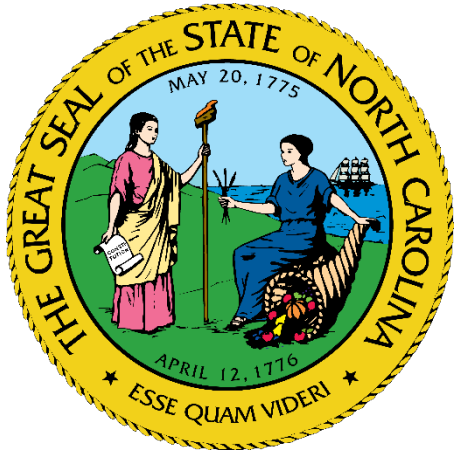


**Thank you for joining us today.
The webinar will begin shortly.**

**A copy of today's slide deck and recording will
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NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Community Partners Webinar

Updates on NC Medicaid Managed Care

January 30, 2023

Welcome

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Chief of Staff

NC Medicaid

Agenda

- **Welcome**
- **North Carolina Medicaid Reform Section 1115 Demonstration Waiver**
- **Legislative Updates**
- **Federal COVID-19 Public Health Emergency**
 - **NC Medicaid's Continuous Coverage Unwinding**
- **NC Health Choice Move to Medicaid**
- **Tailored Plan Update**
- **Questions & Answers**

Background - Section 1115 Demonstrations

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that are likely to further the goals and objectives of the Medicaid program.

- Section 1115 demonstrations provide states additional flexibility to waive certain components of federal Medicaid law and make changes to the way they operate their Medicaid programs
- States have used 1115 waivers to implement a wide range of programmatic changes, including changes to eligibility, benefits, delivery systems, and cost sharing
- Waivers can encompass the entirety of a state's Medicaid program or be tailored to specific sub-populations
- Demonstrations generally must be budget neutral to the federal government, meaning that Medicaid expenditures under the demonstration cannot exceed what expenditures would have been without the demonstration.
- Demonstrations are generally approved for an initial five-year period and can be extended for up to an additional three to five years.

Link to North Carolina's Approved Waiver

[medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf](https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nc/nc-medicaid-reform-ca.pdf)

Background - North Carolina 1115 Waiver

The current demonstration is approved from Nov. 1, 2019, through Oct. 31, 2024, and includes the following key components:

Mandatory Managed Care Program

North Carolina has begun transitioning its Medicaid delivery system to managed care and will offer three different plans, including:

- **Standard Plans** - targeted to most of the Medicaid population. Standard Plans launched on July 1, 2021, and currently enroll approximately 1.8 million individuals.
- **Behavioral Health Intellectual/Developmental Disability Tailored Plans (Tailored Plans)** - targeted to individuals with behavioral health needs, an I/DD, or traumatic brain injury (TBI). The Tailored Plans will provide enhanced benefits and care management and are scheduled to launch April 1, 2023.
- **The Specialized Plan for Children in Foster Care and Formerly in Foster Care** - targeted to children and youth in foster care and former foster youth. The plan will provide enhanced benefits and specialized care management tailored to individuals involved with the child welfare system. It is scheduled to launch in 2024.

Healthy Opportunities Pilots

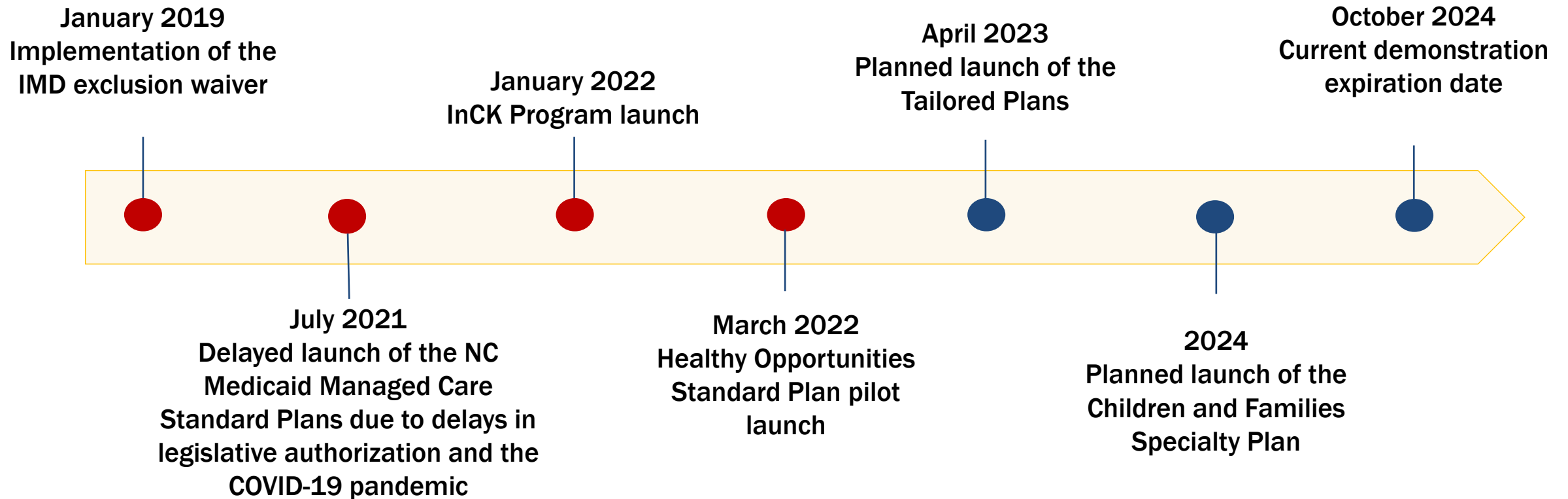
The State is testing the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety to high-need Medicaid enrollees. The Pilots launched in early 2022.

OUD/SUD Program

North Carolina received approval to provide a broader range of substance use disorder (SUD) treatment services with the goal of expanding access to the full continuum of SUD care. North Carolina began implementing this component of the demonstration in 2019.

North Carolina 1115 Waiver Timeline

Most of North Carolina's 1115 demonstration was effective as of November 2019; however, implementation of managed care is just beginning as a result of state budget issues and the COVID-19 pandemic.



NC Medicaid Managed Care – Standard Plans

Standard Plans are comprehensive managed care plans that launched in July and enroll the majority of NC Medicaid beneficiaries

Standard Plans provide comprehensive physical and behavioral health benefits and whole-person care management for enrollees who are not excluded or exempted from managed care.*

- After a competitive procurement, North Carolina awarded Standard Plan contracts to the following health plans in early 2019:
 - AmeriHealth Caritas North Carolina, Inc.
 - Blue Cross and Blue Shield of North Carolina
 - Carolina Complete Health
 - UnitedHealthcare of North Carolina, Inc.
 - WellCare of North Carolina, Inc.
- Standard Plans were initially scheduled to launch on November 1, 2019. Implementation was moved to July 1, 2021, due to delays in the State budget and the COVID-19 pandemic.
- In early 2022, eligible individuals in Pilot regions enrolled in Standard Plans were able to access Healthy Opportunities Pilot services.

NC Medicaid Enrollment, Nov. 2021

Standard Plans 1.67 M

Total 2.67 M

* Includes individuals who will become eligible for Tailored Plans or the Specialized Plan for Children in Foster Care

InCK Program

The North Carolina Integrated Care for Kids Program is funded by a 7-year, \$16 million grant from CMS to NCDHHS, Duke University and the University of North Carolina at Chapel Hill.

- Funds are being used to provide SDOH based risk-factor analysis and enhanced care management/care coordination services for children participating in the program.
- The InCK pilot currently operates in five counties (Alamance, Orange, Durham, Granville & Vance) and serves ~100,000 young people.
- InCK services are available to all Medicaid and NC Health Choice beneficiaries, within the five-county pilot area, from birth to age 20, regardless of where they receive care.
- Key players:
 - Health Plans are responsible for providing InCK care management services to beneficiaries and outbound reporting to NC Medicaid on these efforts
 - Clinically Integrated Networks (CINs) assist in care coordination for beneficiaries
 - InCK Integration Consultants support care managers in resource navigation and create Shared Action Plans for select InCK participants
 - Care managers coordinate services for InCK beneficiaries

InCK Program – Progress To-date

The InCK pilot program has successfully launched in five counties and is providing services to ~100,000 young people across the state

- The InCK Program officially launched in January 2022, with InCK Integration consultants providing initial outreach and coordination for program participants.
- In February 2022, the Virtual Health platform for InCK successfully went live. This web-based platform allows care managers to coordinate across participants' care teams and to view key SDOH data relevant to providing enhanced services for beneficiaries.
 - The Virtual Health platform houses specific “child profile” data sets that can be accessed by select members of a child’s care team and used to inform their navigation of public services.
- InCK risk scoring and child profile data (housed on the platform) are currently updated on a monthly basis via integration between the Government Data Analytics Center (GDAC), NCDHHS, NCDPS and NCDPI.
 - InCK beneficiaries are divided into three risk tiers, or “Service Integration Levels” based upon the combined data from these agencies.
- In January 2023, the InCK Alternative Payment Model (APM) launched.
 - The InCK APM provides technical specifications & metric-based incentives for the Standard Plans participating in the program’s pilot launch.

NC Medicaid Managed Care - Tailored Plans and Children and Families Specialty Plan

North Carolina will launch two specialized managed care products – Tailored Plans and the Children and Families Specialty Plan – in 2023 and 2024, respectively

Tailored Plans

- Launch date: April 2023
- Population: Individuals with behavioral health needs, I/DD or TBI
- Benefits: Comprehensive physical, behavioral health, I/DD, and TBI benefits; includes 1915(c) HCBS waiver services and additional behavioral health benefits not available through Standard Plans
- Care Management: Tailored Care Management – intensive, community-based care management authorized under Medicaid Health Home authority and tailored to the unique needs of the population

Tailored Plan contracts awarded to the following seven organizations on July 26, 2021:

- Alliance Health
- Eastpointe
- Partners Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health*
- Cardinal Innovations Healthcare*

**Announced merger in June 2021*

Children and Families Specialty Plan

Launch date: 2024

- Population: Children in foster care and adoptive placements and former foster youth
- Benefits: Comprehensive physical and behavioral health services
- Care Management Model: Specialized care management model targeted to the unique needs of the foster care/adoptive placement/former foster youth population, including close coordination between the Plan and the NC Department of Social Services

Healthy Opportunities Pilots

The federal government authorized up to \$650 million in state and federal Medicaid funding to provide select, non-medical interventions to high-needs Medicaid enrollees

Pilot funds are used to cover the cost of delivering federally-approved Pilot services which include housing, food, transportation and interpersonal safety

The Pilots operate in three regions and serve 33 counties *(more information on next slide)*

A Medicaid enrollee must meet at least one State-defined health risk factor and at least one State-defined social risk factor to receive Pilot services

Key players:

- Health plans are responsible for approving which enrollees qualify for Pilot services and coordinating with care managers
- Network Leads (NLs) connect health plans with HSOs and manage a network of HSOs that provide Pilot services
- Human Services Organizations (HSOs) deliver Pilot services to enrollees
- Care managers identify enrollees and coordinate services

Health Risk Factors (examples by population)

- Adults – e.g., two or more chronic conditions
- Pregnant women – e.g., multifetal gestation
- Children, age 0-3 (e.g., admitted to neonatal intensive care unit)
- Children, age 0-20 (e.g., experiencing three or more adverse childhood experiences)

Social Risk Factors

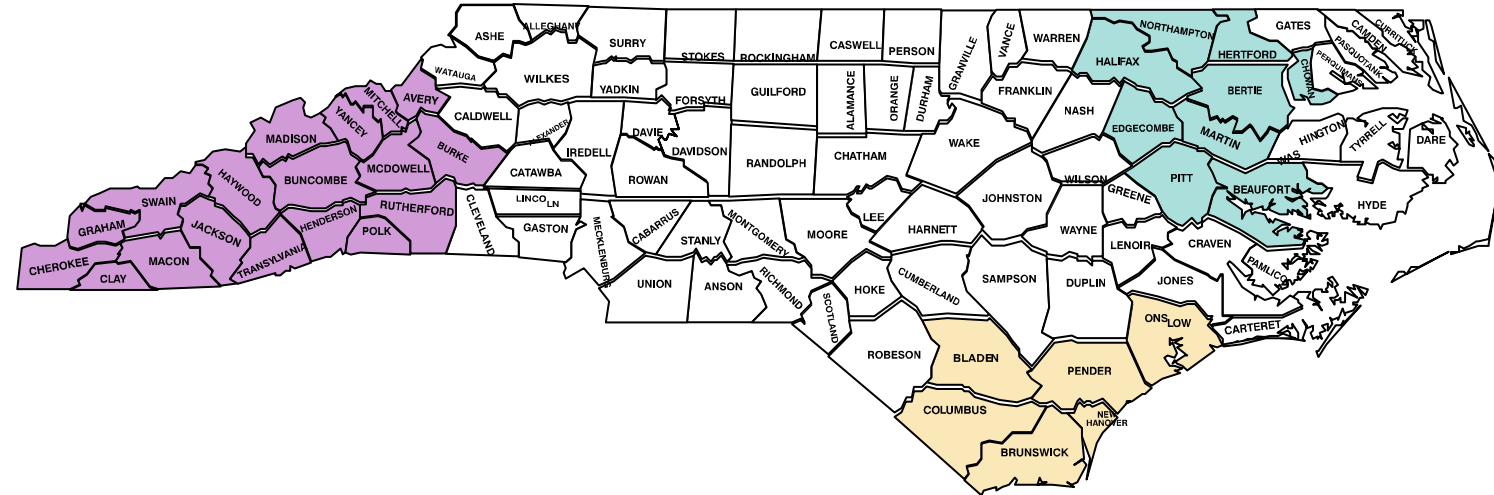
- Homeless and/or housing insecure
- Food insecure
- Lack of transportation
- At risk of, witnessing or experiencing interpersonal violence

Healthy Opportunities Pilots – Progress To-date

North Carolina implemented its Health Opportunities Pilots in early 2022

Progress To Date

- North Carolina awarded three NL contracts in May 2021
- NLs are working closely with their networks of HSOs to deliver Pilot services.
- Based on COVID-19 experience, North Carolina is working with NLs to ensure historically underutilized providers are adequately represented in their networks



Network Leads and Their Regions

- Access East, Inc.**
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt
- Community Care of the Lower Cape Fear (CCLCF)**
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
- Impact Health (Dogwood Health Trust)**
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Early Successes in First Ten Months

NCDHHS developed and launched a roadmap to create an ecosystem model of addressing unmet resource needs.

- Delivered over 30,000 non-medical services to over 3,300 Medicaid members and growing
- Personal accounts of how Healthy Opportunities services have "changed lives"
- Generated partnerships and collaboration across health and human service sectors: 5 health plans, 5 clinically integrated networks (23 care management organizations), 3 Network Leads, 115+ HSOs
- Created non-medical service definitions, fee schedule, invoicing and claims processes, and encounters
- Established Network Leads to connect health and human service organizations and model contracts to govern relationships
- Built a technology system to link the medical and non-medical sectors
- Established additional, predictable funding source to local HSOs
- Capturing data to evaluate
- Setting a national model and precedent: CMS recently approved 1115 waivers for Arizona, Massachusetts, and Oregon with additional financing and flexibilities to address unmet resource needs

SUD Demonstration Waiver

North Carolina received a waiver of the so-called “IMD Exclusion;” this supports the state’s efforts to expand access to the full continuum of OUD/SUD treatment services

Waiver Authority

- Under federal Medicaid law, states are generally prohibited from using federal Medicaid funds for care provided to most patients in mental health and SUD residential treatment facilities larger than 16 beds (known as IMDs)
- As part its 1115 waiver, North Carolina received authority beginning in 2019 to access federal matching funds for certain OUD/SUD treatment services delivered through short-term residential and inpatient settings that are considered IMDs.

Programmatic Changes

- Supported by the waiver the IMD exclusion, North Carolina will significantly expand access to the full continuum of ASAM levels of care (all benefits are authorized under the State Plan)
- New benefits include clinically managed low-intensity residential treatment services, clinically managed population-specific high-intensity residential programs, ambulatory withdrawal management with extended on-site monitoring, and clinically managed residential withdrawal management
 - The state also expanded coverage of existing services to adolescents including clinically managed high-intensity residential services and medically monitored intensive inpatient services
- The State’s SUD Implementation Plan outlines strategies and timelines for ensuring access to critical levels of care, using evidence-based patient placement criteria, using nationally recognized provider qualifications for residential treatment facilities, and other key implementation milestones

Questions/comments?

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Legislative Update

- Medicaid Expansion

Federal COVID-19 Public Health Emergency

2023 Consolidated Appropriations Act (Omnibus Bill)

- Signed into law Dec. 29, 2022
- Decouples the continuous coverage requirement from the COVID-19 PHE
 - Effective April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries and must begin the renewal process
- Includes a new requirement to contact individuals using more than one "modality" prior to termination
 - A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.
- Requires one year of continuous coverage for kids on Medicaid and NC Health Choice (no change from NC Medicaid's current policy)
- Permanently extended the 12-month postpartum coverage option

NC Medicaid's Continuous Coverage Unwinding

NC Medicaid will begin the renewal (redetermination) process for beneficiaries **April 1, 2023**, for beneficiaries with renewal dates in June 2023.

- **Redeterminations will be completed over the next 12 months, as beneficiaries are up for renewal.**
 - During renewal, the beneficiary's local Department of Social Services (DSS) will use information they have on file to decide if they or their family member(s) still qualify for NC Medicaid.
 - If the local DSS needs more information from a beneficiary to decide on coverage, they will send the beneficiary a renewal letter in the mail.
- **If a beneficiary is found ineligible for Medicaid, they will receive a letter with the following information:**
 - The program being terminated or reduced.
 - The decision made by DSS.
 - Deadlines for responding.
 - How to appeal the decision.

If a Beneficiary is Redetermined Ineligible

If a beneficiary loses their NC Medicaid eligibility during redetermination their Medicaid coverage will end.

- **Beneficiaries have the right to:**
 - **Appeal the decision. Beneficiaries have 60 days from the date of the termination letter to appeal.**
 - **Continue to receive benefits pending the fair hearing decision.***
- **If a beneficiary no longer qualifies for Medicaid:**
 - **They may be able to buy a health plan through the Health Insurance Marketplace *and* get help paying for it.**
 - **Four out of five enrollees can find plans that cost less than \$10 a month**
 - **Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits and more**

* If the resolution upholds the beneficiary's termination, the beneficiary may be required to pay for medical services received while the appeal was pending.

What Beneficiaries Can Do to Get Ready for Redetermination

Update their contact information.

- Beneficiaries should make sure their local DSS has their current mailing address, phone number, email or other contact information.
- With an enhanced ePASS account, beneficiaries can update their address and other information for Medicaid online without having to call or visit their local DSS.

Check their mail.

- Local DSS will mail beneficiaries a letter if they need to complete a renewal form to see if they still qualify for Medicaid.

Complete the renewal form (if they get one)

- If a beneficiary receives a renewal form, they should fill out the form and return it to their local DSS right away to help avoid a gap in their Medicaid coverage.

ePASS Overview

ePASS is a secure, web-based, self-service tool that enables North Carolinians to apply for possible eligibility for several NC benefits and services.

- **For NC residents, an enhanced ePASS account allows them to apply for various benefits, view case details, renew their Medicaid and update their information without having to visit their local Department of Social Services.**
- **For local DSS, ePASS aims to improve effectiveness, efficiency and flexibility for caseworkers and agencies by reducing staff workload.**
 - **ePASS streamlines the application process so people don't need to wait in line or appear in person at their local DSS.**
- **ePASS is available over the internet. Individuals can use ePASS from the privacy of their home or from any internet location. It can be accessed with a computer, mobile phone or tablet.**

Resources

- ePASS Fact Sheet [English](#) | [Spanish](#)
- [ePASS website \(https://epass.nc.gov/\)](https://epass.nc.gov/)
- Local DSS ncdhhs.gov/localdss



NC Health Choice move to NC Medicaid

Approximately 55,000 NC Health Choice beneficiaries will move to NC Medicaid on April 1, 2023.

A provision in the North Carolina state budget, approved in July 2022, directed NCDHHS to move NC Health Choice beneficiaries from the NC Health Choice program to the Medicaid program.

- Benefits of the change

With NC Medicaid beneficiaries will:

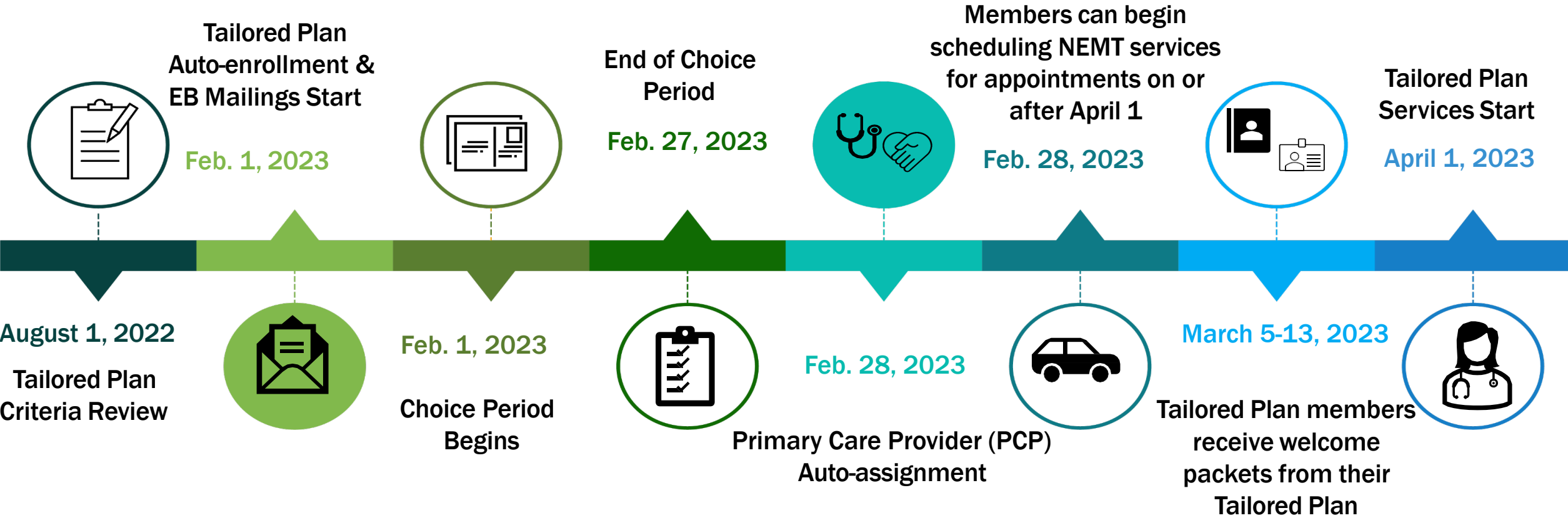
- Be eligible for Early & Periodic Screening, Diagnosis and Treatment (EPSDT), a benefit designed to discover and treat health conditions before they become serious
- No longer have enrollment fees or copays
- Be eligible for Non-Emergency Medical Transportation (NEMT) for Medicaid-covered services

NC Health Choice move to NC Medicaid

What to expect

- NC Health Choice beneficiaries will automatically be transferred to the Medicaid program. No action on their own is needed for the change to take effect.
- A letter will be mailed to beneficiaries (their legal guardians) the beginning of March explaining the move.
- NC Health Choice beneficiaries will keep their Medicaid ID number and should keep using their current ID card until they get their new Medicaid ID card in the mail.
- Beneficiaries in the NC Health Choice program cannot opt out of moving to the Medicaid program. NC Health Choice will no longer be an offered program, beginning April 1, 2022.
- For more information visit our webpage [medicaid.ncdhhs.gov/nc-health-choice-move-medicaid](https://www.medicaid.ncdhhs.gov/nc-health-choice-move-medicaid)

Tailored Plan Timeline and Major Milestones



Tailored Plan Criteria Review

August 1, 2022

Beneficiaries were assessed for Tailored Plan enrollment. Those who qualified were auto-enrolled or mailed a notice explaining their health care options.

PROGRAMS	TAILORED PLAN-ONLY SERVICES
<ul style="list-style-type: none"> Innovations Waiver (or waiting list) TBI Waiver (or waiting list) Transition to Community Living (TCL) 	<ul style="list-style-type: none"> Used a Medicaid service that will be available only through the Tailored Plan Used a mental health, substance use, I/DD or TBI service funded with state, local, federal or non-Medicaid funds
DIAGNOSES	ADMISSIONS/VISITS
<ul style="list-style-type: none"> Children with complex needs Qualifying I/DD diagnosis code Qualifying mental illness or substance use disorder diagnosis code and used a Medicaid-covered enhanced behavioral health service during the lookback period* Psychotic disorder (primary or secondary to a mood disorder), use of clozapine or a long-acting injectable antipsychotic medication, or received ECT during the lookback period* 	<ul style="list-style-type: none"> Admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including but not limited to individuals who have had one or more involuntary treatment episode in a State-owned facility Two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations; or two or more episodes using behavioral health crisis services during the lookback period*

* Beneficiaries will be assessed based on a 24-month lookback period

Tailored Plan Auto-enrolled vs. Opt-in Populations

- Beneficiaries who met Tailored Plan enrollment criteria will be auto-enrolled in a Tailored Plan Feb. 1, 2023
- Other beneficiaries who meet Tailored Plan enrollment criteria, but were not auto-enrolled, can choose to enroll during the choice period (Feb. 1 - 27, 2023)

Auto-enrolled Population Examples

- Innovations Waiver participants (including duals)
- TBI Waiver recipients (including duals)
- People who need certain services for a mental health disorder, substance use disorder, I/DD or TBI

Opt-in Population Examples

- Federally recognized tribal members
- Individuals who qualify for services through Indian Health Service (IHS)

A copy of today's slide deck will be available on our website at
medicaid.ncdhhs.gov/transformation/more-information

NC Medicaid Transformation Website ncdhhs.gov/medicaid-transformation

If we couldn't get to your question, feel free to email it to Medicaid.NCEngagement@dhhs.nc.gov

Member Resources

- **NC Medicaid Enrollment Broker**
 - Website ncmedicaidplans.gov
 - Call Center 833-870-5500

- **NC Medicaid Ombudsman**
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Providers Resources

- NC Medicaid Website medicaid.ncdhhs.gov
 - Includes County and Provider Playbooks
- 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

