Medical Care Advisory Committee (MCAC)

NC Medicaid Managed Care Update

Jay Ludlam
Assistant Secretary, NC Medicaid

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Agenda

- Vision for Transformation
- Tailored Plan Update
- Standard Plan Update
- Healthy Opportunities
- Preparing for the End of the PHE
- Q&A



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."

Medicaid Managed Care Transformation

Opportunity for Innovation

NCDHHS leveraged the move to managed care to build an innovative health care delivery system that puts the health of beneficiaries at the forefront.

Features of Medicaid Managed Care include:

- A new payment structure that rewards better health outcomes
- Integrated physical and behavioral health
- Investments in non-medical interventions aimed at reducing costs and improving the health of Medicaid beneficiaries.

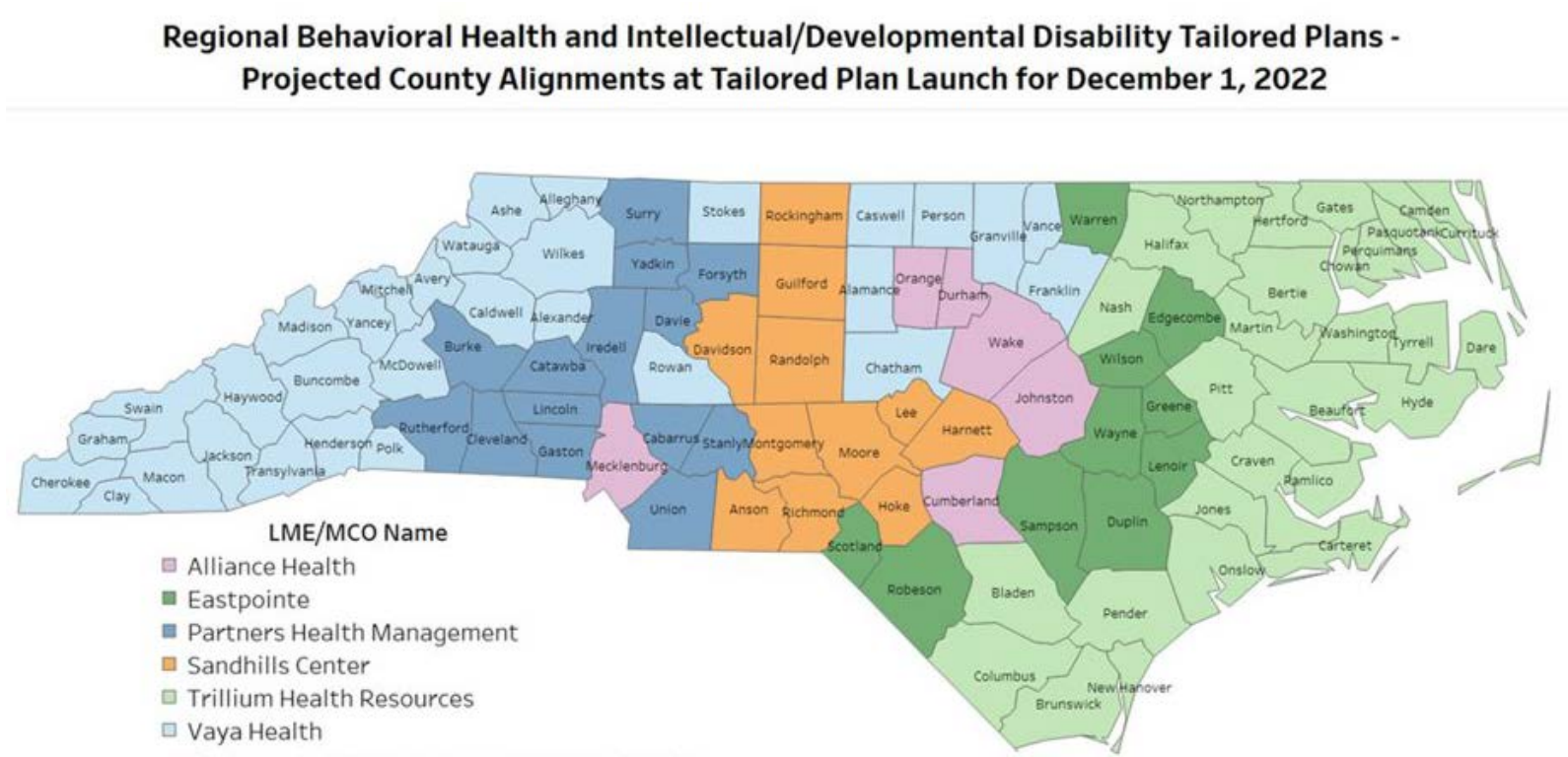
Behavioral Health I/DD Tailored Plan

Under one plan, Tailored Plans will provide integrated physical health, behavioral health, long-term care and pharmacy services and will address unmet health-related resource needs for qualifying North Carolinians.

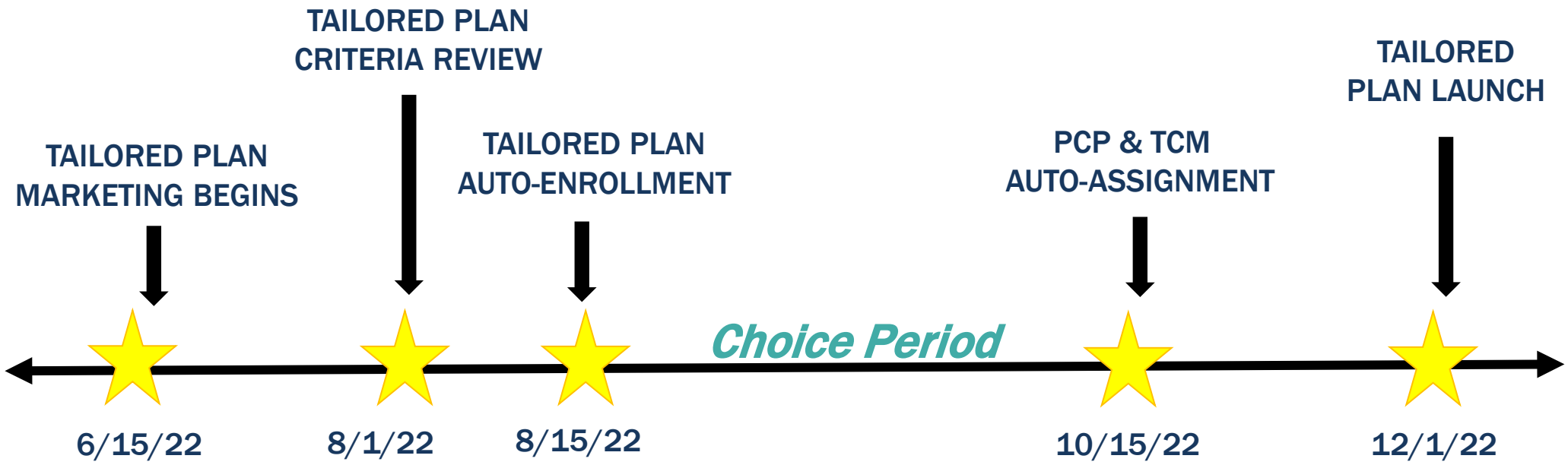
There will only be one Tailored Plan per region

- Potential Tailored Plan members will be auto-enrolled in the Tailored Plan available in their administrative county*
- Depending on Managed Care status, potential Tailored Plan Members may be able to select a Standard Plan, NC Medicaid Direct or the EBCI Tribal Option

**The county that manages the beneficiary's Medicaid case*



Tailored Plan Timeline



NOTE: Choice period refers to the time period for members to select a PCP or opt out of their assigned Tailored Plan (if allowed).

Looking Ahead

Medicaid, Tailored Plans and the Enrollment Broker continue to work towards a December 2022 launch

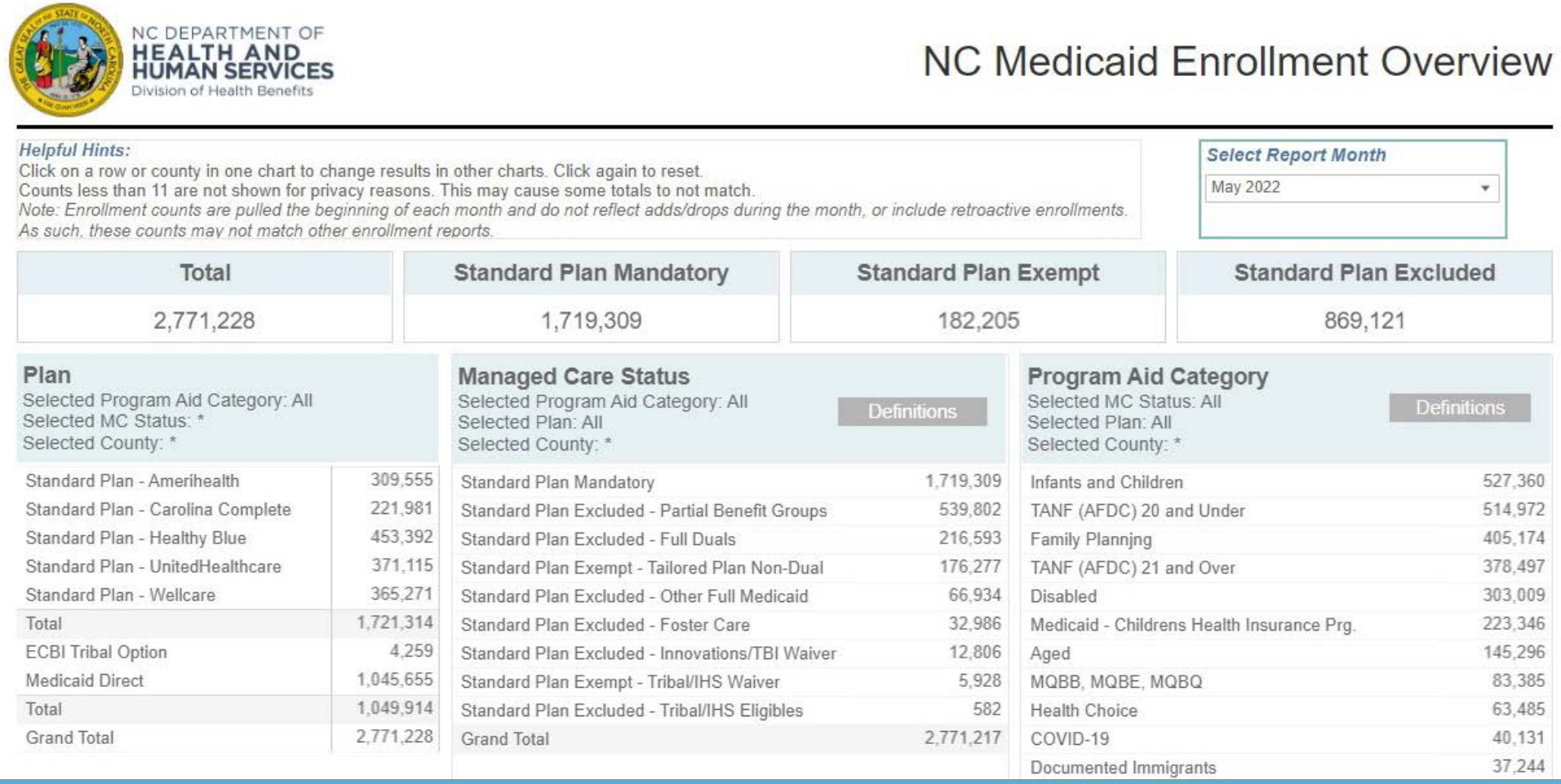
- Current Focus
  - Readiness activities
    - approval of policies and procedures
    - onsite reviews begin in July
  - Provider and Tailored Plan Contract Deadlines
    - Deadlines set to ensure inclusion in Beneficiary Choice Period and Auto-assignment. Providers who do not contract with Tailored Plans by the deadlines risk losing patients.
  - Data system testing began in March
- Coming this month
  - Enrollment Broker Provider Directory
  - Tailored Plan Member and Provider Service Lines Go-Live
  - Tailored Plan Marketing begins

Standard Plan Update

May Enrollment Dashboard

EBCI Tribal Option: 4,259

Standard Plans: 1,719,309



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

NC Medicaid Enrollment Overview

Helpful Hints:
Click on a row or county in one chart to change results in other charts. Click again to reset.
Counts less than 11 are not shown for privacy reasons. This may cause some totals to not match.
Note: Enrollment counts are pulled the beginning of each month and do not reflect adds/drops during the month, or include retroactive enrollments. As such, these counts may not match other enrollment reports.

Select Report Month: May 2022

Total	Standard Plan Mandatory	Standard Plan Exempt	Standard Plan Excluded
2,771,228	1,719,309	182,205	869,121

Plan
Selected Program Aid Category: All
Selected MC Status: *
Selected County: *

Standard Plan - Amerihealth	309,555
Standard Plan - Carolina Complete	221,981
Standard Plan - Healthy Blue	453,392
Standard Plan - UnitedHealthcare	371,115
Standard Plan - Wellcare	365,271
Total	1,721,314
ECBI Tribal Option	4,259
Medicaid Direct	1,045,655
Total	1,049,914
Grand Total	2,771,228

Managed Care Status
Selected Program Aid Category: All
Selected Plan: All
Selected County: *
Definitions

Standard Plan Mandatory	1,719,309
Standard Plan Excluded - Partial Benefit Groups	539,802
Standard Plan Excluded - Full Duals	216,593
Standard Plan Exempt - Tailored Plan Non-Dual	176,277
Standard Plan Excluded - Other Full Medicaid	66,934
Standard Plan Excluded - Foster Care	32,986
Standard Plan Excluded - Innovations/TBI Waiver	12,806
Standard Plan Exempt - Tribal/IHS Waiver	5,928
Standard Plan Excluded - Tribal/IHS Eligibles	582
Grand Total	2,771,217

Program Aid Category
Selected MC Status: All
Selected Plan: All
Selected County: *
Definitions

Infants and Children	527,360
TANF (AFDC) 20 and Under	514,972
Family Plannjng	405,174
TANF (AFDC) 21 and Over	378,497
Disabled	303,009
Medicaid - Childrens Health Insurance Prg.	223,346
Aged	145,296
MQBB, MQBE, MQBQ	83,385
Health Choice	63,485
COVID-19	40,131
Documented Immigrants	37,244

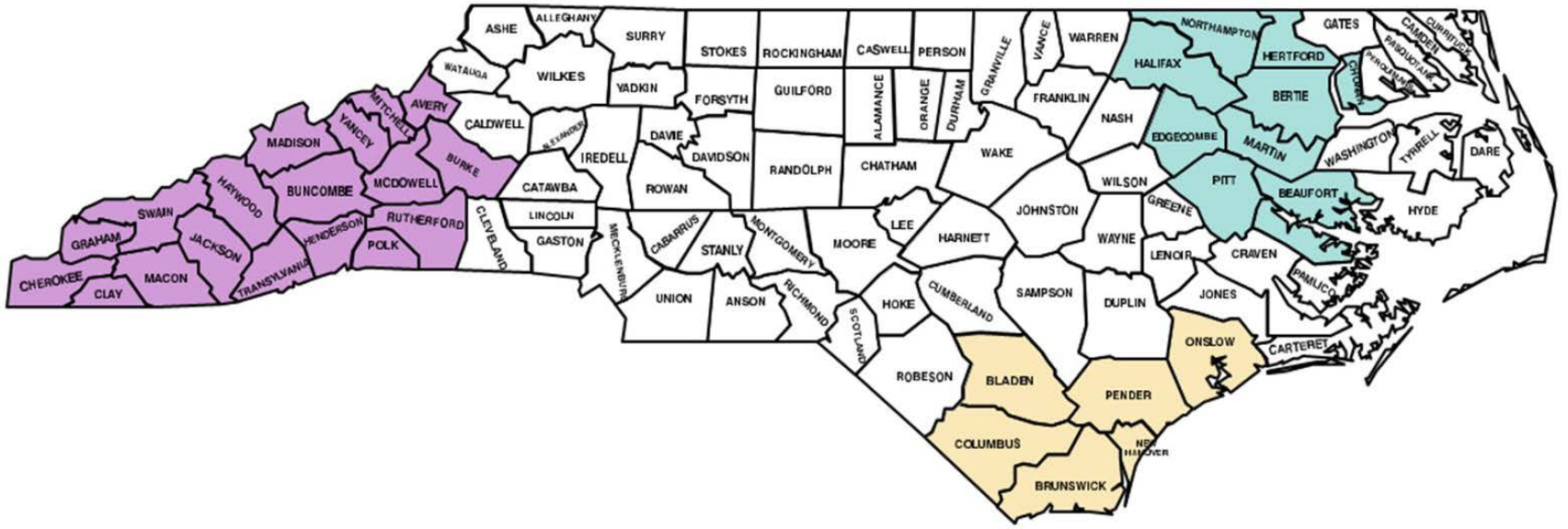
More details available at medicaid.ncdhhs.gov/reports/dashboards (including by enrollment by managed care status, program aid category and region)

Healthy Opportunities Pilot

PHPs, Network Leads, Care Management Entities and HSOs
will work with communities in three geographic areas of the state to implement the Pilots.

Highlights

- DHHS awarded **three Network Lead contracts** in May 2021 (one Network Lead per pilot region).
- Pilot regions cover 33 (of North Carolina's 100) counties. All three regions consist of predominantly **rural areas**.
- Once fully operational, the Pilots will serve an **estimated 13,000 - 20,000 individuals per month** (4-6% of Medicaid enrollees in Pilot regions)



Awarded Healthy Opportunities Network Leads

Access East, Inc.
Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt

Community Care of the Lower Cape Fear
Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender

Impact Health
Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

Healthy Opportunities Update

- March 15, 2022 - qualifying Medicaid Standard Plan members in 33 NC counties began receiving food services, which include:
  - Food and nutrition access case management
  - Group nutrition classes
  - Fruit and vegetable prescriptions and healthy food boxes/meals
  - Medically-tailored meal delivery
- May 1, 2022 - Housing and transportation services began, which includes
  - Navigation, support and sustaining services
  - Home accessibility and safety modification
  - Move-in support
  - Essential utility setup
  - Reimbursement for health-related transportation
- June 15, 2022 - Toxic stress and cross-domain services begin

Preparing for the End of the PHE

In January 2020, the federal government declared a public health emergency (PHE) due to COVID-19.

- For Medicaid, the PHE helped beneficiaries keep their coverage during the pandemic, even if their eligibility changed.
- It also helped health care providers keep their practices running so they could deliver care to Medicaid beneficiaries.
- While we do not know when the PHE will officially end, CMS plans to provide states a 60-day notice to begin unwinding activities

Redeterminations & the PHE

- Medicaid redeterminations have continued throughout the PHE in accordance with state legislation passed in 2020
- When the PHE ends, Medicaid will start terminating cases of those beneficiaries no longer eligible
  - Roughly 265,000 beneficiaries have been extended due to the PHE non-termination requirement and could potentially lose health care coverage.
- The unwinding will be complex and require
  - Additional workload for counties
  - Communication and engagement with providers, stakeholders and health plans

Providers & the End of the PHE

Medicaid implemented several policies to support providers as they confronted the COVID pandemic.

- When the end of the PHE is determined, Medicaid will reinstate provider requirements that were suspended during the PHE. This includes:
  - Reverification of Medicaid providers*
    - Notices will be sent to providers:
      - with approaching due dates for reverification
      - whose reverification was suspended during the federal PHE
    - Notices will be sent to the provider's Message Center Inbox on the secure NCTracks Provider Portal
    - Due dates for reverification are specific to each provider; so, providers will not receive notices at the same time.

* The Centers for Medicare and Medicaid Services (CMS) requires all Medicaid providers to be revalidated (also referred to as reverification/recredentialing).

PHE Communication and Engagement

Engagement and Outreach

- NC Medicaid website content is updated and will include the redetermination approach, when finalized, which is also a CMS requirement. medicaid.ncdhhs.gov/COVID
- Workgroups underway with NCACDSS, health plans, Enrollment Broker and Ombudsman.
- Call scripting will be provided to the Standard Plans, Tribal Option, LME/MCOs, CCNC, Enrollment Broker and Ombudsman.
- Community Partners webinars and other stakeholder engagement events will be leveraged to share information on PHE unwinding.

Questions?