

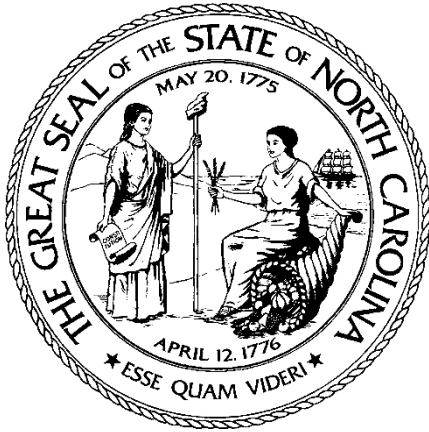


MCAC MANAGED CARE SUBCOMMITTEE

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 Dec. 6, 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.**
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MCAC Subcommittee webpage: medicaid.ncdhhs.gov/meetings-and-notices/committees-and-work-groups/medical-care-advisory-committee/mcac-subcommittee



MCAC MANAGED CARE SUBCOMMITTEE

Provider Engagement and Outreach

December 6, 2018

Welcome

Sam Clark, MCAC Representative

C. Thomas Johnson, MCAC Representative

Debra Farrington, NCDHHS Stakeholder Engagement Lead

Sheila Platts, NCDHHS Provider Engagement Lead

Lynne Testa, NCDHHS Subject Lead

Agenda

- **Welcome and Introductions**
- **Review of Minutes and Key Recommendations**
- **Homework - Planning Discussion Questions**
- **Collaborative Approach to Provider Engagement Efforts**

BREAK

- **Engagement Strategy and Methods**
- **Review Preliminary Assessment of Provider Engagement Needs**
- **Public Comments**
- **Next Steps**

DHHS Silent Period in Effect

- As directed by Session Law 2018-249, the Department issued an RFP for Medicaid Managed Care Prepaid Health Plans (PHPs) on Aug. 9, 2018. Therefore, DHHS is in a silent period through the award of the PHP contracts.
- During the silent period, please note that Department employees may not discuss the PHP RFP. However, discussions on other topics may continue to be held as part of the normal course of business. This includes discussions related to issues of interest to DHHS and other health care stakeholders (e.g., the opioid crisis or promoting childhood vaccination), even if those topics may be reflected in the RFP, provided that discussions do not address the PHP RFP in any way.
- Please direct procurement related inquiries regarding the PHP RFP Medicaid.Procurement@dhhs.nc.gov.

DHHS Prepaid Health Plan RFP Disclaimer

- The Department is bound only by information provided in the RFP and any formal addenda issued. The RFP takes precedence over anything said today.
- The Department is in a silent period. Potential offerors are cautioned that communications with the Department or any government agency or stakeholder is prohibited except as initiated by the Department, a general inquiry, or status of award.
- Statements and materials discussed are informational only, are not binding upon the Department, and do not replace reading, reviewing and complying with the RFP.
- Communication by an offeror, or subcontractor of an offeror, regarding the content of a proposal or an offeror's qualifications, or any other information considered to have the effect of directly or indirectly influencing the evaluation of proposals or award of a contract, is prohibited and any offeror not in compliance may be disqualified from contract award.
- All questions and issues regarding any term, condition, instruction or other component within the RFP must be submitted through the question and answer process described in the RFP.
- If the Department determines changes will be made because of the questions asked, then such decisions will be communicated in the form of an RFP addendum and posted on the State's Interactive Purchasing System (IPS) and the Medicaid Transformation website.
- Send inquiries regarding the RFP by email to Medicaid.Procurement@dhhs.nc.gov. This email address is also included in the RFP.

Key Questions



**What should the State's role be in provider engagement and outreach?
How does that intersect with the PHPs' role?**



What are the priority initiatives of focus? What can and should be available immediately?



What next steps should the State undertake to ensure it has the necessary infrastructure, resources and funding to launch provider engagement and outreach?

BREAK

Proposed* Engagement Strategy and Methods

***Note that this is a preliminary draft for feedback – the strategy and activities described here are proposed and have not been finalized.**

Context/Level-Setting: Provider Role in NC Medicaid

As part of the Medicaid transformation, the State is asking providers to assume increasing responsibility for the quality and efficiency of care.

Transition to Medicaid Managed Care*

Advanced Medical
Home
Transformation

Healthy
Opportunities

Behavioral Health
Integration

Quality Performance
Achievement

Value Based
Payment Adoption

Opioid Use Crisis
Strategies

Increased
Telemedicine Use

At-Risk Children
Support

Pregnancy Care
Outcomes
Improvement



Strong provider participation and successful implementation requires practice-level buy-in and change achieved through a sustained provider education and engagement strategy

*Spanning preparation for managed care launch, go-live, continued operations (including provider level changes in areas such as billing and quality) and ongoing assessment

Context/Level-Setting: Key Definition

Provider Education and Engagement

Information, supportive tools, forums and resources that enable and encourage providers to participate in, effectively engage in and provide feedback on the State's Medicaid transformation efforts.



Context/Level-Setting: Prior Decisions

DHB has done some high-level thinking around the approach for education and engagement; this strategic plan represents the next phase of planning.

Key Decisions from Previous Discussions

- State will take a leading role in driving provider education and engagement regarding managed care transformation prior to the launch of PHPs
- PHPs will play a leading role in educating the provider market on PHP-specific managed care operations post-launch
- State will continue to take an active role in the education and engagement beyond launch for state-led programs (e.g., AMH; VBP; SDOH)
- State needs to determine specific provider education and engagement activities and assess resources needed to deploy against those activities

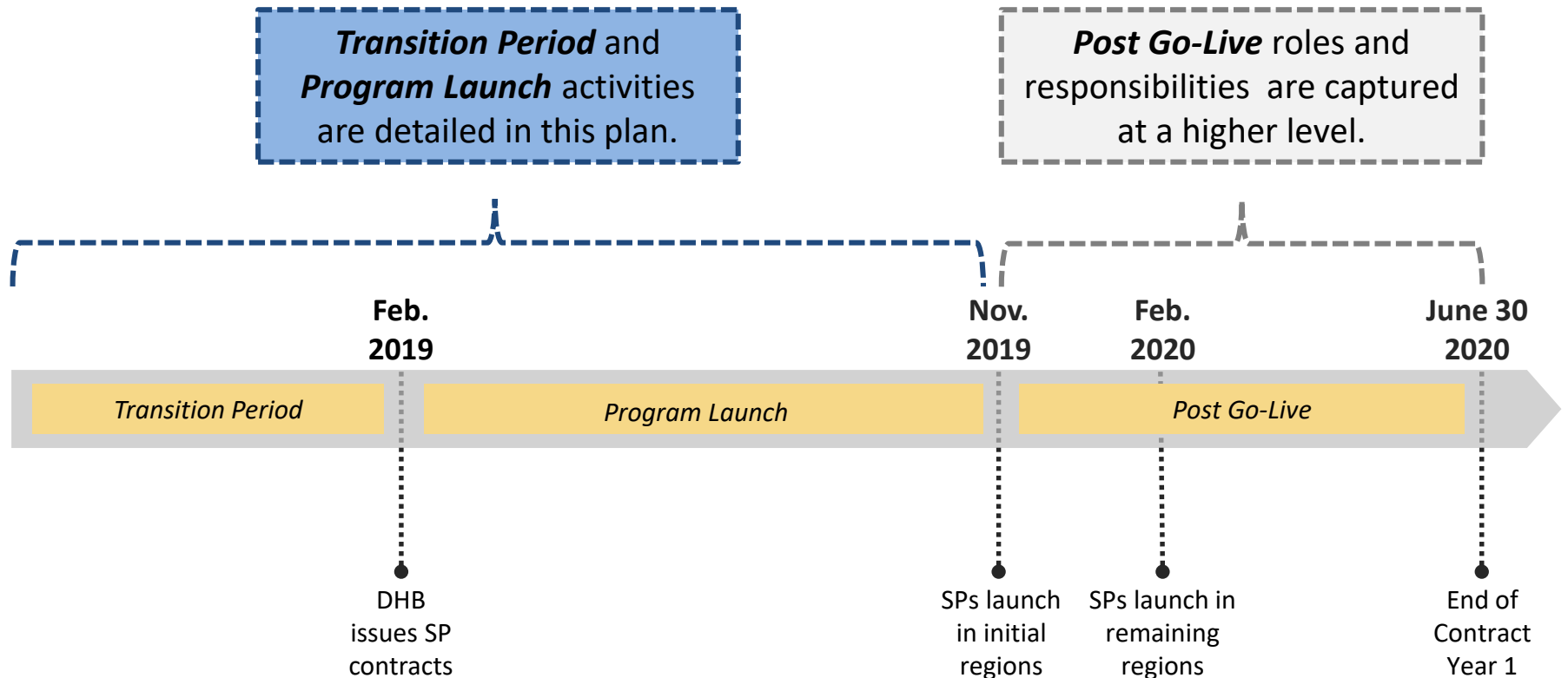
Proposed Provider Education & Engagement Objectives

- ✓ **Raise awareness of North Carolina's Medicaid transformation and its various components**
- ✓ **Help ensure strong provider participation in and successful implementation of key initiatives**
- ✓ **Ensure all providers understand managed care transition, with a focus on supporting essential, rural and small practice providers participating with PHPs**
- ✓ **Educate providers, CINs, and LHDs on changes to existing care management programs (i.e., Carolina ACCESS, CC4C, PMH/OBCM)**
- ✓ **Secure buy-in from key stakeholders and partners**



Timeframe

This strategic plan focuses on the transition period leading up to PHP contract award, and the program launch period leading up to Standard Plan go-live.



*Note that certain components of NC Medicaid transformation, including the introduction of Tailored Plans and initiatives related to Social Determinants of Health, will be implemented on a different timeframe.

Proposed Content Areas for Provider Outreach



DHB identified 5 main content areas to be included in the strategic plan for provider education and outreach for SP launch:

Managed Care Transition

Care Management

Advanced
Medical
Home

At-Risk
Children &
High-Risk
Pregnancy

Quality and Value

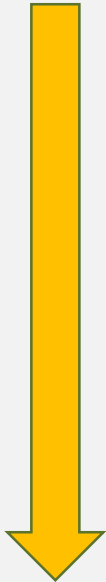
Behavioral Health

Healthy Opportunities

Context/Level-Setting: Types of Activities

Provider education and engagement activities range in intensity of effort and specialization of audience. All types will be needed.

*Lower
Intensity,
Broader
Audience*



*Higher
Intensity,
Specialized
Audience*

Modalities	Objectives	Potential Approaches
Information Dissemination	<ul style="list-style-type: none"> Enhance awareness and clarity on new programs / initiatives Communicate process points Share best practices 	<ul style="list-style-type: none"> Guidelines FAQs White papers/Manuals Info briefs/infographics
Feedback Opportunities	<ul style="list-style-type: none"> Clarify program design/ inform future direction Provide forums for providers to voice challenges / issues with transformation implementation Increase provider buy-in / adoption 	<ul style="list-style-type: none"> Webinars Designated website/e-mail for feedback Regional meetings / Listening sessions Trade group engagement/ MCAC Committee engagement
Training	<ul style="list-style-type: none"> Provide information tailored to particular provider stakeholder groups (small/rural practices, specific regions, etc.) Provide “deeper dive” focus, including application of practical tools Link providers with peer supports 	<ul style="list-style-type: none"> Learning collaborative Group educational sessions (tailored by provider type) Practical tools (model forms, model process flows)
Practice-Level Technical Assistance (TA)	<ul style="list-style-type: none"> Resolve practice-specific implementation challenges Proactively help practices with transformation 	<ul style="list-style-type: none"> TA Help Desk Practice-specific TA

Proposed Baseline Education & Engagement Support

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



Web-based Resources



Webinars



FAQs



Virtual Office Hours



PHP “Meet and Greets”



Training Forums



Targeted Support for Rural/Essential/Small Providers



Partner Communication Channels (Provider Associations)

Discussion

Review Preliminary Assessment of Provider Engagement Needs for Managed Care Transition

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.

See appendix for details of included/excluded populations.

Proposed Content Areas for Provider Outreach



DHB identified 5 main content areas to be included in the strategic plan for provider education and outreach for SP launch:

Managed Care Transition

Care Management

Advanced
Medical
Home

At-Risk
Children &
High-Risk
Pregnancy

Quality and Value

Behavioral Health

Healthy Opportunities

Focus of
today's
discussion*

**Note that there will be a separate series of specialized training for content areas other than Managed Care Transition.*

Proposed 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 support during the transition to managed care



Proposed Key Target Audiences and Needs



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

Target Audiences	Key Education & Engagement Needs
<p>All Providers <i>(clinical and administrative staff)</i></p>	<ul style="list-style-type: none"> • Information on: <ul style="list-style-type: none"> • 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/clarifications and receive support on above topics
<p>Essential/Rural/Small Providers</p>	<ul style="list-style-type: none"> • In addition to above, targeted training during managed care transition
<p>LTSS Providers <i>(including primary care, home health/PNS)</i></p>	<ul style="list-style-type: none"> • In addition to above, unique managed care requirements, expectations and implications specific to LTSS
<p>Provider Associations</p>	<ul style="list-style-type: none"> • Information on the above topics for providers • Opportunities to provide feedback and ask questions on the above topics

Proposed Key Messages



Key messages must be tailored to target audiences.

Target Audiences	Key Messages
All audiences <i>(focus on providers)</i>	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 who 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • There are unique managed care requirements, expectations, and implications specific to LTSS
Provider Associations	<ul style="list-style-type: none"> • <i>All of the above topics</i> - Associations are key avenues to communicate information about managed care transition to providers and to provide opportunities for providers to seek clarification/provide feedback

Proposed 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 and FAQs will accompany each webinar.

Planned Approach	Details
<p>General Webinars</p>	<p>Webinars giving an overview of major changes, intended for a broad audience</p> <ul style="list-style-type: none"> • Overview of Managed Care Transition <i>(e.g., key changes and important items to know now)</i> • Behavioral Health Services: Standard Plans and Transition Period
<p>Topical Webinar Series</p>	<p>Series of focused webinars providing a deeper dive on specific topics</p> <ul style="list-style-type: none"> • Managed Care Contracting and Billing <i>(e.g., contracting with PHPs, essential provider requirements, billing requirements)</i> • Provider Payment <i>(e.g., payment streams, how financing/provider contribution will change)</i> • Clinical Policies <i>(e.g., benefit package, approach to utilization management, appeals)</i> • Provider Policies <i>(e.g., credentialing, network adequacy, grievances)</i> • Beneficiary Policies <i>(e.g., included/excluded populations, patient attribution/auto-assignment)</i>
<p>Webinar for LTSS Providers</p>	<p>Unique Requirements related to Long Term Services and Supports</p> <ul style="list-style-type: none"> • Eligibility and Enrollment • Enhanced Beneficiary Support Services • Network Adequacy • Services During Transitions

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

Proposed 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 <ul style="list-style-type: none"> FAQ documents posted on the Medicaid Transformation website will be updated regularly based on questions received through all forums
Virtual Office Hours	Series of 1-hour sessions, aligned with timing of webinar series: providers can submit questions in advance for open call (<i>additional topics and number of sessions TBD</i>) <ul style="list-style-type: none"> Managed Care Contracting and Billing Provider Payment Clinical Policies Provider Policies Beneficiary Policies
PHP “Meet and Greets”	State-led in-person opportunity for PHPs and providers/practice managers to connect in person <ul style="list-style-type: none"> Connects providers/practice managers with representatives from PHPs in order to get answers to specific questions and form relationships
Managed Care Transition Training Forum(s)	In-person training (<i>number and locations TBD</i>) <ul style="list-style-type: none"> Review major areas of provider interest, including AMH review/updates and Behavioral Health Provide in-person opportunity for providers/office managers to ask questions and learn more Obtain high-level provider feedback and help with transition during program launch timeframe
Series of Targeted Presentations at Stakeholder Association Meetings	General overview of managed care transition, with time reserved for questions and feedback

Proposed 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.

Lower Intensity, Broader Audience



Higher Intensity, Specialized Audience

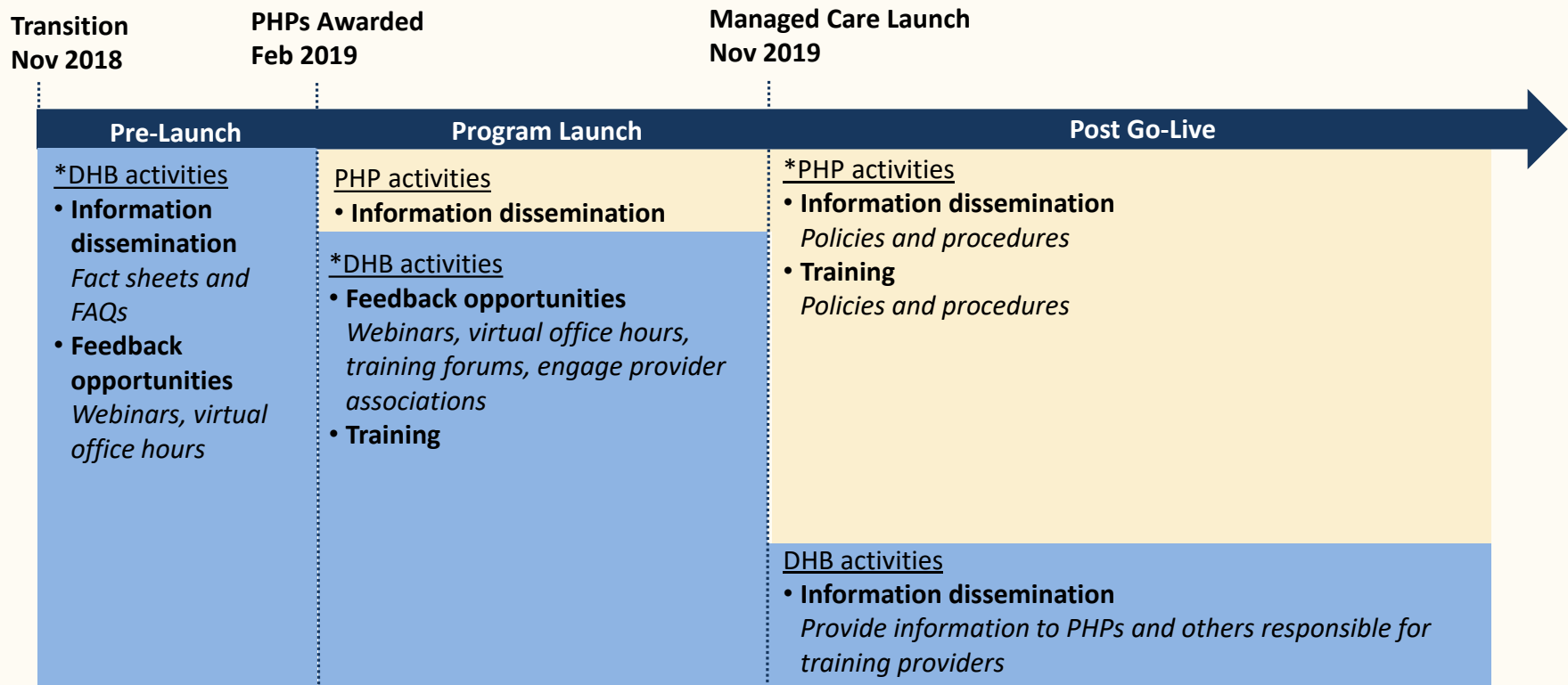
DHB PHP

Modalities	Planned Approach	Timeframe	Responsible Party
Information Dissemination	Factsheets and 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
	Managed Care Transition training forum(s)	April 2019 – May 2019	DHB
	Series of targeted presentations at stakeholder association meetings	Spring – Fall 2019	DHB
Training	Targeted training for rural and/or essential providers	January – November 2019	DHB

*Go live defined as 11/2019

Proposed Roles and Responsibilities

Primary responsibility for education and engagement begins with DHB during the transition period through program launch; post go-live, PHPs take over primary responsibility.



* Denotes primary responsibility for education & engagement

DHB

PHP

Discussion

Public Comments

Next Steps

- **Next Meeting Thursday, February 28, 2019**
 - **10:30 am to 12:30 pm**
 - **McBryde Building, Room 444**
 - **Remote Attendance Available**
- **Determine date for 3rd Meeting**

Appendix: Included/Excluded Populations

The majority of Medicaid beneficiaries will receive their benefit under managed care. Some populations are excluded or exempt, and will continue to receive fee-for-service coverage.

Excluded from Medicaid Managed Care:

- a) Dually eligible beneficiaries for whom Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing
- b) Qualified aliens subject to the five-year bar for means-tested public assistance
- c) Undocumented aliens who qualify for emergency services
- d) Medically needy Medicaid beneficiaries
- e) Presumptively eligible beneficiaries, during the period of presumptive eligibility
- f) Beneficiaries who participate in the North Carolina Health Insurance Premium Payment (NC HIPP) program
- g) Beneficiaries enrolled under the Medicaid Family Planning program
- h) Beneficiaries who are inmates of prisons
- i) Beneficiaries being served through the Community Alternatives Program for Children (CAP/C)
- j) Beneficiaries being served through the Community Alternatives Program for Disabled Adults (CAP/DA)
- k) Beneficiaries with services provided through the Program of All Inclusive Care for the Elderly (PACE)

Exempt from Medicaid Managed Care:

- a) Members of federally recognized tribes, including members of the Eastern Band of Cherokee Indians (EBCI)

Temporarily excluded for up to 5 years:

- a) Beneficiaries who (i) reside in a nursing facility and have so resided, or are likely to reside, for a period of ninety (90) days or longer and (ii) are not being served through CAP/DA
- b) Beneficiaries who are enrolled in both Medicare and Medicaid for whom Medicaid coverage is not limited to the coverage of Medicare premiums and cost sharing, excluding beneficiaries served through CAP/DA

Exempt until Behavioral Health Intellectual/Developmental Disability (BH I/DD) Tailored Plans (TP) are available:

- a) Beneficiaries with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability, or who have survived a traumatic brain injury and are receiving traumatic brain injury services