MCAC MANAGED CARE SUBCOMMITTEE

Beneficiary Engagement

July 23, 2018
Welcome

Marilyn Pearson, MCAC Representative
Jenny Hobbs, MCAC Representative
Debra Farrington, DHHS Program Staff
Sharon McDougal, DHHS Program Staff
Welcome and Introductions – 10 mins.
  - Introduction of new member – Ruth Zyry

Review of minutes/Key recommendations – 30 mins.

Transformation Update – 30 mins.

Follow up from Last Meeting - 10 mins.
  - Past Engagement Activities
  - Response to feedback
    - Religious and moral objection
    - Requirements regarding federal protections


Public Comments – 10 mins

Next Steps – 10 mins.
  - Plan for Future meetings
Review of Minutes 2018

- April 9, 2018 Key Takeaways
- May 7, 2018 Key Takeaways
- June 6, 2018 Key Takeaways
Medicaid transformation status

Key Legislation
HBs 403 and 156 PASSED

DHHS Silent Period

Enrollment Broker RFP

Ombudsman Program

Next
Key milestones in progress

Behavioral Health Integration
Achieved in recent legislation

PHP Licensure
(HB 156 passed in July 2018)

PHP RFP
Release within 60 days of passage of HB 156, Est. mid August 2018

1115 Waiver Approval by CMS
In process, anticipated late August

Medicaid Managed Care goes live within 18 months of CMS approval

Upcoming:

• Medicaid Program Changes
• County Manager Webinars
• Advanced Medical Home Certification
Branding: NC Medicaid

- Session Law 2015-245: Division of Medical Assistance to Division of Health Benefits
- Effective August 1, 2018
- Same positions; 100% of employees chose to move from DMA to DHB
- Referred to as “NC Medicaid”
Beneficiary Engagement Goals and Opportunities

1. Provide information and education
2. Solicit and integrate input at individual level
3. Solicit and integrate input at system level
4. Measurably improve access to and care received
Engagement and Input

- Efforts to facilitate beneficiary participation in the design, implementation and monitoring of Medicaid managed care
  - Receive feedback from beneficiary
  - Utilize beneficiary input to
    - formulate recommendations
    - Make system improvements
- Includes
  - Bidirectional communication
  - Access to information
- Support opportunities for beneficiaries to weigh in on other departmental priorities
Previous Beneficiary Engagement Activities

• Email, Written, Telephone Inquiries and Feedback
  – DMA Call Center

• Meetings and Presentations
  – CAP/Children, CAP/DA, PACE, Money Follows the Person

• Round Table Meetings
  – Quarterly

• Lunch and Learn Webinars
  – Monthly

• Listening Sessions at local DSS Offices
  – Throughout the Year
Progressive view of engagement

- Content, methods, frequency of communication
- High to Low level of detail

- Awareness/Understanding
- Engagement/Input

Design

- Informing
- Supporting Decision Making
- Engagement/Input

Pre-Go Live

- Problem solving
- Success Stories
- Engagement/Input

Go Live

Medicaid Managed Care Implementation
<table>
<thead>
<tr>
<th>MANAGED CARE PHASE</th>
<th>Engagement Tasks</th>
<th>Purpose</th>
<th>Engagement Methods</th>
<th>Timeframe</th>
<th>Key Dates/Milestones</th>
</tr>
</thead>
</table>
| DESIGN            | • Develop materials  
                   • Disseminate materials | • Provide high-level overview of managed care | • Written materials  
                   • Web communications |          | Legislation         |
| PRE-GO LIVE       | • Host focus groups  
                   • Develop, Disseminate information  
                   • Host large groups | • Educate on managed care; Personal impact; decision making | • Written materials  
                   • Beneficiary Notices  
                   • In-person  
                   • Webinar  
                   • Web communications  
                   • Media  
                   • PHP marketing strategies |          | EB Vendor Award     |
| GO-LIVE           | • Host public meetings | • Support beneficiary before, during and after launch of managed care  
                   • Issue resolution | • Community based outreach by PHPs, EB Ombudsman Program  
                   • PHP and EB Call Centers  
                   • 1:1 support  
                   • Web communications  
                   • Surveys |          | Open Enrollment Phase One launch of managed care |
Medicaid Manage Care Key Takeaways

**Enrollment Broker**
DHHS will select an enrollment broker to support enrollment of beneficiaries into managed care. This third party enrollment broker (EB) will support PHP selection and enrollment for the cross over population and newly eligible beneficiaries.

Once the EB is selected DHHS will host a special meeting with DSS to finalize details on the implementation plan and interface between the EB and DSS.

**Beneficiary Engagement**
DHHS will initiate beneficiary engagement efforts targeted to reach all Medicaid beneficiaries. The engagement plan for beneficiaries includes information dissemination, outreach and education, beneficiary noticing and choice counseling. Entities with regular beneficiary contact including PHPs, local Departments of Social Services (DSS) offices, EBCI PHHS office(s), local health departments, LME-MCOs, community based organizations, beneficiary call centers will play a pivotal role in providing direction to beneficiaries. Information will be disseminated on “what is managed care”, how members can keep their assigned PCP, what happens with their Medicaid card, keeping contact information up to date, etc.

**What can you do now?**

**Update Demographics**
During each contact with beneficiaries or potentially eligible beneficiaries we request that eligibility workers ask “What is your current address, phone number or email address?” and subsequently update this information in NCFAST.

**Process Returned Mail**
As returned mail is received, please work with other agencies or sources to verify current addresses to ensure the most up to date demographic information is maintained in NCFAST so that recipients receive mailed items in a timely way.
Public Comments
NEXT STEPS

• August Call - Agreement on Recommendations
• Sept. 2018 Report to MCAC
• Determine date for next face to face meeting
Appendix
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