



NC COLLABORATIVE
on Medicaid Transformation

Welcome & Introductions

In the chat

- Name
- Organization
- Where you are located

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

Logistics for today

- The meeting is being recorded and will be made available on our website
- Lines will be muted during the presentation – unmute to ask a question, phone - *6
- Use the chat box for questions

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

Care Share's Mission is Collaborating for Health Equity

NC COMeT's purpose is to

- **Convene, educate and support diverse organizations interested in or affected by Medicaid transformation**
- **Elevate the community and consumer voice in the transformation**
- **Support the implementation of Medicaid Transformation**
- **Leverage your expertise in the transformation efforts**

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

The Collaborative Includes

- NC DHHS
- Community based organizations
- Pre-paid health plans
- Providers
- Advocates
- Research & evaluation organizations
- Funders
- Local DSS
- Safety net organizations
- Beneficiaries
- Navigators & assisters
- Other interested stakeholders

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

Today's Topic - Restart of Medicaid Transformation

NC DHHS Presentations

**Ombudsmen – award late 2020
Healthy Opportunities – early 2021**

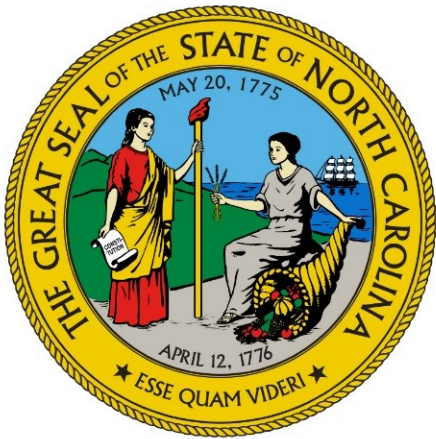
**For more information go to:
<https://medicaid.ncdhhs.gov/transformation>**

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC Medicaid Transformation Section 1115 Demonstration Waiver

NCDHHS Secretary Mandy Cohen, M.D.
October 26, 2018

Agenda

1

The Waiver's Role in Medicaid Transformation

2

Key Medicaid Managed Care Waiver Features

- Behavioral Health Integration and Tailored Plans
- Opioid Strategy
- Healthy Opportunities Pilots

3

Additional Demonstration Details

- Budget Neutrality
- Evaluation
- Pended Items

4

Next Steps & Questions

Medicaid Transformation Vision

“ To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both medical and non-medical drivers of health. ”

Transition to Medicaid Managed Care



In 2015, the **NC General Assembly enacted Session Law 2015-245**, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service to managed care.



Since then, the North Carolina Department of Health and Human Services (DHHS) has **collaborated extensively** with clinicians, hospitals, beneficiaries, counties, health plans, elected officials, advocates and other stakeholders to shape the program, and is committed to ensuring Medicaid managed care plans:

- Deliver **whole-person care** through coordinated physical health, behavioral health, intellectual/developmental disability and pharmacy products, and care models
- Address the **full set of factors** that impact health, uniting communities and health care systems
- Perform **localized care management** at the site of care, in the home or community
- Maintain broad **provider participation** by mitigating provider administrative burden

1115 Waiver Approval is Key Milestone

Receiving waiver approval is a key milestone in the effort to pursue North Carolina's broader Medicaid transformation goals

DHHS recently **received approval** from the federal Centers for Medicare and Medicaid Services (CMS) for the State's 1115 Demonstration Waiver, which:

- Provides North Carolina with **authority to implement its Medicaid managed care program**
- Allows the State to incorporate **innovative features** into its new managed care delivery system that require federal waiver authority

1115 Waiver's Innovative Features of Medicaid Managed Care

1115 Waiver: Innovative Medicaid Managed Care Features

- ① Behavioral Health Integration and Tailored Plans
- ② Opioid Strategy
- ③ Healthy Opportunities Pilots

Behavioral Health Integration and Tailored Plans

Description

North Carolina will **integrate physical, behavioral and pharmacy benefits** into both Standard Plans and Tailored Plans. **Tailored plans** will provide:

- Integrated physical, behavioral and pharmacy benefits to people with a serious mental illness, serious emotional disturbance, severe substance use disorder, intellectual/ developmental disability or a traumatic brain injury
- A specific, more intensive set of behavioral health benefits that are not available in Standard Plans (as approved in the 1115 demonstration waiver)*
- Care management through a specialized behavioral health home model designed to meet beneficiaries' complex needs

Impact

Supports the State's goal to provide managed care beneficiaries seamless access to coordinated care and benefits through one managed care plan and to ensure those with serious behavioral health conditions get the care they need.

**Individuals eligible for Tailored Plans may elect to enroll in either Standard Plans or Tailored Plans, but will only have access to the more intensive behavioral health benefits in the Tailored Plans*

Opioid Strategy

Description

As part of the State's comprehensive strategy to address the opioid crisis, North Carolina will (1) increase access to inpatient and residential substance use disorder treatment by beginning to reimburse for substance use disorder services provided in institutions of mental disease (IMD), and (2) expand the substance use disorder service array to ensure the State provides the full continuum of services.

Impact

Strengthens the State's approach to improving care quality and outcomes for patients with substance use disorders, including by decreasing the long-term use of opioids and increasing the use of medication-assisted treatment (MAT) and other opioid treatment services.

Healthy Opportunity Pilots

Description

- North Carolina will implement within its Medicaid managed care program a groundbreaking **pilot program** in two to four regions of North Carolina to improve health and reduce health care costs.
- Working with managed care plans, these pilots will **identify cost-effective, evidence-based strategies** focused on addressing Medicaid enrollees' needs in five priority areas that drive health outcomes and costs: **housing, food, transportation, employment and interpersonal safety**.
- The State will increasingly **link pilot payments to improvements** in health outcomes and efficiency.
- North Carolina will use a **rigorous rapid-cycle assessment strategy** to evaluate pilot performance and tailor service offerings to those with demonstrated efficacy.

Impact

Overall health is driven by many factors beyond the four walls of a hospital or clinic. The Healthy Opportunities pilots leverage federal funding to ensure the most efficient and effective managed care program and to strengthen work already underway in communities to improve population health.

Budget Neutrality

- CMS policy requires that 1115 waivers be **budget neutral** to the federal government, meaning that the State not spend more than the State projected to spend without the waiver.
- In granting the waiver, CMS has agreed that North Carolina's waiver will not increase Medicaid spending for the populations and services authorized through the waiver.

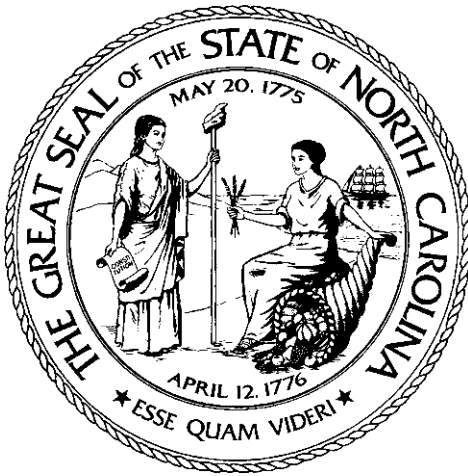
Evaluation Strategy

North Carolina will conduct a **rigorous evaluation of the waiver** to ensure the State is achieving its goals.

Evaluation Strategy

- Consistent with standard waiver practice, North Carolina will arrange for a third-party entity to conduct an independent evaluation of the waiver.
- The State will submit to CMS two publicly available reports prepared by the independent evaluator: one in the middle of the demonstration and one after the five-year demonstration period ends (2019-2024).

NC Department of Health and Human Services



NC MEDICAID TRANSFORMATION RESTART

Jay Ludlam
Assistant Secretary, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting
September 18, 2020



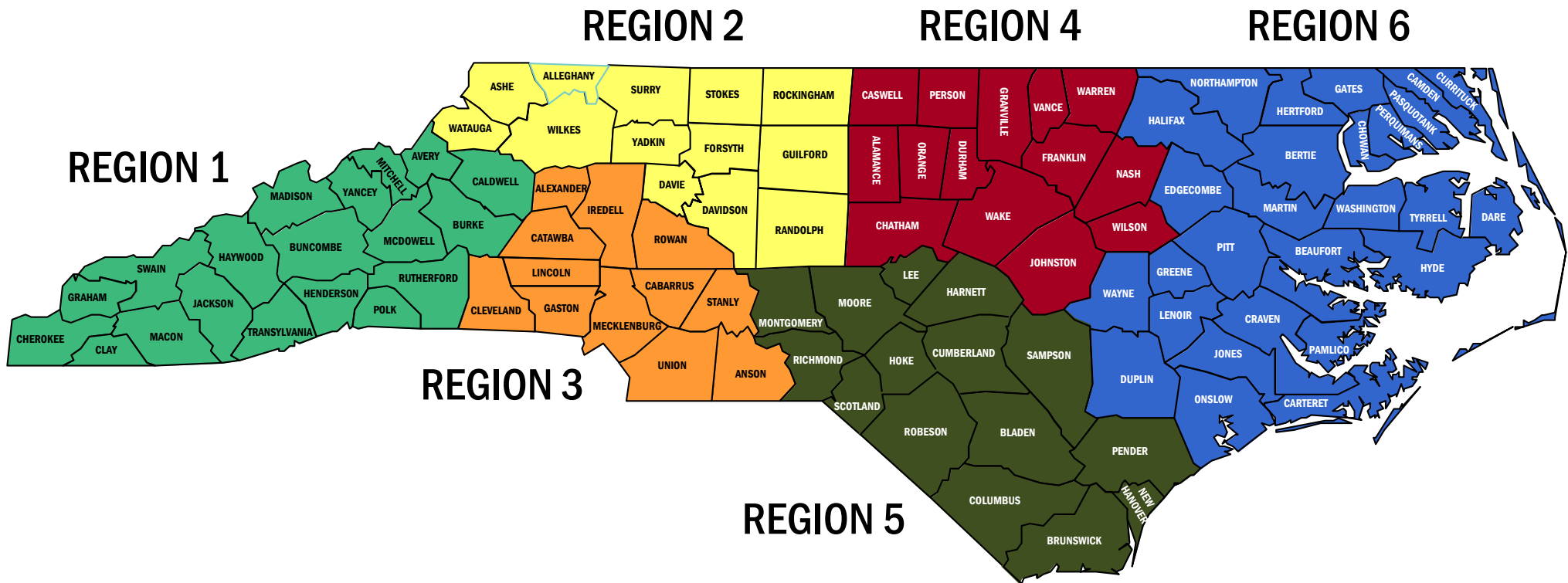
North Carolina's Vision for Medicaid Transformation

“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.”

Moving to Managed Care

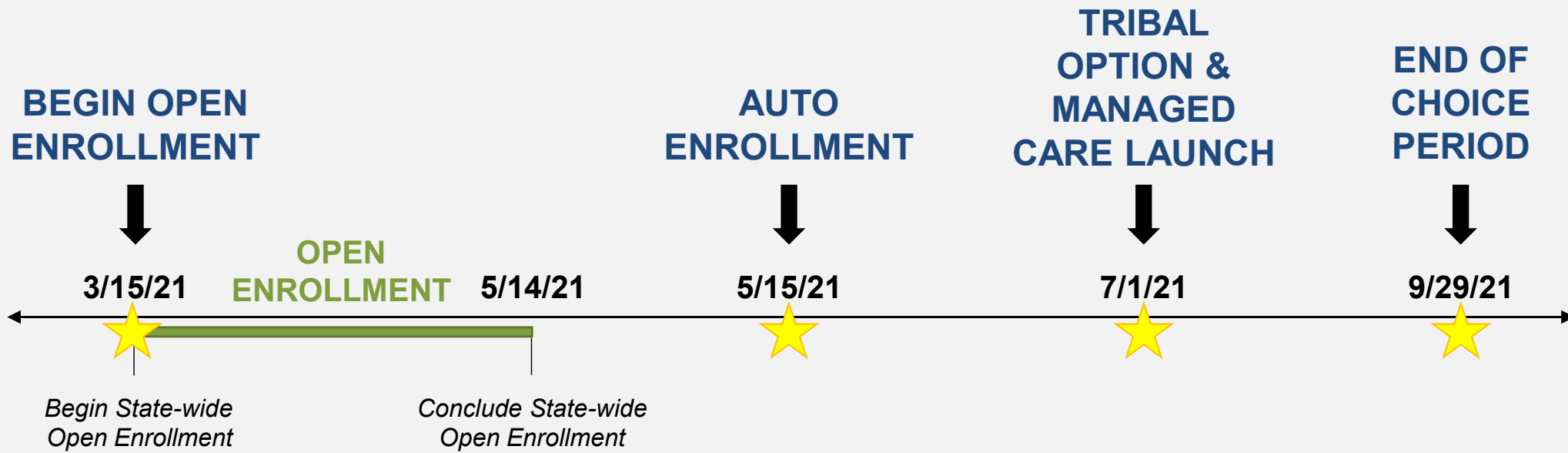
- **1.6 - 1.8 million Medicaid beneficiaries will enroll in Standard Plans.**
- **Beneficiaries will be able to choose from 5 Prepaid Health Plans (PHPs)**
 - **AmeriHealth Caritas, Healthy Blue, United HealthCare, WellCare, Carolina Complete Health (Regions 3, 4, 5)**
- **All health plans, all regions will go live on July 1, 2021.**
- **Some beneficiaries will stay in fee-for-service because it provides services that meet specific needs or they have limited benefits. This will be called NC Medicaid Direct.**

NC Medicaid Managed Care Regions



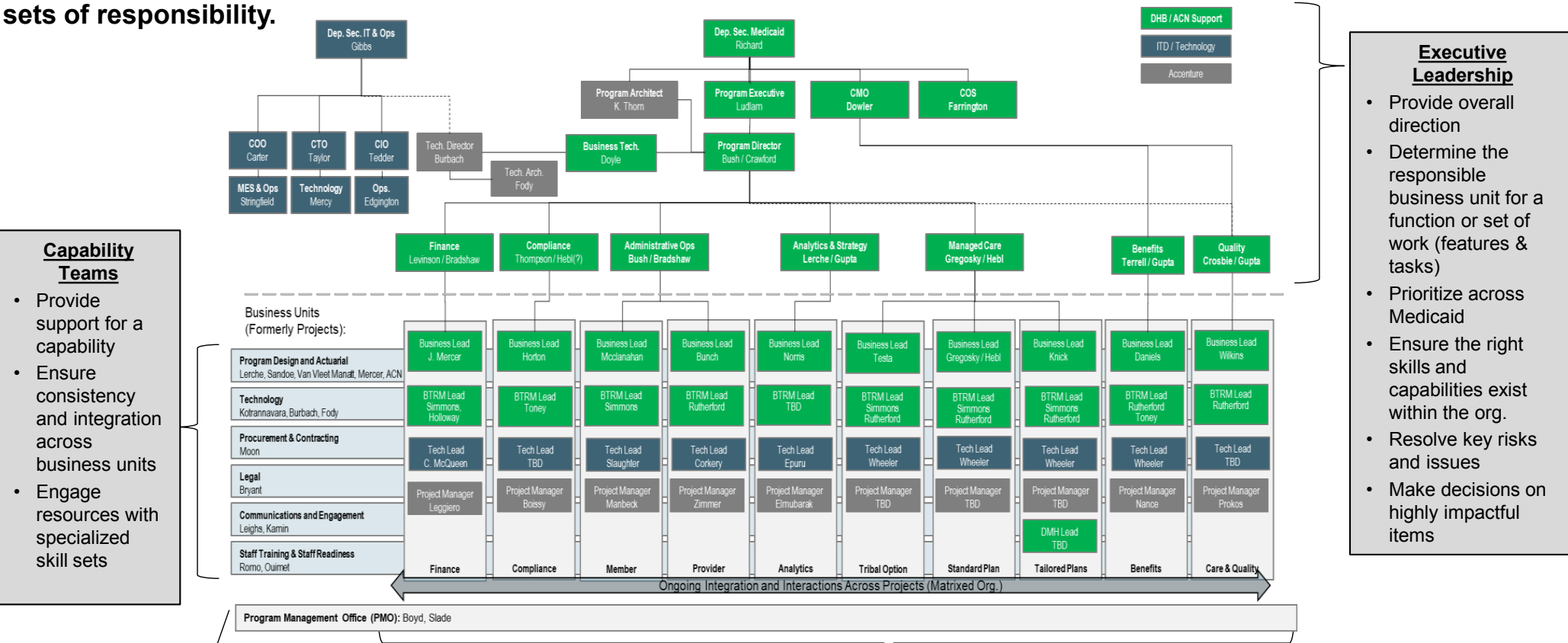
Challenges

- **COVID-19**
 - Uncertainty about provider's prioritizing contracting
 - Complexity in project planning – rapid evolving conditions
- **Other Program Changes**
 - Tailored Plan Request for Application (RFA) and operational transition in preparation for July 2022 launch
 - DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM “Tribal Option” to go live in Region 1



Key Transformation Responsibilities by Program Area

In alignment with the DHB Organizational Design various groups and levels within the organization have different sets of responsibility.



Draft
*modifications
may occur

Restarting Managed Care Implementation – Highlight of Activities

- **Update all stakeholder materials**, websites, smart phone apps and technical systems across multiple platforms (Enrollment Broker, health plans, NCTRACKS)
- **Formulate capitation rates** beginning in Nov '20 and submit to CMS for approval
- **Re-review and resubmit to CMS for approval** several health plans' contractual policies and procedures deliverables (annual compliance plans, call scripts, member marketing, value added service materials, and clinical coverage policies)
- **Update the Consolidated Provider Directory** (NC DHHS, Enrollment Broker, health plans)
- **Test Primary Care Provider Auto Assignment**
- **Complete key testing activities** to finalize data, analytics, reporting functionality including Transition of Care (NC FAST, Enrollment Broker, NC TRACKS, health plans, LME-MCOs, UM Vendors & CCNC) and Data Warehouse
- **Re-validate Enrollment Broker readiness** including call center staff and scripting once rehired
- **Re-evaluate internal Division of Health Benefit staff readiness**
- **For network adequacy** – monitor progress of **provider contracting** (health plans and providers)
- **Moving forward with managed care related procurements** including Member Ombudsman, EQRO, Health Opportunities Pilots



Managed Care Timeline

Standard Plans and BH I/DD Tailored Plans

Both Standard Plans and BH I/DD Tailored Plans will be integrated managed care products and will provide physical health, behavioral health, long-term services and supports, and pharmacy benefits.

Standard Plans

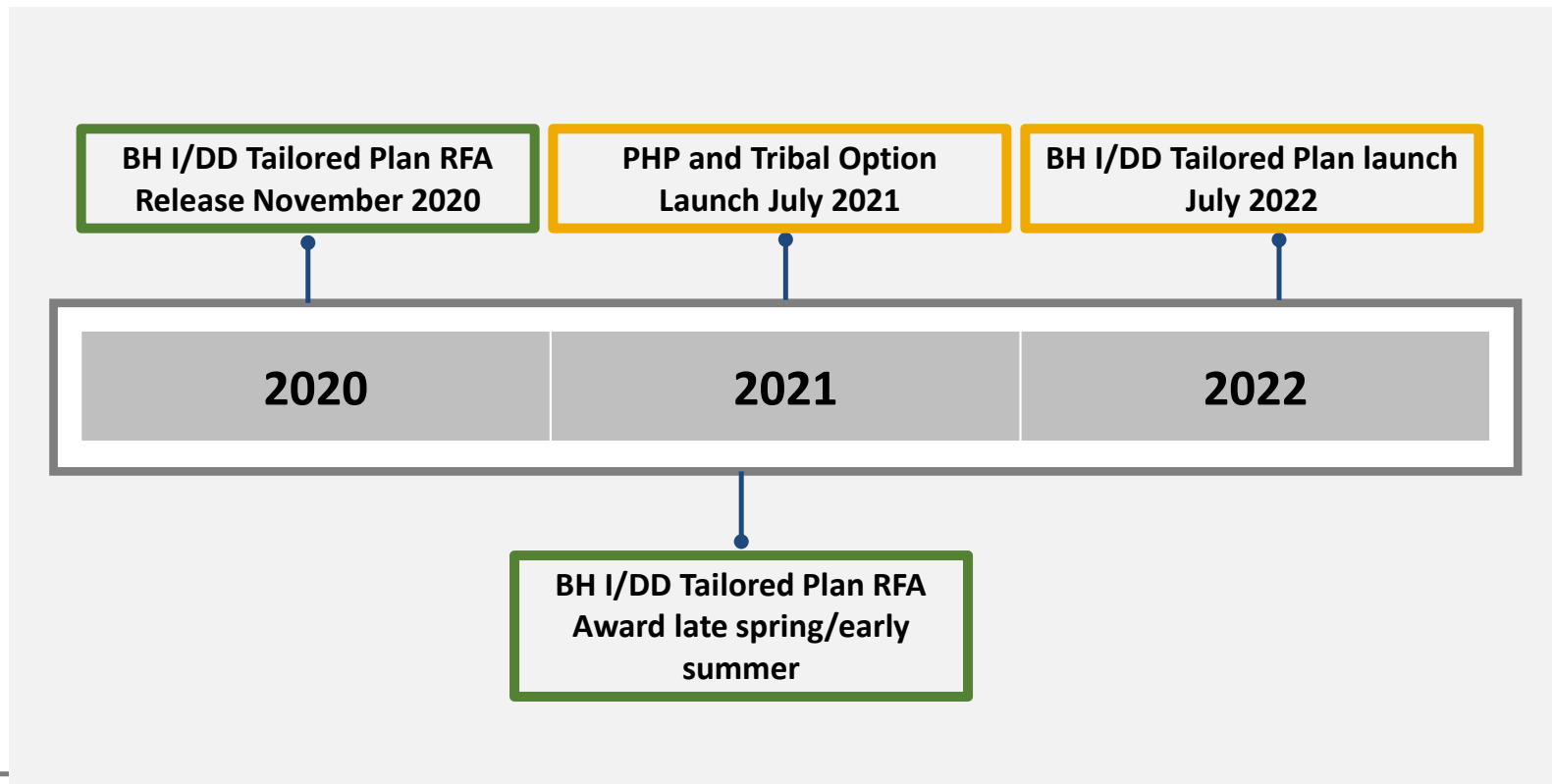
- Will serve the majority of the non-dual eligible Medicaid population

BH I/DD Tailored Plans

- Targeted toward populations with:
 - significant behavioral health conditions—including serious mental illness, serious emotional disturbance, and substance use disorders
 - intellectual and developmental disabilities (I/DD), and
 - traumatic brain injury (TBI)
- Will offer a more robust set of behavioral health and I/DD benefits than Standard Plans and will be the only plans to offer current 1915(b)(3), 1915(c) Innovations and TBI waiver, and State-funded services

Managed Care Timeline

The BH I/DD Tailored Plan Request for Applications (RFA) will be released in Fall 2020.





Standard Plan and Behavioral Health I/DD Tailored Plan Overview

Side by Side

Standard Plans

Tailored Plans

Scope	Fully Integrated Care	Fully Integrated Care
Entity	Prepaid Health Plans	Prepaid Health Plan
Waiver Type	1115	1115 ⁴
Procurement	Competitive RFP	Request for Application (RFA) offered to existing LME-MCOs ⁵
Contracting	Accept any willing provider	Any willing provider- physical health Closed network – behavioral health
Plans available to beneficiaries	4 statewide & 1 regional	1 per region ⁶
Additional Services/Funding	In-lieu & value added services	Innovations, TBI In-lieu, value added, State-funded, Federal and State Block Grants, current (b)(3), a subset of the more intensive behavioral health enhanced services

⁴The (c) waivers which currently operates under the 1915(b) waiver, will after Tailored Plan go live, operate under the 1115 waiver

⁵After initial four-year contract term, competitive RFP for Tailored Plans

⁶unless beneficiary makes an informed choice to go to SP

Key Differences: LME-MCOs and BH/IDD Tailored Plans

	LME-MCOs	BH/IDD Tailored Plans
Scope	Behavioral Health, IDD, TBI	Behavioral Health, IDD,TBI Physical Health, Pharmacy
Entity	Pre-paid Inpatient Health Plan	Prepaid Health Plan
Waiver Type	1915(b)(c) ³	1115 ³
Health Home	Does not exist in LME-MCOs	New Tailored Plan Health Home care management model
Designation	LME-MCOs as designed in current legislation	Tailored Plans selected based on requirements in RFA
Organization Type	Local political subdivisions	To be determined

³ Includes Innovations, TBI waiver; with managed care implementation the (c) waiver will operate under the 1115



Eligibility and Benefits

Overview of BH I/DD Tailored Plan Eligibility

Certain beneficiaries with more intensive behavioral health needs, I/DDs, and TBI will be eligible to enroll in a BH I/DD Tailored Plan. Starting in 2021, DHHS will conduct regular data reviews to identify eligible beneficiaries. These beneficiaries will remain in NC Medicaid Direct/LME-MCOs at Standard Plan launch unless they choose to opt into a Standard Plan.*

BH I/DD TP Eligibility Criteria Identified via Data Reviews

- Enrolled in the Innovations or TBI Waivers, or on the waiting lists**
- Enrolled in the Transition to Community Living Initiative (TCLI)
- Have used a Medicaid service that will only be available through a BH I/DD Tailored Plan
- Have used a behavioral health, I/DD, or TBI service funded with state, local, federal or other non-Medicaid funds
- Children with complex needs, as defined in the 2016 settlement agreement
- Have a qualifying I/DD diagnosis code
- Have a qualifying mental illness or SUD diagnosis code, and used a Medicaid-covered enhanced behavioral health service during the lookback period, such as enhanced crisis services
- Have had an admission to a state psychiatric hospital or Alcohol and Drug Abuse Treatment Center (ADATC), including, but not limited to, individuals who have had one or more involuntary treatment episodes in a State-owned facility
- Have had two or more visits to the emergency department for a psychiatric problem; two or more psychiatric hospitalizations or readmissions; or two or more episodes using behavioral health crisis services within 18 months

*Populations excluded from LME-MCOs today will continue to obtain behavioral health services through NC Medicaid Direct.

**Currently, there is no waiting list for the TBI waiver.

BH I/DD Tailored Plan Benefits

BH I/DD Tailored Plans will cover additional services targeted toward individuals with significant behavioral health, I/DD, and TBI needs.*

Behavioral Health, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
<i>Enhanced behavioral health services are italicized</i>	
State Plan Behavioral Health and I/DD Services <ul style="list-style-type: none"> • Inpatient behavioral health services • Outpatient behavioral health emergency room services • Outpatient behavioral health services provided by direct-enrolled providers • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment</i> • <i>Ambulatory detoxification</i> • <i>Research-based intensive behavioral health treatment</i> • <i>Diagnostic assessment</i> • Early and periodic screening, diagnostic and treatment (EPSDT) services • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or ADATC detoxification crisis stabilization</i> 	State Plan Behavioral Health and I/DD Services <ul style="list-style-type: none"> • Residential treatment facility services for children and adolescents • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities</i> • <i>Assertive community treatment</i> • <i>Community support team</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) Waiver Services <ul style="list-style-type: none"> • Innovations waiver services • TBI waiver services • 1915(b)(3) services State-Funded behavioral health and I/DD Services State-Funded TBI Services

Individuals on the Waitlist for NC Innovations can be in the Standard Plan or the Tailored Plan

*DHHS plans to submit a State Plan Amendment to add the following services to the State Plan:

- Peer supports and clinically managed residential withdrawal (to be offered by both Standard Plans and BH I/DD Tailored Plans); and
- Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only).

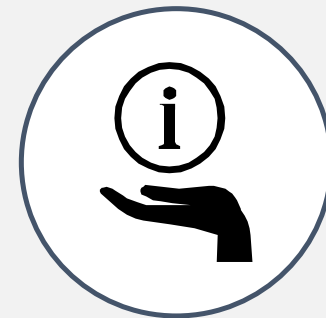


Tailored Care Management

Rationale for Tailored Care Management Model

The Tailored Care Management model is a pathway to ensuring BH I/DD Tailored Plan beneficiaries have access to the best whole-person care possible.

- All BH I/DD Tailored Plan beneficiaries need integrated, whole-person care management.
- Provider-based care management promotes **integrated care** and offers beneficiaries **choice** in how they receive care management.*
- Community-based care management facilitates frequent **face-to-face** interaction between beneficiaries and their care managers, who will live and work in the same communities as the individuals they serve.
- All BH I/DD Tailored Plan beneficiaries should have access to consistent, high-quality care management regardless of geography or where their care manager is employed.



*Beneficiaries will be able to switch care managers at any time.

BH I/DD Tailored Care Management Model

Key Principle: Behavioral and physical health are integrated through the care team.

Overarching Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources

Roles and Responsibilities of Care Managers

- Management of rare diseases and high-cost procedures
- Management of beneficiary needs during transitions of care
- High-risk care management
- Chronic care management
- Management of high-risk social environments
- Identification of beneficiaries in need of care management
- Development of care management assessments/care plans
- Development & deployment of prevention and population health programs
- Coordination of services



Stakeholder Engagement

Stakeholder Engagement

DHHS aimed to be transparent in designing the Behavioral Health I/DD Tailored Plans. During the design process, DHHS actively sought feedback from stakeholders and shared information with consumers, providers, LME/MCOs, and other stakeholders through several venues:

- Design papers and request for comments;
- Public webinars on design topics;
- Stakeholder meeting attendance (e.g. Consumer and Families Advisor Council); and
- Town hall meetings with DHHS officials and staff, among other avenues

Additional Resources

<https://medicaid.ncdhhs.gov/providers>

<https://medicaid.ncdhhs.gov/transformation>

<https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-idd-tailored-plan#2019>



NC COLLABORATIVE
on Medicaid Transformation

For more information on Medicaid Transformation go to:

<https://medicaid.ncdhhs.gov/transformation>

- Meetings & Committees: <https://medicaid.ncdhhs.gov/meetings-and-notice>
- Beneficiary Outreach: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicai-managed-care/county-playbook-beneficiary-outreach>
- Enrollment Information: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicai-managed-care/county-playbook-enrollment-materials>
- County Playbook: <https://medicaid.ncdhhs.gov/counties/county-playbook-medicai-managed-care/county-playbook-readiness>
- Provider Playbook: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicai-managed-care>

Linda Kinney
Care Share Health Alliance
lkinn@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

Questions & Answers

Partner Updates

For more information on Medicaid Transformation go to:
<https://medicaid.ncdhhs.gov/transformation>

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform



NC COLLABORATIVE
on Medicaid Transformation

Know your 3 Ws!

¡Recuerda las 3 Ms!

WEAR

a cloth mask
over your nose
and mouth.



MASCARILLA

Usar una mascarilla
de tela cubriendo
nariz y boca.

WAIT

6 feet apart. Avoid
close contact.



MANTENER

6 pies (2 metros) de
distancia. Evitar estar
cerca de los demás.

WASH

your hands or
use hand sanitizer.



MANOS

Lavarte las manos
con frecuencia o
usar desinfectante
para manos.

#StayStrongNC

@NCDHHS

#MantenteFuerteNC

Next Meeting

Friday November 13, 2020

10:00 – 11:00 am

Topic:

Urban Institute – Medicaid Managed Care & Health Disparities

Contact Linda Kinney, lkkinney@caresharehealth.org

Linda Kinney
Care Share Health Alliance
lkkinney@CareShareHealth.org
919-861-8356
CareShareHealth.org



1631 Midtown Pl. Ste 104
Raleigh, NC 27609

CareShareHealth.org/MedTransform