Thank you for joining us today. The webinar will begin shortly.

A copy of today’s slide deck and recording will be available on our website at

medicaid.ncdhhs.gov/transformation/more-information
NC Medicaid Community Partners Webinar

Updates on NC Medicaid Managed Care & Other Key Medicaid Initiatives

June 16, 2022
Welcome

Michael Leighs
Deputy Director of Engagement
NC Medicaid
Welcome
Legislative Updates
NC Medicaid Updates
Managed Care Updates
What is Tailored Care Management?
Enrollment Broker Outreach
Questions & Answers
Legislative Update

• HB 144: Children and Families Specialty Plan (CFSP)
  o Defines features of plan including key terms, services covered, populations to be served
  o Identifies type and number of entities which can operate plan
  o Addresses provider network

• HB 149: Medicaid Expansion
  o Bill includes several other components addressing hospital financing, telehealth, Certificate of Need, nursing regulations
Medicaid Expansion: 6 Key Benefits to NC

1. Improves access to mental health
2. Builds a healthier workforce
3. Assists working families
4. Protects uninsured veterans and their families
5. Boosts rural health care, hospitals and families
6. Saves lives
Preparing for the End of the Federal PHE

- CMS plans to provide states a 60-day notice to begin unwinding activities
- Medicaid eligibility redeterminations have continued throughout the PHE in accordance with state legislation passed in 2020
- When the PHE ends, Medicaid will start terminating cases of beneficiaries no longer eligible
  - Roughly 265,000 beneficiaries have been extended due to the PHE non-termination requirement and could potentially lose health care coverage.
- The unwinding will be complex and require:
  - Additional workload for counties
  - Communication and engagement with providers, stakeholders and health plans
PHE Communication and Engagement

• NC Medicaid website updated with information on the PHE: medicaid.ncdhhs.gov/COVID

• Workgroups underway with DSS Directors Association, health plans, Enrollment Broker and Ombudsman

• Call scripting has been provided to the Standard Plans, Tribal Option, LME/MCOs, CCNC, Enrollment Broker and Ombudsman

• Toolkit for partners is under development
Key Messages

To ensure beneficiaries receive important updates on when the PHE ends, we are reminding them of the following:

- **Make sure their information with DSS is correct***
  - Find their local DSS office here [dhhs.gov/localdss](http://dhhs.gov/localdss)
  - Call or visit their local DSS office
  - Update their information:
    - Mailing and residence address
    - Phone number
    - Email address
    - Household size
    - Income
    - Job

- **Be sure to open and read all mail from DSS**

*If there have been no changes to their personal information, no action is needed.
Beneficiary Copays

As directed by the NC General Assembly, Medicaid copays will increase for those who have a copay on July 1, 2022

Medicaid Copays

<table>
<thead>
<tr>
<th>Service</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor visits</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Non-emergency emergency department visits</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Optometrist visits</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Outpatient services</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Podiatrist visits</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Generic and brand prescriptions</td>
<td>$4 per prescription</td>
</tr>
<tr>
<td>Chiropractic visits</td>
<td>$4 per visit</td>
</tr>
<tr>
<td>Optical services and supplies</td>
<td>$4 per visit</td>
</tr>
</tbody>
</table>

There are no Medicaid copays for:
- Members under age 21
- Members who are pregnant
- Members getting hospice care
- Federally recognized tribal members
- North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) beneficiaries
- People living in an institution getting coverage for cost of care
- Children in foster care
- Developmental disability, behavioral health, traumatic brain injury and substance use disorder services

There are NO changes to the NC Health Choice Copays.
### May Enrollment Dashboard

**Managed Care Update**

#### NC Medicaid Enrollment Overview

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Standard Plan - Amerihealth</td>
<td>310,758</td>
<td>1,727,401</td>
<td>184,972</td>
<td>875,154</td>
</tr>
<tr>
<td>Standard Plan - Carolina Complete</td>
<td>222,647</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plan - Healthy Blue</td>
<td>456,237</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plan - Unitedhealthcare</td>
<td>372,800</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Plan - Wellcare</td>
<td>367,006</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,729,498</td>
<td></td>
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#### EBCI Tribal Option

- **Standard Plans**: 1,727,401
- **EBCI Tribal Option**: 4,288

#### Program Aid Category

- **Infants and Children**: 529,664
- **TANF (AFDC) 20 and Under**: 515,621
- **Family Planning**: 407,799
- **TANF (AFDC) 21 and Over**: 363,476
- **Disabled**: 363,176
- **Medicaid - Childrens Health Insurance Prg.**: 226,048
- **Aged**: 146,168
- **MQBB, MQBE, MQBG**: 83,664
- **Health Choice**: 60,762
- **COVID-19**: 41,979

More details available at [medicaid.ncdhhs.gov/reports/dashboards](http://medicaid.ncdhhs.gov/reports/dashboards) (including by enrollment by managed care status, program aid category and region).
NC Medicaid Help Center Trends

- Platform to track questions, providers able to search knowledge base
- Track case statistics, case trends, open and resolved cases
- 95% of cases have been closed

<table>
<thead>
<tr>
<th>NC Medicaid Help Center Case Statistics</th>
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<tbody>
<tr>
<td>Opened this Week</td>
<td>166</td>
</tr>
<tr>
<td>Closed this Week</td>
<td>172</td>
</tr>
<tr>
<td>Opened to Date</td>
<td>15,714</td>
</tr>
<tr>
<td>Closed to Date</td>
<td>14,980</td>
</tr>
</tbody>
</table>

Help Center cases Opened/Resolved by Week
On May 1, 2022, WellCare began using a new NEMT provider, MTM.

- The phone number that WellCare members use to make NEMT appointments remains the same:
  - 877-598-7602

- ModivCare will continue to serve as the transportation broker for:
  - AmeriHealth Caritas of North Carolina: 833-498-2262
  - Carolina Complete Health: 855-397-3601
  - Healthy Blue: 855-397-3602
  - UnitedHealthcare of North Carolina: 800-349-1855
Behavioral Health I/DD Tailored Plan

Under one plan, Tailored Plans will provide integrated physical health, behavioral health, long-term care and pharmacy services and will address unmet health-related resource needs for qualifying North Carolinians.

There will only be one Tailored Plan per region

• Potential Tailored Plan members will be auto-enrolled in the Tailored Plan available in their administrative county*

• Depending on Managed Care status, potential Tailored Plan Members may be able to select a Standard Plan, NC Medicaid Direct or the EBCI Tribal Option

*The county that manages the beneficiary's Medicaid case
NOTE: Choice period refers to the time period for members to select a PCP or opt out of their assigned Tailored Plan (if allowed).
Looking Ahead

Medicaid, Tailored Plans and the Enrollment Broker continue to work towards December 2022 launch

• Current Focus
  o Readiness activities
    ▪ approval of policies and procedures
    ▪ onsite reviews begin in July
  o Provider and Tailored Plan Contract Deadlines
    ▪ Deadlines set to ensure inclusion in Beneficiary Choice Period and Auto-assignment. Providers who do not contract with Tailored Plans by the deadlines risk losing patients.
  o Data system testing began in March

• Beginning this month:
  o Enrollment Broker Provider Directory
  o Tailored Plan Member and Provider Service Lines Go-Live
  o Tailored Plan Marketing
Medicaid: Vision for Integrated, Whole-Person Care

Standard and Tailored Plans will offer whole-person care and enable the delivery of physical and behavioral health through one plan.

Historical Environment

LME/MCOs provided Behavioral Health, I/DD and TBI services

NC Medicaid Direct (Medicaid FFS) provided physical health services

Integrated Managed Care Environment

Plans will provide whole-person care
Tailored Plans: Tailored Care Management

Tailored Care Management reflects the Department’s broader goal for integrated, whole-person care under one Medicaid managed care plan.

<table>
<thead>
<tr>
<th>Current State</th>
<th>Future State: Tailored Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>LME/MCOs coordinate Behavioral Health, I/DD and TBI services</td>
<td>Tailored Plans will provide integrated, whole-person care management</td>
</tr>
<tr>
<td>CCNC coordinates physical health services</td>
<td>Tailored Care Management will be available to all enrollees unless they are obtaining duplicative services</td>
</tr>
</tbody>
</table>

LME/MCO care coordination is only available to a subset of the population served by LME/MCOs
Tailored Care Management Eligibility

- All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.

- Individuals enrolled in NC Medicaid (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.
Core Principles of Tailored Care Management Model

Tailored Care Management is the primary care management model for Tailored Plans.

Core Principles of the Model

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Promote Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources
How Is Tailored Care Management Integrated?

In Tailored Care, Managers:

• Coordinate a comprehensive set of services addressing all the member’s needs.

• Coordinate physical health, behavioral health, TBI, I/DD-related needs.

• Address unmet health-related resource needs (e.g., housing, food, transportation, interpersonal safety, employment) by connecting members to local programs and services.

• Provide holistic, person-centered planning.

• Use a multidisciplinary care team approach—coordinate with primary care, specialty providers, community service agencies.
Three Approaches to Delivering Tailored Care Management

Department of Health and Human Services
Establishes care management standards for Tailored Care Management

Tailored Plan

Care Management Approaches
Tailored Plan beneficiaries will have the opportunity to choose among the care management approaches; all must meet the Department’s standards and be provided in the community to the maximum extent possible.

**Approach 1:**
“AMH+” Primary Care Practice Practices must be certified by the Department to provide Tailored Care Management.

**Approach 2:**
Care Management Agency (CMA) Organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services.

**Approach 3:**
Tailored Plan-Based Care Manager
AMH+ and CMA Definitions

**Advanced Medical Home Plus (AMH+)**

Definition: Primary care practices actively serving as AMH Tier 3 practices, whose providers have experience delivering primary care services to the Tailored Plan eligible population or can otherwise demonstrate strong competency to serve that population.

To demonstrate experience and competency to serve the Tailored Plan eligible population, each AMH+ applicant must attest that it has a patient panel with at least 100 active Medicaid patients who have an SMI, SED, or severe SUD; an I/DD; or a TBI.

AMH+ practices may, but are not required to, offer integrated primary care and behavioral health or I/DD services.

To be eligible to become an AMH+, the practice must intend to become a network primary care provider for Tailored Plans.

**Care Management Agency (CMA)**

Definition: Provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population, that will hold primary responsibility for providing integrated, whole-person care management under the Tailored Care Management model.

To be eligible to become a CMA, an organization’s primary purpose at the time of certification must be the delivery of NC Medicaid, NC Health Choice, or State-funded services, other than care management, to the Tailored Plan eligible population in North Carolina. The “CMA” designation is new and will be unique to providers serving the Behavioral Health I/DD Tailored Plan population.

The Tailored Plan must contract with all organizations in its region that receive AMH+ or CMA certification to provide Tailored Care Management.

AMH+ practices or CMAs must not be owned by, or be subsidiaries of, Tailored Plans.
NC Medicaid Enrollment Broker

About the Enrollment Broker

The Enrollment Broker is responsible for choice counseling for health plan and primary care provider (PCP) selection; as part of this, the Enrollment Broker is also responsible for mailing all notices and handling enrollment.

“An Enrollment Broker is an entity that performs choice counseling or enrollment activities, or both. Eligibility services are completed by NC Medicaid, not by the Enrollment Broker. Enrollment Brokers and subcontractors must not have direct or indirect financial ties to any Health Plan or health care provider that furnishes services in the same state where the Enrollment Broker work is performed.”

NC Medicaid Enrollment Broker Services

- Website and mobile app
- Choice Counseling
- Partner with and support local DSS offices
- Outreach and Education
- Communications Hub
- Enrollment and Education
NC Medicaid Enrollment Broker Services

Community Outreach

• Conduct outreach and education across the state of North Carolina to beneficiaries and community-based organizations.

• Provide materials that are understandable and accessible.
NC Medicaid Enrollment Broker

Outreach Materials

FACT SHEET – STANDARD PLAN & TAILORED PLAN

TRIBAL HANDOUT

PALM CARD
NC Medicaid Managed Care started July 1, 2021

NC Medicaid Managed Care health plans are now active. This means that you will now get care through your health plan. If you have questions about benefits and coverage, call your health plan. You can find the number on your new Medicaid ID card or visit View health plans.

You can also contact the NC Medicaid Ombudsman if you have questions or problems your health plan or provider could not answer. Call 1-877-201-3750 or visit ncmedicaidombudsman.org.

Meetings and events

Learn more about NC Medicaid Managed Care. Join us at a community meeting or event. Learn more about the free mobile app at Get answers.

Transportation services

You can schedule rides to medical appointments. Learn more about transportation services.

Get the free mobile app

To get the app, search for NC Medicaid Managed Care on Google Play or the App Store.

Use the app to find and view primary care providers (PCPs) and health plans for you and your family. Learn more about the free mobile app at Get answers.

Find and view providers and health plans

This website has new tools to help you find and view primary care providers (PCPs) and health plans.

Medicaid and NC Health Choice Provider and Health Plan Lookup Tool

You can use the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool to find a PCP. Our new provider search will help you find the best PCP for you and your family.

To search for a provider, go to Find a provider.

Health Care Option Guide

You can use the Health Care Option Guide to view health plans. It will help you choose the best health plan to meet your health care needs.

To view health plans, go to View health plans.

Questions?

We can help. Call us to get answers to your questions about NC Medicaid Managed Care. The call is toll free.

Phone: 1-833-870-5500 (TTY: 711 or RelayNC.com)

Hours of operation: 7 a.m. to 5 p.m., Monday through Saturday

Or use the chat tool to chat with us online.

For answers to common questions, go to Get answers.

Update your mailing address and contact information

Make sure you do not miss any news about your Medicaid coverage. Check to be sure we have the right address and contact information for you.

To check your information or report changes, visit or call your local Department of Social Services (DSS) office.
Meetings and events

Join us at a community meeting. Find meetings and events near you.

Choose your county:

County

Go
Outreach Events: Meetings - Results

Join us at a community meeting. Find meetings and events near you.

Choose your county:

- Anson

There are no meetings or events for this county.
# NC Medicaid Enrollment Broker

## NC Medicaid Enrollment Broker Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carter Wade</td>
<td>Outreach &amp; Education Manager</td>
<td>423-646-4333 <a href="mailto:cartermwade@maximus.com">cartermwade@maximus.com</a></td>
</tr>
<tr>
<td>Renee L. Moore</td>
<td>Deputy Director</td>
<td>919-922-8663 <a href="mailto:Reneelmoore@maximus.com">Reneelmoore@maximus.com</a></td>
</tr>
<tr>
<td>Mary Freeman</td>
<td>Tribal Liaison – Outreach Manager</td>
<td>919-900-0257 <a href="mailto:maryfreeman@maximus.com">maryfreeman@maximus.com</a></td>
</tr>
<tr>
<td>Martina Jones</td>
<td>Project Director</td>
<td>919-270-9451 <a href="mailto:martinajones@maximus.com">martinajones@maximus.com</a></td>
</tr>
<tr>
<td>Brittany Bulluck</td>
<td>DSS Liaison – Outreach Manager</td>
<td>646-488-2823 <a href="mailto:brittanybulluck@maximus.com">brittanybulluck@maximus.com</a></td>
</tr>
</tbody>
</table>
Resources

• NC Medicaid Website
  medicaid.ncdhhs.gov
  o Includes County and Provider Playbooks
  o Beneficiary Portal
  o Fact Sheets

• NC Medicaid Help Center
  medicaid.ncdhhs.gov/helpcenter

• Practice Support
  ncahec.net/medicaid-managed-care
  • NC Managed Care Hot Topics Webinar Series
    hosted by Dr. Dowler on the first and third Thursday of the month

• Regular Medicaid Bulletins
  medicaid.ncdhhs.gov/providers/medicaid-bulletin
New Back Porch Series

Tailored Plan 101: Ready, Set, Launch Series

A new series of monthly webinars held over the next six months to prepare for the launch of Tailored Plans in December 2022

• First session is tonight, Thursday, June 16 from 5:30-6:30 p.m.
• Held Monthly on the third Thursday of the month
  o Preparing for Tailored Plan (June)
  o Integrating Behavioral Health and Physical Health, Tailored Care Management and Advanced Medical Home (July)
  o Transitions of Care, Network Adequacy and Readiness (August)
  o Countdown to Tailored Plan Launch: Who is Who (September)
  o Countdown to Tailored Plan Launch: Health Plan Accountability and Reporting (October)
  o What ifs of Tailored Plan Launch, Quick Reference Guides, Practice Supports (November)

• The latest schedule, registration and information on previous webinars, including the recording, slides, and transcripts are available on the AHEC Medicaid Managed Care website. ncahec.net/medicaid-managed-care
Questions & Answers

A copy of today’s slide deck will be available on our website at medicaid.ncdhhs.gov/transformation/more-information

NC Medicaid Transformation Website
ncdhhs.gov/medicaid-transformation

If we couldn’t get to your question, feel free to email it Medicaid.NCEngagement@dhhs.nc.gov