

Thank you for joining us today. The webinar will begin shortly.

**Please note a copy of today's slide deck as well as a recording of the webinar
will be available on our website at
[medicaid.ncdhhs.gov/transformation/more-information](https://www.ncdhhs.gov/medicaid/transformation/more-information)**



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**NC Medicaid Managed Care
Community Partners: Standard Plan & Tailored Plan Updates**

September 9, 2021

Welcome

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North Carolina's Vision for Medicaid Transformation

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

Standard Plan Update

Some key stats*

- **1,652,275** individuals enrolled with five Health Plans
 - AmeriHealth Caritas
 - Healthy Blue
 - United HealthCare Community Plan
 - WellCare
 - Carolina Complete Health (Serving regions 3, 4, and 5)
- **98%** of individuals selected a PCP

Important Date to Note **Sept. 30, 2021**

- The deadline for most members to change their PHP without cause is **Sept. 30, 2021**
- Within the 90-day choice period beneficiaries can change their prepaid health plan (PHP) for any reason. The 90-day choice period ends **Sept. 30, 2021**, for most members

**As of 9/3/2021*

Standard Plan Update

Beginning Oct. 1, 2021, beneficiaries can change their PHP at their Medicaid recertification date, or “with cause”.

With cause reasons include:

- You moved out of your health plan’s service area
- You have a family member in a different health plan
- You cannot get all the related services you need from providers in your health plan, and there is a risk to getting the services separately
- A different health plan may be better for your complex medical conditions
- Your Long-Term Services and Supports provider is not in your health plan
- Your health plan does not cover a service you need for moral or religious reasons
- Other reasons (poor quality of care, lack of access to covered services, lack of access to providers experienced in dealing with your health care needs)

To make changes call the Enrollment Broker **833-870-5500** or go to the enrollment website ncmedicaidplans.gov and submit a Health Plan Change Request Form

Standard Plan Update

- Transition to Managed Care is complex change, anticipated issues would arise
- Resources & strategies to navigate challenges:
 - NC Medicaid Ombudsman
 - Provider Ombudsman
 - NC Medicaid Help Center
 - Health Plan Oversight
 - Regular meetings with Health Plans and Transportation Brokers
 - Contract Remedies
 - Communication & Engagement with Stakeholders
 - Provider Claims & Payment Supports

What should Beneficiaries do if they have issues?

1 Check to see what health plan you are enrolled in

Beneficiaries were mailed a health plan welcome kit that includes their Medicaid ID card

If you still have questions or didn't receive the welcome kit you can call the Enrollment Broker at **833-870-5500**

2 Call your health plan if you have questions about benefits and coverage

The number is listed on your Medicaid ID card, or you can find contact information at [health-plan-contacts-and-resources](#)

3 If you still have questions, you can reach out to the NC Medicaid Ombudsman

Call **877-201-3750** or visit ncmedicaidombudsman.org

Health Plan Network Analysis

NC Medicaid is reviewing the Standard Plans' provider networks.

- DHB tracked five key provider types for Open Enrollment and deemed the PHPs' network adequate to go-live
- Now engaged in comprehensive assessment to verify each SP has contracted with all essential providers (including local health departments) or has submitted a request for approval of an alternative arrangement for those with whom the SP has been unable to finalize a contract
- PHPs are permitted DHB-approved exceptions
- Analysis should be complete in early fall. NC Medicaid will share the results once available

Standard Plan Update

Extended out-of-network flexibilities to providers until Nov. 30, 2021.

Under this policy, PHPs have agreed to:

- Allow uncontracted, out-of-network providers enrolled in NC Medicaid to follow in-network provider prior authorization rules and continue to get prior authorizations retroactively *(This exception does not apply to concurrent reviews for inpatient hospitalizations which should still occur during this time period.)*
- Reimburse out-of-network providers at the in-network rate of 100% of the Medicaid fee schedule
- Delay implementation of the 90% rate reduction following good faith contracting provision
- Allow beneficiaries to change their Primary Care Provider for any reason
- Extend flexibility for Non-Emergency Medical and Non-Emergency Ambulance Transportation providers through November 2021

Behavioral Health I/DD Tailored Plans

- **Launching July 2022**
 - Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant mental health and substance use disorders, Intellectual and Developmental Disabilities (I/DDs) and traumatic brain injury (TBI), as well as people using state-funded and waiver services
- **An estimated 175,000 individuals will enroll in Tailored Plans**
- **State and Regional Consumer and Family Advisory Committees (CFAC) retain role in advising Tailored Plans and NCDHHS**

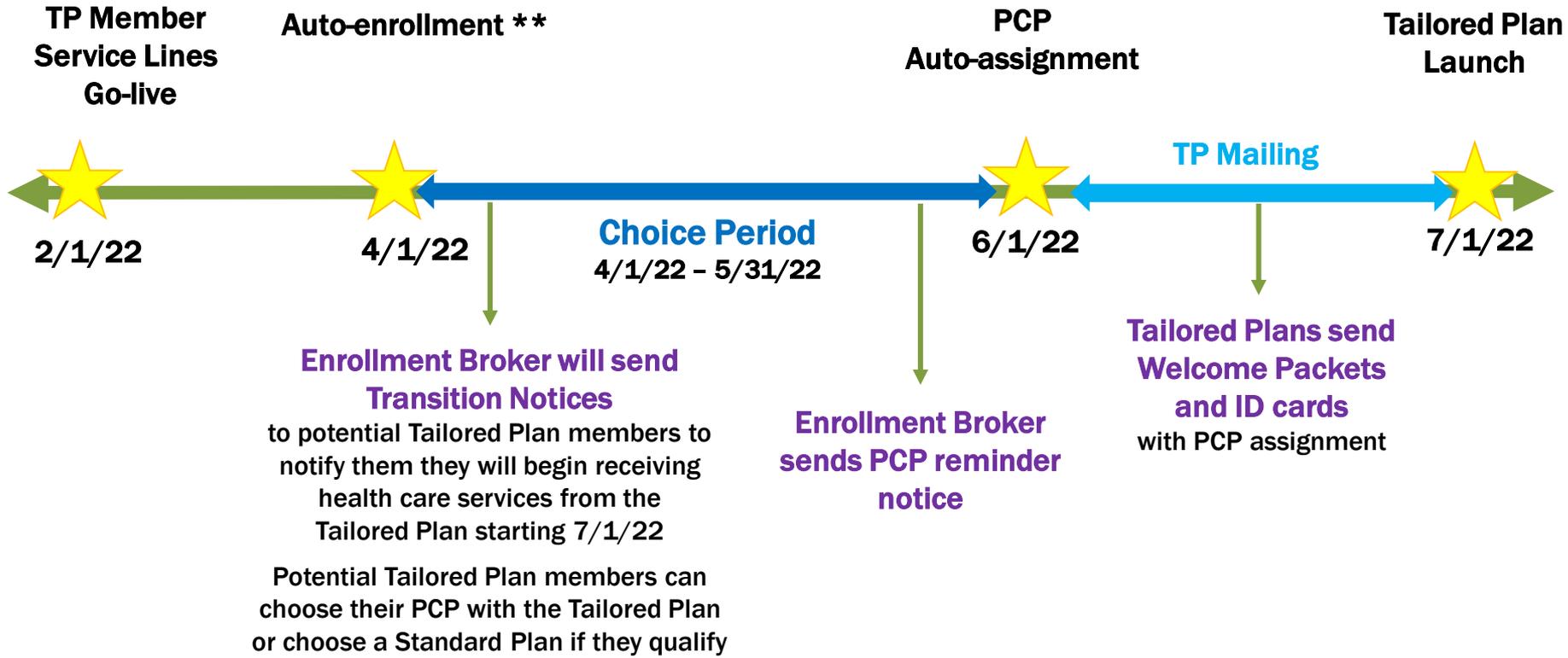
Behavioral Health I/DD Tailored Plans

- **Contracts awarded on July 26, 2021, to seven organizations to serve as Behavioral Health I/DD Tailored Plans**
 - Alliance Health
 - Eastpointe
 - Partners Health Management
 - Sandhills Center
 - Trillium Health Resources
 - Vaya Health
 - Cardinal Innovations Healthcare

** While Cardinal Innovation Healthcare was awarded a contract, it is anticipated they will not operate a Behavioral Health I/DD Tailored Plan at launch due to the consolidation with Vaya Health.*

- **Plans will provide integrated physical health, behavioral health, long-term care and pharmacy services and will address unmet health-related resource needs for qualifying North Carolinians under one plan.**

Behavioral Health I/DD Tailored Plan Member Milestones



** Members who no longer have Tailored Plan status and become excluded will be enrolled in NC Medicaid Direct (effective the first day of the next month).

Dates are subject to change

Key Messages

DHHS is intentional about engaging members and ensuring key communications and engagements are centered around the following messages.

Beneficiaries receive the services they need at the right time in the right place.

Some members enrolled in the Tailored Plan can choose a different NC Medicaid Managed Care health care option at any time without a reason.

The Tailored Plan is an NC Medicaid Managed Care health plan that will begin providing health care services for members on July 1, 2022.

Beneficiaries who may need certain services for a mental health disorder, substance use disorder, I/DD or TBI will be enrolled in the Tailored Plan offered in the county that manages their Medicaid case on April 1, 2022.

There is only one Tailored Plan available in each county, so members cannot choose a different Tailored Plan.

The Tailored Plan will provide physical health, pharmacy, care management, mental health, intellectual/developmental disability (I/DD), traumatic brain injury (TBI) and substance use support services.

Once a member has been enrolled in a Tailored Plan, they need to choose a primary care provider (PCP) with the Tailored Plan. If the member does not choose a PCP by May 31, 2022, the Tailored Plan will choose one for them.

The Tailored Plan offers certain services for mental health disorders, substance use disorders, I/DDs or traumatic brain injury (TBI) that Standard Plans do not offer.

The Tailored Plan offers services for a mental health disorder, substance use disorder, I/DD or TBI that are funded by the state or federal government outside of Medicaid.

These are called State-funded services. Members will not have access to State-funded services if they leave the Tailored Plan.

Provider Resources

- **NC Medicaid Managed Care Website**

medicaid.ncdhhs.gov

- Includes County and Provider Playbooks
- Fact Sheets
- [Day One Quick Reference Guide](#)

- **NC Medicaid Help Center**

medicaid.ncdhhs.gov/helpcenter

- **Practice Support**

ncahec.net/medicaid-managed-care

- NC Managed Care Hot Topics Webinar Series, hosted by Dr. Dowler on the first and third Thursday of the month

- **Regular Medicaid Bulletins**

medicaid.ncdhhs.gov/providers/medicaid-bulletin



Questions & Answers

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