Medicaid Transformation

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Medicaid Managed Care Already Exists in NC

What North Carolina Has Now

- PRIMARY CARE CASE MANAGEMENT (CCNC)
  - Primary care provider-based
  - State pays additional fee to provide care management
- PACE
  - Comprehensive, capitated
  - 55 years old and older
  - Available in certain areas, not currently statewide
- LME/MCOs (BEHAVIORAL HEALTH PREPAID HEALTH PLAN)
  - Cover specific populations and specific services
  - Provides care coordination for identified and priority groups

What Managed Care Will Bring

- MCOs will take two forms:
  - Commercial Plans
  - Provider-led Entities
- Participating MCOs will be responsible for coordinating all services (except services carved out) and will receive a capitated payment for each enrolled beneficiary

Medicaid Transformation: Detailed Design for Medicaid Managed Care

- "North Carolina's Proposed Program Design for Medicaid Managed Care"
- Released Aug. 8, 2017
- Presents State's vision for managed care
- Developed with significant stakeholder input received over the past year, including public input sessions in April/May 2017
- More details than broader Section 1115 waiver submitted to CMS in June 2016
- Drafted with health care professionals in mind
- Opportunity to comment on the proposed design through Sept. 8

Vision and Goals

- SL 2015-245, as amended by SL 2016-121 directed transition from fee-for-service to managed for Medicaid and NC Health Choice programs
- Vision
  - High-quality care
  - Population health improvement
  - Provider engagement and support
  - Sustainable program with predictable cost
- Key Goal
  - Work with county and local agencies to support delivery of coordinated care, address unmet needs
- Focus on integration of services for primary care, behavioral health, intellectual and developmental disorders, and substance use disorders
- Address social determinants of health (unmet social needs and their affect on health); e.g., employment, housing, food)
- Support beneficiaries and providers during transition

Session Laws 2015-245 & 2016-121 - Requirements

Excluded Populations, Entities and Services

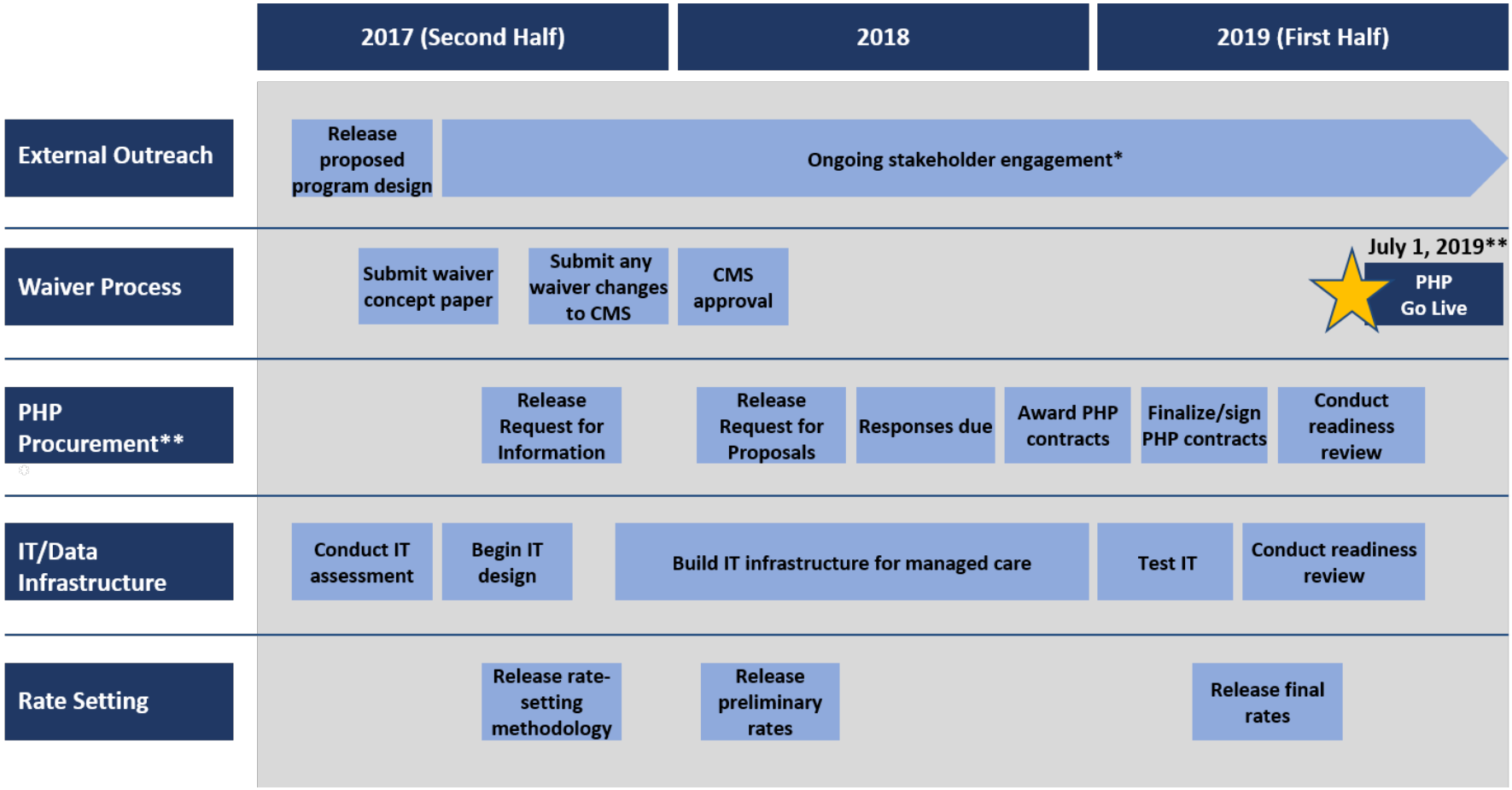
- Individuals dually eligible for Medicaid and Medicare
- Populations with short eligibility spans (e.g., medically needy and populations with emergency-only coverage)
- Enrollees with periods of retroactivity and presumptive eligibility
- Health Insurance Premium Payment (HIPP) beneficiaries
- Dental
- Program of All-inclusive Care for the Elderly (PACE)
- Local Education Agency (LEA) services
- Child Development Service Agencies (CDSAs)
- Members of federally recognized tribes (Eastern Band of Cherokee Indians may opt-in)

Session Laws 2015-245 & 2016-121 - Requirements

Other Provisions

- Timing: 2019 go-live
- Prepaid health plans
  - 3 statewide MCOs (commercial plans)
  - Up to 12 PLEs in 6 regions
- Maintain eligibility for parents of children placed in foster care system
- Identified essential providers

Timeline



*Stakeholder engagement will continue past 2019.

**Represents the earliest go-live date for some segment of the Medicaid population. Approximate dates are contingent on factors outside of DHHS control, including CMS waiver approval.

***Additional procurement will be needed prior to managed care launch, including for enrollment broker, ombudsman program, and regional provider support centers, among others.

Prepaid Health Plans

- Beneficiary chooses plan that best fits personal situation
  - 3 commercial plans
  - Up to 12 provider-led entities
- Offer standard or tailored plans
  - Standard plans
    - Integrated physical, behavioral and pharmacy services
  - Tailored plans
    - Integrated physical, behavioral and pharmacy services for special populations
    - Includes Innovations and state funded services
    - 2 years post launch: serious mental illness, substance use disorders and I/DD
- Plans must accept any willing and able provider, including all essential providers
  - Exceptions: quality, refusal to accept rates

Eligibility and Enrollment

Eligibility

- Goal: Simple, timely, user-friendly eligibility
- Online, mail, telephone, in person
- DSS offices continue to hold pivotal role
  - Determine eligibility; process renewals
  - NC FAST determines in or out of managed care
  - State pays additional fee for care management
  - No change in eligibility appeals

Enrollment

- Beneficiary chooses PHP and PCP
- Enrollment broker
  - Support and education
  - Counsel beneficiaries in PHP/PCP selection
- 30-day plan selection period
- PCP will be auto-assigned if not selected

Future State

Beneficiary applies, receives determination and selects PHP and PCP in one sitting (real or near-real time)

- Upgrades to E&E system
- Web-enabled enrollment

Beneficiary Support

PHP

- Member services staff
- Explain PHP operation
- Explain role of PCP
- Assist with making appointments and obtaining services
- Arrange non-emergency medical transportation
- Fielding questions and complaints
- Advising appeal and grievance rights and options
- Education to promote health, wellness, disease prevention

Enrollment Broker

- Assist beneficiaries with enrollment
- Provide education about PHP plans and role of PCP
- Counsel beneficiaries as they select PHP and PCP that best fits their situation

Ombudsman

- Advocate for beneficiaries
- Provide support and active preparation for appeals, grievance and fair hearing processes
- Facilitate real-time issue resolution
- Monitor trends in PHP performance or beneficiary concerns, with feedback to DHHS

Delayed Mandatory Enrollment

SPECIAL POPULATION	ENROLLMENT	AFTER MANAGED CARE BEGINS (NO LATER THAN)
Children in foster care and adoptive placements	22,000	1 year
Certain Medicaid and NC Health Choice beneficiaries with an SMI, SUD or I/DD diagnosis, and those enrolled in TBI waiver	85,000	2 years
Medicaid-only beneficiaries receiving long-stay nursing home services	2,000	2 years
Medicaid-only CAP/C and CAP/DA waiver beneficiaries	3,500	4 years
Individuals eligible for Medicare and Medicaid (dual eligibles)	245,000	4 years

Enrollment numbers and phase-in dates are estimated and may change.

Foster Care PHP (1 year after implementation)

PHP Requirements

- Special personnel
  - Medical Director
  - Foster Care Liaisons
  - Foster Care Behavioral Health Clinical Director
- Care Managers

Plan Features

- 90 day transition
- Medication management services based on Fostering Health NC protocols

SOURCE:

Unmet Social Needs (Social Determinants of Health)

70% of health outcomes are tied to non-medical social determinants

16% households in NC are food insecure

81% receiving food assistance don't know where next meal is coming from

73% receiving food assistance have had to choose between paying for food or health care or medicine

1.2M North Carolinians, rural and urban, cannot find affordable housing

USDA Economic Research Service, "Food Security status of U.S. Households in 2015"
ncfoodbanks.org/hunger-in-north-carolina/
Robert Wood Johnson, County Health Rankings, countyhealthrankings.org/app/north-carolina/2017/overview

Unmet Social Needs: Resource Mapping and Innovation Support

Goal: Unite communities and health care system to optimize health and well-being

- Resource mapping
  - Map social determinants of health indicators at community and ZIP code level to display areas with the highest disparity
  - Map and codify food, housing, transportation and other essential resources in communities and within institutions of care
  - Build on current resource manage databases, like 211 or Wake Network of Care for up-to-date list of benefits and community services
  - Partner closely with community stakeholders

- Health innovation investment
  - Community efforts to scale, strengthen and sustain existing innovative initiatives
  - Evidence-based interventions including referral and navigation services, collocated and embedded services, and use of flexible supports
  - Required data collection and reporting; evaluated to determine effects on health outcomes and spending

Integrated Behavioral Health

Medicaid beneficiaries with less intensive BH needs and without I/DDs

Initial Phase

Standard Plan

- Physical health
- Pharmacy
- State Plan BH

No changes; beneficiaries remain in integrated managed care product

Second Phase

Standard Plan

- Physical health
- Pharmacy
- State Plan BH

Medicaid beneficiaries with serious BH needs, I/DDs and those enrolled in Innovations or TBI waivers

FFS

- Physical health
- Pharmacy

LME-MCOs

- State Plan BH
- 1915(b)(3)
- Innovations Waiver
- TBI Waiver
- State funded BH services

Beneficiaries transition from receiving physical health and BH in two separate delivery systems to integrated managed care product

BH I/DD Tailored Plans

- Physical health
- Pharmacy
- State Plan BH
- 1915(b)(3)
- Innovations Waiver
- TBI Waiver
- State funded BH services

Graphic displays Medicaid beneficiaries who are not excluded from LME-MCOs.

NC Health Choice beneficiaries currently receive behavioral health benefits through Medicaid fee-for-service.

House Bill 662 Carolina Cares

Provide health coverage to NC residents ineligible for Medicaid

- Background
  - Primary Sponsors - Representatives Lambeth, Murphy, Dobson, and White
  - Specifies covered population
  - Outlines covered services
- Major shifts
  - Participant premiums
  - Work requirements
- Funding sources
  - Federal (FMAP)
  - Premiums
  - State – hospital assessments

Medicaid Managed Care Proposed Program Design

Comments Welcome and Encouraged

- Medicaid transformation website: ncdhhs.gov/nc-medicaid-transformation
- Written input due by Sept. 8, 2017:
  - **Email:** Medicaid.Transformation@dhhs.nc.gov
  - **U.S. Mail:** Department of Health and Human Services, Division of Health Benefits,
    1950 Mail Service Center, Raleigh NC 27699-1950
  - **Drop-off:** Department of Health and Human Services, Dorothea Dix Campus, Adams Building,
    101 Blair Drive, Raleigh NC

Discussion