Medicaid Transformation

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Agenda

• NC Proposed Design for Medicaid Managed Care
  – Vision
  – Comments

• Background
  – Managed Care in N.C.
  – Supporting Legislation/Waiver

• Procurement
  – Activities
  – Timeline

• Managed Care
  – PHPs, Integration, E&E, Beneficiary Supports
  – Social Determinants of Health
  – High Functioning System
Medicaid Transformation: Detailed Design for Medicaid Managed Care

- “North Carolina’s Proposed Program Design for Medicaid Managed Care”
- Released Aug. 8, 2017; Comments received through Sept. 14
- 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
- Provides details broader than Section 1115 waiver submitted to CMS in June 2016
- Drafted with health care professionals in mind
- Accompanying documents
  - Fact Sheet for Medicaid and NC Health Choice providers
  - Fact Sheet for people with Medicaid
Vision and Goals

• Vision
  – High-quality care
  – Population health improvement
  – Provider engagement and support
  – Sustainable program with predictable cost

• Broad aspects of the transition to Medicaid managed care
  – Focus on innovation (integration of services for primary and behavioral health care and social determinants of health)
  – Support beneficiaries and providers during transition
  – Promotes access to care (combat opioid epidemic, telehealth, access to Medicaid)
  – Promote quality and value
  – Setting up relations for success (transparent and fair payments, to PHPs and providers)
High Level Overview of Comments

• Comments still coming in

• Responses received – 250+
  – Most responses received from health plans and associations/organizations

• General themes
  – Positive Support for
    • Physical/behavioral health integration.
    • Considering social determinants of health.
    • Improving credentialing process.
    • Increasing access to Medicaid coverage.
  – Confirmation on go live, dental exclusion
  – Maintaining viable, profitable practices
  – Reduce administrative burden
  – Varied stakeholder engagement approaches
### American Heart Association/American Stroke Association Comments

<table>
<thead>
<tr>
<th><strong>Support</strong></th>
<th><strong>Recommendations</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• 1115 waiver amendment</td>
<td>• Cover all USPSTF A&amp;B benefits</td>
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<tr>
<td>• Access to affordable health coverage</td>
<td>• Leverage AHA/ASA public health education programs and utilize them with providers and recipients</td>
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<tr>
<td>• Advancing whole person care by creating innovative, integrated and well coordinated system of care</td>
<td>• Close insurance gap for individuals at or below 138% of federal poverty level</td>
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<tr>
<td>• Use of evidence based care to improve outcomes</td>
<td>• Offer evidenced based telehealth interventions</td>
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<tr>
<td>• Strong network adequacy requirements</td>
<td>• Statewide standards for utilization of stroke and ST-Elevation Myocardial Infarction registries</td>
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<td>• Regular ongoing meetings with diverse consumer advocates</td>
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Next Steps re: Public Comments

- All reviewed by design team members

- Considering questions/recommendations in future design decisions, documents

- Feedback consolidated

- Publish summary with Department response mid-Oct 2017
Background-Session Laws 2015-245 & 2016-121 - Requirements

Excluded Populations

• 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

• Program of All-inclusive Care for the Elderly (PACE) beneficiaries

• *Family planning

• * Prison inmates

*not in original legislation, will require a statutory change
Background-Session Laws 2015-245 & 2016-121
Services carved out of Medicaid managed care

- Dental
- Services prescribed by Local Education Agency (LEA) services
- Services provided by Child Development Service Agencies (CDSAs)
- Eyeglasses and provider visual aid dispensing fee*

*not in original legislation; exclusion of dispensing fee will require enabling legislation
Background - Session Laws 2015-245 & 2016-121

Other Provisions

• Timing: Go live within 18 months of CMS approval; estimated July 2019

• 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

• Exempt population – members of federally recognized tribes

• PHPs must include all willing providers in their networks, limited exceptions apply
## Procurement Details

<table>
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<tr>
<th>RFI</th>
<th>RFP</th>
<th>Enrollment Broker</th>
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<tbody>
<tr>
<td>• Solicits information from potential PHPs to assess interest in participation and market readiness</td>
<td></td>
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<tr>
<td>• Targeted questions</td>
<td>• Formal solicitation which will outline contract expectations</td>
<td>• Participants have 60 days to enroll</td>
</tr>
<tr>
<td>• Providers and Stakeholder response anticipated</td>
<td>• Released Spring 2018</td>
<td>• Enrollment ends selected number of days before go live</td>
</tr>
<tr>
<td>• Release Fall 2017</td>
<td>• Responses requested early Summer 2018</td>
<td>• Draft RFP winter 2017</td>
</tr>
<tr>
<td></td>
<td>• Award Fall 2018</td>
<td>• Release Spring 2018</td>
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<tr>
<td></td>
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<td>• Award Summer 2018</td>
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PHP Procurement: RFI/RFP Tentative Timeline

Timeline is subject to CMS Section 1115 waiver negotiations.
Prepaid Health Plans

• Beneficiary chooses plan that best fits personal situation

• Health Plans offer 2 different plan or product types
  – Standard plans
    • Integrated physical, behavioral and pharmacy services
  – Tailored plans
    • Integrated physical, behavioral and pharmacy services for special populations
    • Includes Innovations waiver, 1915(b)(3), federal block grant 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 providers in geographical area that are designated as essentials
**Integrated Behavioral Health**

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

**Initial Phase**

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

**Second Phase**

- Physical health
- Pharmacy
- BH I/DD Tailored Plans
  - State Plan BH
  - 1915(b)(3)
  - Innovation s Waiver
  - TBI Waiver
  - State funded BH services

No changes; beneficiaries remain in integrated managed care product

**MEDICAID TRANSFORMATION**

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.
# 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
  - 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/90 days provision for OON services during transition**
- **PCP will be auto-assigned if not selected**
  - Auto assignment prioritizes preserving provider relationships

## 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
## Delayed Mandatory Enrollment*

<table>
<thead>
<tr>
<th>SPECIAL POPULATION</th>
<th>ENROLLMENT</th>
<th>AFTER MANAGED CARE BEGINS up to</th>
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<tbody>
<tr>
<td>Children in foster care and adoptive placements</td>
<td>22,000</td>
<td>1 year</td>
</tr>
<tr>
<td>Certain Medicaid and NC Health Choice beneficiaries with an SMI, SUD or I/DD diagnosis, and those enrolled in TBI waiver</td>
<td>85,000</td>
<td>2 years</td>
</tr>
<tr>
<td>Medicaid-only beneficiaries receiving long-stay nursing home services</td>
<td>2,000</td>
<td>2 years</td>
</tr>
<tr>
<td>Medicaid-only CAP/C and CAP/DA waiver beneficiaries</td>
<td>3,500</td>
<td>4 years</td>
</tr>
<tr>
<td>Individuals eligible for Medicare and Medicaid (dual eligibles)</td>
<td>245,000</td>
<td>4 years</td>
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*Requires statutory change
Enrollment numbers and phase-in dates are estimated and may change.
## Beneficiary Support

<table>
<thead>
<tr>
<th><strong>PHP</strong></th>
<th><strong>Enrollment Broker</strong></th>
<th><strong>Ombudsman</strong></th>
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<tbody>
<tr>
<td>• Member services staff</td>
<td>• Assist beneficiaries with enrollment</td>
<td>• Advocate for beneficiaries</td>
</tr>
<tr>
<td>• Explain PHP operation</td>
<td>• Provide education about PHP plans and role of PCP</td>
<td>• Provide support and active preparation for appeals, grievance and fair hearing processes</td>
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<tr>
<td>• Explain role of PCP</td>
<td>• Counsel beneficiaries as they select PHP and PCP that best fits their situation</td>
<td>• Facilitate real-time issue resolution</td>
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<tr>
<td>• Assist with making appointments and obtaining services</td>
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<td>• Monitor trends in PHP performance or beneficiary concerns, with feedback to DHHS</td>
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<tr>
<td>• Arrange non-emergency medical transportation</td>
<td></td>
<td></td>
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<tr>
<td>• Fielding questions and complaints</td>
<td></td>
<td></td>
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<tr>
<td>• Advising appeal and grievance rights and options</td>
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<td></td>
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<tr>
<td>• Education to promote health, wellness, disease prevention</td>
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North Carolinians, rural and urban, cannot find affordable housing.

- **70%** of health outcomes are tied to non-medical social determinants.
- **16%** of households in NC are food insecure.
- **81%** of households receiving food assistance don’t know where their next meal is coming from.
- **73%** of households 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.

[ncfoodbanks.org/hunger-in-north-carolina/](ncfoodbanks.org/hunger-in-north-carolina/)
Robert Wood Johnson, County Health Rankings, [countyhealthrankings.org/app/north-carolina/2017/overview](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
  - Build on current resource manage databases, like 211 or Wake Network of Cares

- **Standardized screenings**
  - Use instrument with questions related to food insecurity, housing instability and transportation needs
  - Health plans measured on rate of screenings conducted

- **Health innovation investment**
  - Request funds from CMS to support SDOH initiatives
  - Fund evidence-based interventions including referral and navigation services, collocated and embedded services, and use of flexible supports

- **Support public-private pilots that address known unmet resource needs**
High Functioning Managed Care System
Balancing standardization and plan flexibility

• Quality, Value and Care Improvement
  – Statewide quality strategy with goals and metrics
  – Enhanced care management strategy incl. AMH
  – Value Based Payments

• Provider Supports
  – Regional Provider Support Centers
  – Advanced Medical Home Certification
  – Practice transformation and education

• Managed Care Plan Accountability
  – PHP accreditation
  – Network Adequacy standards
  – Plan and Provider payments
  – Clinical Coverage Policies
Discussion