NC Department of
Health and Human Services

Managed Care Transformation Update

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Vision for NC Medicaid 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."

Prepaid Health Plans

Create single point of accountability for care and outcomes for Medicaid beneficiaries through two types of Plans

Standard Plans

- Beneficiaries benefit from integrated physical & behavioral health services
- "Primary care" behavioral health spend included in PHP capitation rate
- Phased implementation – Nov. 2019 & Feb. 2020

Tailored Plans

- Specialized managed care plans targeted toward populations with significant BH and I/DD needs
- Access to expanded service array
- Behavioral Health Homes
- Projected for July 2021

PHPs for NC Medicaid Managed Care

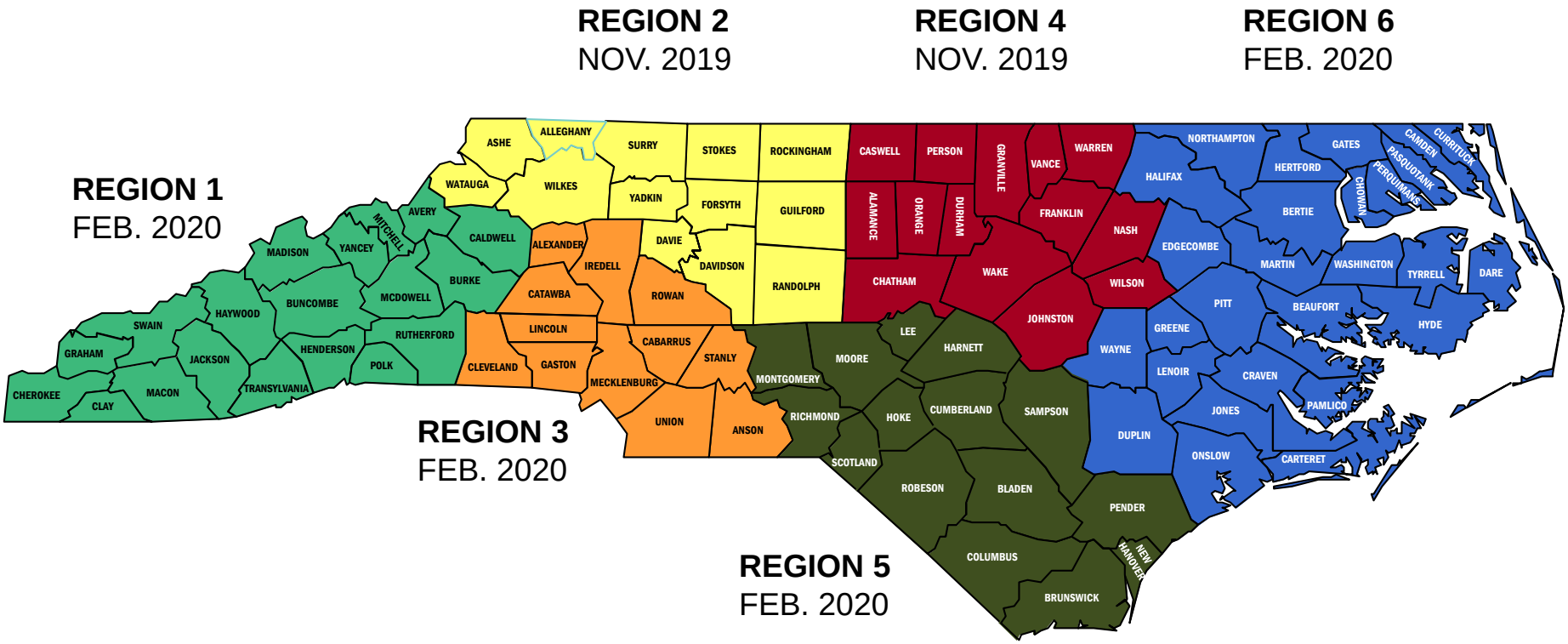
Statewide contracts

- **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 contract – Regions 3 & 5

- **Carolina Complete Health, Inc.**

Managed Care Regions and Rollout Dates



Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

Tailored Plans

Overview of Eligible Population

TP Populations:

- Qualifying I/DD diagnosis
- Innovations and TBI Waiver enrollees and those on waitlists
- Qualifying Serious Mental Illness (SMI) or Serious Emotional Disturbance (
  diagnosis who have used an enhanced service
- Those with two or more psychiatric inpatient stays or readmissions within 18 months
- Qualifying Substance Use Disorder (SUD) diagnosis and who have used an enhanced service
- Medicaid enrollees requiring TP-only benefits
- Transition to Community Living Initiative (TCLI) enrollees
- Children with complex needs settlement population
- Children ages 0-3 years with, or at risk for, I/DDs who meet eligibility criteria
- Children involved with the Division of Juvenile Justice of the Department of Public Safety and Delinquency Prevention Programs who meet eligibility criteria
- NC Health Choice enrollees who meet eligibility criteria

Benefit Packages

Only BH I/DD TPs will cover a subset of high-intensity State Plan BH services; TBI, Innovations and 1915(b)(3) waiver services; and State-funded BH, I/DD, and TBI services

BH, TBI and I/DD Services Covered by Both SPs and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
State Plan BH and I/DD Services • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • *Partial hospitalization* • *Mobile crisis management* • *Facility-based crisis services for children and adolescents* • *Professional treatment services in facility-based crisis program* • Peer supports (move from(b)(3) to state plan)* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Substance abuse comprehensive outpatient treatment program (SACOT)* • *Substance abuse intensive outpatient program (SAIOP) pending legislative change* • *Clinically managed residential withdrawal (aka social setting detox)** • *Research-based intensive behavioral health treatment* • *Diagnostic assessment* • EPSDT • *Non-hospital medical detoxification* • *Medically supervised or ADATC detoxification crisis stabilization*	**State Plan BH and I/DD Services** • Residential treatment facility services for children and adolescents • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities* • *Assertive community treatment* • *Community support team* • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • *Clinically managed low-intensity residential treatment services** • *Clinically managed population-specific high-intensity residential programs** • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services (excluding peer supports if moved to state plan) **State-Funded BH and I/DD Services** **State-Funded TBI Services**

*DHHS will submit a State Plan Amendment to add this service to the State Plan

Overview of BH I/DD TP Care Management Approach

NC DHHS

Establishes care management standards for BH I/DD TPs aligning with federal Health Home requirements

The BH I/DD TP will act as the Health Home and will be responsible for meeting federal Health Home requirements

BH I/DD TP Health Home

All approaches will be subject to one set of requirements and will provide care management across physical health, behavioral health, I/DD, and other services and the enrollee's unmet health-related resource needs.

Care Management Approaches

BH I/DD TPs have flexibility in how they provide care management, as long as the approach meets DHHS standards and care management is provided in the community to the maximum extent possible.

Approach 1: Tier 3 AMH with BH and/or I/DD Certification*

DHHS will create specialized BH and I/DD certifications for Tier 3 AMHs that serve a substantial number of BH I/DD TP enrollees and have experience serving these populations

Approach 2: Care Management Agencies (CMAs)*

BH I/DD TPs contract with agencies such as those that provide BH or I/DD services (e.g., mental health or substance use agencies, home care agencies, etc.) that obtain CMA certification

Approach 3: BH I/DD TP-Employed Care Managers

BH I/DD TPs may provide care management in certain circumstances that will be outlined in more detail by DHHS.

*Tier 3 AMHs or CMAs may contract with a clinically integrated network (CIN) for certain care management and data sharing functions

What beneficiaries can expect

Understanding MC Impacts to Beneficiaries

What's New

1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care
3. An enrollment broker will assist with choice

What's Staying the Same

1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS

Beneficiary Experience – Auto Assignment

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

1. Where the beneficiary lives.
2. Whether the beneficiary is a member of a special population (e.g. member of federally recognized tribes or BH I/DD Tailored Plan eligible).
3. If the beneficiary has a historic relationship with a particular PCP/AMH.
4. Plan assignments of other family members.
5. If the beneficiary has a historic relationship with a particular PHP in the previous twelve (12) months (e.g.,"churned" off/into Medicaid Managed Care).

Member Timeline– Phase 1

2019

Feb
- Initial letter sent to beneficiaries in 2 counties
- Address verification letter sent to remaining counties

March
- Flyers posted at DSS
- Address corrections to DSS

April
- 2nd letter to members
- Member Outreach activities

May
- Public Service Announcements
- PHP marketing materials

SOFT LAUNCH

June 3RD
- EB Call Center Open
- Welcome Packets mailed

July

Aug

- Open Enrollment Begins - July 15th

Sept
- Open Enrollment Ends - Sept 13th
- Members auto assigned to PHPs based on algorithm

Oct
- Member ID cards
- Member Handbooks

Day 1 - Regions 2 & 4

Nov 1ST Managed Care Launch- Phase 1

Dec
- Member feedback
- Evaluation of materials, process

Member Timeline– Phase 2

2019

June 3RD
- EB Call Center Open
- Outreach Activities

July
- Flyers posted at DSS
- Address corrections to DSS

Aug
- Letters to members
- Member Outreach activities

SOFT LAUNCH

Sept 2nd Enrollment Welcome Packets

Oct

Nov

Dec
- Open Enrollment Begins- Oct 14th
- Open Enrollment Ends- Dec 13th

2020

Jan
- Member ID cards
- Member Handbooks

Day 1 - Regions 1, 3, 5 & 6

Feb 1st Managed Care Launch- Phase 2

March
- Member feedback
- Evaluation of materials, process

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 PHPs 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)
- Department's definition of "medical necessity" used by PHPs when making coverage decisions; and
- providers offered some contracting "guardrails", standard PHP contract language

Managed Care Impacts on Providers

Contract/Payment

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

Information/Problem Solving

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

* rate floors apply

AMH Tiers Compared

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; PHPs may employ different approaches to care management

Tier 3

- PHP **delegates** primary responsibility for delivering care management to the practice level (see next slide)
- **Single, consistent care management approach:** Practices will have the option to provide care management in-house or through a single 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

Tier 4: To launch at a later date

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

Healthy Opportunities

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

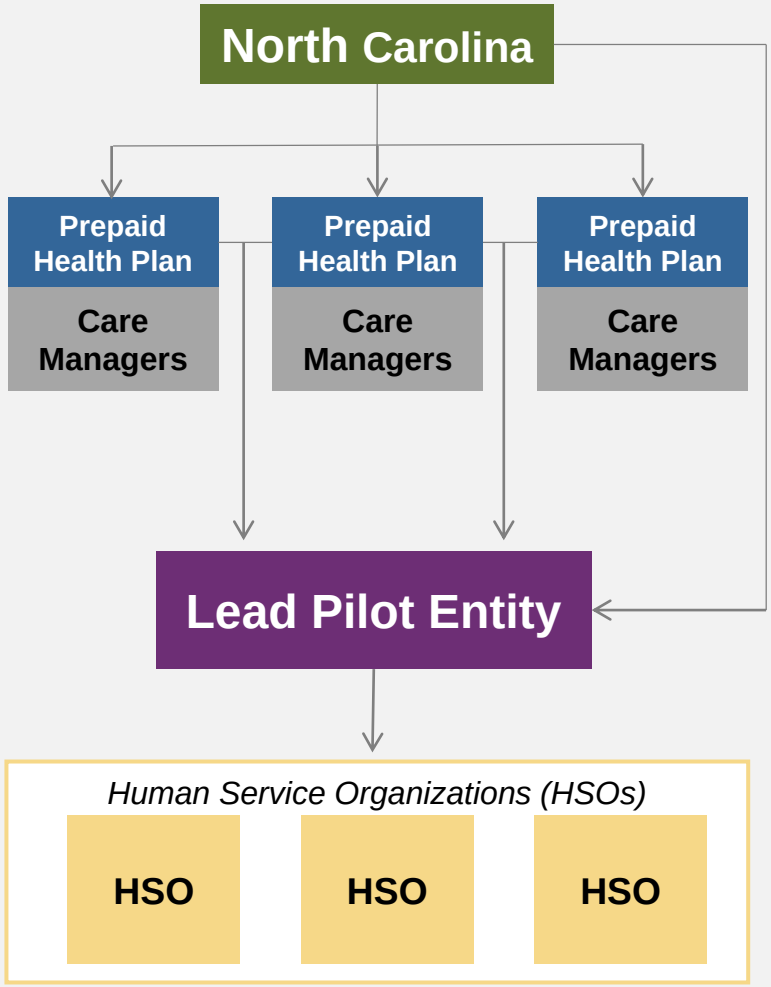
Interpersonal Violence

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

**See appendix for full list of approved pilot services.*

Healthy Opportunities Pilots: Overview

Sample Regional Pilot



Pilot Overview

- Pilots will test evidence-based interventions designed to reduce costs and improve health by more intensely addressing housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.
- Key pilot entities include:
  - North Carolina DHHS
  - Prepaid Health Plans
  - Care Managers (predominantly located at Tier 3 AMHs and LHDs)
  - Lead Pilot Entities
  - Human Service Organizations (HSOs)

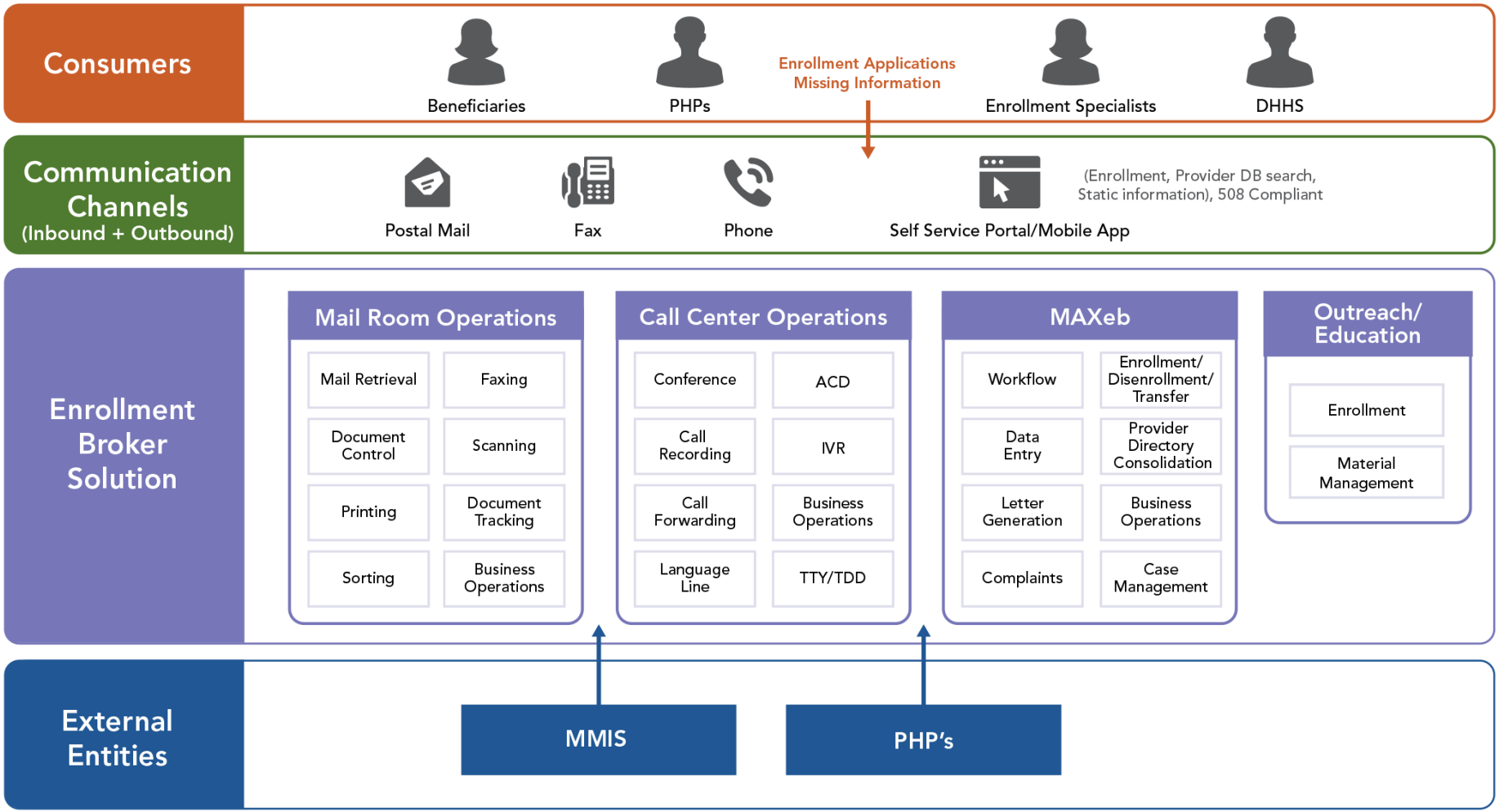
Enrollment Broker Services

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