



Convene.  
Strategize.  
Activate.

# Medicaid Transformation 101

izi Center for Integrative Health  
May 21, 2019

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- Webinar sponsored by the North Carolina Council on Developmental Disabilities
- Goal of webinar = provide basic information about Medicaid Transformation
  - Emphasis on behavioral health services
- Webinar's target audience is consumer and family members
- Slide handouts and recording will be available next week
- Information shared is information directly from DHHS
  - <https://www.ncdhhs.gov/assistance/medicaid-transformation>
- Please complete the post-webinar survey
- Questions/Comments



## Why is DHHS Transitioning the Medicaid System to Managed Care?

- Why:
  - To achieve better outcomes for individuals served and cost savings
  - Legislative Mandate: Session Law 2015-245 directs the Department to transition to managed care
- DHHS' Vision:
  - "Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health."
- What This Means:
  - North Carolina is making changes to Medicaid.
  - You will get your same Medicaid services, in a new way – from private health insurance plans.

## Capitation vs. Fee For Service

	Capitation	Fee For Service
Concept	Payment of a fixed amount per patient per month (PMPM); services are expense against revenue	Fee (revenue) for each service provided
Funding	Based on the number of enrollees, not the number of services	Based on the number of service units provided, not related to the number of patients
Incentive	Control utilization and ensure cost efficiencies; provide early detection and treatment to lower total cost of care; create flexibility in payment systems to support treatment innovation	Provider more services or charge more per service; sick beneficiaries require more services and generate more revenue

## The History of Medicaid Transformation

- **2015:** Session Law 2015-245 directs the DHHS to transition to managed care
- **2015-2018:** DHHS engaged in extensive collaboration with and feedback from stakeholders
- **August 2018:** RFP released
- **October 2018:** CMS approves 1115 waiver
- **February 2019:** PHP selection announced



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## Who Won?

### Four statewide PHP contracts awarded:

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

### One regional, provider-led entity:

- Carolina Complete Health, Inc. (Regions 3 and 5)



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## Standard Plans

- Populations served: The majority of the non-dual eligible Medicaid population
- Beneficiaries begin receiving services:
  - Phase 1 – November 1, 2019
    - Regions 2 & 4
  - Phase 2 – February 1, 2020
    - Regions 1, 3, 5 & 6
- Managed Care Provided By: Prepaid Health Plans (PHPs). Members will get to choose between 4 or 5 companies.



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## BH/IDD Tailored Plans

- Populations served: individuals with...
  - Significant behavioral health conditions
  - Intellectual and developmental disabilities (I/DD)
  - Traumatic brain injury (TBI)
  - TCLI
- Beneficiaries begin receiving services: tentatively July 2021
- Managed Care Provided By: an LME-MCO, based on the county where you live
- Offers more robust set of behavioral health and I/DD benefits
- Only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services



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## Standard Plan: Who is eligible?

### Standard Plan Populations:

- Aged
- Blind
- Disabled
- NC Health Choice
- Aid to Families with Dependent Children
- Other Children
- Pregnant Women
- Infants and Children
- Breast and Cervical Cancer
- Legal Aliens

## Populations EXCLUDED from the Standard Plan

- Medically Needy (excluding Innovations and Traumatic Brain Injury waiver participants)
- Health Insurance Premium Program
- Community Alternatives Program for Disabled Adults (CAP/DA)
- Community Alternatives Program for Children (CAP/C)
- Family Planning
- PACE Individuals partially dually eligible for Medicaid and Medicare
- Inmates
- Aliens
- Refugees

## Delayed Populations

- Foster Children
- Individuals with Significant Behavioral Health Disorders and Intellectual or Developmental Disabilities
- Long-Stay Nursing Home Residents
- Individuals eligible for both Medicaid and Medicare (Dual Eligibles)

## How will beneficiaries know if they qualify for the Standard Plan?

- DHHS conducting data reviews on all beneficiaries
- The Enrollment Broker will notify you about your assignment to the Standard Plan or Tailored Plan via mail in late June
- If you are assigned to Standard Plan, but feel you need enhanced behavioral health services and should be served in the Tailored Plan, you can complete a BH I/DD Tailored Plan Eligibility Request form

## BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.\*

Behavioral Health, I/DD, and TBI Services Covered by Both Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
<i>Enhanced behavioral health services are italicized</i>	
<p><b>State Plan Behavioral Health and I/DD Services</b></p> <ul style="list-style-type: none"> <li>• Inpatient behavioral health services</li> <li>• Outpatient behavioral health emergency room services</li> <li>• Outpatient behavioral health services provided by direct-enrolled providers</li> <li>• <i>Partial hospitalization</i></li> <li>• <i>Mobile crisis management</i></li> <li>• <i>Facility-based crisis services for children and adolescents</i></li> <li>• <i>Professional treatment services in facility-based crisis program</i></li> <li>• Outpatient opioid treatment</li> <li>• Ambulatory detoxification</li> <li>• <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i></li> <li>• <i>Substance abuse intensive outpatient program (SAIOP)**</i></li> <li>• <i>Research-based intensive behavioral health treatment</i></li> <li>• <i>Diagnostic assessment</i></li> <li>• Early and periodic screening, diagnostic and treatment (EPSDT) services</li> <li>• <i>Non-hospital medical detoxification</i></li> <li>• <i>Medically supervised or ADATC detoxification crisis stabilization</i></li> </ul>	<p><b>State Plan Behavioral Health and I/DD Services</b></p> <ul style="list-style-type: none"> <li>• Residential treatment facility services for children and adolescents</li> <li>• <i>Child and adolescent day treatment services</i></li> <li>• <i>Intensive in-home services</i></li> <li>• <i>Multi-systemic therapy services</i></li> <li>• <i>Psychiatric residential treatment facilities</i></li> <li>• <i>Assertive community treatment</i></li> <li>• <i>Community support team</i></li> <li>• <i>Psychosocial rehabilitation</i></li> <li>• <i>Substance abuse non-medical community residential treatment</i></li> <li>• <i>Substance abuse medically monitored residential treatment</i></li> <li>• Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)</li> </ul> <p><b>Waiver Services</b></p> <ul style="list-style-type: none"> <li>• Innovations waiver services</li> <li>• TBI waiver services</li> <li>• 1915(b)(3) services</li> </ul> <p><b>State-Funded behavioral health and I/DD Services</b>  <b>State-Funded TBI Services</b></p>

\*DHHS plans to submit a State Plan Amendment to add the following services to the State Plan:  
 • Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans); and  
 • Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only).

\*\*DHHS plans to seek legislative approval to add SAIOP to the Standard Plan benefit package.

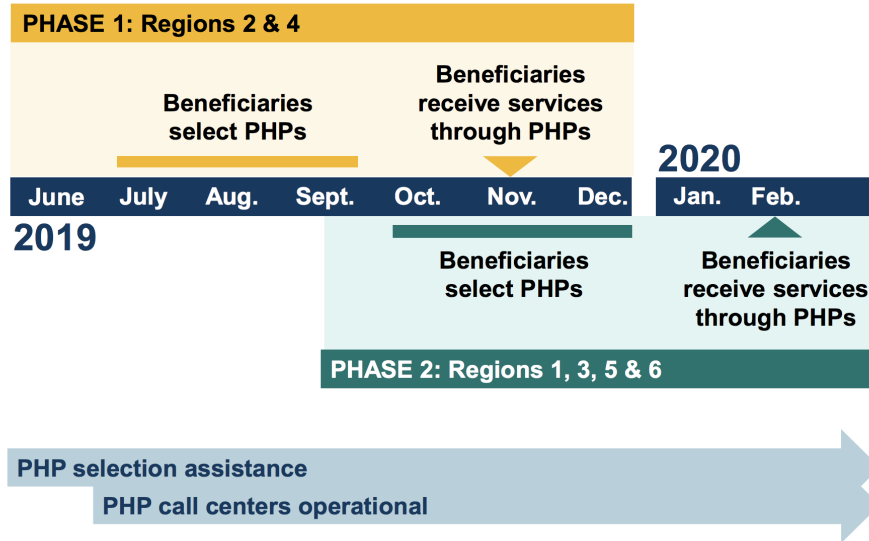


## Standard Plan Implementation Timeline

- **Late June:** Members will begin receiving information about enrolling in managed care, including how to select a PHP and primary care provider, from the Enrollment Broker who is Maximus.
- **July 1, 2019:** The Enrollment Broker will have a call center operating for members to contact with questions and for assistance
- **July 15-September 15, 2019:** For individuals residing in Phase 1 regions, this is their window of time to select a PHP.
  - If a PHP is not selected by the member, one will be automatically assigned.
- **September – October 2019:** Beneficiaries will receive welcome packets and ID cards from their selected or assigned PHP.
- **November 1, 2019:** Standard Plan Managed Care will launch for Phase 1.
- **October – December 2019:** For individuals residing in Phase 2 regions, this is their window of time to select a PHP.
- **February 1, 2020:** Standard Plan Managed Care will launch for Phase 2.



## What Beneficiaries Can Expect Next



## Working with the Enrollment Broker, Maximus, to enroll in the Standard Plan

- First...
  - Make sure your address is up to date!
- Choose Your Health Plan:
  - You will be able to choose the health insurance plan that is best for you.
  - All plans provide the same basic services
  - Some plans may provide extra services
  - Physical health, mental health, and pharmacy services will come from the same health plan.
- Choose Your Primary Care Provider (PCP):
  - Your primary care provider could be your current family doctor, clinic or other health care provider.
  - To keep your doctor, clinic or other provider as your primary care provider, find out which plans they work with. Then choose one of those plans.
  - You can also choose a new primary care provider.
  - Work with the Enrollment Broker during open enrollment period to select the Health Plan that **works best for you.**



## Timeline for BH I/DD Tailored Plans Implementation

**BH I/DD Tailored Plan-eligible beneficiaries will remain in your current delivery system until approximately July 2021.**

- **August 2018 – February 2020:** DHHS is in the BH I/DD Tailored Plan design period
- **February 2020 (tentative):** DHHS will release BH I/DD Tailored Plan Request For Applications (RFA)
- **May 2020 (tentative):** DHHS awards BH I/DD Tailored Plan contracts
- **July 2021 (tentative):** BH I/DD Tailored Plans launch



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## Learn More/ Stay Up To Date

- [www.ncdhhs.gov/medicaid-transformation](http://www.ncdhhs.gov/medicaid-transformation)



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

- <https://i2icenter.org/category/medicaid-transformation/>



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## Spring Policy Forum 2019: Pathways 2 Progress

June 10 – 11, 2019



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Thank you for attending

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