Medicaid Managed Care: What to expect in the coming months and years

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What we’ll cover today

• What’s important to you?
• Medicaid Managed Care:
  – The Transition to Managed Care
  – People
  – Providers
  – Overview
  – Update
• NEMT today
• NEMT tomorrow
• Q&A
Why is NC Medicaid moving to Managed Care?

1. Measurably improve health
2. Maximize value to ensure program sustainability
3. Increase access to care
Medicaid covers more than 2.1 million people
$13 Billion/Year

45% of $ of people with a disability
30% of $ of children
15% of $ of seniors
Better engagement & support for providers

80 thousand providers

Images: Green Bay Press Gazette, Thinkstock by Getty Images
Medicaid Managed Care

• Most significant change in Medicaid program since its inception

• Standard Plans represents largest procurement in Department history – over $6 Billion annually

• Enrollment Broker contract award is first in NC’s transition to managed care

• Impacts beneficiaries, providers, counties, community based agencies

• Significant change brings challenges and opportunities

• Requires close collaboration to achieve vision for better care, predictable cost, system which supports beneficiaries and providers
Medicaid Managed Care Overview

- Transform State's current Medicaid and NC Health Choice programs from fee for service to managed care structure
- Transitions ~1.6 million individuals from North Carolina Medicaid into managed care
- Regional Rollout
  - Phase 1 (2 regions) November 2019
  - Phase 2 (Remaining 4 regions) Feb 2020
- Prepaid Health Plans (PHPs)
  - 4 statewide MCOs (commercial plans)
  - Up to 12 Provider Led Entities (PLES) in 6 regions
# Excluded Populations and Services at Launch

<table>
<thead>
<tr>
<th>EXCLUDED POPULATIONS</th>
<th>EXCLUDED SERVICES</th>
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<tr>
<td>• Dually eligible for Medicaid and Medicare</td>
<td>• Dental</td>
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<td>• Short eligibility spans</td>
<td>• Services prescribed by Local Education Agency (LEA) services</td>
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<td>• Periods of retroactivity and presumptive eligibility</td>
<td>• Services provided by Child Development Service Agencies (CDSAs)</td>
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<td>• Health Insurance Premium Payment (HIPP)</td>
<td>• Eyeglasses and provider visual aid dispensing fee</td>
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<td>• Program of All-inclusive Care for the Elderly (PACE)</td>
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<td>• Medicaid Family Planning program</td>
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<td>• Prison inmates</td>
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<td>• CAP/C and CAP/DA</td>
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What is the connection? Transportation & Health

70% of health outcomes are tied to non-medical social determinants

Medicaid recipients 10 times more likely to report transportation as a barrier to access to care

81% receiving food assistance don’t know where next meal is coming from

73% receiving food assistance have had to choose between paying for food or health care or medicine

3.6 M Americans who miss or delay medical care because of transportation issues

ncfoodbanks.org/hunger-in-north-carolina/
Robert Wood Johnson, County Health Rankings, countyhealthrankings.org/app/north-carolina/2017/overview
Wallace & Hughes. Cost Benefit Analysis of Providing Non-Emergency Medical Transportation
Intersection of Care and Quality in Manage Care
## NEMT today

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<tr>
<th>County DSS</th>
<th>DHHS &amp; Vendor</th>
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<tr>
<td>• Manages Medicaid NEMT delivery</td>
<td>• NCTracks reimburses ~88%* of county DSS claims (others use paper invoice)</td>
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<td>• Individuals contact county DSS to request NEMT</td>
<td>• DHHS develops NEMT policies</td>
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<td>• DSS authorizes service</td>
<td>• Third-party vendor monitors NEMT claims per policies</td>
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<td>• DSS provides NEMT in different ways, including:</td>
<td>• DHHS manages NEMT - medically necessary ambulance transport</td>
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<td>– Bus vouchers</td>
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<td>– Gas vouchers</td>
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<tr>
<td>– Contracts with individual transportation providers</td>
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<td>– Reimbursement to beneficiary/family</td>
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*Based on NEMT provider enrollment rollout schedule, April 2017*
NEMT regional overview

Region 1
$7,867,702

Region 2
$14,942,804

Region 3
$17,405,419

Region 4
$11,150,055

Region 5
$3,975,207

Region 6
$5,567,138

Statewide: $60,908,324

Phase 1 represents ~10-20%

Estimates are based on Mercer analysis of existing data; which was not available for all counties
NEMT Today: Counties with Contracted NEMT

Based on 2018 NCACDSS Survey
NEMT Today: County Government is a Transportation Provider

Based on 2018 NCACDSS Survey (excludes 6 counties)
Under managed care, PHPs will:

- Be accountable for whole-person care
- Manage NEMT for all services
- Contract directly with transportation vendors or use a broker
- Follow DHHS clinical coverage policies
- Establish rates for reimbursement
- Be responsible for coaching or addressing behavioral issues during transportation events
- Be required to adhere to DHHS network adequacy standards
- Provide training to NEMT providers
- Have contractual vendor requirements for quality of care, vehicle, drivers, timeliness and no-shows
NEMT tomorrow: Fee-for-service

• NEMT will continue under fee-for-service for populations carved out of, or who have delayed participation in, managed care

• Counties will continue to be responsible for individuals in fee-for-service and will have contracts with transportation vendors

• Counties will continue to follow state policies

• Vendors contracting through counties will continue to use NCTracks
NC Medicaid Transformation website:
www.ncdhhs.gov/medicaid-transformation
Network adequacy

• PHPs must maintain sufficient provider networks for adequate access to covered services

• DHHS will develop provider network adequacy standards and will review PHP access plan
  – Reasonable travel time and distance to providers
  – Access to or denial of care
  – Consider people with disabilities, special needs and differing health needs (e.g., adult vs. child)

• DHHS will review PHP access plan
Quality strategy

- How people rate their personal doctor
- Childhood immunization status
- Well-child visits ages 3-6
- Cervical cancer screening
- Follow-up after hospitalization for mental illness
- Controlling high blood pressure
- Comprehensive diabetes care, poor control
- Medication management for asthma
- Medical assistance with tobacco cessation

Key Performance Indicators

- Emergency department utilization
- Inpatient utilization
- Readmission rates
Care management

- Address high medical, behavioral or social needs
- Local care management
- Care manager access to timely information
- Access to programs and services addressing SDOH
- Align with statewide quality outcomes and value

DHHS Guiding Principle

All Medicaid enrollees will have access to appropriate care management and coordination support across multiple settings of care, including a strong basis in primary care and connections to specialty care and community-based resources