



Medicaid Transformation Overview & Update: Focus on Population Health & Diabetes

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NORTH CAROLINA'S VISION FOR MEDICAID MANAGED CARE

*By implementing managed care,
and advancing integrated
and high-value care,
North Carolina Medicaid will
improve population health,
engage and support providers, and
establish a sustainable program
with more predictable costs.*

NC MANAGED CARE OVERVIEW

Medicaid Managed Care Already Exists in NC

What North Carolina Has Now

- **PRIMARY CARE CASE MANAGEMENT (CCNC)—State Plan**
 - Primary care provider-based
 - State pays additional fee to provide care management
- **LME/MCOs (BEHAVIORAL HEALTH PREPAID HEALTH PLAN)—1915 b/c**
 - Cover specific populations and specific services
 - Provides care coordination for identified and priority groups

What Managed Care Will Bring

- **Prepaid Health Plans (PHPs) will take two forms:**
 - Commercial Plans
 - Provider-led Entities
- **Participating PHPs will be responsible for coordinating all services and will receive a capitated payment for each enrolled beneficiary**

NC's Move to Managed Care—1115 Waiver: The BASICS

- Session Laws 2015-245 & 2016-121
- Timing: Go live within 18 months of CMS approval; estimated July 2019
- Prepaid Health Plans (PHPs)
 - 3 statewide MCOs (commercial plans)
 - Up to 12 Provider Led Entities (PLES) in 6 regions
- Transitions 1.5 million individuals with Medicaid into managed care
- PHPs must include all willing providers in their networks, limited exceptions apply
- Maintain Identified essential providers

Prepaid Health Plans: DHHS PLANNING*

- **Beneficiary chooses plan that best fits their personal situation**
- **Health Plans offer 2 different plan or product types**
 - **Standard plans** (Proposed—Needs Legislative Authority)
 - **Integrated physical, behavioral and pharmacy services**
 - **Tailored plans** (Proposed—Needs Legislative Authority)
 - **Integrated physical, behavioral and pharmacy services for individuals with serious mental illness, serious emotional disturbance, substance use disorders and I/DD**
 - **Includes federal block grant and state funded services**
 - **1-2 years post launch**
- **Specialized PHP for children in foster care** (Pending Legislative Authority)
- **Roll-in of other specialized groups (CAP-C, CAP-DA, Duals) to allow for thoughtful tailoring**

*requires statutory change

PHP POPULATION HEALTH FEATURES

CARE MANAGEMENT

- Address high medical, behavioral or social needs, unmet resource needs (SDOH), rising risk
- Local care management
 - Advanced Medical Homes
 - Local Health Departments
 - Children “At Risk”
 - Pregnant Women

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

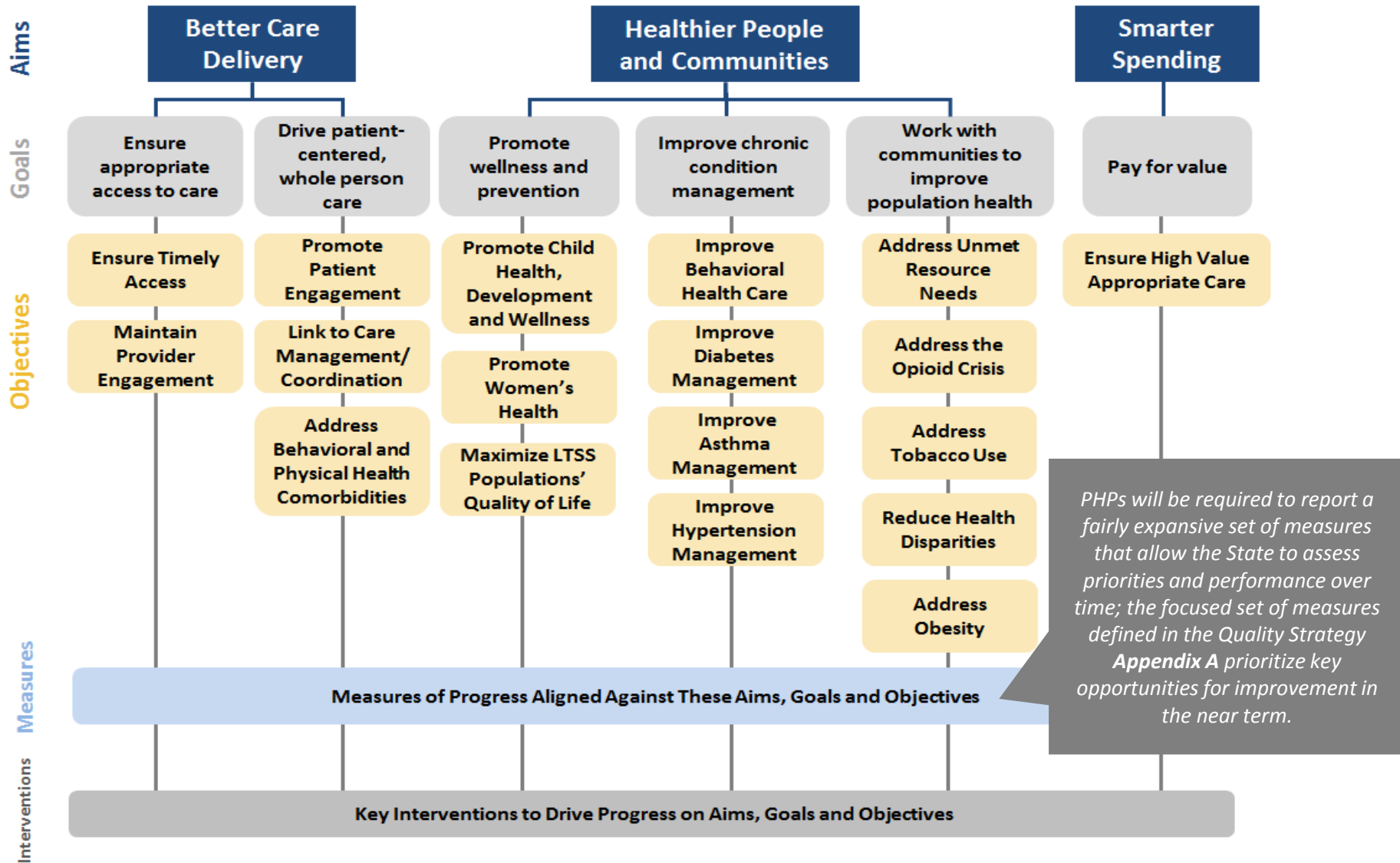
SDOH/ADDRESSING UNMET RESOURCE NEEDS

- **PHP Standardized Health Risk Screenings**
 - Questions related to food insecurity, housing instability, transportation needs, toxic stress/environment
- **PHP Care Management**
 - Must address unmet resource needs; include care navigation
- **PHP Community Re-Investment**
 - PHPs will be required to reinvest based on community needs
- **Public-private pilots that address unmet resource needs**

QUALITY MANAGEMENT/IMPROVEMENT

- **AIMS, GOALS, OBJECTIVES:** Drive priority programs
- **Quality Measure sets:** baselines, benchmarks, targets
 - **Withholds tied to measures sets**
 - **Measures broken down by disparity**
- **Performance Improvement Projects (PIPs)**
 - **Required Provider Incentive Programs**
 - **Required Beneficiary Education**
- **Deployment of Value- Based Purchasing Payments (VBP)**
- **Accreditation standards**
- **External Quality Review (EQR) validation**

Overview of the Quality Framework



PHP Population Health Programs

The PHP is responsible for establishing prevention and population health management programs related to the State's selected priority interventions as identified in the Department's Quality Strategy, including (but not limited to)

- Diabetes Prevention;
- Asthma;
- Obesity;
- Hypertension; and
- Tobacco Cessation (incl contract with NC Quitline)

Coordination with (among others):

- NC WIC program
- NC Sickle Cell Program through DPH
- The Ryan White Program

ADDRESSING DIABETES—PREVENTION/CHRONIC CONDITION MANAGEMENT

Quality Strategy

- *Quality Strategy Objectives*
 - Improve Diabetes Management
- *PHP Performance Measures*
 - NQF 0731 Comprehensive Diabetes Care
 - *Exploring Prevention measures*
- *Quality Improvement Programs:*
 - Diabetes Prevention (include expansion of Diabetes Prevention Program/DPP)

Plan Benefits/Coverage Policies

- *In-Lieu of Benefits:* PHP will have a list of ‘pre-approved’ in-lieu of DPP benefit
 - “In-Lieu of” means “instead of”—in this case, instead of a physician visit

ADDRESSING DIABETES—PREVENTION/CHRONIC CONDITION MANAGEMENT

Population Health

- ***Prevention & Self-Management:*** Plans will be required to describe their prevention/self-management programs for Diabetes
- ***Provider Education:*** PHPs will be required to providers on diabetes prevention, treatment, standards of care, DPP.
- ***Beneficiary Education:*** PHPs will be required to provide education to beneficiaries specifically on DPP and diabetes prevention/self-management.

MANAGED CARE UPDATES & PUBLICATIONS

Medicaid transformation status

Aug. 2017	Proposed Plan Design
Nov. 2017	Amended 1115 Waiver
Nov. 2017 opened Dec. 15, 2017	Operations & Actuarial RFIs
Nov. 2017 to April 2018	Concept Papers
March 2018 opened April 13, 2018	Enrollment Broker RFP

Next

Next key milestones in progress

PHP RFP

(up to 12
regional & 3
statewide PHPs)

PHP Licensure (Chapter 58)

Behavioral Health Integration

1115 Waiver Approval by CMS

ONGOING: Listening to and talking with stakeholders

Upcoming concept papers

Provider Experience

PHP's in Managed Care



To share comments, email:

Medicaid.Transformation@dhhs.nc.gov

For NC Medicaid managed care information and documents:

www.ncdhhs.gov/nc-medicaid-transformation