 11th

# Managed Care Member Enrollments

MEMBER ENROLLMENTS





# Notices Regarding Managed Care Transition

In late June, DHHS sent notices to individuals in Regions 2 & 4 regarding Feb. 2020 managed care enrollment. DHHS began sending a similar set of notices to individuals in the remaining regions on September 30<sup>th</sup>.

There are different notices for beneficiaries who will be required to enroll in a Standard Plans v. those eligible for a BH I/DD Tailored Plan who will by default remain in Medicaid FFS/LME-MCOs. DHHS anticipates that beneficiaries may reach out to providers with questions about these notices, and as a result, will provide more detailed information to providers in the coming months.

## Notices for beneficiaries slated to enroll in Standard Plans include information about:

- Timeline that the beneficiary will enroll in managed care
- Process for selecting a primary care provider and a health plan
- Steps to take for beneficiaries who believe they need certain services to address needs related to developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

## Notices for beneficiaries who are eligible for a BH I/DD Tailored Plan and will remain in FFS/LME-MCOs include information about:

- Beneficiary's continued enrollment in FFS/LME-MCO
- Option to enroll in a Standard Plan with explanation that Standard Plans will offer a more limited set of benefits for developmental disability, mental illness, TBI, or substance use disorder
- Contact information for enrollment broker for choice counseling

# Beneficiary Experience Auto-Assignment for SPs

Beneficiaries who don't choose a health plan will be assigned one automatically, consistent with the following components in this order:

1. If the beneficiary has a historic relationship with a particular PCP/Advanced Medical Home
2. Where the beneficiary lives
3. Plan assignments of other family members
4. If the beneficiary has a historic relationship with a particular SP in the previous twelve (12) months (e.g., "churned" off/into Medicaid Managed Care)

# Timeline for Standard Plan Rollout & Launch

2019

- Jun • Enrollment Welcome Packet Mailed to Regions 2 and 4
- Jul • Open Enrollment Began for SP-Eligible People in Regions 2 and 4
- Aug
- Sept • Enrollment Welcome Packet Mailed to Regions 1,3,5 and 6
- Oct • Open Enrollment Began for SP-Eligible People in Regions 1,3,5 and 6
- Nov
- Dec 13<sup>th</sup> • Open Enrollment Ends

2020



- Jan • Member ID cards  
• Member Handbooks
- Feb 1<sup>st</sup> • Standard Plan Launch
- Mar • Member feedback  
• Evaluation of materials, process



Outreach Activities Ongoing



# Tentative Timeline for Tailored Plan Rollout & Launch



# **BH I/DD Tailored Plans**

# Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in NC Medicaid Direct\*/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan.\*\*

## BH I/DD TP Eligibility Criteria Identified via Data Reviews

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists<sup>†</sup>
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- Have had an admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

\*NC Medicaid Direct is Medicaid Fee-for-Service

\*\*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct

<sup>†</sup>Currently, there is no waiting list for the TBI waiver

# BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover a more robust behavioral health, I/DD, and TBI benefit package than SPs.

## BH I/DD Tailored Plan Benefits Include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS), such as personal care, private duty nursing, or home health services
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- New SUD residential treatment and withdrawal services
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)\*
- Current 1915(b)(3) waiver services\*
- Innovations waiver services for waiver enrollees\*
- TBI waiver services for waiver enrollees\*
- State-funded behavioral health, I/DD, and TBI services for the uninsured and

*Note: Dual eligible enrollees will receive behavioral health, I/DD, and TBI services through a BH I/DD Tailored Plan and other Medicaid services through NC Medicaid Direct.*

*\*Services will only be offered through BH I/DD Tailored Plans; in addition, certain high-intensity behavioral health services, including some of the new SUD services, will only be offered through BH I/DD Tailored Plans.*

# Tailored Care Management Model

The care management model in BH I/DD Tailored Plans will be known as “Tailored Care Management.”

## Overarching Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

### Care Management

#### Will Be Delivered By:

- Advanced Medical Home Plus (AMH+) Primary Care Practices
- Care Management Agencies (CMAs)
- BH I/DD Tailored Plan-Employed Care Managers

### Roles and Responsibilities of Care Managers

- Completion of care management assessments/care plans
- Coordination of services, including those addressing unmet health-related resource needs
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of rare diseases and high-cost procedures
- Management of high-risk social environments



# What Beneficiaries Can Expect

# Impact of Managed Care on Beneficiaries



## What's New

- Beneficiaries eligible for Standard Plans will be able to choose their own health care plan\*
- Most, but not all, people will be in Medicaid Managed Care
- An enrollment broker will assist with choice

## What's Staying the Same

- Eligibility rules will stay the same
- Same health services/treatments/supplies will be covered
- The beneficiary Medicaid co-pays, if any, will stay the same
- Beneficiaries report changes to local DSS



\*Beneficiaries eligible for TPs will be assigned to the TP in their region and have the option to switch to an SP

# What Providers Can Expect

# Provider Experience in Managed Care

## Addressing Administrative Burden:

- A centralized and streamlined provider enrollment and credentialing process
- Transparent, timely and fair payments for providers
- A single statewide drug formulary that all SPs will be required to utilize
- Same services covered in Medicaid Managed Care and fee-for-service (with exception of services carved out of Medicaid Managed Care and services only covered by TPs)
- Department's definition of "medical necessity" used by SPs when making coverage decisions
- Providers offered some contracting "guardrails", standard SP contract language

# Impact of Managed Care on Providers

## Contract/Payment

- Potential contract with multiple SPs, CINs
- Opportunity to negotiate rates\*
- Understanding contract terms, conditions, payment and reimbursement methodologies
- Network adequacy and out of networks standards
- AMH program/tiered payments

*To be discussed  
in more detail*

## Information/Problem-Solving

- Build relationships with health plans
- SP provider assistance line
- Provider appeals procedures specified in SP provider manual
- DHHS provider ombudsman to assist with problem solving
- Opportunities to provide feedback i.e. AMH TAG

\*rate floors apply

# The Advanced Medical Home (AMH) Model in SPs

The AMH program will serve as the primary vehicle for delivery of local care management under Medicaid Managed Care.

## Tiers 1 and 2

- SP **retains** primary responsibility for care management
- Practice requirements are the same as for Carolina ACCESS
- **Providers will need to coordinate across multiple plans:** practices will need to interface with multiple SPs, which will retain primary care management responsibility; SPs may employ different approaches to care management

### AMH Payments

- PMPM Medical Home Fees
- Same as Carolina Access
- Minimum payment floors

## Tier 3

- Practice must meet all Tier 1 and 2 requirements, plus additional Tier 3 care management responsibilities
- SP **delegates** primary responsibility for delivering care management to the practice level (see next slide)
- Practices will have the option to provide care management in-house or through a single Clinically Integrated Network (CIN)/other partner across all Tier 3 SP contracts
- **Initial attestation process closed 1/31:** based on attestation data, majority of SP beneficiaries are expected to be attributed to Tier 3 practices

### AMH Payments

- PMPM Medical Home Fees
- PMPM Care Management Fees
- Performance Incentive Payments

# Deep Dive on Tier 3 AMHs

Tier 3 AMHs are responsible for delivering care management at the practice level, including:

## Tier 3 Responsibilities

- **Risk stratify** all empaneled patients
- Provide **care management to high-need patients**, which includes (but is not limited to):
  - Conducting a **comprehensive assessment** of enrollees' needs
  - Establishing a **multi-disciplinary care team** for each enrollee
  - Developing a **care plan** for each enrollee
  - **Coordinating all needed services** (physical health, behavioral health, social services, etc.)
  - Providing **in-person assistance securing unmet resource needs** (e.g. nutrition services, income supports, etc.)
  - Conducting medication management, including regular medication reconciliation and support of medication adherence
  - Providing **transitional care management** as enrollees change clinical settings
- **Receive claims data feeds** (directly or via a CIN/other partner) and meet state-designated **security standards** for their storage and use

## Next Steps- Actions providers can take

- Contract with PHPs – November 15<sup>th</sup> deadline
- Inform DHHS of new issues with managed care implementation
- Update information in NCTRACKS
- Share resources with beneficiaries
- Run managed care video in waiting room office
- Direct beneficiaries to right resource
- If requested assist members with completion of Tailored Plan Exemption form



# Inform DHHS of new issues

- We want to hear from you. What is working? What is not?
- START HERE FIRST
  - Providers: NCTracks: 800-688-6696
  - Beneficiaries: Medicaid Contact Center: 833-870-5500
  - Counties: NC FAST: 919-813-5400
- Staff can escalate issues to internal SWAT team focused on problem identification and resolution
- When needed, issues can be escalated to our SWAT team by calling (919) 527-7460 or emailing [MedicaidSWAT@dhhs.nc.gov](mailto:MedicaidSWAT@dhhs.nc.gov)

# Share Outreach Materials

## POSTER

**THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE**

Most people will get the same Medicaid services in a new way – through health plans. You will be able to choose the health plan that is best for you. You will also choose a primary care provider (PCP).

**WHAT YOU NEED TO DO**

- Choose a primary care provider (PCP):** To keep your doctor, clinic or other health care provider as your PCP, find out which health plans they work with. You can also choose a new PCP.
- Choose a health plan in NC Medicaid Managed Care:** A health plan is a group of doctors, hospitals and other providers. They work together to give you the health care you need. Learn more: [nccmicaidplans.gov/choose/comparplans](http://nccmicaidplans.gov/choose/comparplans)
- Enroll in one of these ways:**
  - Go to [nccmicaidplans.gov](http://nccmicaidplans.gov)
  - Use the NC Medicaid Managed Care mobile app
  - Call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
  - When you receive an enrollment form, fill it out and mail or fax it back

**IF YOU HAVE MORE QUESTIONS**

- About your eligibility: Contact your local Department of Social Services (DSS) office. Find contact information here: [ncdhhs.gov/caldss](http://ncdhhs.gov/caldss)
- About choosing or enrolling in a health plan: Go to [nccmicaidplans.gov](http://nccmicaidplans.gov) (chat features available), use the NC Medicaid Managed Care mobile app or call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
- About your health plan or benefits: Call your health plan.
 

Health Plan	1-866-799-5318 (TTY: 711)
WellCare	1-800-349-1855 (TTY: 711)
UnitedHealthcare Community Plan	1-844-594-5070 (TTY: 711)
HealthyBlue	1-855-375-0811 (TTY: 1-866-299-6421)
AmeriHealth Caritas	1-833-552-3876 (TTY: 711 or 1-800-735-2962)
Carolina Complete Health*	

\*Only offered to people who live in these counties: Alexander, Anson, Bladen, Brunswick, Cabarrus, Catawba, Cleveland, Columbus, Cumberland, Gaston, Haywood, Halifax, Wayne, Lee, Lincoln, Macon, Mecklenburg, Montgomery, Moore, New Hanover, Perdue, Richmond, Robeson, Rowan, Sampson, Scotland, Surry, Union

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## FACT SHEETS

**THERE IS A NEW WAY TO GET MEDICAID HEALTH CARE**

Most people will get the same Medicaid services in a new way – through health plans. You will be able to choose the health plan that is best for you. A health plan is a group of doctors, hospitals and other providers. They work together to give you the health care you need. Everything – physical health, mental health and end-of-life care – will come from the same health care team.

You will also choose a primary care provider (PCP). A PCP could be your family doctor, clinic or other health care provider. They will help you with your health care needs.

Most people receiving Medicaid must choose a health plan. A small number of people will not need to choose a health plan because of the type of health services they need. They will stay enrolled in NC Medicaid Direct.

**WHAT YOU NEED TO DO**

- Choose a primary care provider (PCP)** Health plans work with different PCPs. To keep your doctor, clinic or other health care provider as your PCP, find out which health plans they work with. You can also choose a new PCP. For a list of doctors for each health plan, go to [nccmicaidplans.gov](http://nccmicaidplans.gov), use the NC Medicaid Managed Care mobile app or call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588). If you do not choose a PCP, your health plan will choose one for you.
- Choose a health plan in NC Medicaid Managed Care** Compare the health plans and choose the best one for you. These are the health plans available in NC Medicaid Managed Care:
  - WellCare
  - UnitedHealthcare Community Plan
  - HealthyBlue
  - AmeriHealth Caritas
  - Carolina Complete Health\*

**Enroll in one of these ways:**

- Go to [nccmicaidplans.gov](http://nccmicaidplans.gov)
- Use the NC Medicaid Managed Care mobile app
- Call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
- When you receive an enrollment form, fill it out and mail or fax it back

After you enroll, your health plan will mail you a welcome packet and Medicaid card. You will use your Medicaid card to get health services.

**IF YOU LIVE IN ONE OF THESE COUNTIES**

County	1-866-799-5318 (TTY: 711)
Alexander	1-800-349-1855 (TTY: 711)
Anson	1-844-594-5070 (TTY: 711)
Bladen	1-855-375-0811 (TTY: 1-866-299-6421)
Brunswick	1-833-552-3876 (TTY: 711 or 1-800-735-2962)
Cabarrus	
Catawba	
Cleveland	
Columbus	
Cumberland	
Gaston	
Haywood	
Halifax	
Lee	
Lincoln	
Macon	
Macon	
Montgomery	
Moore	
New Hanover	
Perdue	
Richmond	
Robeson	
Rowan	
Sampson	
Scotland	
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## Q&A

**GET ANSWERS**

We're here to help you understand your primary care provider (PCP) and health plan choices. Here are answers to questions you may have.

If you have other questions, call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588). Or use the chat tool to chat with us online.

**What is NC Medicaid Managed Care?**  
NC Medicaid Managed Care helps you get the most out of your Medicaid benefits. Instead of one Medicaid program there are many health plans to choose from.

All health plans are required to have the same Medicaid services, such as office visits, blood tests, and X-rays. Health plans may also offer additional services such as programs to help you quit smoking, eat healthier and have a healthy pregnancy. Health plans work with different doctors and health care providers. Each plan has its own network of qualified doctors and health care providers. To keep your doctor, clinic or other provider, find out which plans they work with. Then choose one of those plans.

**What is NC Medicaid Direct?**  
Some people will be in NC Medicaid Direct because it provides services that meet specific needs. For example, it provides the same services currently covered for developmental disability, mental illness, traumatic brain injury and substance use disorder. To learn more about NC Medicaid Direct, call 1-888-245-0179.

**Is Medicaid eligibility changing?**  
No. Medicaid eligibility rules are not changing. If you have questions about your eligibility, contact your local Department of Social Services (DSS) office. Find contact information at [ncdhhs.gov/caldss](http://ncdhhs.gov/caldss).

**What is a primary care provider (PCP)?**  
Your PCP is your family doctor, clinic or health care provider. Your PCP will help you with your health care needs. They will also coordinate your care with other health providers.

**What is a health plan?**  
A health plan is a group of doctors, hospitals and other providers. They work together to give you the health care you need.

**Do I have to choose a health plan?**  
It depends. Most people in NC Medicaid must choose a health plan. Some people can choose to stay in NC Medicaid Direct. They will not need to choose a plan.

**To find out if you must enroll, go to Who must enroll in NC Medicaid Managed Care? at [nccmicaidplans.gov/healthplans/who-must-enroll-in-medicaid-managed-care](http://nccmicaidplans.gov/healthplans/who-must-enroll-in-medicaid-managed-care). If you still have questions, call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588). Or use the chat tool to chat with us online.**

## PALM CARD

**NC MEDICAID IS CHANGING**

You have a choice of health plans

**WHAT YOU NEED TO DO**

- Choose a primary care provider (PCP)
- Choose a health plan
- Enroll: Go to [nccmicaidplans.gov](http://nccmicaidplans.gov)

**QUESTIONS?**

- About eligibility: Contact your local Department of Social Services (DSS) office: [ncdhhs.gov/caldss](http://ncdhhs.gov/caldss)
- About choosing or enrolling in a health plan: Go to [nccmicaidplans.gov](http://nccmicaidplans.gov) or call 1-833-870-5500 (TTY: 1-833-870-5588). The call is free.
- About your benefits: Call your health plan. [nccmicaidplans.gov/choose/comparplans](http://nccmicaidplans.gov/choose/comparplans)

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\*Not offered in all counties. MEDICAID IS HERE. EVER. 1957

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- Choose a primary care provider (PCP)
- Choose a health plan
- Enroll in one of these ways:
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  - Use the NC Medicaid Managed Care mobile app
  - Call us toll free at 1-833-870-5500 (TTY: 1-833-870-5588)
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## FLYER

Download at [medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care](http://medicaid.ncdhhs.gov/county-playbook-Medicaid-managed-care)

# Direct Beneficiaries to Right Resource



## ABOUT ELIGIBILITY

Continue to come to  
local DSS

Find contact  
information at  
[ncdhhs.gov/localdss](http://ncdhhs.gov/localdss)



## ABOUT NC MEDICAID DIRECT BENEFITS AND CLAIMS

Call the Medicaid  
Contact Center  
toll free:

1-888-245-0179



## ABOUT CHOOSING A PLAN OR PCP AND ENROLLING

Go to  
[ncmedicaidplans.gov](http://ncmedicaidplans.gov)  
(chat available)

Use the  
NC Medicaid  
Managed Care  
mobile app

Call 1-833-870-5500  
(the call is free)

TTY: 1-833-870-5588



## ABOUT NC MEDICAID MANAGED CARE PLAN OR BENEFITS

Call their  
Health Plan

# Healthy Opportunities Pilots

# What Are the Healthy Opportunities Pilots?

The federal government authorized up to \$650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

- PHPs in two to four geographic areas of the state will work with their communities to implement the “Healthy Opportunities Pilots,” as approved through North Carolina’s 1115 waiver
- Pilot funds will be used over the five-year demonstration period to:
  - Cover the cost of federally-approved Pilot services
  - Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
    - *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers*

The Pilots will offer services in the Four Priority Domains

Housing



Food



Transportation



Interpersonal  
Violence



# Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees must have:



## At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children, ages 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)



## At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

# Overview of Approved Pilot Services

North Carolina's 1115 waiver specifies services that can be covered by the Pilot. Pilots will address priority domains for unmet social needs.



## Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)
- Short-term post hospitalization housing



## Food

- Linkages to community-based food services (e.g., SNAP/WIC application support, food bank referrals)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



## Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure



## Interpersonal Violence

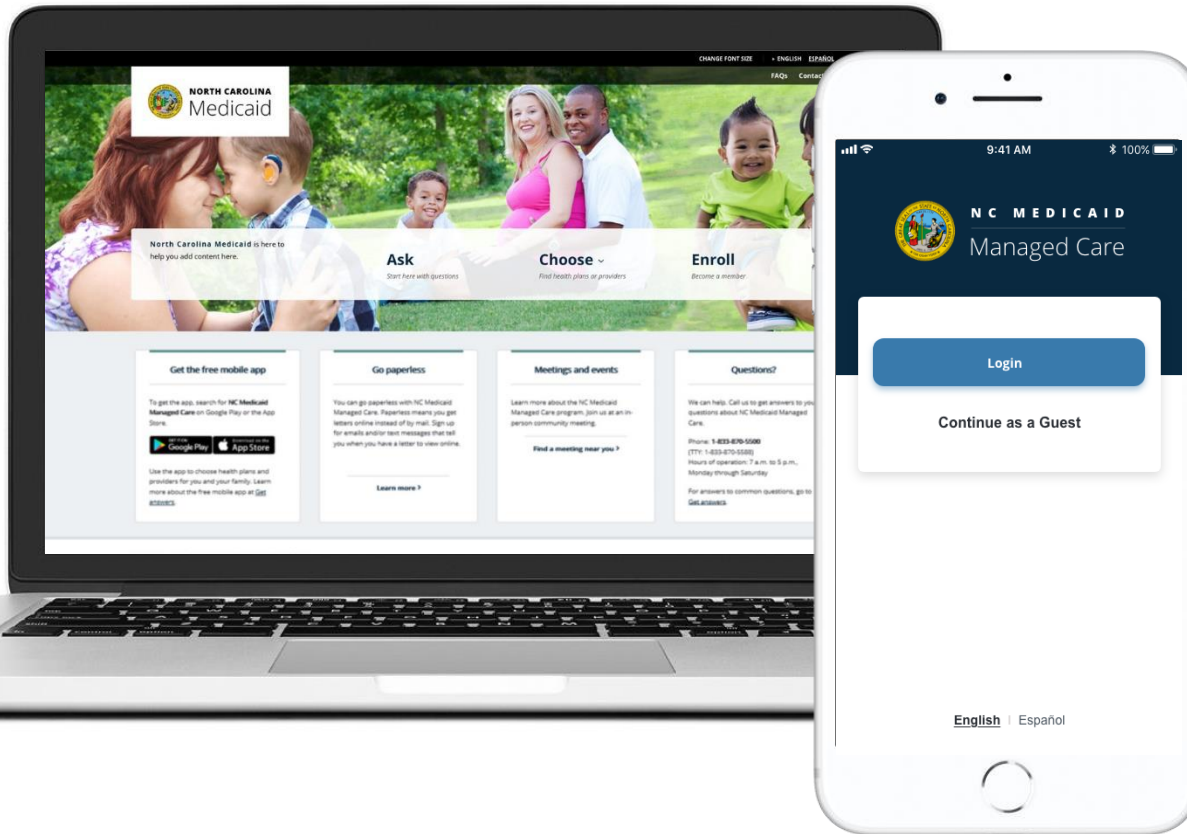
- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

# Enrollment Broker Services



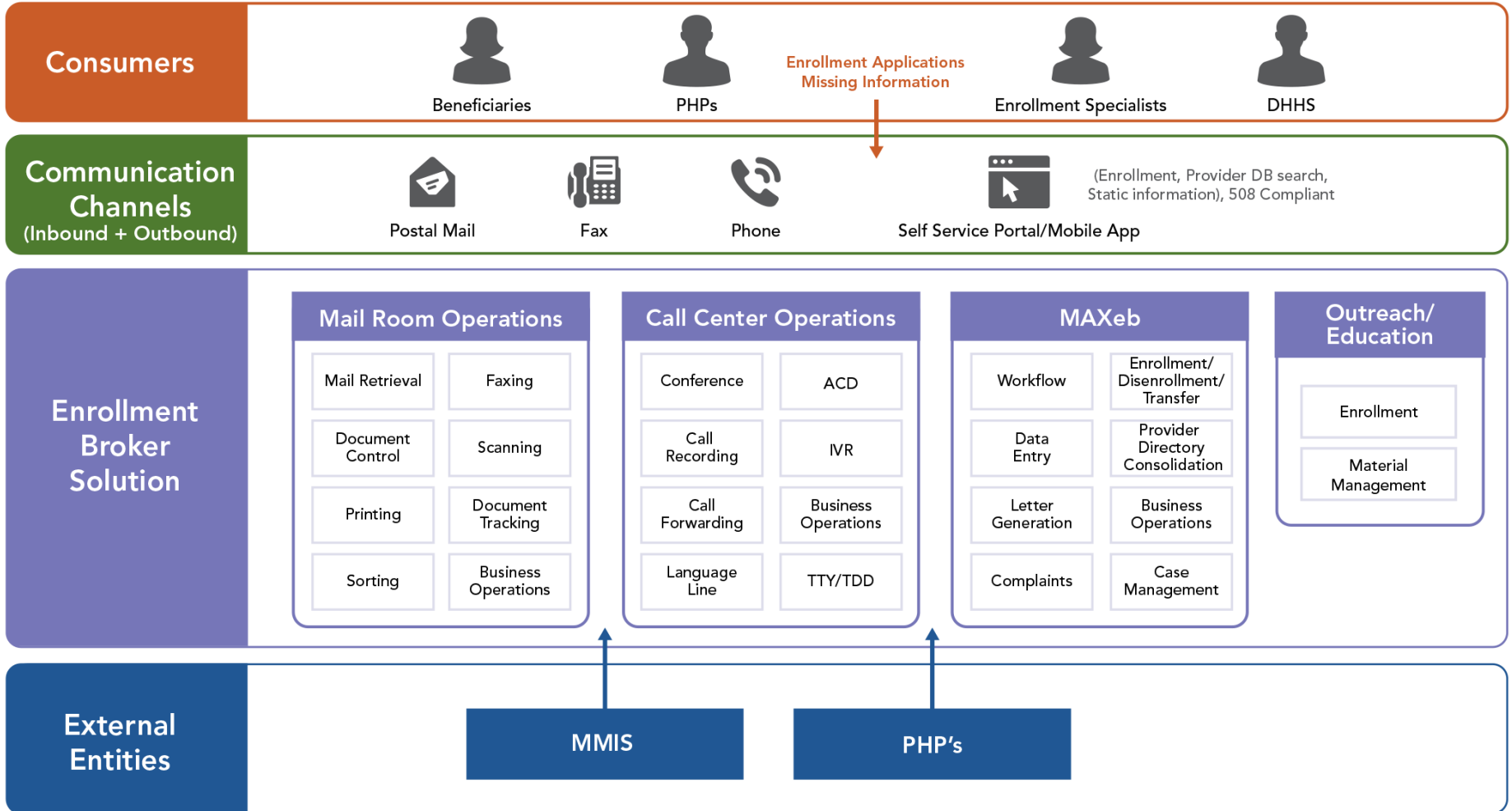
# Digital Solutions and Analytics

- Gaining a window into consumer/member engagement
  - Simplify the application and enrollment process for consumers, while satisfying program requirements



- Enrollments by channel
- Mobile enrollments
- Mobile sessions
- Weekly app updates
- Member views/updates of case information

# NC Enrollment Broker: Process Flow



# Questions

NC MEDICAID TRANSFORMATION WEBSITE  
[www.ncdhhs.gov/medicaid-transformation](http://www.ncdhhs.gov/medicaid-transformation)

# Appendices

# Standard Plan Regions

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	
Avery	Alleghany	Alexander	Alamance	Bladen	Beaufort	Jones
Buncombe	Ashe	Anson	Caswell	Brunswick	Bertie	Lenoir
Burke	Davidson	Cabarrus	Chatham	Columbus	Camden	Martin
Caldwell	Davie	Catawba	Durham	Cumberland	Carteret	Northampton
Cherokee	Forsyth	Cleveland	Franklin	Harnett	Chowan	Onslow
Clay	Guilford	Gaston	Granville	Hoke	Craven	Pamlico
Graham	Randolph	Iredell	Johnston	Lee	Currituck	Pasquotank
Haywood	Rockingham	Lincoln	Nash	Montgomery	Dare	Perquimans
Henderson	Stokes	Mecklenburg	Orange	Moore	Duplin	Pitt
Jackson	Surry	Rowan	Person	New Hanover	Edgecombe	Tyrrell
Macon	Watauga	Stanly	Vance	Pender	Gates	Washington
Madison	Wilkes	Union	Wake	Richmond	Greene	Wayne
McDowell	Yadkin		Warren	Robeson	Halifax	
Mitchell			Wilson	Sampson	Hertford	
Polk				Scotland	Hyde	
Rutherford						
Swain						
Transylvania						
Yancey						

# Run video in office waiting rooms

You Tube

EB Link

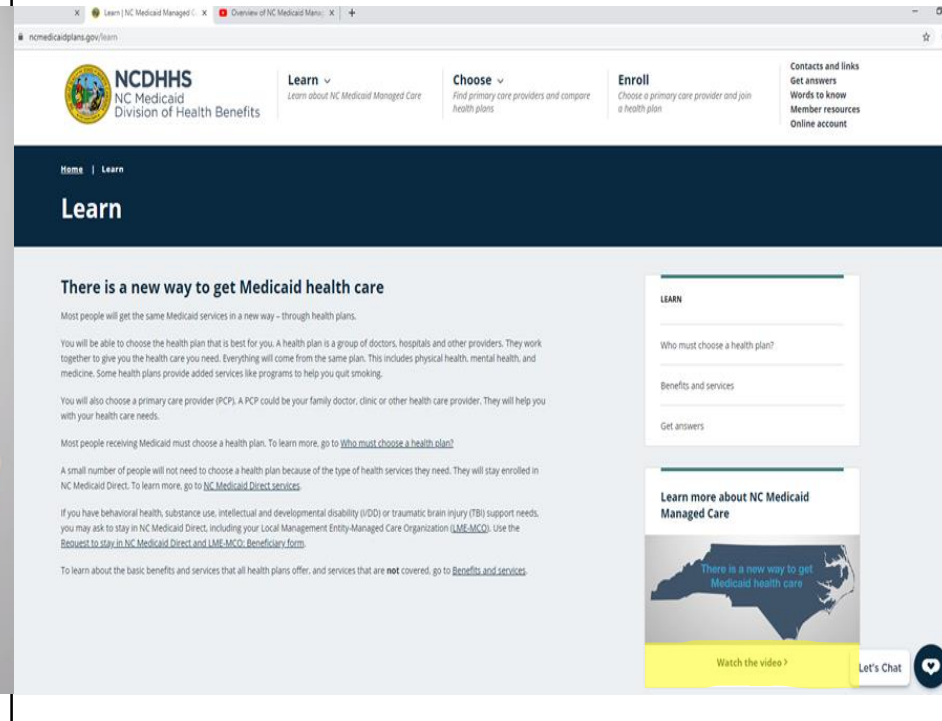
<https://www.youtube.com/watch?v=9xJyeXkypI8&t>



Most people will get the same Medicaid services in a new way  
– from health plans

The image shows a diverse group of people of various ages and ethnicities. One person is in a wheelchair. The text is centered at the top of the image.

<https://www.ncmedicaidplans.gov/learn>



The screenshot shows the 'Learn' page on the NC Medicaid website. The header includes the NCDHHS logo and navigation links for 'Learn', 'Choose', and 'Enroll'. The main content area has a heading 'There is a new way to get Medicaid health care' followed by several paragraphs of text. On the right side, there is a 'LEARN' sidebar with links for 'Who must choose a health plan?', 'Benefits and services', and 'Get answers'. At the bottom right, there is a 'Watch the video?' button and a 'Let's Chat' button.

**NCDHHS**  
NC Medicaid  
Division of Health Benefits

**Learn**  
Learn about NC Medicaid Managed Care

**Choose**  
Find primary care providers and compare health plans

**Enroll**  
Choose a primary care provider and join a health plan

**Contacts and links**  
Get answers  
Words to know  
Member resources  
Online account

Home | Learn

## Learn

### There is a new way to get Medicaid health care

Most people will get the same Medicaid services in a new way – through health plans.

You will be able to choose the health plan that is best for you. A health plan is a group of doctors, hospitals and other providers. They work together to give you the health care you need. Everything will come from the same plan. This includes physical health, mental health, and medicine. Some health plans provide added services like programs to help you quit smoking.

You will also choose a primary care provider (PCP). A PCP could be your family doctor, clinic or other health care provider. They will help you with your health care needs.

Most people receiving Medicaid must choose a health plan. To learn more, go to [Who must choose a health plan?](#)

A small number of people will not need to choose a health plan because of the type of health services they need. They will stay enrolled in NC Medicaid Direct. To learn more, go to [NC Medicaid Direct services](#).

If you have behavioral health, substance use, intellectual and developmental disability (ID/ID) or traumatic brain injury (TBI) support needs, you may ask to stay in NC Medicaid Direct, including your Local Management Entity-Managed Care Organization (LME/MCO). Use the [Request to stay in NC Medicaid Direct and LME/MCO Beneficiary form](#).

To learn about the basic benefits and services that all health plans offer, and services that are not covered, go to [Benefits and services](#).

**LEARN**

Who must choose a health plan?

Benefits and services

Get answers

**Learn more about NC Medicaid Managed Care**

There is a new way to get Medicaid health care

Watch the video ?

Let's Chat

# Options for Beneficiaries

1. Direct them to [ncmedicaidplans.gov](https://ncmedicaidplans.gov) to learn more
2. Direct them to [ncmedicaidplans.gov](https://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 1-833-870-5588.
6. Beneficiaries can also enroll by mailing or faxing their completed enrollment form

## CHANNELS FOR ENROLLMENT



Enrollment  
Services  
Website



Mobile App



Web Chat



Enrollment  
Specialist



TTY



Mail/Fax