

Medicaid Transformation Stakeholder Engagement Webcasts - June 8, 11 and 14, 2018
Supporting Provider Transition to Medicaid Managed Care
Questions and Answers

Provider Support Webcast Questions and Answers			
#	Question	Answer	Type
1	Will solo practitioners, e.g., a speech-language pathologist in private practice, be less likely to receive contracts than larger practices? What are examples of "quality objectives" that will be utilized when contracting decisions are made?	As outlined in Medicaid managed care enabling legislation SL 2015-245 as amended by Session Law 2016-121 Section 5.(6).d, PHPs may not exclude providers from their networks except for failure to meet objective quality standards or refusal to accept network rates. Examples of objective quality concerns may include a provider history of malpractice concerns or fraud, waste or abuse enforcement actions.	Ancillary Services
2	When is it estimated that providers will need to enroll with the PHPs?	Potential PHPs may have already started their efforts to build out their networks. Providers may have already been approached by potential PHPs and asked to sign Letters of Intent or initiate the contracting process. However, providers may choose not to sign LOIs at this time and consider its contracting options after PHPs have been selected by the Department.	Enrollment/Credentialing
3	What is an example of an "objective quality concern" that would allow a PHP to not contract with an otherwise willing provider?	As indicated in the "Supporting Provider Transition to Medicaid Managed Care," Policy paper, examples of objective quality concerns may include a history of malpractice concerns or fraud, waste or abuse enforcement actions.	Contracting
4	Will there be a set number of providers per region?	No, there are no limitations on the number of providers a PHP may contract with.	Contracting
5	Do Medicaid enrollees get to pick which MCO they will receive services for or will they be assigned?	Beneficiaries will have a choice from which MCO they will receive services; in some instances, auto assignment will occur. The Department suggests that you review the "Beneficiaries in Medicaid Managed Care," policy paper that was published March 8, 2018 as well as the Request for Proposal (RFP) for Medicaid Managed Care Enrollment Broker Services for the details on beneficiary PHP selection and auto assignment processes. Both documents are available on the Medicaid Transformation website https://www.ncdhs.gov/medicaid-transformation .	Beneficiary
6	Do we have to be enrolled with all the PHPs?	A provider may choose to contract with as many state-wide PHPs or regional PLEs as necessary to support their practice's business needs.	Contracting
7	Can credentialing be done through CAQH?	Credentialing will be done through the state's centralized credentialing process.	Enrollment/Credentialing
8	Do we need to re-enroll if we are already enrolled? Will we have to re-enroll our providers that have already been credentialed and approved by Medicaid?	No, if you are already a Medicaid enrolled provider you will not need to re-enroll. However, to meet accreditation standards for managed care, PHPs will need additional information about providers that is not part of the existing credentialing process. This additional information is necessary because the existing North Carolina Medicaid provider enrollment process (including credentialing) does not generally meet PHP's standards for a credentialing/contracting process or the standards necessary for a plan to be accredited by a nationally recognized accrediting organization. As mentioned during the webcast, providers should review Appendix C (Practitioner's) and Appendix D (Facilities) of the Centralized Credentialing and Provider Enrollment Policy paper that was released March 20, 2018. These appendices will clarify the additional required information or documentation that providers will need to provide to remain	Enrollment/Credentialing

9	Will currently enrolled providers have to update current provider records in NCTracks (or in another system) to be eligible to contract / be credentialed by the PHP's (at the beginning of the waiver roll out)?	Yes, currently enrolled Medicaid providers will need to update information or documentation at their normal re-validate anniversary to remain an enrolled Medicaid provider. As mentioned during the webcast, providers should review Appendix C (Practitioner's) and Appendix D (Facilities) of the Centralized Credentialing and Provider Enrollment Policy paper that was released March 20, 2018. These appendices will clarify the additional required information or documentation that providers will need to provide to remain an enrolled Medicaid provider.	Enrollment/Credentialing
10	How will managed care effect Durable Medical Equipment?	Durable Medical Equipment will be covered by capitated PHP contracts for all individuals who are mandatorily enrolled in managed care.	Ancillary Services
12	When providers are working with the PHP network to negotiate the contracts is there a possibility of evergreen contracts?	DHHS does not anticipate the PHP provider contracts will have "Evergreen" provision due to the possible future changes to managed care under the waiver and the requirement for providers to be re-validated as Medicaid providers every three years.	Contracting
13	How can we get a list of potential PHPs?	As of June 2018, the Department has not issued the PHP RFP or awarded any PHP contracts. Release of the PHP RFP and PHP contract awards announcements can be monitored on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
14	When will PHP RFP go out?	The Department will release the PHP RFP in accordance with timelines established in SL 2018-49 Section 10. (1)(2) " If the 1115 demonstration waiver request submitted as required by this act on June 1, 2016, as amended, is not approved before the expiration of the 60 days after this act becomes law, then within 60 days after this act becomes law. If the 1115 demonstration waiver request submitted as required by this act on June 1, 2016, as amended, is approved before the expiration of the 60 days after this act becomes law, then within 60 days after this act becomes law, or 30 days after the date of the waiver approval, whichever is later."	Program Design
15	Will the PHP RFP be released prior to CMS approval of the Amended Waiver request and/or the General Assembly's passage of HB 403?	The PHP RFP will be released in accordance with SL 2018-49 which could be prior to CMS approval of the 1115 waiver.	Program Design
16	Do PHPs include home health care agencies?	PHPs will contract with home health care agencies if those agencies serve individuals who are in managed care and the agency is willing to contract with the PHP.	Ancillary Services
17	How will SLPs, PTs, and OTs fit into the managed care system? What do they need to do to prepare for this transition? As a Speech Pathology company that serves children in several areas across NC, will we have to be providers with all PHP's to serve the children we see with Medicaid? How do these proposed changes affect the delivery of speech, OT, and PT services? How do these proposed changes affect the delivery of speech, OT, and PT services? How will this affect outpatient specialized service providers (OT, PT, SLP)?	SLPs, PTs, and OTs serving individuals who are required to enroll in managed care will need to contract with PHPs to continue to be reimbursed for those services. As outlined in SL 2015-245 as amended by SL 2017-57, PHPs shall not cover services documented in an IEP including audiology, speech therapy, occupational therapy, physical therapy, nursing, and psychological services provided or billed Local Education Agencies or services provided and billed by a Children's Developmental Services Agency (CDSA) that is included on the child's Individualized Family Service Plan. Information on North Carolina's move to manage care and guidance to providers may be found on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Ancillary Services

18	Will we receive a complete list of the selected PHPs at the time this is finalized?	Yes, PHP contracts award announcement will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
19	How will this relate to optometry practices glasses provided?	PHPs shall not cover the fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses, and ophthalmic frames. Eye exams for individuals who must participate in managed care will be covered by PHPs.	Ancillary Services
20	What are the health plan options available to providers to reach out to build relationships with? Is there a list?	No, a list of health plan options is not being maintained by the Department.	Program Design
21	How can the PHPs be soliciting providers to contract if there are no PHPs currently recognized?	For clarification, please review the policy paper, "Supporting Provider Transition to Medicaid Managed Care" issued May 18, 2018. Under Medicaid managed care, PHPs will be responsible for establishing and maintaining an adequate network of providers to meet the health care needs of their beneficiaries by contracting with a diverse range of providers and establishing provider payment rates, subject to certain rules set by the Department. In preparation for Medicaid transformation, it is anticipated that health plans intending to submit a proposal to be part of Medicaid managed care will be initiating discussions with providers regarding contracting opportunities. Building provider networks is a standard business operation for health insurance companies, and a robust network is a key component of successful Medicaid managed care programs.	Contracting
22	Will group practices (therapy) be affected by this transformation?	Yes. Group therapy practices will need to enroll with PHPs to provide group therapy services for beneficiaries enrolled in managed care.	Behavioral Health
23	Will border providers still be eligible to contract with PHPs as they can enroll Medicaid now?	Yes, once contracts are awarded and the four statewide PHPs and up to 12 regional Provider Led Entities (PLEs) are announced, the Department will encourage that provider network outreach include providers within 40-45 miles of contiguous state boarder. This is important, in our estimation, to ensure that there will be sufficient patient access within the time/distance access requirements for provider network adequacy.	Contracting
24	Will mid-level providers still be required to credential with a PHP if that PHP has not previously credentialed midlevel's?	All providers, including mid-levels, that will be providing billable services to a Medicaid beneficiary must be appropriately credentialed and enrolled as a Medicaid provider. This applies to a provider whether they remain a fee-for-service or Medicaid managed care provider.	Enrollment/Credentialing
25	Will our current case managers still be available to us for AMH?	Current care and case management will change depending on the Case Management Entity and future business agreements along with AMH Tier designation to indicate entity for case management. It is possible that a Tier 3 AMH could contract with a Case Management Entity that is currently providing care/case management services.	AMH
26	Are there plans to pay for care management/coordination by MCD managed care as Medicare currently does?	Medical homes that elect to perform care management functions and attest that they are able to do so, will be reimbursed for providing care management.	AMH
27	How closely will AMH parallel with PCMH? If you are a level III PCMH practice, will that be sufficient to attest for AMH Tier 3?	Attestation for AMH Tier aligns well with guidelines to NCQA PCMH certification, but will require separate attestation for Tier designation.	AMH

28	Any clue as to time line for key actions to be completed	Key milestones over the next several months for the implementation of managed care include approval of 1115 waiver application by CMS, DHHS release of the PHP RFP, award of the Enrollment Broker contract and release of the ombudsman RFP. Additional announcements about managed care will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
29	What are some Organizations that have shown an interest to participate? Are these all in NC?	The Department does not maintain information or lists of health plans that have expressed interest in North Carolina Medicaid managed care.	Program Design
31	Has the federal waiver been approved for managed care in NC?	No, the North Carolina 1115 Medicaid managed care waiver had not received federal approval at the time of the webcasts. Announcement regarding federal approval will be posted to the Medicaid Transformation website at https://www.ncdhhs.gov/medicaid-transformation .	Program Design
32	What specifically do Legislators need to do to make the waiver happen? If the general assembly does not pass the managed care waiver approval, where do we go from here?	With the passage of HB 403 and HB 156, Legislators have enabled DHHS to move forward with implementation of managed care as outlined in these and other Medicaid Managed care legislation. DHHS will implement the waiver upon approval by CMS.	Other
33	Did Lynne say PHP's could delegate credentialing to another entity?	No. In covering content for Provider Enrollment and Credentialing (slide 11) it was specifically stated that the Department will not permit PHPs to delegate any part of the credentialing process, including the quality determination, to another entity.	Enrollment/Credentialing
34	Question we have is Medicaid program as it is today totally going away? What are the populations that will continue to operate as fee for service?	The present-day Medicaid, fee-for-service program, will continue to operate to serve excluded, exempt and delayed populations, although it will be a smaller program. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.	Other
35	Do beneficiaries have to have a PHP?	Yes, Medicaid beneficiaries whose participation in managed care is mandatory will be required to choose a PHP. If they do not select a PHP, one will be chosen for them through the auto-assignment process. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations whose enrollment will be affected by the Demonstration waiver, please see the enabling legislation SL 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.	Beneficiary
36	Can a provider sign contracts with multiple PHP's	Yes, providers may sign multiple contracts with awarded PHPs.	Contracting
37	Who are considered AMH providers?	As outlined in the Care Management Strategy under Managed Care Concept paper, available at https://files.nc.gov/ncdhhs/documents/CareMgmt-AMH_ConceptPaper_FINAL_20180309.pdf , current Carolina ACCESS I/II providers and those providing primary care services to beneficiaries are eligible to attest for AMH Tiered practices.	AMH

38	<p>Will Medicaid eligible patients be signed up to a PHP when they are deemed eligible?</p>	<p>The Department envisions that beneficiaries will apply, receive an eligibility determination, select a PHP, and an AMH/PCP in one sitting. Much work must be done at the county and state levels to realize the vision of an integrated, web-enabled platform selection process. Until the complete technology and process changes are in place potential beneficiaries may specify a PHP preference on the Medicaid application. The Enrollment Broker will offer choice counseling for newly eligible beneficiaries to select or change a PHP for beneficiaries newly determined eligible.</p>	Beneficiary
39	<p>One preparatory step we as a provider are taking is ensuring patients are attributed to us when managed care starts. Part of that is reaching out to our patients but we want to make sure our communications align with the State's. Does that State plan to launch a public education campaign? If so, when?</p>	<p>Yes, the Department plans to conduct provider and beneficiary education or information sessions prior to Medicaid managed care launch in the fall of 2018. Additionally, it is anticipated that PHPs, the Enrollment Broker and Ombudsman will also be initiating education or information sessions. Providers should continue to monitor the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation for announcements.</p>	Beneficiary
40	<p>What is an example of excluded populations that will continue under Medicaid "fee for service"</p>	<p>An example of an excluded population are recipients enrolled under the Medicaid Family Planning program. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations, please see SL 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48..</p>	Program Design
43	<p>Why are insurance companies sending us letters to join their Medicaid managed care groups?</p>	<p>Under Medicaid managed care, PHPs will be responsible for establishing and maintaining an adequate network of providers to meet the health care needs of their beneficiaries by contracting with a diverse range of providers and establishing provider payment rates, subject to certain rules set by the Department.</p> <p>In preparation for Medicaid transformation, it is anticipated that health plans intending to submit a proposal to be part of Medicaid managed care will be initiating discussions with providers regarding contracting opportunities. Building provider networks is a standard business operation for health insurance companies, and a robust network is a key component of successful Medicaid managed care programs.</p> <p>Before managed care becomes operational and PHPs begin to serve beneficiaries, health plans will be required to demonstrate that they meet North Carolina's Medicaid</p>	Contracting
44	<p>Are the 15 PHP going to be insurance companies like BCBS?</p>	<p>For a complete overview of the types of managed care plans and glossary of terms, please see North Carolina's Proposed Program Design for Medicaid Managed Care that was released in August 2017 at https://files.nc.gov/ncdhhs/documents/files/MedicaidManagedCare_ProposedProgramDesign_REVFINAL_20170808.pdf. As defined in Session Law 2018-248 SECTION 1. Section 4 of S.L. 2015-245, as amended by Section 2(b) of S.L. 2016-121, Section 11H.17(a) of S.L. 2017-57, and Section 4 of S.L. 2017-186, reads as rewritten: "Prepaid Health Plan. – For purposes of this act, a Prepaid Health Plan (PHP) shall be defined as an entity, which may be a commercial plan or provider-led entity, that operates or will operate a capitated contract for the delivery of services pursuant to subdivision (3) of this. section, or a local management entity/managed care organization (LME/MCO) that operates or will operate a BH IDD Tailored Plan pursuant to subdivision (10) of this section. For purposes of</p>	Program Design

45	<p>What does PHP stand for? Are they the same as LME or MCO's? How can an agency become a PHP?</p>	<p>For a complete overview of the types of managed care plans and glossary of terms, please see North Carolina's Proposed Program Design for Medicaid Managed Care that was released in August 2017 at https://files.nc.gov/ncdhhs/documents/files/MedicaidManagedCare_ProposedProgramDesign_REVFINAL_20170808.pdf. As defined in Session Law 2018-248 SECTION 1. Section 4 of S.L. 2015-245, as amended by Section 2(b) of S.L. 2016-121, Section 11H.17(a) of S.L. 2017-57, and Section 4 of S.L. 2017-186, reads as rewritten:</p> <p>"Prepaid Health Plan. – For purposes of this act, a Prepaid Health Plan (PHP) shall be defined as an entity, which may be a commercial plan or provider-led entity, that operates or will operate a capitated contract for the delivery of services pursuant to subdivision (3) of this. section, or a local management entity/managed care organization (LME/MCO) that operates or will operate a BH IDD Tailored Plan pursuant to subdivision (10) of this section. Question # 36 for</p>	Other
48	<p>How do we find out what Tier we are in?</p>	<p>As outlined in the Care Management Strategy under Managed Care Concept paper, available at https://files.nc.gov/ncdhhs/documents/CareMgmt-AMH_ConceptPaper_FINAL_20180309.pdf , current Carolina ACCESS I/II providers and those providing primary care services to beneficiaries are eligible to attest for AMH Tiered practices. Current Carolina ACCESS I and II providers will default to Tiers 1 and 2, respectively.</p>	AMH
49	<p>What is the name of the policy that was released on May 18th?</p>	<p>The Policy paper that was released on May 18, 2018 was entitled "Supporting Provider Transition to Medicaid Managed Care." It can be found at https://files.nc.gov/ncdhhs/documents/ProviderTransition_PolicyPaper_FINAL_20180518.pdf</p>	Other
50	<p>Will recipients be able to switch from one PHP to another?</p>	<p>Yes. All Medicaid managed care beneficiaries—whether they selected or were assigned to a PHP—will have a 90-day period following the PHP effective coverage date to switch PHPs without cause. This "grace period"—applicable both at initial application and at annual renewals—allows beneficiaries to re-assess their decision or assignment into a plan after experiencing the plan's provider network and clinical coverage policies. However, after the completion of the 90-day period, most beneficiaries must remain enrolled in their PHP for the remainder of their eligibility period unless they can demonstrate cause for switching (e.g., moving out of PHP service area, complex medical condition better served in different PHP). Certain special populations may switch PHPs without cause at any time.</p>	Beneficiary
51	<p>Will DME providers be required or encouraged to enroll or is this simply for primary care and specialists?</p>	<p>Durable Medical Equipment will be covered by capitated PHP contracts for all individuals who are mandatorily enrolled in managed care.</p> <p>To comply with the any willing provider requirement for Standard Plans, PHPs must contract with providers willing to accept reimbursement at or above the rate floor (or in an alternative payment arrangement providers and PHPs mutually agree upon) unless the provider does not meet "objective quality" standards.</p>	Ancillary Services

52	Will current Fee for service Medicaid members be grandfathered in and remain fee for service upon transition?	No. Current fee-for-service Medicaid beneficiaries may be mandatory, delayed, exempt or excluded managed care population. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations whose enrollment will be affected by the Demonstration waiver, please see the enabling legislation SL 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.	Beneficiary
53	Do ancillary service providers, for example, laboratories, follow these same guidelines?	Ancillary services will be covered by capitated PHP contracts for all individuals who are mandatorily enrolled in managed care.	Ancillary Services
54	When you all are referencing to home health- is this also independent practitioner providing OT, PT, SLP services in the home?	No, home health in this context is not referencing independent practitioners providing OT, PT, SLP services in the home.	Ancillary Services
55	Can providers contract with multiple PHPs?	Yes, providers may sign multiple contracts with awarded PHPs.	Contracting
56	Please define "providers" are these physicians or other types of "providers"	Providers includes all providers including physicians delivering services in the managed care program.	Contracting
61	Please explain how the extra layer of a PHP is saving money while providing a better level of care to patients?	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. The Departments intends to implement managed care in a manner that advances high-value care, improves population health, engages and supports providers, and establishes a sustainable program with predictable costs. DHHS will delegate the direct management of certain health services and financial risks to Prepaid Health Plans (PHPs) which will receive a monthly capitated payment and will contract with providers to deliver health services to their members. PHPs will be subject to rigorous monitoring and oversight by DHHS across many metrics to ensure adequate provider networks, high program quality, and other important aspects of a successful Medicaid managed care program.	Other
62	When will DMA publish the PHPs that have been approved by DHHS?	PHP contracts award announcement will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
63	When a patient chooses a PHP will they only be able to receive services from providers in that PHP or can they go to other providers in another PHP?	Yes, beneficiaries may only receive services from providers in the PHP that they selected. For complete understanding regarding beneficiary enrollment in managed care, please see "Beneficiaries in Medicaid Managed Care," published March 8, 2018. The only caveat for beneficiaries will be when PHPs are unable to provide necessary services within their network and must coordinate with those out-of-network (OON) providers to deliver medical care and treatment as well as reimbursement for those services.	Beneficiary
64	Will LEA's be required to join PHP's?	As outlined in SL 2015-245 as amended by SL 2017-57, PHPs shall not cover services prescribed in an Individualized Education Program (IEP) provided or billed and performed by schools or individuals contracted with by Local Education Agencies .	Ancillary Services
65	When will the list of the approved PHP's be available to practitioners?	As of June 2018, the Department has not issued the PHP RFP or awarded any PHP contracts. Release of the PHP RFP and PHP contract awards announcements can be monitored on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design

66	Can you please explain how at this time I should build a relationship with a "Health Plan"?	During the pre-award period, providers may use this time to meet with health plans intending to bid on the PHP RFP to understand the health plans' contract terms, conditions, payment and reimbursement offerings. Providers can learn of these health plans through direct outreach received from them as well as by collaborating with professional associations and colleagues. Presented in the Policy paper "Supporting Provider Transition to Medicaid Managed Care" issued May 18, 2018, the Department offered additional guidance for providers on entering discussions with health plans.	Contracting
67	Where can providers find research on how managed care organizations have helped Medicaid patients in other states? The feedback on social media in other states is not positive regarding how Medicaid patients are managed in other states who have MCOs.	Suggest looking at information provided on Medicaid.gov website https://www.medicaid.gov/medicaid/managed-care/index.html	Other
68	Potential PHPs have been sending letters of intent to contract with them. If they have not been selected yet, what should providers do with these letters of intent?	Providers may consider, at their own discretion, to execute Letters of Intent (LOI) with health plans before PHP RFP award. An LOI provides a non-binding indication of the intent of the health plan and provider to enter into contract negotiations for provision of services to North Carolina Medicaid beneficiaries. By signing an LOI, a provider has no future obligation to sign a provider contract with the health plan if contract negotiations do not meet their needs. A provider may also choose not to sign LOIs at this time and consider its contracting options after PHPs have been selected.	Contracting
69	"Will all PHPs have speech therapy benefits in some way or will only certain plans cover speech therapy?"	Each PHP will be expected to provide all required services in accordance with legislation and specified by the Department.	Ancillary Services
70	Can you review what should be considered again if entering into a contract with PHP in pre-contracting stage?	During the pre-PHP RFP award period, providers are encouraged to discuss such topics as 1) how the health plan envisions working with providers to help improve patient quality care; 2) rates or reimbursement for services and/or opportunities for alternative payment arrangements (e.g., pay-for-performance, value-based payments); 3) reporting requirements; 4) dispute resolution; 5) data tools and other resources that will be available to contracted providers (e.g., business intelligence tools); 6) prior authorization and timely filing requirements; and 7) contract renewal and termination timeframes. In entering into contract negotiations with PHPs, it is recommended that providers use the pre-award period to understand the health plans' contract terms, conditions, payment and reimbursement offerings. And, that providers be aware of and review the contract template requirement information and the forthcoming PHP RFP provider contract	Contracting
71	Will dental providers be required to participate in Medicaid managed care?	North Carolina Session Law 2015-245, as amended by Session Law 2016-121, excludes dental services from Medicaid managed care.	Ancillary Services
75	If the initial quality measures are the same, could it be determined during credentialing whether or not providers meet the quality standards?	No, we do not foresee that objective quality standards will be similar across all PHPs. Objective quality standards will be determined by each PHP and will be reviewed and approved by the DHHS.	Contracting

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22	Will group practices (therapy) be affected by this transformation?	Yes. Group therapy practices will need to enroll with PHPs to provide group therapy services for beneficiaries enrolled in managed care.	Behavioral Health

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5	Do Medicaid enrollees get to pick which MCO they will receive services for or will they be assigned?	Beneficiaries will have a choice from which MCO they will receive services; in some instances, auto assignment will occur. The Department suggests that you review the “Beneficiaries in Medicaid Managed Care,” policy paper that was published March 8, 2018 as well as the Request for Proposal (RFP) for Medicaid Managed Care Enrollment Broker Services for the details on beneficiary PHP selection and auto assignment processes. Both documents are available on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Beneficiary
35	Do beneficiaries have to have a PHP?	Yes, Medicaid beneficiaries whose participation in managed care is mandatory will be required to choose a PHP. If they do not select a PHP, one will be chosen for them through the auto-assignment process. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations whose enrollment will be affected by the Demonstration waiver, please see the enabling legislation SL 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.	Beneficiary
38	Will Medicaid eligible patients be signed up to a PHP when they are deemed eligible?	The Department envisions that beneficiaries will apply, receive an eligibility determination, select a PHP, and an AMH/PCP in one sitting. Much work must be done at the county and state levels to realize the vision of an integrated, web-enabled platform selection process. Until the complete technology and process changes are in place potential beneficiaries may specify a PHP preference on the Medicaid application. The Enrollment Broker will offer choice counseling for newly eligible beneficiaries to select or change a PHP for beneficiaries newly determined eligible.	Beneficiary
39	One preparatory step we as a provider are taking is ensuring patients are attributed to us when managed care starts. Part of that is reaching out to our patients but we want to make sure our communications align with the State's. Does that State plan to launch a public education campaign? If so, when?	Yes, the Department plans to conduct provider and beneficiary education or information sessions prior to Medicaid managed care launch in the fall of 2018. Additionally, it is anticipated that PHPs the Enrollment Broker and Ombudsman will also be initiating education or information sessions. Providers should continue to monitor the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation for announcements.	Beneficiary
50	Will recipients be able to switch from one PHP to another?	Yes. All Medicaid managed care beneficiaries—whether they selected or were assigned to a PHP—will have a 90-day period following the PHP effective coverage date to switch PHPs without cause. This “grace period”—applicable both at initial application and at annual renewals—allows beneficiaries to re-assess their decision or assignment into a plan after experiencing the plan’s provider network and clinical coverage policies. However, after the completion of the 90-day period, most beneficiaries must remain enrolled in their PHP for the remainder of their eligibility period unless they can demonstrate cause for switching (e.g., moving out of PHP service area, complex medical condition better served in different PHP). Certain special populations may switch PHPs without cause at any time.	Beneficiary

52	<p>Will current Fee for service Medicaid members be grandfathered in and remain fee for service upon transition?</p>	<p>No. Current fee-for-service Medicaid beneficiaries may be mandatory, delayed, exempt or excluded managed care population. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations whose enrollment will be affected by the Demonstration waiver, please see the enabling legislation SL 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.</p>	<p>Beneficiary</p>
63	<p>When a patient chooses a PHP will they only be able to receive services from providers in that PHP or can they go to other providers in another PHP?</p>	<p>Yes, beneficiaries may only receive services from providers in the PHP that they selected. For complete understanding regarding beneficiary enrollment in managed care, please see "Beneficiaries in Medicaid Managed Care," published March 8, 2018. The only caveat for beneficiaries will be when PHPs are unable to provide necessary services within their network and must coordinate with those out-of-network (OON) providers to deliver medical care and treatment as well as reimbursement for those services.</p>	<p>Beneficiary</p>

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3	What is an example of an "objective quality concern" that would allow a PHP to not contract with an otherwise willing provider?	As indicated in the "Supporting Provider Transition to Medicaid Managed Care," Policy paper, examples of objective quality concerns may include a history of malpractice concerns or fraud, waste or abuse enforcement actions.	Contracting
4	Will there be a set number of providers per region?	No, there are no limitations on the number of providers a PHP may contract with.	Contracting
6	Do we have to be enrolled with all the PHPs?	A provider may choose to contract with as many state-wide PHPs or regional PLEs as necessary to support their practice's business needs.	Contracting
12	When providers are working with the PHP network to negotiate the contracts is there a possibility of evergreen contracts?	DHHS does not anticipate the PHP provider contracts will have "Evergreen" provision due to the possible future changes to managed care under the waiver and the requirement for providers to be re-validated as Medicaid providers every three years.	Contracting
21	How can the PHPs be soliciting providers to contract if there are no PHPs currently recognized?	For clarification, please review the policy paper, "Supporting Provider Transition to Medicaid Managed Care" issued May 18, 2018. Under Medicaid managed care, PHPs will be responsible for establishing and maintaining an adequate network of providers to meet the health care needs of their beneficiaries by contracting with a diverse range of providers and establishing provider payment rates, subject to certain rules set by the Department. In preparation for Medicaid transformation, it is anticipated that health plans intending to submit a proposal to be part of Medicaid managed care will be initiating discussions with providers regarding contracting opportunities. Building provider networks is a standard business operation for health insurance companies, and a robust network is a key component of successful Medicaid managed care programs.	Contracting
23	Will border providers still be eligible to contract with PHPs as they can enroll Medicaid now?	Yes, once contracts are awarded and the three four statewide PHPs and up to 12 regional Provider Led Entities (PLEs) are announced, the Department will encourage that provider network outreach include providers within 40-45 miles of contiguous state boarder. This is important, in our estimation, to ensure that there will be sufficient patient access within the time/distance access requirements for provider network adequacy.	Contracting
36	Can a provider sign contracts with multiple PHP's	Yes, providers may sign multiple contracts with awarded PHPs.	Contracting
43	Why are insurance companies sending us letters to join their Medicaid managed care groups?	Under Medicaid managed care, PHPs will be responsible for establishing and maintaining an adequate network of providers to meet the health care needs of their beneficiaries by contracting with a diverse range of providers and establishing provider payment rates, subject to certain rules set by the Department. In preparation for Medicaid transformation, it is anticipated that health plans intending to submit a proposal to be part of Medicaid managed care will be initiating discussions with providers regarding contracting opportunities. Building provider networks is a standard business operation for health insurance companies, and a robust network is a key component of successful Medicaid managed care programs. Before managed care becomes operational and PHPs begin to serve beneficiaries, health plans will be required to demonstrate that they meet North Carolina's Medicaid	Contracting

55	Can providers contract with multiple PHPs?	Yes, providers may sign multiple contracts with awarded PHPs.	Contracting
56	Please define "providers" are these physicians or other types of "providers"	Providers includes all providers including physicians delivering services in the managed care program.	Contracting
66	Can you please explain how at this time I should build a relationship with a "Health Plan"?	During the pre-award period, providers may use this time to meet with health plans intending to bid on the PHP RFP to understand the health plans' contract terms, conditions, payment and reimbursement offerings. Providers can learn of these health plans through direct outreach received from them as well as by collaborating with professional associations and colleagues. Presented in the Policy paper "Supporting Provider Transition to Medicaid Managed Care" issued May 18, 2018, the Department offered additional guidance for providers on entering discussions with health plans.	Contracting
68	Potential PHPs have been sending letters of intent to contract with them. If they have not been selected yet, what should providers do with these letters of intent?	Providers may consider, at their own discretion, to execute Letters of Intent (LOI) with health plans before PHP RFP award. An LOI provides a non-binding indication of the intent of the health plan and provider to enter into contract negotiations for provision of services to North Carolina Medicaid beneficiaries. By signing an LOI, a provider has no future obligation to sign a provider contract with the health plan if contract negotiations do not meet their needs. A provider may also choose not to sign LOIs at this time and consider its contracting options after PHPs have been selected.	Contracting
70	Can you review what should be considered again if entering into a contract with PHP in pre-contracting stage?	During the pre-PHP RFP award period, providers are encouraged to discuss such topics as 1) how the health plan envisions working with providers to help improve patient quality care; 2) rates or reimbursement for services and/or opportunities for alternative payment arrangements (e.g., pay-for-performance, value-based payments); 3) reporting requirements; 4) dispute resolution; 5) data tools and other resources that will be available to contracted providers (e.g., business intelligence tools); 6) prior authorization and timely filing requirements; and 7) contract renewal and termination timeframes. In entering into contract negotiations with PHPs, it is recommended that providers use the pre-award period to understand the health plans' contract terms, conditions, payment and reimbursement offerings. And, that providers be aware of and review the contract template requirement information and the forthcoming PHP RFP provider contract	Contracting
75	If the initial quality measures are the same, could it be determined during credentialing whether or not providers meet the quality standards?	No, we do not foresee that objective quality standards will be similar across all PHPs. Objective quality standards will be determined by each PHP and will be reviewed and approved by the DHHS.	Contracting

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2	When is it estimated that providers will need to enroll with the PHPs?	Potential PHPs may have already started their efforts to build out their networks. Providers may have already been approached by potential PHPs and asked to sign Letters of Intent or initiate the contracting process. However, providers may choose not to sign LOIs at this time and consider its contracting options after PHPs have been selected by the Department.	Enrollment/Credentialing
7	Can credentialing be done through CAQH?	Credentialing will be done through the state's centralized credentialing process.	Enrollment/Credentialing
8	Do we need to re-enroll if we are already enrolled? Will we have to re-enroll our providers that have already been credentialed and approved by Medicaid?	No, if you are already a Medicaid enrolled provider you will not need to re-enroll. However, to meet accreditation standards for managed care, PHPs will need additional information about providers that is not part of the existing credentialing process. This additional information is necessary because the existing North Carolina Medicaid provider enrollment process (including credentialing) does not generally meet PHP's standards for a credentialing/contracting process or the standards necessary for a plan to be accredited by a nationally recognized accrediting organization. As mentioned during the webcast, providers should review Appendix C (Practitioner's) and Appendix D (Facilities) of the Centralized Credentialing and Provider Enrollment Policy paper that was released March 20, 2018. These appendices will clarify the additional required information or documentation that providers will need to provide to remain	Enrollment/Credentialing
9	Will currently enrolled providers have to update current provider records in NCTracks (or in another system) to be eligible to contract / be credentialed by the PHP's (at the beginning of the waiver roll out)?	Yes, currently enrolled Medicaid providers will need to update information or documentation at their normal re-validate anniversary to remain an enrolled Medicaid provider. As mentioned during the webcast, providers should review Appendix C (Practitioner's) and Appendix D (Facilities) of the Centralized Credentialing and Provider Enrollment Policy paper that was released March 20, 2018. These appendices will clarify the additional required information or documentation that providers will need to provide to remain an enrolled Medicaid provider.	Enrollment/Credentialing
24	Will mid-level providers still be required to credential with a PHP if that PHP has not previously credentialed midlevel's?	All providers, including mid-levels, that will be providing billable services to a Medicaid beneficiary must be appropriately credentialed and enrolled as a Medicaid provider. This applies to a provider whether they remain a fee-for-service or Medicaid managed care provider.	Enrollment/Credentialing
33	Did Lynne say PHP's could delegate credentialing to another entity?	No. In covering content for Provider Enrollment and Credentialing (slide 11) it was specifically stated that the Department will not permit PHPs to delegate any part of the credentialing process, including the quality determination, to another entity.	Enrollment/Credentialing

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13	How can we get a list of potential PHPs?	As of June 2018, the Department has not issued the PHP RFP or awarded any PHP contracts. Release of the PHP RFP and PHP contract awards announcements can be monitored on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
14	When will PHP RFP go out?	The Department will release the PHP RFP in accordance with timelines established in SL 2018-49 Section 10. (1)(2) If the 1115 demonstration waiver request submitted as required by this act on June 1, 2016, as amended, is not approved before the expiration of the 60 days after this act becomes law, then within 60 days after this act becomes law. If the 1115 demonstration waiver request submitted as required by this act on June 1, 2016, as amended, is approved before the expiration of the 60 days after this act becomes law, then within 60 days after this act becomes law, or 30 days after the date of the waiver approval, whichever is later.	Program Design
15	Will the PHP RFP be released prior to CMS approval of the Amended Waiver request and/or the General Assembly's passage of HB 403?	The PHP RFP will be released in accordance with SL 2018-49 which could be prior to CMS approval of the 1115 waiver.	Program Design
18	Will we receive a complete list of the selected PHPs at the time this is finalized?	Yes, PHP contracts award announcement will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
20	What are the health plan options available to providers to reach out to build relationships with? Is there a list?	No, a list of health plan options is not being maintained by the Department.	Program Design
28	Any clue as to time line for key actions to be completed	Key milestones over the next several months for the implementation of managed care include approval of 1115 waiver application by CMS, DHHS release of the PHP RFP, award of the Enrollment Broker contract and release of the ombudsman RFP. Additional announcements about managed care will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation .	Program Design
29	What are some Organizations that have shown an interest to participate? Are these all in NC?	The Department does not maintain information or lists of health plans that have expressed interest in North Carolina Medicaid managed care.	Program Design
31	Has the federal waiver been approved for managed care in NC?	No, the North Carolina 1115 Medicaid managed care waiver had not received federal approval at the time of the webcasts. Announcement regarding federal approval will be posted to the Medicaid Transformation website at https://www.ncdhhs.gov/medicaid-transformation .	Program Design

44	<p>Are the 15 PHP going to be insurance companies like BCBS?</p>	<p>For a complete overview of the types of managed care plans and glossary of terms, please see North Carolina's Proposed Program Design for Medicaid Managed Care that was released in August 2017 at https://files.nc.gov/ncdhhs/documents/files/MedicaidManagedCare_ProposedProgramDesign_REVFINAL_20170808.pdf. As defined in Session Law 2018-248 SECTION 1. Section 4 of S.L. 2015-245, as amended by Section 2(b) of S.L. 2016-121, Section 11H.17(a) of S.L. 2017-57, and Section 4 of S.L. 2017-186, reads as rewritten:</p> <p>"Prepaid Health Plan. – For purposes of this act, a Prepaid Health Plan (PHP) shall be defined as an entity, which may be a commercial plan or provider-led entity, that operates or will operate a capitated contract for the delivery of services pursuant to subdivision (3) of this. section, or a local management entity/managed care organization (LME/MCO) that operates or will operate a BH IDD Tailored Plan pursuant to subdivision (10) of this section. For purposes of</p>	<p>Program Design</p>
62	<p>When will DMA publish the PHPs that have been approved by DHHS?</p>	<p>PHP contracts award announcement will be made on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation.</p>	<p>Program Design</p>
65	<p>When will the list of the approved PHP's be available to practitioners?</p>	<p>As of June 2018, the Department has not issued the PHP RFP or awarded any PHP contracts. Release of the PHP RFP and PHP contract awards announcements can be monitored on the Medicaid Transformation website https://www.ncdhhs.gov/medicaid-transformation.</p>	<p>Program Design</p>

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32	What specifically do Legislators need to do to make the waiver happen? If the general assembly does not pass the managed care waiver approval, where do we go from here?	With the passage of HB 403 and HB 156, Legislators have enabled DHHS to move forward with implementation of managed care as outlined in these and other Medicaid Managed care legislation. DHHS will implement the waiver upon approval by CMS.	Other
34	Question we have is Medicaid program as it is today totally going away? What are the populations that will continue to operate as fee for service?	The present-day Medicaid, fee-for-service program, will continue to operate to serve excluded, exempt and delayed populations, although it will be a smaller program. For a complete understanding of Medicaid managed care mandatory, excluded, exempt and delayed populations 2015-245 as amended by S.L. 2016-121; Sections 4 - 6 of S.L. 2018-49; and S.L. 2018-48.	Other
45	What does PHP stand for? Are they the same as LME or MCO's? How can an agency become a PHP?	For a complete overview of the types of managed care plans and glossary of terms, please see North Carolina's Proposed Program Design for Medicaid Managed Care that was released in August 2017 at https://files.nc.gov/ncdhhs/documents/files/MedicaidManagedCare_ProposedProgramDesign_REVFINAL_20170808.pdf . As defined in SL 2018-48 Section 1, a "Prepaid Health Plan. – For purposes of this act, a Prepaid Health Plan (PHP) shall be defined as an entity, which may be a commercial plan or provider-led entity, that operates or will operate a capitated contract for the delivery of services pursuant to subdivision (3) of this section, or a local management entity/managed care organization (LME/MCO) that operates or will operate a BH IDD Tailored Plan pursuant to subdivision (10) of this section. Question # 36 for definition of a PHP. An LME may be a PHP. LME-MCO (Local Management Entity/Managed Care	Other
49	What is the name of the policy that was released on May 18th?	The Policy paper that was released on May 18, 2018 was entitled "Supporting Provider Transition to Medicaid Managed Care." It can be found at https://files.nc.gov/ncdhhs/documents/ProviderTransition_PolicyPaper_FINAL_20180518.pdf	Other
61	Please explain how the extra layer of a PHP is saving money while providing a better level of care to patients?	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. The Departments intends to implement managed care in a manner that advances high-value care, improves population health, engages and supports providers, and establishes a sustainable program with predictable costs. DHHS will delegate the direct management of certain health services and financial risks to Prepaid Health Plans (PHPs) which will receive a monthly capitated payment and will contract with providers to deliver health services to their members. PHPs will be subject to rigorous monitoring and oversight by DHHS across many metrics to ensure adequate provider networks, high program quality, and other important aspects of a successful Medicaid managed care program.	Other
67	Where can providers find research on how managed care organizations have helped Medicaid patients in other states? The feedback on social media in other states is not positive regarding how Medicaid patients are managed in other states who have MCOs.	Suggest looking at information provided on Medicaid.gov website https://www.medicare.gov/medicaid/managed-care/index.html	Other