

*NCPA Annual Meeting 2019*

**NC Medicaid Transformation:  
Challenges and Opportunities**

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NC Department of Health and Human Services

**September 20, 2019**

**Disclosures**

I do not intend to discuss any unapproved or investigative use of commercial products or devices.

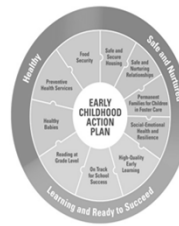
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## NC TOP DHHS Priorities

1. Transform our healthcare system to buy health and integrate physical and behavioral care
2. Combat the Opioid Epidemic
3. Drive health opportunities from the start: Implement the Early Childhood Action Plan

Opioid Action Plan Version 2.0



NC's Opioid Action Plan Version 2.0, NC DHHS, 2019; Early Childhood Action Plan, NC DHHS, 2019

## North Carolina

**NC Population - 10,388,837 persons\***

**Uninsured Ages, 3-64 years old - 1,022,018\***

**Persons Enrolled in Medicaid – 2.1 M\*\***

\*Produced by the U.S. Census Bureau/Small Area Health Insurance (SAHIE) Program. Internet Release Date: 3/6/18. (<https://www.census.gov/data/datasets/time-series/demo/sahie/estimates-acs.html>). Downloaded 6/5/18, applied to July 2018 population estimates provided by NC OSBM (<https://www.osbm.nc.gov/demog/county-projections>). Last updated 10/2/17. Downloaded 3/22/18.

\*\*Unduplicated count of Medicaid Eligibles reported from NC OSBM website <https://linc.osbm.nc.gov/pages/social-human-services/>.

## Health-related Numbers

### People grapple daily with unmet health-related social needs

- More than **1.2M** North Carolinians cannot find affordable housing
- **1 in 28** of NC children under age 6 is homeless
- NC has **8th** highest rate of food insecurity in US
- **> 1 in 5** children live in food insecure households
- **47%** of NC women have experienced intimate partner violence

Draft Buying Health for North Carolinians: An Empirical Blueprint to Bridge Health and Human Services, Elizabeth Cuervo Tilson, MD, MPH, State Health Director and Chief Medical Officer, NC Department of Health and Human Services, 2019

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## Learning Objectives

- Describe the phases of Medicaid Transformation between 2019 and 2021
- Explain the differences and similarities between Standard Plans and BH/IDD Tailored Plans
- Identify at least one challenge and one opportunity brought by Medicaid Transformation

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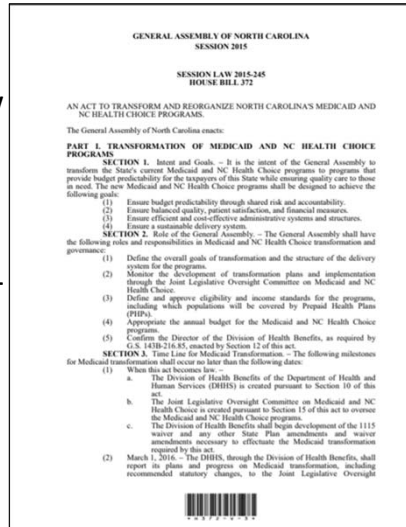
## Agenda

- **Review the Background for Medicaid Transformation**
- **Review the Key Elements of Medicaid Transformation**
  - **Healthy Opportunities Pilots**
  - **Managed Care Health Plan Types**
    - **Standard Plans**
    - **BH/IDD Tailored Plans**
  - **Care Management**
- **Discuss Key Quality Measures for Medicaid Transformation**
- **Discuss Challenges and Opportunities of Medicaid Transformation**

## BACKGROUND

## Legislative Directive to Transform Medicaid

In **2015**, the NC General Assembly enacted Session Law 2015-245, for DHHS to transition the Medicaid and NC Health Choice programs into **Medicaid Managed Care** - from fee-for-service to managed care.

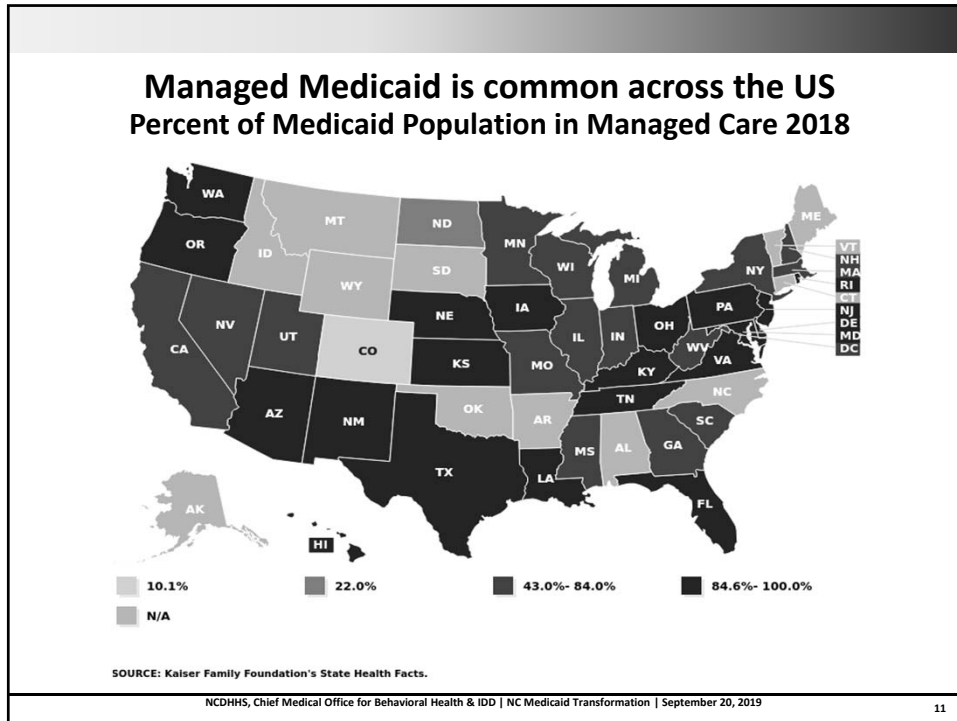


## Then in June 2018 . . .

**Session Law 2018-48** directed DHHS to create two types of managed care products:

- **Standard Plans**
- **BH/IDD Tailored Plans**





## Medicaid Transformation Vision

The vision is “to improve the health of North Carolinians through an innovative, whole-person centered and well-coordinated system of care which addresses both medical and non-medical drivers of health.”

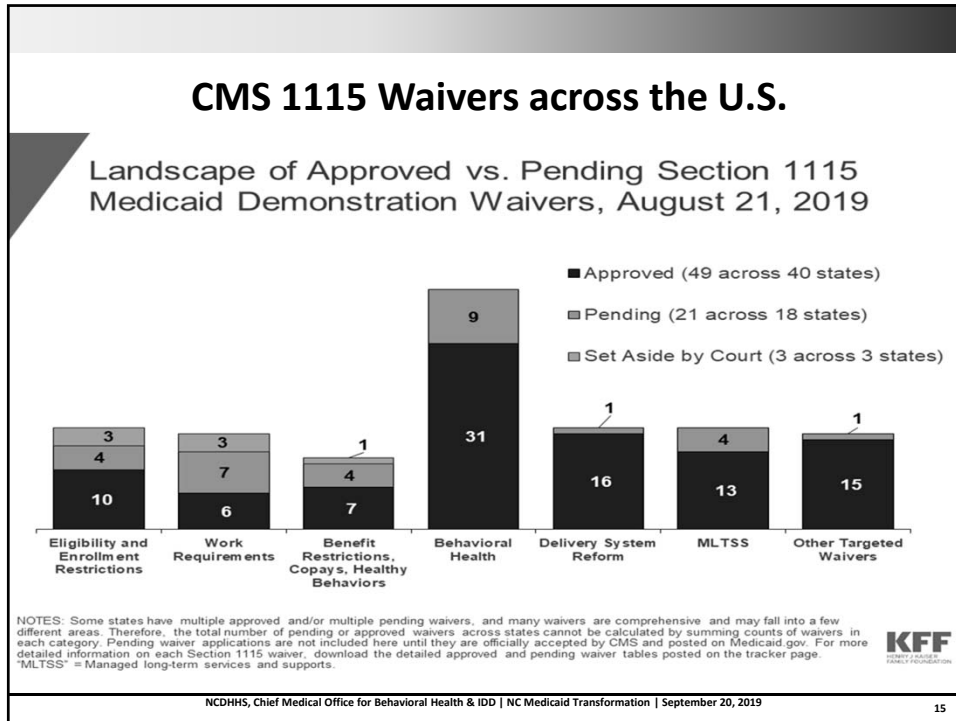
Mandy Cohen, MD  
Secretary, NC Department of Health and Human Services

## NC DHHS Transformation Priorities

- **Deliver whole-person care** through coordinated physical and behavioral healthcare and pharmacy
- Address the full set of factors that impact health, **uniting communities and health care systems**
- Perform **localized care management** at the site of care, in the home or community
- **Maintain broad provider participation** by mitigating provider administrative burden

## CMS 1115 Demonstration Waiver

- **1115 Medicaid Demonstration Waivers** provide states an avenue to test new approaches that differ from federal statute requirements
- NC DHHS **applied for 1115 Waiver in June 2016**, amended November 2017
- **CMS approved NC's 1115 Waiver in October 2018** through October 31, 2024



## KEY ELEMENTS

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## NC 1115 Waiver Elements

- **Key Approved Elements** include:
  - **Pilot program to address health determinants**
    - **Healthy Opportunities** - The NC Enhanced Case Management and Other Services Pilot Program
  - Use of **Mandatory Managed Care** for most Medicaid beneficiaries
  - **BH/IDD Tailored Plans** for populations with specific complex needs





## Healthy Opportunity Pilots

- Pilots will operate in **2 to 4 geographic areas** and all Managed Care Plans covering those areas will be required to contract with pilots
- Pilots will be operated by **Lead Pilot Entities (LPE)** responsible for coordinating health service organizations, e.g., food banks
- LPE's will be announced in the Spring of 2020 and **operate from late 2020 until October 2024**
- Pilots will **implement evidence-based services** focused in 4 priority domains related to social determinants of health

\*For additional detail on North Carolina's Approved 1115 waiver, visit DHHS informational 1115 waiver website at: <https://www.ncdhhs.gov/assistance/medicaid-transformation/proposed-program-design>

## Priority Domains

**North Carolina's 1115 Waiver specifies services covered by Pilot**

 <b>Housing</b>	 <b>Food</b>	 <b>Transportation</b>	 <b>Interpersonal Violence (IPV)</b>
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## Eligibility for Pilots

**To be eligible for pilot services, Medicaid managed care enrollees must have:**

<p><input checked="" type="checkbox"/> <b>At least one Needs-Based Criteria:</b></p> <p>Physical/behavioral health condition criteria vary by population:</p> <ul style="list-style-type: none"><li>• Adults (e.g., 2 or more chronic conditions)</li><li>• Pregnant Women (e.g., multifetal gestation)</li><li>• Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)</li><li>• Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)</li></ul>	<b>+</b>	<p><input checked="" type="checkbox"/> <b>At least one Social Risk Factor:</b></p> <ul style="list-style-type: none"><li>• Homeless and/or housing insecure</li><li>• Food insecure</li><li>• Transportation insecure</li><li>• At risk of, witnessing or experiencing interpersonal violence</li></ul>
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## Evidence Based Services Available through Pilots

Priority Domain	Overview of Approved Services
Housing	<ul style="list-style-type: none"> <li>• Targeted tenancy support and sustaining services</li> <li>• Housing quality and safety improvements</li> <li>• One-time payments to secure housing (e.g., first month's rent and security deposit)</li> <li>• Short-term post hospitalization housing</li> </ul>
Food	<ul style="list-style-type: none"> <li>• Linkages to community-based food services (e.g., Supplemental Nutrition Assistance Program (SNAP)/Women, Infants and Children (WIC) application support, food bank referrals)</li> <li>• Nutrition and cooking coaching/counseling</li> <li>• Healthy food boxes</li> <li>• Medically tailored meal delivery</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Linkages to transportation resources</li> <li>• Payment for transit to support access to Pilot services, including:                             <ul style="list-style-type: none"> <li>○ Public transit</li> <li>○ Taxis, in areas with limited public transit infrastructure</li> </ul> </li> </ul>
Interpersonal Violence/Toxic Stress	<ul style="list-style-type: none"> <li>• Linkages to legal services for interpersonal violence (IPV) related issues</li> <li>• Services to help individuals leave a violent environment and connect with behavioral health resources</li> <li>• Evidence-based parenting support programs</li> <li>• Evidence-based home visiting services</li> </ul>

## Integrating Healthy Opportunities into ALL of Managed Care


- **All Health Plans** will have a role in addressing non-medical factors that drive health outcomes and costs including:
  - **Screening** for non-medical needs
  - Connecting beneficiaries to community resources using NC's new platform for closed loop referrals, **NCCARE360**
  - **Providing additional support** for high-need cases, such as assisting members who are homeless in securing housing

## Healthy Opportunities Screening of Unmet Health-Related Resource Needs

	Yes	No
<b>Food</b>		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
1. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
<b>Housing/ Utilities</b>		
1. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
1. Are you worried about losing your housing?		
1. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
<b>Transportation</b>		
1. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
<b>Interpersonal Safety</b>		
1. Do you feel physically or emotionally unsafe where you currently live?		
1. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
1. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
<b>Optional: Immediate Need</b>		
1. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
1. Would you like help with any of the needs that you have identified?		

Health Opportunities Screening Questions, NC DHHS <https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions>

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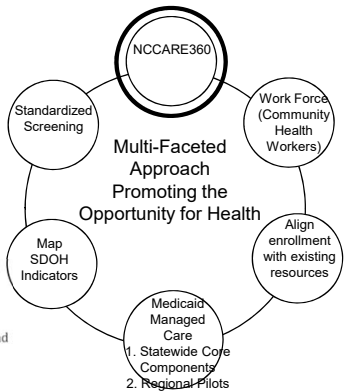
NCCARE360

## What is NCCARE360? Part of a Broader Statewide Framework

**NCCARE360 is the first statewide coordinated network that includes a robust data repository of shared resources and connects healthcare and human services providers together to collectively provide the opportunity for health to North Carolinians.**


**NCCARE360 Partners:**






**Multi-Faceted Approach Promoting the Opportunity for Health**

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NCCARE360

## Three Functions of NCCARE 360

Functionality	Partner	Timeline
<b>Resource Directory</b> Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.		Completed Summer 2019
<b>Data Repository</b> APIs integrate resource directories across the state to share resource data.	 	Phased Approach
<b>Referral &amp; Outcomes Platform</b> An intake and referral platform to connect people to community resources and allow for a feedback loop.		Rolled out by county January 2019 – December 2020

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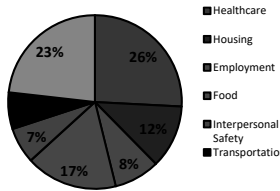
NCCARE360

## Started January 2019

NCCARE360 On-boarding Status Update (as of 9/6/19)	
15	Counties launched
30	Counties started on implementation
1535	Organizations engaged in socialization process (77 counties)
322	Organizations with NCCARE360 licenses
1407	Active Users
803	Referrals Sent
376	Clients Impacted

<b>Organizations verified</b>	<b>2152</b>
<b>Programs Verified</b>	<b>6929</b>

Engaged Organizations by Service



Service	Percentage
Healthcare	26%
Housing	23%
Employment	17%
Food	12%
Interpersonal Safety	8%
Transportation	7%

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**MANAGED CARE**

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**Managed Care Goals**

**NC Medicaid has 3 priority goals for Managed Care**

- 1. Better Care Delivery**
- 2. Healthier People and Communities**
- 3. Smarter Spending**

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## Standard Plans

**Standard Plans** for most NC Medicaid/Health Choice beneficiaries (duals not included)

- Estimated **1.6 million** people covered of 2.1M beneficiaries
- Operated by **Prepaid Health Plans (PHPs)**
- 5 contract awards announced in February 2019
  - **4 statewide Commercial Plans:** WellCare, BCBSNC, AmeriHealth Caritas, and UnitedHealthcare
  - **1 regional Provider-led Plan:** Carolina Complete Health (Regions 3 & 5)

## BH/IDD Tailored Plans

**BH/IDD Tailored Plans** for select NC Medicaid/Health Choice (duals included) high-need populations with I/DD, TBI, SMI/SED, and/or severe SUD. Plan offers a robust BH/IDD service array.

- **Only current LME/MCOs eligible to apply** for the RFA; replaces current LME/MCO system
- Estimated 25,000-35,000 dual-eligible and 80,000-100,000 Medicaid-only
- BH/IDD Tailored Plan regions expected to mirror the current LME/MCO regions

## Medicaid Transformation Timeline

Timeline	Milestone
<b>October 2018</b>	1115 waiver approved
<b>February 2019</b>	Standard Plan contracts awarded
<b>June - July 2019</b>	Enrollment Broker (EB) sends Phase 1 enrollment packages; open enrollment begins
<b>Summer 2019</b>	Standard Plans contract with providers and meet network adequacy
<b>February 2020</b>	Managed Care Standard Plans launch in ALL REGIONS
<b>Tentatively July 2021</b>	Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plans Launch

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## Standard Plan Regions

REGION 2      REGION 4      REGION 6

**4 Statewide PHP's and Carolina Complete Health in Regions 3 and 5**  
**All will go live in February 2020**

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## Potential BH/IDD Tailored Plan Regions

Legislation requires 5 to 7 BH/IDD Tailored Plan Contracts  
LME/MCOs will have to bid through RFA process



## LME/MCOs Differ from Tailored Plans

	CURRENT	FUTURE
<b>Scope</b>	Behavioral Health, IDD	Behavioral Health, IDD, Physical, Pharmacy
<b>Waiver Entity</b>	Pre-paid Inpatient Health Plan	Prepaid Health Plan
<b>Waiver Type</b>	1915(b)(c) <sup>3</sup>	1115/1915(c) <sup>3</sup>
<b>Health Home</b>	Does not exist in 1915(b)(c)	New Tailored Plan Health Home
<b>Designation</b>	LME-MCOs exist based on current legislation	Tailored Plans selected based on requirements in RFA

<sup>3</sup> Includes TBI waiver; managed care implementation the (c) waiver will operate under the 1115

### Benefits in Both Standard and Tailored Plans

Benefits	Additional Information
Hospital Inpatient and Outpatient	Also ED care on-hospital clinic services, physician services and telemedicine
EPSDT	
Selected Behavioral Health	
Pharmacy	Prescription Drugs
Labs/X-rays	
Physicians	Pediatric/Family NPs
Nursing Facilities	Up to 90 days, then beneficiaries transition back to Fee-For-Service Medicaid
Ancillary	PT, OT, ST, Respiratory, Dietary Counseling
Ambulance	
Private Duty Nursing	Also Hospice, Personal Care, DME, Home Infusion
Vision	
Services EXCLUDED from managed care: PACE, School Services, CDSA services, Dental, Glasses Fabrication	

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### Behavioral Health Services in Both Standard and Tailored Plans

Behavioral Health Services	Example
Inpatient	Includes current IMD option
Crisis	Mobile Crisis, Facility Based Crisis (Adult and Youth)
Outpatient	Clinic and ED
Partial Hospitalization	
Substance Use Disorder	Ambulatory Detox, Non-Hospital Detox, Medical Detox, ADATC, and Opioid Treatment
Research-based Intensive Behavioral Therapy	ABA, TEACCH
EPSDT	
Peer Supports	

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## Tailored Plan Only Services

- **Most enhanced/residential services for youth with SED**
  - Day Treatment, IIH, MST, Child Residential (all levels), PRTF
- **Most enhanced services for adults with SMI**
  - ACTT, CST, PSR
- **Most enhanced/residential services for those with serious SUDs**
  - SAIOP, SACOT
  - ASAM 3.1, 3.5, and 3.7 (except ADATCs that are in both plan types)
- **Specialty/Waiver services**
  - For IDD/TBI: ICF-IID, Innovations Waiver, TBI Waiver, most current (b)(3) services
  - For BH: Most current (b)(3) services
- **State Single Stream & Federal Block Grant funded services**

## Overview of Standard Plan Eligibility

Standard Plan enrollment is mandatory if the following **ALL** apply:

1. Have full-benefit, non-dual eligible, Medicaid or NC Health Choice
2. Not BH/IDD Tailored Plan eligible, e.g., mild-moderate MH/SUD
3. Not in the Innovations Waiver, TBI Waiver, CAP/C, CAP/DA, or PACE
4. Not part of the foster care associated population
5. Not in a nursing facility for >90 days

## Overview of BH I/DD Tailored Plan Eligibility

On an ongoing basis, DHHS will review encounter, claims and other available data, using a rolling 18-month lookback period, to identify beneficiaries who meet BH I/DD Tailored Plan eligibility criteria.

<ul style="list-style-type: none"><li>▪ <b>IDD/TBI Identifiers</b><ul style="list-style-type: none"><li>▪ Qualifying I/DD diagnosis code in any position</li><li>▪ Innovations Waiver/Waitlist</li><li>▪ "Children with Complex Needs" list</li><li>▪ TBI Waiver/Waitlist</li></ul></li><li>▪ <b>Crisis System Use Identifiers</b><ul style="list-style-type: none"><li>▪ 1+ state psychiatric/ADATC hospital admissions</li><li>▪ 2+ psychiatric inpatient admissions</li><li>▪ 2+ ED admissions with a qualifying diagnosis code in the primary position.</li><li>▪ Use of 2+ BH crisis services</li></ul></li><li>▪ <b>BH/IDD TP-only Service Use Identifier</b><ul style="list-style-type: none"><li>▪ Use of Medicaid or State-funded service that will only be available through a BH I/DD Tailored Plan</li></ul></li></ul>	<ul style="list-style-type: none"><li>▪ <b>SMI/SED/Severe SUD Identifiers</b><ul style="list-style-type: none"><li>▪ Qualifying BH diagnosis in the primary position PLUS a claim(s) indicating functional impairment and/or need for Tailored Plan services:<ul style="list-style-type: none"><li>▪ Use of a Medicaid-covered enhanced behavioral health service (including enhanced crisis services)</li><li>▪ Use of clozapine</li><li>▪ Use of any Long Acting Injectable (LAI)</li><li>▪ Use of ECT</li></ul></li><li>▪ Schizophrenia/Schizoaffective disorder spectrum diagnosis in any position and is under age 18</li></ul></li></ul>
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\*Prior to BH I/DD Tailored Plan launch, beneficiaries will be auto-enrolled in FFS/LME/MCO. They will have the option to move to a Standard Plan if they are not in a 1915 (c) Waiver and are otherwise Managed Care eligible.

## Standard Plan Beneficiary Case Examples

- **55yo with MDD**, receiving fluoxetine through a PCP and supportive psychotherapy through a mental health provider
- **15yo with GAD and Panic Disorder**, with a history of one ED visit for a panic attack and currently receiving CBT psychotherapy
- **35yo with Schizophrenia**, receiving medication management (oral risperidone) through a psychiatrist and without a crisis, inpatient or enhanced service since 2013
- **19yo with Opioid Use Disorder**, receiving OBOT and outpatient psychotherapy
- **9yo with ADHD**, receiving stimulant medication by a Pediatrician

## BH/IDD TP Beneficiary Case Examples

- **34yo M with Bipolar I and an Opioid Use Disorder**, discharging from Central Regional Hospital
- **27yo F with Schizophrenia**, recently discharged from ACTT, now receiving outpatient and PSR
- **15yo M with Conduct Disorder and DJJ involvement**, with 2 recent behavioral health crisis events
- **7yo F with PTSD and ADHD**, requesting IIH services to prevent out-of-home placement
- **55yo F with Moderate IDD** receiving Innovations Waiver services
- **2yo M with Down Syndrome**
- **45yo M with Alcohol Use Disorder, moderate and MDD, moderate** with chronic renal impairment requesting SAIOP
- **17yo M with first episode psychosis**

## BH/IDD Tailored Plan Eligibility - Requests



**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at 1-833-870-5500 (TTY: 1-833-870-5588), 7 a.m. to 5 p.m., Monday through Saturday. We can speak with you in other languages.



**Questions?** Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Or call us at 1-833-870-5500 (TTY: 1-833-870-5588), 7 a.m. to 5 p.m., Monday through Saturday. We can speak with you in other languages.

### Request to Stay in NC Medicaid Direct (Fee for Service) and LME-MCO: Provider Form

#### 1. Beneficiary Demographic Information

Fill out the beneficiary demographic information and guardian/legally responsible person contact information.

Beneficiary Name (Last, First, M.I.)	
Date of Birth	NC Medicaid ID Number
Guardian/Legally Responsible Person	Guardian/Legally Responsible Person Phone Number

#### 2. Provider Submitting this Form

Fill out the provider information

Provider Name (Last, First, M.I.)	Telephone Number
Provider Agency (if Applicable)	NPI/Provider Identifier
Provider email	

**Questions?** We can help. Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Use the "chat" tool on the website. Or call us at 1-833-870-5500 (TTY: 1-833-870-5588), 7 a.m. to 6 p.m., 7 days a week.

### Request to Stay in NC Medicaid Direct (Fee-for Service Medicaid) and LME-MCO: Beneficiary Form

1. Contact information for person enrolled in NC Medicaid  
Fill out contact information for the person with NC Medicaid

Name (First, Middle, Last)
Date of Birth (Month/Day/Year)
NC Medicaid ID Number
Phone number

2. Check all the needs below that apply to you:

Check if the need is related to developmental disability, mental illness, traumatic brain injury, or substance use disorder. Please check all that apply. Tell us more about these needs. You may submit your most recent documents (such as psychological evaluations, hospital discharge summaries, or other assessments) to support this request. This will help us review your request quicker. If you do not have documentation, we will reach out to your provider.

- Intellectual/developmental disability (IDD)
- Mental illness
- Traumatic Brain Injury
- Substance Use Disorder

If you checked off a need above, tell us more about the support you need because of your disability/condition.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Questions?** We can help. Go to [ncmedicaidplans.gov](http://ncmedicaidplans.gov). Use the "chat" tool on the website. Or call us at 1-833-870-5500 (TTY: 1-833-870-5588), 7 a.m. to 8 p.m., 7 days a week. The call is free. You will need your Medicaid ID number.

## Enrollment Broker Helps Beneficiaries Navigate Changes: Maximus



Trained specialists to help individuals make the right choice



Compassionate and understanding



Makes health information easy to understand

### Many Convenient Ways to Contact



**Enrollment Broker – Help is Free**

**1-833-870-5500**

## CARE MANAGEMENT

## Care Management

- **Team-based, person-centered approach** to effectively managing patients' medical, social and behavioral conditions including but not limited to:
  - Management of **rare diseases**, high-cost procedures
  - Management of enrollee needs **during transitions** of care
  - **Coordination of services**
  - **Chronic care management**

## Care Management in Standard Plans

- **Standard Plans**
  - Targeted to populations with special health care needs
  - Addresses physical and behavioral health as well as social determinants
  - **Primarily provided through Tier 3 Advanced Medical Homes (AMHs)**

## Advanced Medical Homes

The AMH program provides a pathway for practices to have a larger role in managing the health outcomes and cost for their patient populations.

### Goals of AMH Program

- Preserve broad access to primary care services for Medicaid enrollees
- Strengthen the role of primary care in care management, care coordination, and quality improvement
- Allow practices to implement a unified approach to serving Medicaid beneficiaries, minimizing administrative burden
- Provide clear financial incentives for practices to become more focused on cost and quality outcomes for populations, thus increasing accountability over time

## Standard Plan Tier 3 Advanced Medical Homes

- Practices attested to their capacity to meet specific, required criteria necessary to perform whole-person, localized care management in-house or through a **Clinically Integrated Network (CIN)**
- PHPs must verify they meet standards
- PMPMs for Care Management must be negotiated with SPs
- Practice Requirements
  - Risk stratify all empaneled patients
  - Provide care management to high need patients
  - Develop a care plan for all patients receiving care management
  - Provide transitional care management along with medication management to all with an ED/INPT admission/discharge at HR of readmit/poor outcomes
  - Receive claims data feeds and meet specific security standards for storage/use



## BH/IDD Tailored Plan Care Management

- **Tailored Plans**

- Meets federal Health Home standards
- Available to all enrollees. Case management cannot be duplicated for individuals receiving a comprehensive service or evidenced-based practice.
- Addresses physical and behavioral health as well as social determinants
- **Provided through designated BH/IDD AMH+'s, Care Management Agencies, or the TPs directly**

## AMH+s and CMAs

### More information Fall 2019 on how to qualify as an AMH+ or CMA in BH/IDD Tailored Plan Network

- **Advanced Medical Home (AMH)+:** Tier 3 AMH practices that serve a substantial number of BH/IDD Tailored Plan beneficiaries and have experience serving these beneficiaries.
- **Care Management Agency (CMA):** Organization that primarily provides BH, IDD, or TBI services

#### AMH+ and CMA providers:

- Certified based upon the ability to demonstrate capacity to provide the Tailored Care Management model
- Can work with a CIN
- Must be “conflict-free” for 1915(c) waiver enrollees

# QUALITY

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## NC Medicaid Standard Plan Quality Measures: Overview

Measures	Category	Reporting/Accountability
67	Quality and Select Administrative Measures Aligned with National, State and PHP Reporting	SP's must report all of these measures to DHHS annually
31	Priority Measures Aligned with DHHS Policies	SPs could include any of these measures in provider incentive programs*
6	Quality Withhold Measures	DHHS will hold SPs financially accountable for these measures starting in Year 3 (July 2021)

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## Standard Plan Withhold Measures

DHHS has identified the following as initial withhold measures, though this list is subject to change prior to withhold implementation:

- Prenatal and Postpartum Care
- Live Births Weighing Less than 2,500 Grams (with modifications)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
- Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
- Follow-Up After Emergency Department Visit for Mental Illness or Alcohol/Other Drug Abuse
- Initiation Engagement of Alcohol and Other Drug Dependence Treatment

## Tailored Plan Quality Metrics

BH/IDD TP Quality Metrics will reflect the following principles:

- Build upon the SP quality model
- Incorporate federal Health Home measurements
- Prioritize measurement of improved **functioning, quality of life**, and successful **deinstitutionalization**
- Physical health measures specific to BH/IDD population

# CHALLENGES AND OPPORTUNITIES

## Challenges

- **Transitions** of Care between plans
- Multiple payers (contracting, rates)
- **Safety-net sustainability**, e.g., BH crisis services
- Ensuring **beneficiaries are fully informed** of their new choices
- Ensuring resources remain available for the **uninsured**

## Opportunities

- **Leverage experience** of and build on successes of LME/MCOs
- **Fully integrate, whole-person** care
- **Offer choice** of Care Management providers for beneficiaries
- Implement **funding model that supports integration**
- Move to **value-based payments to ensure population health**

## More Opportunities

- **Address and pay for unmet social needs**
- **Implement new supports for providers**
  - Ombudsman
  - Centralized Credentialing
- **Implement new supports for beneficiaries**
  - Ombudsman
  - Enrollment Broker
- **Support county engagement** with PHPs, Enrollment Broker, Ombudsman

**“We want to buy health with our dollars, not necessarily buy health care.”**

**Mandy Cohen, MD**  
**Secretary, NC Department of Health and Human Services**

## **Questions?**

**Medicaid Transformation**  
**North Carolina Department of Health and Human Services**  
<https://www.ncdhhs.gov/assistance/medicaid-transformation>

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