NC Medicaid Managed Care
Community Partners: NC Medicaid’s Transition to Managed Care “Preparing for Launch”

June 3, 2021
Welcome & Webinar Goals

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Chief of Staff, NC Medicaid
Provider Resources

- NC Medicaid Enrollment Broker website [ncmedicaidplans.gov](ncmedicaidplans.gov)
- NC Medicaid Transformation [medicaid.ncdhhs.gov/transformation](medicaid.ncdhhs.gov/transformation)
  - Includes County and Provider Playbooks
  - Fact Sheets including:
    - Panel management
    - Managed care claims and prior authorizations
    - Day one provider quick reference guide
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](medicaid.ncdhhs.gov/helpcenter)
- Practice Support [ncahec.net/medicaid-managed-care](ncahec.net/medicaid-managed-care)
  - Back Porch Chat Webinar Series
    - Hosted by Dr. Dowler on the first and third Thursday of the month
  - Virtual Office Hours for Providers
- Regular Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](medicaid.ncdhhs.gov/providers/medicaid-bulletin)
North Carolina’s Vision Remains the Same

“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.”
Individuals get the care they need, and providers get paid.

Additional day 1 priorities include:

• A member’s prescription will be filled by the pharmacist
• Members know their chosen or assigned health plan
• Members have timely access to information and are directed to the right resource
• Health plans have sufficient networks to ensure member choice
• A provider enrolled in Medicaid prior to the launch of NC Medicaid Managed Care will still be enrolled
• Calls made to call centers are answered promptly
Three Regions Selected for Healthy Opportunities Pilots

Healthy Opportunities is the nation’s first comprehensive program to test evidence-based, non-medical interventions designed to reduce costs and improve the health of Medicaid beneficiaries.

- The program will test and evaluate the impact of providing interventions related to housing, food, transportation and interpersonal safety to high-needs Medicaid enrollees.

- The following organizations were selected and will reach three regions:
  - **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
  - **Dogwood Health Trust**: Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

ncdhhs.gov/about/department-initiatives/healthy-opportunities
Auto-enrollment Complete

• Open Enrollment for Medicaid Managed Care concluded 5.21.21

• Beneficiaries who had not selected a PHP by May 21 were automatically enrolled in one. Auto-enrollment was based on:
  o Where the beneficiary lives
  o Whether the beneficiary is a member of a special population
  o Historical provider-beneficiary relationship and preference
  o Health Plan assignments of other family members
  o Previous Health Plan enrollment within the past 12 months
  o Equitable Health Plan distribution

• As of May 22, all Medicaid beneficiaries currently eligible to transition to managed care had selected or been assigned a health plan
  o 97% of beneficiaries were enrolled in a plan that includes their current primary care provider (PCP) in-network
**NC Medicaid Managed Care Enrollment Summary (As of 5/22/2021)**

<table>
<thead>
<tr>
<th>All Regions</th>
<th>Active Selection</th>
<th>Auto-Enrollment</th>
<th>Total Members</th>
<th>% of Members</th>
<th>Existing PCP in-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan</td>
<td>Total Members</td>
<td>Total Members**</td>
<td>Members</td>
<td>% of Members</td>
<td>% of Members</td>
</tr>
<tr>
<td>AmeriHealth Caritas</td>
<td>12,120</td>
<td>264,048</td>
<td>276,168</td>
<td>19%</td>
<td>97%</td>
</tr>
<tr>
<td>HealthyBlue</td>
<td>104,870</td>
<td>251,578</td>
<td>356,448</td>
<td>25%</td>
<td>98%</td>
</tr>
<tr>
<td>Carolina Complete Health*</td>
<td>23,943</td>
<td>166,816</td>
<td>190,759</td>
<td>13%</td>
<td>98%</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>37,824</td>
<td>283,815</td>
<td>321,639</td>
<td>22%</td>
<td>97%</td>
</tr>
<tr>
<td>WellCare</td>
<td>33,854</td>
<td>268,525</td>
<td>302,379</td>
<td>21%</td>
<td>97%</td>
</tr>
<tr>
<td>Tribal Option</td>
<td>76</td>
<td>3,630</td>
<td>3,706</td>
<td>0.3%</td>
<td>100%***</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>212,687</strong></td>
<td><strong>1,238,412</strong></td>
<td><strong>1,451,099</strong></td>
<td><strong>100%</strong></td>
<td><strong>97%</strong></td>
</tr>
</tbody>
</table>

*Carolina Complete Health is only available to members in Regions 3, 4 and 5.

**Totals include members temporarily living out of state that were auto-enrolled into plans.

***Members who have an existing PCP that is not in the Tribal Option network will remain in NC Medicaid Direct.

**Note:** Total Members do not include the approximately 166,000 Medicaid beneficiaries who are due for Medicaid recertification between May 22 and July 1, 2021. After completing recertification, these members will be auto-enrolled into a health plan and will have a 90-day choice period to change plans like all other beneficiaries in Medicaid Managed Care.
Auto-enrollment – What Happens Next

• Following auto-enrollment beneficiaries will be sent:
  • Confirmation of health plan enrollment
  • Welcome packet and ID cards

• Beneficiaries who did not select a PCP will be assigned one by the health plan

• Beneficiaries have 90 days in which they can change health plans for any reason.
  • Note: the 90-day period begins the effective date of enrollment

• To change health plans, contact the enrollment broker at 833-870-5500
Key Milestones

• **June 1, 2021** – Health plan brokers begin scheduling Non-Emergency Medical Transportation (NEMT) appointments for July 1, 2021, and beyond

• **June 12, 2021** – Deadline for PHPs to send welcome packets and ID cards to all beneficiaries entering NC Medicaid Managed Care effective July 1, 2021

• **July 1, 2021** – NC Medicaid Managed Care launch

• **August 30, 2021** – Last date health plans will pay claims and authorize services for Medicaid-enrolled, out-of-network providers equal to that of in-network providers (or until end of episode of care, whichever is less)

• **September 29, 2021** – Last date health plans must honor existing and active prior authorizations on file with NC Medicaid or NC Health Choice (or until the end of the authorization period, whichever occurs first)

• **September 30, 2021** – End of beneficiary choice period
NEMT Services

Members may request transportation **now** for appointments on or after July 1, 2021

- Members enrolled in with PHP should call their health plan or the health plan’s NEMT broker directly to request transportation

- Members should make transportation requests up to two days in advance of their appointment

- DSS offices will provide NEMT services for beneficiaries in NC Medicaid Direct and EBCI Tribal Option

- DSS offices will **not** be responsible for NEMT for health plan members

- NEMT brokers will continue to contract with both private and public NEMT providers statewide

[medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/nemt](medicaid.ncdhhs.gov/counties/county-playbook-medicaid-managed-care/nemt)
NEMT Contact Numbers

Who to call to request transportation for appointments on or after July 1

- **AmeriHealth Caritas**
  Member Services  855-375-8811

- **Carolina Complete**
  ModivCare  855-397-3601

- **Healthy Blue**
  ModivCare  855-397-3602

- **United Healthcare**
  ModivCare  855-397-3604

- **WellCare**
  One Call  877-598-7602

- **NC Medicaid Direct & EBCI Tribal Option**
  Contact your local DSS [ncdhhs.gov/divisions/social-services/local-dss-directory](ncdhhs.gov/divisions/social-services/local-dss-directory)
Health Plan Call Center Update

The following Health Plan Call Centers went live June 1

- **Pharmacy**
- **Nursing Line** (available 24/7 for questions about non-emergency medical issues)
- **Behavioral Health Crisis Line** (available 24/7 for Behavioral Health issues)

Member Services Numbers

- AmeriHealth Caritas North Carolina   855-375-8811
- Carolina Complete Health   855-375-8811
- EBCI Tribal Option   800-260-9992.
- Healthy Blue   844-594-5070
- United Healthcare Community Plan of NC   800-349-1855
- WellCare   866-799-5318
Transition of Care

Designed to maintain continuity of care for beneficiaries and minimize the burden on providers during transition.

• Prior Authorizations

  • Standard Plans are required to honor open authorizations for 90 days or until the authorization expires, whichever occurs first *

    • If a member transitions between health plans after July 1, 2021, a prior authorization authorized by their original health plan will be honored for the life of the authorization by their new health plan

  • New authorization requests submitted after July 1, 2021, must be directed to the beneficiary’s Standard Plan (or LME/MCO if beneficiary remaining in Medicaid Direct)

  • For the first 60 days after launch (Aug. 30, 2021), the health plan will pay claims and authorize services for Medicaid enrolled out-of-network providers equal to that of in-network providers until end of episode of care or for 60 days, whichever is less

More information available in the Provider Playbook’s Fact Sheets Section
medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets
Transition of Care

Newborns

Health plans will treat all out-of-network providers the same as in-network providers for purposes of prior authorization and will pay out-of-network providers the NC Medicaid Direct fee-for-service rate for services rendered through the earlier of:

- 90 days from the newborn’s birth date or
- The date the health plan is engaged* and has transitioned the child to an in-network primary care provider (PCP) or other provider.

* In the above, “engaged” means that the PHP has assigned the newborn to an in-network PCP and the newborn has visited that in-network PCP. Once the newborn visits their in-network PCP, this provision would end, even if that visit occurs prior to 90 days from the newborn’s birth date.

For more information: files.nc.gov/ncdma/NCMT-Provider-FactSheet-Eligibility-for-Newborns-20210521-v5.pdf
NC Medicaid Enrollment Broker Call Center

Enrollment specialists are available at the Enrollment Broker Call Center for support. The call is toll-free.
833-870-5500 (TTY 833-870-5588)

We are here to:
• Provide health plan choice counseling
• Support search for preferred PCP
• Discuss health plan services
• Enroll beneficiaries in selected health plan
• Assist with some demographic changes
• Disenroll members as needed
• Process Enrollment Broker complaints and grievances
• Facilitate appeals process
• Provide support for the website and mobile app
• Support deaf and non-English speaking beneficiaries

Monday – Saturday
7 a.m. – 5 p.m.
Enrollment Broker Call Center Update

• Went live on March 1 and as of June 1
  • 137,000 calls handled
  • >239,000 website visits
  • >42,000 chat sessions
  • >132,000 mobile app visits
  • >100 outreach events held
Multi-channel Enrollment

- Empathetic, personal help for those who need it
- Consumer focused self-service and mobile options
- Beneficiaries have multiple ways to enroll and access support
  - Chat
  - Web
  - Mobile
  - Phone
  - Mail
  - Interactive Voice Response system (IVR)
Navigating the Home Page: ncmedicaidplans.gov
NCDMEDICAID MANAGED CARE | PREPARING FOR LAUNCH | JUNE 3, 2021

La mayoría de los servicios de Medicaid se harán a través de planes de salud. ¡Entérate más!
Resources to Understand Medicaid Transformation

Learn
Learn about NC Medicaid Managed Care
Who must choose a health plan?
Benefits and services
Get answers

Find
Find and view primary care providers (PCPs) and health plans

Enroll
Choose a health plan and primary care provider (PCP)

Meetings and events
Learn more about NC Medicaid Managed Care. Join us at a community meeting or event.

Find meetings and events near you

Get the free mobile app
To get the app, search for NC Medicaid Managed Care on Google Play or the App Store.

Use the app to find and view primary care providers (PCPs) and health plans for you and your family. Learn more about the free mobile app at Get answers.

Find and view providers and health plans
This website has new tools to help you find and view primary care providers (PCPs) and health plans.

Medicaid and NC Health Choice Provider and Health Plan Lookup Tool
You can use the Medicaid and NC Health Choice Provider and Health Plan Lookup Tool to find a PCP. Our new provider search will help you find the best PCP for you and your family.

To search for a provider, go to Find a provider:

Health Plan Choice Guide
You can use the Health Plan Choice Guide to view health plans. It will help you choose

Questions?
We can help. Call us to get answers to your questions about NC Medicaid Managed Care. The call is toll free.

Phone: 1-833-870-5588 (TTY: 1-833-870-5588)
Hours of operation: 7 a.m. to 5 p.m., Monday through Saturday

Or use the chat tool to chat with us online.

For answers to common questions, go to Get answers.

NC Medicaid Managed Care restart
NC Medical
July 1, 2021
Medicaid will be the way you do now. To learn more, go to

Chat with us...
Outreach Events Home Page
Partner Engagement & Community Outreach

Partner Engagement Events

Types of Events
- Community education
  - Virtual Presentation
  - Virtual Meet and Greet
- Community events
  - Virtual Informational meeting

Types of Materials
- Marketing materials
  - Flyers, Fact Sheets, etc.

Community Outreach Events

Types of Events
- Community education
  - Virtual Presentation
- Community events
  - Virtual Informational meeting
  - Virtual Enrollment event

Types of Materials
- Marketing materials
  - Flyers, Fact Sheets, etc.

To request a presentation for a community event please email

NCEB_Outreach_Management_Team@maximus.com
NC Medicaid Ombudsman

• The NC Medicaid Ombudsman Program is a resource for beneficiaries when they are not able to resolve issues with their health plan or PCP
• Has the ability to connect with members “personally”
• The program has trained staff available to assist beneficiaries with:
  • Information and education on Managed Care
  • Referrals
  • Issue resolution

Website ncmedicaidombudsman.org
Phone 877-201-3750
Monday – Friday, 8 a.m. to 5 p.m.
NC Medicaid will continue to engage beneficiaries through:

• Partnering with counties, health plans and community-based organizations to share information

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

• Monthly Community Partners Webinar Series
Partnering to Help Inform Beneficiaries

Sharing key messages

• NC Medicaid services will be administered and reimbursed by health plans.

• Medicaid services will not change, but health plans may offer enhanced services to plan members.

• Medicaid eligibility rules and processes will not change because of NC Medicaid Managed Care.

• Confirmation notices and health plan welcome packets with ID cards will be mailed to beneficiaries through June 12.

• Beneficiaries have until Sept. 30, 2021, to change health plans for any reason.
Connecting with Resources

- NC Medicaid Managed Care website ncmedicaidplans.gov
  NC Medicaid Enrollment Broker Call Center 833–870–5500

- NC Medicaid Transformation information
  (includes County and Provider Playbooks and Fact Sheets)
  medicaid.ncdhhs.gov/transformation

- Requests for presentations or to provide feedback
  Medicaid.NCEngagement@dhhs.nc.gov
Questions & Answers

A recording of the webinar and the slide deck will be available on this webpage:
medicaid.ncdhhs.gov/transformation/more-information

NC Medicaid Transformation Website
ncdhhs.gov/medicaid-transformation