

Amendment Number #7 (8)
Prepaid Health Plan Services
#30-190029-DHB – PHP Name

THIS Amendment to the Prepaid Health Plan Services Contract #30-190029-DHB – PHP Name (Contract) awarded February 4, 2019 and subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (Division), and PHP Name (Contractor), each, a Party and collectively, the Parties.

Background:

The purpose of this Amendment is to make clarifications, technical corrections and updates related to the Healthy Opportunities Pilot in the following Sections of the Revised and Restated Request for Proposal #30-190029-DHB:

1. Section III. Definitions, Contract Term, General Terms and Conditions, Other Provisions and Protections; and
2. Section V. Scope of Services

The Parties agree as follows:

1. Modifications to Section III. Definitions, Contract Term, General Terms and Conditions, Other Provisions and Protections

Specific subsections are modified as stated herein.

a. Section III.A. Definitions is revised to add the following newly defined terms. Section III.A. Definitions shall be renumbered accordingly within the Contract.

- 1) Designated Pilot Care Management Entity:** A Designated Care Management Entity that is assuming care management responsibilities specifically related to the Healthy Opportunities Pilot.
- 2) Healthy Opportunities Network Lead (Network Lead):** Formerly known as a Lead Pilot Entity (LPE), a Network Lead is an organization contracted with the Department to create and oversee a network of HSOs for the Healthy Opportunities Pilot. A Network Lead serves as a connection between PHPs and HSOs and facilitates collaboration between health care and human service organizations for the Pilot.
- 3) Healthy Opportunities Pilot (the Pilot):** The Enhanced Case Management and Other Services Pilot Program authorized by North Carolina's 1115 Demonstration Waiver. The Pilot will evaluate the effectiveness of a set of select, evidence-based, non-medical interventions and the role of the Healthy Opportunities Network Leads on improving health outcomes and reducing healthcare costs for a subset of high-need Medicaid Members.
- 4) Human Service Organization (HSO):** An organization that offers non-medical services within one or more communities. HSOs are also known as community-based organizations or social service agencies.
- 5) Pilot Implementation Period:** A period of time during which PHPs, Network Leads, HSOs, and Designated Pilot Care Management Entities build the capacity and infrastructure to participate in the Healthy Opportunities Pilot and prepare for Pilot service delivery.
- 6) Pilot Service Delivery Period:** A period of time during which Healthy Opportunities Pilot services are delivered to Pilot enrollees. The Pilot Service Delivery Period is divided into sub-periods to align with State Fiscal Years as provided in *Section V.C.8. Opportunities for Health*.

- b. **Section III.B. Acronyms is revised to add the following new acronym. Section III.B. Acronyms shall be renumbered accordingly within the Contract.**

1) HSO: Human Service Organization

- c. **Section III.D. Terms and Conditions 32. PAYMENTS AND REIMBURSEMENT, a. Managed Care Payments, is revised and restated as follows:**

- a. **Managed Care Payments:** The Department will make the following Managed Care payments to the Contractor, as applicable:
- i. Risk-adjusted Monthly Per Member Per Month (PMPM) capitated payments;
 - ii. Maternity event payments;
 - iii. Additional directed payments to certain providers
 - iv. COVID-19 vaccine administration and testing reimbursements under non-risk arrangement; and
 - v. Enhanced case management pilot to address unmet health-related needs payments, also known as Healthy Opportunities Pilot payments.

- d. **Section III.D. Terms and Conditions 32. PAYMENTS AND REIMBURSEMENT, e. is revised and restated as follows:**

e. Enhanced Case Management Pilots to Address Unmet Health-Related Needs Payments, also known as the Healthy Opportunities Pilot Payments:

- i. General Information
 - a) Contractor shall receive, separate from capitation payments, the following funds from the Department to use for the Pilots, subject to availability of State funds:
 1. Capped allocation which includes funding for two payment types:
 - i. Pilot service delivery payments; and
 - ii. Pilot administrative payments;
 2. Pilot care management payments; and
 3. Pilot value-based payments.
 - b) Contractor shall participate in the reconciliation of actual Pilot spending against Pilot payments received from the Department. Contractor shall be required to return all unused Pilot funds to the Department at the end of the Pilot program in accordance with the Department's Healthy Opportunities Pilot Payment Protocol.
- ii. Capped Allocation
 - a) The Department will set an initial capped allocation amount for each Pilot Service Delivery Period as defined in the Department's Healthy Opportunities Pilot Payment Protocol.
 - b) The Department will notify Contractor of its capped allocation amount, including the amounts for Pilot service delivery payments and Pilot administrative payments, at least thirty (30) Calendar Days prior to the start of each Pilot Service Delivery Period.
 - c) The Department reserves the right to adjust Contractor's capped allocation during the Pilot service delivery year based on actual spending on Pilot services or due to significant changes to enrollment from that assumed in the allocation formula (e.g., if the Department determines Contractor is at significant risk of not expending the eighty (80%) percent of its allocation within the Pilot service delivery year).
 1. Before adjusting Contractor's capped allocation, the Department will inform Contractor within sixty (60) Calendar Days that it is at risk of an adjustment and allow Contractor to submit a report explaining its anticipated spending through the remainder of the Pilot Service Delivery Year for the Department's consideration. The

PHP shall submit this report within ten (10) Calendar Days of being informed by the Department that it is at risk of an adjustment.

- d) Pilot Service Delivery Payments
 1. The Department shall distribute monthly, prospective payments to Contractor from the Pilot service delivery payment component of its capped allocation.
 2. The Department shall distribute the first payment at least thirty (30) Calendar Days prior to Pilot Service Delivery Period
- e) Pilot Administrative Payments:
 1. The Department shall distribute as part of Contractor's capped allocation Pilot administrative payments for Contractor to retain to cover administrative costs associated with Pilot operations.
 2. The Department shall determine the amount of Contractor's Pilot administrative payments.
 3. The Department shall distribute the Pilot administrative payment for each Pilot service delivery year in one payment at least thirty (30) Calendar Days prior to the start of the Pilot service delivery year.
- iii. Pilot Care Management Payments:
 - a) The Department shall make fixed payments to Contractor and Contractor shall make Pilot care management payments to Designated Pilot Care Management Entities as specified in *Section V.D.4. Provider Payments*. The Department will determine Pilot care management payments and document them in the Department's Healthy Opportunities Pilot Payment Protocol .
- iv. Pilot Value-Based Payments:
 - a) The Department will establish a Pilot-specific value-based payment (VBP) program.
 - b) As provided in *Section V.I.1. Financial Requirements*, the Contractor will be eligible to receive separate Pilot-specific valued-based payments from the Department. Payment will be made after the Contractor submits required documentation to the Department. The value-based payments made by the Department to Contractor will be subject to adjustments in accordance with the Department's assessment of Contractor's performance against specific targets and benchmarks to be detailed in the Department's Healthy Opportunities Standard Plan Implementation Period Incentive Payments Milestone Guide.

2. Modifications to Section V. Scope of Services of the Contract

Specific subsections are modified as stated herein.

- a. **Section V.A. Administration and Management, 9. Staffing and Facilities, Section V.A.9.d.ii. - Table 1. Key Personnel Requirements is revised and restated to add the Key Personnel Role of Healthy Opportunities Pilot Program Director with the corresponding duties, responsibilities, and minimum certifications and/or credentials as follows:**

First Revised and Restated Section V.A.9.d.ii - Table 1. Key Personnel Requirements

Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department
1.	Chief Executive Officer (CEO) of North Carolina Medicaid Managed Care Program Director	Individual who has clear authority over the general administration and day-to-day business activities of this Contract	<ul style="list-style-type: none"> • Must reside in North Carolina
2.	Chief Financial Officer (CFO) of North Carolina Medicaid Managed Care Program	Individual responsible for accounting and finance operations, including all audit activities	<ul style="list-style-type: none"> • Must reside in North Carolina
3.	Chief Medical Officer (CMO) of North Carolina Medicaid Managed Care Program	Individual to oversee and be responsible for all clinical activities, including but not limited to the proper provision of covered services to Members, developing clinical practice standards and clinical policies and procedures	<ul style="list-style-type: none"> • Must reside in North Carolina • Physician, licensed to practice in NC and in good standing (Exception: Medical Director in the event that the CMO is not licensed to practice in NC) • Minimum experience of five (5) years in a health clinical setting and two (2) years in managed care
4.	Chief Compliance Officer of North Carolina Medicaid Managed Care Program	Individual to oversee and manage all fraud, waste, and abuse and compliance activities	<ul style="list-style-type: none"> • Must reside in North Carolina
5.	Chief Information Security Officer (CISO) or Chief Risk Officer (CRO) of the North Carolina Medicaid Managed Care Program	Individual responsible for establishing and maintaining the security processes to ensure information assets and technologies are protected	<ul style="list-style-type: none"> • Must reside in North Carolina • Bachelor’s Degree in Information Security or Computer Science • CISSP and one of the following certifications: CISM, CISA or GSEC

First Revised and Restated Section V.A.9.d.ii - Table 1. Key Personnel Requirements

Role		Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department
6.	Quality Director of North Carolina Medicaid Managed Care Program	Individual responsible for all quality management/quality improvement activities, including but not limited to ensuring individual and systemic quality of care, integrating quality throughout the organization, implementing process improvement, and resolving, tracking and trending quality of care grievances.	<ul style="list-style-type: none"> • Must reside in North Carolina • More than 5 years of demonstrated quality management/quality improvement experience in a large healthcare corporation serving Medicaid beneficiaries • NC licensed clinician (e.g. LCSW, RN, MD, DO) • Certified Professional in Healthcare Quality (CPHQ) is preferred
7.	Provider Network Director of North Carolina Medicaid Managed Care Program	Individual responsible for providers services and provider relations, including all network development and management issues	<ul style="list-style-type: none"> • Must reside in North Carolina • At least five (5) years of combined network operations, provider relations, and management experience
8.	Pharmacy Director of North Carolina Medicaid Managed Care Program	Individual who oversees and manages the PHP pharmacy benefits and services.	<ul style="list-style-type: none"> • Must reside in North Carolina • NC-registered pharmacist with a current NC pharmacist license • Minimum of three working years of Medicaid pharmacy benefits management experience
9.	Behavioral Health Director of North Carolina Medicaid Managed Care Program	Individuals responsible for providing oversight and leadership of integrated behavioral health benefit, including UM program, network development and care management.	<ul style="list-style-type: none"> • Must reside in North Carolina • NC-licensed psychiatrist or psychologist • Minimum experience of five (5) years in a BH clinical setting and two (2) years in managed care
10.	Director of Population Health and Care Management	Individual responsible for providing oversight and leadership of all prevention/population health, care management and care coordination programs, including Local Care management plan, AMH model and care management delivered by Local Health Departments.	<ul style="list-style-type: none"> • Must reside in North Carolina • More than 5 years of demonstrated care management/population health experience in a large healthcare corporation serving Medicaid beneficiaries • NC licensed clinician (e.g. LCSW, RN, MD, DO)

First Revised and Restated Section V.A.9.d.ii - Table 1. Key Personnel Requirements			
Role	Duties and Responsibilities of the Role	Minimum Certifications and/or Credentials Requested by the Department	
11.	Healthy Opportunities Pilot Program Director	<p>Individuals responsible for:</p> <ul style="list-style-type: none"> • Serving as the PHP’s liaison with the Department and other Pilot entities (including Network Leads, HSOs, NCCARE360 vendor, and Designated Pilot Care Management entities on Pilot-related issues-topics) on the PHP’s Pilot-related roles and responsibilities • Overseeing the Pilots on behalf of the PHP and coordinating within the organization to ensure all PHP Pilot responsibilities are met • Tracking PHP’s compliance and performance against Pilot-related deadlines and milestones • Submitting Pilot-related reports to the Department by required deadlines • Supporting HSOs to ensure their capacity to receive payment for Pilot services delivered (e.g., via direct deposit) • Ensuring the PHP and its Designated Pilot Care Management Entities (as appropriate) are onboarded onto and using NCCARE360 for its Pilot-related functionalities; and, • Ensuring PHP staff who use NCCARE360 have proper access to the platform. 	<ul style="list-style-type: none"> • Must reside in North Carolina and hired no later than July 1, 2022 • Minimum of two (2) years of experience serving or working on behalf of Medicaid beneficiaries • Minimum of two (2) years of experience project managing large and complex engagements • Minimum of two (2) years of experience coordinating across different types of stakeholders • Minimum of two (2) years of experience in an organization or field that demonstrates an understanding of the impact of social needs on individuals’ health and well-being

b. Section V.C. Benefits and Care Management, 6. Care Management, a. Care Management and Care Coordination v. Provision of Care Management for High-Need Members b) Care Management Services is revised to add the following:

11. The PHP shall provide care management to all Members enrolled in the Healthy Opportunities Pilots as described in *Section V.C.8. Opportunities for Health*.

c. Section V.C. Benefits and Care Management, 8. Opportunities for Health, e.ii.d) is revised and restated as follows:

d) Designated Care Management Entities and Designated Pilot Care Management Entities:

1. Designated Care Management Entities, including but not limited to Tier 3 AMHs and LHDs, are encouraged, but not required, to use NCCARE360 for the functions outlined in *Section V.C.8.e.ii.a)*, unless the entity is a Designated Pilot Care Management Entity.
 - i. Designated Pilot Care Management Entities shall use NCCARE360 for the functions outlined in *Section V.C.8.e.ii.a)* and *Section V.C.8.g.xiv*.
 - ii. The PHP shall include the requirement for Designated Pilot Care Management Entities to use NCCARE360 for functions outlined in *Section V.C.8.e.ii.a)* and *Section V.C.8.g.xiv* in its contracts with such entities.
2. The Department intends to work with Unite USA, Inc. (doing business as Unite Us) to facilitate NCCARE360 licensing and training for Designated Care Management Entities and Designated Pilot Care Management Entities.
3. The Department will ensure that any Designated Care Management Entity that chooses to use NCCARE360 for the functions outlined in *Section V.C.8.e.ii.a)* for Medicaid Members gains and maintains access to the Unite USA, Inc. NCCARE360 Base Package and Base Support, as outlined in *Section V.C.8.e.ii.b) 1.* and *Section V.C.8.e.ii.b)2.*, to use NCCARE360 for Medicaid Members at no cost to the Designated Care Management Entity. All requirements outlined in *Section V.C.8.e.ii.a)* are available through the NCCARE360 Base Package and Base Support.
4. The Department will ensure that any Designated Pilot Care Management Entity that is required to use NCCARE360 for the functions outlined in *Section V.C.8.e.ii.a)* and *Section V.C.8.g.xiv.* for Medicaid Members gains and maintains access to the Unite USA, Inc. NCCARE360 Base Package and Base Support, as outlined in *Section V.C.8.e.ii.b)1.* and *Section V.C.8.e.ii.b)2.*, and NCCARE360 Pilot functionality required by the Department, to use NCCARE360 for Medicaid Members at no cost to the Designated Pilot Care Management Entity. All requirements outlined in *Section V.C.8.e.ii.a)* are available through the NCCARE360 Base Package and Base Support and all requirements outlined in *Section V.C.8.g.xiv.* will be funded by the Department. Any additional NCCARE360 functionality that is not necessary to support the requirements of the Department will not be funded by the Department.

d. Section V.C. Benefits and Care Management, 8. Opportunities for Health, g. Enhanced Case Management Pilots to Address Unmet Health-Related Needs is revised and restated as follows:

- g. Enhanced Case Management Pilot to Address Unmet Health-Related Needs, also known as Healthy Opportunities Pilot
 - i. Through the Healthy Opportunities Pilot, the Department will systematically test, on a population level, how evidence-based interventions in each of the four (4) priority domains (housing, food, transportation, and interpersonal safety/toxic stress) can be delivered effectively to Medicaid Members and, through robust evaluation, study the effects on health outcomes and cost of care. The goal of the Pilot is to learn which evidence-based interventions and processes are best matched for a specific population to improve health, lower health care costs, and to inform health care delivery statewide.
 - ii. Through a competitive procurement process, the Department established the Healthy Opportunities Pilot in three (3) areas of the State to provide a subset of high-need, high-risk, and emerging-risk Medicaid Members with information, services and benefits targeted to measurably improve health and lower costs. The Pilot will employ evidence-based interventions addressing Members' needs in housing, food, transportation, and interpersonal

safety/toxic stress. The PHP shall play a key role in executing the Pilot in accordance with the roles and responsibilities enumerated below.

- iii. RESERVED
- iv. Each Pilot region will have one Healthy Opportunities Network Lead. Network Lead's role is to develop, contract with and manage a network of Pilot service providers called Human Services Organizations (HSOs) that can deliver the evidence-based interventions across each of the four (4) priority domains. Each Network Lead determines the counties that constitute its local Pilot region as defined in its DHHS-Network Lead contract.
- v. Pilot Periods
 - a) The Pilot is divided into Pilot periods for the purposes of contracting, reporting, monitoring, evaluation, and payments. Unless the Pilot is extended, the final period will end on October 31, 2024.
 - b) The Pilot Periods are specified below:
 - 1. Pilot Implementation Period: May 27, 2021 – January 31, 2022.
 - 2. Pilot Service Delivery Period I: February 1, 2022 – June 30, 2022.
 - 3. Pilot Service Delivery Period II: July 1, 2022 – June 30, 2023.
 - 4. Pilot Service Delivery Period III: July 1, 2023 – June 30, 2024.
 - 5. Pilot Service Delivery Period IV: July 1, 2024 – October 31, 2024.
 - c) The Department may amend the Pilot periods. The PHP shall comply with the new periods as adopted through an amendment to the Contract or as otherwise directed through formal notice from the Department at least ninety (90) days prior to amending the Pilot period.
 - d) If approved by CMS, the Department shall have the option, in its sole discretion, to extend and/or add Pilot Service Delivery Periods. The Department shall notify the PHP in writing if it is exercising its option to extend and/or add Pilot Service Delivery Periods at least ninety (90) Calendar Days prior to the end of the Pilot Service Delivery Period IV.
- vi. The PHP shall contract any Network Lead operating in the PHP's Region(s) using a Department developed model contract by November 22, 2021.
 - a) The PHP shall contract with any Network Lead operating within the PHP's Region(s) for the delivery of Pilot services to eligible members residing in the local Pilot region.
 - b) The Department reserves the right to modify the counties that constitute a local Pilot Region through its contracts with Network Leads.
 - c) The Department will inform PHPs of relevant amendments to the Department's contract with the Network Lead.
- vii. RESERVED.
- viii. RESERVED.
- ix. RESERVED.
- x. RESERVED.
- xi. The PHP shall utilize care management teams—employed by or under contract with the PHP or in a Tier 3 Advanced Medical Home (AMH) or Local Health Department—to execute key Pilot functions. In the event of underperformance by an AMH practice or LHD, the PHP shall send a notice of underperformance to the AMH practice or LHD and copy the Department.
- xii. Member Outreach
 - a) The PHP shall conduct outreach to educate Members about the Pilots, Pilot services, and how to self-refer for an assessment of Pilot eligibility consistent with the requirements of *Section V.B.3. Member Engagement*.
 - 1. The PHP shall submit outreach materials to the Department for review and approval prior to distributing materials to Members.

- b) The PHP shall submit to the Department for review and approval a Healthy Opportunities Pilot Member Outreach Plan no later than January 15, 2022.
- xiii. The PHP shall ensure that all Pilot enrollees are enrolled into care management, assigned a care management team employed by or under contract with the PHP or in a Tier 3 AMH or LHD, and receive comprehensive care management that integrates Pilot services with care management for physical/behavioral health needs.
- xiv. The PHP shall require that the care management team:
 - a) Assesses Members to identify whether they meet Pilot eligibility criteria and recommend appropriate Pilot services.
 - b) Develops a care plan and recommends the Pilot services that a Member would benefit from based on Member need, the Pilot services available in the Member's Pilot region, and forthcoming DHHS-developed guidance.
 - c) Obtains Members' consent to enroll in the Pilot based on forthcoming DHHS-developed guidance.
 - d) Communicates approved Pilot service authorization to Pilot-enrolled Members.
 - e) Connects Members approved for Pilot enrollment to Pilot providers (HSOs) in the Network Lead's network for approved Pilot services, in partnership with the Network Lead as needed and using NCCARE360. The PHP shall ensure that the care management team:
 - 1. Conducts a reassessment for the mix of Pilot services no less frequently than every three (3) months and for the eligibility for services no less frequently than every six (6) months.
 - 2. Is responsible for identifying information and data on Pilot Members in accordance with forthcoming Department guidelines that support the State's oversight and evaluation efforts, including:
 - i. Pilot enrollment and referral source;
 - ii. The identified needed Pilot services in an individual's care plan;
 - iii. Approved Pilot services;
 - iv. Denied Pilot services; and
 - v. Number of reassessments and associated findings.
- xv. The PHP shall authorize and reimburse for Pilot services in all Pilot domains (housing, food, transportation, and interpersonal safety/toxic stress).
- xvi. No later than forty-five (45) Calendar Days prior to the start of Pilot Service Delivery Period II, the PHP shall submit to the Department an Enrollment of High-Priority Pilot Populations Plan, in a Department defined format. The Enrollment of High-Priority Pilot Populations Plan shall include:
 - a) Anticipated Pilot enrollment for the second Pilot service delivery year stratified, at a minimum, to identify priority populations as follows:
 - 1. Proportion of enrollees who are pregnant women or children ages 0-21;
 - 2. Proportion of enrollees who have high health care expenditures.
 - 3. Definition of high-cost populations and methods the PHP will use to identify high-cost Pilot enrollees; and
 - 4. At the PHP's option, any additional priority populations the PHP intends to focus on for Pilot enrollment, and proportion of enrollees they will represent.
 - b) Strategies and methods for identifying and enrolling members residing in Pilot regions to ensure inclusive representation of priority populations.
 - c) Strategies to make best efforts to ensure that historically marginalized populations and communities in the Pilot region be proportionally represented among Pilot enrollees and service expenditures.

- xvii. Starting in Pilot Service Delivery Period II, the PHP shall direct Pilot services to be distributed to the following groups during each Service Pilot Delivery Period:
 - a) At least thirty-three percent (33%) of Pilot enrollees are pregnant women and children ages 0-21.
 - b) At least thirty-three percent (33%) of Pilot enrollees are high-cost populations.
- xviii. The PHP shall make best efforts to ensure that historically marginalized populations and communities in the Pilot region be proportionately represented in the delivery of Pilot services and service expenditures.
- xix. The PHP shall authorize enrollment into the Pilot and the delivery of Pilot services based on the Healthy Opportunities Pilot Care Management Protocol.
- xx. The PHP and its Designated Pilot Care Management Entities shall be onboarded to and trained on the use of NCCARE360 for the following Pilot-related functionalities, as applicable:
 - 1. Managing Pilot eligibility determinations and service authorizations;
 - 2. Referring Members to authorized Pilot services;
 - 3. Tracking Member access to authorized Pilot services;
 - 4. Reviewing invoices from HSOs for Pilot services rendered; and
 - 5. Approving or denying invoices for Pilot services rendered.
- xxi. The PHP and its Designated Pilot Care Management Entities shall participate in relevant Pilot-related training, technical assistance activities, and meetings as requested by the Network Lead or the Department.
- xxii. The PHP shall support the Department's efforts to evaluate the effectiveness of the Pilots by reporting on a range of key Pilot metrics.

e. Section V.D. Provider 4. Provider Payments is revised to add the following:

- aa. Healthy Opportunities Pilot Payments
 - i. HSO Payments for Pilot Service Invoices
 - a) The PHP shall use the Pilot service delivery payment component of its capped allocation to make payments directly to HSOs for the delivery of authorized Pilot services to Pilot enrollees in accordance with the Healthy Opportunities Pilot fee schedule developed by the Department. The PHP shall not negotiate rates in the Healthy Opportunities Pilot Service fee schedule.
 - b) Invoice Requirements
 - 1. The PHP shall ingest invoices from NCCARE360 for Pilot services delivered by the HSO that were previously authorized by the PHP and take one of the following actions:
 - i. If the invoice is accurate and the service(s) was authorized by the PHP:
 - a. The PHP shall send an invoice response file to NCCARE360 to approve or deny the invoice within thirty (30) Calendar Days of receipt of the invoice from NCCARE360; and
 - b. If approved, within thirty (30) Calendar Days of the date of approval of the invoice, the PHP shall effectuate payment, via check or direct deposit, to the HSO and send an invoice response file to NCCARE360 that includes the amount paid to the HSO.
 - ii. If the invoice is inaccurate or invalid, the PHP shall send an invoice response file to NCCARE360 with an explanation of the basis for denial within thirty (30) Calendar Days of receipt of the invoice from NCCARE360.
 - 2. The PHP shall ingest invoices from NCCARE360 according to the Healthy Opportunities Pilot NCCARE360 Invoice File(s) Companion Guide.
 - 3. The PHP shall send invoice response file back to NCCARE360 according to the Healthy Opportunities Pilot NCCARE360 Invoice File(s) Companion Guide.

4. In the event that a PHP authorized a Pilot service, PHP shall not deny an invoice from an HSO on the basis of having subsequently retracted such authorization after the Pilot service has been provided by an HSO.
 5. The PHP shall pay the HSO in the event of a payment error that requires initial, corrected or additional payment.
- c) The PHP shall not contract directly with HSOs for the purposes of Pilot service delivery payments. The PHP shall make payments to HSOs under the terms of the PHP-Network Lead Model Contract developed by the Department.
 - d) The PHP shall leverage North Carolina's Medicaid Management Information System (or future Medicaid Enterprise System) and collaborate with each contracted Network Lead to ensure HSOs are set up to receive payments from the PHP, including, at a minimum, developing guidance for HSOs explaining necessary steps to take to receive payments.
- ii. Pilot Care Management Payments
 - a) The PHP shall use care management funds from the Department to make Pilot care management payments to Designated Pilot Care Management Entities. These payments will support Designated Pilot Care Management Entities for Pilot-related care management activities that are above and beyond care management activities expected for non-Pilot enrollees.
 - b) The PHP shall not add requirements above and beyond what the Department requires of Designated Pilot Care Management Entities to participate in the Pilots and receive Pilot care management payments.
 - c) The PHP shall pay fixed care management payment amounts set by the Department as defined in the Department's Healthy Opportunities Pilot Payment Protocol, and those care management payment amounts may not be negotiated between the PHP and Designated Pilot Care Management Entities. The PHP shall pass on the full amount of care management payments to Designated Pilot Care Management Entities that participate in the Pilots and serve Pilot enrollees. The PHP cannot retain care management payments.

f. Section V.G. Program Operations, 1. Service Lines, n.ii. is revised and restated as follows:

- ii. The PHP shall submit to the Department for approval a listing of topics which scripts will address and shall modify the script topics as required by the Department. Topics for scripts shall include, but not be limited to:
 - a) Member Medicaid Managed Care resources, education and assistance to understand Medicaid and NC Health Choice benefits;
 - b) Provider contracting;
 - c) AMH certification;
 - d) Provider claim submission and adjudication issues;
 - e) Service prior authorization process and status;
 - f) Member pharmacy lock-in program;
 - g) Information to contact the Enrollment broker;
 - h) Member grievance and appeal process, including information on Member supports available;
 - i) Healthy Opportunities Pilot services, including information on Pilot program eligibility criteria, counties included in Pilot regions, Pilot services offered, and connecting the Member to a care management team to assess the member for Pilot eligibility; and
 - j) Other topics as identified by the Department.

g. Section V.I. Financial Requirements is revised to add the following:

6. Healthy Opportunities Pilot Payments

- a. The Department will establish a Pilot-specific value-based payment (VBP) program and make Pilot-specific value-based payment payments to the PHP in accordance with *Section III.D.32. PAYMENT AND REIMBURSEMENT*.
- b. The PHP shall participate in a Pilot-specific value-based payment (VBP) program and be subject to value-based payment adjustments in accordance with the Department's assessment of the PHP's performance against specific targets and benchmarks detailed in the Department's Healthy Opportunities Standard Plan Implementation Period Incentive Payments Milestone Guide.
- c. The PHP shall submit information required by the Department to receive value-based payments, including documentation demonstrating that the PHP has met the required milestones, as described in the Department's Healthy Opportunities Pilot Payment Protocol.
- d. During the Implementation Period and Pilot Service Delivery Period I the PHP will receive incentive payments from the Department based on completion of Pilot implementation milestones. Incentive payments will be tied to:
 - i. Execution of contracts with all applicable Network Leads operating in the PHP's region as specified in *Section V.C.8. Opportunities for Health*.
 - ii. Successful completion of the Department's Pilot Readiness Review as specified in *Section V.A.6. Readiness Requirements*.
 - iii. Meeting the Department's Pilot-related systems integration and end-to-end testing standards related to Pilot eligibility, service authorization, referral, invoice, and payment, as specified in *Section V.A.6. Readiness Requirements*.

h. Section V.K. Technical Specifications is revised to add the following:

8. Healthy Opportunities Pilot

- a. The PHP shall make modifications as needed to its technology systems and data exchange processes to account for Pilot requirements including, but not limited to:
 - i. Changes to the PHP systems to allow for the ingestion of the provider enrollment file from North Carolina's Medicaid Management Information System (or future Medicaid Enterprise System) to account for and incorporate changes associated with enrollment of Network Leads and HSOs as Medicaid providers and provider affiliations.
 - ii. Changes to the PHP systems to allow for sending the PHP Network File to North Carolina's Medicaid Management Information System (or future Medicaid Enterprise System) with an indicator noting that the PHP has contracted with a Designated Pilot Care Management Entity to perform Pilot care management according to the Healthy Opportunities Pilot Updated Network File Companion Guide.
 - iii. Changes to the PHP systems to allow for the ingestion of member data from NCCARE360 including, but not limited to, Pilot member enrollment rosters, and Pilot member consents.
 - iv. Changes to the PHP systems to allow for the ingestion of data from NCCARE360 associated with the approval and payment of invoices for Pilot service delivered to the PHP's members including outbound interfaces to allow the PHPs to update the NCCARES360 platform with payment status.
 - v. Changes to PHP systems and processes to allow for the transition of Healthy Opportunities Pilot-enrolled members and associated data from one PHP to another PHP. This may include systematic transfers between PHP systems, changes on the NCCARES360 platform, or manual processes between the sending and receiving care management providers.

- vi. Changes as needed to PHP systems to pay HSOs for authorized Pilot services delivered.
- vii. Changes as needed to PHP systems to pay Designated Pilot Care Management Entities a PMPM payment for enrolled Pilot members receiving care management from the Designated Pilot Care Management Entity.

3. Effective Date: This Amendment is effective upon the later of the execution dates by the Parties, subject to approval by CMS.

4. Other Requirements: Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

Execution:

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

Department of Health and Human Services

Dave Richard, Deputy Secretary

Date: _____

PHP Name

PHP Authorized Signature

Date: _____