



MCAC Behavioral Health/IDD Tailored Plan Design Subcommittee

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Behavioral Health/IDD Tailored Plan Subcommittee

1. Managed Care Standard Plan Update
 - A. Legislative Update
 - B. CCH – Adding Region 4
 - C. Statewide Open Enrollment
 - D. Key Transformation Milestones
 - E. Enrollment Statistics
2. Tailored Plan Update
3. Questions/Discussion
4. Next Call/Meeting

Managed Care Update

Legislative Action Needed

- Managed Care cannot go-live under a Continuing Resolution Budget. A new budget must include:
 - Authority to pay capitation payments and claims run-out
 - Authority to utilize Transformation dollars
 - PHP tax authorization which is already included in the CMS approved capitation rates
 - Authority for the appropriate Hospital assessments
- Need the RIGHT budget – cannot destabilize the department at this time of major transformation.
 - \$42M cut to recurring administrative funding = PEOPLE
 - This cut is unprecedented and there is NO scenario where it will not greatly impact service delivery

DHHS Needs the Right Budget – Lessons from TN

- When Tennessee first transitioned to managed care, they dramatically cut their Medicaid budget and staff.
- As a result, ineffective oversight resulted in some managed care plans failing, leaving patients uninsured and providers without pay. State was embroiled in lawsuits.

“We didn’t handle that transition well. We didn’t really innovate, we were under resourced, we didn’t invest in the human capital, in technology, really, to oversee and manage the program effectively.”

Darin Gordon, Director of Tennessee Medicaid Program from 2006 to 2016

	Tennessee	North Carolina
Budget	\$12 billion	\$16 billion
# of Beneficiaries	1.3 million	2.2 million
# of Employees	541	430

CCH Regional Expansion

- In addition to Regions 3 & 5, CCH coverage area to include Region 4 (Feb 1, 2020)
- Updates Call Center
 - Scripts updated to educate beneficiaries about CCH availability in Region 4
 - Members will be able to make selection next week
- Comparison Chart updated
- EB website updated
- Postcards Mailed to Region 4 beneficiaries about addition
- Contracting with providers across the State continues

Open Enrollment for Regions 1,3,5,6

- Open Enrollment officially began 10/14/19
- Managed Care notices – mandatory and exempt
 - mailed 9/30/19-10/11/19
 - ~479,000 notices
- Notice will be mailed at redetermination for those with eligibility period 11/1/19-1/31/20

Key Transformation Milestones

Timing	Key Milestones
10/14/19	Day 1 Open Enrollment Final Regions
Mid-November	Approved Budget by General Assembly
Mid-November	Enrollment Reminder Cards
November 15th	Provider Contracts Must be Signed for Inclusion in Auto-Assignment
12/13/19	Open Enrollment Ends
Starting 12/16/19	Auto-Enrollment to PHPs and PCPs
2/1/2020	Standard Plan Effective Date

A hand holding a black marker is writing the words "OPEN ENROLLMENT" in a bold, black, sans-serif font on a white surface. A thick red line is drawn horizontally across the text, starting from the left edge of the frame and ending at the tip of the marker. The background is a soft, out-of-focus white.

OPEN ENROLLMENT

NC Medicaid Managed Care
Standard Plan Enrollments

~90,000

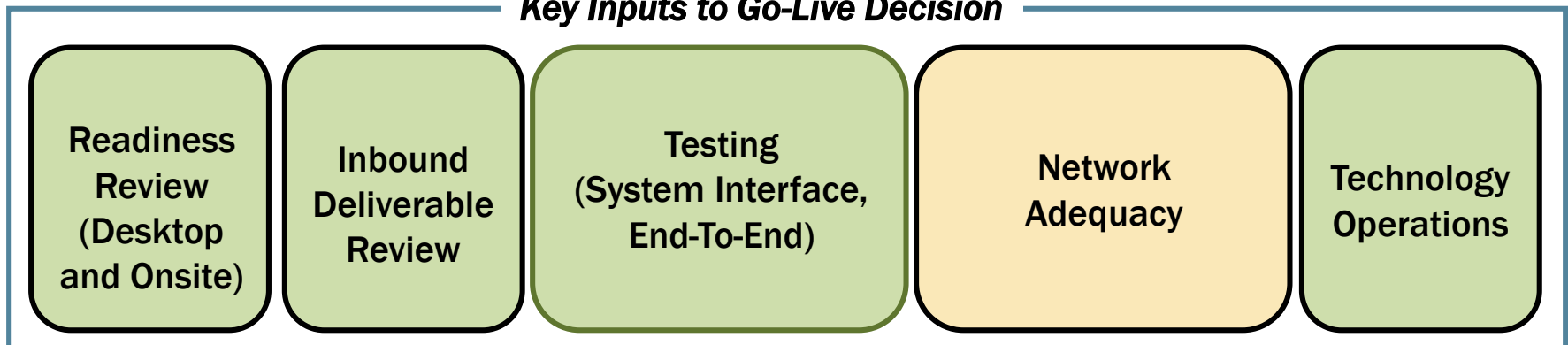
As of October 29, 2019

PHP Readiness

PHP Readiness – 5 Key Areas Issues to Date

- 1. CMS Readiness Review:** Assess ability/capacity to operationalize Managed Care
- 2. Inbound Deliverables:** Review and/or approve contractual deliverables as part of DHHS oversight (e.g., clinical coverage policies, annual compliance plans, etc.)
- 3. System Testing:** Assess ability to ingest, process and transmit data and information with DHHS and vendors
- 4. Network Adequacy:** Ensure we have sufficient providers contracted to provide services to Medicaid beneficiaries
- 5. Technology Operations:** Monitor call center/website issues and technology-related defects/issues (e.g., daily file exchanges, file defects)

Key Inputs to Go-Live Decision



PHP Readiness – Network Adequacy

- Measure every few ~ 3weeks
- Monitoring
 - PCPs, hospitals, OB-GYN, behavioral health, pharmacy
- Technical Network Adequacy but 11/15/19 date crucial
- Measure after end of OE, prior to auto enrollment
- Provider Contracting #s

PHP Phase 2 Onsite Reviews

- 10/25/19 – 11/8/19
- Visits to Call Centers, Primary and Security Offices
- Meetings with all levels of staff
 - Local Care Management
 - Appeals and Grievances

Additional Focus Of PHP Oversight

- Behavioral Health
 - Contracting
 - Crisis Services
 - Data Provided to PHPs
 - Network Adequacy
- CDSA/Direct Billed Services
- School Based Services
- NEMT Contracting
- Member Advisory Committees

Tailored Plan Update

Tailored Plan Update

- Follow up From Previous Meeting
 - Tailored Plan Exemption Form
 - 350 forms rec'd
 - Non Service Authorization Requests
 - Beacon processing
 - Webinar 11/6/19
 - Capitation Rate Setting- Mid-month transfers
- RFA Development

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Next Steps

- Next Meeting Nov/December
- Pending Topics
 - Care Management Provider Certification Manual
 - Follow up on PHP Value Added Benefits

Questions/Discussion