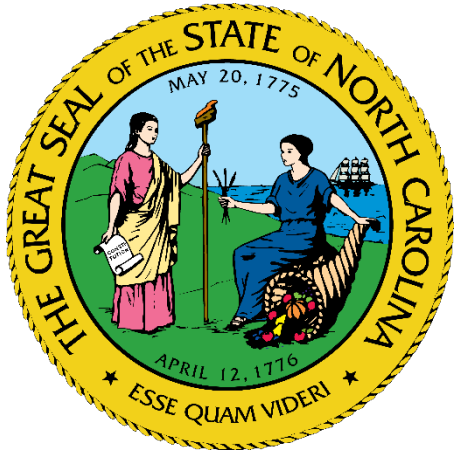


**Thank you for joining us today.
The webinar will begin shortly.**

**A copy of today's slide deck and recording will
be available on our website at**

medicaid.ncdhhs.gov/transformation/more-information



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NC Medicaid Community Partners Webinar

Updates on NC Medicaid Managed Care

September 20, 2022

Welcome

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Deputy Director of Engagement

NC Medicaid

Agenda

- **Welcome**
- **Legislative Update**
- **2022 Medicaid Innovation Award**
- **NC Medicaid Updates**
- **Tailored Plan Updates**
- **Questions & Answers**

Legislative Update

- **Medicaid Expansion Discussions are Ongoing**
- **The Need to Act Now:**
 - **The State misses out on \$521 million in lost revenue each month without Medicaid expansion**
 - **Time is needed to prepare for implementation**
 - **Expansion will save lives, strengthen rural hospitals, support mental health and bring at least \$8 billion per year to North Carolina**

2022 Medicaid Innovation Award

NC Medicaid received the 2022 Medicaid Innovation Award presented by the Robert Wood Johnson Foundation (RWJF) and the National Academy for State Health Policy (NASHP) at the NASHP annual conference in Seattle

- North Carolina received the award for its work on improving access to care, specifically for the development of a maternal/perinatal telehealth policy during the COVID-19 pandemic that included:
 - Telehealth and home visit care to patients
 - Reimbursement to perinatal providers for remote blood pressure monitoring, physiological monitoring and lactation services
 - Postpartum depression screenings conducted by video, phone and online portal messaging
- NC Medicaid was one of six states to receive the award
- More information is available in the full [press release](#)

COVID-19 Public Health Emergency

In January 2020, the federal government declared a public health emergency (PHE) due to COVID-19

- For Medicaid, the PHE helped prevent beneficiaries from losing their health coverage during the pandemic, even if their eligibility changed
- It also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries
- While we do not know for certain when the PHE will end, Medicaid wants to help beneficiaries and providers understand potential impacts and steps they can take now to be ready

Redeterminations

- As directed by Session Law 2020-88, counties resumed Medicaid eligibility determinations for beneficiaries whose annual redetermination was due on or after Sept. 1, 2020
 - If beneficiaries are redetermined ineligible or eligible for a more limited benefit plan, they are marked as extended for COVID-19 in NC FAST and their eligibility is continued in their current benefit plan
- When the federal PHE ends, NC Medicaid will continue to conduct beneficiary eligibility redeterminations and will take action if beneficiaries' eligibility has changed, including termination of benefits for those who are no longer eligible
- What beneficiaries can do now:
 - Report any changes to your local DSS caseworker.* This may include a new address, a new job, marriage or divorce or the birth of a baby (List of local DSS ncdhhs.gov/localdss)
 - Check your mail. Your local DSS will send a notice if information is needed.

* If there have been no changes to their personal information, no action is needed.

Federal COVID-19 Public Health Emergency (PHE) - Webpage

NC Medicaid's new webpage provides guidance on preparation for the end of the PHE. medicaid.ncdhhs.gov/End-of-PHE

Includes information and resources for:

- beneficiaries
- providers
- community partners, including a [Communications Toolkit](#)

Please share with your partners and stakeholders

Preparing for the End of the COVID-19 Federal Public Health Emergency

Since it began in January 2020, the COVID-19 federal Public Health Emergency (PHE) helped prevent NC Medicaid beneficiaries from losing their health coverage during the pandemic, even if someone's eligibility changed. The PHE also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries.

The PHE currently extends through later this year. While we do not know when the PHE will end, NC Medicaid wants to help beneficiaries, providers and community stakeholders understand any potential impacts and steps they can take to be ready.



[Beneficiaries](#)

Guidance for beneficiaries and their families regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Providers](#)

Guidance for providers regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Local DSS](#)

Guidance for Local Departments of Social Services (DSS) regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[Community Partners](#)

Guidance for community partners and support agencies regarding the end of the COVID-19 federal Public Health Emergency (PHE).



[NC Medicaid End of COVID-19 PHE Toolkit](#)

A collection of resources to support stakeholders, advocates and partners with key messaging for beneficiaries. Includes social media posts, frequently asked questions, suggested text and email content and more.

QUICK LINKS

[NC Medicaid COVID-19 Information](#)

[NCDHHS COVID-19 Information](#)

NC Health Choice to Merge with NC Medicaid

The North Carolina State Budget approved this past summer included a provision to merge NC Health Choice with NC Medicaid.

This move offers several positive changes for beneficiaries and providers including:

- Expanded coverage for NC Health Choice beneficiaries:
 - Access to Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) to discover and treat health conditions before they become serious
 - Coverage for standard recommended vaccines
 - Non-emergency medical transportation (NEMT) to and from medical appointments
- Ease of administration for providers
- Increased efficiency and cost effectiveness for the NC Medicaid state plan
- Streamlined communications

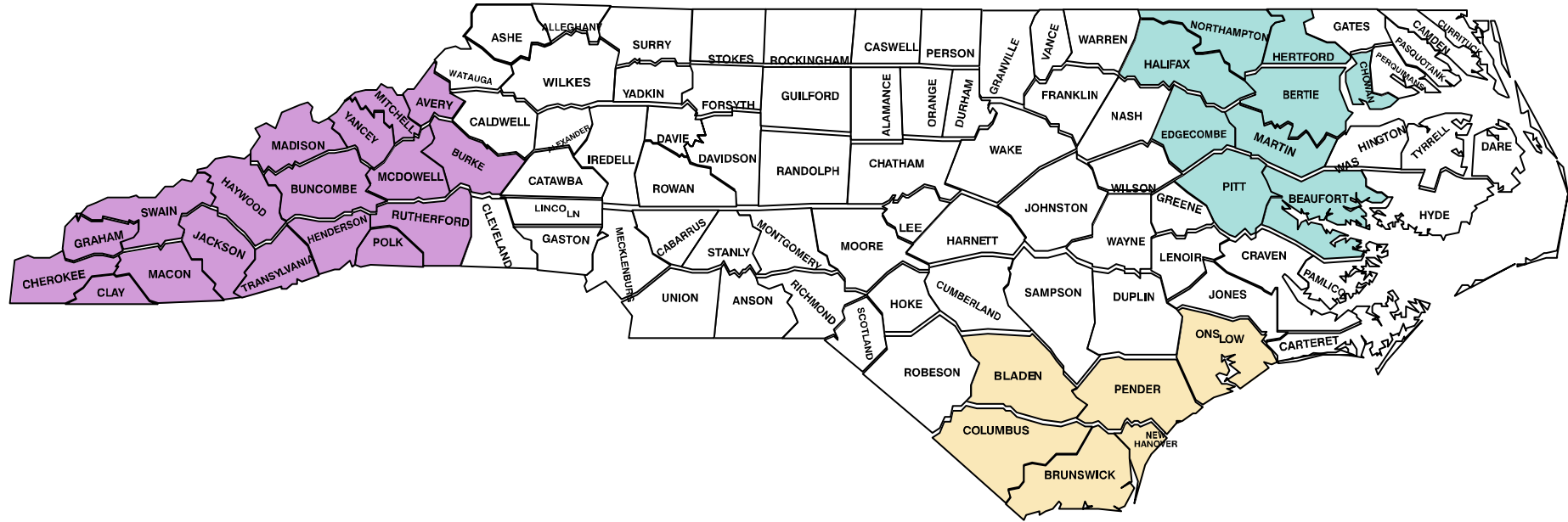
When the move is finalized, NC Medicaid will automatically transfer affected beneficiaries (approximately 55,000 children).

Healthy Opportunities Network Leads and Regions

Health Plans, Network Leads, Care Management Entities and HSOs will work with communities in three geographic areas of the state to implement the Pilots.

Highlights

- NCDHHS awarded three Network Leads (NL) contracts in May 2021 (one Network Lead per region).
- Pilot regions cover 33 of North Carolina's 100 counties. All three regions consist of predominately rural areas.
- Once fully operational, the Pilots will serve an 4-6% of NC Medicaid enrollees in the Pilot regions each month.



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

Healthy Opportunities – Examples of Services Available

- **Food services:**
 - Healthy food boxes/meals and fruit and vegetable prescriptions
 - Group nutrition classes
 - Medically-tailored meal delivery
 - Diabetes prevention program
- **Housing and transportation services:**
 - Essential utility set-up
 - Inspection of housing for safety and quality; accessibility and safety modifications
 - One-time payment for security deposit and first month's rent
 - Reimbursement for public and private health-related transportation
- **Toxic stress services:**
 - Evidence-based parenting curriculum
 - Home visiting services
 - Medical respite

A complete list of services is available [here](#).

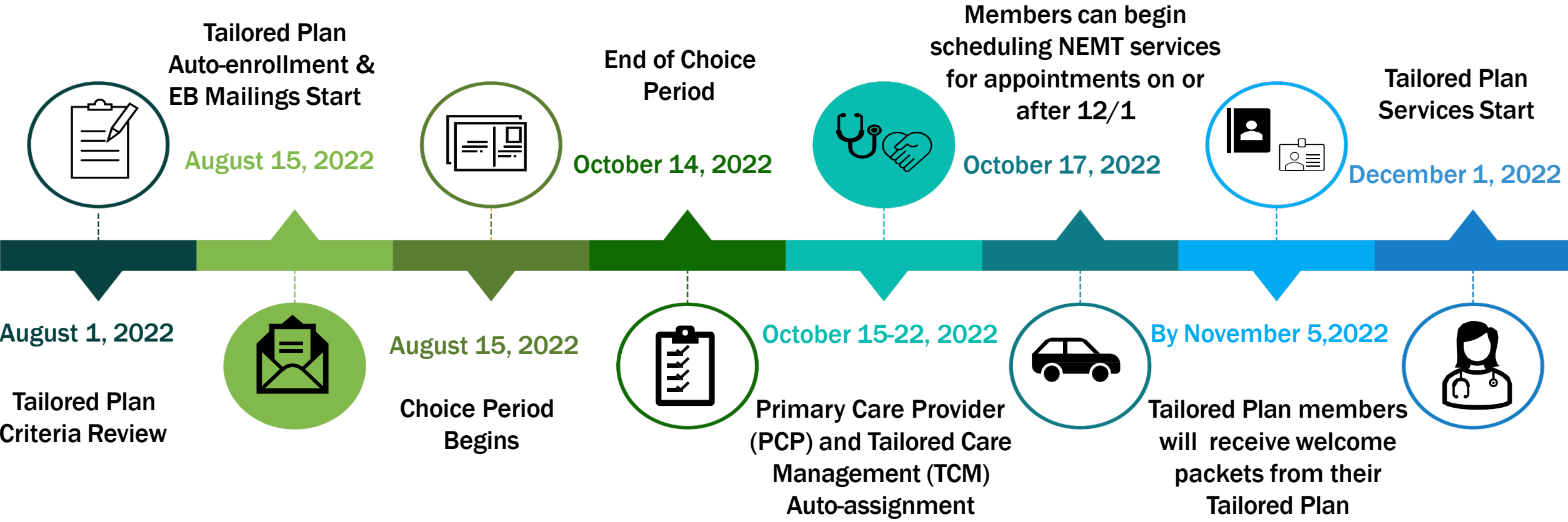
How Eligible Beneficiaries can Access Services

Beneficiaries living in pilot counties should call the Member Services line on their health plan Member ID card (see Health Plans' Member Services numbers below).

- AmeriHealth Caritas 855-375-8811 (TTY 1-866-209-6421)
- Carolina Complete Health 833-552-3876
- Healthy Blue 844-594-5070 (TTY 711)
- United Healthcare 800-349-1855
- WellCare 866-799-5318

For more information, visit the [Healthy Opportunities Pilots webpage](#) or [Healthy Opportunities Frequently Asked Questions](#).

Tailored Plan Timeline and Major Milestones



Tailored Plan Update

- On Aug. 15, 122K beneficiaries were auto-enrolled in Tailored Plans
- More than 200K enrollment notices were mailed to beneficiaries and their authorized representatives
- The Medicaid Enrollment Broker is taking calls and has a beneficiary-facing website to assist beneficiaries with questions
- Tailored Plan members can choose their PCP and Tailored Care Management (TCM) providers
- Tailored Plan websites are live
- Knowledge Articles are now available on the NC Medicaid Beneficiary Portal

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

- Certain beneficiaries who met Tailored Plan enrollment criteria were auto-enrolled in a Tailored Plan Aug. 15, 2022
- Other beneficiaries who met Tailored Plan enrollment criteria were not auto-enrolled but can choose to enroll during the choice period (Aug. 15–Oct. 14, 2022)

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)

Transition of Care

Designed to maintain continuity of care for members and minimize the burden on providers during transition.

- Tailored Plans will honor prior authorizations for medical health services for 90 days or until the authorization expires, whichever occurs first
- New authorization requests submitted after Dec. 1, 2022, must be directed to the beneficiary's Tailored Plan.
- For the first 90 days after launch (Dec. 1, 2022), the Tailored Plan will pay claims and authorize services for Medicaid enrolled out-of-network providers equal to that of in-network providers until end of episode of care or for 90 days, whichever is less
- Tailored Plan members may change their Primary Care Provider (PCP) without cause through May 31, 2023.

Tailored Plan Issue Tracking

- **Network Adequacy & Contracting**
 - Tailored Plans continue to work with providers to build their networks
 - Department expects the network coverage to increase launch approaches
 - Will be an ongoing effort - even after Tailored Plan launch
- **Non-Emergency Medical Transportation (NEMT)**
 - Using lessons learned from Standard Plan launch to ensure Tailored Plans and NEMT providers are prepared to meet the increased volume of requested rides
 - Closely monitoring NEMT provider network and requirements (e.g., need for accessible or specialized vehicles for transport)
- **Confusion with enrollment notices**
 - Some beneficiaries found some of the language in the enrollment notices hard to understand
- **Enrollment Broker Call Volume**
 - The Enrollment Broker call volume is higher than expected
 - High attrition rates among Call center staff.

Member Resources

- **NC Medicaid Enrollment Broker**
 - Website ncmedicaidplans.gov
 - Call Center 833-870-5500
 - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
- **NC Medicaid Behavioral Health I/DD Tailored Plan**
 - Webpage medicaid.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan
- **NC Medicaid Ombudsman**
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

Resources for Providers

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.ncdhhs.gov/medicaid)
 - Includes County and Provider Playbooks
 - Webpage [medicaid.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan](https://www.ncdhhs.gov/BehavioralHealth_IDD_TailoredPlan)
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](https://www.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](https://www.ncdhhs.gov/providers/medicaid-bulletin)



A copy of today's slide deck will be available on our website at
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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