

NCPA Annual Meeting 2019

NC Medicaid Transformation: Challenges and Opportunities

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NC Department of Health and Human Services

September 20, 2019

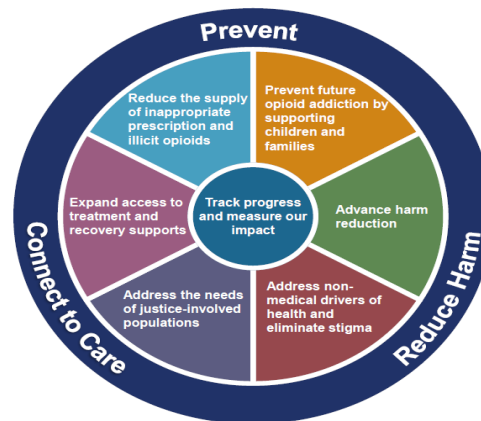
Disclosures

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

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

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**

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.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2015

SESSION LAW 2015-245
HOUSE BILL 372

AN ACT TO TRANSFORM AND REORGANIZE NORTH CAROLINA'S MEDICAID AND NC HEALTH CHOICE PROGRAMS.

The General Assembly of North Carolina enacts:

PART 1. TRANSFORMATION OF MEDICAID AND NC HEALTH CHOICE PROGRAMS

SECTION 1. Intent and Goals. – It is the intent of the General Assembly to transform the State's current Medicaid and NC Health Choice programs to programs that provide budget predictability for the taxpayers of this State while ensuring quality care to those in need. The new Medicaid and NC Health Choice programs shall be designed to achieve the following goals:

- (1) Ensure budget predictability through shared risk and accountability.
- (2) Ensure balanced quality, patient satisfaction, and financial measures.
- (3) Ensure efficient and cost-effective administrative systems and structures.
- (4) Ensure a sustainable delivery system.

SECTION 2. Role of the General Assembly. – The General Assembly shall have the following roles and responsibilities in Medicaid and NC Health Choice transformation and governance:

- (1) Define the overall goals of transformation and the structure of the delivery system for the programs.
- (2) Monitor the development of transformation plans and implementation through the Joint Legislative Oversight Committee on Medicaid and NC Health Choice.
- (3) Define and approve eligibility and income standards for the programs, including which populations will be covered by Prepaid Health Plans (PHPs).
- (4) Appropriate the annual budget for the Medicaid and NC Health Choice programs.
- (5) Confirm the Director of the Division of Health Benefits, as required by G.S. 143B-216.85, enacted by Section 12 of this act.

SECTION 3. Time Line for Medicaid Transformation. – The following milestones for Medicaid transformation shall occur no later than the following dates:

- (1) When this act becomes law. –
 - a. The Division of Health Benefits of the Department of Health and Human Services (DHHS) is created pursuant to Section 10 of this act.
 - b. The Joint Legislative Oversight Committee on Medicaid and NC Health Choice is created pursuant to Section 15 of this act to oversee the Medicaid and NC Health Choice programs.
 - c. The Division of Health Benefits shall begin development of the 1115 waiver and any other State Plan amendments and waiver amendments necessary to effectuate the Medicaid transformation required by this act.
- (2) March 1, 2016. – The DHHS, through the Division of Health Benefits, shall report its plans and progress on Medicaid transformation, including recommended statutory changes, to the Joint Legislative Oversight



Then in June 2018 . . .

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

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

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017**

**SESSION LAW 2018-48
HOUSE BILL 403**

AN ACT TO MODIFY THE MEDICAID TRANSFORMATION LEGISLATION.

The General Assembly of North Carolina enacts:

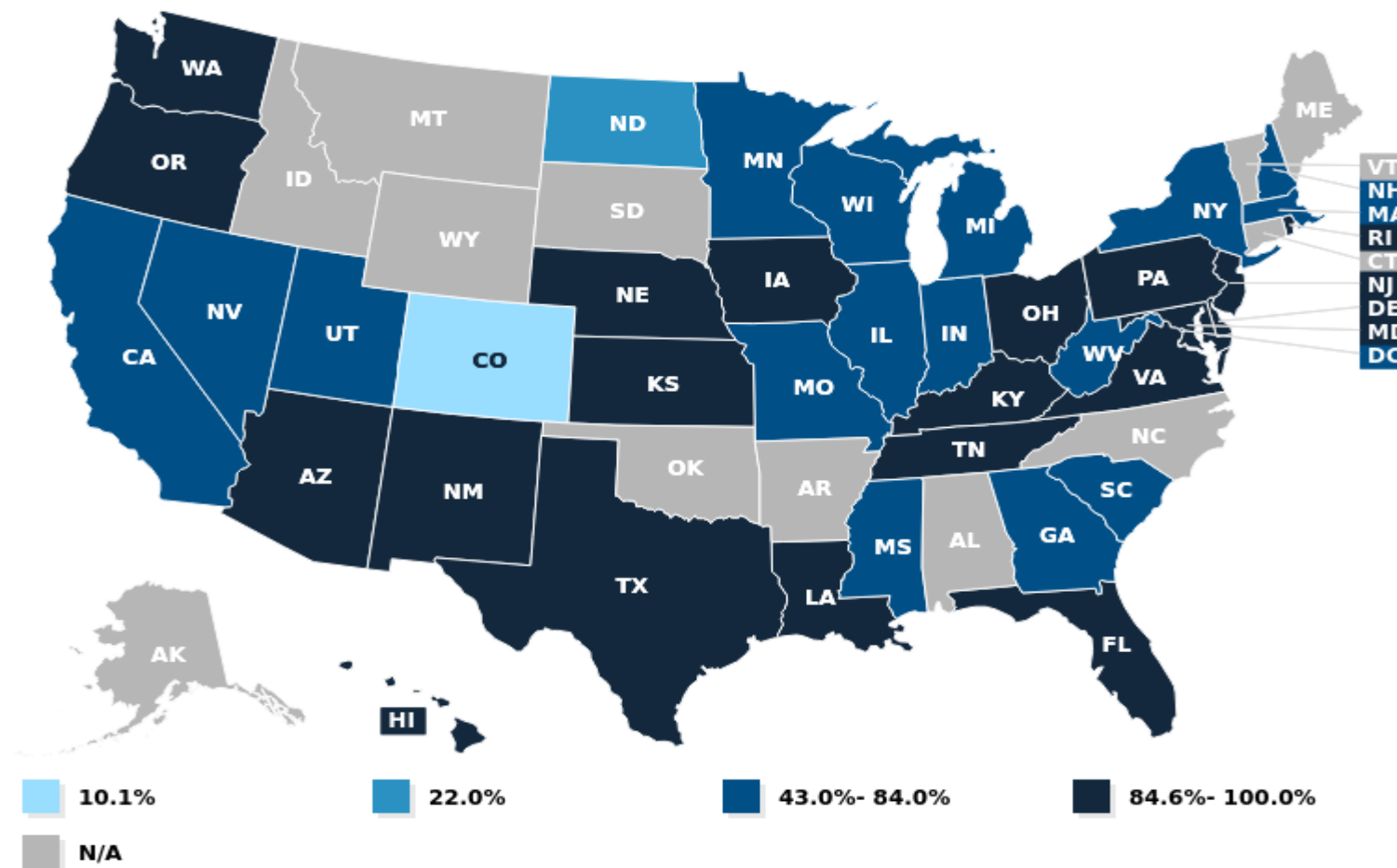
SECTION 1. Section 4 of S.L. 2015-245, as amended by Section 2(b) of S.L. 2016-121, Section 11H.17(a) of S.L. 2017-57, and Section 4 of S.L. 2017-186, reads as rewritten:
"SECTION 4. Structure of Delivery System. – The transformed Medicaid and NC Health Choice programs described in Section 1 of this act shall be organized according to the following principles and parameters:

- ...
- (2) **Prepaid Health Plan.** – For purposes of this act, a Prepaid Health Plan (PHP) shall be defined as an entity, which may be a commercial plan or provider-led entity, that operates or will operate a capitated contract for the delivery of services pursuant to subdivision (3) of this ~~section~~ section, or a local management entity/managed care organization (LME/MCO) that operates or will operate a BH/IDD Tailored Plan pursuant to subdivision (10) of this section. For purposes of this act, the terms "commercial plan" and "provider-led entity" are defined as follows:
- a. **Commercial plan or CP.** – Any person, entity, or organization, profit or nonprofit, that undertakes to provide or arrange for the delivery of health care services to enrollees on a prepaid basis except for enrollee responsibility for copayments and deductibles and holds a PHP license issued by the Department of Insurance.
- b. **Provider-led entity or PLE.** – An entity that meets all of the following criteria:
1. A majority of the entity's ownership is held by an individual or entity that has as its primary business purpose the ownership or operation of one or more capitated contracts described in subdivision (3) of this section or Medicaid and NC Health Choice providers.
 2. A majority of the entity's governing body is composed of individuals who (i) are licensed in the State as physicians, physician assistants, nurse practitioners, or psychologists and (ii) have experience treating beneficiaries of the North Carolina Medicaid program.
 3. Holds a PHP license issued by the Department of Insurance.
- ...
- (4) **Services covered by PHPs.** – Capitated PHP contracts shall cover all Medicaid and NC Health Choice services, including physical health services, prescription drugs, long-term services and supports, and behavioral health services for NC Health Choice recipients, except as otherwise provided in this



Managed Medicaid is common across the US

Percent of Medicaid Population in Managed Care 2018



SOURCE: Kaiser Family Foundation's State Health Facts.

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

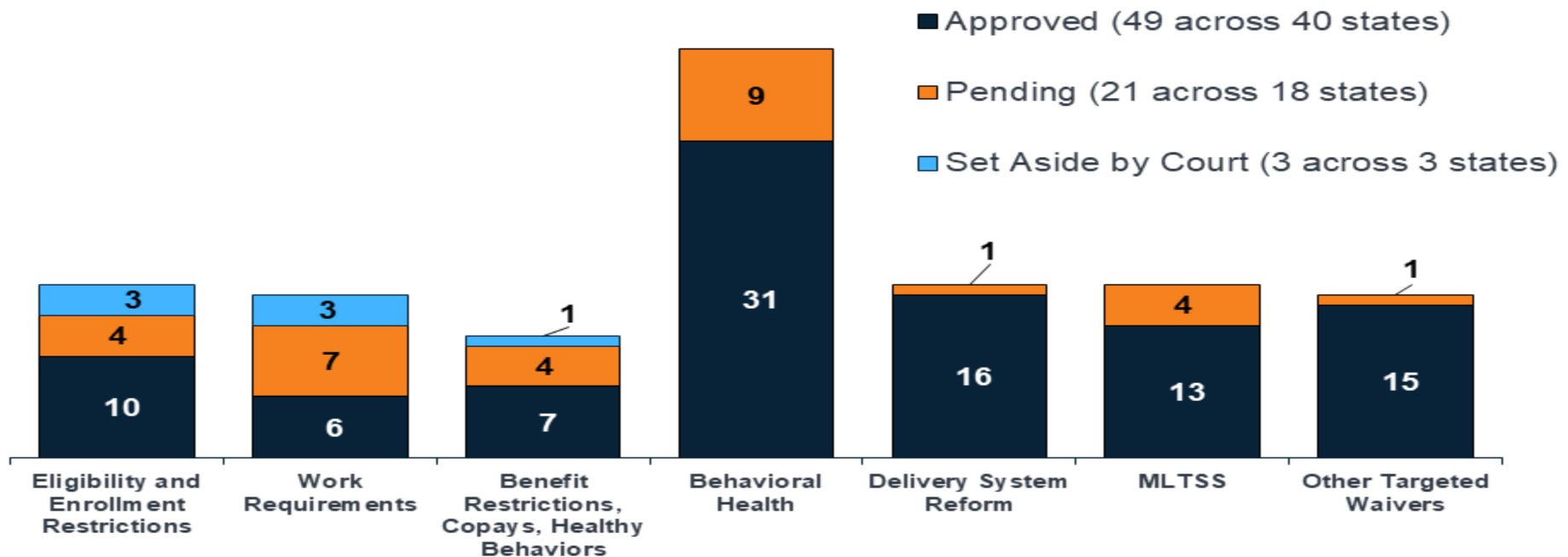
- **Deliver whole-person care** through coordinated physical and behavioral healthcare and pharmacy
- Address the full set of factors that impact health, **uniting communities and health care systems**
- Perform **localized care management** at the site of care, in the home or community
- **Maintain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

CMS 1115 Waivers across the U.S.

Landscape of Approved vs. Pending Section 1115 Medicaid Demonstration Waivers, August 21, 2019



NOTES: Some states have multiple approved and/or multiple pending waivers, and many waivers are comprehensive and may fall into a few different areas. Therefore, the total number of pending or approved waivers across states cannot be calculated by summing counts of waivers in each category. Pending waiver applications are not included here until they are officially accepted by CMS and posted on Medicaid.gov. For more detailed information on each Section 1115 waiver, download the detailed approved and pending waiver tables posted on the tracker page. "MLTSS" = Managed long-term services and supports.

KEY ELEMENTS

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



Housing



Food



Transportation



**Interpersonal
Violence (IPV)**

Eligibility for Pilots

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



At least one Needs-Based Criteria:

Physical/behavioral health condition criteria vary by population:

- Adults (e.g., 2 or more chronic conditions)
- Pregnant Women (e.g., multifetal gestation)
- Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
- Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)



At least one Social Risk Factor:

- Homeless and/or housing insecure
- Food insecure
- Transportation insecure
- At risk of, witnessing or experiencing interpersonal violence

Evidence Based Services Available through Pilots

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

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 |
|--|-----|----|
| Food | | |
| 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? | | |
| Housing/ Utilities | | |
| 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? | | |
| Transportation | | |
| 1. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living? | | |
| Interpersonal Safety | | |
| 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? | | |
| Optional: Immediate Need | | |
| 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/departments-initiatives/healthy-opportunities/screening-questions>



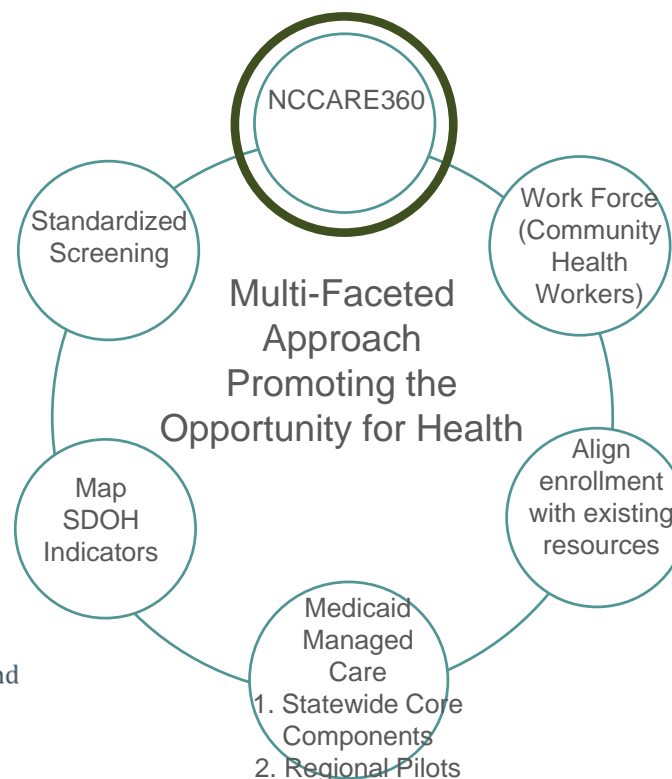
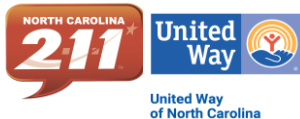
NCCARE360

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:



Three Functions of NCCARE 360

| | Functionality | Partner | Timeline |
|---|--|--|---|
| Resource Directory | Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities. |   Expound | Completed Summer 2019 |
| Data Repository | APIs integrate resource directories across the state to share resource data. |  | Phased Approach |
| Referral & Outcomes Platform | 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 |

Started January 2019

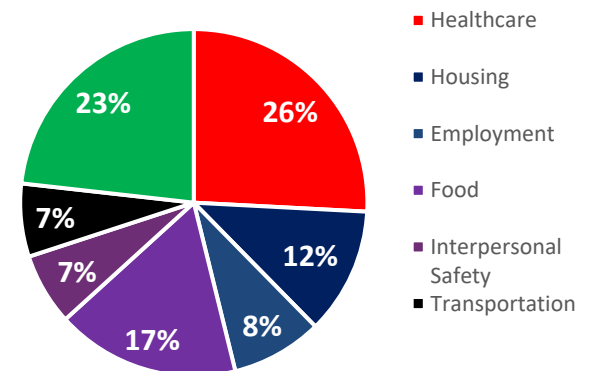
NCCARE360 On-boarding Status Update (as of 9/6/19)

| | |
|------|--|
| 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 |

| | |
|-------------------------------|-------------|
| Organizations verified | 2152 |
|-------------------------------|-------------|

| | |
|--------------------------|-------------|
| Programs Verified | 6929 |
|--------------------------|-------------|

Engaged Organizations by Service



MANAGED CARE

Managed Care Goals

NC Medicaid has 3 priority goals for Managed Care

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

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.

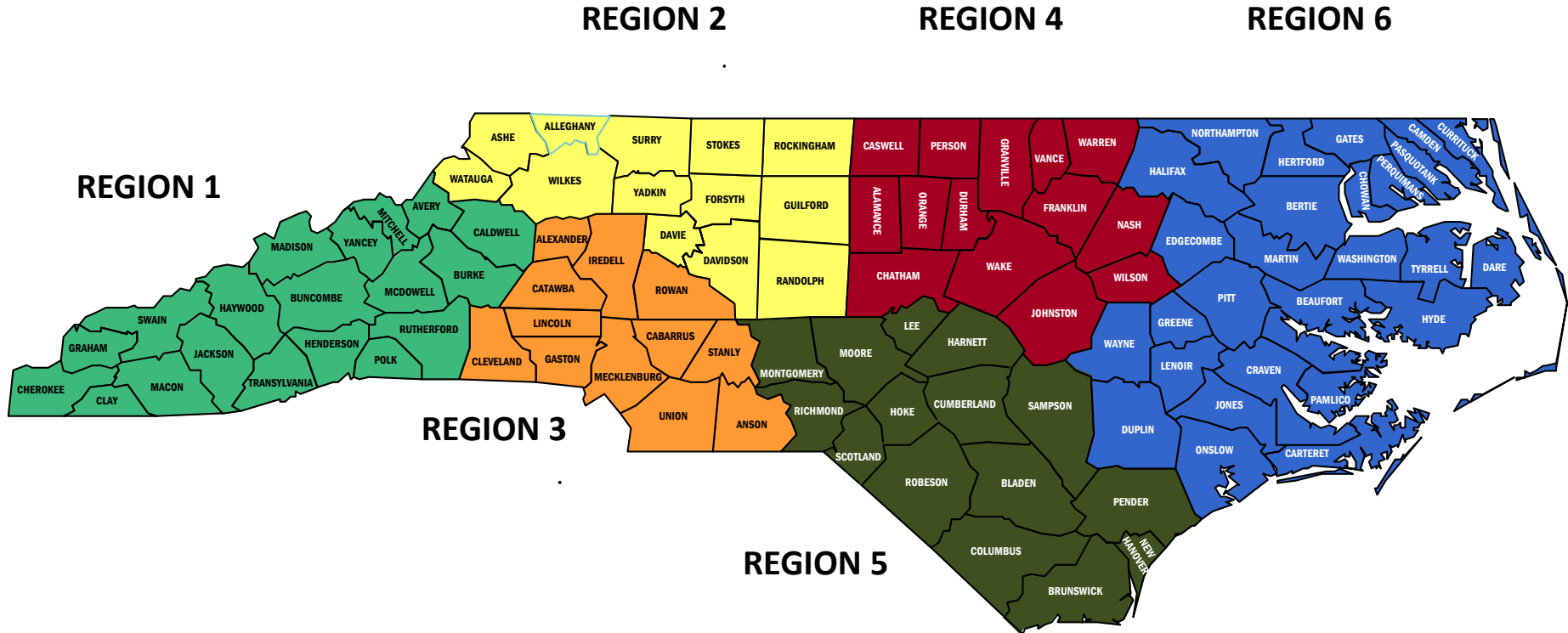
- **Only current LME/MCOs eligible to apply** for the RFA; replaces current LME/MCO system
- Estimated 25,000-35,000 dual-eligible and 80,000-100,000 Medicaid-only
- BH/IDD Tailored Plan regions expected to mirror the current LME/MCO regions

Medicaid Transformation Timeline



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

Standard Plan Regions

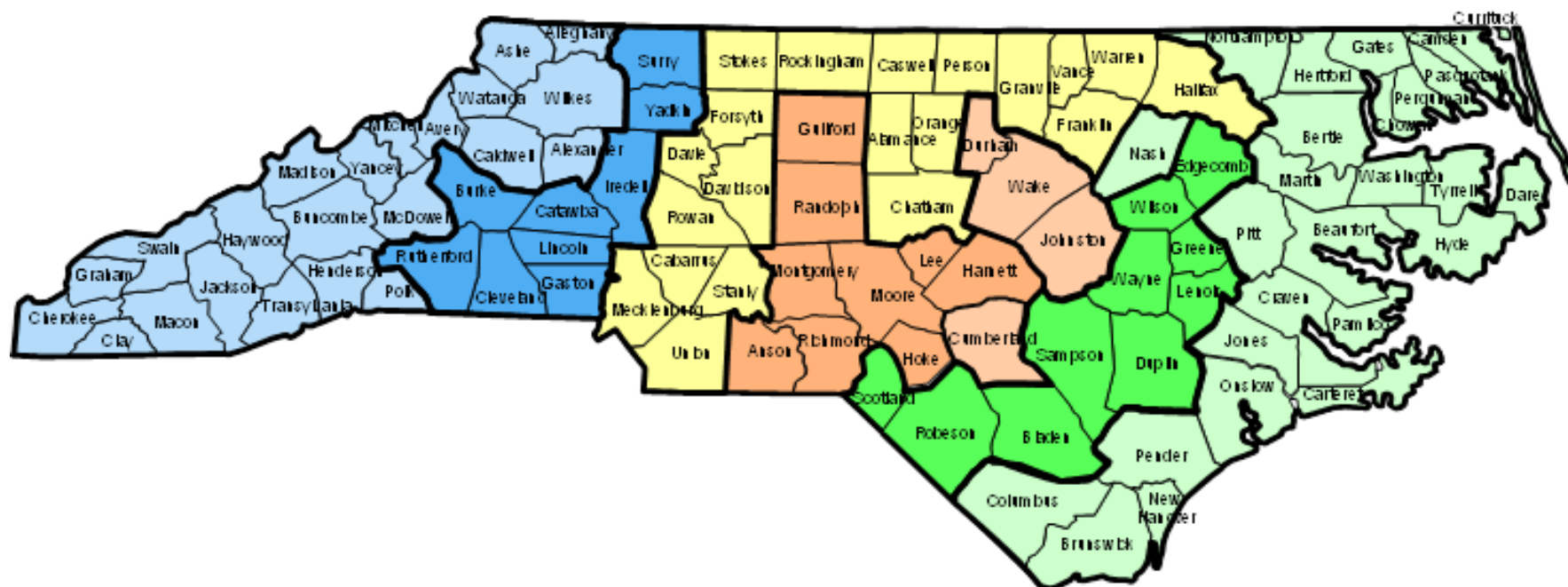


4 Statewide PHP's and Carolina Complete Health in Regions 3 and 5 All will go live in February 2020

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

³ 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 | |

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 | |

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">▪ IDD/TBI Identifiers<ul style="list-style-type: none">▪ Qualifying I/DD diagnosis code in any position▪ Innovations Waiver/Waitlist▪ “Children with Complex Needs” list▪ TBI Waiver/Waitlist▪ Crisis System Use Identifiers<ul style="list-style-type: none">▪ 1+ state psychiatric/ADATC hospital admissions▪ 2+ psychiatric inpatient admissions▪ 2+ ED admissions with a qualifying diagnosis code in the primary position.▪ Use of 2+ BH crisis services▪ BH/IDD TP-only Service Use Identifier<ul style="list-style-type: none">▪ Use of Medicaid or State-funded service that will only be available through a BH I/DD Tailored Plan | <ul style="list-style-type: none">▪ SMI/SED/Severe SUD Identifiers<ul style="list-style-type: none">▪ 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">▪ Use of a Medicaid-covered enhanced behavioral health service (including enhanced crisis services)▪ Use of clozapine▪ Use of any Long Acting Injectable (LAI)▪ Use of ECT▪ Schizophrenia/Schizoaffective disorder spectrum diagnosis in any position and is under age 18 |
|--|--|

*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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

Questions? Go to 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. 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.



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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 (I/DD)
- ☐ 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?

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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

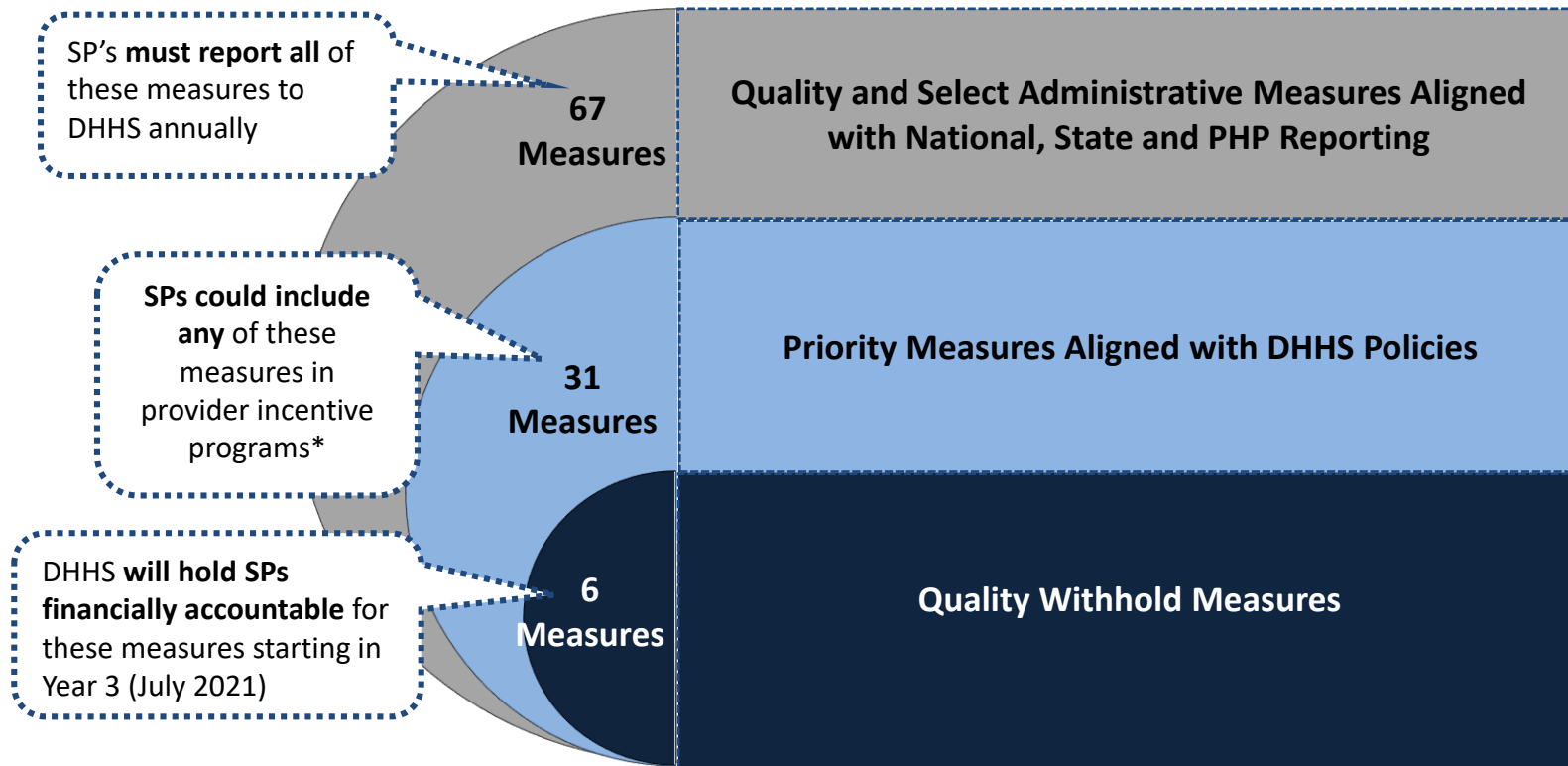
- **Advanced Medical Home (AMH)+:** Tier 3 AMH practices that serve a substantial number of BH/IDD Tailored Plan beneficiaries and have experience serving these beneficiaries.
- **Care Management Agency (CMA):** Organization that primarily provides BH, IDD, or TBI services

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

NC Medicaid Standard Plan Quality Measures: Overview



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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