Medical Care Advisory Committee (MCAC)

NC Medicaid Managed Care Update

Jay Ludlam
Assistant Secretary, NC Medicaid

June 17, 2022
Agenda

- Vision for Transformation
- Tailored Plan Update
- Standard Plan Update
- Healthy Opportunities
- Preparing for the End of the PHE
- Q&A
North Carolina’s Vision for Medicaid Transformation

“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
Opportunity for Innovation

NCDHHS leveraged the move to managed care to build an innovative health care delivery system that puts the health of beneficiaries at the forefront.

Features of Medicaid Managed Care include:

• A new payment structure that rewards better health outcomes
• Integrated physical and behavioral health
• Investments in non-medical interventions aimed at reducing costs and improving the health of Medicaid beneficiaries.
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
Tailored Plan Timeline

TAILORED PLAN CRITERIA REVIEW

TAILORED PLAN MARKETING BEGINS

TAILORED PLAN AUTO-ENROLLMENT

PCP & TCM AUTO-ASSIGNMENT

TAILORED PLAN LAUNCH

Choice Period

6/15/22
8/1/22
8/15/22
10/15/22
12/1/22

NOTE: Choice period refers to the time period for members to select a PCP or opt out of their assigned Tailored Plan (if allowed).
Medicaid, Tailored Plans and the Enrollment Broker continue to work towards a December 2022 launch

- Current Focus
  - Readiness activities
    - approval of policies and procedures
    - onsite reviews begin in July
  - 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.
  - Data system testing began in March

- Coming this month
  - Enrollment Broker Provider Directory
  - Tailored Plan Member and Provider Service Lines Go-Live
  - Tailored Plan Marketing begins
### May Enrollment Dashboard

#### NC Medicaid Enrollment Overview

**EBCI Tribal Option:** 4,259  
**Standard Plans:** 1,719,309

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#### Program Aid Category Definitions

- **Infants and Children:** 527,360
- **TANF (AFDC) 20 and Under:** 514,972
- **Family Planning:** 405,174
- **TANF (AFDC) 21 and Over:** 378,497
- **Disabled:** 303,009
- **Medicaid - Children's Health Insurance Prg:** 223,346
- **Aged:** 145,296
- **MQBB, MQBE, MGBQ:** 83,385
- **Health Choice:** 63,485
- **COVID-19:** 40,131
- **Documented Immigrants:** 37,244

*More details available at medicaid.ncdhhs.gov/reports/dashboards (including by enrollment by managed care status, program aid category and region)*
Healthy Opportunities Pilot

PHPs, Network Leads, Care Management Entities and HSOs will work with communities in three geographic areas of the state to implement the Pilots.

Highlights

- DHHS awarded three Network Lead contracts in May 2021 (one Network Lead per pilot region).

- Pilot regions cover 33 (of North Carolina’s 100) counties. All three regions consist of predominantly rural areas.

- Once fully operational, the Pilots will serve an estimated 13,000 - 20,000 individuals per month (4-6% of Medicaid enrollees in Pilot regions)

Awarded Healthy Opportunities Network Leads

- **Access East, Inc.**
  - Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

- **Community Care of the Lower Cape Fear**
  - Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

- **Impact Health**
  - Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey
Healthy Opportunities Update

• March 15, 2022 - qualifying Medicaid Standard Plan members in 33 NC counties began receiving food services, which include:
  o Food and nutrition access case management
  o Group nutrition classes
  o Fruit and vegetable prescriptions and healthy food boxes/meals
  o Medically-tailored meal delivery

• May 1, 2022 - Housing and transportation services began, which includes
  o Navigation, support and sustaining services
  o Home accessibility and safety modification
  o Move-in support
  o Essential utility setup
  o Reimbursement for health-related transportation

• June 15, 2022 - Toxic stress and cross-domain services begin
In January 2020, the federal government declared a public health emergency (PHE) due to COVID-19.

- For Medicaid, the PHE helped beneficiaries keep their coverage during the pandemic, even if their eligibility changed.
- It also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries.
- While we do not know when the PHE will officially end, CMS plans to provide states a 60-day notice to begin unwinding activities.
Medicaid redeterminations have continued throughout the PHE in accordance with state legislation passed in 2020.

When the PHE ends, Medicaid will start terminating cases of those 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
Medicaid implemented several policies to support providers as they confronted the COVID pandemic.

• When the end of the PHE is determined, Medicaid will reinstate provider requirements that were suspended during the PHE. This includes:
  o Reverification of Medicaid providers*
    • Notices will be sent to providers:
      ▪ with approaching due dates for reverification
      ▪ whose reverification was suspended during the federal PHE
  • Notices will be sent to the provider’s Message Center Inbox on the secure NCTracks Provider Portal
  • Due dates for reverification are specific to each provider; so, providers will not receive notices at the same time.

* The Centers for Medicare and Medicaid Services (CMS) requires all Medicaid providers to be revalidated (also referred to as reverification/recredentialing).
PHE Communication and Engagement

**Engagement and Outreach**

- NC Medicaid website content is updated and will include the redetermination approach, when finalized, which is also a CMS requirement. [medicaid.ncdhhs.gov/COVID](medicaid.ncdhhs.gov/COVID)

- Workgroups underway with NCACDSS, health plans, Enrollment Broker and Ombudsman.

- Call scripting will be provided to the Standard Plans, Tribal Option, LME/MCOs, CCNC, Enrollment Broker and Ombudsman.

- Community Partners webinars and other stakeholder engagement events will be leveraged to share information on PHE unwinding.
Questions?