NC Medicaid Transformation Update

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Assistant Secretary, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting
March 19, 2021
Agenda

Official Launch of Managed Care Open Enrollment

• Key Milestones and Statistics
• Project Status
• Beneficiary Support, Education & Outreach
• Current Activities
• Provider Resources
• PHP Readiness
<table>
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<tr>
<th>Date</th>
<th>Milestones</th>
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<tr>
<td>March 1</td>
<td>• Soft Launch Call Center, website, mobile app live</td>
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<td>March 15</td>
<td>• Managed Care Open Enrollment began</td>
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<td>• Beneficiaries can use the website, mobile app and NC Medicaid Managed Care Call Center to find their doctor and select a health plan</td>
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<td>April 12</td>
<td>Deadline for providers to submit contracts to PHPs for their information to be used in auto-enrollment</td>
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<td>April 15</td>
<td>• Reminder postcards to be mailed to beneficiaries</td>
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<td>• Ombudsman Go Live</td>
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<td>May 14</td>
<td>Open Enrollment Ends</td>
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<td>May 15</td>
<td>• Beneficiaries who have not chosen a health plan will be “auto-enrolled” in a plan and notified by mail</td>
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<td>• Transition of care activities implemented</td>
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<td>July 1</td>
<td>• Medicaid beneficiaries start receiving care through Managed Care Providers</td>
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<td>• Beneficiaries have 90 days to change their plan selection</td>
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OPEN ENROLLMENT STATISTICS

• Enrollments: 13,805 (as of 3.17.21)

• As of March 12:
  • 8,577 calls handled
  • 18,472 website visits
  • 2,235 chat sessions
  • 3,850 mobile app visits

• More than 775,000 Enrollment Packets have been mailed to beneficiaries
Standard Plan Project Status

Program Story Points Planned and Earned by Business Unit

Notes:
- Hill Climber chart shows the relative level of effort earned to date compared to the relative level of effort planned (cumulative).
- The data reported in this week’s status report is reflective of the information in Jira at the time the report was created.
- While overall Program Completion is ahead of target, there are still areas and items that are behind or trending behind.
Focus on Beneficiary

Resources

• Medicaid Contact Center
  o 888-245-0179

• Website updates and social media
  o https://medicaid.ncdhhs.gov/transformation

• Paid advertising
  o Radio, TV, web, social media (English and Spanish)
Online Help Centers

NC Medicaid Help Center

A resource for providers to research questions and submit inquiries, the Help Center is an online source of information about Managed Care, COVID-19, Medicaid and behavioral health services. You can also search to find answers to questions from the Help Center mailbox, webinars and other sources.

Medicaid Help Center: 
nncgov.servicenowservices.com/sp_ncmedicaid?id=kb_view_helpcenter

NC Medicaid Beneficiary Portal

An online portal for North Carolinians receiving or wanting to apply for Medicaid. The portal provides Medicaid resources in an easy-to-use web platform. The Help Center Assistant search feature guides users to topics of interest to them.

Medicaid Beneficiary Portal: medicaid.ncdhhs.gov/beneficiaryportal
Current Activities to Support Managed Care & Tribal Option Launch

• Beneficiary Focused Activities
  — Beneficiary notices and enrollment, advertising, engagement & outreach
  — Updated Member Handbooks
  — End-to-end testing beneficiary information flows, transition of care processes, auto assignment and PCP assignment algorithm.
  — County DSS support approach, training sessions, and enrollment supports

• Provider Related Activities
  — PHP and provider contracting
  — Update call center scripting and conduct agent training for the NC Tracks Provider Call Center
  — Engagement & training to support providers through the transition
  — End-to-end test provider information data flows

• Health Plan Focused Activities
  — End-to-end test the capitation payment process.
  — PHP readiness reviews
  — PHP and Tribal Option hiring/rehiring of staff, including key personnel
  — PHPs contracting with sufficient providers and systems
Importance of contracting in advance of open enrollment

- Beneficiaries may only select in-network (contracted) PCPs during open enrollment and health plans will assign beneficiaries to in-network providers only.

- Ability to earn per member per month (PMPM) payments through the Advanced Medicaid Home (AMH) program.

- Risk of being reimbursed at 90% of the current Medicaid fee for service rate and subject to additional prior authorizations.

Contracting after July 1, 2021

- Providers encouraged to continue contract negotiations with health plans and finalize the contract as soon as possible.

Payments

- DHHS-established rate floors for certain in-network providers

- PHPS must comply with Prompt Pay Standards
Technical Assistance and Practice Support: PHPs & Area Health Education Centers (AHEC)

AHEC and PHPs will both support the State’s TA and Practice Support goals.

• Prior to Launch: AHEC will provide targeted training assistance to ensure providers are prepared to participate in Medicaid transformation initiatives.

• Prior to Launch: AHEC hosts Fireside Chats.

• Prior to Launch: AHEC leads the AMH Coaching Program.

• After Launch: AHEC will provider webinars that highlight Statewide PIPs.

• After Launch: AHEC will continue AMH Coaching Support

• After Launch: AHEC will host and support PHP Regional Quality Forums.

• After Launch: **PHPs will supply quality data to practices (AMH & OBs)**

• After Launch: **PHPs will provider practice support.**
Provider Resources

• Webinar Trainings - DHHS and AHEC series to increase engagement with providers, practice managers, and quality managers.

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<th>Webinar Series</th>
<th>Schedule</th>
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<tr>
<td>Medicaid Managed Care Fireside Chat</td>
<td>First Thursday of each month</td>
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<tr>
<td>Advanced Medical Home</td>
<td>Second Thursday of each month</td>
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<tr>
<td>Clinical Quality</td>
<td>Third Thursday of each month</td>
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• Access full schedule of webinars, recordings, slides and transcripts at [Medicaid Managed Care Webinar Series for Providers web page](#).

• Provider Ombudsman – resource to assist providers with issue resolution

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<tr>
<td>Phone</td>
<td>919-527-6666</td>
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<tr>
<td>Email</td>
<td><a href="mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov">Medicaid.ProviderOmbudsman@dhhs.nc.gov</a></td>
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# PHP Readiness Overview

**PHP Readiness**

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<th>Policy and Process</th>
<th>KEY METRICS</th>
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| **Readiness**      | I. **Contractual Deliverables**: Assessment of completion of contractual deliverables that DHHS will review and/or approve as part of Managed Care oversight activities. Examples of these deliverables include PHP operating plan, marketing materials, clinical coverage policies, and annual compliance plans.  
II. **Readiness Review**: Completion of DHB administered desktop and onsite readiness review, which assesses the PHP’s ability and capacity to operationalize the Managed Care design in the CMS-defined Business Areas. |
| **Provider Network** | III. **Provider Network Coverage**: Assessment of the adequacy of the PHP’s provider networks in key specialty areas, including Hospital, Advanced Medical Homes, OB/GYN, NEMT, and Behavioral Health. |
| **Technology Readiness** | IV. **Testing**: Success execution of DHB-defined test scenarios, including assessment of % complete versus planned, defects, and speed of resolution.  
V. **Technology Operations & Command Center**: Assessment of PHP ongoing technology and operational issues, including late file submissions, issues affecting operations, and/or technology related incidents and problems that have not been resolved by the expected timeframe driven by priority classification. |

**Provider Network Readiness**: Measures each PHP’s provider network coverage in the contracted regions.
Health Plan Contacts & Materials

• Access Health Plan contacts and resources by visiting:
  • https://medicaid.ncdhhs.gov/transformation/health-plans/health-plan-contacts-and-resources

• Available resources include:
  • Provider manuals
  • Provider contract templates
  • Member handbooks
Challenges to Consider

• COVID-19
• Provider Contracting
• Legislative Changes
• State Budget