MCAC MANAGED CARE SUBCOMMITTEE

Beneficiary Engagement

April 9, 2018
Welcome

Marilyn Pearson, MCAC Representative
Jenny Hobbs, MCAC Representative
Debra Farrington, DHHS Program Lead
Agenda

• Subcommittee Member Introductions
• Subcommittee Charter
• Meeting Schedule and Work Plan
• Logistics and Member Participation

BREAK

• Managed Care Overview
• Beneficiary Engagement
• Public Comment
• Next Steps
Charter

• Review Beneficiaries in Managed Care concept paper and comments received

• Review recommendations for operations of Beneficiary Support System; i.e., PHP member services, Enrollment Broker, Ombudsman

• Address strategy and methods for engaging beneficiaries
  – Identify new engagement methods
  – Evaluate and make recommendations for leveraging existing bodies; i.e., Consumer Family Advisory Committee

• Discuss strategy for communicating with beneficiaries

• Review marketing and member materials
## Meeting Schedule and Work Plan

### Schedule

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<thead>
<tr>
<th></th>
<th>MEETING #1</th>
<th>MEETING #2</th>
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<tbody>
<tr>
<td>DATE</td>
<td>Monday, April 9, 2018</td>
<td>Monday, May 7, 2018</td>
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<tr>
<td>TIME</td>
<td>9:00 am – 10:30 am</td>
<td>10:30 am – 12:30 pm</td>
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<td>PLACE</td>
<td>Dorothea Dix Campus</td>
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<td></td>
<td>McBryde Building, Room #444</td>
<td>Kirby Building, Room #297</td>
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<td>820 South Boylan Ave.</td>
<td>1985 Umstead Drive</td>
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<td>Raleigh, NC</td>
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### Work Plan

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<tr>
<th>TOPICS</th>
<th>MEETING #1</th>
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<tr>
<td></td>
<td>Subcommittee Charter</td>
<td>Beneficiary Support Systems (PHP marketing and member services)</td>
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<td>Expectations, Logistics, Meeting Frequency</td>
<td>Beneficiary Support Systems (Ombudsman)</td>
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<td>High Level Review of Beneficiaries in Managed Care concept paper</td>
<td>Engagement Strategy and Methods</td>
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<td>Comments on Beneficiaries in Managed Care Concept Paper</td>
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Logistics and Member Participation

• Meetings will be available in-person and by webcast/teleconference

• Meetings are open to the public

• Public will have time at the end of each meeting to comment

• Direct written comment to Medicaid.Transformation@dhhs.nc.gov

MEMBERS:
Active participation during meetings will be key to informed input
Offer suggestions, information and perspective
Engage with other members
Ask questions
Beneficiaries in Managed Care

• Eligibility and Enrollment
  – Medicaid Eligibility Determination/Interface with DSS/EBCI Public Health and Human Services
  – Enrollment Broker
  – Enrollment in Managed Care
  – Auto-Assignment Factors
  – Disenrollment

• Beneficiary Supports in Managed Care
  – PHP Marketing
  – PHP Member Services
  – Beneficiary Outreach and Education
  – Health Promotion, Wellness and Disease Prevention
  – Beneficiary Feedback to PHPs and the Department
Beneficiaries in Managed Care

• Appeals and Grievances
  – Beneficiary Appeals
  – Beneficiary Grievances
  – Ombudsman Program
Comments received
Discussion
Public Comment
Next Steps

Next Meeting
Monday, May 7, 2018
10:30 am – 12:30 pm
Kirby Building, Room 297

Next Topics
Beneficiary Support Systems (PHP member services and Ombudsman program)
Appendix
Medicaid Managed Care

Vision
• High-quality care
• Population health improvement
• Provider engagement and support
• Sustainable program with predictable cost

Goals
• Focus on integration of services for primary care, behavioral health, intellectual and developmental disorders, and substance use disorders
• Address social determinants of health (unmet social needs, such as employment, housing and food, and their effect on health)
• Support beneficiaries and providers during transition

SL 2015-245, as amended, directed transition from fee-for-service to managed care for Medicaid and NC Health Choice programs
Medicaid Managed Care Background

• Timing: Go live within 18 months of CMS approval

• Prepaid health plans (PHPs)
  – 3 statewide contracts
  – Up to 12 regional contracts to PLEs in 6 regions
  – Beneficiary chooses plan that best fits situation, or will be auto-assigned according to assignment algorithm
  – At managed care launch, PHPs will offer standard plans with integrated physical, behavioral and pharmacy services (requires enabling legislation)

• PHPs must accept any willing and able provider, including all essential providers (as defined in legislation); exceptions: quality, refusal to accept rates

• Rate floors for physicians