

The Latest on Medicaid Transformation

Shifting from a MMIS to a MIMS will Upgrade State's Managed Care Capacity

In 2013 NC DHHS went live with NC TRACKS. NC TRACKS is a multi-payer Medicaid Management Information System (MMIS) that merged separate information systems for Medicaid, Health Choice, and other programs such as State MH/IDD/SUD funding (known as IPRS, Integrated Payment and Reporting System) and interacts with the NC FAST system that tracks Medicaid eligibility. Just five years later, NC TRACKS is not sophisticated enough to suffice in this new day of Medicaid Transformation. In fact, NC DHHS has now published a [Request for Information \(RFI\)](#) for what is now being called a Medicaid Integrated Modular Solution (MIMS). The goal of the RFI is “to solicit feedback from potential vendor partners that may be able to provide a solution to all or some of the identified MIMS modules.” Responses to the RFI will be accepted up to September 27, 2018.

NC TRACKS was built to accommodate a fee-for-service system and does not have the connectivity to other systems that is needed in a managed care model. It was clear from the implementation of NC TRACKS for LME/MCOs and providers within their networks that the system was not built for managed care. Since the beginning, it has required ongoing adjustments to change the system logic in order for capitation, encounters and alternative payment methods to be used effectively. With this experience in mind, a shift to the MIMS seems to be imperative.

NC DHHS solicits feedback in the following areas:

- A customer service-centric environment that gives State users, the State's agents, members, providers, and citizens easy access to healthcare services and information using multiple devices and channels.
- Support of an Agile (an approach to project management) methodology for implementation and operation.
- A Commercial Off-the-Shelf (COTS) or Software as a Service (SaaS) solution that includes a product with robust functionality and configurability; the solution inherently would have periodic baseline software releases that reflect investments in the Medicaid and healthcare industry's ongoing functional needs and improvements.
- Solution that offers software versions that are continuously enhanced by periodic releases and offer the Department alternatives for configuring the baseline software.
- Solution that manages, or can be expanded to manage, multiple payers for multiple state agencies
- An environment that embraces innovation and change, allowing for better services while maintaining good stewardship of State and Federal resources.
- Partnership that co-manages risks through collaboration between contracted healthcare and technology experts and State Medicaid experts.
- Solutions offered that meet the Federal, State and NC DHHS Privacy and Security requirements.

In a related but separate action, NC DHHS released a [Request for Proposal](#) (RFP) for Independent Verification and Validation Services (IV & V) for the NC Medicaid Enterprise System Project in July. This project is in compliance with the [Medicaid Information Technology Architecture \(MITA\) program](#) initiated by the federal Centers for Medicare and Medicaid Services (CMS). The goal in the MITA

program is to provide “a national framework of enabling technologies and processes that support improved program administration for the Medicaid enterprise and stakeholders dedicated to improving healthcare outcomes and administrative procedures for Medicaid beneficiaries.” North Carolina is required to conduct this RFP, and the vendor(s) awarded the contract will be responsible for investigating and recommending the most effective and efficient technical configuration for the new MIMS. The contract for the Independent Verification and Validation Services will be awarded by December 31, 2018.

Provider Credentialing RFP Released

NC DHHS has published a [Request for Proposal](#) (RFP) for organizations interested in being the Provider Data Contractor for the State as it relates to credentialing of providers. Any organization that responds to the RFP should be certified as a Credentialing Verification Organization (CVO) through the national accreditation program that NC DHHS has chosen for Prepaid Health Plans, the National Committee for Quality Assurance (NCQA), or have an agreement with another organization that does have the CVO certification.

While NC DHHS will maintain the responsibility to enroll providers in the Medicaid and Health Choice programs, the Provider Data Contractor will be responsible for making primary-source verified data available and for producing the NC Medicaid Credentialed Provider File. As such, NC DHHS will share basic demographic and enrollment information with the Provider Data Contractor on each provider enrolled in Medicaid. The Contractor will then make credentialing information available to the Prepaid Health Plans (PHPs). The PHPs will use this data file when making quality determinations about providers within their networks. The PHP will be required to accept the verified credentialing information and may not, with some exceptions not specified in this RFP, request additional information from a provider. The overall goal is to centralize the credentialing process and, therefore, ensure some level of standardization for providers. You can read the [credentialing concept paper](#) done by NC DHHS to get more specifics on this function. Organizations have until September 21 to submit proposal responses and the contract will be awarded by October 29th.

Building the Ombudsman Program

The Ombudsman Program is a key component of Medicaid Transformation. NC DHHS released a [Request for Information \(RFI\)](#) for organizations interested in providing the Ombudsman function. Feedback was due on June 27, 2018 and it was a required response for any organization that intends to apply for the contract.

The most critical aspect of the Ombudsman is that it is an organization that is separate and apart from NC DHHS, the Prepaid Health Plans, local departments of social services, LME/MCOs, Enrollment Broker and any other component of the Medicaid program. As such, it will be positioned to provide the most objective assistance to Medicaid beneficiaries and their legal representatives in areas such as: obtaining information they need, getting answers to questions or problems resolved in a timely and efficient manner, and, when necessary, equipping Medicaid beneficiaries to effectively advocate for themselves through the grievance and appeals system. The Ombudsman will also be expected to collaborate with State agencies, community-based advocacy and legal services organizations to support beneficiaries’ access to care. The service will be available to all Medicaid and Health Choice beneficiaries (including their legal representatives), regardless of whether they are being served under Medicaid managed care or Medicaid fee-for-service, and including all beneficiaries served through LME/MCOs.

Advanced Medical Home Resources Available

NC DHHS has provided multiple resources on their [Medicaid Transformation website](#) that give more detail to the Advanced Medical Home (AMH). The Advanced Medical Home role is primary to achieving an integrated care approach under Medicaid Transformation because the AMH will conduct care management functions. Unlike the Enrollment Broker or Ombudsman, there will be many entities that qualify and are certified to act as AMHs. It is not clear yet how care management will be done under the BH/IDD Tailored Plans. The information currently available applies to the Standard Plan. NC DHHS is offering several [trainings](#) to providers interested in becoming AMH through early October. You must be registered to attend the training.

Resources NC DHHS has available on the AMH role include:

- The [concept paper](#) on the AMH role;
- A [Frequently Asked Questions](#) document;
- An [AMH Provider Manual](#) for organizations interested in becoming certified as an AMH;
- The [concept paper](#) on the data strategy to support the AMH role;
- Information NC DHHS has communicated through webcasts on resources to [support providers](#).

For more information on the Advanced Medical Home model, you can read the i2i Center synopses of the two concept papers on the [AMH role](#) and the [data strategy](#).

RFP for Standard Plan Updates:

The Request for Proposal (RFP) for the Standard Plan now includes:

- [Answers](#) to questions submitted by responding organizations;
- [Revisions](#) to the RFP, most notably:
 - PHPs must achieve NCQA LTSS Distinction by the end of Contract Year 3;
 - The Scope of Services medical benefits is inclusive of LTSS services, including Nursing Facility Services, Home Health Services, Private Duty Nursing Services, Personal Care Services, and Hospice Services;
 - Behavioral health services covered under the Standard Plan and the BH/IDD Tailored Plan (pages 7-8).

Changes within NC DHHS

Kody Kinsley has begun a new position as the Deputy Secretary for Behavioral Health and Intellectual and Developmental Disabilities. Mr. Kinsley started with NC DHHS as the Deputy Director of the Division of MH/IDD/SUD Services and served as the Interim Senior Director of the Division. Now, he oversees the Division of MH/IDD/SUD Services, the Division of State-Operated Healthcare Facilities and the office overseeing the Americans with Disabilities Act. In his recent discussion with The Coalition, Mr. Kinsley indicated that a BH/IDD work team led by Deputy Secretary for Medicaid Dave Richard and internal to NC DHHS, has been established to provide additional detail on the BH/IDD Tailored Plan. *Mr. Kinsley will be presenting at the i2i Center conference in Pinehurst his vision for the public BH/I-DD system on December 6th.*

The functions within NC DHHS related to the administration of Medicaid and Health Choice are now called “[NC Medicaid, Division of Health Benefits](#)”. This change merges the functions that were previously under both the Division of Health Benefits and the Division of Medical Assistance. Dave Richard, Deputy Secretary for Medicaid, oversees the organization. *Mr. Richard will be presenting the latest information on BH/IDD Tailored Plans at the i2i Center conference in Pinehurst on December 7th.*

Jacki Russell has been appointed as the Director of the Division of Disability Determination Services. Disability Determination Services was previously conducted under the Division of Vocational Rehabilitation Services.