



Medicaid Reform Talking Points

Medicaid Reform is embodied in a waiver that will transform North Carolina's Medicaid and NC Health Choice programs to drive better experience of patient care, better community health, improved provider engagement and cost containment. This reform provides broad-based, system-wide innovation for beneficiaries, communities and providers while promoting budget stability

Reform is important because it:

- Brings innovations that put people first and rewards plans and providers for making patients healthier while containing costs
- Builds on what works in North Carolina and brings new tools into the health care system

Provider/stakeholder input continues to help shape a North Carolina solution

Beneficiaries will ultimately see more choice, more engagement with providers and more coordination of their care

Innovations incorporated into the reform model will focus on better experience of care, improved community health, improved provider engagement and per capita cost containment.

- Changes range from prepaid health plans and patient-centered care homes to team-based care
- This is accomplished by switching from fee-for-service volume system with little incentive for quality, toward pre-paid health plans, which is a value system

Timing to implementation allows for continued operation over the next few years, ensuring that beneficiaries continue receiving services in the way they do now.

- June 1, the State files a waiver with Centers for Medicare and Medicaid Services. Approval is expected to take at least 18 months
- Once approved, another 18 months are required for implementation. The expected timeline for implementation is summer 2019

Next Steps

- DHHS will hold 10 - 12 listening sessions across the state to collect feedback from consumers
- DHHS will continue to actively engage and consider feedback from diverse stakeholders