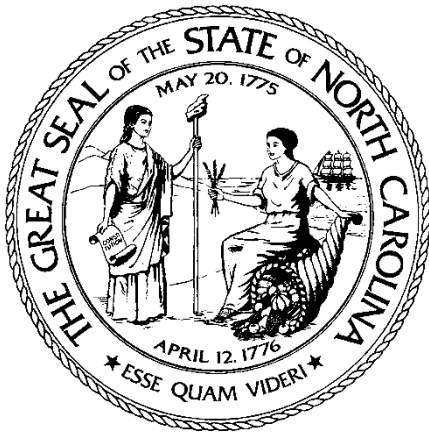


MCAC MANAGED CARE SUBCOMMITTEE

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 Feb. 28, 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.**
- **You can request help by typing in the chat box.**

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

February 28, 2019

Welcome

Sam Clark, MCAC Representative

C. Thomas Johnson, MCAC Representative

Debra Farrington, NCDHHS Stakeholder Engagement Lead

Sheila Platts, NCDHHS Provider Engagement Lead

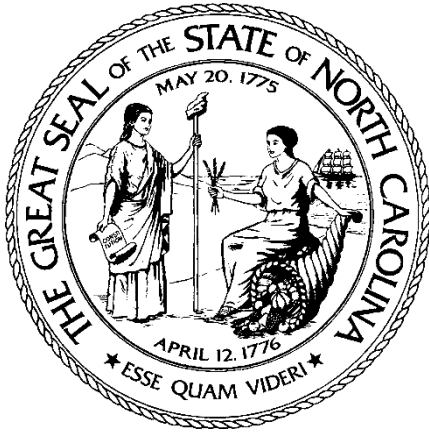
Lynne Testa, NCDHHS Subject Lead

Agenda

- **Welcome and Introductions**
- **Review of Minutes and Key Recommendations**
- **Medicaid Managed Care Updates**

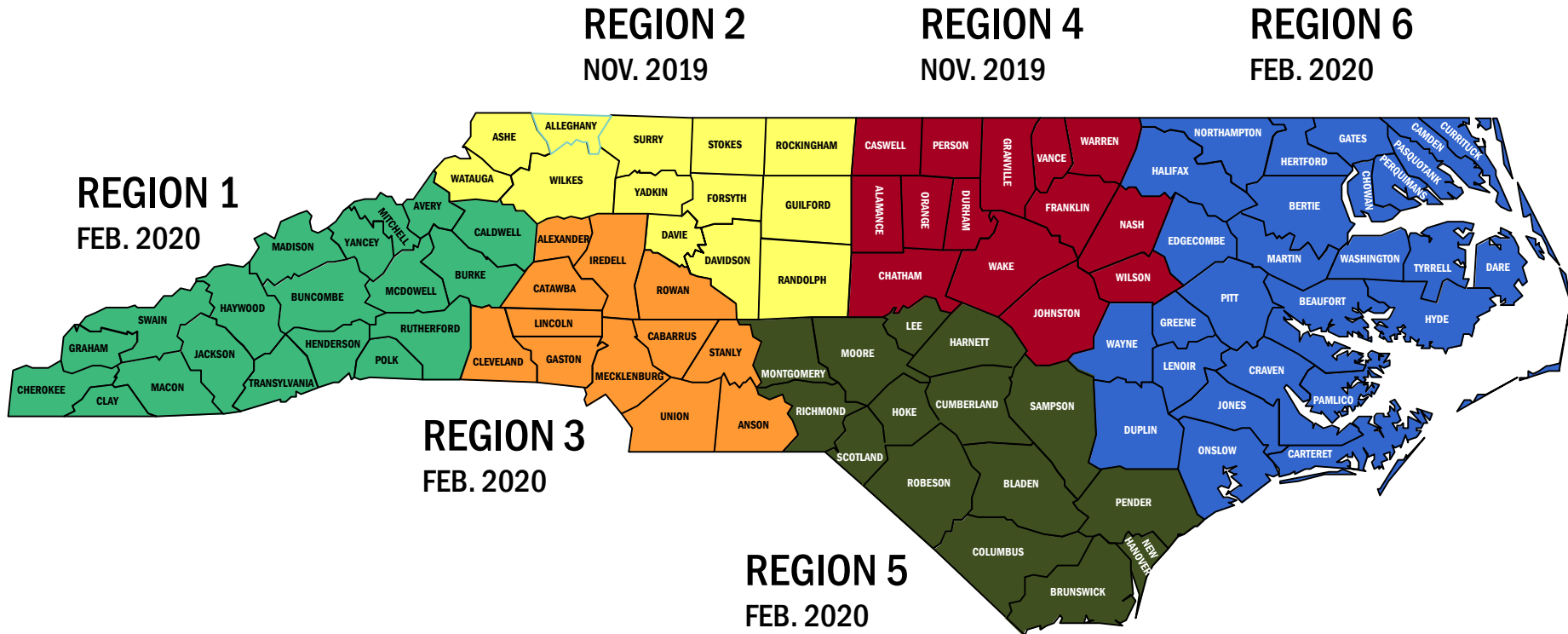
BREAK

- **Provider Education & Engagement Strategy**
- **Public Comments**
- **Next Steps**



Medicaid Managed Care Updates

NC Medicaid Managed Care Regions and Rollout Dates



Rollout Phase 1: Nov. 2019 – Regions 2 and 4

Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

PHPs for NC Medicaid Managed Care

Four statewide PHP contracts

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

One regional provider-led entity

- Carolina Complete Health, Inc.
- Regions 3 and 5

Evaluation Scoring

TOTAL SCORE RANK	OFFEROR	PROPOSAL AREA		WEIGHTED TOTAL SCORE
		STATEWIDE	REGIONAL	
1	WellCare of North Carolina, Inc.	X		736.19
2	UnitedHealthcare of North Carolina, Inc.	X		727.76
3	Blue Cross Blue Shield of North Carolina	X		712.22
4	AmeriHealth Caritas North Carolina, Inc.	X		706.66
5	Aetna Better Health of North Carolina, Inc.	X		704.60
6	My Health by Health Providers	X		629.71
7	Carolina Complete Health, Inc.	X	X	628.39
8	Optima Family Care of North Carolina, Inc.		X	573.48

Threshold to meet expectations 

Total Possible Score: 1,025

Total Possible Score if All Scores Meet Expectations: 615

Department Oversight

All plans will be subject to rigorous oversight by DHHS to ensure a successful managed care program.

- **DHHS leading intensive onboarding through the end of February, including introducing key staff, reviewing contract requirements and aligning on key milestones and deadlines**
- **Will need to pass a Readiness Review before Medicaid Managed Care launch**
- **Inability to fulfill contract provisions can result in corrective action plans, financial penalties and other sanctions**

Readiness Review

- **Readiness Review is required by law when a state launches a new managed care program**
- **Evaluates PHPs' understanding and incorporation of federal and North Carolina Medicaid requirements into daily processes, and PHPs' capability and capacity to meet these requirements**
- **Must assess ability and capacity of PHPs to perform satisfactorily across 14 distinct areas that support a smooth transition to managed care**

Provider Data Contractor Information

- **Contract Award**
 - Wipro Infocrossing, effective **12/31/2018**
 - Medversant
 - Wipro vendor responsible for conducting the primary source verifications for the engagement
- **Contract Purpose**
 - To supplement the state's existing provider enrollment and credentialing data to support the PHPs ability to make quality determinations during provider Medicaid Managed Care network contracting activities
- **Contractor Responsibilities**
 - PDC responsible for obtaining the primary source-verified credentialing data for NC Medicaid and NC Health Choice enrolled providers

Provider Data Contractor Information

- **Contractor Responsibilities Continued**
 - PDC is not permitted to reach out to providers to update the provider's information, though providers are encouraged to keep their credentialing file up to date with NCTracks
 - PDC must ensure that PHPs have access to information from a credentialing process that is held to consistent, current standards, the credentialing data will be primary source-verified under the standards of NCQA
 - PHPs will be required to accept verified information from the PDC and will not be permitted to require additional credentialing information from a provider to make their quality determination

Provider Data Contractor - Important Dates

Now

PDC expected to begin working with PHPs to ensure access to Medicaid Credentialed Provider File

March 15th

PDC has executed agreements with PHPs to establish access to the Medicaid Credentialed Provider File

April 1st

Medicaid Credentialed Provider File Delivery Date

Questions

For more information

PHP procurement:

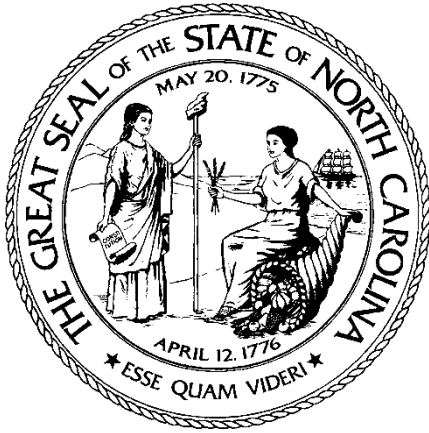
Medicaid.Procurement@dhhs.nc.gov

Managed care and transformation feedback:

Medicaid.Transformation@dhhs.nc.gov

Transformation news and documents:

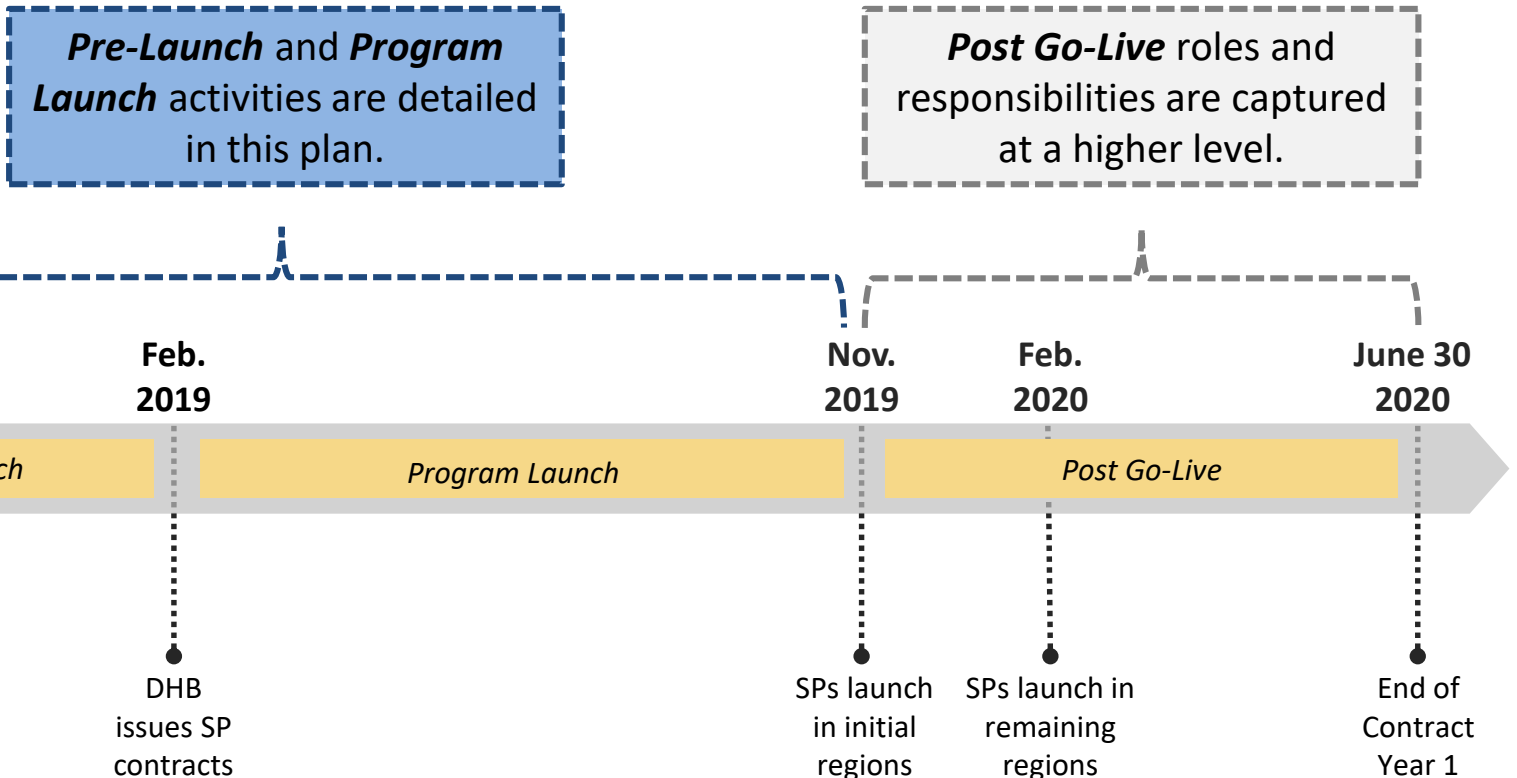
www.ncdhhs.gov/medicaid-transformation



Provider Education Strategy & Methods

Provider E&E Plan: Timing

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



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.

Provider E&E Plan: Content Areas for Outreach

Content development focused on six areas, with a deep dive in each area outlining a plan to address the learning objectives outlined below.

Content Areas	Overall Learning Objectives
Managed Care Transition	Ensure all providers, especially smaller, rural and essential providers, are prepared for the functional and administrative changes required as NC Medicaid transitions to an innovative, whole-person, well- coordinated system of care, which addresses both medical and nonmedical drivers of health
Advanced Medical Homes	Ensure primary care providers, Clinically Integrated Networks (CINs), and LHDs understand and participate in the AMH program and are prepared to provide high-quality, patient-centered local care management; ensure providers understand AMH as a pathway to improved population health
Care Management for HRP/ARC	Ensure LHDs and providers understand how the programs for high-risk pregnancies and at-risk children will operate in managed care and how providers that serve these populations can engage in ongoing transformation efforts to improve outcomes
Quality and Value	Ensure providers understand their role and obligations in improving quality of care and population health, as well as the opportunities under managed care to share in quality incentives and value based payment arrangements
Behavioral Health Integration	Ensure providers understand and are prepared for the functional and administrative changes required as the State integrates behavioral health benefits into Standard Plans, with the goal of helping providers deliver whole-person care coordinated across the spectrum of behavioral health and medical services
Healthy Opportunities	Communicate to providers the State's vision for addressing nonmedical drivers of health, and ensure providers understand the additional resources available to them and their patients to address unmet resource needs in order to promote health equity and outcomes

The Provider E&E plan is comprised of 2 documents. The Needs Inventory is an excel-based bottom-up tactical assessment of provider E&E needs by content area.

The Strategic Plan is a top-down synthesis of provider E&E needs by content area, and is appended to this presentation.

Provider E&E Plan: Baseline Support

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



Web-based Resources and Capabilities



Webinars



FAQs



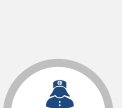
Virtual Office Hours



Provider/PHP “Meet and Greets”



Training and Hands-on Technical Assistance for Targeted Providers (e.g., Rural/Essential/Smaller Providers)

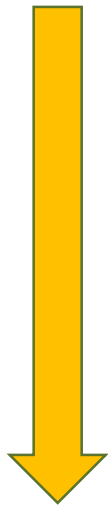


Partner Communication Channels (e.g. Provider Associations)

Provider E&E: Summary of Approach for 2019

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



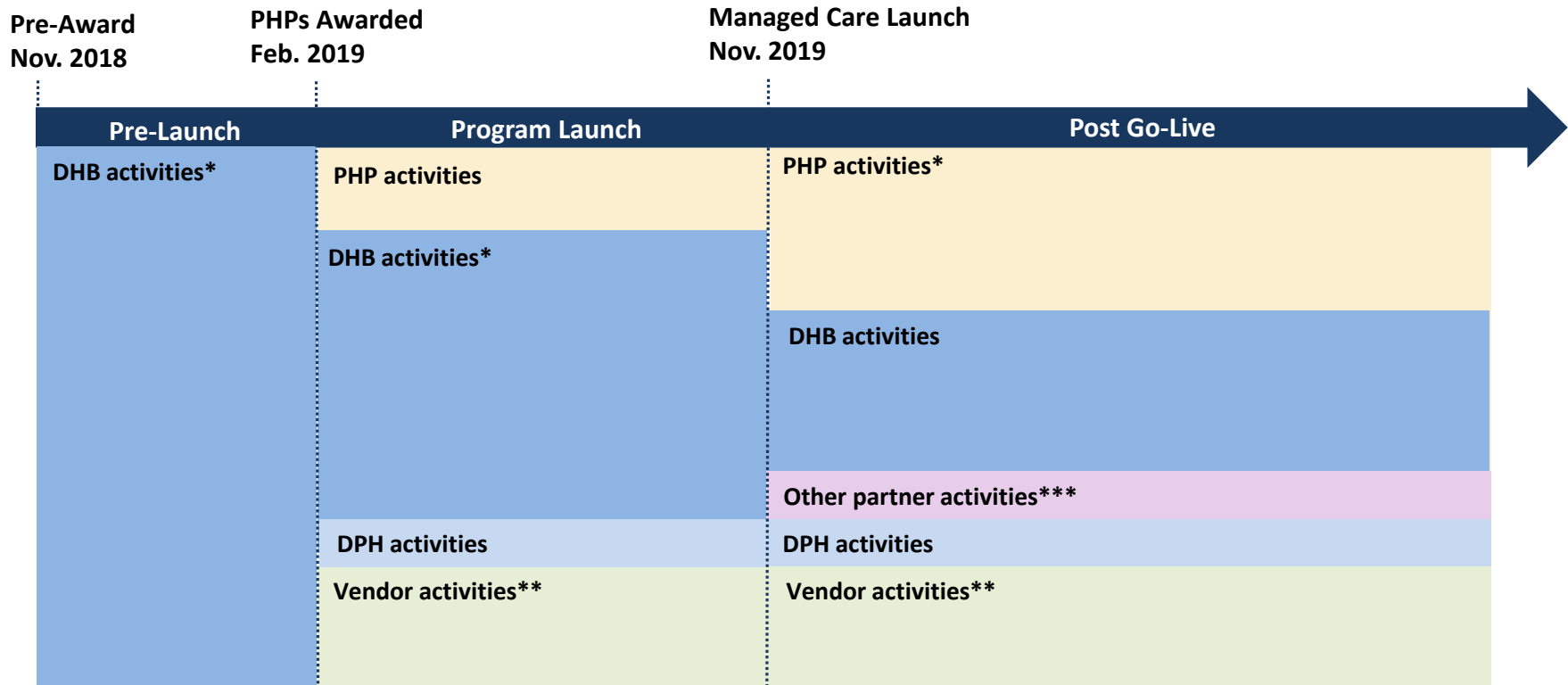
Higher
Intensity,
Specialized
Audience

Planned Approach	Summary of Planned Activities (January – November 2019)
Web-Based Resources (e.g., factsheets/FAQs)	<ul style="list-style-type: none"> Ongoing updates to FAQs after webinars, office hours, and in response to questions received by email (<i>currently 4 FAQ documents with 158 FAQs</i>) Develop sustainable process for triaging, updating, and maintaining FAQs
Webinars	<ul style="list-style-type: none"> Approx. 24 topical webinars planned across all content areas Managed Care 101 to kick off in early February, followed by fast-paced series of topical webinars (e.g. Quality/Value overview)
Virtual Office Hours	<ul style="list-style-type: none"> Weekly 2-hour sessions from February through November Identify SMEs and operational process for: staffing; publicizing; compiling questions in advance; running calls; and feeding into FAQs
Provider/PHP “Meet and Greets”	<ul style="list-style-type: none"> 6 in-person regional meetings to be launched by April 2019
Partner Communication Channels (Provider Associations, meetings)	<ul style="list-style-type: none"> Approx. 25 provider associations have been identified as outreach channels for targeted presentations; ongoing engagement (e.g. NHCA presentation) Brief presentation by DHB staff followed by open Q&A
Training for Targeted Providers* (e.g., Rural/Essential/Smaller Providers)	<ul style="list-style-type: none"> Contracting with AHEC to develop and launch a training plan (e.g. tools, regional training sessions, etc)
Hands-on Technical Assistance for Targeted Providers* (e.g., Rural/Essential/Smaller Providers)	<ul style="list-style-type: none"> Contracting with AHEC to develop and launch TA strategy (e.g. identification of high priority practices for training, etc.)

*DPH will be responsible for providing high-intensity training and technical assistance for LHDs re: Care Management Programs; PHPs will be required to participate in AHEC training when launched, and provide their own detailed training plan.

Provider E&E Plan: Roles and Responsibilities

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



*Denotes primary responsibility for education & engagement.

**Vendors include AHEC, Lead Pilot Entities, and the Resource Platform vendor.

***Other partners include CINs, health systems, large group practices, and provider associations.

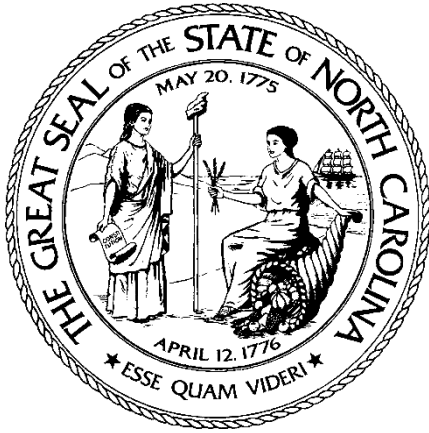


Roles and Responsibilities: AHEC

AHEC will provide training and practice-level technical assistance for the transition to managed care, with a focus on safety net/essential and rural providers.

Area Health Education Centers (AHEC)

- AHEC will provide targeted training assistance to ensure providers are prepared to participate in Medicaid transformation initiatives (e.g. AMH)
- AHEC may provide additional support for execution of Provider Education and Engagement strategy, such as:
 - Content development and delivery of webinars
 - Hosting regional events at AHEC training centers
- In addition to this targeted support for transition to managed care, AHEC will continue in its role advancing quality and process improvement and regional alignment
- AHEC will not have a direct training role in all aspects of Medicaid transformation (e.g., Care Management for HRP/ARC), but should maintain situational awareness of these programs in order to answer basic questions from providers and practices



Upcoming Opportunities for Engagement

Upcoming Activities

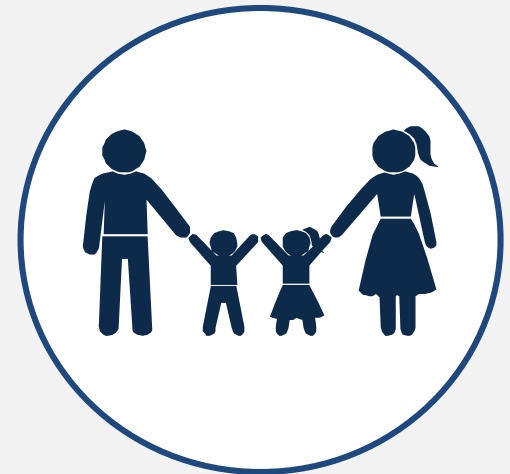
DHHS values input and feedback and is making sure stakeholders have the opportunity to connect through a number of venues and activities.

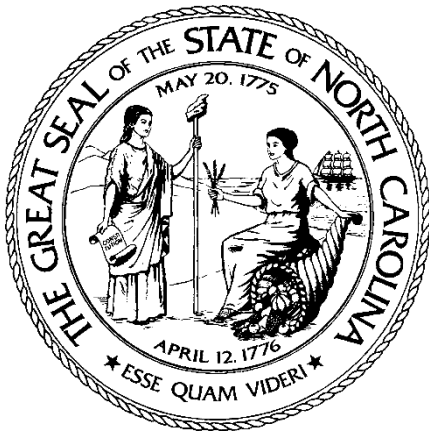
Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website:
<https://www.ncdhhs.gov/assistance/medicaid-transformation>
- Comments, questions, and feedback are all very welcome at
Medicaid.Transformation@dhhs.nc.gov

Schedule TBA soon!

Providers will receive education and support during and after the transition to managed care.





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 <i>(clinical and administrative staff)</i>	<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/get clarification and receive support on above topics
Essential/Rural/Small Providers	<ul style="list-style-type: none"> ▪ In addition to above, targeted, practice-level technical assistance during managed care transition
LTSS Providers <i>(including primary care, home health/PNS)</i>	<ul style="list-style-type: none"> ▪ In addition to above, unique managed care requirements, expectations and implications specific to LTSS
FQHCs, LHDs, Public Ambulance Providers	<ul style="list-style-type: none"> ▪ In addition to above, unique payment changes specific to these providers
Provider Associations <i>(e.g., NC Medical Society)</i>	<ul style="list-style-type: none"> ▪ Information on the above topics for providers ▪ Opportunities to provide feedback and ask questions on the above topics

Key Messages

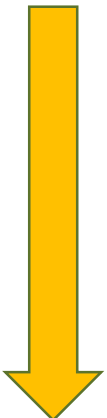


Key messages must be tailored to target audiences.

Target Audiences	Key Messages
All audiences <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 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	<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
FQHCs, LHDs, Public Ambulance Providers	<ul style="list-style-type: none"> ▪ There are unique payment arrangements specific to these providers
Provider Associations <i>(e.g., NC Medical Society)</i>	<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

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
		Modalities	Planned Approach	Timeframe	Responsible Party	
<p><i>Lower Intensity, Broader Audience</i></p>  <p><i>Higher Intensity, Specialized Audience</i></p>	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***	

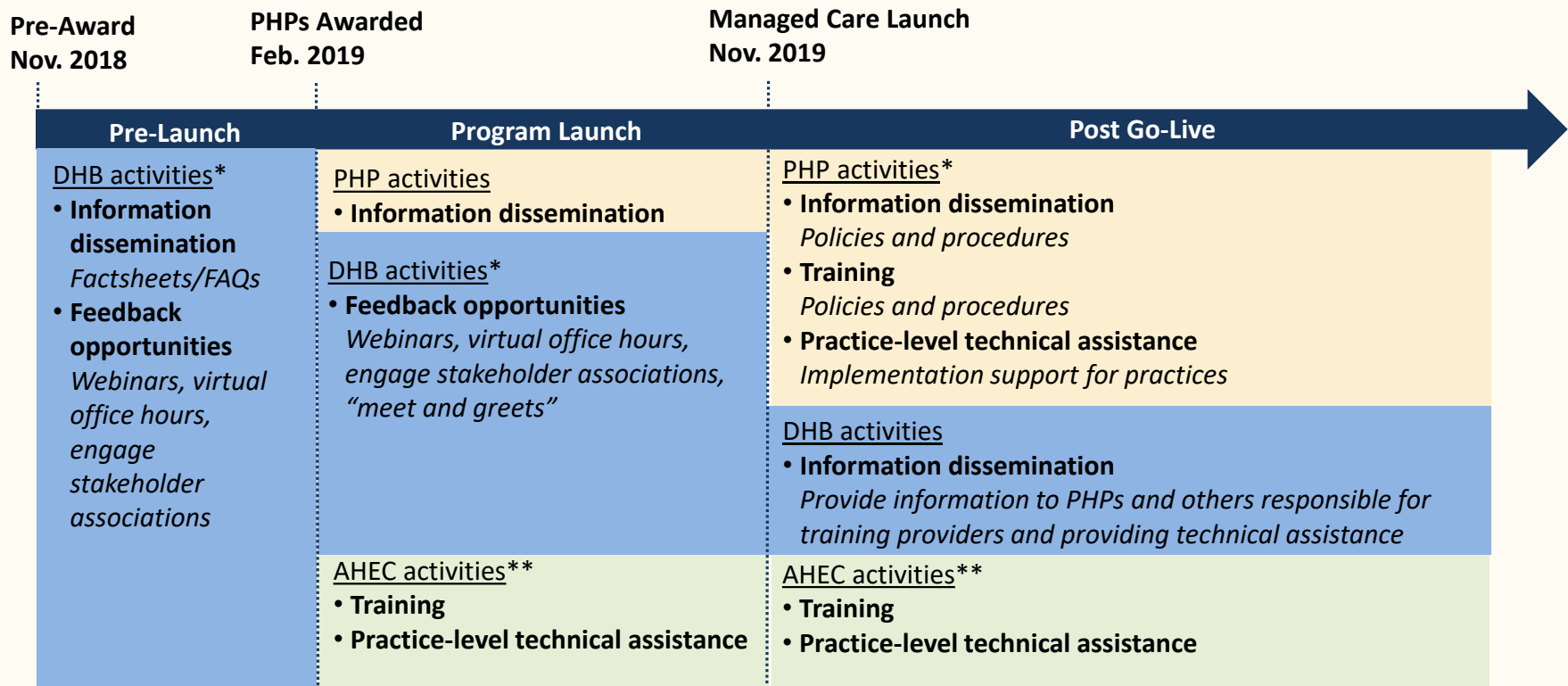
*Go-live defined as Nov. 2019.

**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.



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
<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>Webinars for LTSS Providers</p>	<p>Webinars giving an overview of unique requirements related to Long Term Services and Supports</p> <ul style="list-style-type: none"> ▪ LTSS in Managed Care: Overview <i>(e.g., eligibility and enrollment, enhanced beneficiary support services, services during transitions)</i> ▪ LTSS in Managed Care: Care Management
<p>Targeted Webinars on Provider Payment</p>	<p>Webinars providing additional detail for specific types of providers with unique payment policies</p> <ul style="list-style-type: none"> ▪ 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.

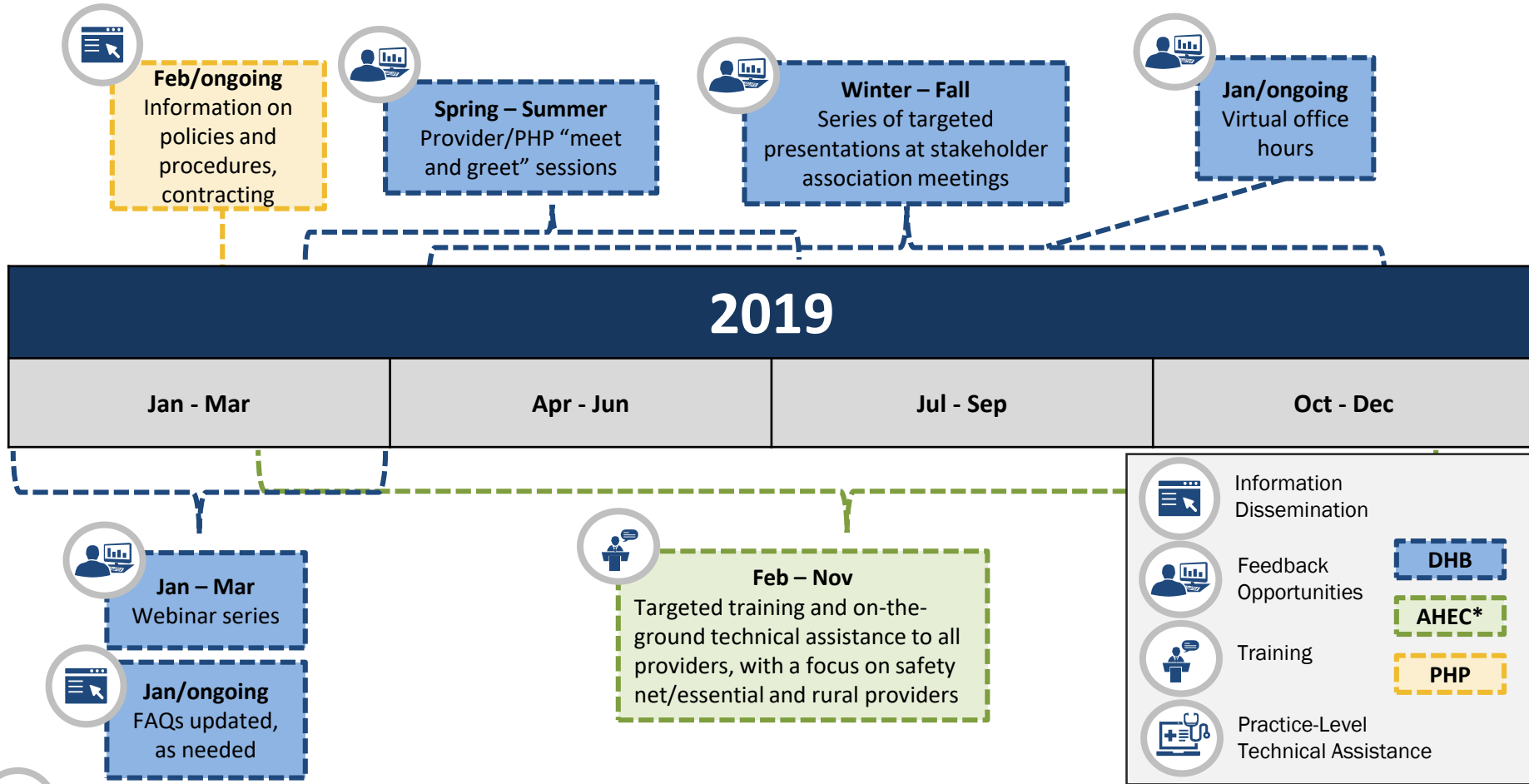
Opportunities for Questions and Feedback

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 <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	Open call staffed by Medicaid with opportunity to submit questions in advance or ask questions live (<i>number and frequency of sessions TBD</i>) <ul style="list-style-type: none"> ▪ 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 <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
Series of Targeted Presentations at Stakeholder Association Meetings	General overview of managed care transition, with time reserved for questions and feedback

Timeline of Upcoming Trainings

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



DHB will disseminate program policies and updates on an ongoing basis.

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

Discussion

Public Comments

Next Steps

- **Next Meeting Thursday, April 25, 2019**
 - **10:30 am to 12:30 pm**
 - **McBryde Building, Room 444**
 - **Remote Attendance Available**
- **Determine need for 4th 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