

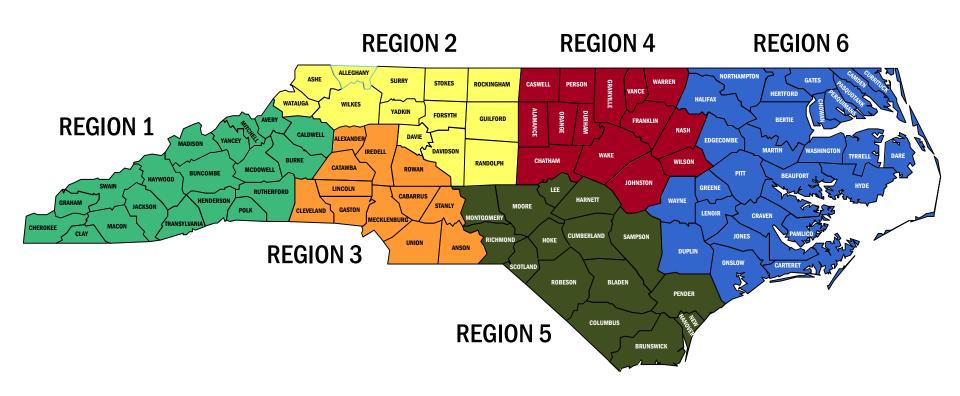
Medicaid Transformation

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August 11, 2020

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)
- 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



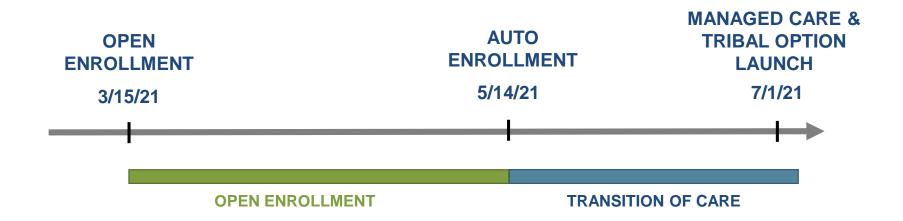
Challenges

- COVID-19
 - Uncertainty about provider's prioritizing contracting
 - Complexity in project planning rapid evolving conditions (e.g., staff illness, remote working)
- 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

What's New or Different This Time

- DHHS is working with the Eastern Band of Cherokee Indians to develop a PCCM "Tribal Option" also to go live on July 1.
- COVID-19 pandemic introduces complexity and uncertainty in project planning

Managed Care Launch Timeline



RISK: COVID-19 Pandemic

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)

Restarting Managed Care Implementation – Highlight of Activities

- Update the Consolidated Provider Directory (NC DHHS, Enrollment Broker, health plans)
- Test Primary Care Provider Auto Assignment between NCFAST, NCTRACKS, health plans and providers
- 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

Restarting Managed Care Implementation – Highlight of Activities

- Re-review and re-validate Enrollment Broker readiness including call center staff and scripting once rehired
- Re-evaluate internal Division of Health Benefit staff readiness
- Complete provider contracting (health plans and providers)
- Analyze health plan network adequacy to ensure adequate provider networks and processes
- Moving forward with managed care related procurements including Member Ombudsman, EQRO, Health Opportunities Pilots