

Payment and Reimbursement under the Standard Plan

There will be four managed care payments made by DHHS for the Standard Plan:

1. Per Member Per Month capitation to PHPs and PLEs. The capitation will be determined using a standard formula applied in a Rate Book. The Rate Book includes monthly updated information on Medicaid eligibility. The capitation is risk-adjusted with a frequency between every month and no more than six-months.
2. Maternity Event capitated payments to PHPs and PLEs for every eligible delivery event. Documentation will be required but details are still being worked on so this will be an amendment to the Contract Year 1.
3. Additional Directed Payments to certain providers based on federal requirements that allow for some state flexibility. Those providers include: physicians and physician extenders; hospitals for physical healthcare using a State determined rate floor for a set period of time before the PHP may negotiate a rate, hospitals for inpatient and outpatient BH rates; FQHCs and Rural Health Centers; Indian Health Care Providers; Local Health Departments; Public Ambulance Providers; State-Operated Facilities; Certain Providers within UNC Health Care and Vidant Medical Center.
4. Enhanced case management pilot payments to the PHP or PLE if they cover a region that includes an Enhanced Care Management Pilot. There will be up to four areas of the State identified and this pilot will be focused on how evidence-based interventions in housing, food, transportation and interpersonal safety can improve health outcomes.

Rates

There is a section in the Addendum 4, Rate Book that clarifies that BH and Intellectual/Developmental Disability (BH I/DD) Tailored Plans will be implemented one year following the first contracts for the Standard Plan benefit. The Tailored BH I/DD Plan will be implemented at that time using the LME/MCOs and beneficiaries meeting BH I/DD Tailored Plan eligibility criteria will be defaulted into their current delivery system (FFS and LME/MCO for most beneficiaries), and have the option to enroll in a Standard Plan. There is still work to be done on the draft capitation rates for the BH I/DD Tailored Plans eligibility and the draft rates do not account for the potential that a BH I/DD Tailored Plan eligible beneficiary may choose to enroll in a Standard Plan. Both of these items have a potential cost impact that is not yet reflected in the draft capitation rates.