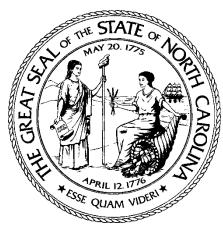
NC DHHS

Medicaid Managed Care Update



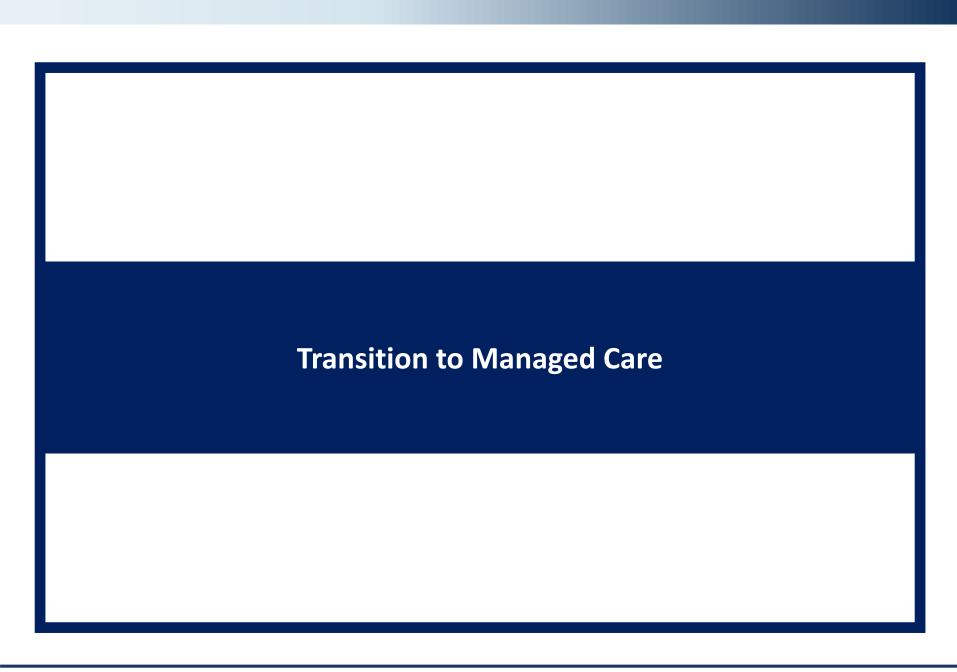
Jay Ludlam

Assistant Secretary, NC DHHS

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



DHHS' Priorities for transition to managed care:

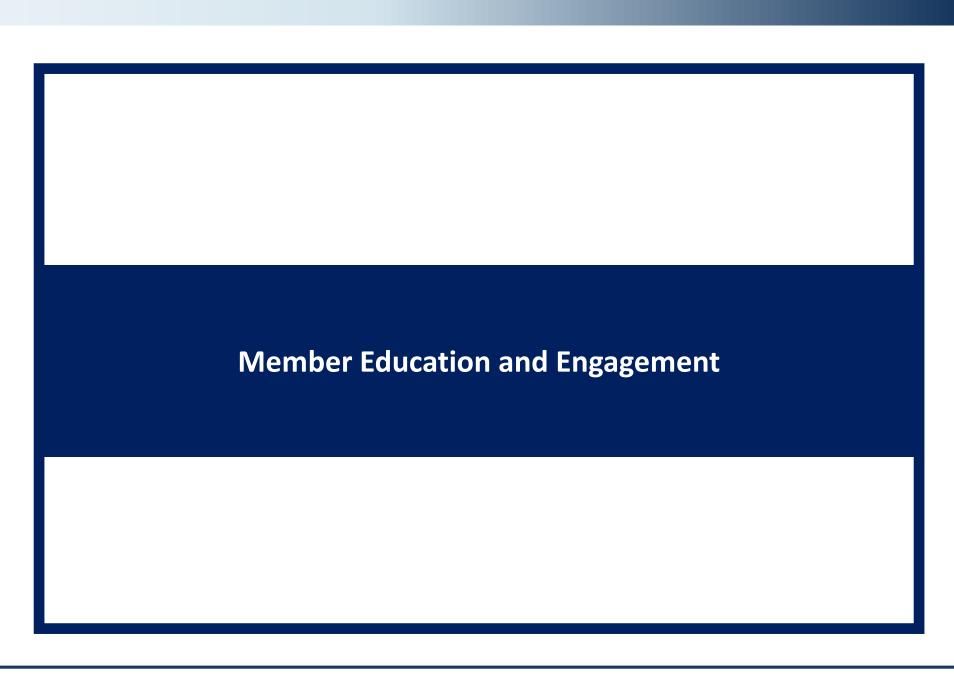
- A person with a scheduled appointment will be seen by their provider
- A person's prescription will be filled by the pharmacist
- Calls made to call centers are answered promptly
- Individuals know their chosen or assigned PHP
- Individuals have timely access to information and are directed to the 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



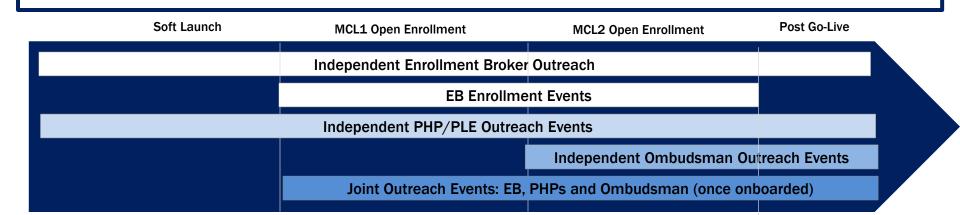
Communicating with Members – Key Principles

- 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



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



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

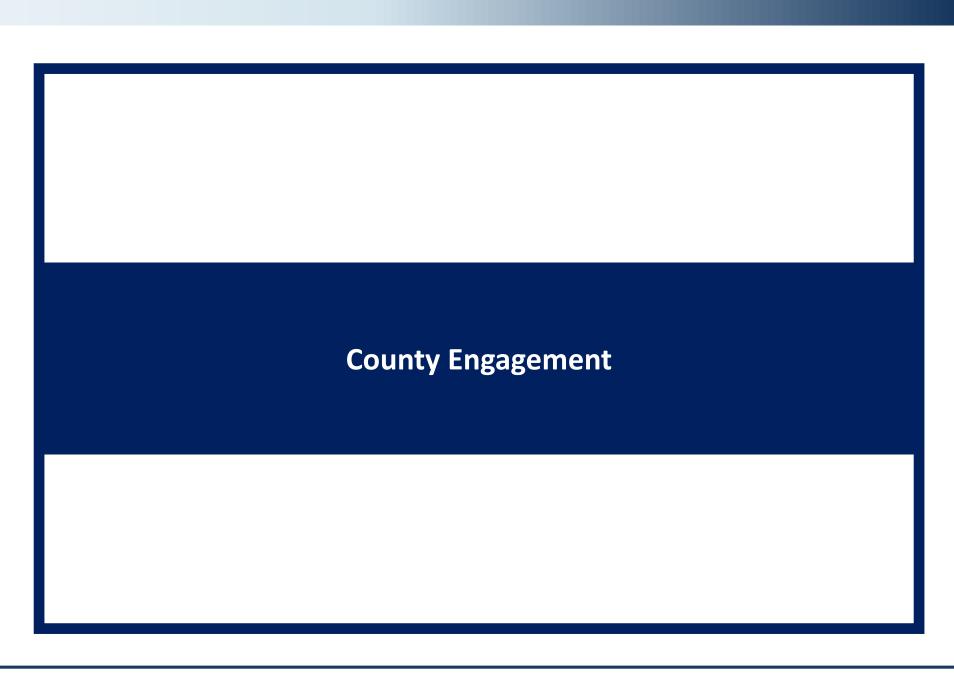
- Enrollment Broker Call Center
 - Phone, Chat, Website and Mobile App are scheduled to go live on 06/28/2019
 - Located in Morrisville, NC
 - Hours of Operations: Monday to Saturday 7:00am to 5:00pm, extended hours during open enrollment Monday to Sunday 7:00am to 8:00pm

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 Disensellment Denial
- * To communicate change, excluded members not receiving initial notice

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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

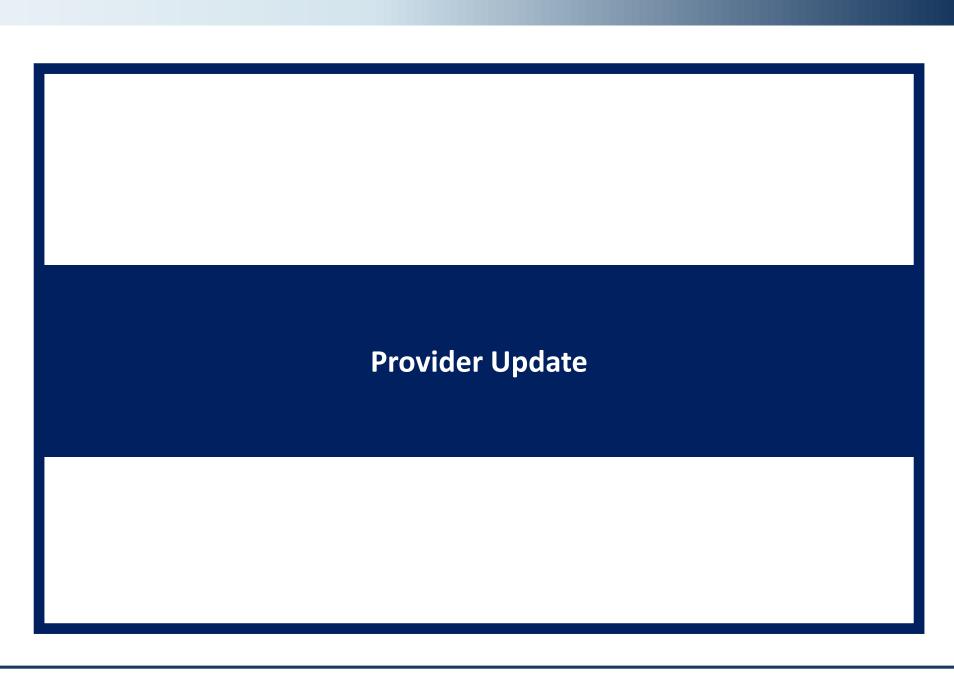
- County managers, county commissioners, DSS directors, and health directors
 - understand the impact of Medicaid transformation on their operations
 - are equipped to respond to questions and concerns from constituents around transformation.
 - adapt budgets to adequately account for the impact of Medicaid 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	



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

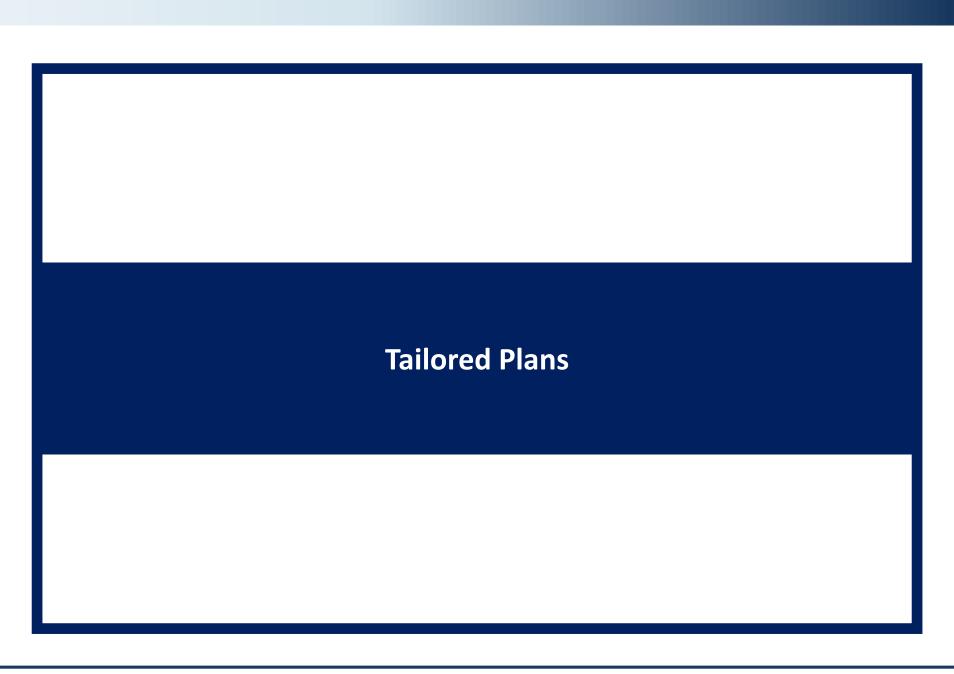
Upcoming Managed Care Webinar Topics

- 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



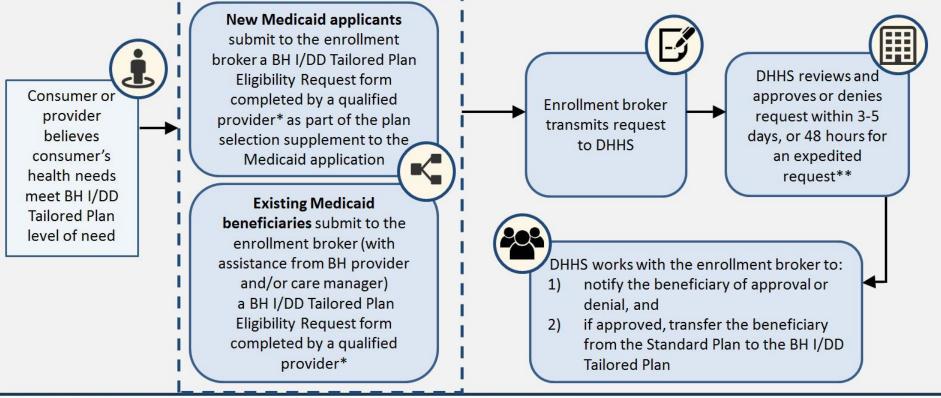
Tailored Plan Design Activities

- 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

A&Q

NC MEDICAID TRANSFORMATION WEBSITE

www.ncdhhs.gov/medicaid-transformation

Contact