



**MCAC Behavioral Health I/DD  
Tailored Plan Design  
Subcommittee**

**Medicaid Transformation  
*Transition of Care Overview***

**Trish Farnham, Senior Policy Analyst  
Quality and Population Health  
Division of Health Benefits**

**NC's Transition of Care (TOC) Overarching Intention:**

***As beneficiaries move between delivery systems,  
the Department intends to maintain continuity of  
care for each Member and minimize the burden  
on providers during the transition.***

### A Metaphor for What We *Don't* Want....



Bridge being constructed over the Irrawaddy River

© Unlisted Images/Corbis

### Managed Care Launch (MCL) Transition of Care

*Crossover to  
MCL Transition  
of Care*

One time crossover of beneficiaries eligible for Managed Care at Managed Care Launch ("MCL")

*Ongoing  
Transition of  
Care*

Ongoing transition of care for beneficiaries moving between PHPs, between PHPs and FFS, between FFS and PHPs

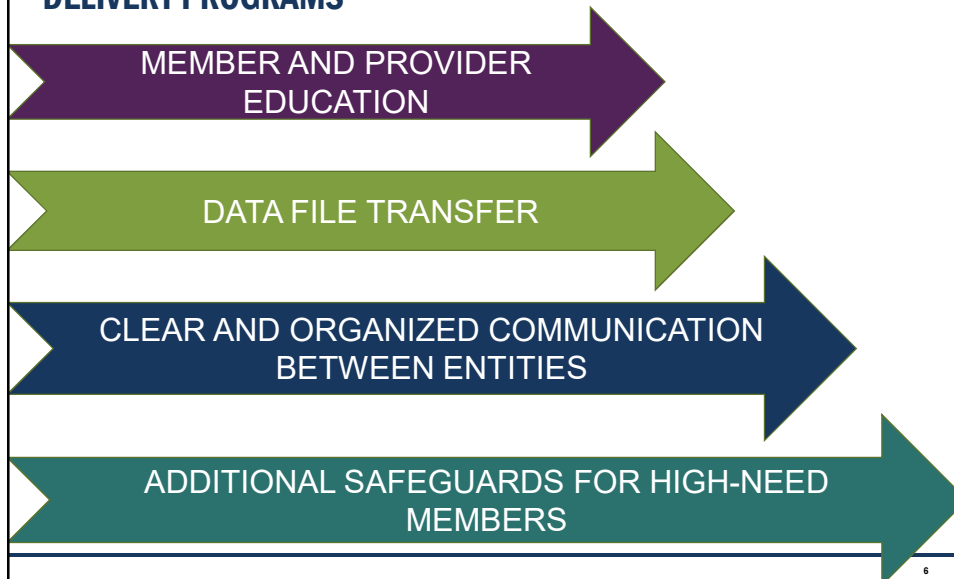
**NOTE:** TRANSITIONS BETWEEN SETTINGS ARE RELATED BUT IDENTIFIED IN SEPARATE PROTOCOLS AND NOT FOCUS OF THIS PRESENTATION

### **Transition of Care Dynamics Related to the BH/IDD Community**

- A beneficiary who is currently served by the LME-MCO but who will enroll in the Standard Plan.
- A beneficiary who defaults to remaining in the LME-MCO but chooses to move to the Standard Plan.
- (After MCL): A beneficiary (“Member”) served by the Standard Plan but is identified as eligible to be served by the LME-MCO/Tailored Plan.
- A Member who elects to transfer between Standard Plans.
- Other circumstances .

5

### **FOUR KEY ELEMENTS OF QUALITY TRANSITIONS BETWEEN SERVICE DELIVERY PROGRAMS**



6

**Crossover to MCL Transition of Care** One time crossover of beneficiaries eligible for Managed Care at Managed Care Launch ("MCL")

**Activities Underway**

7

**Crossover to MCL: Activities Underway**

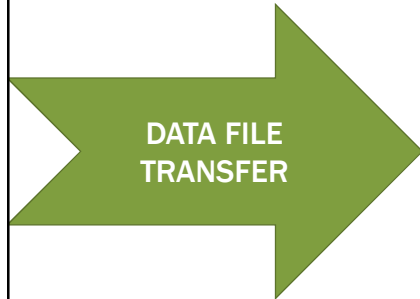
**MEMBER AND PROVIDER EDUCATION**

In addition to the Department's general communication about NC Medicaid Transformation to stakeholders, the Department will partner with LME-MCOs, PHPs and other entities to:

- Provide targeted communication to beneficiaries about BH I/DD-specific enrollment and eligibility options.
- Provide targeted education to BH I/DD Provider networks on navigating Crossover dynamics related to Member continuity of Care, including effectively identifying Member's PHP, submitting Prior Authorizations.

8

### Crossover to MCL: Activities Underway



- A PHP will receive ongoing claims/encounter data on all enrolled members, including its members currently served by the LME-MCO.
- A PHP will receive open and recently closed Prior Authorizations on all enrolled members.
- As needed, PHPs will have access to Member's most current care plan and assessment information.
- Data transfer will continue after MCL.

9

### Crossover to MCL: Specific Prior Authorization Considerations

#### Honoring Prior Authorizations

- PHPs must honor open FFS PAs for at least the first 90 days after MCL
- The Department will track the service disposition of FFS PAs with open units that extend beyond 90 days and establish protocols for navigating identified high-risk members through PA modifications made by PHPs after 90 days.

#### Non Participating Providers

- For the first sixty (60) days after MCL, PHPs required to pay claims and authorize services for Medicaid eligible nonparticipating/out of network providers equal to that of *in network* providers until end of episode of care or the 60 days, whichever is less.\*
- \*Note: N.C. Gen. Stat. § 58-67-88 also applies

10

### **Crossover to MCL: Specific Prior Authorization Considerations (continued)**

#### **Unmanaged Visits for Outpatient Behavioral Health Services**

- For members who are authorized for services under this Clinical Coverage Policy at Managed Care Launch (MCL), the unmanaged visit count shall reset to zero.

#### **“Pass Through” Prior Authorization Period for Substance Abuse Comprehensive Outpatient Treatment (SACOT)**

- For members who are currently receiving SACOT at Managed Care Launch (MCL), the PHP shall allow for a full 60 days of services without requiring a Prior Authorization.

11

### **Crossover to MCL: Specific Prior Authorization Considerations (continued)**

#### **Primary Goal of Crossover to MCL: To Ensure Member Continuity of Care.**

- All UM Vendors (including LME-MCOs) will continue to receive PA requests up to 11:59 the night before applicable MCL.
- UM Vendors will continue to review and process these PA requests under their standard requirements until completion.
- The UM Vendors will NOT be authorized to review PA requests for Standard Plan members submitted on or after MCL.
- So, what if despite education efforts, a provider attempts to submit a Prior Authorization request after MCL to the UM vendor instead of the Member’s PHP?


12

### Summary Protocol for the Erroneously Routed PA Request

<b>Intensive Provider Education</b>	<ul style="list-style-type: none"> <li>• UM vendor assists with pre-MCL provider education.</li> <li>• DHHS-sponsored “PA Guidance” webpage providing specific information about each PHP’s PA submission process.</li> </ul>
<b>Notification: Auto-Information Message</b>	<ul style="list-style-type: none"> <li>• After MCL, if a provider attempts to submit a PA request to UM vendor, the provider will see a banner message indicating a member is now enrolled in a PHP and guiding provider to DHHS PA guidance webpage.</li> </ul>
<b>Informed Call Center Staff</b>	<ul style="list-style-type: none"> <li>• UM Vendor call center staff will be informed on how to guide both members and providers.</li> </ul>

13

### Crossover to MCL: Activities Underway



ADDITIONAL  
SAFEGUARDS  
FOR HIGH-NEED  
MEMBERS

**Identification and PHP Contact with High Need Members at Crossover**


- PHPs are required to provide member-specific follow up on identified high need members and report back to Department on disposition.

**Warm Handoff Sessions**

- PHPs will be required to participate in “warm handoff” sessions for particularly vulnerable Members identified by CCNC, LME-MCOs or the Department.

14

### Crossover to MCL: Activities Underway



**CLEAR AND ORGANIZED COMMUNICATION BETWEEN ENTITIES**

Department's Crossover Governance structure will include increasingly frequent briefings with:

- PHPs
- LME-MCOs
- CCNC
- Other impacted vendors and entities

With the fundamental goal of ensuring member continuity of care.

15

*Ongoing Transition of Care*

Ongoing transition of care for beneficiaries moving between PHPs, between PHPs and FFS, between FFS and PHPs

### Summary of Additional Activities Applicable to BH I/DD Populations after MCL

16



## Special Considerations for BH I/DD Populations

- General Ongoing Transition of Care Requirements established in *Revised and Restated RFP* apply to all transitions.
- Department has established additional transitional care management requirements and is establishing additional TOC protocols for:
  - Members who require care management
  - Members who will disenroll from the PHPs
  - Supporting Members who are eligible or potentially eligible to be served by LME-MCO/ Tailored Plan
    - Members who are eligible for LME-MCO/Tailored Plan but elect to enroll in Standard Plan will be considered Priority Population for Care Management, under the *Adults and Children with Special Healthcare Needs* category.
    - Department is developing protocols for PHPs to identify and support Tailored Plan eligible members to understand service options available and, if member chooses to do so, transition out of the Standard Plan.

17

## Transition of Care Policy Design

### **The Department is establishing a Transition of Care Policy**

- Formalizes requirements referenced in this presentation.
- Initial scope will focus on PHP-related requirements.
- Policy is iterative and updated on established schedule.

### **PHPs are also required to establish a Transition of Care Policy.**

- Drafts submitted to the Department 5/5/2019

18

## Additional Updates.....

19

## Questions?

- For questions about Transition of Care
  - Trish Farnham
  - [Trish.Farnham@dhhs.nc.gov](mailto:Trish.Farnham@dhhs.nc.gov)
  - 910-233-2757
- For questions about Tailored Plan Design and Implementation
  - Kelsi Knick
  - [Kelsi.knick@dhhs.nc.gov](mailto:Kelsi.knick@dhhs.nc.gov)
  - 919-527-7031

20