NC COMeT
Medicaid Managed Care - Lessons Learned from Other States
Elizabeth Edwards
National Health Law Program

Meeting Purpose: To learn from Medicaid Managed Care Efforts in other States

Speaker: Elizabeth Edwards, Senior Attorney with the National Health Law Program (NHLP)

Partner Updates

NC Child – Sarah Vidrine
NC Child recently hosted their 2020 Kids event virtually. This event was centered on race equity and child advocacy work. There was great participation and speakers. If you are interested in receiving a recording from that event, contact Sarah Vidrine at sarah@ncchild.org.

NC Child is diving back into their work focused on the value proposition for kids in managed care; how alternative payment models work for the pediatric population; the value to families and beneficiaries; and the Parent Advisory Council made up of parents of kids on health choice and Medicaid.

Thanks to the NCDHHS and Debra Farrington for engaging with the Parent Advisory Council and providing an update on the transformation effort. NCDHHS was very interested in hearing from parents about their concerns, feedback and experiences.

Legal Aid of NC, Navigator Consortium - Mark Van Arnam.
Legal Aid's Medicaid transformation work is focused on the consumer, the consumer experience and creating a feedback loop to share that information. That work will start once the transformation effort begins again.

In our non-Medicaid work, many people who have lost their jobs due to the pandemic are able to access special enrollment in the marketplace through healthcare.gov. Our navigators are ready to assist people through safe, virtual one-on-one appointments. Many people trying to enroll through the Marketplace without assistance are challenged in estimating their income correctly. This is especially true if they are unemployed because unemployment benefits count as income but stimulus checks do not. The vast majority of people who have enrolled during the pandemic are able to find premiums as low as $10, $20 or $0. Many people (70% - 75%) are paying under $80 a month. If you know anyone who has lost coverage, please direct them to the navigator Consortium: ncnavigator.net or 855-733-3711.

Care Share Health Alliance – Megan Bolejack
Care Share worked with Carolina Health Net, to develop some practices and lessons learned for moving the Healthy Living program into the virtual environment.

Carolina Health Net – Tim Smith

The Healthy Living program is an evidence-based curriculum out of Stanford University designed for people living with one or more chronic diseases. The program is led by lay leaders who are trained in the curriculum which consists of 1 class per week for six weeks.We found that people engage well in the virtual format (Zoom) and satisfaction scores are just as high as the in-person scores. Contact Tim Smith, tismith@email.unc.edu for more information.

Presentation

National Health Law Program (NHLP), Elizabeth Edwards
Lessons Learned from other States

NHLP is a national organization with offices in North Carolina, California and Washington D.C. NHLP has a long history of advocacy in North Carolina and stays informed about Medicaid programs in other states. Including how beneficiaries experience those programs and federal laws about Medicaid. NHLP's area of expertise is Medicaid and the Affordable Care Act. We are advocates on behalf of beneficiaries.

Types of Managed Care across states

North Carolina is moving towards a comprehensive managed care with a mix of statewide commercial plans, provider-led entities and tailored plans. Some populations that need more services like long-term services, supports groups, nursing facility residents, and dual eligible (Medicare & Medicaid) are being carved out of the comprehensive plan.

Other states have typically moved to comprehensive managed care (all services – physical, behavioral – are under managed care as opposed to carve-outs (fee for service) and carve-ins (managed care). Carve-out/carve-in plans may have physical healthcare under managed care, but have behavioral health under fee for service or physical health care is under fee for service and behavioral health is under managed care. Other examples include systems that have primary care case management (the model North Carolina had for years) with other services under fee-for- service. Currently the dominant system for Medicaid managed care in other states is comprehensive managed care. Approximately two thirds of Medicaid beneficiaries in other states are under some form of comprehensive managed care.

New Jersey has had managed care for over 5 years. They had challenges with communication to providers and beneficiaries that caused confusion.

Kansas' challenges showed up with pharmacy first. People typically go to the pharmacy more regularly than they do their doctor, so challenges with pharmacy benefits (which medications are covered by which plan) can show up early. Kansas also had some provider confusion and administrative problems from the state.

Iowa transitioned in the last couple of years. They were largely moving their long-term services and supports into managed care. They had challenges with how the managed care plans rates were calculated with questions about whether or not the rate was sufficient to cover services. On the beneficiary side, there were challenges with beneficiaries having services cut significantly under the managed care. They also had due process problems in terms of appeals. They had a mechanism in place to look at issues statewide and across plans which helped them identify where the problems were

happening.

Oregon has a model that is similar to an accountable care organization.

Washington is a mix of primary care case management and comprehensive.

Louisiana - kids can stay in fee for service if they choose or if they have certain health needs. Many children who have higher health needs have elected to get out of managed care under their system. Parents say they've had more issues with getting DME under managed care, whether it's a slow process or problems with repairs. DME is a consistent issue for children and adults under managed care.

North Carolina is moving towards comprehensive managed care with carve outs for some populations (that need more services like long-term services, supports groups, nursing facility residents, and dual eligible (Medicare & Medicaid).

For more information on which states have which type of managed care go to the Kaiser Family Foundation Medicaid Managed Care Tracker.

Features of North Carolina's system that are different than other states

- Regionalized system (6 regions in the state).
- Mix of plan types – 4 commercial and 1 provider-led.
- Due process - North Carolina has developed very specific standards and expectations about due process, particularly around discouragement. Discouragement includes things like the kind of notice a person receives, when they receive notices and how to appeal. With NC's managed care, individuals will have to go through a plan level appeal which is new. North Carolina has remedies in their contract for non-compliance which is different than other states.
- North Carolina will have an ombudsman program
- The social determinants program (Healthy Opportunities). The only other state that has done anything with social determinants is Arizona. Their program is different than what North Carolina is planning.

Things to watch out for/keep in mind

- People will have choices in the standard plan, but no choice in the tailored plan – this may be confusing for people who move from one plan (standard or tailored) to another
- People who are on the edge of a tailored plan or transition from standard to tailored may have to switch providers depending on the network and plan.
- Automated assignment may not always place people in the plan they need
- Standard plans will be under managed care, tailored will be under fee for service – the two different systems may be confusing to the beneficiaries/families
- Enrollment broker/call centers need staff who have been trained on how to place people in standard vs. tailored plans
- Due Process and discouragement. NC has a fairly well-developed due process system. The NC Ombudsmen program can help with due process.

- How the enrollment broker directs people to plans. Make sure there is enough information about networks for beneficiaries to make the best decision for their plan.
- People will move in and out of managed care (for carved out populations) creating different experiences for beneficiaries depending on their plan (i.e. - choice, no choice).
- Set up a mechanism to share problems across plans and the state. This will help identify where problems are happening (one plan or all plans, in one region or statewide).

Lessons learned from other states

- Communication is very important. There is confusion during transition and people do not always read or understand notices.
- People who have never really experienced managed care, even if they have experienced some form in NC, may be confused about how to choose their plan and enroll in NC's system. There will be confusion about what they have to do, what this means, whether they'll have access to all their same providers.
- How to enroll and disenroll is a typical issue with managed care.
- Medicaid participants have experienced more denials (for services) under managed care than they did under fee for service systems.
- People may interact with the pharmacy more regularly than they do with their provider. If there are problems in with the program, it may show up at the pharmacy first.

Next meeting: Friday, September 11