

# **Medicaid Transformation Update**

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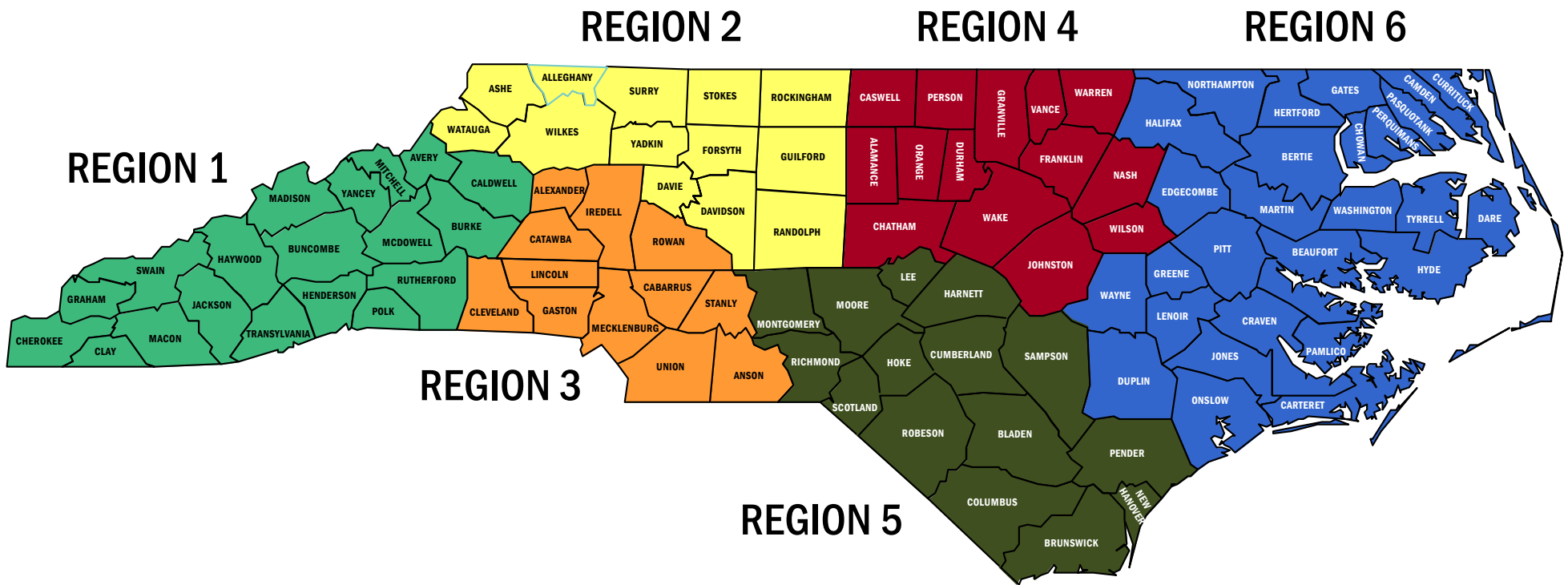
## **North Carolina's Vision for Medicaid Transformation**

**“To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”**

# Moving to Managed Care

- **1.6 of 2.2 million Medicaid beneficiaries will enroll in Standard Plans.**
- **Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs), including a Provider-Led Entity**
  - **AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)**
- **Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs or they have limited benefits. This will be called NC Medicaid Direct.**

# NC Medicaid Managed Care Regions



## **Current Status – Managed Care Suspended**

- **Managed Care cannot go-live under a Continuing Resolution Budget. A new budget must include:**
  - **Authority to pay capitation payments and claims run-out**
  - **Authority to utilize Transformation dollars**
  - **PHP tax authorization which is already included in the capitation rates**
  - **Authority for the appropriate Hospital assessments**

## **Managed Care Progress (as of November 2019)**

### ***Key Milestones Achieved***

- Enrollment Broker contract awarded
- Health Plan contracts awarded
- Managed Care Waiver approved from CMS
- Choice counseling made available to members
- Open Enrollment began
- Enrolled member information sent to PHPs
- Encounters development and testing performed
- Provider information sent to health plans for contracting
- Health plan readiness reviews in progress
- Initial readiness documents sent to CMS

## Managed Care Progress (as of November 2019)

### *Program Progress Summary*

- Over **109,000 Medicaid Members** selected a **PHP** as of November 8
- The formal PHP Readiness Review Process included **111 Medicaid Staff**, evaluation of **4,431 readiness criteria**, and **148 individual onsite readiness review sessions**
- **38 provider sessions** - webinars, meet and greets, virtual office hours, and webinar training - attended by over **15,000 providers**
- Over **2,400 end-to-end test conditions** executed satisfactorily for Provider and Member Open Enrollment, PHP Auto Enrollment, PCP Auto Assignment, Transition of Care, Capitation Payment, Encounter Processing, and Claims Processing
- **5,682 of 5,911 deliverable documents** received from PHPs reviewed and feedback provided as of mid-November (e.g., annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
- **86 training sessions** attended by **5,862 DSS county staff**

## **Suspension activities**

- **Managed Care Implementation suspended as of 11/20/19**
- **Open Enrollment cancelled - Notified 1.6 million beneficiaries about the suspension**
- **Enrollment Broker Call Center remained open through 1/31/20**
- **Held webinars, all-state calls and other engagement activities with provider and members explaining what was happening and what to expect**
- **Continue to meet regularly with the health plans to move forward**
- **Reduced vendor contracts with specialized skillsets**
- **Engage with counties and other stakeholders to continue to facilitate the transition to managed care, including non-emergency medical transportation, ambulance, behavioral health crisis, health care systems**
- **Moving forward with managed care related procurements including Member Ombudsman, External Quality Review Organization (EQRO), Healthy Opportunities Pilots**

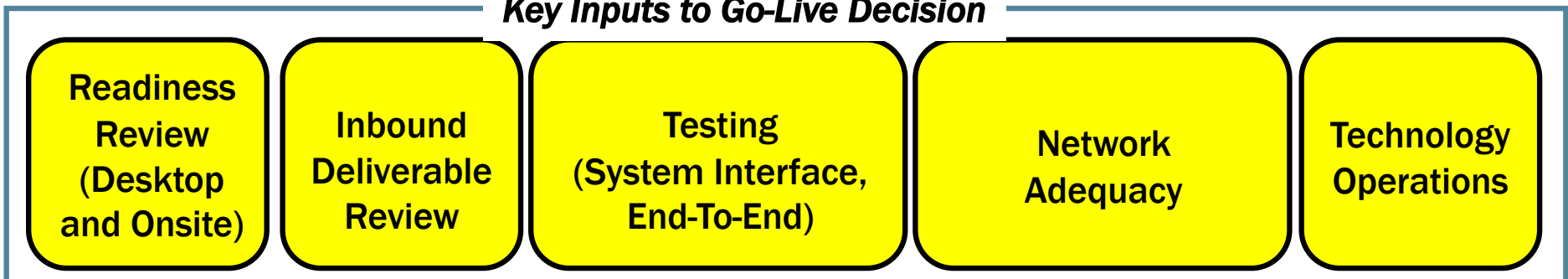


## Standard Plan Readiness Assessment

Prior to the suspension, the Department was assessing PHP readiness across 5 key areas. Some of these assessments will continue, while others are slowed or suspended until a later date:

- **CMS Readiness Review:** Assess ability/capacity to operationalize Managed Care
- **Inbound Deliverables:** Review and/or approve contractual deliverables as part of DHHS oversight (e.g., clinical coverage policies, annual compliance plans, etc.)
- **System Testing:** Assess ability to ingest, process and transmit data and information with DHHS and vendors
- **Network Adequacy:** Ensure we have sufficient providers contracted to provide services to Medicaid beneficiaries
- **Technology Operations:** Monitor call center/website issues and technology-related defects/issues (e.g., daily file exchanges, file defects)

### *Key Inputs to Go-Live Decision*



## **Restarting Managed Care Implementation – Highlight of Activities**

- **Update all stakeholder materials, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)**
- **Formulate capitation rates and submit to CMS for approval**
- **Re-review and resubmit to CMS for approval several health plans' contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)**
- **Upgrade the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)**
- **Complete key testing activities to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse**
- **Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired**
- **Re-evaluate internal Division of Health Benefit staff readiness**
- **Complete provider contracting (health plans and providers)**
- **Analyze health plan network adequacy to ensure adequate provider networks and processes**