



NC ASSOCIATION OF HEALTH PLANS

# **Update on North Carolina's Medicaid Transformation Initiative**

Peter T. Daniel,  
Executive Director  
March 1, 2022

# Medicaid Transformation Vision

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



# Legislative Milestones to Implement Medicaid Transformation



Session Law 2015-245 (BH372)	Session Law 2018-49 (BH156)	Session Law 2018-48 (BH403)	Session Law 2020-88 (S808)
Established Medicaid Transformation	Codified a framework for licensing Prepaid Health Plans (PHPs)	Established BH/IDD Tailored Plans criteria and clarified that for the Standard Plans there would be four statewide contracts and up to 12 regional contracts	Provided Medicaid operational funding and established Medicaid Transformation launch date of July 1, 2021

# Five Prepaid Health Plans

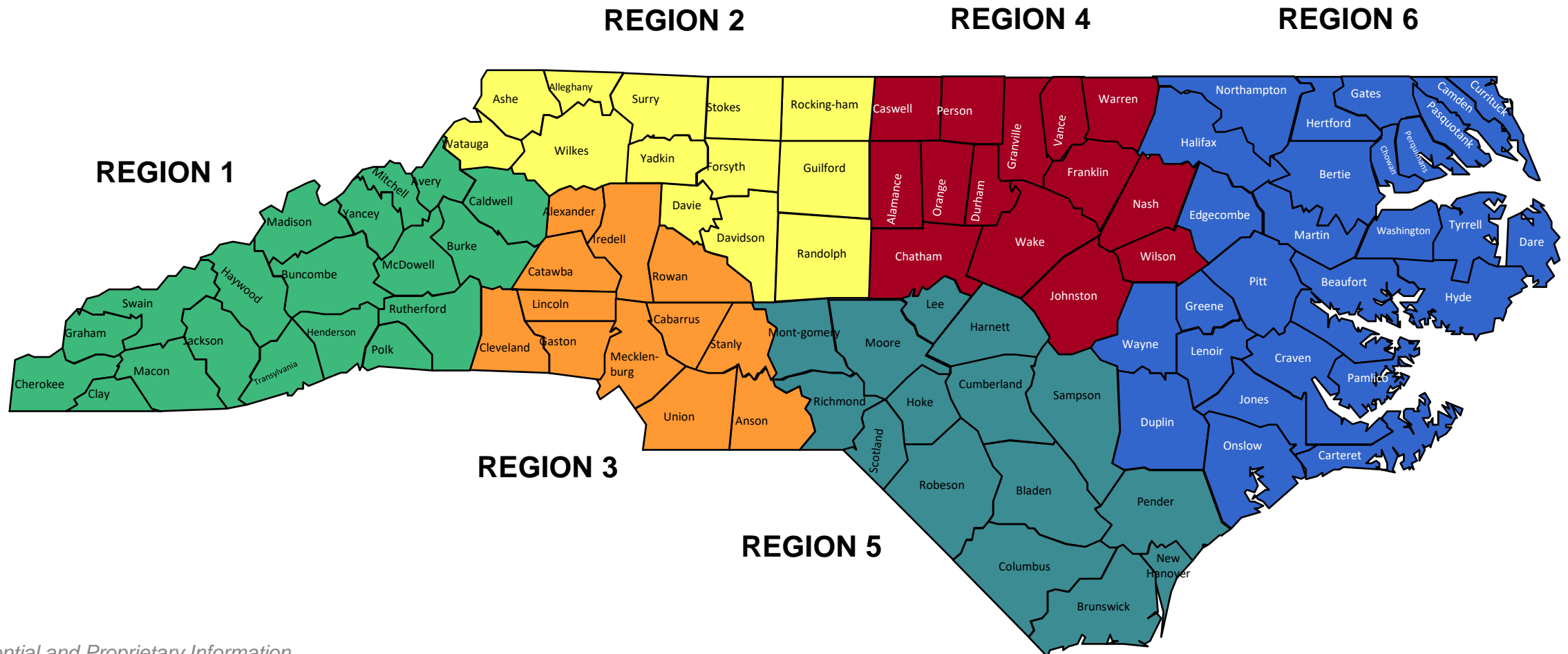


HealthyBlue	UnitedHealthcare Community Plan	WellCare	AmeriHealth Caritas North Carolina	carolina complete health.
438,715 members	367,085 members	356,143 members	305,696 members	218,108 members
Statewide	Statewide	Statewide	Statewide	Serves 41 counties in regions 3, 4 and 5  Sole provider-led health plan

- All plans provide mandatory Medicaid services well as customized Value-Added Benefits and in-lieu of services to improve total-person care.
- Health plans contract directly with physicians, hospital systems, and other providers to build a robust network that members can access statewide.
- Health plans are accountable to NCDHHS for improving access to and quality of care.

# NC Medicaid Transformation Map

NCDHHS divided the state into six regions for the purposes of Medicaid transformation.





# What is the Same?



- NCDHHS determines eligibility
- Primary Care Doctor Visits
- Maternity Care
- Child Health Care
- Hospitalization
- Emergency and Urgent Care
- Telehealth
- Pharmacy and Prescription Drug Coverage
- Immunizations and Flu Shots
- Vision Care
- Lab and X-Ray Services
- Preventive Screenings
- Home Health and Personal Care Services
- Care Management Programs
- Mental Health and Substance Abuse Services

# What is Different?

## Health Plans

- Partner with providers, health departments, county DSS, and other community-based stakeholders to meet member needs
- Are accountable for improving access and quality
- Participate in initiatives to advance innovation, health equity and reduce health disparities
- Are subject to DHHS oversight to ensure compliance and measure performance

## Beneficiaries

- Can now choose their own health plan and primary care provider (PCP) in accordance with their needs
- Benefit from a “whole person” approach, with the integration of physical and behavioral health services
- Receive care management, and all are screened for unmet social determinants of health (SDOH) needs
- Can benefit from their health plan’s value-added service (VAS) offerings



# Value-Added Benefits



Wellness Programs



Rewards



Education Support



Pregnancy Assistance



Youth Programs



Non-Prescription Medication



Cell Phones



Counseling/Peer Support



Condition-Specific Care



Healthy Food Programs



Additional Transportation Assistance



# Results To Date



- NCDHHS day one priorities met – members see their provider, prescriptions are filled, and providers are paid.
- All health plans meet network adequacy requirements in all regions.
- Health plans working collaboratively with DHHS, providers, and their associations to share information and resolve issues.
- Each health plan has developed a COVID-19 vaccination incentive plan for their members leading to an increase in vaccinations among Medicaid Managed Care members.
- Collaboration on vaccination communication and events, in addition to vaccine incentives each PHP is implementing.
- To smooth the transition to managed care and address COVID-19 issues, health plans have worked with DHHS, providers, and their associations to implement administrative flexibilities and extend deadlines for several measures.
- Early technical challenges with billing codes were addressed quickly at DHHS and across all health plans.

# Results To Date Continued



- Health plan leadership actively engaged with non-emergency medical transportation vendors to resolve issues
- Medicaid Managed Care Provider Administrative Simplification Group established
- Coordinated provider training and orientation
- Streamlined prior authorization
- Unified approaches to reduce unnecessary ER utilization
- Regional quality forums
- Average claims payment time: 6.9 days
- Auto-adjudication rate (as of January 2022): 91.7%
- Total provider outreach and education contacts: 44,018

# PHP Contacts for Legislators & Staff



## ***AmeriHealth Caritas of North Carolina***

Allison Stewart

[astewart2@amerihealthcaritas.com](mailto:astewart2@amerihealthcaritas.com)

(704) 957-3728

## ***United Healthcare***

Justin Clayton

[Justin.Clayton@uhg.com](mailto:Justin.Clayton@uhg.com)

(919) 413-1481

## ***Carolina Complete Health***

Pamela Perry

[pamela.m.perry@carolinacompletehealth.com](mailto:pamela.m.perry@carolinacompletehealth.com)

(757) 343-2076

## ***WellCare of North Carolina***

Mardy Peal and Hugh Johnson

[Margaret.Peal@wellcare.com](mailto:Margaret.Peal@wellcare.com); (252) 361-9133

[Charles.Johnson@wellcare.com](mailto:Charles.Johnson@wellcare.com); (704) 756-0616

## ***Blue Cross NC Healthy Blue***

Becki Gray, Kelly Vogel and Chris Evans

[Becki.Gray@bcbsnc.com](mailto:Becki.Gray@bcbsnc.com); 919-624-9284

[kvogel@anthem.com](mailto:kvogel@anthem.com); (980) 260-9948

[Chris.Evans@bcbsnc.com](mailto:Chris.Evans@bcbsnc.com); (919) 414-1539

## ***North Carolina Association of Health Plans***

Peter T. Daniel, Executive Director

[peter.daniel@ncahp.org](mailto:peter.daniel@ncahp.org); (919) 302-2064



NC ASSOCIATION OF HEALTH PLANS

Update on North Carolina's  
Medicaid Transformation  
Initiative

Thank You