MCAC Transformation Update

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Agenda

- Transformation Update
- Enrollment Broker Request for Proposal
  - Overview
  - Timeline
  - Scope
- Behavioral Health Concept Paper comments
- Upcoming Program Design Documents
  - Concept Papers
  - Quality Strategy

Transformation milestones

Nov. 2017	• Released 2 Requests for Information • Released proposed PHP capitation rate setting methodology • Released 2 concept papers: Behavioral Health I/DD Tailored Plans & Supplemental Payments • Submitted amended 1115 waiver application to CMS
Early 2018	Publish additional concept papers
2018	Procure centralized credentialing & enrollment broker vendors
March 2018	Anticipated CMS approval: • Expenditure authority to pay for substance use disorder services in an IMD • Amended waiver application
Spring 2018*	Release Request for Proposal
July 2019*	Managed care Phase 1 goes live; waiver effective for 5 years

* Assuming timely CMS approval, progress on behavioral health integration, and other activities

Enrollment Broker: Overview

Scope of Enrollment Broker
To support enrollment of beneficiaries in managed care, DHHS will contract with a third-party enrollment broker (EB) to support PHP selection and enrollment for cross-over population and newly eligible beneficiaries • EB will be responsible for broad scope of services, such as managed care education, PHP choice counseling, collecting and triaging PHP disenrollment requests, operating call center/website, and developing a consolidated provider directory • DHHS will maintain responsibility for PHP auto-assignment, member noticing and subset of PHP disenrollment reviews • DHB will monitor performance and, where appropriate, apply sanctions
Process Steps
• DHB developed EB RFP with input from other divisions • DHB reviewed EB scope and timeline with EBCI and local DSS Directors • DHB reviewed EB scope with non-RFP reviewers including Department leadership and staff

Timeline

ACTION	RESPONSIBLE PARTY	DATE
PRE-RFP RELEASE		
Review EB Expectations with Tribe	DHB	Jan. 16–Jan. 31, 2018
Review EB Expectations with DSS	DHB	Jan. 16–Feb. 1, 2018
POST-RFP RELEASE		
Issue RFP	DHHS	Mid- to late-February 2018
Submission of Offer	Offerors	Mid- to late-April 2018
Offer Evaluation	DHHS	4-5 weeks (tentative)
Contract Award	DHHS	End of May 2018
Contract Effective Date	DHHS and Selected Offeror	Date contract is fully executed by parties as provided in Notice of Award

Role in Eligibility and Enrollment

Under managed care, beneficiaries will have to select a PHP after eligibility determination

Eligibility & Enrollment Process Flow

County Office/PHHS NC FAST

Determines eligibility and transmits information to MMIS (NCTracks)

State/NCFast

- Auto-assigns member to PHP
- Transmits PHP assignment to EB

Enrollment Broker

Guides and effectuates managed care plan change, if needed

PHP

- Manages enrollment in health insurance
- Handles PCP selection & management

ENROLLMENT BROKER: An individual or entity that performs choice counseling or enrollment activities, or both

CHOICE COUNSELING
Provision of information and services to assist beneficiaries in making enrollment decisions. Includes answering questions and identifying factors to consider when choosing among managed care plans and primary care providers. Choice counseling does not include making recommendations for or against enrollment into a specific MCO, PIHP or PAHP.

ENROLLMENT ACTIVITIES
Activities such as distributing, collecting and processing enrollment materials and taking enrollments by phone, in person or through electronic methods of communication.

Special Considerations

FUNCTION	SCOPE OF SERVICES
Legislative Contingencies	EB RFP assumes that all outstanding legislative authority is granted, including phase-in of special populations, staggered rollout in year 1, behavioral health integration in SP, BH I/DD TPs, and Carolina Cares
Interface with County DSS	Develop and implement a DSS engagement strategy that ensures seamless integration with county DSS staff • Methods for supporting county DSS offices with managed care education • Warm hand-off between county DSS staff and EB when beneficiaries present or call in to county DSS office
Website/Call Center/Mail Center To facilitate managed care education, choice counseling and plan selection	RFP requires technology capabilities that facilitate education, counseling and selection must seamlessly integrate with DSS offices, State call center and citizen portal

Populations Served

FUNCTION	SCOPE OF SERVICES
Crossover Population (year 1 and new populations phased-in after year 1)	• DHHS will offer crossover population a 60-day open enrollment period beginning no later than 105 days before PHP effective date of July 1, 2019 • RFP requires EB to provide managed care education and support PHP/PCP selection during open enrollment period • DHHS will auto-assign beneficiaries who do not select a PHP and offer a 90-day choice window for the beneficiary to select a new plan
New Beneficiaries	• New beneficiaries applying after July 1, 2019, will be given an opportunity to select a PHP and PCP as part of their application • If no plan is selected at application, DHHS will auto-assign beneficiary to a PHP and offer a 90-day choice window for the beneficiary to select a new plan. • RFP requires EB to provide choice counseling, and support PHP/PCP selection during the 90-day choice window
Redetermination	• Beneficiaries redetermined to be eligible will be offered opportunity to select a new PHP through a notice from DHHS • If no plan is selected at redetermination, DHHS will auto-assign beneficiaries to their current PHP and offer a 90-day choice window to select a new plan. • RFP requires EB to provide choice counseling and support PHP/PCP selection during the 90-day choice window

Technology Capabilities

FUNCTION	SCOPE OF SERVICES
Consolidated provider directory to support plan selection	• EB RFP requires EB to develop and maintain a consolidated provider directory that is an easily searchable repository of provider-to-PHP relationships (fee-for-service is treated as a PHP) • Directory will integrate with citizen portal to support plan selection during application
Beneficiary management platform	• RFP requires that EB maintain a record of all interactions between EB and members/potential members, including phone, online, mail and in-person interactions • Platform must include key beneficiary demographics (e.g., name, contact information, region, MC status (eligible, exempt), family members, historical medical home, prior PHP enrollment, PHP disenrollment request tracking and summary notes/resolution
Member enrollment satisfaction survey	• EB RFP requires telephone, online and educational event satisfaction survey be offered to beneficiaries • Survey results will be shared with DHHS

Behavioral Health I/DD Tailored Plan
Concept paper

- Released November 2017
- Addressed:
  - Eligible populations
  - Covered benefits
  - Enrollment processes before and after BH I/DD TP launch
  - Mid-coverage year transitions across Standard Plans
  - Renewals
- Feedback received from diverse stakeholders: Advocacy groups; behavioral health associations; group and individual providers; family member

Overall comments

- Most supportive of move to managed care with focus on whole person care
- Strong support for care management services delivered to individuals by community based agencies
- Half the respondents requested additional details on the role and scope of the enrollment broker
- Approximately 40% requested time to develop care management agencies
- PHP accountability, especially for member satisfaction and access to physical health services; monitoring for outcomes

Tailored Plan Support

Support Integration and Tailored Plans, with Changes

- Reduce number of PHPs; potential for too many
  - 3 MCOs
  - 15 PLEs
  - 5 or more LME/MCOs
- Offer beneficiaries choice between 2 Tailored Plan
- Implement Tailored Plans statewide

Support Integration; But Not Tailor Plans

- Increases system complexity for beneficiaries
- Increases administrative burden for provider
- Increases number of plans
- Results in fragmented system

Tailored Plan Release Timing

Release Standard and Tailored Plans Simultaneously

- Promote economies of scale and efficiencies that impact staffing and pricing
- Improved likelihood for successful transition
- Consistency across plan types

Delay Release of Tailored Plan Request for Proposal

- Release RFI first as additional information is needed
- Allow more time to address unanswered questions

General question topics

- Care management service delivery
- Assessment process for those who self-identify as qualifying for a tailored plan
- Waitlist management for 1915(c) Innovations waiver
- Movement of beneficiaries between standard plans and tailored plans, including assessment form and process

Additional Program Design Documents

- Concept Papers
  - Network Adequacy — February
  - Beneficiary Experience — February
  - Care Management — TBD
  - Benefits/Clinical Coverage Policies — TBD

- Managed Care Quality Strategy
  - To be released early March
  - Feedback method

To share comments, email:

Medicaid.Transformation@dhhs.nc.gov

For NC Medicaid managed care information and documents:

www.ncdhhs.gov/nc-medicaid-transformation