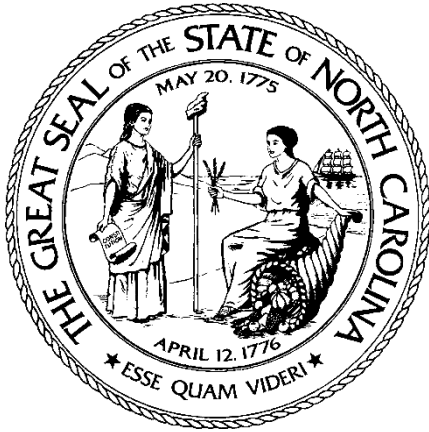


Integration of Behavioral and Physical Healthcare in Tailored Plans

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please dial: **1-866-779-3239**

- Please note that this webinar is being recorded
- Time permitting, we will be holding a Q&A session at the conclusion of today's presentation.
 - You may ask an online question at any time throughout the presentation, using the Q&A text box
 - Q&A Text Box is located on the *lower right hand* side of the screen
 - Simply type in your question and click send
 - Make sure the "Send To" criteria is set to "ALL PANELISTS"

For more information on Medicaid Transformation, please visit:
<https://www.ncdhhs.gov/assistance/medicaid-transformation>



Integration of Behavioral and Physical Healthcare in Tailored Plans

January 24, 2019

What is Integrated Care?

Enrollees and providers will have seamless experience under one plan for Behavioral Health (BH), Intellectual/Development Disability (I/DD), TBI, Innovations Waiver, and Physical Health services.

Principles of Integrated Care

- Places the person at the center of care and treats them as a whole person
- Care provided recognizes interactions between physical health, behavioral health, TBI, and I/DD needs and is based on evidence and best practices
- The State maintains a single point of accountability across all service types for the enrollee
- Comprehensive care management serves as the “glue” to ensure integration
- Integration promotes improved health outcomes, and the State will reward plans based on performance to further incentivize integration

How will Tailored Plans Provide Integrated Care?

Tailored Plans will not be two separate insurance products (LME-MCOs and Standard Plans) separately providing physical health and behavioral health services in a region.

- Legislation requires LME-MCOs operating a Tailored Plan to contract with a Standard Plan, however the Department will establish requirements that ensure these contracts are consistent with the principles of integrated care on the previous slide.
- Every aspect of Tailored Plan design will aim to promote integrated care in line with these principles, and stakeholders will have opportunities to engage with the Department on these design topics to ensure integration remains central to the planning effort.

Select design areas promoting integration for review on today's webinar:

Benefits

Enrollment

Member Services

Utilization Management

Care Management

Advanced Medical Homes

Claims Payment

Financial Accountability

Benefits

Benefits Features Promoting Integration

By design, TPs will permit enrollees to obtain all of their Medicaid-covered and State-funded services from the same managed care plan. TP benefits include:

- Physical health services
- Pharmacy services
- State plan long-term services and supports (LTSS)
- Full range of behavioral health services ranging from outpatient therapy to residential and inpatient treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- 1915(b)(3) waiver services
- Innovations waiver services for waiver enrollees
- TBI waiver services for waiver enrollees
- State-funded behavioral health, I/DD, and TBI services for the uninsured and underinsured

Enrollment

Enrollment Features Promoting Integration

- TP-eligible beneficiaries will be enrolled in a single managed care plan for physical, behavioral health, I/DD, TBI, and Innovations Waiver services and will go through one plan enrollment process and receive notices from one plan
- Enrollees will use one insurance card to access all these TP services
- Enrollees will reference one plan's member handbook, provider directory and coverage policies
- Enrollees will interface with one enrollment broker, which will be trained to meet the specific needs of the TP population. The enrollment broker will also support outreach and education to TP enrollees to help ensure a smooth transition.



Member Services

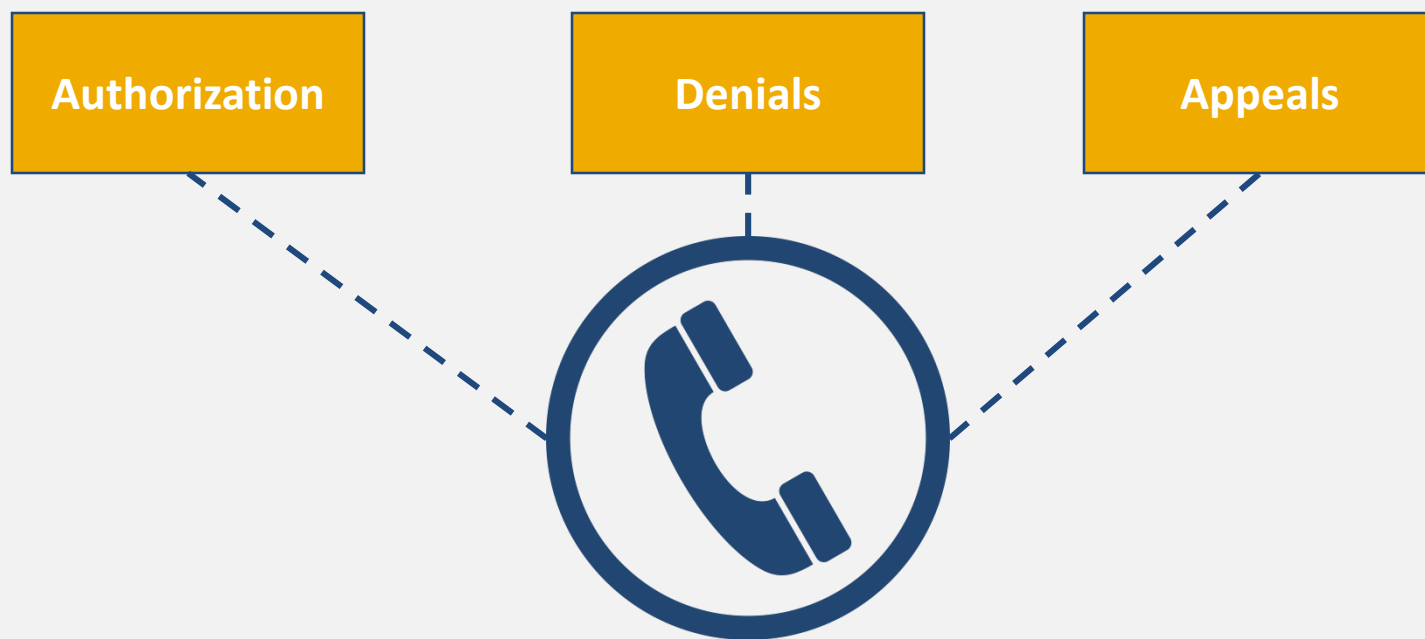
Member Services Features Promoting Integration

- TP member services representatives will serve as a single point of contact for enrollees with questions about their plan or their care
- Enrollees will call one toll-free number to ask questions about physical health, behavioral health, I/DD, TBI and Innovations Waiver services, get clarification on plan policies and procedures, and request auxiliary aids and services
- Member services representatives will assist members with navigating any issues they may have with their care or providers regardless of service type. Assistance might include help filing a complaint or an appeal, or facilitating a connection to NC's Ombudsman Program



Utilization Management

The utilization management process will be streamlined to have a single point of contact and holistically consider BH, I/DD, TBI, Innovations Waiver, and physical health needs.



- Single phone line for enrollees and providers to call regarding utilization management and prior authorizations
- The enrollee appeals process will be centralized and will handle all types of medical services

Care Management

Tailored Plan enrollees will have a new model of care management, addressing physical health, behavioral health, I/DD, pharmacy, unmet resource, and other needs.

Key Components of Integrated Care Management:

- **A single care manager for every enrollee.** Every BH I/DD TP enrollee will be eligible for care management and have access to a care manager trained to coordinate a comprehensive set of services addressing all of the enrollee's needs; enrollees will not have separate care managers to address physical health, behavioral health, TBI, and I/DD-related needs.
- **Holistic, person-centered planning.** Enrollees will receive a care management assessment that evaluates all of their needs—from physical health, behavioral health, TBI, and I/DD services to employment and housing—and drive the development of a care plan that identifies the goals and strategies to achieve them.
- **Emphasis on local care management.** Care managers will primarily be based in community-based care management agencies and Advanced Medical Homes with behavioral health and/or I/DD certification, and will be required to have face-to-face interactions with enrollees.



Care Management, Cont.

Key Components of Integrated Care Management, Cont.:

- **Multidisciplinary care teams.** Each enrollee's care team, coordinated by his/her care manager, will consist of a multidisciplinary group of clinicians and service providers (e.g. primary care providers, behavioral health and I/DD or TBI providers, pharmacists, nutritionists, community health workers, peer supports, etc.) with the ability to address all of the enrollee's needs.
- **Clinical consultation.** Care managers will have access to clinical consultants across primary care and psychiatry.
- **Addressing unmet resource needs.** Care managers will connect enrollees to programs and services that address unmet health-related resource needs (e.g. housing, food, transportation, interpersonal safety, employment, etc.), including through healthy opportunity pilots in regions where available.
- **Data strategy.** The BH I/DD TP design will also include strategies for the state and key TP stakeholders to bridge data silos, and facilitate the timely and secure exchange of information to support and inform integrated care management.



Advanced Medical Homes (AMHs)

The State's Advanced Medical Home model aims to integrate care delivery and care management across service types at the local level.



Advanced Medical Homes (AMHs) are DHHS-certified primary care practices that will offer population health management at the local level, including enhanced care management

Design work on how AMHs will work within the Tailored Plan context is just beginning, but will aim to align with the principles of integration and with the AMH program launching alongside Standard Plans

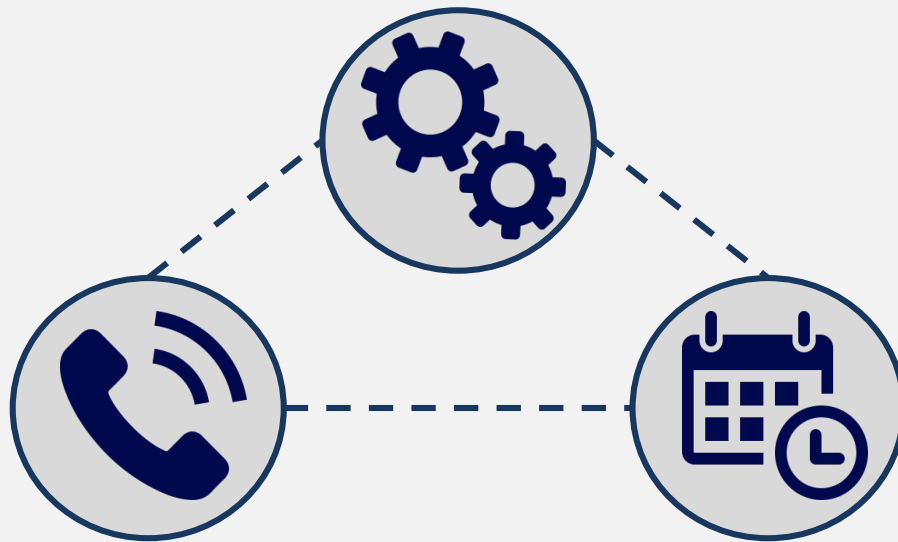
More information on AMHs is available in a series of webinars and materials available online at:

<https://medicaid.ncdhhs.gov/amh-training>



Claims Payment

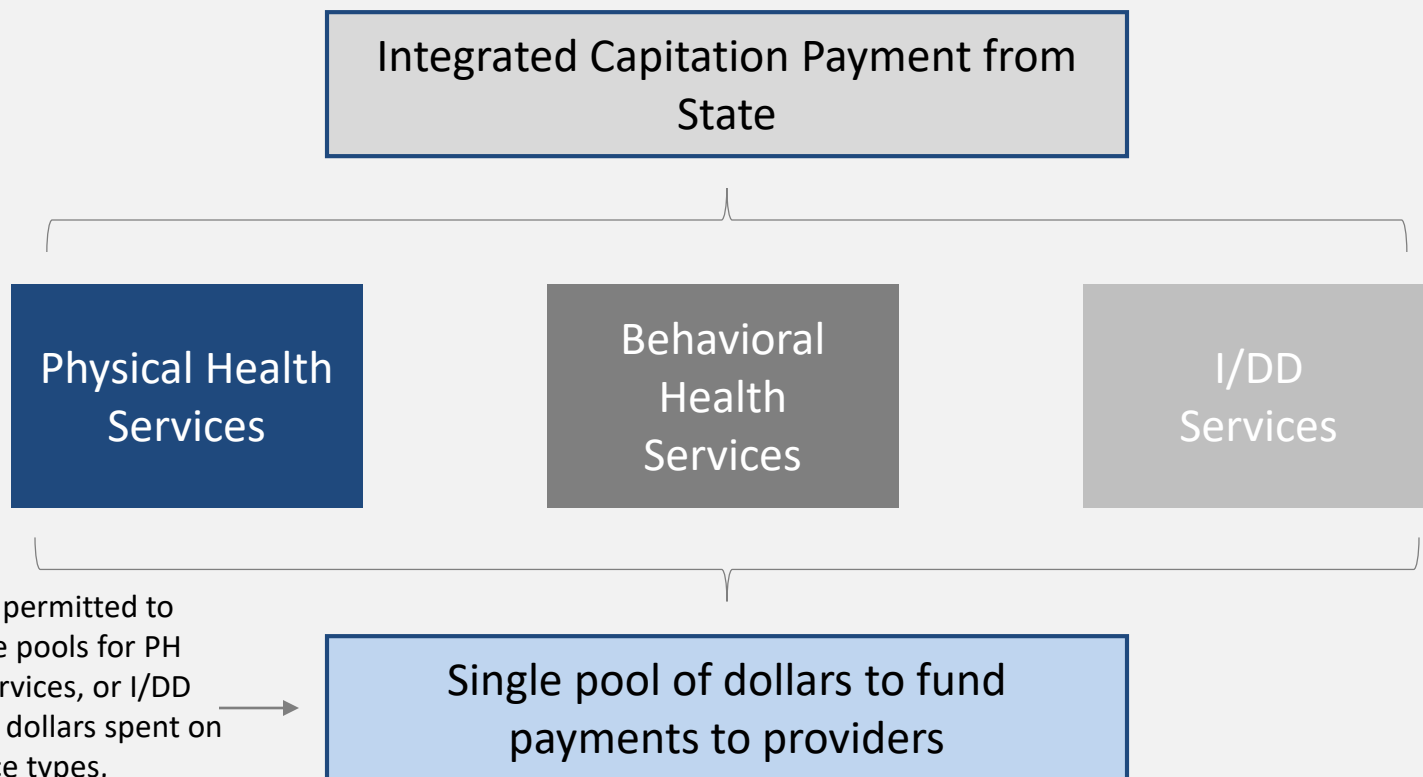
A single point of contact for all claims payment issues will reduce burden on providers



- Single point of transmission for claims payment issues and grievances
- Single point of review for claims payment and review
- Single phone line for claims payment issues and grievances
- Single timeframe for claims payment and review

Financial Accountability

All behavioral health, I/DD, TBI, and physical health services will be managed as a single pool of dollars to promote integration and accountability.



TPs will not be permitted to create separate pools for PH services, BH services, or I/DD services or cap dollars spent on different service types, regardless of whether the TP or SP contracts with the provider

Reminder: Opportunities to Engage

DHHS values input and feedback from stakeholders and will make sure stakeholders have the opportunity to connect through a number of venues and activities.

Ways to Participate

- Regular webinars, conference calls, meetings, and conferences
- Comments on periodic white papers, FAQs, and other publications
- Regular updates to website:
<https://www.ncdhhs.gov/assistance/medicaid-transformation>



Groups DHHS Will Engage

- Consumers, Families, Caregivers, and Consumer Representatives
- Providers
- Health Plans and LME-MCOs
- Counties
- General Public

Comments? Questions? Let's hear from you!

Comments, questions, and feedback are all very welcome at
Medicaid.Transformation@dhhs.nc.gov