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 April 24, 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.


North Carolina Department of Health and Human Services | April 24, 2019
Welcome

Sam Clark, MCAC Representative
C. Thomas Johnson, MCAC Representative

Lynne Testa, NCDHHS Provider Engagement Lead
Agenda

• Welcome and Introductions
• Review of Minutes and Key Recommendations
• Subcommittee Interim Report - DRAFT
• Provider Education and Engagement Updates
• Public Comments
• Next Steps
Charter

• Identify provider engagement needs during transition period (e.g., Administrative Overview, Enrollment and Credentialing, Ombudsman, Enrollment Broker, Clinical Initiatives)

• Evaluate engagement strategy and methods for supporting providers through Medicaid Managed Care transition
  – Identify new engagement methods
  – Leverage existing relationships (e.g., Associations) to promote provider engagement and outreach

• Recommend strategy for engaging providers pre- and post-Medicaid Managed Care launch
  – Define roles and responsibilities (e.g., DHHS, PHPs) for provider engagement and outreach
  – Identify provider communication channels for offering feedback

• Implement engagement strategy
Context/Level-Setting: Key Definition

Provider Engagement and Outreach

Information, supportive tools, forums and resources that enable and encourage providers to participate, effectively engage, and provide feedback on the Department’s Medicaid transformation efforts.
Feedback Received from Subcommittee Members

Enhanced Support for Rural/Independent practices

• Expanded Subcommittee Participation
  – NCDHHS Office of Rural Health
  – NCDHHS Division of Public Health
  – North Carolina Free & Charitable Clinics Association
  – NC Area Health Education Center (NC AHEC)

• Practice Supports and Technical Assistance

• Provider Inquiries
  (Medicaid.Transformation@dhhs.nc.gov)
  – Information Sharing
Feedback Received from Subcommittee Members

Commitment to Provider Satisfaction

• NC Medicaid Provider Ombudsman
  – Medicaid.ProviderOmbudsman@dhhs.nc.gov

• Timely Responses to Provider Inquiries

• Provider E & E Strategy Implementation
  – According to Approved Plan
    ▪ Webinars
    ▪ Virtual Office Hours
    ▪ PHP Meet & Greets
    ▪ Website Refresh
Feedback Received from Subcommittee Members

Standardization Across Health Plans

• Standardizing and simplifying processes and standards across PHPs wherever appropriate

• Incorporating a centralized, streamlined enrollment and credentialing process

• Ensuring transparent payments for PHPs and fair contracting and payments for clinicians

• Standardizing quality measures across PHPs

• Using standard prior authorization forms

• Establishing a single statewide preferred drug list that all PHPs will be required to use

• Covering the same services as Medicaid Fee-for-Service (except select services carved out of managed care)

• Requiring PHPs to use DHHS’ definition of “medical necessity” when making coverage decisions and set FFS benefit limits as a floor in managed care
Feedback Received from Subcommittee Members

Educate Providers on Payment & Reimbursement

- NC Medicaid Managed Care Training Course
  - MCT 102 Provider Payment and Contracts
    - Thursday, April 11, 2019
    - Highlights
  - Provider Rate Floor and Reimbursement Scenarios
  - Medicaid Transformation Inquiries
Feedback Received from Subcommittee Members

Proactive Communication with Associations

• Expanded Scope of the Subcommittee
  – Meetings scheduled through end 2019

• Advance Notification of Provider E & E Efforts
  – Enrollment/Credentialing Special Bulletin 4/19
  – All Communication Plans for Provider E & E

• More to Come
  – Train-the-Trainer
  – Virtual Office Hours at Association Conferences
  – Practice Supports and Technical Assistance
Discussion
Provider Education and Engagement Updates
Baseline Education and Engagement Support

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

- Web-Based Resources
- Webinars
- FAQs
- Virtual Office Hours
- PHP “Meet and Greets”
- Training and Hands-On Technical Assistance for Targeted Providers (e.g., Rural/Essential/Smaller Providers)
- Partner Communication Channels (Provider Associations)
Website Refresh

Providers

Prepaid Health Plan (PHP) Contacts
For inquires you can access a list of Prepaid Health Plan contacts.

Get Support →

Transitioning to Medicaid Managed Care →

- Health Plan Contacts
- Claims and Billing
- Clinical Coverage Policies
- Medicaid Bulletins
- Seminars and Training
- Excluded Providers
- Cost Reports and Assessments
- Programs and Services
- Provider Enrollment
- Medicaid Bulletin Updates
- Special Exceptions
Website Refresh

Provider Transition to Managed Care

New Webinar Series for Providers Transitioning to Managed Care

Quick Links
- Prepaid Health Plan Contact
- Become a NC Medicaid Provider
- Sign Up to Receive Medicaid Information & NC Medicaid Fee for Service Items

Training courses
Learn about transition of Medicaid Managed Care changes for providers, and actions to take.

Prepaid Health Plan Meet and Greet Forums
Regional sessions where providers meet representatives of Prepaid Health Plans and ask questions about network participation within Medicaid Managed Care innovation.

Virtual Office Hours
Interactive format where questions from providers are answered by NC Medicaid subject matter experts.
Virtual Office Hours

Virtual office hours (VOH) provides an interactive format for providers to have their questions answered. For the first VOH session, the focus will be on Medicaid provider enrollment and credentialing. A panel of NC Medicaid subject matter experts on this topic will be available to answer questions. Providers are encouraged to submit questions in advance to Medicaid_virtualofficehours@dhhs.nc.gov for discussion during office hours.

A schedule of upcoming virtual office hours will be announced shortly.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Submit Questions By</th>
<th>Registration Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday, April 26, 2019</td>
<td>12:30 p.m.-2:00 p.m.</td>
<td>Monday, April 22, 2019</td>
<td>Coming Soon</td>
</tr>
</tbody>
</table>
Website Refresh

NC Medicaid Managed Care Training Courses

MCT 101 - Provider Transition to NC Medicaid Managed Care 101

A high-level overview for providers of the transition to NC Medicaid Managed Care. The webinar covers the vision and context of North Carolina's transformation to a managed care system, provides a close look at managed care key initiatives, and highlights opportunities for providers to be part of the process.

- Presentation
- Recording
- Transcript (will be posted when available)

MCT 102 - Provider Payment and Contracts, NC Medicaid Managed Care 102

This webinar will help providers understand what and how they will be paid under managed care contracting arrangements. It will give providers an understanding of changes in financing and implications for their net revenue, what information they need to submit to be paid, protections implemented by the State (such as rate floors) and “any willing provider” requirements.

Thursday, April 11, 2019
Noon-1 p.m.

Register

A recording of the webinar, including a summary of questions and answers shared during the session, will be posted to the Medicaid website when available.
Website Refresh

Prepaid Health Plan Meet and Greet

Regional sessions will offer providers an opportunity to meet with health plan representatives, ask specific questions about provider network participation and Medicaid Managed Care transition. Health Plans and NC Medicaid subject matter experts will be on hand to respond to provider inquiries.

A schedule of upcoming Meet and Greet sessions is posted below. Registration is not required. Additional dates and locations will be added when available. For questions, email Medicaid.PHPMeetGreet@dhhs.nc.gov

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Region</th>
<th>Location</th>
</tr>
</thead>
</table>
| April 15, 2019 | Noon-7 p.m.| 2      | The Moses H. Cone Memorial Hospital  
1121 N. Church Street  
Greensboro, North Carolina 27401  
AHEC Site Coordinator - (336) 832-7933  
Site information and driving directions: [Afternoon](#) |
| April 16, 2019 | Noon-2:30 p.m. 5-7 p.m.| 4      | Vance Granville Community College  
200 Community College Road - Civic Center  
Henderson, North Carolina  
AHEC Site Coordinator - (252) 738-3416  
Site information and driving directions: [Afternoon | Evening](#) |
| April 17, 2019 | Noon-2:30 p.m. 5-7 p.m.| 4      | Area I AHEC  
1631 S. Wesleyan Boulevard  
Rocky Mount, North Carolina 27804  
AHEC Site Coordinator - (252) 972-6998  
Site information and driving directions: [Afternoon | Evening](#) |
| April 18, 2019 | Noon-2:30 p.m. 5-7 p.m.| 3      | Charlotte AHEC  
5039 Airport Center Parkway  
Charlotte, North Carolina 28208  
AHEC Site Coordinator - (704) 512-6052  
Site information and driving directions: [Afternoon | Evening](#) |
| April 22, 2019 | Noon-2:30 p.m. 5-7 p.m.| 2      | Eastern AHEC  
2600 W. Arlington Boulevard  
Greenville, North Carolina 27834  
AHEC Site Coordinator - (252) 744-8217  
Site information and driving directions: [Afternoon | Evening](#) |
Provider Questions

For more information

Practice Support & Technical Assistance:
Medicaid.Practicesupport@dhhs.nc.gov

Virtual Office Hours:
Medicaid.virtualofficehours@dhhs.nc.gov

PHP Meet & Greets:
Medicaid.PHPMeetGreet@dhhs.nc.gov

Medicaid Ombudsman
Medicaid.ProviderOmbudsman@dhhs.nc.gov
Practice Supports and Technical Assistance
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
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
# Advanced Medical Home Participation Report

<table>
<thead>
<tr>
<th>Provider_Name</th>
<th>DBA_Name_Loc</th>
<th>County</th>
<th>Tier</th>
<th>Num_Enrolle</th>
<th>CIN</th>
<th>MCL Regio</th>
<th>Essential Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORNELLIUS F. CATHCART PEDIATRICS PA</td>
<td>NC PEDIATRIC ASSOCIATES</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>2,355 None</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>CENTER FOR WOMENS HEALTH</td>
<td>CENTER FOR WOMENS HEALTH</td>
<td>039 - GRANVILLE</td>
<td>2</td>
<td>245</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>DUKE UNIVERSITY AFFILIATED PHYSICIAN</td>
<td>003 -</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>1,376 Duke Connect Care LLC</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>CENTRAL REGIONAL HOSPITAL WHITAKER</td>
<td>CENTRAL REGIONAL HOSPITAL WHITAKER PRTF</td>
<td>039 - GRANVILLE</td>
<td>1</td>
<td>1</td>
<td>None</td>
<td>Region 4</td>
<td>LHD</td>
</tr>
<tr>
<td>ANDERSON, BEVERLY LEANORA</td>
<td>BEVERLY ANDERSON</td>
<td>039 - GRANVILLE</td>
<td>3</td>
<td>187 CCN</td>
<td>None</td>
<td>Region 4</td>
<td>RHC</td>
</tr>
<tr>
<td>GRANVILLE VANCOUVER DISTRICT HEALTH DEP</td>
<td>SOUTH GRANVILLE PRIMARY CARE</td>
<td>039 - GRANVILLE</td>
<td>2</td>
<td>589</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>GRANVILLE HEALTH SYSTEM</td>
<td>GRANVILLE INTERNAL MEDICINE</td>
<td>039 - GRANVILLE</td>
<td>2</td>
<td>742</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>R J BLACKLEY ALCOHOL AND DRUG ABUSE</td>
<td>039 - GRANVILLE</td>
<td>1</td>
<td>218</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>EUGENE DAVIS DAY MD PA</td>
<td>EUGENE DAVIS DAY MD PA</td>
<td>039 - GRANVILLE</td>
<td>1</td>
<td>157 None</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>RURAL HEALTH GROUP INC</td>
<td>003 -</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>275 Duke Connect Care LLC</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>1,451 Duke Connect Care LLC</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>GRANVILLE HEALTH SYSTEM</td>
<td>GRANVILLE OBSTETRICS &amp; GYNECOLOGY</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>9</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>GRANVILLE HEALTH SYSTEM</td>
<td>GRANVILLE INTERNAL MEDICINE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>742</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>JAMES M MCCAFFREY MD PLLC</td>
<td>JAMES M MCCAFFREY MD PLLC</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>275 Duke Connect Care LLC</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>DUKE UNIVERSITY AFFILIATED PHYSICIAN</td>
<td>DUAP BUTLER CREEK MEDICAL FAMILY</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>1,451 Duke Connect Care LLC</td>
<td>Region 4</td>
<td>State Operated Facility</td>
<td></td>
</tr>
<tr>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>DENTAL DIVISION MURDOCH CENTER</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>9</td>
<td>None</td>
<td>Region 4</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>BETHANY MEDICAL CENTER</td>
<td>BETHANY MEDICAL CENTER</td>
<td>003 -</td>
<td>5</td>
<td>2</td>
<td>None</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>052 - HIGH POINT INTERNAL MEDICINE</td>
<td>041 - GUILFORD</td>
<td>2</td>
<td>5 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>053 - HP - FAMILY MEDICINE AT ADAMS FARM</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>0 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>054 - FAMILY MEDICINE AT HIGH POINT</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>1 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>056 - HP - OB/GYN</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>0 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>057 - HP - PEDIATRICS</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>2 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>058 - HP - WOMEN'S HEALTH</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>0 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>059 - FAMILY MEDICINE AT PALLADIUM</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>1 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>060 - FAMILY MEDICINE AT PREMIER</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>2 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCES</td>
<td>061 - INTERNAL MEDICINE AT PREMIER</td>
<td>041 - GUILFORD</td>
<td>3</td>
<td>0 CHESS/Emtiro Health</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>MUSTARD SEED COMMUNITY HEALTH</td>
<td>MUSTARD SEED COMMUNITY HEALTH</td>
<td>003 -</td>
<td>1</td>
<td>49</td>
<td>None</td>
<td>Region 2</td>
<td>Free Charitable Clinic</td>
</tr>
<tr>
<td>FRIENDLY URGENT AND FAMILY CARE</td>
<td>FRIENDLY URGENT AND FAMILY CARE</td>
<td>003 -</td>
<td>3</td>
<td>93 CCN</td>
<td>None</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>003 -</td>
<td>5</td>
<td>14,246 Carolina Medical Home Network</td>
<td>Region 2</td>
<td>FQHC</td>
<td></td>
</tr>
<tr>
<td>TIMA WELLNESS PA</td>
<td>TIMA WELLNESS PA</td>
<td>003 -</td>
<td>1</td>
<td>11</td>
<td>None</td>
<td>Region 2</td>
<td>State Operated Facility</td>
</tr>
<tr>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>003 -</td>
<td>5</td>
<td>5,658 Carolina Medical Home Network</td>
<td>Region 2</td>
<td>FQHC</td>
<td></td>
</tr>
</tbody>
</table>
### Advanced Medical Home Participation Report

<table>
<thead>
<tr>
<th>NPI_Representative_ID</th>
<th>Provider_Name</th>
<th>ODA_Name_Loc</th>
<th>County</th>
<th>Tier</th>
<th>Tier_Begin_Date</th>
<th>Current_Num_Enrollees</th>
<th>CIN</th>
<th>MCL Region</th>
<th>Essential Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1003923313</td>
<td>CORNELIUS F PACTHER PEDIATRICS PA</td>
<td>NC PEDIATRIC ASSOCIATES</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>01/30/2019</td>
<td>2,355 None</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>11145790310</td>
<td>CENTER FOR WOMEN'S HEALTH</td>
<td>CENTER FOR WOMEN'S HEALTH</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>246</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1114265333</td>
<td>CENTRAL REGIONAL HOSPITAL WHATKER</td>
<td>CENTRAL REGIONAL HOSPITAL WHATKER PRTF</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>01/24/2019</td>
<td>1,375 Duke Connect Care LLC</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1154243404</td>
<td>ANDERSON BEVERLY LEANDRA</td>
<td>BEVERLY ANDERSON</td>
<td>039 - GRANVILLE</td>
<td>7</td>
<td>09/01/2018</td>
<td>1</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1184783409</td>
<td>GRANVILLE-VANCE DISTRICT HEALTH DEP</td>
<td>003 - GRANVILLE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>12/10/2018</td>
<td>137 CCPN</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1265309548</td>
<td>GRANVILLE HEALTH SYSTEM</td>
<td>SOUTH GRANVILLE PRIMARY CARE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>539</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1568781433</td>
<td>R J BLACKLEY ALCOHOL AND DRUG ABUSE</td>
<td>039 - GRANVILLE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>213</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>16050058001</td>
<td>EUGENE DAVID DAY MD PA</td>
<td>EUGENE DAVID DAY MD PA</td>
<td>039 - GRANVILLE</td>
<td>7</td>
<td>09/01/2018</td>
<td>213</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1606213671</td>
<td>RURAL HEALTH GROUP INC</td>
<td>039 - GRANVILLE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>137 None</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>16959613303</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>742</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>17776226203</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>137 None</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>18135919505</td>
<td>GRANVILLE HEALTH SYSTEM</td>
<td>GRANVILLE INTERNAL MEDICINE</td>
<td>039 - GRANVILLE</td>
<td>7</td>
<td>09/01/2018</td>
<td>275 Duke Connect Care LLC</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>18214967583</td>
<td>DIP MARIA PARKHAM PHYSICIAN PRACTICE</td>
<td>MARIA PARKHAM WOMENS CARE</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>137 None</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1851782973</td>
<td>JAMES A MCCARTHY MD PLLC</td>
<td>GRANVILLE OBSTETRICS &amp; GYNECOLOGY</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>9</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1871121807</td>
<td>DUKE UNIVERSITY AFFILIATED PHYSICIAN</td>
<td>DUPE BUTNER CREEDMORE FAMILY</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>1,451 Duke Connect Care LLC</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1863879315</td>
<td>MURDOCH DEVELOPMENTAL CENTER</td>
<td>DENTAL DIVISION MURDOCH CENTER</td>
<td>039 - GRANVILLE</td>
<td>5</td>
<td>09/01/2018</td>
<td>2</td>
<td></td>
<td>Region 4</td>
<td></td>
</tr>
<tr>
<td>1003820032</td>
<td>BETHANY MEDICAL CENTER</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>2</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200323</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>052 - HIGH POINT INTERNAL MEDICINE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>5 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200324</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>053 - HP - FAMILY MEDICINE AT ADAMS FARM</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>0 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200325</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>054 - FAMILY MEDICINE AT HIGH POINT</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>1 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200326</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>055 - HP - OS/OYN</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>0 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200327</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>057 - HP - PEDIATRICS</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>2 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200328</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>058 - HP - WOMENS HEALTH</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>0 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200329</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>059 - FAMILY MEDICINE AT FALLADUM</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>1 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200330</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>060 - FAMILY MEDICINE AT PREMIER</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>2 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>10038200331</td>
<td>WAKE FOREST UNIVERSITY HEALTH SCIENCE</td>
<td>061 - INTERNAL MEDICINE AT PREMIER</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>0 CHESS/Emrato Health</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>15196393009</td>
<td>MUSTARD SEED COMMUNITY HEALTH</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>49</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>1568674216</td>
<td>FRIENDLY URGENT AND FAMILY CARE</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>91 CCPN</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>1568674940</td>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>14,246 Carolina Medical Home Network</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>1609260942</td>
<td>TINA WELLNESS PA</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>11</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>1626747480</td>
<td>TRIAD ADULT AND PEDIATRIC MEDICINE</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>5,633 Carolina Medical Home Network</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
<tr>
<td>1646868922</td>
<td>REGIONAL PHYSICIANS LLC</td>
<td>003 - GRANVILLE</td>
<td>041 - GUILFORD</td>
<td>5</td>
<td>09/01/2018</td>
<td>209</td>
<td></td>
<td>Region 2</td>
<td></td>
</tr>
</tbody>
</table>
AHEC Practice Support

For NC Medicaid Managed Care
April 24, 2019
AHEC and NC Medicaid Managed Care Regions

- 9 AHECs
- 6 Medicaid Managed Care Regions
About NC AHEC

Practice Support

- 25 coaches
- Every county
- Currently in 800+ practices
- Quality Improvement
- EHR and HIT Adoption
- PCMH
- Preparing for Value Based Care
- Change Management

WHAT MATTERS TO YOU?

QUALITY AND VALUE IMPROVEMENT
- Access and empowerment: enhance continuity and proactive approach to care
- Implement evidence-based practice and patient-centered approaches with an eye to enhancing patient-centered care (PCMH, Chronic Care Management, Ambulatory Care Quality Improvement Program, Group Medical Home)
- Quality improvement training and education in system, provider, and improve quality, cost, and experience of clinical and operational processes in your practice
- Facilitate achievement of Patient-Centered Medical Home recognition and maintenance

FINANCIAL HEALTH AND OPERATIONAL EFFICIENCY
- Analyze payer, cost drivers, and outcomes; plan, optimize participation and success in state and federal incentive programs
- Develop budgets, strategies, plans, and organizational reporting structures
- Develop processes for revenue cycle assessment and enhancement
- Evaluate and select EHR

We will get to know your practice and provide a customized plan to fit your needs.
Goal: Help practices transition to Medicaid Managed Care

Emphasize assistance to small, rural and underserved practices

Engage others with significant Medicaid population that may need assistance such as urban FQHCs and local health departments
Provider Outreach Work Plan

- Scheduled, unscheduled visits
- Email, phone, remote contacts
- Practices needing more assistance may apply for ongoing practice support services
Provider Outreach Work Plan – Identify Targeted Providers

1. **List from Division of Health Benefits**
2. **AHEC Coaches Medical Managed Care Consultants introduced via conference call**
3. **Filter for Essential Providers**
   - **Association Prioritization Here?**
4. **Divide by AHEC region**
5. **Send list to regions**
6. **Coaches add small independent practices**
7. **List Back to Central AHEC Practice Support**
8. **Final List to Regions**
Provider Outreach Work Plan

2,800 Practices in the AMH Universe

349 Essential Providers + 306 Small Independent Practices
= 655 Targeted Providers
Provider Outreach Work Plan

Targeted Providers Active with AHEC Practice Support

- Working With AHEC: 309 (47%)
- 346 (53%)
Provider Outreach Prioritization

2,800 AMH Practices

As time permits...

Health System Practices asking for help

2,800 AMH Practices

655

Highest Priority

Tier 1
≥100 enrollees

Tier 2
≥100 enrollees

Tier 3
≥100 enrollees
No CIN

Secondary Priority

Tier 1
10-99 enrollees
rural or near rural
No CIN

Tier 2
10-99 enrollees
rural or near rural

Tertiary Priority

Tier 1
10-99 enrollees
urban independent or urban FQHC – No CIN

Tier 2
10-99 enrollees
urban independent or urban FQHC

Tier 3
10-99 enrollees
urban independent or urban FQHC
### Provider Outreach – 2019 Timeline

<table>
<thead>
<tr>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach begins in Regions 2 &amp; 4</td>
<td>Outreach begins in Regions 1, 3, 5, &amp; 6</td>
<td>All Region 2 &amp; 4 Essential Practices have received a contact</td>
<td>All Region 1, 3, 5 &amp; 6 Essential Practices have received a contact</td>
</tr>
</tbody>
</table>
Provider Outreach - Resources

One page document with links to previously recorded webinars, white papers, tip sheets, etc.

Flash drives that contain previously recorded webinars for providers without adequate broadband access
Calendar of Practice Visits/Contacts

May start with Google calendar and transition to a proprietary calendar that is a feature of a CRM solution or other application.
Provider Outreach – Contact/Post Contact

1. Coaches schedule visits
2. Coaches contact MCCs regarding tandem visits
3. Contact/visit practices
4. Complete visit report/list upcoming visits
5. POPS staff review data
6. POPS staff report out to DHB

Practice needs more intense coaching

Schedule second visits

Provider Engagement and Outreach Contact/Visit Data Form

- Date of Visit
- Scheduled/Unscheduled
- MCT Region
- Contact Method
- Practice Name
- NPI #
- TIN
- Office Telephone
- Provider Point of Contact
- Provider Type

Submit

North Carolina Area Health Education Centers
Practice Level TA Workflow – In Person or Unscheduled Visit

- Enter Practice
- Ask to Speak with PM or Provider
- Introduce Self – State Reason for Visit and Partnership with DHB
- Provide Information on AHEC PS Services
- Deliver Targeted Message
- Leave Practice

Content/Flow of visit will be driven by the practice and somewhat by the style of the AHEC coach.
Practice Level TA Workflow – Phone Outreach

- Call Practice
- Ask to Speak with PM
- Introduce Self – State Reason for Call and Partnership with DHB
- Provide Information on AHEC PS Services
- Deliver Targeted Message
- Conclude Call with Practice

Content/Flow of call will be driven by the practice and somewhat by the style of the AHEC coach.
Targeted Messaging for Practice Contacts - Mandatory

- **Emphasis on improvements resulting from Medicaid Managed Care**
- **Key dates**
- **Webinars and tip sheets**
- **Availability of AHEC to assist on an ongoing basis**
- **Assessment of current concerns/questions**
- **Availability of meet and greets**

- whole person care; the goals of advanced integration
- more support for the Advanced Medical Home through clinically integrated networks and/or prepaid health plans to coordinate care
- emphasis and access to more healthy opportunities to combat social determinants
- very specific quality targets
Targeted Messaging for Practice Contacts - Offered

Prepaid Health Plans
- patient choice vs. assignment (& relevance to patient panel)
- contracting issues

Rate floor scenarios
- will be paid at least what they are paid now

Enrollment & credentialing

Provider payments

Meaning and goals of value-based care

Quality Program
Provider Satisfaction Survey

How did NC AHEC staff do when we contacted you about Medicaid Managed Care?

1. I was satisfied with the information/assistance I received.

   - Strongly Disagree
   - Neutral
   - Strongly Agree
2. The level of service provided by your organization was on target.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Satisfaction Survey

3. I am confident that my practice will be successful in the transition to Medicaid Managed Care.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


Provider Satisfaction Survey

4. I would recommend Medicaid Practice Support and Technical Assistance to other providers who need assistance in preparing for Medicaid Managed Care.
Provider Satisfaction Survey

4. I would recommend Medicaid Practice Support and Technical Assistance to other providers who need assistance in preparing for Medicaid Managed Care.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Neutral</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion
Public Comments
Next Steps

• Next Meeting Thursday, June 20, 2019
  – 10:30 am to 12:30 pm
  – McBryde Building, Room 444
  – Remote Attendance Available
Appendix:

Managed Care Transition Education and Engagement Strategy
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

<table>
<thead>
<tr>
<th>Target Audiences</th>
<th>Key Education &amp; Engagement Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Providers</strong>&lt;br&gt;(clinical and administrative staff)</td>
<td>▪ Information on:&lt;br&gt;  ▪ Overview of what managed care means for NC Medicaid providers  &lt;br&gt;  ▪ Managed care contracting and billing  &lt;br&gt;  ▪ Provider payment (e.g., provider contribution, rate floors)&lt;br&gt;  ▪ Clinical policies (e.g., UM, benefit package, appeals)&lt;br&gt;  ▪ Provider policies (e.g., credentialing, network adequacy, resolving complaints)&lt;br&gt;  ▪ Beneficiary policies (e.g., eligibility and enrollment, patient auto-assignment)&lt;br&gt;  ▪ Opportunities to provide feedback on the above topics&lt;br&gt;  ▪ Opportunities to ask questions/get clarification and receive support on above topics</td>
</tr>
<tr>
<td><strong>Essential/Rural/Small Providers</strong></td>
<td>▪ In addition to above, targeted, practice-level technical assistance during managed care transition</td>
</tr>
<tr>
<td><strong>LTSS Providers</strong>&lt;br&gt;(including primary care, home health/PNS)</td>
<td>▪ In addition to above, unique managed care requirements, expectations and implications specific to LTSS</td>
</tr>
<tr>
<td><strong>FQHCs, LHDs, Public Ambulance Providers</strong></td>
<td>▪ In addition to above, unique payment changes specific to these providers</td>
</tr>
<tr>
<td><strong>Provider Associations</strong>&lt;br&gt;(e.g., NC Medical Society)</td>
<td>▪ Information on the above topics for providers  &lt;br&gt;  ▪ Opportunities to provide feedback and ask questions on the above topics</td>
</tr>
</tbody>
</table>
### Key Messages

**Key messages must be tailored to target audiences.**

<table>
<thead>
<tr>
<th>Target Audiences</th>
<th>Key Messages</th>
</tr>
</thead>
</table>
| **All audiences** (focus on providers) | - 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:  
    - 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**    | - 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**                    | - There are unique managed care requirements, expectations and implications specific to LTSS |
| **FQHCs, LHDs, Public Ambulance Providers** | - There are unique payment arrangements specific to these providers |
| **Provider Associations** (e.g., NC Medical Society)** | - All of the above topics – 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.

<table>
<thead>
<tr>
<th>Modalities</th>
<th>Planned Approach</th>
<th>Timeframe</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Dissemination</td>
<td>Factsheets/FAQs</td>
<td>TBD – after each webinar</td>
<td>DHB</td>
</tr>
<tr>
<td></td>
<td>Program policies and updates</td>
<td>Ongoing</td>
<td>DHB</td>
</tr>
<tr>
<td></td>
<td>Information on policies and procedures, contracting</td>
<td>Starting February 2019; ongoing</td>
<td>PHP</td>
</tr>
<tr>
<td>Feedback Opportunities</td>
<td>Webinar series</td>
<td>January – March 2019</td>
<td>DHB**</td>
</tr>
<tr>
<td></td>
<td>Virtual office hours</td>
<td>Starting January 2019; ongoing</td>
<td>DHB</td>
</tr>
<tr>
<td></td>
<td>Series of targeted presentations at stakeholder association meetings</td>
<td>Winter – Fall 2019</td>
<td>DHB</td>
</tr>
<tr>
<td></td>
<td>Provider/PHP “meet and greet” sessions</td>
<td>Spring – Summer 2019</td>
<td>DHB</td>
</tr>
<tr>
<td>Training</td>
<td>Targeted training for rural and/or essential providers</td>
<td>February – November 2019</td>
<td>AHEC***</td>
</tr>
<tr>
<td>Practice-Level Technical Assistance (TA)</td>
<td>On-the-ground technical assistance focusing on safety net/essential and rural providers</td>
<td>February – November 2019</td>
<td>AHEC***</td>
</tr>
</tbody>
</table>

---

*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.

<table>
<thead>
<tr>
<th>Pre-Award Nov. 2018</th>
<th>PHPs Awarded Feb. 2019</th>
<th>Managed Care Launch Nov. 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Launch</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHB activities*</td>
<td>PHP activities</td>
<td>DHB activities*</td>
</tr>
<tr>
<td>• Information dissemination</td>
<td>• Information dissemination</td>
<td>• Information dissemination</td>
</tr>
<tr>
<td>Factsheets/FAQs</td>
<td></td>
<td>Policies and procedures</td>
</tr>
<tr>
<td>Feedback opportunities</td>
<td></td>
<td>Training</td>
</tr>
<tr>
<td>Webinars, virtual office hours, engage stakeholder associations</td>
<td></td>
<td>Policies and procedures</td>
</tr>
<tr>
<td><strong>Program Launch</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DHB activities*</td>
<td>PHP activities</td>
<td>DHB activities*</td>
</tr>
<tr>
<td>• Feedback opportunities</td>
<td>• Information dissemination</td>
<td>• Information dissemination</td>
</tr>
<tr>
<td>Webinars, virtual office hours, engage stakeholder associations, “meet and greets”</td>
<td></td>
<td>Policies and procedures</td>
</tr>
<tr>
<td>AHEC activities**</td>
<td></td>
<td>DHB activities</td>
</tr>
<tr>
<td>• Training</td>
<td></td>
<td>• Information dissemination</td>
</tr>
<tr>
<td>• Practice-level technical assistance</td>
<td></td>
<td>Policies and procedures</td>
</tr>
<tr>
<td><strong>Post Go-Live</strong></td>
<td></td>
<td>AHEC activities**</td>
</tr>
<tr>
<td>AHEC activities**</td>
<td></td>
<td>• Training</td>
</tr>
<tr>
<td>• Practice-level technical assistance</td>
<td></td>
<td>• Practice-level technical assistance</td>
</tr>
</tbody>
</table>

* 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.

<table>
<thead>
<tr>
<th>Planned Approach</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Webinars</strong></td>
<td>Webinars giving an overview of major changes, intended for a broad audience</td>
</tr>
<tr>
<td></td>
<td>▪ Overview of Managed Care Transition</td>
</tr>
<tr>
<td></td>
<td>(e.g., key changes and important items to know now)</td>
</tr>
<tr>
<td></td>
<td>▪ Behavioral Health Services: Standard Plans and Transition Period*</td>
</tr>
<tr>
<td><strong>Topical Webinar Series</strong></td>
<td>Series of focused webinars providing a deeper dive on specific topics</td>
</tr>
<tr>
<td></td>
<td>▪ Managed Care Contracting and Billing</td>
</tr>
<tr>
<td></td>
<td>(e.g., contracting with PHPs, essential provider requirements, billing requirements)</td>
</tr>
<tr>
<td></td>
<td>▪ Provider Payment</td>
</tr>
<tr>
<td></td>
<td>(e.g., payment streams, how financing/provider contribution will change)</td>
</tr>
<tr>
<td></td>
<td>▪ Clinical Policies</td>
</tr>
<tr>
<td></td>
<td>(e.g., benefit package, approach to utilization management, appeals)</td>
</tr>
<tr>
<td></td>
<td>▪ Provider Policies</td>
</tr>
<tr>
<td></td>
<td>(e.g., credentialing, network adequacy, grievances)</td>
</tr>
<tr>
<td></td>
<td>▪ Beneficiary Policies</td>
</tr>
<tr>
<td></td>
<td>(e.g., included/excluded populations, patient attribution/auto-assignment)</td>
</tr>
<tr>
<td><strong>Webinars for LTSS Providers</strong></td>
<td>Webinars giving an overview of unique requirements related to Long Term Services and Supports</td>
</tr>
<tr>
<td></td>
<td>▪ LTSS in Managed Care: Overview</td>
</tr>
<tr>
<td></td>
<td>(e.g., eligibility and enrollment, enhanced beneficiary support services, services during transitions)</td>
</tr>
<tr>
<td></td>
<td>▪ LTSS in Managed Care: Care Management</td>
</tr>
<tr>
<td><strong>Targeted Webinars on Provider Payment</strong></td>
<td>Webinars providing additional detail for specific types of providers with unique payment policies</td>
</tr>
<tr>
<td></td>
<td>▪ FQHCs</td>
</tr>
<tr>
<td></td>
<td>▪ Local Health Departments</td>
</tr>
<tr>
<td></td>
<td>▪ Public Ambulance Providers</td>
</tr>
</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th>Planned Approach</th>
<th>Details</th>
</tr>
</thead>
</table>
| Medicaid Transformation Inbox/ Frequently Asked Questions | Central email contact for any questions related to Medicaid Transformation  
  ▪ 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 (*number and frequency of sessions TBD*)  
  ▪ 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  
  ▪ 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 |

Appropriate SMEs will present content and/or field questions at each session.
### Timeline of Upcoming Trainings

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

**Feb/ongoing**
- Information on policies and procedures, contracting

**Spring – Summer**
- Provider/PHP “meet and greet” sessions

**Winter – Fall**
- Series of targeted presentations at stakeholder association meetings

**Jan/ongoing**
- Virtual office hours

---

### 2019

<table>
<thead>
<tr>
<th>Jan - Mar</th>
<th>Apr - Jun</th>
<th>Jul - Sep</th>
<th>Oct - Dec</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Jan – Mar</strong>&lt;br&gt;Webinar series&lt;br&gt;Jan/ongoing&lt;br&gt;FAQs updated, as needed</td>
<td>Feb – Nov&lt;br&gt;Targeted training and on-the-ground technical assistance to all providers, with a focus on safety net/essential and rural providers</td>
<td><strong>Information Dissemination</strong></td>
<td><strong>DHB</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Feedback Opportunities</strong></td>
<td><strong>AHEC</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Training</strong></td>
<td><strong>PHP</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Practice-Level Technical Assistance</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

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