

Convene.
Strategize.
Activate.

Medicaid Transformation 101

WNC Transition to Adulthood Conference

October 5, 2019

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CENTER *for*
INTEGRATIVE
HEALTH

insight to innovation

What We Will Cover Today

➤ What is Medicaid Transformation all About?

➤ The Basics:

1. Regions
2. Prepaid Health Plans (PHPs)
3. Standard Plans and Tailored Plans
4. Implementation Timelines
5. Enrollment Brokers

➤ Where to Learn More: Resources

Why is DHHS Transitioning the Medicaid System to Managed Care?

- To achieve better outcomes for individuals served and cost savings
- Legislative Mandate: Session Law 2015-245 directs the Department to transition to managed care

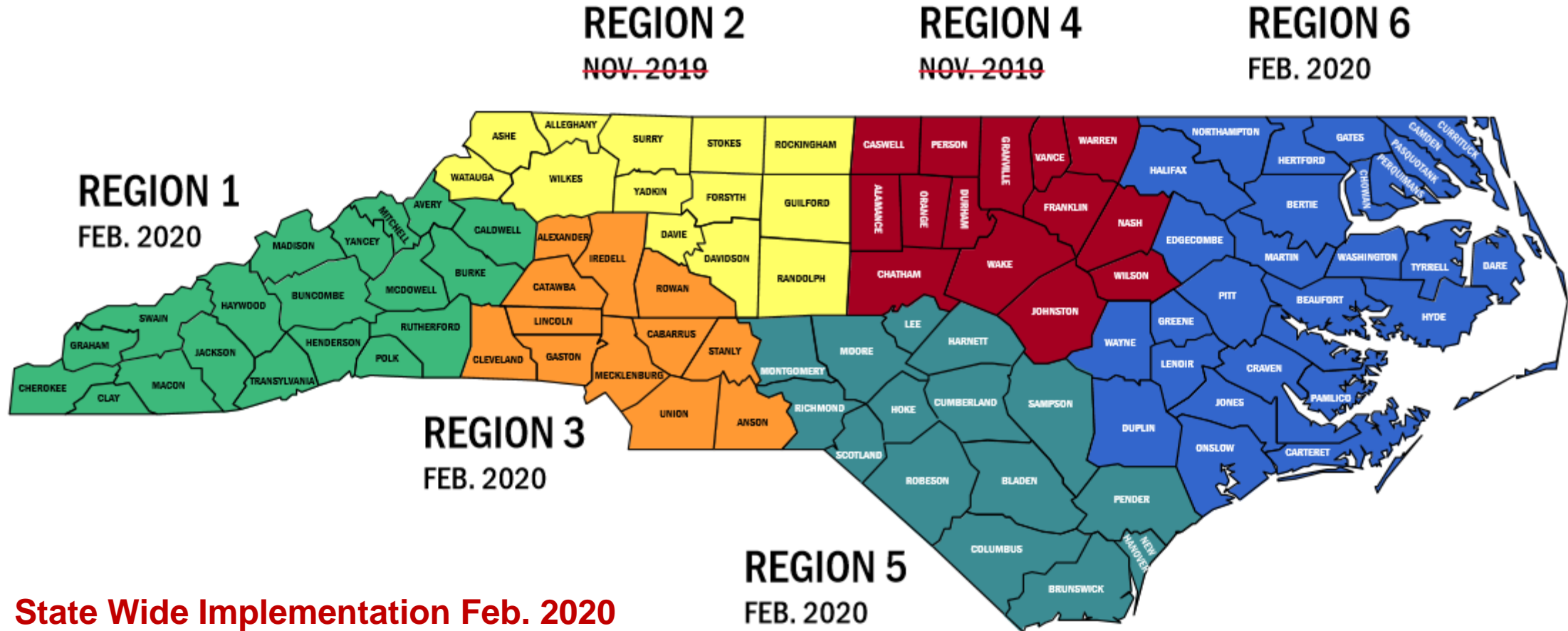
DHHS' Vision:

- “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.
- Beneficiaries will get the same Medicaid services, in a new way – from private health insurance plans.
- Beneficiaries will be assigned to the Standard or Tailored Plan.

NC Medicaid Managed Care Regions and Rollout Dates



Health Plan Contact Information

Health Plan	Website	Phone
 WellCare Beyond Healthcare. A Better You.	<u>www.WellCare.com/nc</u>	1-866-799-5318 (TTY: 711)
 UnitedHealthcare Community Plan	<u>www.UHCCommunityPlan.com/NC.html</u>	1-800-349-1855 (TTY: 711)
 HealthyBlue	<u>www.HealthyBlueNC.com</u>	1-844-594-5070 (TTY: 711)
 AmeriHealth Caritas North Carolina	<u>www.AmeriHealthCaritasNC.com</u>	1-855-375-8811 (TTY: 1-866-209-6421)
 carolina complete health	<u>www.CarolinaCompleteHealth.com</u>	1-833-552-3876 (TTY: 711 or 1-833-552-2962)

Are Services the Same Across the PHPs?

Health Plan Responsibilities

Health Plans will:

- Ensure their Members receive the same services as they did under NC Medicaid Direct
- Provide Non-Emergent Medical Transportation (NEMT) Services for Managed Care Members
- Assist Members with primary care provider (PCP) information and complete PCP Auto-Assignment if no PCP is selected
- Supply NC Medicaid Managed Care Medicaid Card/Replacement Cards
- Conduct Care Needs Screening for Members
- Operate a Call Center/Member Service Lines
- Facilitate Appeals and Grievances
- Provide Health Plan Welcome Packets, including Welcome Letter, Medicaid Card and Member Handbook

Standard Plan Benefit Package

Medical Benefits and Services

Allergies	Ambulance services	Anesthesia
Auditory implant external parts	Burn treatment and skin substitutes	Cardiac procedures
Certified pediatric and family nurse practitioner services		Chiropractic services
Clinic services	Dietary evaluation and counseling and medical lactation services	
Durable medical equipment	Early and periodic screening, diagnostic and treatment services (EPSDT)	
Family planning services	Federally qualified health center services	
Freestanding birth center services (when licensed or otherwise recognized by the North Carolina Department of Health and Human Services)		
Hearing aids	Home health services	Home infusion therapy
Hospice	Inpatient psychiatric services for under 21	Inpatient hospital services
Laboratory and X-ray services	Limited inpatient and outpatient BH services	Maternal support services
Non-emergent transportation to medical care	Nursing facility services	Obstetrics and gynecology
Occupational therapy	Ophthalmological services	Optometry services
Other diagnostic, screening, preventive and rehabilitative services		Outpatient hospital services
Personal care	Pharmacy services	Physical therapy
Physician services	Podiatry services	Prescription drugs/med management
Private duty nursing services	Prosthetics, orthotics and supplies	Reconstructive surgery
Respiratory care services	Rural health clinic services	Services for 65+ in IMD
Speech, hearing and language disorder services		Telemedicine
Tobacco cessation counseling for pregnant women		Transplants and related services
Ventricular assist device	Vision services	

Behavioral Health Benefits and Services

Ambulatory detoxification services

Diagnostic assessment services

Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 20

Facility-based crisis services for children and adolescents

Inpatient behavioral health services

Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization

Mobile crisis management services

Non-hospital medical detoxification services

Outpatient behavioral health emergency room services

Outpatient behavioral health services provided by direct-enrolled providers

Outpatient opioid treatment services

Partial hospitalization






Professional treatment services in a facility-based crisis program

Research-based intensive behavioral health treatment

Standard Plans Do NOT Include [but Medicaid Beneficiaries Can Get the Services Outside of their Plans with Medicaid Providers]:

- Dental Services
- Services Provided by Local Education Agencies
- Services provided by children's developmental agencies that are included in your child's Individualized Family Service Plan
- Fabrication of eyeglasses, including complete eyeglasses, eyeglass lenses and ophthalmic frames
- Services provided through the Program of All-Inclusive Care for the Elderly (PACE)

Added services: Use this chart to compare the added services that each health plan offers. Some services may be only for members who qualify. For questions, call **1-833-870-5500** (TTY: 1-833-870-5558)

 <small>Beyond Healthcare. A Better You.</small>	 <small>Community Plan</small>		 <small>North Carolina</small>	
<p>Education</p> <ul style="list-style-type: none"> ▪ \$120 GED voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$450 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 20% CVS discount card ▪ 24-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boy Scouts, Girl Scouts or 4-H Club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Hearing aid (up to \$300 value) ▪ Up to \$120 yearly value for over-the-counter drugs ▪ Cell phone with 1,000 monthly minutes, free texts and 1GB of data ▪ Rides to classes and events 	<p>Education</p> <ul style="list-style-type: none"> ▪ Life skills training <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Free breast pump ▪ Up to \$100 in rewards for baby products <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$100 yearly value in alternative healing, acupuncture, massage therapy ▪ Up to \$150 for hypoallergenic mattress cover and pillowcase for asthma ▪ Cell phone with 350 monthly minutes, free texts ▪ Free meal delivery up to 14 days, if qualify 	<p>Education</p> <ul style="list-style-type: none"> ▪ \$50 annual gift card for school supplies ▪ GED exam voucher (up to \$160 value) ▪ 24 hours of online tutoring for members ages 6-18, if qualify <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Up to \$75 yearly rewards for doctor visits <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Yearly adult dental exam and cleaning ▪ \$40 a month for groceries, if qualify ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ \$75 yearly for youth club membership <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Cell phone with monthly data, minutes and bonus minutes ▪ \$20 Uber or Lyft gift card for college students for grocery stores, local events 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam voucher <hr/> <p>Prenatal</p> <ul style="list-style-type: none"> ▪ Home visits for high-risk pregnancy <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ \$75 yearly in rewards gift cards ▪ 13-week voucher for Weight Watchers® <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership at participating locations for members under 19 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ Acupuncture, massage therapy, biofeedback ▪ Extra pair of glasses and eye exam every 2 years for members ages 21 and older ▪ Free meal delivery up to 7 days after hospital stay, if qualify ▪ Home visits and supplies such as pillow case covers for asthma ▪ Cell phone with 1,000 monthly minutes, free texts 	<p>Education</p> <ul style="list-style-type: none"> ▪ GED exam practice supplies <hr/> <p>Wellness</p> <ul style="list-style-type: none"> ▪ Virtual care visits ▪ \$75 yearly value in rewards ▪ \$20 monthly for approved foods ▪ YMCA membership ▪ 10-week voucher for Weight Watchers® with 14 weeks of online tools <hr/> <p>Youth</p> <ul style="list-style-type: none"> ▪ Boys & Girls Club membership for members ages 6-18 <hr/> <p>Other</p> <ul style="list-style-type: none"> ▪ \$125 yearly for vision items for members ages 21 and older ▪ \$30 quarterly value per household for over-the-counter drugs ▪ Home visits and supplies such as air filters and mattress covers for asthma

Medicaid Managed Care Implementation Milestones

Milestone	Regions 2, 4	Regions 1, 3, 5, 6
Enrollment Packets Mailed	6/28/2019	10/1/2019
Open Enrollment Begins	7/15/2019	10/14/2019
Open Enrollment Ends	12/13/19	
Auto-Assignment	12/16/19	
Health Plan Effective Date	2/1/2020	

Dates are approximate and subject to change.

Source: NC DHHS

Populations Served

How Do Beneficiaries Know if They Qualify for the Standard Plan?

- DHHS conducted data reviews on all beneficiaries
- The Enrollment Broker mailed notices in late June and early October about assignment to the Standard Plan
- If someone is assigned to the Standard Plan by mistake (i.e., requires/is receiving higher level services), beneficiary can complete *Request to Stay in NC Medicaid Direct and LME/MCO* form.

Mild to Moderate Population

Population Group	Detailed Population Group
Aged, Blind, Disabled (ABD)	Aged
	Blind
	Disabled
Temporary Assistance for Needy Families (TANF) and Other Related Children/Adults	Aid to Families with Dependent Children (AFDC)
	Other Children
	Pregnant Women
	Infants and Children
	Breast and Cervical Cancer (BCC)
	Legal Aliens (Full Medicaid)
NC Health Choice (NCHC)	NCHC
	NCHC — Extended Coverage
Medicaid-Children's Health Insurance Program (M-CHIP)	N/A
Maternity/Delivery	N/A

Exempt and Excluded Populations

Exempt populations include members of federally recognized tribes, including EBCI. They will “opt in.”

Populations excluded from Medicaid Managed Care:

- Beneficiaries who are enrolled in both Medicare and Medicaid for whom North Carolina Medicaid coverage is limited to the coverage of Medicare premiums and cost sharing;
- Qualified aliens subject to the five-year bar for means-tested public assistance under 8 U.S.C. § 1613 who qualify for emergency services under 8 U.S.C. § 1611;
- Medically needy North Carolina Medicaid beneficiaries;
- Presumptively eligible beneficiaries, during the period of presumptive eligibility;
- Beneficiaries participating in the NC Health Insurance Premium Payment (HIPP) program;
- Beneficiaries enrolled under the Medicaid Family planning program;
- Beneficiaries who are inmates of prisons;
- Beneficiaries being served through the Community Alternatives Program for Children (CAP/C);
- Beneficiaries being served through the Community Alternatives Program for Disabled Adults (CAP/DA); and
- Program of All-Inclusive Care for the Elderly (PACE) participants.

Delayed Mandatory Managed Care

- **Year 3:** Children in foster care and adoptive placements (NC DHHS expected to publish concept paper this fall)
- **Year 3:** Certain Medicaid and NC Health Choice beneficiaries with an SMI, SUD or I/DD diagnosis and those enrolled in the TBI waiver
- **No earlier than Year 5:** Medicaid-only beneficiaries receiving long-stay nursing home services
- **No earlier than Year 5:** Medicaid-only CAP/C and CAP/DA waiver beneficiaries
- **No earlier than Year 5:** Individuals who are dually-eligible for Medicare and Medicaid

Tailored Plan Eligibility

Timeline for BH I/DD Tailored Plan Implementation

BH I/DD Tailored Plan-eligible beneficiaries will remain with LME/MCOs until 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

Tailored Plan Eligibility

Utilization of Medicaid service only available in BH I/DD Tailored Plan

Utilization of BH, I/DD or TBI Services Funded with State, Local, Federal or Other Non-Medicaid Funds

Children with Complex Needs (CWCN)

SMI/SED--SED diagnosis list is applied to beneficiaries under age 18. Diagnoses of schizophrenia and schizophrenia spectrum disorder do not require the beneficiary to have also accessed an enhanced BH service.

Electroconvulsive Therapy

Use of clozapine or long-acting injectable antipsychotics

SUD Diagnosis + Enhanced BH Service

Two or More Psychiatric Hospitalizations or Readmissions

Admission to State Psychiatric Hospitals or Alcohol and Drug Abuse Treatment Centers (ADATCs)

Two or More Visits to the Emergency Department for a Psychiatric Problem

Two or More Episodes using BH Crisis Services

Transition to Community Living Initiative (TCLI)

I/DD Diagnosis

Innovations

Innovations Waiver Waitlist

TBI Waiver

TBI Waiver Waitlist

Tailored Plan Benefit Package

Medical Benefits and Services

Allergies	Ambulance services	Anesthesia
Auditory implant external parts	Burn treatment and skin substitutes	Cardiac procedures
Certified pediatric and family nurse practitioner services		Chiropractic services
Clinic services	Dietary evaluation and counseling and medical lactation services	
Durable medical equipment	Early and periodic screening, diagnostic and treatment services (EPSDT)	
Family planning services	Federally qualified health center services	
Freestanding birth center services (when licensed or otherwise recognized by the North Carolina Department of Health and Human Services)		
Hearing aids	Home health services	Home infusion therapy
Hospice	Inpatient psychiatric services for under 21	Inpatient hospital services
Laboratory and X-ray services	Limited inpatient and outpatient BH services	Maternal support services
Non-emergent transportation to medical care	Nursing facility services	Obstetrics and gynecology
Occupational therapy	Ophthalmological services	Optometry services
Other diagnostic, screening, preventive and rehabilitative services		Outpatient hospital services
Personal care	Pharmacy services	Physical therapy
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Respiratory care services	Rural health clinic services	Services for 65+ in IMD
Speech, hearing and language disorder services		Telemedicine
Tobacco cessation counseling for pregnant women		Transplants and related services
Ventricular assist device	Vision services	

Behavioral Health Benefits and Services

- Ambulatory detoxification services
- Diagnostic assessment services
- Early and periodic screening, diagnostic and treatment services (EPSDT) for members under age 20
- Facility-based crisis services for children and adolescents
- Inpatient behavioral health services
- Medically supervised or alcohol and drug abuse treatment center detoxification crisis stabilization
- Mobile crisis management services
- Non-hospital medical detoxification services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- Outpatient opioid treatment services
- Partial hospitalization
- Professional treatment services in a facility-based crisis program
- Research-based intensive behavioral health treatment

Additional Services ONLY in the Tailored Plan

Substance Abuse (SA) Non-Medical Community Residential Treatment

SA Medically Monitored Community Residential Treatment

SA Intensive Outpatient Program

ACTT

Community Support

Multi-Systemic Therapy

Psychosocial Rehabilitation

ICF/IID

All b(3) Services

HRI Residential (includes several codes)

Child/Adolescent Day Treatment

Intensive In-Home Services

SA Comprehensive Outpatient Tx Program

PRTF

All Innovations Waiver Services

Source: NC DHHS

Enrollment Broker

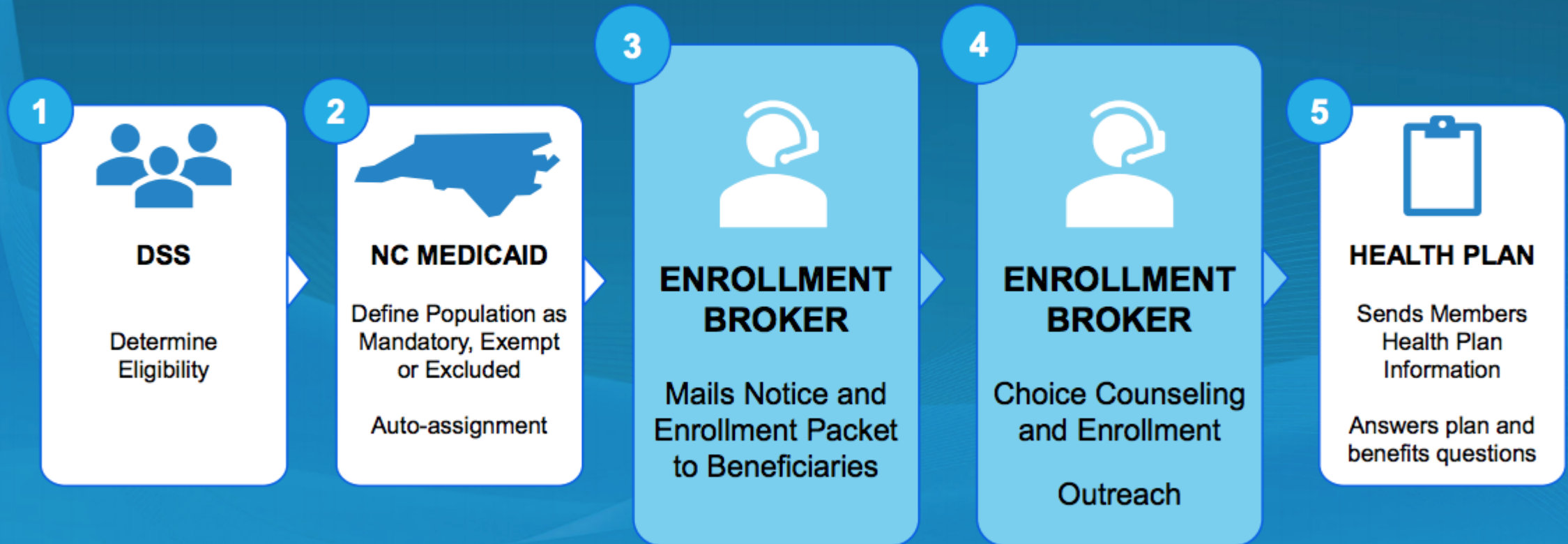
About the Enrollment Broker

- The Enrollment Broker is responsible for choice counseling for Health Plan and PCP selection. As part of this, the Enrollment Broker is also responsible for mailing all notices and handling enrollment.
- *An Enrollment Broker is an entity that performs choice counseling or enrollment activities, or both. Eligibility services are completed by NC Medicaid, not by the Enrollment Broker. Enrollment Brokers must not have financial ties to any Health Plan or healthcare provider that furnishes services in the state where the Enrollment Broker service is performed.*
- Maximus is the national organization contracted by the state of NC to carry out these functions.

Source: NC DHHS

Enrollment Broker

Roles and Responsibilities



Enrollment Broker Services in North Carolina



Communications hub



Outreach and education



Website and mobile app



Partnering with DSS
and local organizations



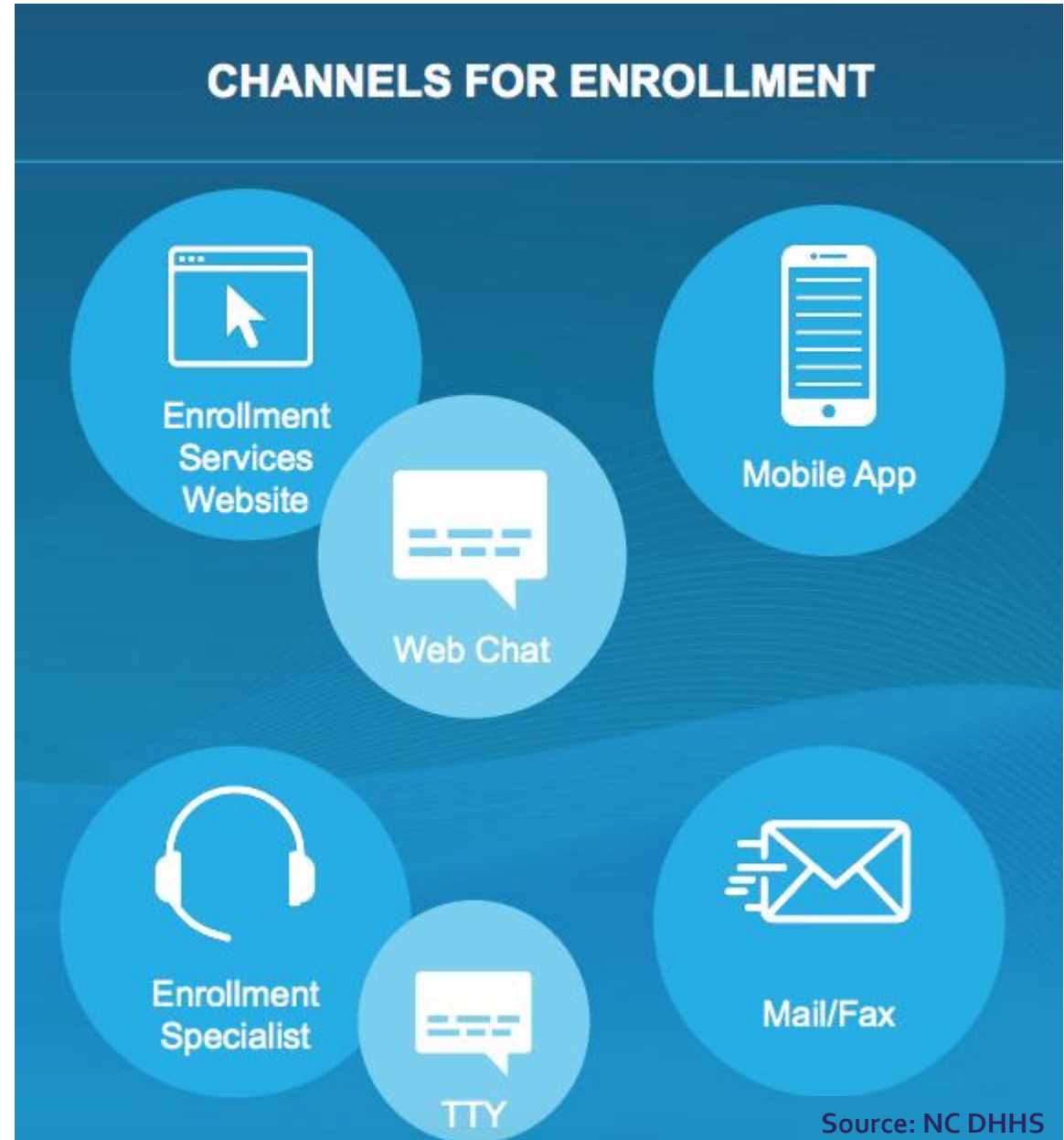
Choice counseling



Enrollment

Options for Beneficiaries

1. Direct them to ncmedicaidplans.gov to learn more
2. Direct them to ncmedicaidplans.gov to chat with an Enrollment Specialist
3. Direct them to download and use the NC Medicaid Managed Care mobile app
4. Tell them to call 1-833-870-5500 to speak with an Enrollment Specialist. The call is free.
5. Individuals with hearing impairments may contact an Enrollment Specialist via the TTY line 1-833-870-5588.
6. Beneficiaries can also enroll by mailing or faxing their completed enrollment form





**ALL OTHER TIMES:
Monday – Saturday,
7 a.m. – 5 p.m.**

Source: NC DHHS

Enrollment Call Center



Enrollment Specialists are available at the call center for support. Beneficiaries can call toll free: 1-833-870-5500.

We are available to:

- Provide choice counseling
- Support search for preferred PCP
- Compare Health Plan services
- Enroll members in selected Health Plan
- Assist with some demographic changes
- Disenroll members as needed
- Process Enrollment Broker complaints and grievances
- Facilitate appeals process
- Receive warm transfers
- Provide support for the website and mobile app
- Provide assistance for deaf, blind and non-English speaking beneficiaries

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.**

Resources

DHHS Medicaid Transformation:

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

Enrollment Broker:

ncmedicaidplans.gov

izi Center for Integrative Health:

izicenter.org

Pre-Con Tuesday Dec 3

Understanding Medicaid Transformation for
Community Leaders

Wednesday Dec 4- Friday Dec 6

Triumph Over Adversity: Resilience and Recovery

The Ombudsman :Your New Advocate in Managed
Care

Community Connections Model: Engaging and
Improving Care

Humanizing Healthcare

www.i2icenter.org

