

# NC MEDICAID MANAGED CARE QUALITATIVE EVALUATION

## Results from the Pre-Medicaid Managed Care Launch – Provider Perspectives

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### ➤ What is the NC Medicaid Managed Care Qualitative Evaluation?

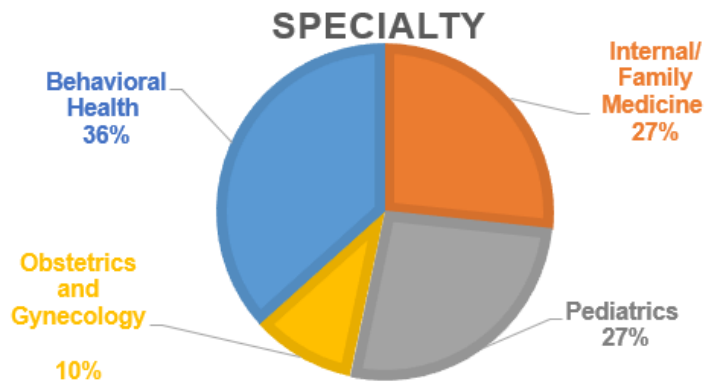
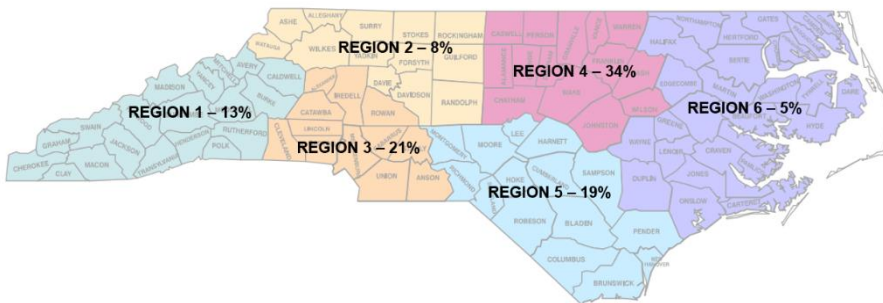
The qualitative interviews with organizational stakeholders (e.g., physician practices and health systems) are part of a larger multi-year evaluation of North Carolina Medicaid’s transition from fee for service to Medicaid Managed Care under the 1115 demonstration waiver. The interviews provide a first-hand account of baseline organizational experiences in preparation for Medicaid Managed Care.

### ➤ How were interviews conducted?

We identified potential interviewees from multiple sources, including data from Medicaid provider files and publicly available information. We sampled by organization type (e.g., health system, independent practices) and specialty type (e.g., primary care, pediatrics, obstetrics & gynecology). In addition, we selected geographically diverse provider practices.

We conducted phone and email outreach to 292 health systems and health care practices and completed interviews with representatives of 40 organizations. At some organization, we interviewed more than one representative. Interviews were conducted between December 2020 and May 2021, prior to the "go-live" date of July 1, 2021.

### ➤ Who participated in the health system and health care practice interviews?



Participant characteristics	
<b>Type of organization</b>	
<i>Health systems</i>	4
<i>Health-system affiliated practices</i>	4
<i>Independent practices</i>	28
<i>Federally Qualified Health Centers</i>	4
<b>Role</b>	
<i>Leadership</i>	15
<i>Provider</i>	8
<i>Administrator/practice staff</i>	20
<b>Number of Prepaid health plan (PHP) contracts</b>	
<i>Unsure</i>	6
0	3
1	4
2	3
3	6
4	6
5	8
<b>Advanced Medical Home Status</b>	
<i>Unsure</i>	4
<i>Have not contracted yet</i>	7
<i>AMH Tier 2</i>	4
<i>AMH Tier 3</i>	12



Satisfaction with  
Medicaid Fee for Service



Medicaid Managed  
Care Awareness



Medicaid Managed  
Care Preparation



Support Needed



Recommendations

➤ **Satisfaction with NC Medicaid Fee for Service**

Majority of participants were highly satisfied with the fee for service model, particularly access to services and the timeliness of reimbursements. Participants shared minor concerns like low reimbursement rates.

➤ **Medicaid Managed Care Awareness**

Most participants were aware of the goals and anticipated benefits of Medicaid Managed Care, such as better quality of care for the members and better revenue for the practices. A few participants did not foresee any additional benefits to practices and members.

**Anticipated Provider Challenges or Concerns**

- Low member awareness
- Wrong auto-assignment to primary care providers and resulting care disruption
- Attribution of performance to primary care providers for wrongly assigned members
- Administrative burden of working with five different PHPs
- Reliving poor experiences with previous changes, like Carolina Access
- Out-of-network specialists

*"I know providers are not ready, and I know that consumers don't have a clue what's going on. I bet 75 percent of my patients, after two weeks after open enrollment, none of them had even heard about it. I was the one explaining it to them."* (Behavioral health specialist)

➤ **Preparation for Medicaid Managed Care**

The most common provider activities in preparation for Medicaid Managed Care included:

- Member outreach and education
- Staff training (e.g., referrals, prior authorizations, and billing)
- Participation in state education webinars
- Collaboration with organizations, such as Clinically Integrated Networks for contracting, credentialing, and care coordination
- Integrating behavioral health
- Technology changes

➤ **Challenges faced during preparation**

- Contracting and negotiating rates
- Delay in Medicaid Managed Care launch (both positive/negative)
  - More time to prepare
  - Loss of momentum
- Implementation during an active pandemic
- Additional time and effort to prepare in the context of staffing shortages due to the pandemic

*"It almost annoys me that we're returning to managed care quickly because COVID has been huge for everybody. We're still trying to ensure that we're billing correctly for telehealth visits and that patients aren't spreading COVID. So, to worry about getting everything transferred over to make sure our patients are going to get their mammograms is frustrating."*

(Practice Manager, Independent Family Practice)

➤ **Support Needed for Successful Implementation**

- More information and training
- Better data-sharing infrastructure across providers and specialists to ensure better care coordination
- Strategies or resources for better communication with the PHPs

➤ **Provider requests & advice for the State**

- Clearer Guidance
  - Transparent and timely communication when any information is changing
  - Summarized, step-by-step guide for working with the PHPs
  - Transparent communication of how the state will hold PHPs accountable
- More Resources
  - Time and additional staff needed to handle the increased administrative burden
  - Member education
- Structural support
  - Standardized claim filing processes
  - Single point of contact for practices at each PHP
  - Direct line of feedback from practices to state