

Medicaid Transformation Update

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Medicaid in NC

- **Medicaid** is a joint federal and state program that helps with medical costs for some people with limited income and resources.
- Currently, ~2.1M people in NC on Medicaid. In Wake County, 143,500 people are on Medicaid.
- The program is managed by the NC Department of Health & Human Services (DHHS), Division of Health Benefits whereby reimbursement is a fee-for-service paid directly to the service providers.



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Medicaid Transformation Background

The logo for NC Medicaid Managed Care features the letters 'NC' in a large, bold, light blue font. To the right of 'NC', the words 'MEDICAID' and 'MANAGED CARE' are stacked vertically in a smaller, bold, white font. The entire logo is set against a solid blue rectangular background.

**NC MEDICAID
MANAGED CARE**

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- In 2015, the NC General Assembly enacted a law transitioning Medicaid from a fee-for-service structure to a managed care service (PHPs receive a set per member per month payment for services).
- These changes are intended to integrate physical and behavioral health; establish sustainable and predictable costs; engage and support healthcare providers; and improve overall population health.
- On February 1, 2020, the Standard Plan goes live for all for ~90% of the NC residents currently on Medicaid.

Medicaid Transformation Future

- Prepaid Health Plans (PHPs) will oversee the direct management of certain healthcare services and share the financial risks with contracted care providers to deliver services to their members.
- Five PHPs have been identified for our region
 - AmeriHealth Caritas North Carolina, Inc.
 - Blue Cross/Blue Shield of North Carolina
 - Carolina Complete Health, Inc.
 - UnitedHealthcare of North Carolina, Inc.
 - WellCare of North Carolina, Inc.
- The total contract for the State is > \$6.0 Billion

Medicaid Transformation Future

- Physical health and pharmaceutical services will be integrated with behavioral health.
- PHPs will contract with their preferred service providers at predetermined rates.
- PHPs will be responsible for managing costs and for any cost overruns.
- DHHS will oversee the PHPs.



Medicaid Transformation Milestones

Timing	Key Milestones
10/14/19	Day 1 Open Enrollment Final Regions
Mid-November	Approved Budget by General Assembly
Mid-November	Enrollment Reminder Cards
November 15th	Provider Contracts Must be Signed for Inclusion in Auto-Assignment
12/13/19	Open Enrollment Ends
Starting 12/16/19	Auto-Enrollment to PHPs and PCPs
2/1/2020	Standard Plan Effective Date

Medicaid Transformation Impacts



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- Human Services still will be responsible for determining Medicaid eligibility.
- While an enrollment broker (MAXIMUS) has been hired to assist clients with PHP selection, we anticipate a higher level of service will be sought and Human Services call volume will increase.

Medicaid Transformation Impacts

- PHPs will be responsible for contracting for non-emergency transportation and don't have to contract with the County. Currently, receiving \$3.15M and estimated that ~20% of those revenues will move to PHPs in the first year with additional funding being lost each year.



Medicaid Transformation Impacts

- GoWake Access provides approximately 145,000 van trips annually to 3,300 unique clients.
- 800 Clients will transition into managed care in the first phase and Go Wake Access will provide about 12,800 fewer trips as a result.
- GoWake Access will continue providing at least 132,200 trips annually to 2,500 clients until they transition into managed care which is estimated to occur in 2023.

Medicaid Transformation Impacts

- Other areas that will be impacted include Child Welfare; Health Clinics; Public Health Care Management Programs; Pharmacy; EMS; and Alliance Health Contract.



Medicaid Transformation Impact

- Managed care is an integrated, whole person approach to health care intended to enhance quality of services and improve control of medical costs.
- Human Services is currently the medical home for 6500 Medicaid covered children who will transition to managed care.
- Human Services Child Health Clinic is designated as Advanced Medical Home Tier 3.
- Increased focus on monitoring metrics, measuring performance and demonstrating clinical outcomes.
- Enhanced reimbursement available based on ability to meet quality and pay for performance metrics.
- Need to optimize infrastructure for data reporting and tracking.

Medicaid Transformation Steps Taken

Human Services

- Economic Services Division, Call Center, and reception staff in the Public Health Center have been trained to assist clients and callers.
- Temporary Call Center staff added.
- Outreach materials received and distributed.
- Enrollment events hosted.
- Enrollment broker has assigned on-site staff starting on 7/15/19 to provide in person assistance. One at Swinburne, one at Sunnybrook, and one rotating between regional locations.
- Dedicated phone line at Swinburne location in the e-Pass area, first floor.
- Baseline financial analysis, space utilization review and adaptation of business model for clinical services, to align with transformation requirements and improve access to care for high risk, vulnerable populations.
- Held a joint press conference with NCDHHS.



Medicaid Transformation Steps Taken

- Emergency Medical Services
 - Engaged counsel to review PHP's contract requirements.
 - Attended seminars to understand the potential impact on reimbursement.
 - Started a dialogue with PHP's to discuss potential compensation for EMS services not currently covered under the fee for service model.

Medicaid Transformation Steps Taken

- Attorney's Office is reviewing contracts with PHPs regarding the provision of Public Health Services, EMS, and Non-Emergency Transportation.
- An internal, multi-department team is evaluating potential short-term and long-term impacts on Wake County and what critical policy decisions will need to be considered.

Medicaid Transformation Concerns

- Tailored Plan, for individuals experiencing significant mental illnesses, will not be implemented until 2021.
- County at risk for any enrolled individual that it is later determined did not meet eligibility.
- Substance use disorders and intellectual/developmental disorders.
- EMS Issues.