

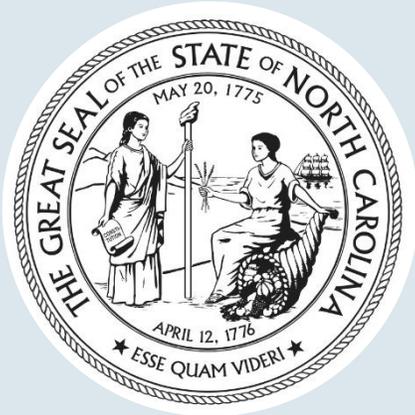
NC Medicaid Managed Care Pharmacy Summit

Re. Tailored Plan Roll Out

North Carolina Division of Health Benefits

October 12, 2022

Agenda

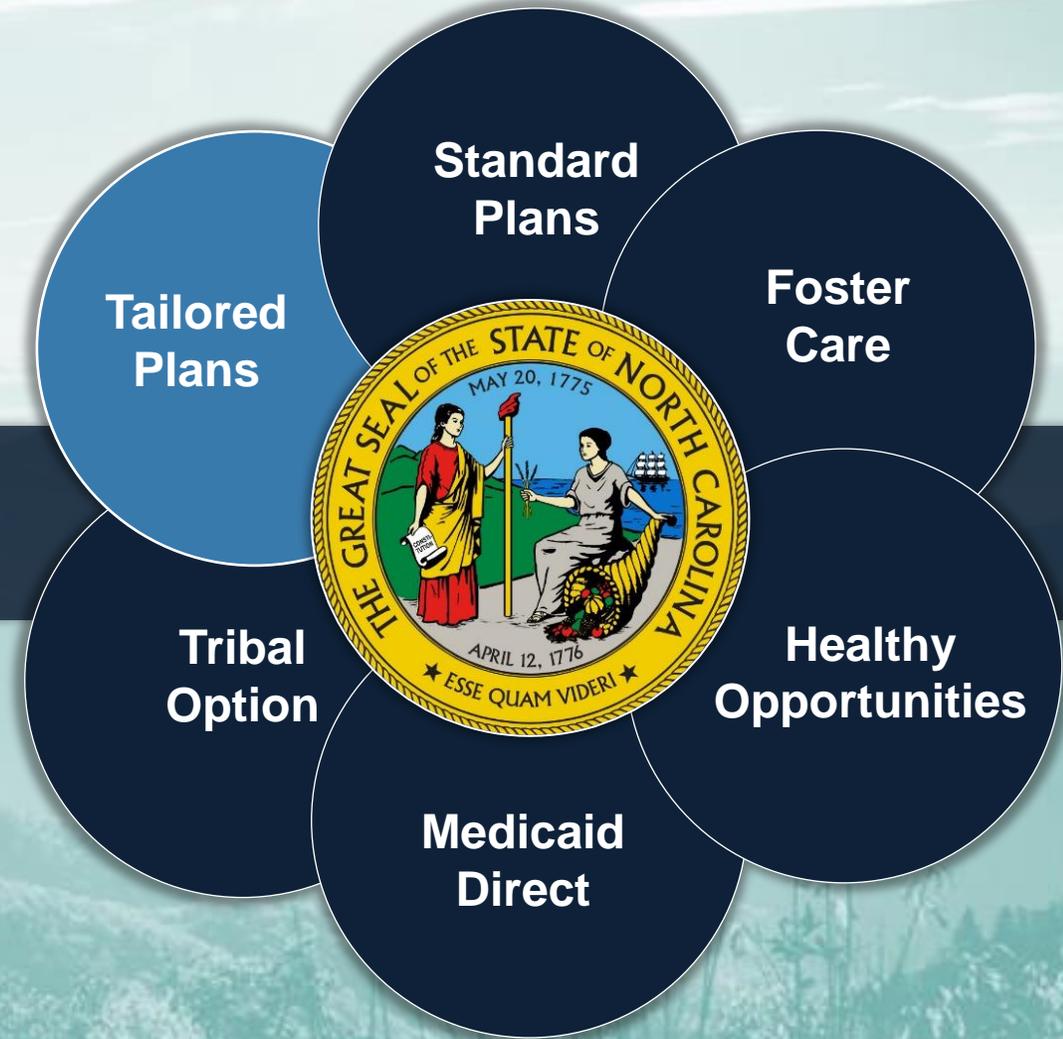


- 8:00 am** **Welcoming Remarks**
Andy Ellen, NC Chain Merchants Association
Mike James, NC Independent Pharmacists Association
- 8:05 am** **Opening Remarks from NC Medicaid**
Angela Smith, Director of Pharmacy, NC Medicaid
- 8:15 am** **Brief Get to Know the Tailored Plan Managed Care Organizations**
Alliance – Neal Roberts, Pharmacy Director
East Pointe—Tracy Snowdon-Muller, Pharmacy Director
Partners – Karin Suess, Pharmacy Director
Sandhills—Richard Peters, Pharmacy Director
Trillium—Jason Swartz, Pharmacy Director
Vaya—Jay Vora, Pharmacy Director
- 8:30 am** **Town Hall Questions**
Moderated by: John Matta, Outpatient Pharmacy and PBM Manager, NC Medicaid
- 9:10 am** **Q&A with The Audience**
- 9:25 am** **Closing Remarks**
Andy Ellen, NC Chain Merchants Association
Mike James, NC Independent Pharmacists Association

North Carolina Medicaid Transformation

Update on NC Medicaid Tailored Plans for Pharmacy

Angela Smith, PharmD, DHA, BCPS, FACHE
Director of Pharmacy & Ancillary Services





North Carolina's Vision for Medicaid Transformation

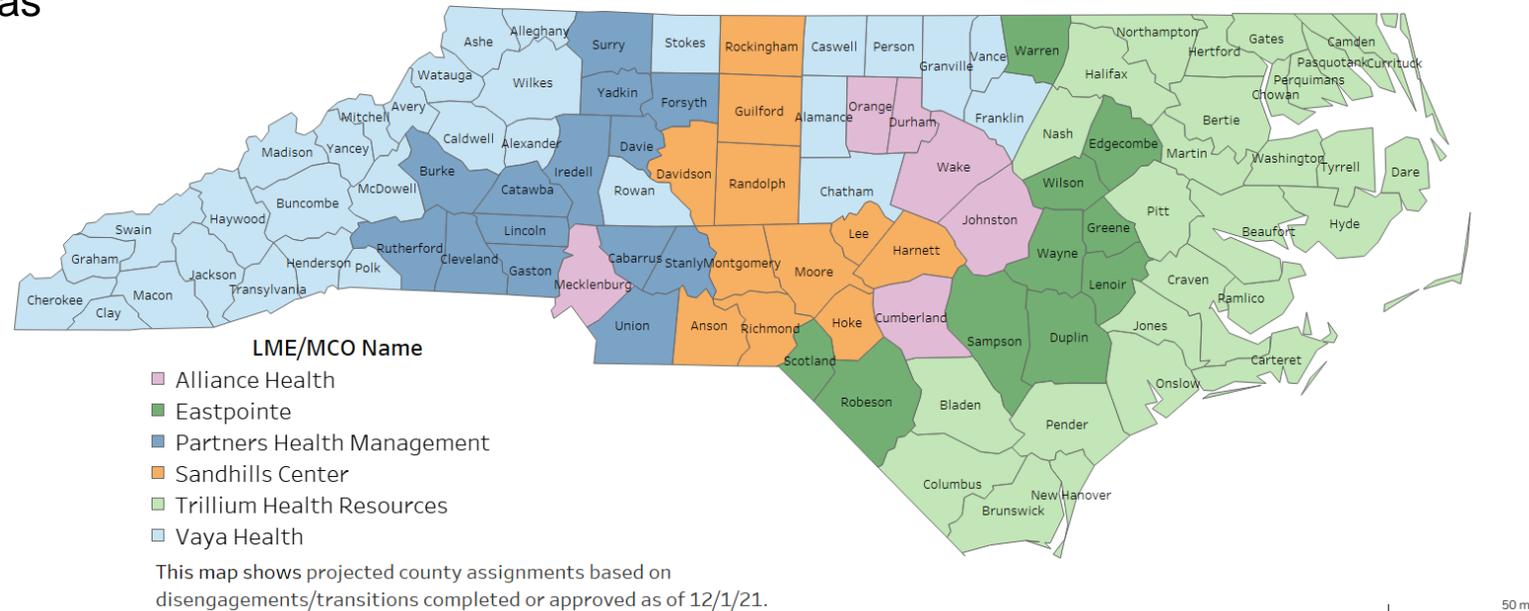
“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”

Tailored Plans will now go live on April 1, 2023.

- The delayed start will allow Tailored Plans more time to contract with additional providers to support member choice and to validate that data systems are working appropriately.
- Some services will still begin on Dec. 1, 2022:
 - Tailored Care Management (TCM)
 - 1915(i) option **pending CMS approval*
- Beneficiaries set to receive care through the Tailored Plans will continue to receive behavioral health services, I/DD and TBI supports through their LME/MCO and physical health and pharmacy services through NC Medicaid Direct, just as they do today.

Behavioral Health I/DD Tailored Plans

- **Tailored Plans** will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant mental health and substance use disorders, I/DDs and traumatic brain injury (TBI Waiver), on the Innovations Waiver, as well as people using state-funded services.
- **The following Tailored Plans will be available:**
 - Alliance Health
 - Eastpointe
 - Partners Health Management
 - Sandhills Center
 - Trillium Health Resources
 - Vaya Health
- **Approximately 150,000 Medicaid beneficiaries will be enrolled in Tailored Plans.**



NC Medicaid Direct

- NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in Standard Plans, EBCI Tribal Option or Tailored Plans.
- On **April 1, 2023**, NC Medicaid will transition beneficiaries who need certain services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI) to Tailored Plans.
- Some beneficiaries will remain in NC Medicaid Direct or can choose NC Medicaid Direct instead of a health plan.

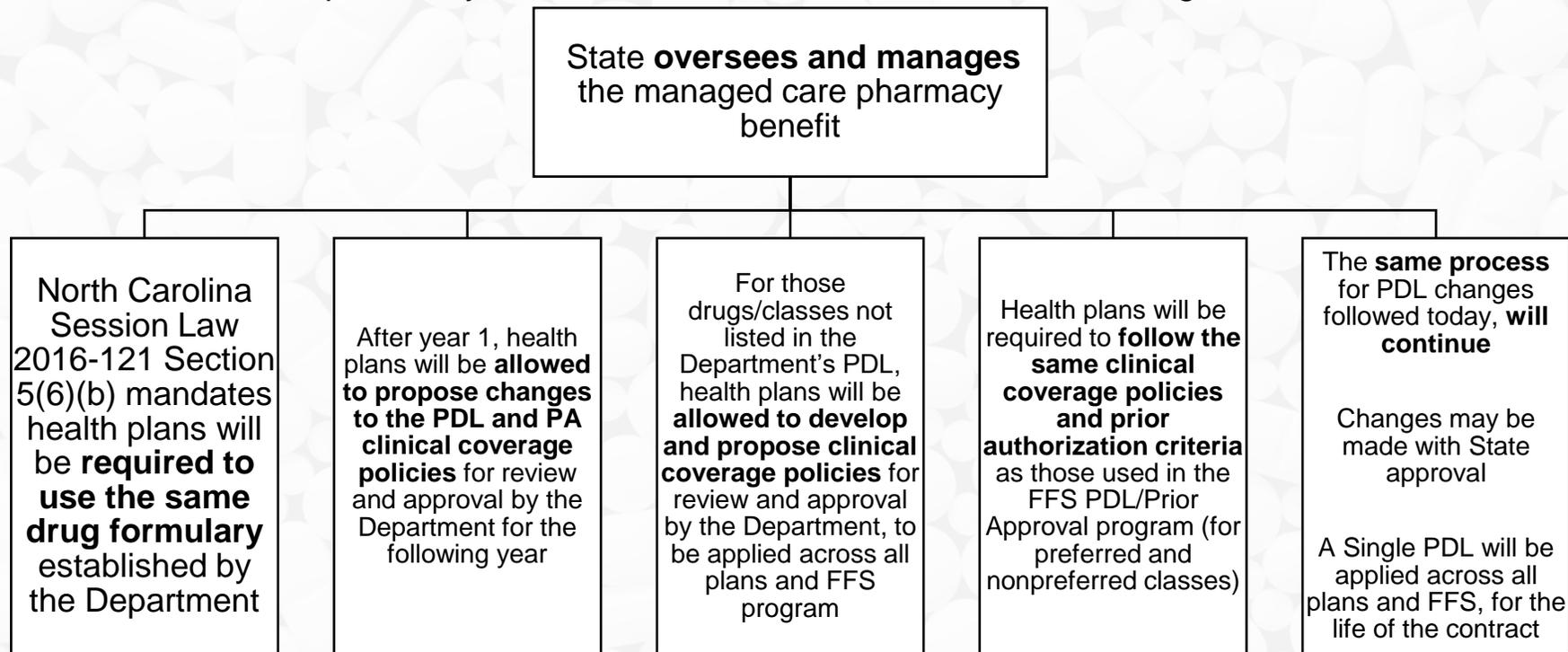
NC Medicaid Direct with CCNC and LME/MCO

Beneficiaries not enrolled in a Tailored Plan will receive services for a mental health disorder, substance use disorder, intellectual/developmental disabilities (I/DD) or traumatic brain injury (TBI) from an **LME/MCO**.

Community Care of North Carolina (CCNC) provides care management for physical health services.

Pharmacy Benefit Design in Managed Care

The Pharmacy Benefit is a “Carved-In” benefit in Managed Care.



Single Preferred Drug List (PDL)

- All plans follow the NC Single PDL, in conjunction with an Open Formulary*
- All plans follow existing FFS policy and clinical criteria

PDL approval process will remain the same after moving into managed care:

What Happens After Year 1?

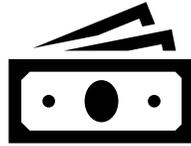
- Plans may make recommendations for the PDL, but recommendations go through the same consideration and approval process
- Changes approved will be made to the Single PDL and implemented across all plans

What Happens After Year 2?

- Plans may suggest changes to medications on the Single PDL, but State must ultimately approve any changes.
- Approved changes are implemented across all managed care plans.

*All federally rebatable medications are covered; some medications are subject to clinical criteria as defined by the Department

What Can Pharmacies Expect?



Payment From Plans

- Plans will reimburse providers in a timely manner
- All plans will pay within 14 days, some will pay within 7 days
- Professional Dispensing Fee of \$10.24
- Reimbursed per State Plan, using lesser of NADAC, WAC, or SMAC
- Mail fees & Delivery fees
- No PBM transaction fees



340B

- Managed care plans will process 340B claims same as is done in the FFS and Standard Plan programs today
- Require the 8 and 20 codes in the claim submission
- Claims must be billed at actual acquisition cost



Prior Authorizations

- Plans will honor existing PA for the life of the PA
- Plans are expected to offer PA flexibility at launch
- Substance Use Disorder PAs will not transfer to the plans, requiring providers to issue new PA for medications used to treat Substance Use Disorder when necessary

72-Hour Emergency Supply Override

- For Medicaid members, Pharmacy providers are encouraged to use the 72-hour emergency supply **override** allowed for drugs requiring prior approval.
- Federal law requires this emergency supply be available to Medicaid beneficiaries for drugs requiring prior approval (Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)).
- Ensures access to medically necessary medications
- System will bypass the prior approval requirement, if an emergency supply is indicated. The pharmacist should use a “3” in the Level of Service field (418-DI) to indicate the transaction is an emergency fill. *Codes may vary by managed care plan. This is the specific code for Medicaid Direct.*
- Copayments apply
- Drug cost is reimbursed, no dispensing fee
- No limit to the number of times the emergency supply can be used

We need your help! Partnering with DHB and The Tailored Plans

- **Day 1 Goal:**
 - Members have access to care
- **Mitigation strategies:**
 - 72-hr emergency fills
 - DHB Call Center
 - NC Tracks Portal
 - Contact numbers to the Tailored Plans and DHB
 - DHHS and Plan Help Sheets
 - Plans will honor existing Prior Authorizations
 - Plans will cover Medicaid eligible nonparticipating or out-of-network providers at launch

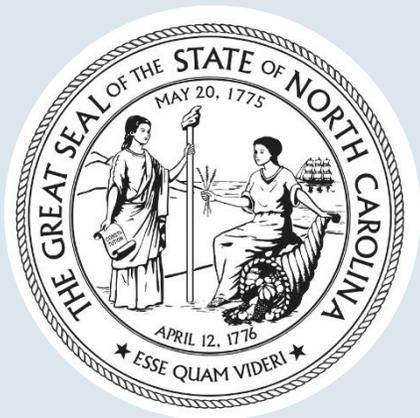
Member Resources

- **NC Medicaid Enrollment Broker**
 - Website ncmedicaidplans.gov
 - Call Center 1-833-870-5500 TTY: 711 or RelayNC.com
(Monday–Friday, 7 a.m. to 8 p.m., Saturday, 7 a.m. to 5 p.m.)
 - Tailored Plan webpage ncmedicaidplans.gov/learn/get-answers/tailored-plan-services
- **NC Medicaid Behavioral Health I/DD Tailored Plan webpage**
medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans
- **NC Medicaid Ombudsman**
 - Website ncmedicaidombudsman.org
 - Phone 877-201-3750 (Monday–Friday, 8 a.m. to 5 p.m.)

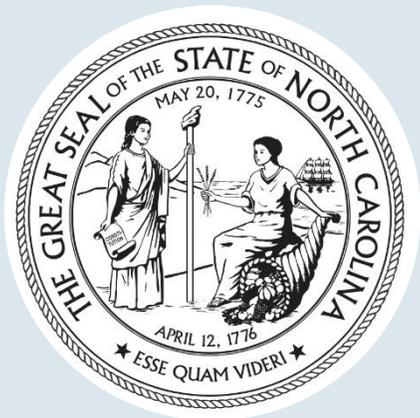
Provider Resources

- NC Medicaid Website [medicaid.ncdhhs.gov](https://www.medicaid.ncdhhs.gov)
 - Includes County and Provider Playbooks
- NC Medicaid Behavioral Health I/DD Tailored Plan webpage [medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans](https://www.medicaid.ncdhhs.gov/Behavioral-Health-IDD-Tailored-Plans)
- NC Medicaid Tailored Care Management webpage [medicaid.ncdhhs.gov/tailored-care-management](https://www.medicaid.ncdhhs.gov/tailored-care-management)
- NC Medicaid Help Center [medicaid.ncdhhs.gov/helpcenter](https://www.medicaid.ncdhhs.gov/helpcenter)
- Practice Support ncahec.net/medicaid-managed-care
 - NC Medicaid Managed Care “Hot Topics” Webinar Series hosted by Dr. Dowler on the first and third Thursday of the month
- Medicaid Bulletins [medicaid.ncdhhs.gov/providers/medicaid-bulletin](https://www.medicaid.ncdhhs.gov/providers/medicaid-bulletin)

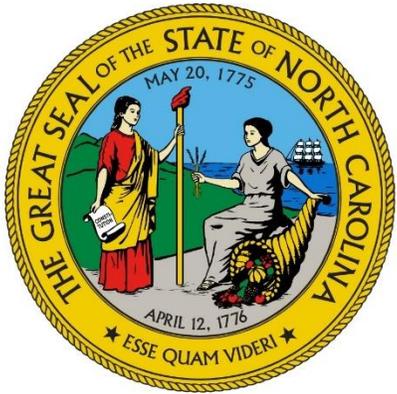




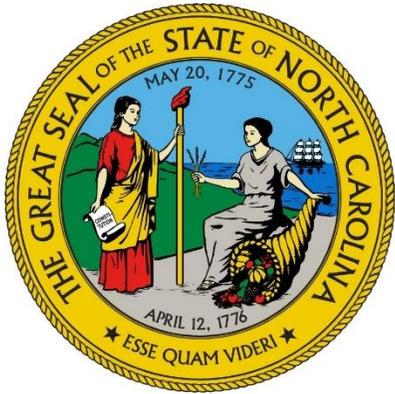
Get to Know the Tailored Plan Managed Care Organizations



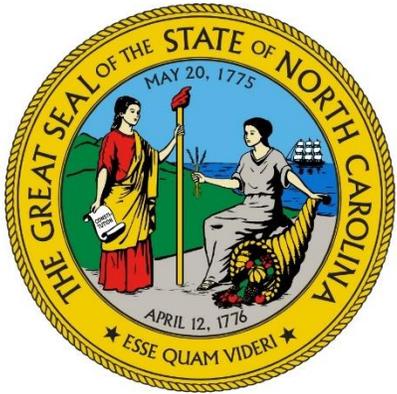
Town Hall Questions and Answers With the Tailored Plans



1. What is the timeline for roll out of the managed care Tailored Plans for NC?

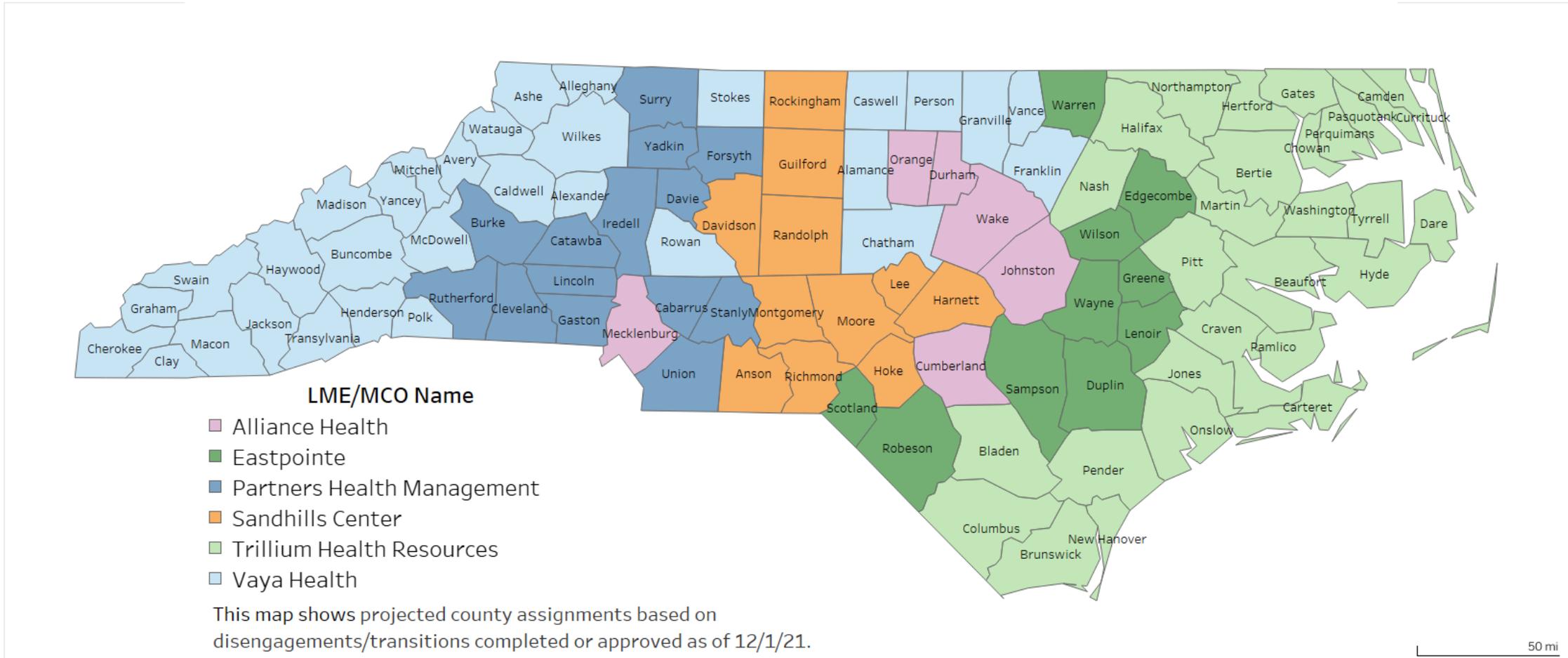


2. With the delay of the Tailored Plan launch to April 1, will this change the pharmacy provider and Tailored Plan contracting timeline?



3. What does it mean to be in a Standard Plan versus a Tailored Plan versus Medicaid Direct?

Behavioral Health I/DD Tailored Plans

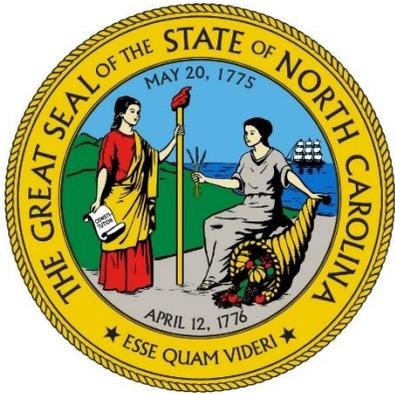


Medicaid Direct

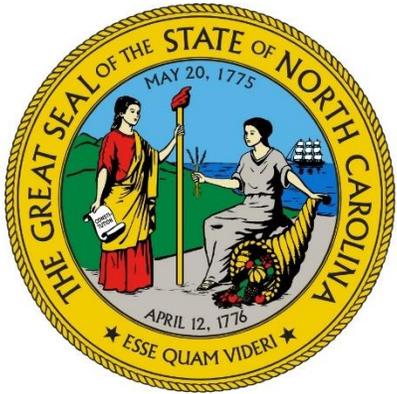
NC Tracks

Standard Plans	PBM
AmeriHealth	PerformRx
Healthy Blue	IngenioRx (CVS Caremark backend)
Carolina Complete	CVS Caremark
WellCare	CVS Caremark
United Health Care	Optum

Tailored Plans	PBM	Standard Plan Partner
Sandhills	PerformRx	Amerihealth
Trillium	PerformRx	Carolina Complete
Partners	CVS Caremark	Carolina Complete
Eastpointe	Express Scripts	WellCare
Alliance	Navitus	WellCare
Vaya	Navitus	WellCare



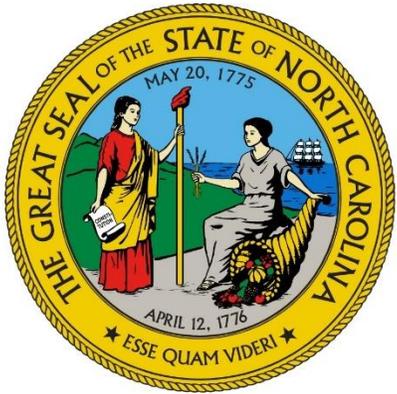
4. Please explain the roles of your Tailored Plan vs. your PBM when it comes to contracts and interactions with pharmacists/pharmacies?



5. Who gets to transition to a Tailored Plan?

Is it optional?

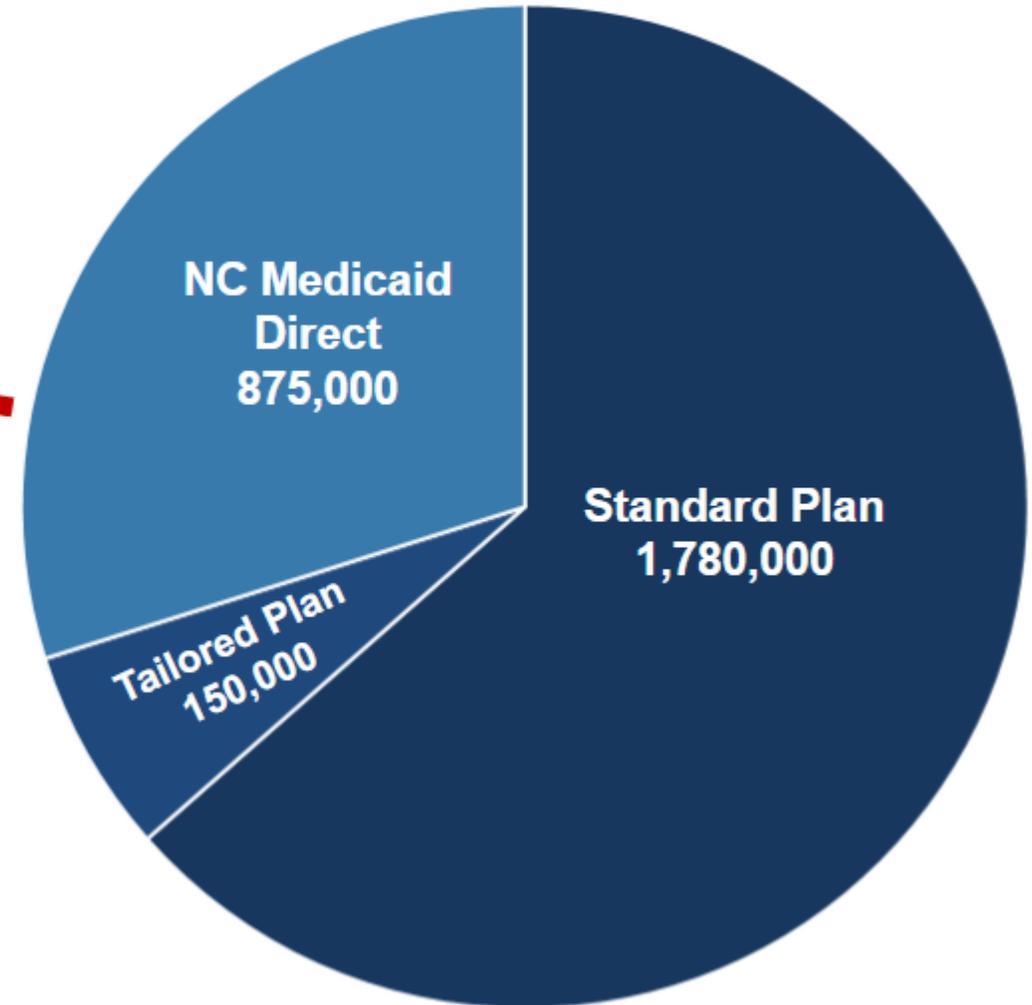
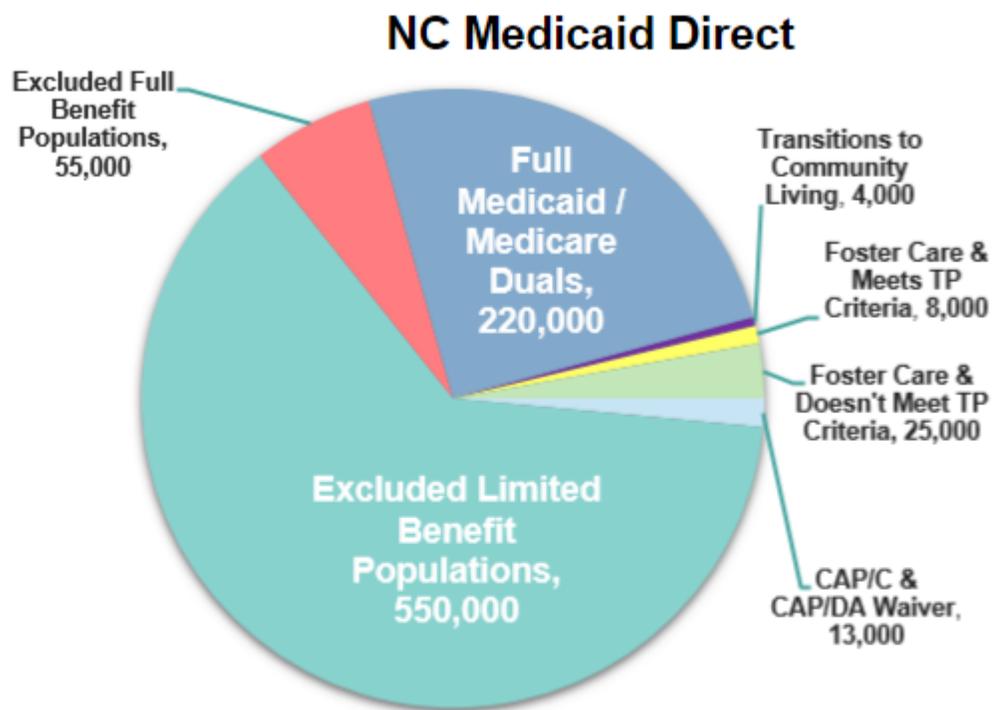
Are members allowed to remain in a Standard Plan or Medicaid Direct if that is their preference?

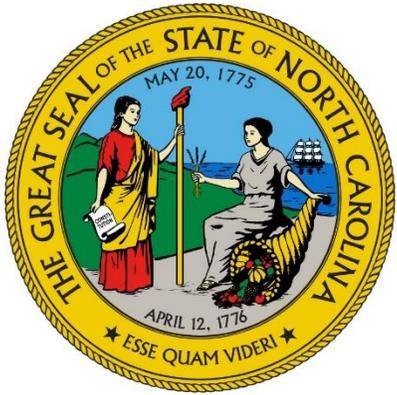


6. Will NC DHHS still be serving some Medicaid recipients?

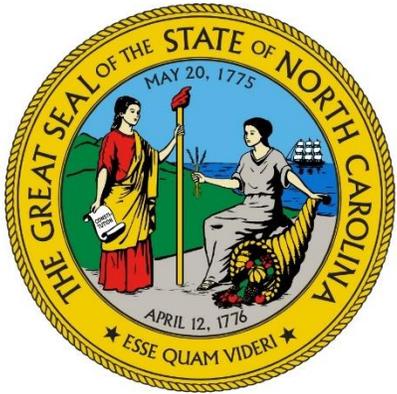
Medicaid Expected Enrollment Numbers

2022

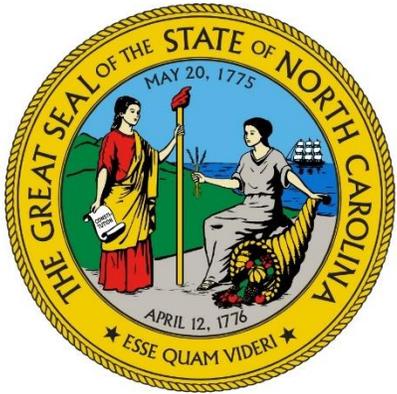




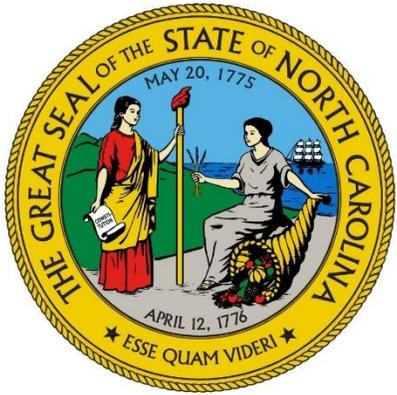
7. What happens if my patient comes without a card?
How do you verify which plan the patient is on?



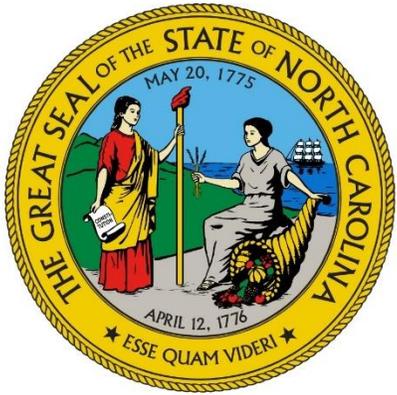
8. What if my patient is here for a refill, and now they are on a new plan, do they need a new prior authorization for the new plan?



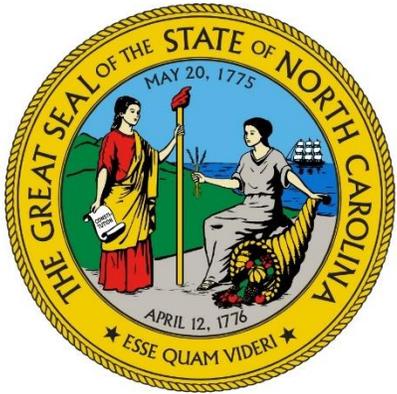
9. Will the Tailored Plans utilize a 72-hour fill, same as Medicaid Direct would, in the event issues arise with PA at launch?



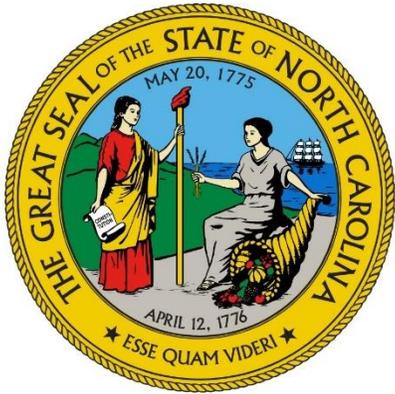
10. Will all the prior authorization processes be universal or will they vary amongst the Tailored Plans?



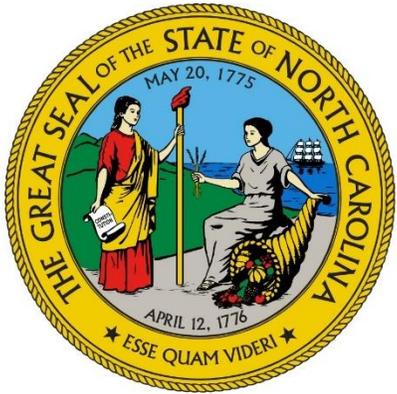
11. Will the new Tailored Plans follow the single-state preferred drug list? Will the same committee structure and approval process continue?



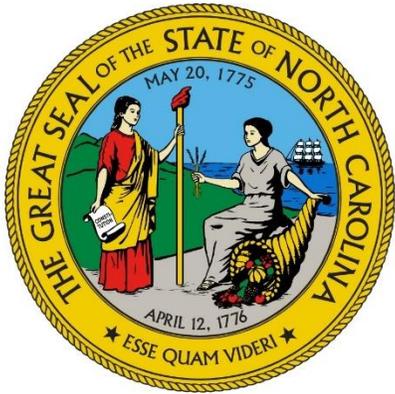
12. Will the cardholder IDs be in a unique or different format than existing MCO cardholder IDs?



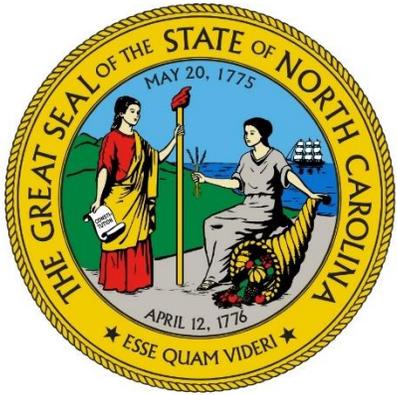
13. Medicaid has been the payer with the best reimbursement in our state for many years, and we understand reimbursement will not change under any of the managed care plans. Is this also true for the Tailored Plans? What can pharmacists expect, regarding reimbursement, as we move forward with the new Tailored Plans?



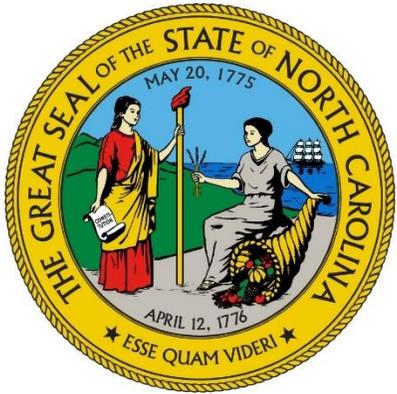
14. We have heard that managed care will be done differently here in NC versus in other states. Are Tailored Plans unique to NC? How will the Tailored Plans bring value?



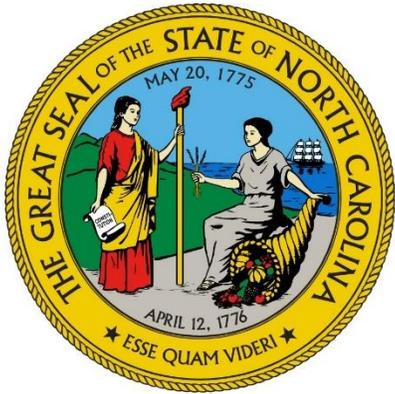
15. We know that state Medicaid will continue to aggregate buying through their rebate vendor, which means the Tailored Plans will not receive any revenue from rebates. Pharmacists worry that this will result in PBMs using different claw back practices. How can we prevent this non-transparent, retroactive fee assessment from happening in our state?



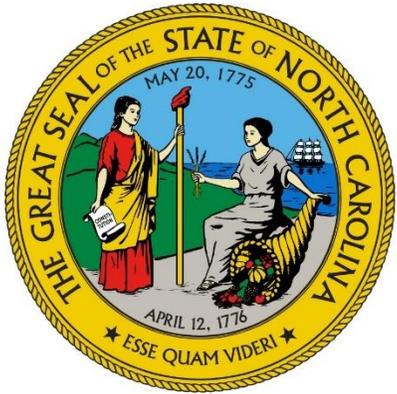
16. Keeping independent community pharmacies viable obviously makes sense regarding access to medication; however, what are your thoughts on why community pharmacies must remain open?



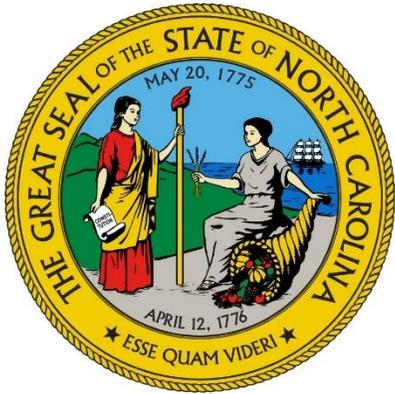
17. What clinical services, public health initiatives, or chronic disease states do you envision your Tailored Plan will be interested in paying pharmacists to help manage?



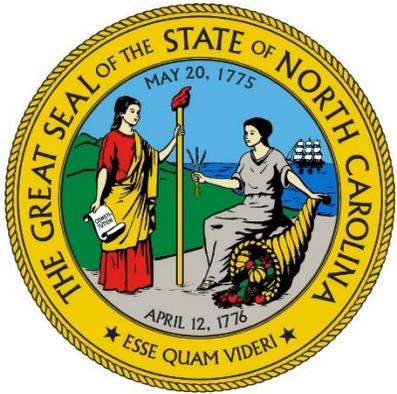
18. At Standard Plan launch, we had some issues with PA not crossing over to the Standard Plan as it should have and members not showing as enrolled in a plan when the member thinks they were or when Medicaid Direct says they were. Having some of these data issues at launch are not unexpected. What have you done to learn from issues such as these and how will this implementation be different ?



19. The Standard Plans allow pharmacies to process POS vaccine claims, which is helpful; however, Medicaid Direct does not currently have this functionality. Will Tailored Plan member vaccines require submission as a Medical claim or will we be able to process them at POS, similar to how we do it for the Standard Plans?



20. At Standard Plan launch there were some pharmacies who were DME providers who had not contracted with the plans as DME providers. It then took some time to get them enrolled. Do you have any advice for pharmacies, who also supply DME?



21. We understand some Tailored Plans partner with pharmacies to provide Non-Emergency Medical Transportation (NEMT) for eligible members who need to pick up a prescription.

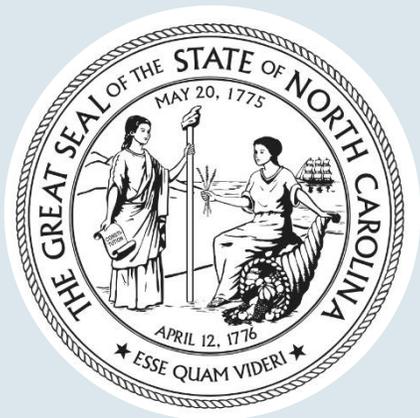
Would one of the plans be able to speak to this benefit?

Tailored Plan Contact Numbers: *Pre-Tailored Plan Launch of April 1*

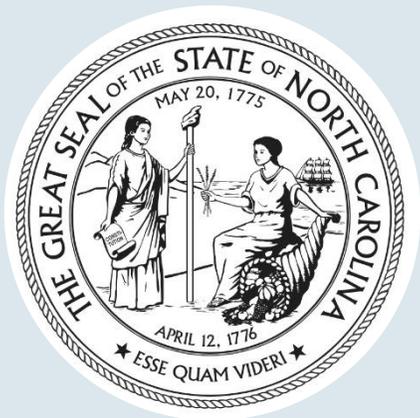
Tailored Plan	PBM contracting contact	DME contracting contact	Pharmacy Director
Eastpointe	Express Scripts 866-240-9487 PBM-Services@express-script.com	Eastpointe: 888-977-2160	Tracy Snowdon-Muller - TSnowdon-Muller@eastpointe.net
Trillium Health Resources	PerformRx: 800-555-5690 pharmacynetworkcontracting@performrx.com	Trillium: 855-250-1539	Jason Swartz - Jason.Swartz@trilliumnc.org
Alliance Health	Navitus: 608-298-5775 providerrelations@navitus.com	Northwood: 800-447-9599	Neal Roberts - NRoberts@alliancehealthplan.org
Partners Behavioral Health Management	CVS: Please submit your inquiry on the Pharmacy Provider Question Form located on the Caremark.com website. Go to www.caremark.com/pharminfo , scroll down to Forms and Guides, under Digital Enrollment Forms, select Pharmacy Enrollment Self-Service, select Go to enrollment self-service, and Pharmacy Provider Question Form	Partners: Contracts@partnersbhm.org	Karin Suess- ksuess@partnersbhm.org
Sandhills Center	PerformRx: 800-555-5690 pharmacynetworkcontracting@performrx.com	Sandhills: 855-777-4652	Richard Peters - RichardP@sandhillscenter.org
Vaya Health	Navitus: 608-298-5775 providerrelations@navitus.com	Vaya: 855-432-9139	Jay Vora – Jay.Vora@VayaHealth.com

Tailored Plan Contact Numbers: *Post-Tailored Plan Launch of April 1*

Tailored Plan	Pharmacy Service Line	Member Service Line	Pharmacy Director
Eastpointe	Express Scripts 866-240-9487 BIN Number: 003858 PCN: MA	Eastpointe: 800-913-6109	Tracy Snowdon-Muller - TSnowdon-Muller@eastpointe.net
Trillium Health Resources	Perform Rx: 855-662-0277 BIN Number: 019595 PCN: PRX10811	Trillium: 866-245-4954	Jason Swartz - Jason.Swartz@trilliumnc.org
Alliance Health	Navitus: 855-759-9300 BIN: 610602 PCN: MCD	Alliance: 800-510-9132	Neal Roberts - NRoberts@alliancehealthplan.org
Partners Behavioral Health Management	CVS: 866-453-7196 BIN: 025052 PCN: MCAIDADV	Partners: 888-235-4673	Karin Suess- ksuess@partnersbhm.org
Sandhills Center	PerformRx: 888-846-1062 BIN: 019595 PCN: No PCN Required	Sandhills Center: 800-256-2452 PerformRx: 888-846-1062	Richard Peters - RichardP@sandhillscenter.org
Vaya Health	Navitus: 800-540-6083 BIN: 610602 PCN: MCD	Vaya: 800-962-9003	Jay Vora – Jay.Vora@VayaHealth.com



Audience Q&A



Closing Remarks