

NC Medicaid Managed Care Member Operations

March 29, 2019

Agenda

- 1. Impacts of Managed Care**
- 2. The Advisory Committee**
- 3. DSS On-Boarding Results**
- 4. Enrollment Broker**
- 5. Wrap-Up**

Understanding MC Impacts to Beneficiaries

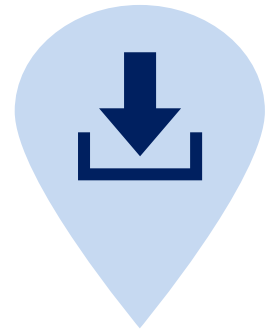


What's New

1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care

What's Staying the Same

1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS



What Managed Care Means to DSS Workers



County DSS will CONTINUE:

- Processing Medicaid applications, changes of circumstance, and redeterminations.
- Generating Replacement cards for FFS
- NEMT for FFS Beneficiaries
- Updating PCP for FFS Beneficiaries



County DSS will not be responsible for:

- Choice Counseling
- Enrolling Members in Plans
- NEMT for Managed Care Plan Members
- Updating Plan/PCP for Managed Care Plan Members
- Generating Replacement cards for Managed Care Plan Members



County DSS will START:

- Referring beneficiaries to the Enrollment Broker for Plan counseling & assignments.
- Referring beneficiaries to their Plan for PCP selection/changes and NEMT

New Non-Verifiable & Returned Mail Process

Purpose:

- To develop a more coordinated and improved process for mail that could not be delivered to a beneficiary (returned/non-verified mail)

Why did we do it?

- Increased number of entities corresponding with the beneficiaries
- Mail is the State's primary method of communicating with beneficiaries
- Reaching Beneficiaries at a more efficient rate
- Addresses are updated more timely

Who are the key players in this process?

- PHP/PLE/EB play a vital role
- Local DSS Offices
- NC FAST
- Medicaid Eligibility Services

Returned Mail Process – EB and PHP

Multiple mailings will be sent at Managed Care activation

- Eligibility Notices sent from NC FAST
- Enrollment Notices sent from the Enrollment Broker
 - Returned Mail is sent back to EB
- Plan handbook, info and Medicaid/Plan Card – PHP/PLE
 - Returned Mail back to PHP/PLE

Returned Mail Process



Medicaid Cards

- Once a beneficiary is enrolled in Managed Care, they will only need **1 Medicaid Card**.
 - The Plans will use the same Medicaid ID number as FFS and must include carved out services on the back of the card.
- Members should call the Plans for replacement cards, at no cost.

Medicaid Card for Managed Care

- Includes the beneficiary's Plan information on it
- Includes the Medicaid ID (CNDS)
- May also have a member number

Medicaid Card for FFS

- Includes the Medicaid ID (CNDS)

Note: Samples of the Medicaid Cards for Managed Care will be shared with the local DSS

Advisory Committee Purpose

Please reference your packets for The Advisory Committee contact information and roles & responsibilities.

Provide Input and Guidance to the State on Medicaid Transformation

Guide Outreach and Education efforts & Provide Feedback for Continuous Improvement

Collaboration Efforts: Enrollment Broker, PHP/PLE, State

Assist in the Development of Needs Assessment Surveys for Direct Line Workers

DSS On-Boarding Summary

3 DSS On-Boarding Sessions

- Central, Eastern, Western
- Over 300 attendees; includes Directors, Program Managers, Supervisors, and line workers

Areas of Concern:

- NEMT
- Continued Customer Service/Transition of Care
- Being informed of directing clients to the correct entities
- How to work with the Enrollment Broker; how this will impact day-to-day beneficiary interactions

Approach Moving Forward:

- Monthly DSS Webinars to start in April
- Cross Functional Trainings (2 per region)

DSS On-Boarding Discussion Group Topics

Increased Beneficiary Contact

- Educate early – start informing the public now of upcoming changes
- Utilize outpost stations
- Ensure contact information is updated at every interaction!

Increase Awareness in Agency

- All Staff meetings to discuss what is coming
- Toolkits for workers
- Post on County DSS website
- Meetings with County partners

Working New Reports

- Identify staff in advance that will work these reports
- State to supply numbers of individuals that would move to Managed Care to help counties prepare

Staffing Issues

- Repurpose NEMT staff & create triage team to help clients
- Hire temp staff to assist incoming traffic during the transition period
- Upgrade clerical staff to IMC1

Participate in Outreach Events

- Coordinate with EB to plan enrollment events at agency
- County-wide collaboration meetings
- Social Media
- Phone tree or robo calls to inform community

Ensuring Warm Hand-Offs

- Set up kiosks and phones in lobby areas
- Set up phone line with recorded message for clients
- Knowledge is power – make sure workers know who to contact & when

Readiness Key Focus Areas

- **Post-eligibility determination workflow**
 - Information exchange between systems
 - Enrollment and Auto Assignment
 - Notices
- **Customer Care**
 - Quality of service provided by the plans/providers
 - “No wrong door”
 - Information to be shared in a face to face interview
 - Lessons learned from previous states (EB and PHP Perspective)
- **NEMT**
 - What this looks like under Managed Care
 - Reports to indicate how many beneficiaries will remain FFS and how many will switch to Managed Care
 - Specific scenarios, e.g. Mom is FFS and child is Managed Care and they both have appts at the same provider on the same day
- **Address & Other Changes in Circumstance**
 - Details on returned mail from mass mailings to beneficiaries
 - Focus on maintaining up-to-date information
 - Process flow for changes reported to PHPs, EB and how that funnels to DSS

Enrollment Broker

Today's Discussion

- **What is an Enrollment Broker (EB)?**
 - CMS definition and requirements
- **NC EB services**
 - Choice counseling
 - Enrollment assistance
 - Outreach and education
- **NC EB process flow**
- **Measurements for success**



GOAL:

Help stakeholders understand the enrollment broker function and what makes a successful program.

Enrollment Broker Defined

- An enrollment broker is an individual or entity that performs choice counseling or enrollment activities, or both.
- Enrollment activities include:
 - Distributing, collecting, and processing enrollment materials
 - Taking enrollments by phone or through electronic methods of communication
- Eligibility services are completed by the state, not by an enrollment broker.

Source:

The Centers for Medicare & Medicaid Services (CMS)
Code of Federal Regulations 42 CFR § 438.810 -
Expenditures for enrollment broker services



Independent and Conflict Free

- **Enrollment brokers and subcontractors must not have direct or indirect financial ties to any health plan or healthcare provider that furnishes services in the same state where the enrollment broker work is performed.**

- CFR 42 § 438.810

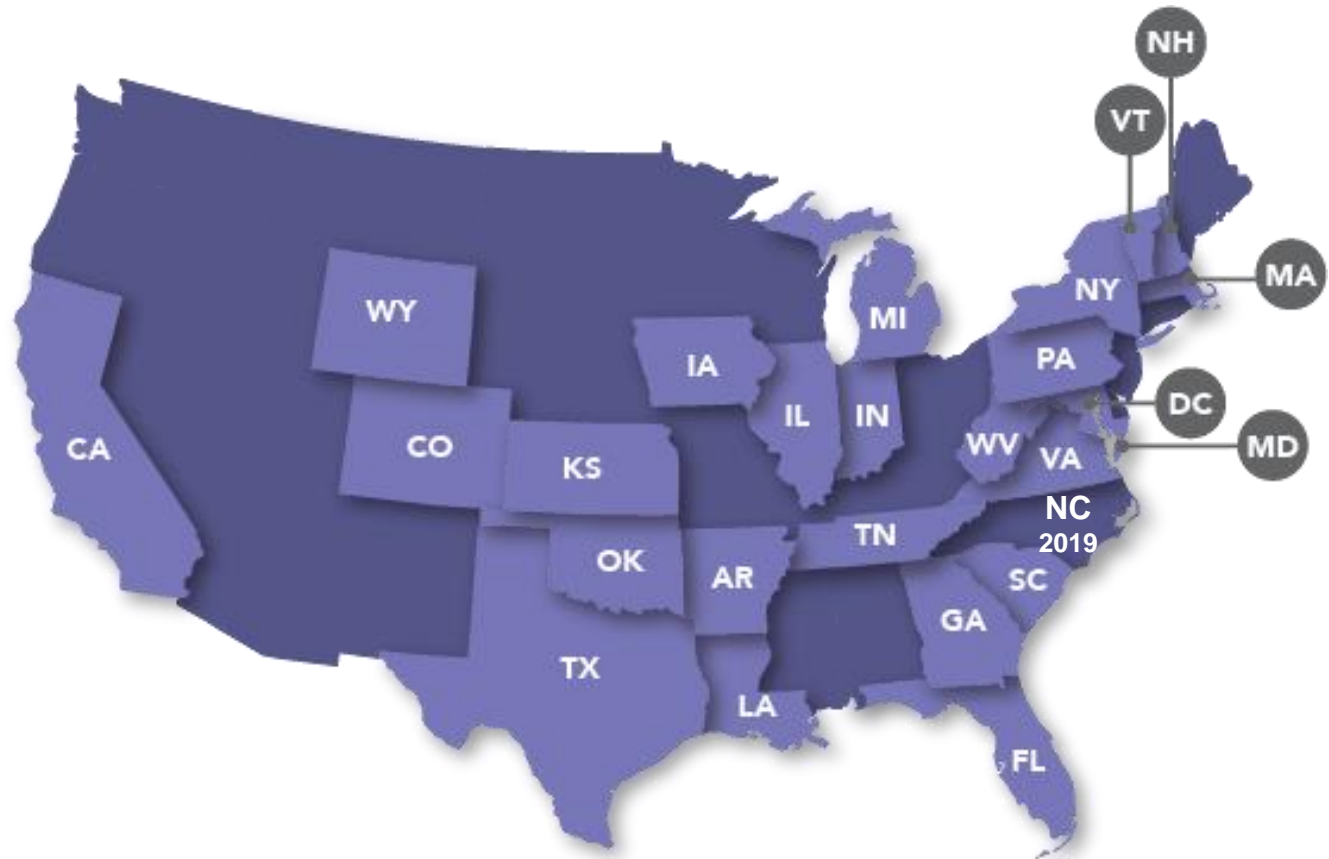


Unbiased enrollment broker services can ensure program integrity while helping beneficiaries select the best health coverage for them and their family.

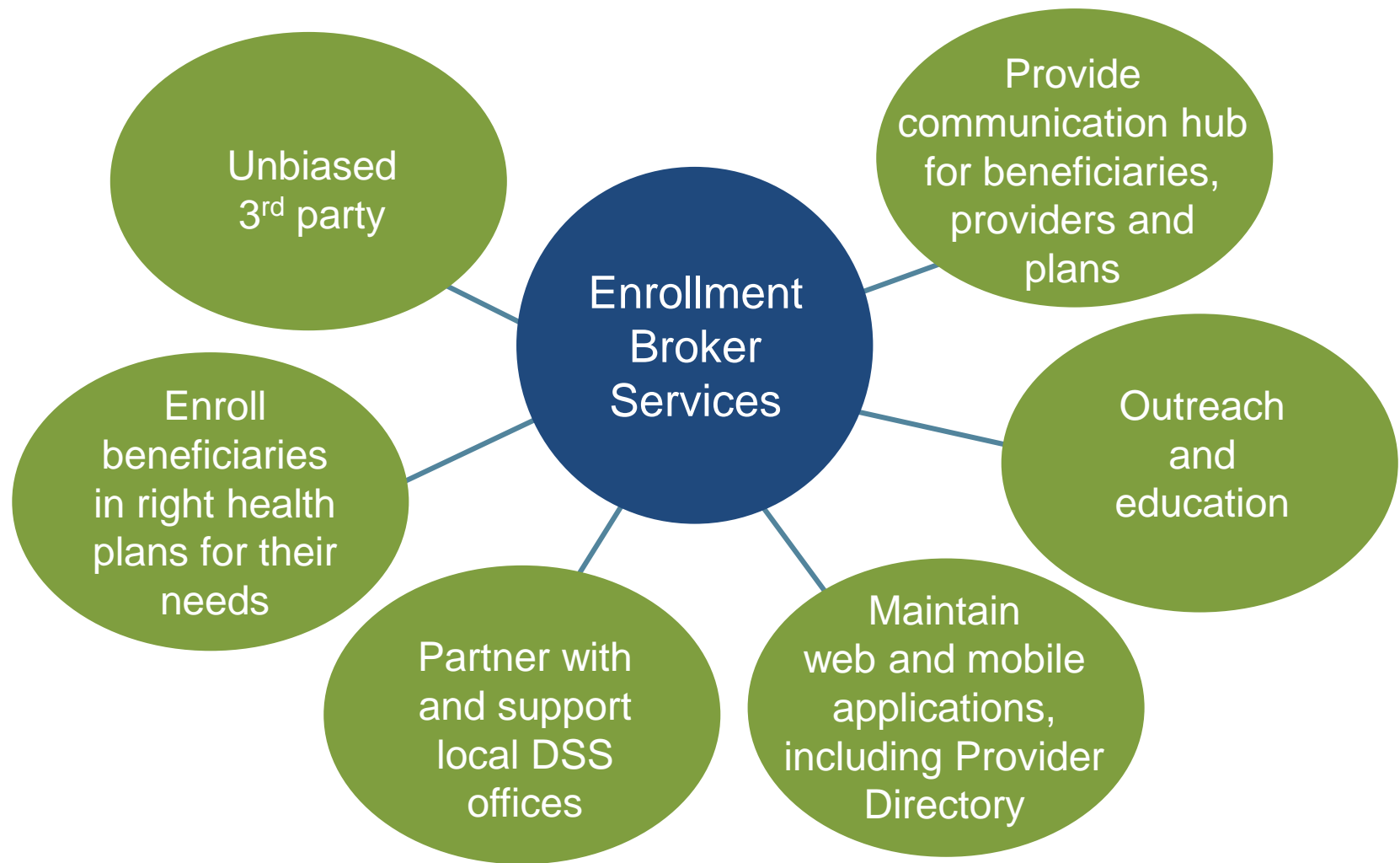
Largest Medicaid Administrative Services Provider

70%

market share of
Medicaid managed care



Enrollment Broker Services in North Carolina



Choice Counseling

- **Delivering information and assistance effectively to consumers**
 - Provide unbiased, culturally competent choice counseling services to beneficiaries
 - Simplify the application and enrollment process so it's easy for consumers to understand, and satisfy program requirements
 - Achieve improved voluntary choice rates for better health outcomes



Trained customer
service team



Responsive and
empathetic



6th grade level
of health literacy

Focus on Health Literacy

- **Making a real connection with those we serve**
 - Understand underserved populations better than anyone
 - Speak their language (multi-language support and translation services)
 - Provide user-friendly, culturally appropriate support
 - Perform usability and community testing
 - Nationally recognized for work in health literacy



Enrollment Assistance

- **Streamlining the decision making and enrollment process**
 - Communicate with consumers on their preferred channels – whether by web, phone, email, text and mobile app
 - Proactively engage beneficiaries at critical points to ensure they enroll as necessary



**Multichannel
including mobile**



Self-service



**60% of consumers
don't understand
their benefits**

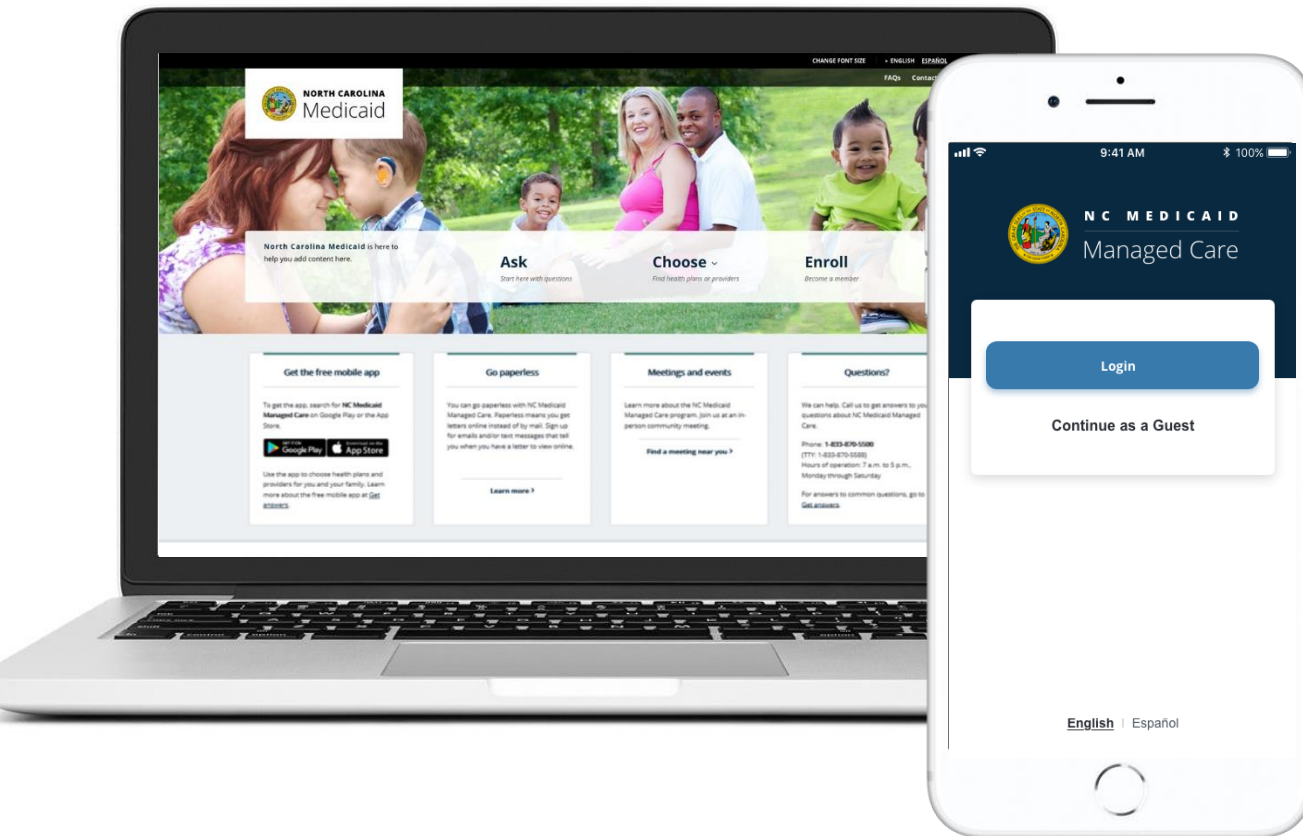
Multichannel Enrollment

- **Supporting consumers' changing expectations**
 - Provide empathetic personal help for those who need it
 - Make it easier to take action (web, mobile, IVR, phone)
 - Offer self-service and mobile usage options aligned with consumer preferences



Digital Solutions and Analytics

- Gaining a window into consumer/member engagement
 - Simplify the application and enrollment process for consumers, while satisfying program requirements



- Enrollments by channel
- Mobile enrollments
- Mobile sessions
- Weekly app updates
- Member views/updates of case information

Web Portal

- User starts a chat session

The screenshot shows the North Carolina Medicaid web portal. At the top, there is a navigation bar with links for "CHANGE FONT SIZE", "ENGLISH", "ESPAÑOL", "FAQs", and "Contact Us". The main header features the North Carolina Medicaid logo and a large banner image of a diverse family. Below the banner, there are three main navigation buttons: "Ask" (with the subtext "Start here with questions"), "Choose" (with a dropdown arrow and the subtext "Find health plans or providers"), and "Enroll" (with the subtext "Become a member"). Below these buttons, there are four content cards: "Get the free mobile app" (with links to Google Play and the App Store), "Go paperless" (with a link to "Learn more"), "Meetings and events" (with a link to "Find a meeting near you"), and a partially visible card on the right. A chat widget is overlaid on the right side of the page. The widget has a blue header that says "Chat with us!". Below the header, there is a text input field for the user's message. At the bottom of the widget, there is a blue button with a white "X" icon. The widget also displays the text "Powered and Secured by MedChat" and a "Select Topic" dropdown menu.

NORTH CAROLINA Medicaid

CHANGE FONT SIZE | ENGLISH | ESPAÑOL

FAQs | Contact Us

North Carolina Medicaid is here to help you add content here.



Ask
Start here with questions

Choose ▾
Find health plans or providers

Enroll
Become a member

Get the free mobile app

To get the app, search for **NC Medicaid Managed Care** on Google Play or the App Store.

Use the app to choose health plans and providers for you and your family. Learn more about the free mobile app at [Get the app](#).

Go paperless

You can go paperless with NC Medicaid Managed Care. Paperless means you get letters online instead of by mail. Sign up for emails and/or text messages that tell you when you have a letter to view online.

[Learn more >](#)

Meetings and events

Learn more about the NC Medicaid Managed Care program. Join us at an in-person community meeting.

[Find a meeting near you >](#)

We can help you with questions about NC Medicaid Managed Care.

Phone: 1-800-447-2243
(TTY: 1-800-447-2243)
Hours of operation: Monday through Friday, 9 a.m. to 5 p.m.

For answers, visit [Get the app](#).

Powered and Secured by [MedChat](#)

Select Topic ▾

Your Name

Your message...

X

Web Portal

- Navigating from Home page

The screenshot shows the North Carolina Medicaid website home page. At the top right, there are links for "CHANGE FONT SIZE", "+ ENGLISH", "ESPAÑOL", "FAQs", and "Contact Us". The main header features the North Carolina Medicaid logo on the left and a large background image of a diverse family. Below the header, there are three main navigation buttons: "Ask" with the subtext "Start here with questions", "Choose" with a dropdown arrow and subtext "Find health plans or providers", and "Enroll" with subtext "Become a member". Below these buttons, there are four columns of content: "Get the free mobile app" (with Google Play and App Store logos), "Go paperless" (with a "Learn more" link), "Meetings and events" (with a "Find a meeting near you" link), and "Questions?" (with phone and TTY numbers, hours of operation, and a link to common questions).

NORTH CAROLINA Medicaid

CHANGE FONT SIZE + ENGLISH ESPAÑOL
FAQs Contact Us

North Carolina Medicaid is here to help you add content here.

Ask
Start here with questions

Choose ▾
Find health plans or providers

Enroll
Become a member

Get the free mobile app

To get the app, search for **NC Medicaid Managed Care** on Google Play or the App Store.

GET IT ON Google Play Download on the App Store

Use the app to choose health plans and providers for you and your family. Learn more about the free mobile app at [Get](#)

Go paperless

You can go paperless with NC Medicaid Managed Care. Paperless means you get letters online instead of by mail. Sign up for emails and/or text messages that tell you when you have a letter to view online.

[Learn more >](#)

Meetings and events

Learn more about the NC Medicaid Managed Care program. Join us at an in-person community meeting.

[Find a meeting near you >](#)

Questions?


We can help. Call us to get answers to your questions about NC Medicaid Managed Care.


Phone: **1-833-870-5500**
(TTY: 1-833-870-5588)
Hours of operation: 7 a.m. to 5 p.m., Monday through Saturday


For answers to common questions, go to [Answers](#)

- Login page

[SEARCH](#) [CHANGE TEXT SIZE](#) [ENGLISH](#) [SPANISH](#)

 **NC MEDICAID**
Managed Care

Learn 
Learn about North Carolina Medicaid

Compare 
Compare health plans and find providers

Enroll
Enroll in a health plan


[Get answers](#)
[Words to know](#)
[Member materials](#)
[Contacting health plans](#)
[Contacts and links](#)


Let's get started...

Login


Please login to access your account

Name


Date of birth 

mm 


 /


dd 

 /

yyyy 

Login using my

☒ Case number 

☐ Beneficiary ID 

Case number

- Member home page

Member dashboard

4

View letters

Log out

Welcome! Here you can choose or change your health plan. You can also choose or change your provider. If you want to choose the same health plan and provider for multiple people, go to [Enroll multiple people](#).

May make changes

Harris Jackson Benson
38 years old
[View enrollment & case information](#)

You may change your health plan and provider until 6/24/2017.

Make changes

[Complete health assessment](#)

May make changes

Amanda Ann Benson
44 years old
[View enrollment & case information](#)

You may change your health plan and provider until 6/24/2017.

Make changes

[Complete health assessment](#)

No action required

Thomas Smith Benson
18 years old
[View enrollment & case information](#)

You are not eligible for any programs. Please contact MAXIMUS with any questions.

Enroll multiple people

MEMBER OPERATIONS: MCAC

26

- Review results & choose a provider – List view

[< Back](#)

Choose a health provider

4

[View letters](#)

[Log out](#)

You chose a health plan. Now choose a provider who works with that plan.

☒ Address

☐ ZIP code

☐ County

Located within

Address

City / Town

5 miles of

123 Main Street

Greensboro

Go

Filter by

22 providers work with Aetna Health plan. [Remove plan](#) [Map view](#)

Yi Ngai 2 miles

[More details](#)

300 Longwood Ave
High Point, NC 27262

[Driving directions](#)

Phone: 336-355-7701

Plans Accepted: Aetna Health Plan, Lorem Health Plan

Choose this provider

Tom Smith 4 miles

[More details](#)

1000 Mall Loop Rd
High Point, NC 27262

[Driving directions](#)

Phone: 336-205-9876

Plans Accepted: Aetna Health Plan, Lorem Health Plan

Choose this provider

Your enrollment choices

[Start over](#)

Beneficiary

Harris Jackson Benson

Health plan

Aetna Health Plan

[Remove](#)

Health provider

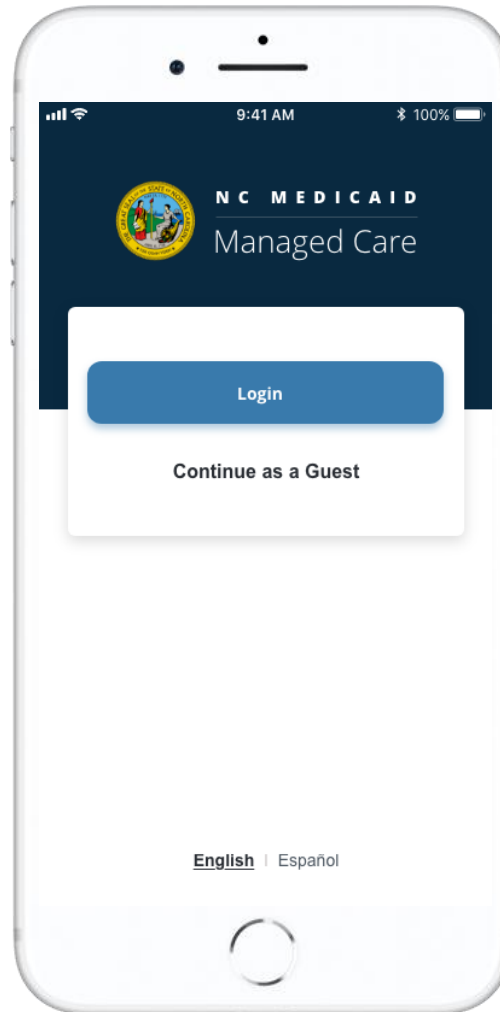
Choose a health provider...

MEMBER OPERATIONS: MCAC

27

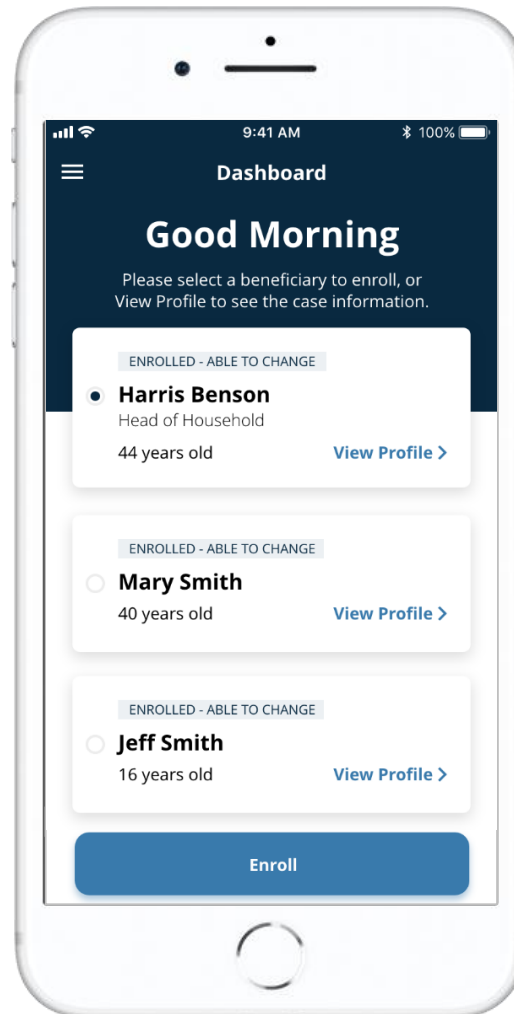
Mobile Solution

- Login page



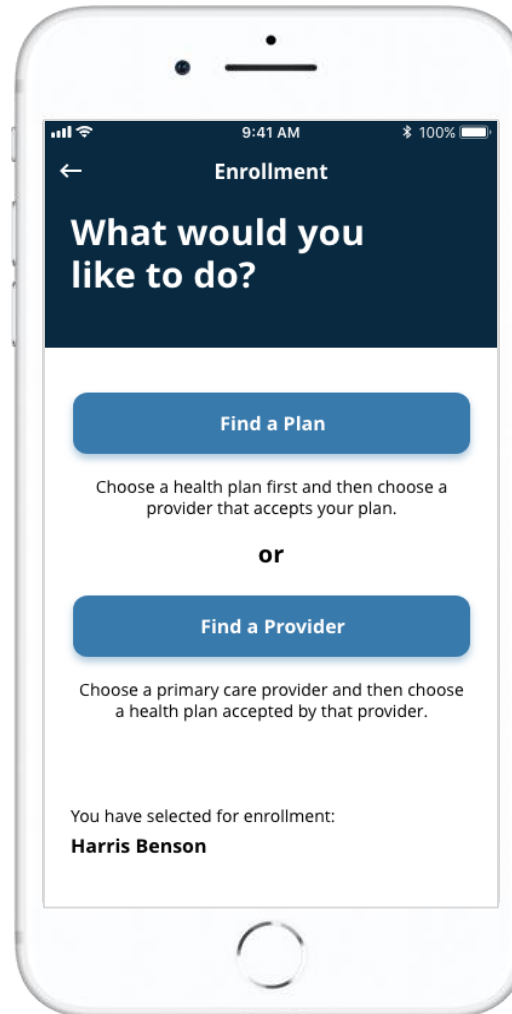
Mobile Solution

- Member home page



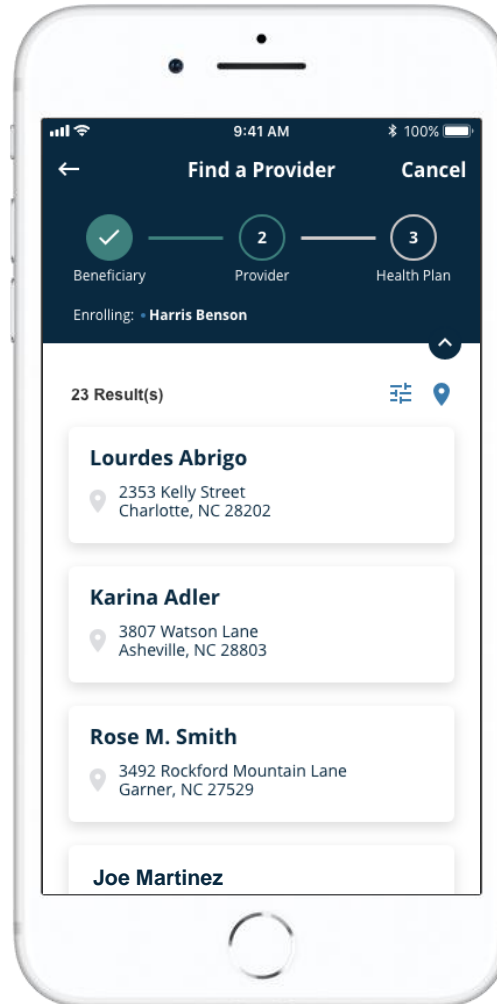
Mobile Solution

- Choose a plan



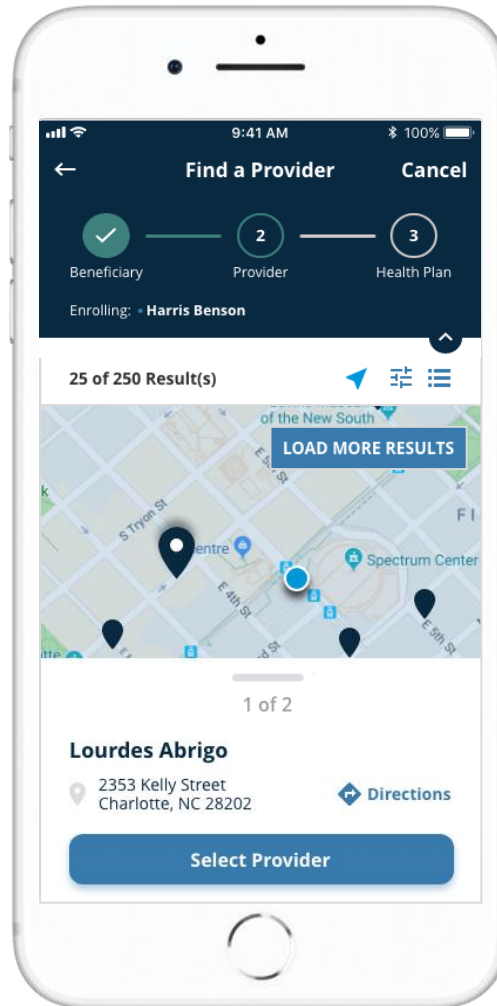
Mobile Solution

- Review results & choose a provider – List view



Mobile Solution

- Review results & choose a provider – Map view



Outreach and Education

- **Ensuring a seamless and streamlined beneficiary experience**
 - Partner with North Carolina's county DSS offices and community organizations to provide managed care training
 - Provide member materials that are understandable and accessible
 - Conduct outreach services that meet consumer's cultural and behavioral expectations



In-person services,
group presentations
and health fairs

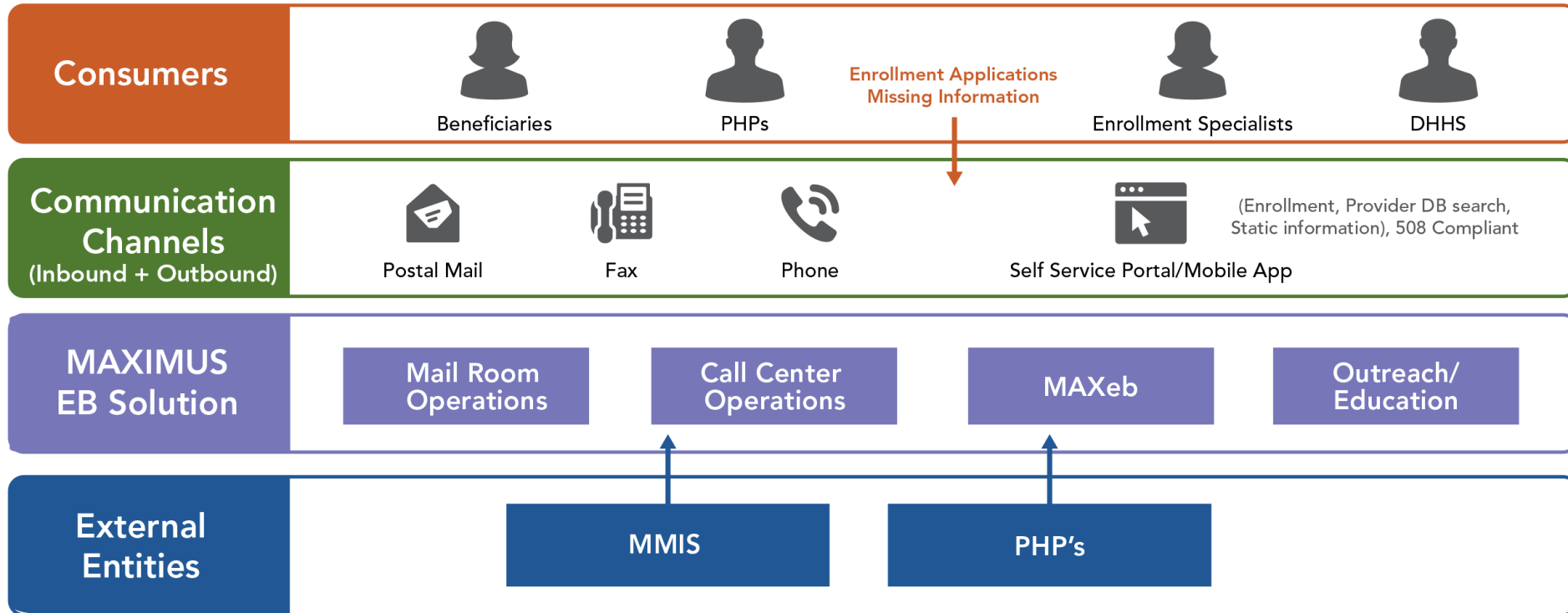


Distribution of
information and
educational materials



Training

NC Enrollment Broker – Process Flow



How Can You Measure Program Success?

- **Consumer satisfaction scores**
 - Based on Automated customer satisfaction surveys we administer on our enrollment broker projects
- **Contact center data**
 - Reported average speed to answer and abandonment rates
- **Notices and correspondence**
 - Outbound mail communications to consumers
- **Voluntary plan selection rates**
 - Represents the percent of population who actively select their health plan vs. being auto-assigned into a plan

Enrollment Broker FAQs

- **Soft Launch June 28, 2019**
- **Open Enrollment July 15, 2019**
- **Enrollment Broker Call Center**
 - Located in Morrisville, NC
 - Hours of Operations: Monday to Saturday 7:00am to 5:00pm, extended hours during open enrollment Monday to Sunday 7:00am to 8:00pm

For More Information

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Wrap-Up

Coming Soon

