Medicaid Transformation - Brief Overview

"We are committed to improving the health and well-being of all North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. We look forward to working closely with the selected health plans toward that vision."

-DHHS Secretary Mandy Cohen, M.D.

https://www.freeimages.com/search/north-carolina

North Carolina Medicaid is in the process of moving from a fee-for-service to a managed care payment system. In August 2018, NC DHHS released Request for Proposals for prepaid Health Plan (PHP) awards.[1] From those RFPs five standard plans were awarded; four statewide and one regional. Carolina complete Health, Inc. is the only statewide standard plan offered. The four regional plans were granted to AmeriHealth Caritas North Carolina, Inc. Blue Cross and Blue Shield of North Carolina, UnitedHealthcare of North Carolina, Inc. and Wellcare of North Carolina, Inc.

Medicaid Transformation will be in full effect on February 1, 2020 for all 100 counties. That means that eligible patients on NC Medicaid will switch from fee-for-service to the new managed care payment. Under the current fee-for-service system money is given to providers for each service provided to patients. With the switch to the managed care model, Healthcare providers will receive a set amount of money for each patient.[2] Those in favor of the managed care system believe that it will provide quality services as a cost-effective and efficient model of holistic health care.

Open enrollment for Medicaid Transformation began October 10, 2019 and will remain open until December 13, 2019. After December 13th, any eligible person who failed to sign up will be auto-assigned a Prepaid Health Plan by the state. Enrollees will have 90 days from February 1, 2020 to change their plans if they are not happy with their assignments.

A new aspect being added as a Medicaid tool is care management. Care management services provided by each standard plan must use a Social Determinants of Health screening tool.[3] This screening tool will ask simple questions about transportation, food insecurity, housing instability and interpersonal violence. If an individual has unmet needs, the PHP must provide care management to address those needs. Addressing SDOH is an important aspect of the managed care system because their environment is being considered as a determinant of one's health. Having PHPs track resources and unmet needs allows the state to see where resource gaps exist and how best to address them.[3]

---

[1] https://www.ncchca.org/community-resources/policy-advocacy/nc-medicaid-transformation/timeline/
[2] https://www.ncchild.org/medicaid-transformation-happening-three-key-items-watch/
[3] https://i2icenter.org/520-2/

Eligible Medicaid recipients can enroll online, through the app, by phone, mail or fax. To learn about benefits and services call 1-833-870-5500 or visit www.ncmedicaidplans.gov.

For more NC Medicaid Transformation resources visit:
NC Medicaid Transformation Vocabulary visit: https://i2icenter.org/wp-content/uploads/2019/05/glossary-of-terms-medicaid-transformation.pdf
Fact Sheet visit: https://files.nc.gov/ncdhhs/medicaid/Medicaid-Factsheets-PHP-2.4.19.pdf
NC Medicaid Managed Care Implementation Webinar for NC Collaborative Youth and Families visit:
https://i2icenter.org/wp-content/uploads/2019/10/Conversations-with-Families-Family-Partners-and-Community-Partners_-Medicaid-Transformation-Webinars.mp4