

NC Medicaid Managed Care Webinar
Community Partners: Next steps in NC Medicaid's Transition to Managed Care
April 21, 2021
Transcript

Good afternoon. I am Debra Farrington with the North Carolina Department of Health and Human Services with the division of health benefits.

Thank you for joining this afternoon's Community Partners Webinar we're focused on the next steps in implementing Medicaid Managed Care.

Just want to let folks know that we will have a question and answer session towards the end. You're welcome to submit items via the chat box we'll certainly address as many of those as we can, and we certainly take away from these webinar questions from the chat and use that to inform our future webinars as well as FAQs. That information we make available through our knowledge center and knowledge articles. So feel free to again to submit information via chat.

We have a number of presenters this afternoon. We appreciate our Assistant Secretary Jay Ludlam, who's going to cover a lot of important information for you as we approach another significant milestone in the move to Medicaid Managed Care.

We'll go ahead and go to slide to the next slide, please.

Thank you, so welcome everybody, thanks for joining. This is a slide that's really familiar to many of you all. We have been on a path for the last five years in North Carolina to implement Medicaid Managed Care after enabling legislation was passed.

And our vision has been and remains to implement this transformation in a way that focuses on whole-person care. We're focused as well on innovation and on promoting a coordinated system of care and also focusing on not just medical drivers of care but non- medical drivers of care and so many of you have seen this slide and this vision before.

And could probably give it back to us but we don't ever want to start a presentation without level setting with this information because we remain committed to implementing Medicaid Managed Care in a way that focuses on the health of individuals that we're trying to support.

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We also want to acknowledge that this is a significant change in how Medicaid services is going to be delivered to 1.6 million individuals. The reason that we're having these monthly webinars is to make sure that our community partners receive up-to-date information on this change.

All of us were on a webinar today with some partners and we're still hearing at the ground level that there are many people who don't understand this, and so we want to make sure that this change in our service delivery system is communicated often and we're repeating information a lot so that you as our partners and stakeholders can join us on this journey to make sure that beneficiaries are well informed and some really key partners in that work are the health plans you see listed on this slide today. We appreciate their partnership with us.

All of the health plans that you see listed are statewide with the exception of Carolina Complete Health that's focused on three of our six regions, and we're also partnering as with the EBCI (Eastern Band of Cherokee Indians), the federally recognized tribe, to implement the first in the nation Indian managed care program and so we're excited about their primary care case management delivery system and the 4000+ individuals in five counties in the western part of our state that they will be supporting.

We will have some information today on the Ombudsman. Thank you, Eric Rubin, for joining us as well from the enrollment broker who provide some current information as well.

Thank you, next slide.

So with this complex change, we have mentioned previously and want to reiterate that we are really committed to making sure that we support beneficiaries and providers through this transition into managed care and our priority remains a commitment to make sure that as we change over on June 30th to July 1st to Medicaid Managed Care, that we'll do it in a way that keeps the beneficiary in the center of our focus.

And our primary focus is to make sure that individuals who need access to their services will get those services that they need and providers who deliver services to our beneficiaries are paid. That's a message that we've communicated to you as well as our health plan partners and have asked them to join us in that commitment to make sure that this transition is as seamless as possible

And with that, I believe I turn it over to Jay to talk a little bit about our transition and some key information as we are about halfway through open enrollment. Thanks Jay.

Thank you so much Debra. I will move to the next slide, but as we do, I just want to thank you all for having me. My name is Jay Ludlam. I'm the assistant secretary for Medicaid. As Debra said, the team has been working on this project for the last five years and we have met some key milestones but the last number of milestones that we're in the process of attempting to meet and accomplish. So where are we now?

Currently we have approximately 1.6 million beneficiaries, primarily children and pregnant women who are eligible for Medicaid Managed Care and we have open enrollment right now that's available to them. Beneficiaries can use the website. They can call the call center. We have a mobile app. We have chat

features. People can mail in their enrollment packages and our team is willing to take your applications right now for finding that right health plan. Connecting with your doctor and getting connected to a health plan.

As Debra said, we're about halfway through open enrollment. Open enrollment goes till May 14th and as part of our mid-point mark we have begun sending out reminder postcards to beneficiaries and Eric Rubin from Maximus will go through this in just a few minutes. Open enrollment does end on the 14th of May, so that's coming up very quickly and after open enrollment closes, we will go through a process where we auto-enroll beneficiaries.

So in a program like ours, Medicaid Managed Care, where beneficiaries will continue to get the core Medicaid benefits that they would have gotten through fee-for-service. We find that because of the fact that there is really very little change related to their benefits, if any, that many beneficiaries don't choose, therefore we will auto-enroll those beneficiaries into a health plan if they don't actively choose one.

After May 15th we will also begin transitioning important information to the health plans about the members they have acquired, this transition is to assist our beneficiaries in getting those important day one services that we've been focused on. The day one services that are critical for our beneficiaries, those transitioning care that includes prior authorizations, two years of claim history from our fee-for-service program, from Managed Care entities. and Behavioral Health managed care entities. We're also getting care management material and transitioning that to the health plan, so whatever they need in order for us to have that perfect day one experience.

On July 1st we will go live and for our beneficiaries, our expectation is they will receive the services they would have received in fee-for-service on day one and that our providers would get paid. After July 1st this round of beneficiaries will have 90-days to transition to a different health plan if they don't like that health plan.

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So where are we with all this? Like I just talked about, we are in open enrollment and we have had approximately the slide says 64,000 but that was yesterday. We have almost 67,000 beneficiaries who have actively chosen a health plan, so that's good news. We do have 30 days left for open enrollment.

We are also focused on a number of other activities so we're ready. The Health Departments have been working with the health plans to make sure that they're ready. We have executed a readiness review program that's currently being reviewed by our CMS partners. We have worked with the health plans and with the Eastern Band of Cherokee Indians on the tribal option to be sure that they are ready.

We have focused on ourselves as well to make sure that Medicaid state staff are ready and that our vendor partners are ready. So we have done a number of internal readiness activities to validate

readiness. We actually just completed one this morning related to that auto-enrollment process I was just describing. We do what we call the Happy Path. We actually tried to break our system so that we can validate that our staff are ready for the unexpected for that error. That issue that may pop up after we go live.

We have been working also with the health plans and monitoring their network adequacy and being sure that they have adequate providers in their network under contract to serve the beneficiaries and their health care needs. And then, of course, as I said, we're looking for CMS approval on our program.

Next slide, please.

So a couple of things that we have been able to do this time that we weren't able to do last time as we prepare to go live. We took the feedback that we received from you or your colleagues and we really appreciate that feedback. It helps us in our process of continuous improvement. We listen to that your feedback and we did make some important modifications that we think of improved both the provider as well as the beneficiary experience. And so one of the key ones has been a huge focus by Maximus and the Department on improving the usability of the provider directory. So this is the directory that our beneficiaries use to look up whether or not their provider is contracted with a health plan, which health plan and perhaps they don't know of a provider that they may need and so they could do a search for a provider in their local community. So that's been a good upgrade. A lot of hard work and a good upgrade for us around that.

We have also been focused on what we call internally knowledge articles, and this is why it's important for you to submit those questions into the chat. It's those questions are used to develop answers not only for this call for this webinar that we're doing today, but we are able to create these articles that we publish internally at the Department. We share them with our partners or health plan partners or Maximus, our enrollment broker partner. These knowledge articles allow us to provide a consistent answer. And if we find out the answer is not working for the community, we make modifications to it and are able to update it, which is really helpful for us to be sure that we're giving you the best, most accurate information.

We've also been working hard around some nuts and bolts, but critical for our provider community. We've been reviewing our fee schedules and these fee schedules are used to pay providers and we have made some modifications over the last couple of weeks, especially focused on behavioral health crisis. And so those updates go on the website that is the link there. [medicaid.ncdhhs.gov/providers/fee-schedules](https://www.ncdhhs.gov/providers/fee-schedules)

Next slide, please.

So going back to the enrollment process at the conclusion of open enrollment on May 14th, as I said, will kick off an internal auto-enrollment process. This is where we take the beneficiaries that did not choose a health plan through the website or chat or mobile app and we auto-enroll them into a health plan. We use a couple of different criteria to find the right health plan for them.

So obviously we need to know where they live, and we've been trying to verify that they are going to be assigned to a health plan that's local to them. We look at whether or not they're a member of a special population. Some of those special populations will be going in future phases of managed care. Some of them may be eligible for the tribal option. And some may not be eligible at all for managed care.

We'll look at the current or previous PCP/primary care provider that the beneficiary has selected. We look at the last two years for that relationship and try to pick a health plan that the beneficiary's PCP is contracted with as part of our desire to simplify the work that some of our families have to go through that may have multiple members and Medicaid Managed Care. We also look for where other family members have been assigned and try to group families together so that they don't have to learn about different health plans to serve different members of the family that they're all able to be within one health plan. Of course, if the beneficiary decides that that's not what's best for them, they'll have that 90-day window to choose a plan.

The next criteria is not as important for our initial goal but eventually we will have beneficiaries who will come on and off of Medicaid. Maybe think three years from now. Those beneficiaries we're going to try to put them back to the health plan that they were originally assigned to when they left Medicaid. Again, they can choose a different health plan.

And then we have another process which all things being equal, we try to distribute the beneficiaries fairly equally, but we do have some specific rules we do want our health plans to follow various key components of the program and so we have some rules around equitable health plan distribution.

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Alright, so after auto-enrollment and it's somewhat easy to think about right now because we have so many people going live on July 1st, but after that beneficiaries may come on to the program in the middle of July or in August. So what we're providing you as a general rule, but the general rule is beneficiaries who are enrolled in a managed care plan have 90-days here in North Carolina to change a health plan. Or a primary care physician for absolutely any reason.

After that 90-day window, they can change, but there are specific criteria that they generally need to meet. From a state perspective we would encourage our health plans and enrollment broker to find a way to help our beneficiaries get to the right health plan or the right primary care they need. On the screen is a phone number you can call to get to the enrollment broker to change your health plan. **(833-870-5500)**

But primary care provider changes. That's actually handled a little differently than it is today. Instead of going through your counties you would go through the health plan itself. So that is a change that is part of managed care. I

I'm going to now turn it over to Eric Rubin, who will give us a little update on what the enrollment broker is working on right now. Thanks, Eric.

As Jay said, my name is Eric Rubin and I'm working with the state on behalf of Maximus. So the exciting part that you can see up on the slides is that we are up and running. We have several hundred people every day, Monday through Sunday 7 a.m. to 8 p.m., ready as Jay said to take enrollments, answer questions, really conduct choice counseling. Our goal is to make sure we got the right plan for the right person and we're going to be there right up through May 14th, answering all the questions.

There are lots of ways to get to us. One of the ways that you see here on this slide is to the toll-free number. (833-870-5500) Now we also will provide services if people have hearing impairments or are non-English speaking. We can tap into a very wide-ranging resource and we can handle virtually any language that is spoken.

If we go to the next slide, just a quick update and since we've gone live, we've handled well over 55,000 calls. The interesting thing is that the number of calls is really being eclipsed as you would expect in this age by website visits over 80,000 people have gone out to the website. And I will talk about the website in just a few minutes it is really the center of a huge cache of information. That people should be accessing as they have questions in addition to calling us and talking with people live.

We also have chat. You can see how successful chat is with well over 12,000 and mobile app visits as Jay said, there is a specific mobile app this make sure that the experience is really optimized for people who want to use their phones. We know today that the use of cell phones is prevalent and even within the Medicaid population you've got over 95% of Medicaid recipients who have access to a mobile phone.

As was said we're also using the mail. So starting on April 15th last week we're mailing over a half a million reminder postcards. These postcards are going out every day in batches so that we can accommodate the incoming calls. We know people are getting them because the calls started to increase late last week and this week from previous levels as these reminder postcards get out into the marketplace. You can see that these will be mailed through the end of April, so we are really giving people enough time before auto enrollment to make their choice.

So if we look at the next slide, we really are trying to meet people where they want to be met in terms of how they like to communicate. And even though we are in the digital age and you just saw how many people are accessing the web we also allow people to mail in and we are getting thousands and thousands of mailed in enrollments. So regardless of how you like to make your choice and then communicate to us, we can accommodate it. And as I said all these channels are up and running and you can get to a live agent seven days a week which is a great resource.

So let's move on to the next page and just talk about the website for minute. There is again a tremendous amount of information on the website. This site is actually been constructed based on feedback not only from Medicaid beneficiaries around the US but also from the same beneficiaries in North Carolina as well as providers. We know that is laid out in a way that is clear to people, and that's understandable because

people from North Carolina have given us their feedback and we've made updates that make this site specific to North Carolina.

One of the things that you'll see is it's laid out in very simple structure. You can learn about what's going on. You can find a physician and then you can enroll. So the basic activities that people need to accomplish are right there now.

One of the other things that I want to point out you'll see in the upper right-hand corner it says English and it says Spanish. And if you go to the next slide, if you click on that Spanish, where it says Espanola, the website automatically converts all of the English into Spanish. It is that simple it is that easy. We again we want people to make the right choice for them, but we have to meet them where they are if you don't speak English and you don't speak Spanish and you call into the center, we do have access to a translation line were literally we can get someone on the phone to translate in virtually any language found throughout the world.

If we now move on to the next slide in terms of what kinds of resources are available, well, you'll this idea about learning and under learn. You can quickly get to health plan, the benefits, the services, you can get to quick answers. We've laid it out this way so that people can really find the information that they want. The other item that you'll see on this particular slide in the bottom left-hand corner is meetings and events.

And if you go to the next slide, you'll see that if you go down there and you click on meetings and events. You can then get to what is happening in your county. A drop-down box will open up. You can pick whatever county you want and then it will tell you what events are coming up in the very near future and then you can attend one of the one of the events, one of the things that we do have our people out in the community. We've got a lot of community outreach going and as you go to the next slide you can see all of the different types of events that we're doing. We have people aligned with the different county DSS offices throughout the state

Now we are still in a pandemic, so this year we're doing things in a much more virtual way. But I can tell you those events have been very well attended, cause people over the last year have gotten very good about using Zoom and Teams and Facebook. So we again are meeting people where they want to be that there's community education going on. There're community events. We've got marketing materials available, and so if you want to have a presentation, here is the email address that you can click on and then send us an email and we can arrange an event.

NCEB_Outreach_Management_Team@maximus.com

So with that, I think I've covered just about all of the items that we've got from the enrollment broker perspective, and I do now want to turn it back over to Debra.

Thank you, Eric. We appreciate that. We know that you provided some really valuable information on your role and how you can help people make a choice. And I will just remind people throughout the

presentation towards the end, especially how you can get access to [NCmedicaidplans.gov](https://www.ncmedicaidplans.gov) and access information about the enrollment specialist and how they can help people make choices. Also, one of the main reasons why we're having these webinars is to increase the likelihood that people get really valuable useful information about managed care and to provide you as partners that same type of information we want people to make a choice of health plans that best meets their needs and not have to have one auto enroll for them.

One of the ways we're trying to accomplish that, in addition to having webinars like this, is partnering with various community organizations, public and local organizations, to share information and disseminate information. We maintain information on our website. ([medicaid.ncdhhs.gov/transformation](https://www.medicaid.ncdhhs.gov/transformation)) We are making regular updates were also putting out information via social media and some of you may have seen or heard our recent paid advertisements that have been done with the explicit goal of trying to educate Medicaid beneficiaries about this change and so we have had radio ads. Hopefully you've seen some of the TV ads both in English and in Spanish.

And we've made available to you, and you'll have access to this PowerPoint later. A toolkit that includes all of our information. ([medicaid.ncdhhs.gov/transformation/managed-care-toolkit](https://www.medicaid.ncdhhs.gov/transformation/managed-care-toolkit)) That's a part of this campaign, social media information that you can use. Another message is that you can use to partner with us to help educate Medicaid beneficiaries about this change and so some of the key messages that we want you to share our list it on the next slide.

Certainly we want to emphasize that there was going to be. I'm sorry before I go there, I'm ahead of myself. Let me just talk a little bit about the Medicaid Ombudsman. The Medicaid Ombudsman is now available to provide information and education to Medicaid beneficiaries as well.

The Medicaid Ombudsman opened last week, and they have their phone lines open and they are going to be able to answer questions that people have about this transition to Medicaid managed care. **(877-201-3750)** They're also able to get people over to the enrollment broker if they call them and need to be able to make a health plan selection.

They have trained staff that are available who are knowledgeable about our system and as we go into move closer to go live and start to deliver services in managed care, the Ombudsman will also be able to support people with resolving issues and concerns that they have were certainly emphasizing that we want beneficiaries to work with the health plans to work with the enrollment broker to try to resolve issues at the lowest point of contact possible, but if they're not able to resolve issues or concerns or problems with the health plans and certainly the Ombudsman is there to support them and to help them navigate any issues that they are having. The phone number for the Ombudsman is available here as well as the website [ncmedicaidombudsman.org](https://www.ncmedicaidombudsman.org) and we encourage you to reach out to them, especially if you want to learn more about how the program operates.

Next slide.

Now we're here to the point where I ask you to partner with us and sharing some key messages to beneficiaries. Obviously, we want folks to know that Medicaid services will be administered and reimbursed by the health plans. Open enrollment is underway, but ends on May 14th, and we want people to choose a health plan that best meets their needs. If they don't choose a plan by May 14th and individuals will be auto-enrolled with a plan. They will have an opportunity to change that assignment from July 1st through September 30th if they are not satisfied with the plan that they are auto-enrolled with.

But we really want to emphasize to folks that they have a choice and we want them to make their choice either by calling the enrollment broker by using the mobile app or going online and then individuals who choose to do so can return their enrollment form that they received in the mail. They can return that paper form as well. We want to ask that you would please reiterate with folks that Medicaid services are not going to change. Health plans may have some value-added benefits that they will make available, but the Medicaid services that are available today will not change and neither will the eligibility rules. How people qualify Medicaid remains the same. And our ways to process those eligibility applications will also remain the same, so thank you for that and I think at this point do we have another slide? Are we ready to go to questions?

You'll see here listed some additional resources for you our website information that I mentioned earlier. We also have a variety of playbooks both that are targeted to counties as well as to providers that has a wealth of information about contracting with the plans, about protocols around how plans are expected to process claims and the timeliness of those claims processing and payment. So there's a lot of information that we encourage you to access through our playbook on the website and if you want to have more information or request a presentation by the Department then you can email us at Medicaid.NCEngagement@dhhs.gov.nc.

We will make a recording of this webinar available it will be posted on our website and as I mentioned, we'll use the questions that have been submitted via chat to inform future webinars as well as to inform knowledge articles and information that we make available on our help center website.

We'll go to the next slide, which I think takes us to the end of the presentation. We have a number of questions in our chat and I'll turn it over to Michael Leighs at this point who will go through some of the questions and we have a number of subject matter experts who will be available to provide answers to your questions. Thank you for joining this afternoon.

Debra, thanks very much. And as you mentioned, we have received a number of questions in the chat and so we'll start working through some of those.

The first one I'm going to ask Jay if he might be able to talk a little bit more about auto-enrollment. We've received a couple of questions to learn a bit more about that. One in particular, is the plan that will be chosen for those who have not chosen a plan by May 14th going to be inferior to the optional plans that could have been chosen?

Thank you very much for that question. So let's step back for a second. The intent of the Department is not to have any of any health plan be inferior as compared to the others, and so as part of that process to make sure that we were getting the highest quality insurance companies or health plans to work with the state to transition this program.

We ran a competitive procurement, the largest procurement probably in state history. It was a \$6.8 billion procurement where the we had a number of different health plans compete for these slots that we ended up awarding, so I would argue that none of the health plans are inferior to any of the other health plans. We have a level of readiness and expectation that each of the health plans are ready at generally the same level and are prepared to accept beneficiaries and are prepared to accept and pay providers. So that's been a huge focus for us.

What I would say is that if you have time, if it's important to you, it is likely to be worth the investment of looking at the different choices that you have and working with a choice counselor at Maximus, our enrollment broker. By definition is an independent third party. They're not affiliated with us, they are not affiliated with any health plan, so they should be able to assist you in finding that right health plan.

But let's say that you don't have time or that it feels too confusing to you and you are auto-enrolled the auto-enrollment choices again are something that as you experience and work with your health plan after July 1st or actually leading up to July 1st. They may reach out to you because there may be some needs that they want to setup, so they are ready on July 1st. Once July 1st comes, if you find that you're not getting the quality of responses from the health plan you can change your health plan. You can also contact us and send in an issue or you can work with the Medicaid Ombudsman, which is a component of the program that we didn't go into a lot of detail, but they are here to assist you in getting the kind of experience that you would expect from the health plans. Thanks.

Jay, thank you for that. I'm going to go to the next question, I think Carolyn I may ask you to respond to this question is we have some individuals who received enhanced services receiving some of the letters. Can they just call the phone line to request to stay with the MCO?

Thank you, Michael. Yes, they can call the phone line, but they will still need to submit a form because we have someone who will be looking at that form to determine the services that they're receiving and whether or not they can stay in Medicaid Direct.

Thank you, Carolyn. Next question, is this only for the health care side? Does this transition include dental as well? And Melanie, I wonder if that's a question you could answer for us.

Sure, thanks, Michael. So Medicaid Managed Care includes the medical side. It also covers some behavioral health services and long-term services and supports that we have in Medicaid Direct. However, dental is carved out so dental services will still be billed on a fee-for-service basis. The health plans will be aware and will try to coordinate your dental care to make sure that your whole-person needs are addressed, but dental is carved out.

Thanks very much Melanie. Let me move to Jay if you don't mind. The question is how often will providers be paid. Will it be weekly check writes like NCTracks?

That's another good question. We have five health plans and the five health plans do operate on a slightly different payment schedule, both from NCTracks as well as each other. I took the time while I actually knew that question was coming to me just so everybody out there knows and I took a moment and we do actually have a Provider Playbook Fact Sheet out there that describes a couple of the related topics related to payment of providers and this Fact Sheet is called Prompt Payment.

I can drop the link in the chat and maybe we can push this out to the broader audience, but this playbook does outline different aspects of the payment process, but they will each have a different a different payment schedule, though we do expect them to pay. I think it's, I don't have the exact detail, I couldn't find it quickly enough, but it's probably a little longer than a week.

And make sure that they are routinely paying clean claims and then if of course the for whatever reason the health plans don't pay accurately or don't pay timely the state has put in a special program where, rather than the state issue sanctions or liquidated damages against the health plans for not paying providers correctly, we are requiring the health plans pay interest and penalties to our providers to help cover the administrative costs that reprocessing or that delay in payment may have caused the provider so I will drop that link in and hopefully this Fact Sheet answers not only that question that you asked but other questions as well. Thanks. (ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets)

Thank you, Jay. I'm going to move to Melanie with this question. It's pretty specific, but perhaps we could talk about this question as well as other options for support around the provider directory. Specific question is "the provider directory still only shows the providers brick and mortar location, or home health speech therapy providers have service location counties listed in NCTracks but they're not appearing in the Directory under those service counties. How do we get them to appear under the service counties? and not just service location? Thank you.

That's a great question and I think I will speak to it broadly because there are a number of different steps that we're encouraging providers to take.

#1. We are encouraging providers to look themselves up in the provider directory. It sounds like this provider has done that.

#2. If the information is not correct, please call NCTracks to make sure your information is correct, including these service locations. It sounds like you've confirmed that.

#3. If you're a provider with a clinically integrated network, please contact your CIN to make sure that they have shared the correct information. With the health plans that you have contacted with.

#4. If you've done those steps and the information is still not displaying correctly, please contact the PHP that you have contacted with to make sure that the information they have is displaying correctly. And then

finally if all of those steps don't resolve your issue then we encourage you to reach out to our Medicaid Managed Care Provider Ombudsman Mediciad.ProivderOmbudsman@dhhs.nc.gov. You can also call 919-527-6666.

So those are the steps that we encourage folks to update their information in the provider directory and if all else fails as last resort, please contact our Medicaid Managed Care Provider Ombudsman and they will assist you in resolving those issues

Thanks very much for that Melanie. We'll move to the next question. We've got a couple on this topic so want to share this out with Carolyn if you could give a response for recipients who received the Family Planning Medicaid benefit, are they able to enroll in one of these plans?

Individuals who are on Family Planning Medicaid only plans will not enroll because the services they are eligible for are very limited. Likewise, individuals who receive only help with paying their Medicare premium. That's the only Medicaid they get. They also will not participate because again, it's a very limited benefit. So those Family Planning beneficiaries will not be participating in managed care and cannot choose a plan.

Thank you, Carolyn, and if I could stay with you for one more question, is there a website where a provider can learn which plans beneficiaries enrolled in?

Providers should use the same thing that they have been for many years and that's verifying in NCTracks. So when you look up an individual beneficiary in NCTracks, it should show you the plan. When we're in managed care, it will show you the plan as well as the PCP that they are assigned to and all of that information will be there.

Thank you, Carolyn. It seems that the plans all have to offer the same basic benefits, but the difference would be if their provider is enrolled in the plan. Jay, wonder if you could comment on that.

I think generally all the health plans have to provide the state plan services, so the services of Medicaid and NC Health Choice. All of those benefits need to be provided in the Medicaid Managed Care program. There are probably two differences as somebody pointed out, the providers who are in the network of the health plan, but that likely is a difference between the health plans. Other differences are each of the health plans have offered what are called value-added services to their program. These value-added services are not required by the state. They have to follow particular federal rules when offering these, but these are additional services that managed care organizations have found to benefit their beneficiaries. An example of one is health plan may offer a stroller to pregnant women who sign up with the health plan or follow through and go to four scheduled appointments or something like that so each of the health plans may offer these value-added services. These value-added services have been reviewed and approved by the state before implementation as part of the choice guide in the enrollment package. There should be information about the value-added services that each of the health

plans are currently offering and they may change from time to time, but these are the ones that they're currently offering.

Thank you, Jay. I may ask you to stick around for this. One question is "I am a mental health provider. I have not enrolled in either plan. Where do I start?"

I'm very excited to have you're thinking about coming into Medicaid Managed Care. We have a portion of our website dedicated to contracting with health plans. We also have of course Playbook Fact Sheet that we have developed as well so on our website and there is contact information for each of the five health plans key individuals that you can reach out to 800 numbers or 888 numbers. Email addresses that if you're interested, they will respond to you. They have links to the provider manual. There's also the basic provider contracting template. This may not be as applicable for behavioral health provider, but you may want to take a look at. It does provide some of the general terms and conditions and these have of course, been reviewed and approved by the state. There is also a link to the Member Handbook from this resource. Hopefully we can drop it into the chat again that link to the list of all of the health plans. An important contact information, but I think if you searched North Carolina Health Plan Contacts and Resources you would get that or provider services. You can also reach out to the Provider Ombudsman to get directions to this website.

Jay will post it again for you. The next question is Jay. You may want to stick around for one more. Will we have an open enrollment for beneficiaries yearly as we see in commercial plan?

If Melanie or Carolyn could jump in if I get this wrong, but we will not have a mass open enrollment period where we have 1.6 million individuals who will be eligible to re-enroll in Medicaid Managed Care. What will happen is ss beneficiaries come up for re-determination annually for the Medicaid program generally as part of that process the beneficiary will have the opportunity to choose a new health plan or to change their primary care provider and they will have either 90 days or 60 days, but they will have a 60-day window where they can make adjustments, very much like that 90-day window after go live they will have. Is it 90 days? 90 days OK. Thank you Carolyn and they will have 90 days to choose a health plan so if at that point after they're redetermined still eligible for Medicaid, they can then have that 90-day window to change their health plan or they can stay with it and they don't have to take any action and they will automatically be re enrolled in their health plan as part of that algorithm that I was discussing earlier.

Thank you, Jay Carolyn. I'll ask if you can help on the next question. What are individuals to do if they have not gotten any information about this and if they don't receive a postcard by the end of April?

So there are a couple of groups of individuals or beneficiaries that we're talking about when managed care. There is a group that has the choice to participate. They can choose a plan, but if they don't they will stay in our what we're calling Medicaid Direct, which is our current fee-for-service program and then there are individuals who are mandatory. The mandatory ones are the ones who are getting the postcards. So if someone is in a category where they can choose a plan if they want to, but they are not required to, they did not get the postcard. We were targeting those who must enroll in a plan

or will be auto-enrolled May 14th. The other individuals did get a letter initially saying that hey, your status that cause then you can choose the plan if you want to choose a plan you can do it by May 14th. Otherwise you can stay in Medicaid Direct. There is another small group of individuals who are excluded so they don't participate in managed care at all. We talked about a couple of those, earlier family planning and those who get our Medicare savings programs only and in addition to that, are dual eligible are not participating in managed care at this time, so if they have Medicare and Medicaid then they will not be participating in managed care at this time, so they would not have gotten a notice either.

Thank you, Caroline. Appreciate that. Next question I'm going to ask Melanie if you could help with this one. We got a question on how Medicaid transportation work will to get patients to appointments since we cannot call DSS.

That's a great question. So each of the health plans have contracted with an enrollment transportation broker for coordinating the non-emergency medical transportation for their members. Four of our health plans have contacted with an organization called ModivCare and another has contracted with an organization called OneCall. So the beneficiaries will have this information with them I think that both of those brokers do have on mobile applications and phone numbers and information that they can use to call and coordinate their care. Providers will also have this information and we do have this information on our website. Please check our Provider Playbooks that many people have mentioned earlier already. We are pulling together each of the health plans will have a quick reference guide that will include all of this information. We have information about NEMT on our Provider Playbooks, and we're also pulling together for all providers. A cheat sheet that lists all the different numbers for all the different topics that we think you will want to be ready to contact someone with on day one and that will be posted in our Provider Playbook shortly. ([nc.gov/ncdma/Provider Day One QRG 20210407.pdf](https://nc.gov/ncdma/Provider_Day_One_QRG_20210407.pdf)) There will be NEMT, it will just be provided through these transportation brokers and not through the County DSS

Thank you, Melanie. The next question, Carolyn. I will ask if you could address this question "if a person is on a waiver program, do they need to fill out a "stay in Medicaid Direct form" or will they have to do nothing"?

Most individuals who are on waivers, including innovations waiver and the CAP waivers will not have to do anything because they are excluded at this time, so they will stay in Medicaid Direct and will not have to do anything.

Right, and this is a follow up question for Carolyn or Melanie. What kind of help is available to those who may need help to fill out the form?

For individuals, the only ones who need to fill out a form to stay in Medicaid Direct, which is our current program, would be those who are now classified as mandatory. They're required to enroll in a plan, so if they got a notice telling them that they must pick a plan by May 14th or will be auto-enrolled, they would need to do that form. So the form is requested by contacting the enrollment broker who can assist them

in filling out the form, telling them what information is needed and walking them through that process.
(833-870-5500)

Thank you. The next question. We've got a few questions on this I think may have been addressed, but just as a reminder, is there a place we can go to and compare plans that are offered? And so that's NC Medicaid plans. That's the enrollment broker website to complete compare plans

Let me move to the next question. Melanie, you probably can address this best. How frequently can a member change plans? Are there any limits or time frames?

Sure, so I think folks have mentioned we do have after July 1st. There's a 90- day period where anyone can change plans for any reason. After that you will have to have "with cause" reason to change a health plan. Such a reason could be that you have changed to a provider you prefer that is not within that health plan you would call the enrollment broker or log in online and request to change and they will walk you through that process. And then of course, as Jay mentioned earlier every year, at reverification you will also be given an opportunity to change the plans as your Medicaid eligibility is redetermined.

Thank you, Melanie. I think we have time for one more question. Melanie if we could stick with you here, question is we are a small provider agency providing innovations waiver services such as supported employment, community networking, respite to IDD clients. Will we continue to provide services through our MCO/LME as we have been doing in the past?

The answer to that question is yes, all innovations members are carved out of managed care, right now and those services will continue for the next year to be billed through the LME/MCOs as you are doing right now.

Melanie, thanks very much for that answer. I think probably have time for one or two more Carolyn, I'd like to turn this one to you has to do with the eligibility. How does all this affect the young adult turning 18 in August and will be eligible for Medicaid? He had he had special needs, what plan?

A complex question. It will depend on the program that he is in, whether or not the individual is receiving some services that would identify them as Tailored Plan eligible. Once those plans are launched because they would not have to enroll in a plan, so it will depend on the situation in the program that they are eligible for.

Michael just wanted to elaborate for another minute though about what happens when someone's Medicaid is redetermined. I know we're wrapping up, but just wanted you to highlight that. When their eligibility is redetermined they will continue to get a notice from the DSS like they do today. They should all get a notice from the enrollment broker that says, hey, you are enrolled in this plan and you have until whatever the 90th day is to make a change if you would like to. They will get notified again when they are redetermined about their eligibility. And if they are still someone who would participate in managed care

based on their new eligibility decision then they would get that notice that lets them know if they'll stay in the plan and that they can change if they choose to.

Thank you.

Thank you everybody for joining today's webinar. We hope that you found the information helpful. We will be having another webinar in May as we get past auto-enrollment to provide some updated information to you. Also want to let you know that we have a provider webinar series that happens in partnership with AHEC (ncahec.net/medicaid-managed-care).

The next focus in May will be on our behavioral health providers so we want you to go to the Medicaid Transformation website medicaid.ncdhhs.gov/transformation to get information there.

There will be a webinar scheduled for special therapies, OT and PT. So we invite you to hear about that one as well.

Thank you everybody for joining today's webinar and have a great afternoon.