

MCAC MANAGED CARE SUBCOMMITTEE Beneficiary Engagement

July 23, 2018

Welcome

Marilyn Pearson, MCAC Representative Jenny Hobbs, MCAC Representative Debra Farrington, DHHS Program Staff Sharon McDougal, DHHS Program Staff

Agenda

- Welcome and Introductions 10 mins.
 - Introduction of new member Ruth Zyry
- Review of minutes/Key recommendations 30 mins.
- Transformation Update 30 mins.
- Follow up from Last Meeting 10 mins.
 - Past Engagement Activities
 - Response to feedback
 - Religious and moral objection
 - Requirements regarding federal protections
- Beneficiary Engagement and Communication Strategy- 15 mins.
- Public Comments 10 mins
- Next Steps 10 mins.
 - Plan for Future meetings

Review of Minutes 2018

- April 9, 2018 Key Takeaways
- May 7, 2018 Key Takeaways
- June 6, 2018 Key Takeaways

Medicaid transformation status

Key Legislation HBs 403 and 156 PASSED

DHHS Silent Period

Enrollment Broker RFP

Ombudsman Program



Key milestones in progress

Behavioral Health Integration

Achieved in recent legislation

PHP Licensure (HB 156 passed in July 2018)

PHP RFP

Release within 60 days of passage of HB 156, Est. mid August 2018 1115 Waiver Approval by CMS

In process, anticipated late August

Medicaid Managed Care goes live within 18 months of CMS approval

Upcoming:

- Medicaid Program Changes
- County Manager Webinars
- Advanced Medical Home Certification

Branding: NC Medicaid

- Session Law 2015-245: Division of Medical Assistance to Division of Health Benefits
- Effective August 1, 2018
- Same positions; 100% of employees chose to move from DMA to DHB
- Referred to as "NC Medicaid"

Beneficiary Engagement Goals and Opportunities



Solicit and integrate input at individual level



Solicit and integrate input at system level

Measurably improve access to and care received

Engagement and Input

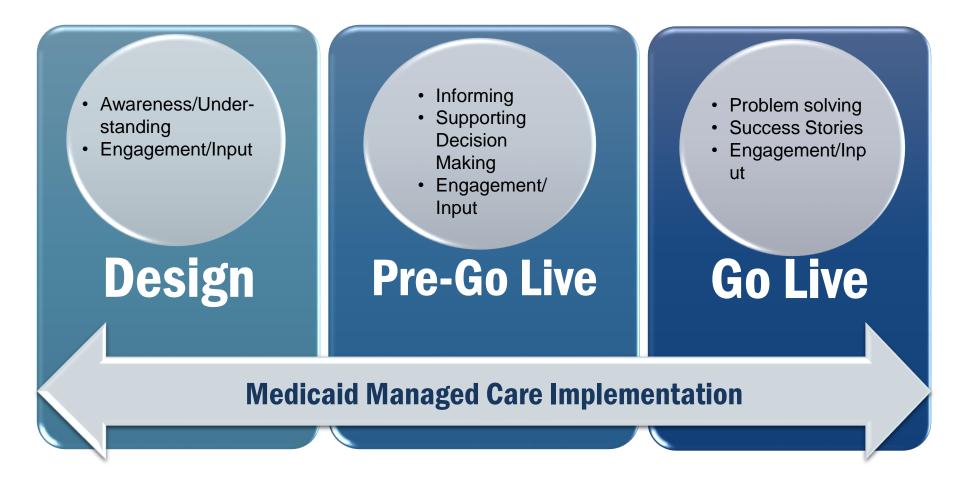
- Efforts to facilitate beneficiary participation in the design, implementation and monitoring of Medicaid managed care
 - Receive feedback from beneficiary
 - Utilize beneficiary input to
 - formulate recommendations
 - Make system improvements
- Includes
 - Bidirectional communication
 - Access to information
- Support opportunities for beneficiaries to weigh in on other departmental priorities

Previous Beneficiary Engagement Activities

- Email, Written, Telephone Inquiries and Feedback
 DMA Call Center
- Meetings and Presentations
 - CAP/Children, CAP/DA, PACE, Money Follows the Person
- Round Table Meetings
 - Quarterly
- Lunch and Learn Webinars
 - Monthly
- Listening Sessions at local DSS Offices
 - Throughout the Year

Progressive view of engagement

- Content, methods, frequency of communication
- High to Low level of detail



DRAFT**Engagement & Communication Strategy

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MANAGED CARE PHASE	Engagement Tasks	Purpose	Engagement Methods	Timeframe	Key Dates/Mile- stones
DESIGN	 Develop materials Disseminate materials 	 Provide high- level overview of managed care 	 Written materials Web communications 		Legislation
PRE-GO LIVE	 Host focus groups Develop, Disseminate information Host large groups 	 Educate on managed care; Personal impact; decision making 	 Written materials Beneficiary Notices In-person Webinar Web communications Media PHP marketing strategies 		EB Vendor Award
GO-LIVE	 Host public meetings 	 Support beneficiary before, during and after launch of managed care Issue resolution 	 Community based outreach by PHPs, EB Ombudsman Program PHP and EB Call Centers 1:1 support Web communications Surveys 		Open Enrollment Phase One launch of managed care



DSS Joint State County Relations Meeting

7/10/18

Medicaid Manage Care Key Takeaways

Enrollment Broker

DHHS will select an enrollment broker to support enrollment of beneficiaries into managed care. This third party enrollment broker (EB) will support PHP selection and enrollment for the cross over population and newly eligible beneficiaries.

Once the EB is selected DHHS will host a special meeting with DSS to finalize details on the implementation plan and interface between the EB and DSS.

Beneficiary Engagement

DHHS will initiate beneficiary engagement efforts targeted to reach all Medicaid beneficiaries. The engagement plan for beneficiaries includes information dissemination, outreach and education, beneficiary noticing and choice counseling. Entities with regular beneficiary contact including PHPs, local Departments of Social Services (DSS) offices, EBCI PHHS office(s), local health departments, LME-MCOs, community based organizations, beneficiary call centers will play a pivotal role in providing direction to beneficiaries. Information will be disseminated on "what is managed care", how members can keep their assigned PCP, what happens with their Medicaid card, keeping contact information up to date, etc.

What can you do now?

Update Demographics

During each contact with beneficiaries or potentially eligible beneficiaries we request that eligibility workers ask "What is your current address, phone number or email address?" and subsequently update this information in NCFAST.

Process Returned Mail

As returned mail is received, please work with other agencies or sources to verify current addresses to ensure the most up to date demographic information is maintained in NCFAST so that recipients receive mailed items in a timely way.

Public Comments

NEXT STEPS

- August Call Agreement on Recommendations
- Sept. 2018 Report to MCAC
- Determine date for next face to face meeting

Appendix

Charter

- Review Beneficiaries in Managed Care concept paper and comments received
- Review recommendations for operations of Beneficiary Support System; i.e., PHP member services, Enrollment Broker, Ombudsman
- Address strategy and methods for engaging beneficiaries
 - -Identify new engagement methods
 - -Evaluate and make recommendations for leveraging existing bodies; i.e., Consumer Family Advisory Committee
- Discuss strategy for communicating with beneficiaries
- Review marketing and member materials