

North Carolina Medicaid Managed Care Update

Wake County Board of Commissioners Meeting January 14, 2019

Dave Richard Deputy Secretary NC Medicaid

DHHS Silent Period In Effect

- Session Law 2018-249 directs the Department of Health and Human Services to issue a request for proposal (RFP) for Medicaid Managed Care Prepaid Health Plans (PHPs) by August 21, 2018. Therefore, DHHS is in a silent period through the award of the PHP contracts.
- During the silent period, please note that Department employees may not discuss the PHP RFP. However, discussions on other topics may continue to be held as part of the normal course of business. This includes discussions related to issues of interest to DHHS and other health care stakeholders (e.g., the opioid crisis or promoting childhood vaccination), even if those topics may be in some way reflected in the RFP, provided that the discussions do not address the PHP RFP in any way.
- Please direct procurement related inquiries regarding the PHP RFP or Medicaid Managed Care PHPs to Kimberly Kilpatrick, Contract and Compliance Specialist.

Thank you for helping DHHS ensure all potential respondents have a fair and equitable opportunity to submit a proposal and be part of Medicaid Managed Care in North Carolina.



North Carolina's Vision for Medicaid Managed Care

By implementing managed care, and advancing integrated and high-value care, North Carolina Medicaid will improve population health, engage and support providers, and establish a sustainable program with more predictable costs.

Medicaid Managed Care Goals and Opportunities

Measurably improve health

Implement new initiatives

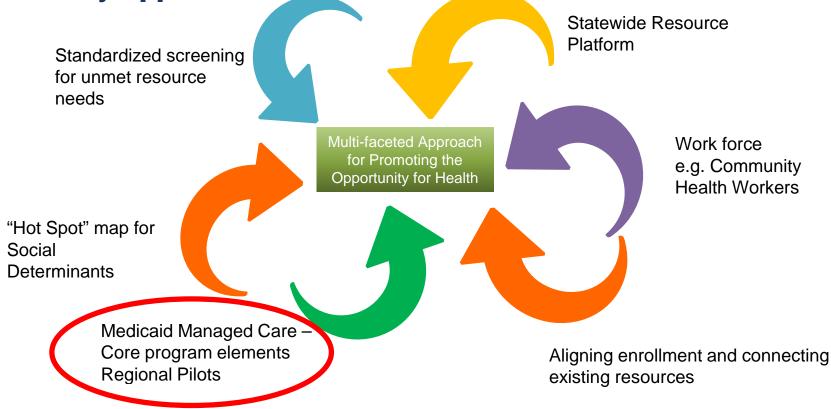


Increase access to care



Build on successes in current system





https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities

Medicaid Managed Care

- Most significant change in Medicaid program since its inception
- Standard Plans represents largest procurement in Department history – over \$6 Billion annually
- Impacts beneficiaries, providers, counties, community based agencies
- Significant change brings challenges and opportunities
- Requires close collaboration to achieve vision for better care, predictable cost, system which supports beneficiaries and providers

Medicaid Managed Care Overview

- Transform State's current Medicaid and NC Health Choice programs from fee for service to managed care structure
- Transitions ~1.6 million individuals from North Carolina Medicaid into managed care
- Regional Rollout
 - Phase 1 (2 regions) November 2019
 - Phase 2 (Remaining 4 regions) Feb 2020
- Prepaid Health Plans (PHPs)
 - 4 statewide MCOs (commercial plans)
 - Up to 12 Provider Led Entities (PLES) in 6 regions

What this means for counties

DSS

- Eligibility and enrollment
- Non Emergency Medical Transportation
- Staff education and training

DPH

- Care Management programs
- 2 yr. glide path
- Address unmet social needs

What this means for counties

LME-MCOs

- Current issues
 - Children in foster care
 - Crisis Services

• Tailored Plans

Schools

- LEAs carved out
- Additional Services in development



"DHHS Awards Contract for Medicaid Managed Care Enrollment Broker Services to Maximus Inc."

- Awarded 8-2-18
- Major milestone in transformation process
 - 1st contract award
- For additional information on Maximus <u>https://www.maximus.com/</u>

DSS - Specific opportunities for collaboration

- DHHS is committed to supporting
 - Training for staff
 - Operationalizing implementation of enrollment broker services
 - Coordination with Enrollment Broker (DSS Liaisons)
 - Evaluating Eligibility application process
- DSS can support beneficiaries by directing them to the right resource
 - Flyers
 - Key messages on monitors

Public Health - Specific opportunities for collaboration

- SL 2015-245 identifies LHDs as "essential providers"
- DHHS Requires PHP Consistency
 - DHHS Responsible and Accountable
 - Local Care Management preferred
- Change in Relationship
 - PHPs
 - Assume Risk/Manage Funds
 - Contract with public health
 - Responsible for Care
- CC4C and OBCM operated by LHD will continue
 - 2-year Glide Path gives LHD opportunity to demonstrate strengths

Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- Creation of BH/IDD TPs supports vision for whole person care
- Implement 1 year after go-live*
- Only LME-MCOs may operate BH/IDD TPs**
 - Responsible for total cost of care
 - 1115 Waiver impact on cost
 - 5 7 regions
 - Must contract with licensed PHPs operating SPs
 - DHHS developed parameters to support integration and minimize cost shifting
- Legislative changes to support cross catchment board participation

Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- Populations
 - Individuals with significant behavioral health needs
 - Other eligibility groups
- Services
 - Integrated physical, behavioral and pharmacy services
 - Certain services only provided by BH/IDD TPs
 - Includes Innovations waiver, 1915(b)(3), federal block grant and state funded services
- Contracting
 - Centralized credentialing
 - Closed network for behavioral health
 - Open network for physical health

Local Schools - Specific opportunities for collaboration

- Existing services continue
- Services delivered by LEA carved out
- Legislative support for development of new services

Important Links

- Recent Policy Papers
 - <u>"North Carolina Medicaid Managed Care Updates"</u>
 - <u>"Data Strategy to Support the Advanced Medical Home Program</u> <u>in North Carolina"</u>

Other relevant links

- RFP <u>https://files.nc.gov/ncdhhs/30-19029-DHB.pdf</u>
- Fact Sheets
 - <u>https://files.nc.gov/ncdhhs/Medicaid-Factsheets-</u> <u>BENEFICIARIES-8.9.18.pdf</u>
 - <u>https://files.nc.gov/ncdhhs/Medicaid-Factsheets-</u> <u>CLINICIANS-8.9.18.pdf</u>



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