NC DHHS

Medicaid Managed Care Update



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Date: 5/17/19

Agenda

- Transition To Implementation Phase
 - DHHS Priorities
 - Key Milestones
 - Ombudsman Status
 - PHP Contracting Status Report
- County Engagement Strategy
- Member Education and Outreach
- Provider Outreach and Education
- Tailored Plans
 - Eligibility
 - Regions

Transition to Managed Care

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DHHS' Priorities for transition to managed care:

- A person with a scheduled appointment will be seen by their provider
- A person's prescription will be filled by the pharmacist
- Calls made to call centers are answered promptly
- Individuals know their chosen or assigned PHP
- Individuals have timely access to information and are directed to the right resource
- PHPs have sufficient networks to ensure member choice
- A provider enrolled in Medicaid prior to Nov 1, will still be enrolled
- A provider is paid for care delivered to members

Current Managed Care Activities

- Go Live
 - 175 days
 - Considerations
- PHP Readiness
 - Contracting with providers
 - Outreach to counties
 - Meeting with Associations (DSS, County Commissioners)
- Maximus
 - Community based meetings
 - Website development
 - Welcome packet development
 - Notices which will inform members of assignments

Ombudsman Update

- Features
 - Independent entity
 - Assist individuals in fee for service (FFS) and managed care
 - Four core functions
 - Referral- FFS, LME-MCO and managed care recipients
 - Information and Education FFS, LME-MCO and managed care recipients
 - Issue Resolution managed care recipients
 - Trend Monitoring- system level
- RFP released; No response received
- New Target Release Date
- Mitigation Strategies

Member Education and Engagement

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Communicating with Members – Key Principles

- Beneficiaries receive information that prepares them for the transition to managed care
- All information conveyed in layman's terms and avoids jargon.
- Communication
 - makes it as easy as possible for the recipient to take the actions needed.
 - will provide an overview of what is being communicated and why at the beginning before going into details.

• Example: The notices shares:

- Changes that are coming to your Medicaid health plan.
- How these changes will impact you.
- What will stay the same.
- Actions you need to take.
- What will happen next.
- How to get help.

Member Outreach Overview

Outreach Events and Materials will prepare the beneficiaries and members for the changes they will encounter with NC Medicaid Managed Care.

- Member Education & Outreach
 - Enrollment Events
 - Enrollment Broker coordinating with Local DSS
 - Schedule still being finalized
 - Outreach Events:
 - Joint Events with the Enrollment Broker, PHPs/PLE, and Ombudsman
- Community Events
 - Meet & Greet, Informational booth, Health Fairs
 - Materials: Approved Marketing Materials (PHP and EB) Materials incl. fact sheets & notices available to community organizations and providers

Soft Launch	MCL1 Open Enrollment	MCL2 Open Enrollment	Post Go-Live			
	Independent Enrollment Broker Outreach					
	EB Enrollment Events					
Independent PHP/PLE Outreach Events						
		Independent Ombudsman Out	treach Events			
	Joint Outreach Events: EB,	PHPs and Ombudsman (once onb	oarded)			

Member Communication Activities

- Address verification letters distributed to beneficiaries in Regions 2 & 4
- PHP Member Enrollment Manuals
- Member Notices
- Enrollment Broker
 - Consolidated Provider Directory
 - Member web page
 - Call Center Scripts
 - Comparison Charts

Comparison Chart Sample



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Health Benefits

Health Plan Comparison Chart

All plans are required to have the same type of Medicaid services you get now. These include:

- Doctor visits
 Hospital visits
 Behavioral health care
 Prescriptions
 Eye care
- Medical supplies
 Lab tests and X-rays
 Therapies
 Hospice

To see the full list of NC Medicaid covered services provided by the plans, go to <u>ncmedicaidplans.gov</u>. Use this chart to learn more about your plan choices.



Questions? Go to <u>ncmedicaidplans.gov</u>. Or call us at **1-833-870-5500** (TTY: 1-833-870-5588). We can speak with you in other languages. You can get this information in other languages or formats, such as large print or audio.

Enrollment Broker FAQs

- Enrollment Broker Call Center
 - Phone, Chat, Website and Mobile App are scheduled to go live on 06/28/2019
 - Located in Morrisville, NC
 - Hours of Operations: Monday to Saturday 7:00am to 5:00pm, extended hours during open enrollment Monday to Sunday 7:00am to 8:00pm

Member Materials: Notices/Forms

- Managed Care Transition and Mandatory Notices
- Managed Care Excluded Notice*
- Welcome Packet comparison chart, enrollment form, fact sheet
- Grievance
 - Acknowledgement
 - Resolution
- Member Initiated PHP Change Denial Notice
- PHP Mass Change
- Member Plan Change Request
- PHP Initiated Disenrollment Approval
- PHP Initiated Disenrollment Denial
- * To communicate change, excluded members not receiving initial notice

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County Engagement

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Current County Commissioner Engagement Approach

• Extensive Engagement with County Commissioners Fact Sheets

- 1115 Waiver Information Fact Sheet
- Medicaid Managed Care, what this means for counties
- How managed care affects NEMT and county transportation programs
- · How does manage care affect local health departments
- How does managed care impact public ambulance providers
- County Involvement with Tailored Plans
- Prepaid Health Plans Involvement in Local Communities
- Videos
 - "Medicaid Transformation in Five Minutes" video determine if we can use some of videos recorded for NC Medicaid staff
- Webinars
- Monthly Calls
- Training for New Commissioners
- County Commissioner Assoc. recommendations about regions

Tools for County in Transition to Managed Care

- Definition
 - represent a series of fact sheets, flow charts and other resources that address critical questions
 - organized by topic and segmented by audience i.e. Directors, Managers, Commissioners, Local Health
- Objective
 - County managers, county commissioners, DSS directors, and health directors
 - understand the impact of Medicaid transformation on their operations
 - are equipped to respond to questions and concerns from constituents around transformation.
 - adapt budgets to adequately account for the impact of Medicaid transformation.
 - understand the resources that DHHS can and cannot provide.
 - view DHHS as a reliable and trusted partner.
- Contents
 - Many components of toolkits will be useful for community based organizations
- Timing late May

DSS,EB, PHP Engagement Upcoming Activities

Region	Date	Time	Location	
1	7/16 /2019	9-11 AM	Burnsville Town Center (Yancey County) 6 South Main Street Burnsville, NC 28714	
1	6/6/2019	9-11 AM	Buncombe County DSS 40 Coxe Ave Asheville, NC 28801	MCL Phase 2 Counties Planned and Invitations in progress
3	7/17/2019	1-3 PM	Catawba DSS 3030 11th Ave Dr SE, Hickory, NC 28602	
3	6/17/2019	1-3 PM	Cabarrus DSS 1303 S Cannon Blvd, Kannapolis, NC 28083	
5	6/11/2019	9-11 AM	Robeson County 120 Glen Cowan Rd, Lumberton, NC 28360	
5	6/13/2019	9-11 AM	Harnett County DSS 311 Cornelius Harnett Blvd. Lillington, NC 27546	
6	7/24/2019	9-11 AM	Pitt County DSS 403 Government Circle Greenville, NC.	
6	8/13/2019	9-11 AM	Dare County Coastal Studies Institute (CSI) 850 NC-345 Wanchese, NC 27981	

Provider Update

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PHP Provider Contracting

- PHPs are required to contract with "any willing qualified provider"
- Clear network adequacy expectations established
- Contract Execution
 - Contract components specified in RFP
 - PHPs may use their contract templates
 - State review all contracts
- PHPs
 - Current outreach to associations
 - Weekly updates on PHP contacts with providers
- Providers also encouraged to reach out
 - PHP contact info on Medicaid website
 - DHHS will help facilitate connections

Upcoming Provider Outreach and Engagement

Upcoming Managed Care Webinar Topics

- MCT 106: Behavioral Health Services: Standard Plans and Transition Period, May 23rd noon-1pm
- MCT 107: Contracting with AMH Practices, May 30th noon-1pm

- Virtual Office Hours
- **Provider/PHP Meet and Greets:**

May 20th 12-3p Eastern AHEC May 21th 12-3p Southeast AHEC June 17th 10a-3p Mountain AHEC June 18th10a-3p Charlotte AHEC June 19th 10a-3p Southern Regional AHEC June 20th 10a-3p Eastern AHEC June 24th 10a-3p Wake Medical Center

https://medicaid.ncdhhs.gov/prepaid-health-plan-meet-and-greet

Tailored Plans

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Tailored Plan Design Activities

- Eligibility
 - Member Reconciliation with LME-MCOs
 - Exemption Request Form (begin Soft Launch)
- Defining Core Measures
- Policy Papers
 - Care Management release May 2019
 - Data Strategy
- Transitions of Care Guidelines Development
 - BH/IDD MCAC Subcommittee -May
- Next Webinar (tentative May 30th)
- NC Association of County Commissioners recommendations about regions (June 2019)

BH I/DD Tailored Plan Eligibility Request Process

New Medicaid applicants and Standard Plan beneficiaries not identified as BH I/DD Tailored Plan-eligible by DHHS data reviews can request a review of their BH I/DD Tailored Plan eligibility.

DHHS will develop a BH I/DD Tailored Plan Eligibility Request form to collect information to determine whether the beneficiary's health care needs meet BH I/DD Tailored Plan eligibility criteria.



*The BH I/DD Tailored Plan Eligibility Request form will be available online, by paper, by telephone, and in-person.

**Expedited review will be available when a beneficiary has an urgent medical need.

Managed Care Exemption Form

- Ensure beneficiaries are assigned to the right managed care plan in timely manner.
 - Standard 7 day state review/decision
 - Expedited 72 hr. transfer
- To be implemented with the launch of Standard Plans,
- Form may be completed by the beneficiary, guardian/legally responsible person, the Care Manager, the service provider, or other person the beneficiary requests to assist.
- Member informed of appeals rights
- Next Steps
 - Form near final
 - Stakeholder feedback will be solicited



NC MEDICAID TRANSFORMATION WEBSITE

www.ncdhhs.gov/medicaid-transformation

Contact