MCAC MANAGED CARE SUBCOMMITTEE

Provider Engagement and Outreach

- **If you are joining remotely by webinar, registration is required. An audio PIN will be assigned when you register.**
- **When joining the webinar on August 22, enter the audio PIN when prompted. This step is necessary for your question to be heard during the webinar.**
- **Callers are automatically placed on mute throughout the webinar.**
- **To ask a question, click the "raise your hand" icon to be added to the queue.**
- **When it is your turn, you'll be taken off mute and asked to share your question.**
- **You may ask questions during the presentation and the open Q&A at the end.**
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MCAC MANAGED CARE SUBCOMMITTEE

Provider Engagement and Outreach

August 22, 2019

Welcome

Sam Clark, MCAC Representative
C. Thomas Johnson, MCAC Representative

Lynne Testa, NCDHHS Provider Engagement Lead

Agenda

- Welcome and Introductions
- Review of Minutes and Key Recommendations
- What's New?
  - New Medicaid Bulletin
  - Provider Playbook
    - NEMT Fact Sheet
- Medicaid Managed Care Readiness Updates
  - PHP Readiness Reviews
  - Network Development
- Provider Education and Engagement Updates
- Discussion and Public Comments
- Next Steps

Provider Engagement by the Numbers

A total of 17,276 providers have engaged in outreach efforts aimed at supporting their transition to Medicaid Managed Care.*


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What's New?

Provider Playbook

Collection of information and tools specifically tailored to providers

- Beneficiary enrollment experience paper
- Managed care fact sheets
- Existing training, forums and virtual office hours

Includes Enrollment Issues and Resolution document

- Found in the Q&A section
- Addresses issues raised by providers and how the Department is addressing them
- New provider tools and information will be added as they become available

New resources will be added as they become available

Fact Sheet #1. Medicaid Transformation: Overview

- Describes changes for beneficiaries
- What providers can expect
- How to partner with the Department

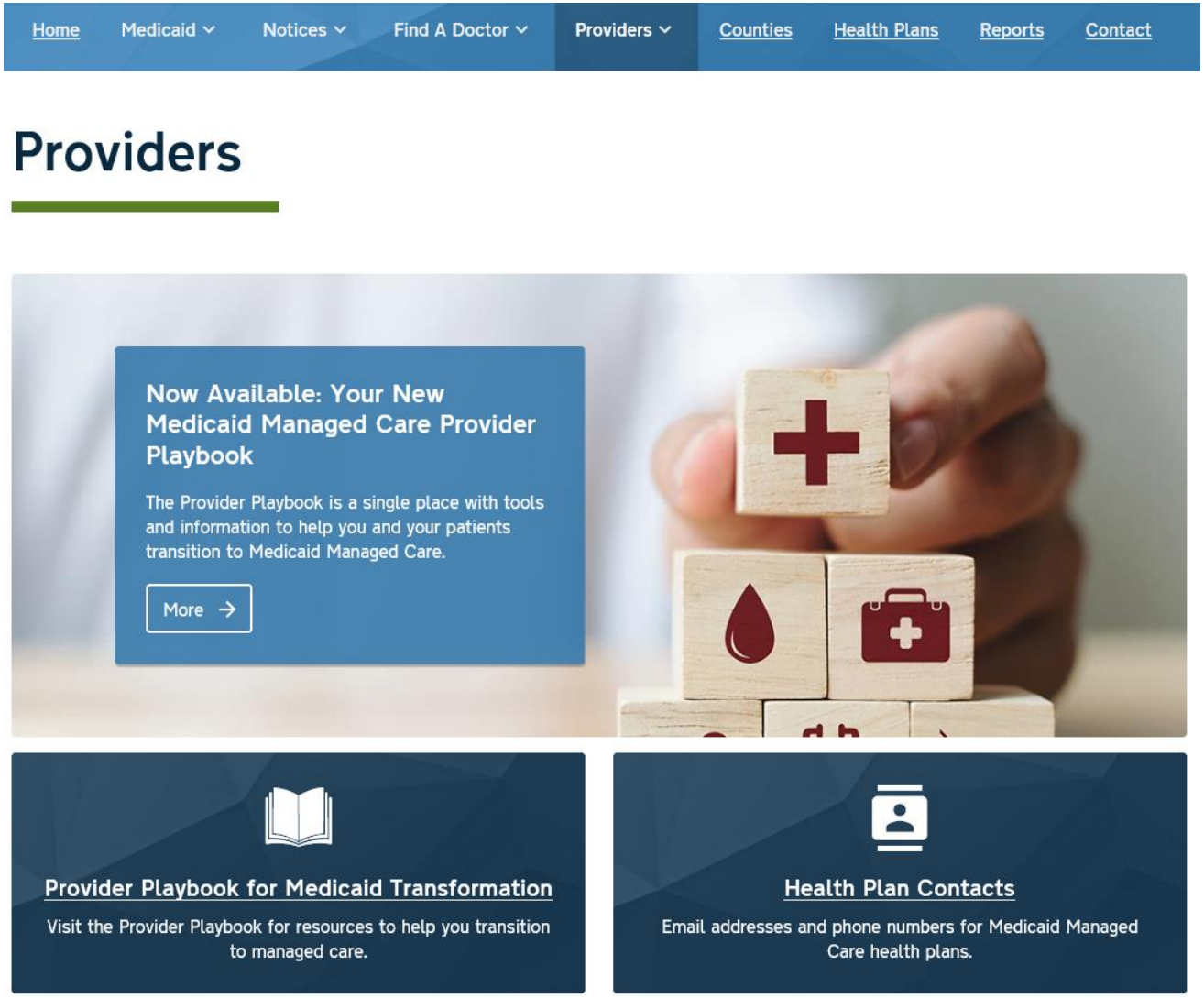
Fact Sheet #2. Medicaid Transformation: Beneficiary Enrollment & Timelines

- How health plans are either selected or assigned to beneficiaries
- When enrollment opportunities occur

Overview of the Beneficiary Enrollment Experience in NC Medicaid Managed Care for Medicaid Providers

- Detailed look at what beneficiaries will experience as they transition to Medicaid Managed Care
- Includes information on recertification, appeals and grievances, Behavioral Health I/DD Tailored Plans and transition of care.

Provider Playbook



What is Non-Emergency Medical Transportation?

Non-Emergency Medical Transportation (NEMT) is the transportation to medical appointments for all eligible Medicaid individuals who need and require assistance with transportation. Non-Emergency Medical transportation is only provided for Medicaid covered services and when the primary reason for the trip is medical care.

NC Medicaid Direct	NC Medicaid Managed Care
• For beneficiaries in NC Medicaid Direct, county DSS agencies will continue to arrange NEMT services. • Counties will continue to follow North Carolina NEMT policies, and providers will continue to bill NC Tracks for reimbursement.	• For beneficiaries enrolled in NC Medicaid Managed Care, health plans are required to provide NEMT services. • Health plans may use transportation brokers to arrange and provide transportation, or contract directly with transportation providers.

The State and the Health Plans understand that NEMT is critical in ensuring beneficiaries in need receive Medicaid services.

NEMT Health Plan Information and Expectations

The health plans will provide (NEMT) services to their Managed Care members to ensure they have coordinated, timely, safe, clean, reliable, medically necessary transportation.

The health plans are required to provide NEMT services in an amount, duration and scope no less than the amount, duration, and scope for the same services beneficiaries received under NC Medicaid Direct.

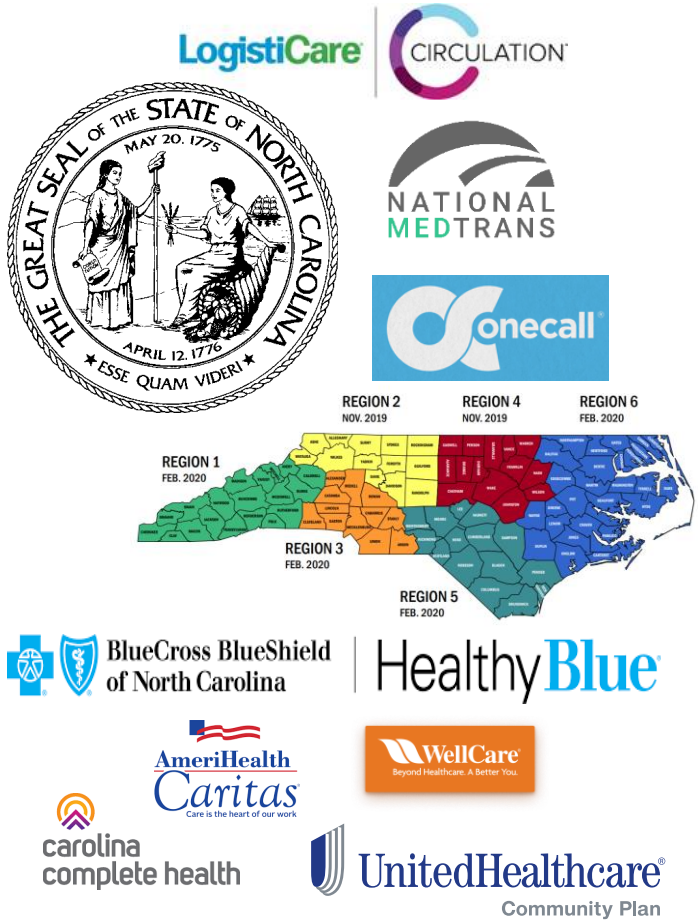
Addressing NEMT DSS Feedback

NC Medicaid, the Local County DSS, the Health Plans and their NEMT vendors , will work together to ensure:

The Health Plans **meet their NEMT requirements**.

Member **continuity of care** of NEMT services is not disrupted during the transition.

The transition is **process driven** with clear roles, responsibilities, and timelines.



Crossover-Related NEMT Process and Monitoring

Open Enrollment Period	1 Month Prior to Day 1 of Managed Care	Day 1 of Managed Care	Ongoing
Impacted NEMT users identified; receive guidance on how to access NEMT under Managed Care	Health plans begin accepting calls for trips taking place *on or after* Day 1 of Managed Care	Managed Care Members begin receiving Medicaid Services from health plans (including NEMT)	Health plans report on NEMT adherence rates and conduct post transition follow up with high need users
Health plans identify NEMT users on claims extract provided by State.			**High Need Member Follow Up:** "Real contact" follow up with high need NEMT users to confirm service needs have been met.
Health plans receive and ingest DSS NEMT reports.			**Reporting:** NEMT adherence report and High Need Member Follow Up.
Health plans begin outreach to their members.			

Provider Education and Engagement Updates

Provider Education and Engagement

While specific activities will vary by content area, DHB will offer or coordinate foundational support through:

- Web-Based Resources
- Virtual Office Hours
- FAQs and PSQs
- Practice Supports: AHEC Contract
- Provider Ombudsman
- Changes in Provider Services

Web-Based Resources

The Provider Playbooks and Issues/Resolution document have been posted online and can be referenced on the DHHS website.

To date, Provider Services has hosted 11 webinar series and 17 meet-and-greets—these efforts will continue as Managed Care Launch approaches.

All questions received from providers before or during 2 out of the 3 Virtual Office Hours sessions have already been answered by SMEs and posted on the website.

Provider Services has hosted three Virtual Office Hours Sessions to date on the following topics:

1. Provider Enrollment and Credentialing

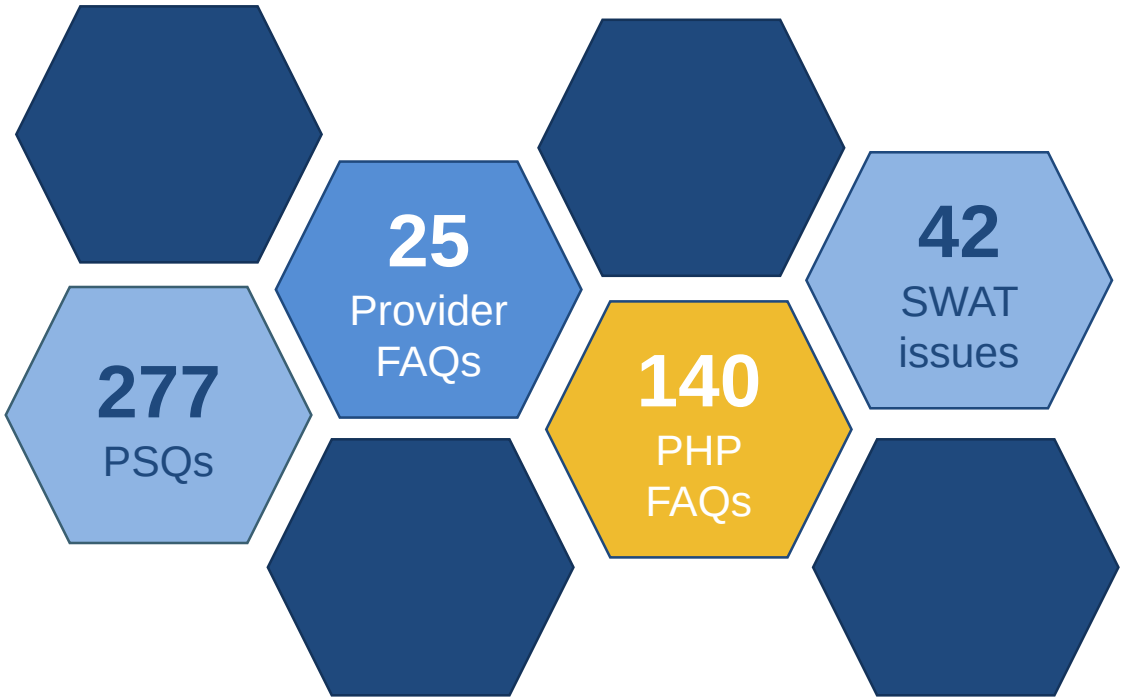
2. Provider Contracting, Network Adequacy, & Appeals and Grievances

3. Overall Status of PHP Implementation & Readiness Review

Date	Attendance	Status of Questions
April 26, 2019	126 participants	Published on the website
June 11, 2019	121 participants	Published on the website
July 16, 2019	136 participants	In review

FAQs and PSQs

Provider Operations has published the following types of questions: PSQs, Provider FAQs, PHP FAQs, & SWAT/Command Center questions.



Practice Supports: Area Health Education Centers Contract

Current status of AHEC Contract: the contract is still in negotiation between DHHS and AHEC

Potential Challenges

1. The State budget must pass in order to move forward with the hiring of six resources

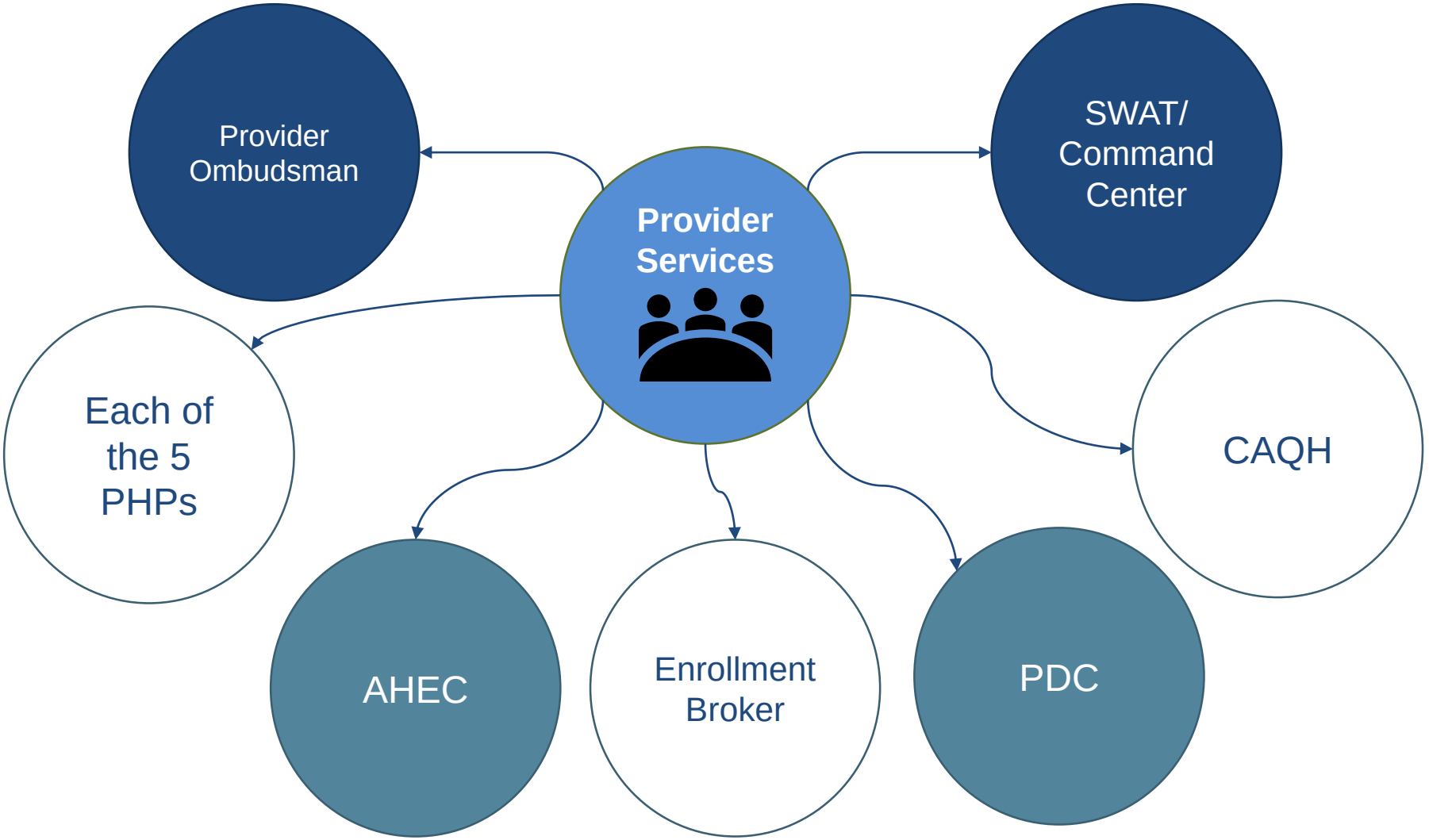
2. The timeline associated with AHEC's internal approval process may delay progress

The Provider Ombudsman role will be transferred from Provider Services to AHEC.

Current State: Provider Services has a designated resource to serve as the Provider Ombudsman and the list-serv is currently active.

Future State: AHEC will take over the Provider Ombudsman role once the contract is signed.

Provider Services has shifted to a more front-facing role in stakeholder engagement.



Medicaid Managed Care Readiness

PHP Readiness Review Approach

Requirements outlined in the RFP and contract drive the criteria evaluated during the review process

Desktop Reviews

Purpose: Verify documentation incorporates established criteria into the PHP's daily processes.

Scope of Documentation:

- Policies & Procedures
- Operational Plans and Processes
- Training Plans / Materials
- System Architecture Documents
- Work Flows
- Call Center Scripts
- Handbooks & Letters
- Organizational Charts
- Provider Network Contracts

Onsite System & Process Demonstrations

Purpose: Verify required system functionality will meet contractual requirements.

Scope of Demonstrations:

- Integrated functions between PHP and NC Medicaid
- PHP systems (e.g., Member Management System, Claims Processing & Management, Call Center Functionality)
- Additional process may be reviewed as necessary (e.g., claims auditing, value based care programs)

Onsite Staff Interviews

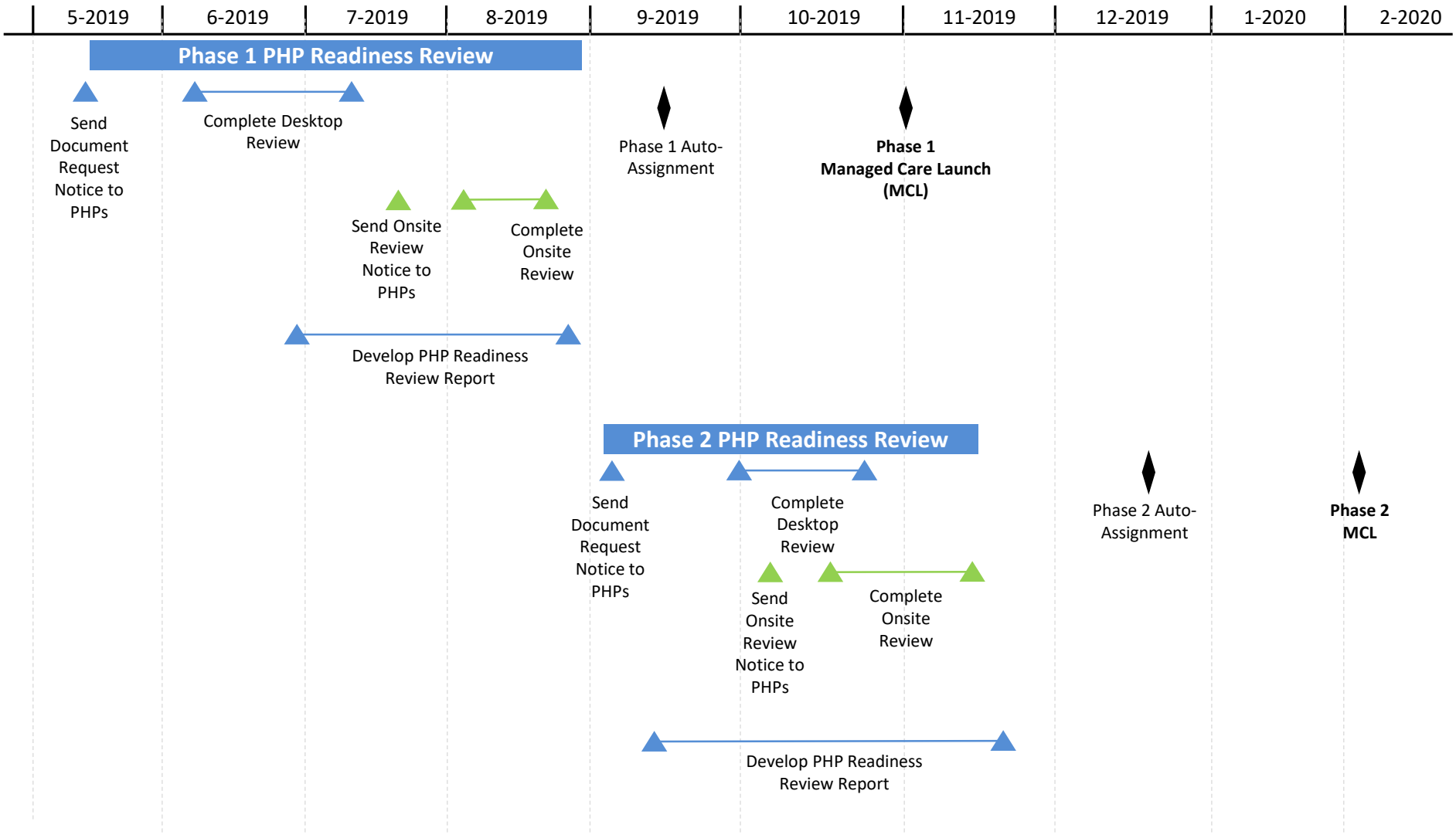
Purpose: Verify leadership and staff have been trained for NC's specific requirements and can execute accordingly.

Scope of Staff Interviews:

- Beneficiary-facing staff (e.g., call center, care managers)
- Leaders and Managers
- Staff in areas such as:
  - Finance
  - Claims Processing
  - Network Adequacy
  - Operations

Results from review process informs confidence in PHPs' ability to successfully go-live.

PHP Readiness Review Timeline



Discussion and Public Comments

Next Steps

- Next Meeting Thursday, October 24, 2019
  - 10:30 am to 12:30 pm
  - McBryde Building, Room 444
  - Remote Attendance Available

Appendix:

Managed Care Transition Education and Engagement Strategy

Context

North Carolina is preparing to transition to managed care. Providers must act now to prepare for the changes to policies and procedures that will come along with managed care.

- The majority of Medicaid beneficiaries will receive Medicaid through Prepaid Health Plans (PHPs)
  - NC Medicaid providers will need to contract with PHPs and will be reimbursed by PHPs rather than the State directly
  - Two types of PHPs:
    - Commercial plans
    - Provider-led entities
- PHPs will offer two types of products:
  - Standard Plans for most beneficiaries; scheduled to launch in 2019–2020
  - Tailored Plans for high-need populations; will be developed in later years
- There will be a continued focus on high-quality, local care management

Note: Certain populations will **continue to receive fee-for-service (FFS) coverage** on an ongoing basis.

Education and Engagement Objectives

- ✓ Provide education on what managed care will mean for providers across a variety of topics and what actions they need to take to prepare
- ✓ Support providers in staying enrolled in Medicaid and continuing to see Medicaid patients with minimal disruption
- ✓ Ensure providers understand the required functional and administrative changes to their contracting and billing; clinical, provider and beneficiary policies; and long-term services and supports
- ✓ Provide targeted training on the unique requirements for long-term services and supports
- ✓ Provide opportunities for providers to clarify policies and procedures and ask questions through a variety of channels
- ✓ Ensure essential, rural and smaller/less experienced providers have access to technical support during the transition to managed care

Key Target Audiences and Needs

Trainings will be tailored to the needs of different target audiences.

Target Audiences	Key Education & Engagement Needs

All Providers *(clinical and administrative staff)*	▪ Information on:
	  ▪ Overview of what managed care means for NC Medicaid providers
	  ▪ Managed care contracting and billing
	  ▪ Provider payment (e.g., provider contribution, rate floors)
	  ▪ Clinical policies (e.g., UM, benefit package, appeals)
	  ▪ Provider policies (e.g., credentialing, network adequacy, resolving complaints)
	  ▪ Beneficiary policies (e.g., eligibility and enrollment, patient auto-assignment)
	▪ Opportunities to provide feedback on the above topics
	▪ Opportunities to ask questions/get clarification and receive support on above topics

Essential/Rural/Small Providers	▪ In addition to above, targeted, practice-level technical assistance during managed care transition
LTSS Providers *(including primary care, home health/PNS)*	▪ In addition to above, unique managed care requirements, expectations and implications specific to LTSS
FQHCs, LHDs, Public Ambulance Providers	▪ In addition to above, unique payment changes specific to these providers
Provider Associations *(e.g., NC Medical Society)*	▪ Information on the above topics for providers ▪ Opportunities to provide feedback and ask questions on the above topics

Key Messages

Key messages must be tailored to target audiences.

Target Audiences	Key Messages

All audiences *(focus on providers)*	▪ The State has placed uniform standards on PHPs to help reduce administrative burden on providers during the transition (e.g., streamlined enrollment/credentialing, minimum rate floors)
	▪ However, providers will need to be prepared for functional and administrative changes:
	  ▪ Most, but not all, Medicaid populations are moving into managed care; providers will need to sign contracts with PHPs in order to be paid for services for covered beneficiaries
	  ▪ Providers that do not have negotiated agreements with PHPs will likely be reimbursed at a lower rate than in-network contracted providers
	  ▪ Behavioral health benefits for beneficiaries in PHP Standard Plans will no longer be administered separately
	▪ There are general policies and procedures common across managed care, but each PHP will have specific policies and procedures – PHPs are responsible for communicating these to providers
	▪ There will be a variety of venues for providers to provide feedback and address issues/grievances

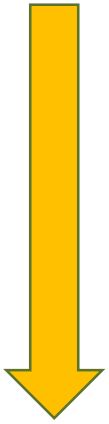
Essential/Rural/ Small Providers	▪ PHPs are required to contract with essential providers ▪ Providers must have systems in place to capture insurance information and bill to different plans
LTSS Providers	▪ There are unique managed care requirements, expectations and implications specific to LTSS
FQHCs, LHDs, Public Ambulance Providers	▪ There are unique payment arrangements specific to these providers
Provider Associations *(e.g., NC Medical Society)*	▪ *All of the above topics* – Associations are key avenues to communicate information about managed care transition to providers and to provide opportunities for providers to seek clarification/provide feedback

Approach Leading up to Go-Live*

Education and engagement will evolve from information dissemination and feedback opportunities early on to higher-intensity, specialized training as go-live approaches.

DHB | AHEC | PHP

Lower Intensity, Broader Audience



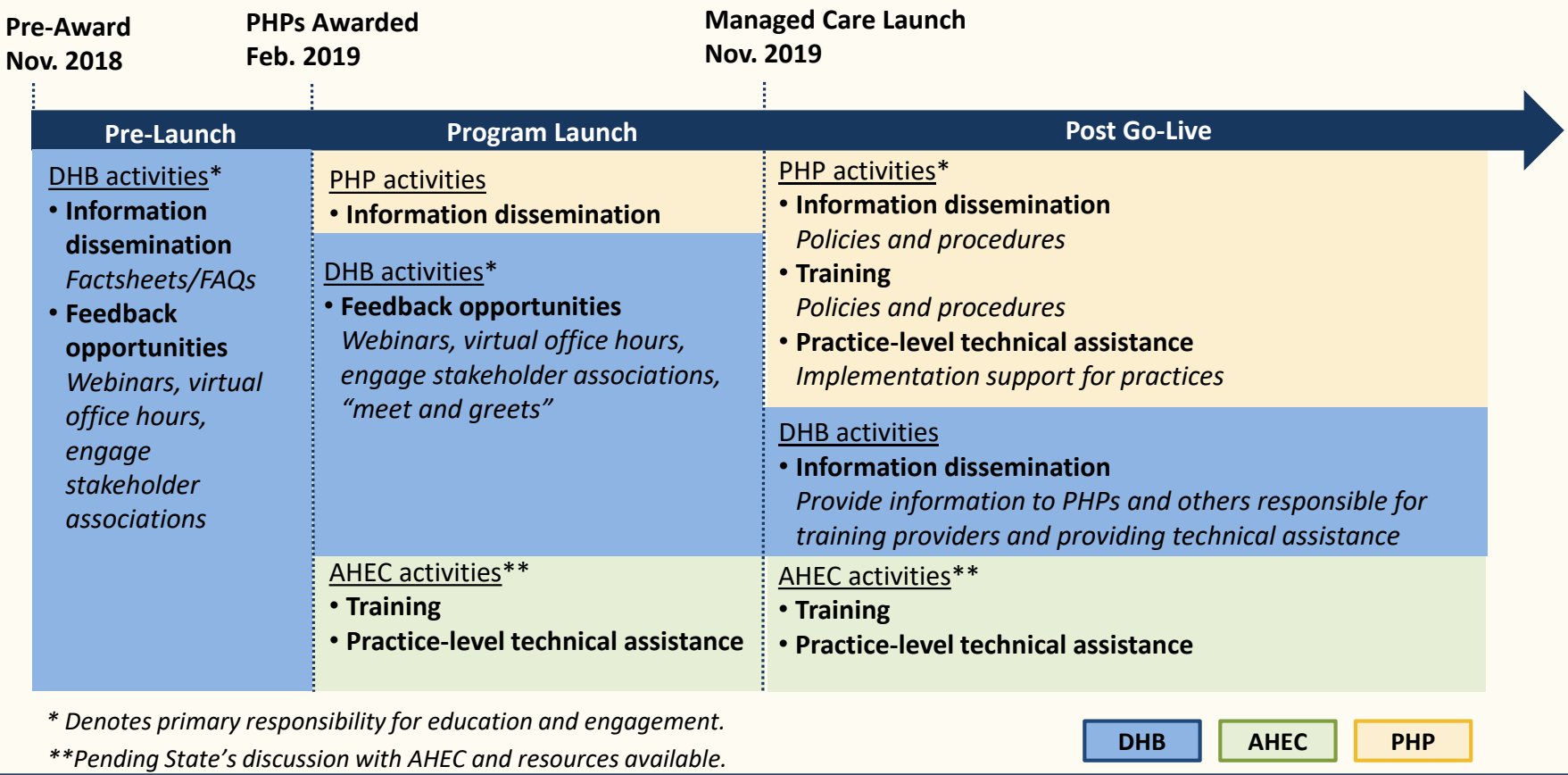
Higher Intensity, Specialized Audience

Modalities	Planned Approach	Timeframe	Responsible Party
Information Dissemination	Factsheets/FAQs	TBD – after each webinar	DHB
	Program policies and updates	Ongoing	DHB
	Information on policies and procedures, contracting	Starting February 2019; ongoing	PHP
Feedback Opportunities	Webinar series	January – March 2019	DHB**
	Virtual office hours	Starting January 2019; ongoing	DHB
	Series of targeted presentations at stakeholder association meetings	Winter – Fall 2019	DHB
	Provider/PHP "meet and greet" sessions	Spring – Summer 2019	DHB
Training	Targeted training for rural and/or essential providers	February – November 2019	AHEC***
Practice-Level Technical Assistance (TA)	On-the-ground technical assistance focusing on safety net/essential and rural providers	February – November 2019	AHEC***

**Go-live defined as Nov. 2019.*
***AHEC to support execution of webinars.*
****Pending State's discussion with AHEC and resources available.*

Roles and Responsibilities

Primary responsibility for education and engagement begins with DHB during the pre-launch period through program launch; over time, responsibility moves to PHPs and other stakeholders.



** Denotes primary responsibility for education and engagement.*

***Pending State's discussion with AHEC and resources available.*

DHB | AHEC | PHP

Webinar Series

A series of topic-based webinars will educate providers on key topics to effectively serve their patients in the transition to managed care; factsheets/FAQs will accompany each webinar.

Planned Approach	Details
General Webinars	Webinars giving an overview of major changes, intended for a broad audience ▪ **Overview of Managed Care Transition** *(e.g., key changes and important items to know now)* ▪ **Behavioral Health Services: Standard Plans and Transition Period***
Topical Webinar Series	Series of focused webinars providing a deeper dive on specific topics ▪ **Managed Care Contracting and Billing** *(e.g., contracting with PHPs, essential provider requirements, billing requirements)* ▪ **Provider Payment** *(e.g., payment streams, how financing/provider contribution will change)* ▪ **Clinical Policies** *(e.g., benefit package, approach to utilization management, appeals)* ▪ **Provider Policies** *(e.g., credentialing, network adequacy, grievances)* ▪ **Beneficiary Policies** *(e.g., included/excluded populations, patient attribution/auto-assignment)*
Webinars for LTSS Providers	Webinars giving an overview of unique requirements related to Long Term Services and Supports ▪ **LTSS in Managed Care: Overview** *(e.g., eligibility and enrollment, enhanced beneficiary support services, services during transitions)* ▪ **LTSS in Managed Care: Care Management**
Targeted Webinars on Provider Payment	Webinars providing additional detail for specific types of providers with unique payment policies ▪ **FQHCs** ▪ **Local Health Departments** ▪ **Public Ambulance Providers**

*Also part of Behavioral Health Integration training area.

Appropriate SMEs will present content and/or field questions at each webinar.

Opportunities for Questions and Feedback

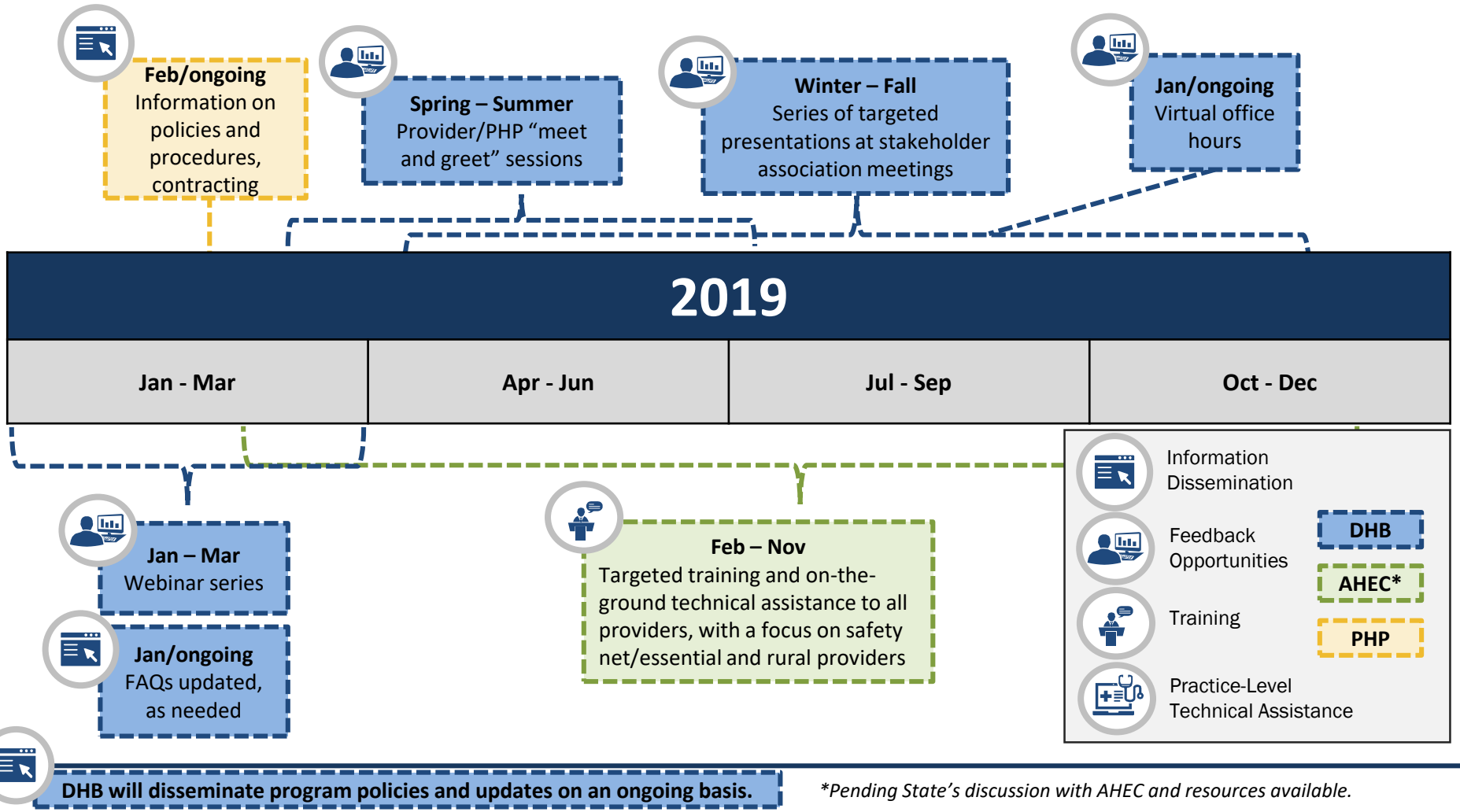
In addition to topical webinars, there will be other, more high-touch avenues for providers to provide feedback and ask questions about the transition to managed care.

Planned Approach	Details
Medicaid Transformation Inbox/ Frequently Asked Questions	**Central email contact for any questions related to Medicaid Transformation** ▪ FAQ documents posted on the Medicaid Transformation website will be updated regularly based on questions received through all forums
Virtual Office Hours	**Open call staffed by Medicaid with opportunity to submit questions in advance or ask questions live** *(number and frequency of sessions TBD)* ▪ Questions with broader appeal to be included in FAQs
Provider/PHP "Meet and Greet" Sessions	**State-led in-person opportunity for PHPs and providers/practice managers to connect in person** ▪ Connects providers/practice managers with representatives from PHPs in order to get answers to specific questions and form relationships
Series of Targeted Presentations at Stakeholder Association Meetings	**General overview of managed care transition, with time reserved for questions and feedback**

Appropriate SMEs will present content and/or field questions at each session.

Timeline of Upcoming Trainings

Over the next several months, DHB will disseminate information through a mix of written materials, webinars and in-person presentations.



*Pending State's discussion with AHEC and resources available.