



# MCAC Medicaid Managed Care Update

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Medical Care Advisory Committee (MCAC) Meeting  
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# Medicaid Managed Care Status Report

## 1. Standard Plan Update

- A. Milestones
- B. Beneficiary Communication
- C. Enrollment Statistics
- D. Provider Contracting and Considerations
- E. DSS Considerations

## 2. Ombudsman Updates

## 3. Tailored Plan Update

## 4. Questions

# Standard Plan Update

# Moving toward Statewide Go-Live 2/1/2020

- Open Enrollment Extended for Phase 1 beneficiaries due to lack of budget.
- Extension means statewide implementation of managed care on February 1, 2020
- Does not impact Tailored Plan procurement or implementation timeline.
- Extension does impact
  - End to End Testing
  - Deployment Plan
  - Communication with beneficiaries & providers
  - DSS Onsite Staff
  - DHB operations partners – Enrollment Broker, PHPs, etc.

# Medicaid Transformation Milestones

Milestone	Regions 2 and 4	Regions 1, 3, 5, and 6
Enrollment Packets Mailed	6/28/2019 ( <i>already occurred</i> )	10/1/2019
Open Enrollment Begins	7/15/2019 ( <i>already occurred</i> )	10/14/2019
<b>Provider Contracts Must be Signed for Inclusion in Auto-Assignment</b>	<b>November 15th</b>	
Open Enrollment Ends	12/13/19	
Auto-Enrollment to PHPs and PCPs	Starting 12/16/19	
Standard Plan Effective Date	2/1/2020	

# Open Enrollment Extension Beneficiary Communication

- Managed Care notices of newly eligible Medicaid beneficiaries in Phase 1 counties will be held until September 24th.
- Notice about date change will be mailed to all individuals in initial 27 counties
- Communication to 4 groups
  - Those who have not chosen a plan
  - Those who have a choice
  - Those who have chosen
  - Everyone

# Open Enrollment Extension - Key messages

## If you have not chosen a plan

- You have additional time to choose a plan
- If no choice, we will assign you to a plan
- You can start using new health plan 2-1-2020
- Contact EB to choose or get information

## Not Everyone has to choose

- You have a choice
- Call EB to choose or get more information

## If you have chosen a plan

- You start using new health plan 2-1-2020
- If you want to keep chosen plan, you do not have to do anything
- Your health plan will send you a new ID card before 2-1-2020
- You can use the new card to get health services beginning 2-1-2020

## Everyone

- You can change plans until April 30, 2020
- Contact the EB if you have questions

## Important Dates in Notice

### December 13, 2019

- End of Open Enrollment
- Choose a health plan before this date

### February 1, 2020

- Start using your new health plan on this date

### April 30, 2020

- Deadline to change your health plan

A hand holding a black marker is writing the words "OPEN ENROLLMENT" in a bold, black, hand-drawn font on a white surface. A thick red line is drawn horizontally across the text, underlining it. The hand is positioned on the right side of the frame, with the marker tip just finishing the letter 'T'.

**OPEN ENROLLMENT**

NC Medicaid Managed  
Enrollments

~53,000

*As of September 16, 2019*



# Provider Contracting

- Contracting progress initially on pace then slowed due to number of factors
  - Budget uncertainty
  - Availability of provider manuals
  - Care management and general contract negotiations
- Revised timeline for managed care go-live presents an opportunity to message and reinforce contracting relative to 2/1
- All PHP manuals posted

# Provider Contracting Considerations

- DHHS respect negotiations between PHPs and providers
- Requires good faith negotiations by both parties
- PHP contract loading time (at least 2 weeks)
- PHP cannot list a provider in the directory until the provider can be paid
- Auto Assignment algorithm considers patient/provider historical relationships
- Auto Assignment occurs 12-16-19
- DHHS will hold PHPs accountable to network adequacy standards

# DSS Considerations

- Enrollment Broker Outreach Specialists in phase 1 counties plan to be on-site until October 31, 2019.
- Plan for Enrollment Broker Outreach Specialist assignments for the remaining 73 counties to be released soon.
- Outreach materials will be delivered to beneficiaries in the remaining 73 counties before open enrollment begins.

# Enrollment Broker Provider Directory Updates

- Changes made end of last week
- Modified search criteria to return more accurate results
- Fact sheet released as part of Provider Playbook
- Search modifications
  - Search limited to include PCP's only;
  - Searching non-PCP no longer return results;
  - Individual providers (*other than PCP sole practitioners/CA/CCNC*) no longer return results;
  - Searching for a practice/group/sole practitioner enhanced to return results based on Service Location Name, DBA Name, or Organization Name

# Ombudsman Programs

- Beneficiary Ombudsman
  - Independent, Third Party vendor to assist beneficiaries with resolving issues
  - Silent Period in force
  - Procurement Continues
  - <https://www.ncdhhs.gov/request-information>
    - Numerous updates to RFP
    - Most recent
      - <https://files.nc.gov/ncdhhs/20190724-Omb-RFP-30-190485-DHB-Addendum-5-Revisions-to-the-RFP.pdf>
    - Award Pending
- Provider Ombudsman is working now through the Medicaid Command Center

# Tailored Plan Update

# Tailored Plan Design

- Care Management Data Strategy Released 9/13/19 – comments due back October 10, 2019
- New Policy Documents this fall
  - Benefits, Network Adequacy, Utilization Management
  - State Funded Services
  - Special Populations
  - Tailored Plan RFA Information
- Request for Application still planned 2/2020

# Request to Transition Form/Process Update

- Number of BH Eligibility Verifications made to date: 231
- Number of Request for TP forms submitted to date:
  - 473 unique individual requests
  - 18 requested 2-4 times
- Number of Exempt (individuals who may enroll but meet TP criteria) that have chosen SP: 489
- DHHS Follow up to ensure beneficiaries end up in right plan:
  - Weekly reporting on numbers
  - Review of call logs for QA
    - Additional training for EB Specialists
    - Follow up calls/letters by EB



# Request to Transition Form/Process Update

- Next Steps

- Beacon contract amendment in process, timeframes TBD based on movement of MCL
- Meeting with MCOs to discuss process and inform training
- Training to be developed for providers/beneficiaries/ other stakeholders

# Questions/Discussion