**NC Department of Health and Human Services** 



#### NC MEDICAID TRANSFORMATION RESTART

#### Jay Ludlam Assistant Secretary, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting September 18, 2020



### 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 nonmedical drivers of health."

# **Moving to Managed Care**

- 1.6 1.8 million Medicaid beneficiaries will enroll in Standard Plans.
- Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs)
  - AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)
- All health plans, all regions will go live on July 1, 2021.
- Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs or they have limited benefits. This will be called NC Medicaid Direct.

### **NC Medicaid Managed Care Regions**



## **Challenges**

- COVID-19
  - Uncertainty about provider's prioritizing contracting
  - Complexity in project planning rapid evolving conditions
- Other Program Changes
  - Tailored Plan Request for Application (RFA) and operational transition in preparation for July 2022 launch
  - DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM "Tribal Option" to go live in Region 1





#### **Key Transformation Responsibilities by Program Area**

In alignment with the DHB Organizational Design various groups and levels within the organization have different sets of responsibility.



#### **Restarting Managed Care Implementation – Highlight of Activities**

- Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- Formulate capitation rates beginning in Nov '20 and submit to CMS for approval
- Re-review and **resubmit to CMS for approval** several health plans' contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
- Update the **Consolidated Provider Directory** (NC DHHS, Enrollment Broker, health plans)
- Test Primary Care Provider Auto Assignment
- Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse
- Re-validate Enrollment Broker readiness including call center staff and scripting once rehired
- Re-evaluate internal Division of Health Benefit staff readiness
- For network adequacy monitor progress of provider contracting (health plans and providers)
- Moving forward with managed care related procurements including Member Ombudsman, EQRO, Health Opportunities Pilots