

NC Medicaid Managed Care Enrollment: What's Going On?

Presenters:

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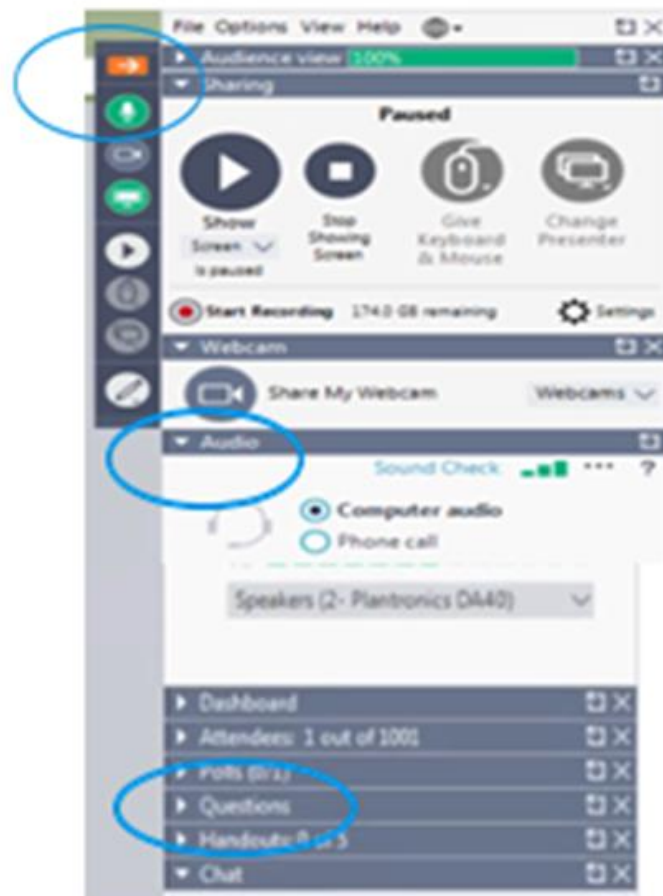
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Housekeeping

GoToWebinar Interface...

- Maximize/minimize your screen with the chevron symbol
- Telephone participants need to enter their audio pin
- Please share your questions!
 - Ask a question in the questions log
 - Yes, we will make the recording, slides, and materials available



Agenda

- What's Supposed to Happen
- What's Happened So Far
- What to Watch For
- Resources for Beneficiaries
- Q&A

What's Supposed to Happen

Who Must Enroll in Manage Care? Who Can? When? How?

Who Must Enroll & Who is Excluded or Delayed?

IN:

- “Mandatory “Enrollment: All Medicaid participants UNLESS they fit into an Excluded category (~90%)
- “Exempt” or Permissive Enrollment:
 - Eastern Band of Cherokee Indians
 - Beneficiaries with serious ID/DD or MH (until Tailored Plans begin)

Out (or *Delayed) “Excluded”

- | | |
|--|---|
| <ul style="list-style-type: none">• Medically needy• Presumptive eligibility• Emergency Medicaid• HIPP program• Family planning• Individuals in prison• MSP (MQB, QI-1)• PACE | <ul style="list-style-type: none">• CAP/C• CAP/DA• Innovations Waiver• TBI Waiver• Nursing facility residents (90 days or more)*• Dual eligible (Medicare)*• Children in foster care* |
|--|---|

Enrollment Broker Duties

- Help beneficiaries understand managed care, who must enroll, who may enroll, who can't enroll.
- Assist with enrollment process
 - Communicate with individuals in their preferred method, e.g., email, phone, text, mobile app
 - Outreach and proactive engagement to facilitate enrollment
- Provide unbiased, culturally competent choice counseling
- Provide accurate information to help consumer compare plans and provider networks to allow intelligent choice of health plan
- Assist in disenrollment/changing plans if needed

POLL QUESTION

If you have had contact with the Enrollment Broker, did they address your concerns?

Individuals To Be Given a Choice of Plans...

- 60 days to select a PHP and primary care physician (PCP). Those who do not select a PHP will be auto-assigned by Enrollment Broker based on specific criteria.
- People have 90 days after plan coverage begins to change their PHP for any reason (i.e., no cause).
- Those who are Exempt can disenroll at any time (because enrollment is voluntary)
- Members can change plans for good cause after 90 days run or next year
- Each member will have a choice of Advanced Medical Home (AMH) or other PCP within the PHP

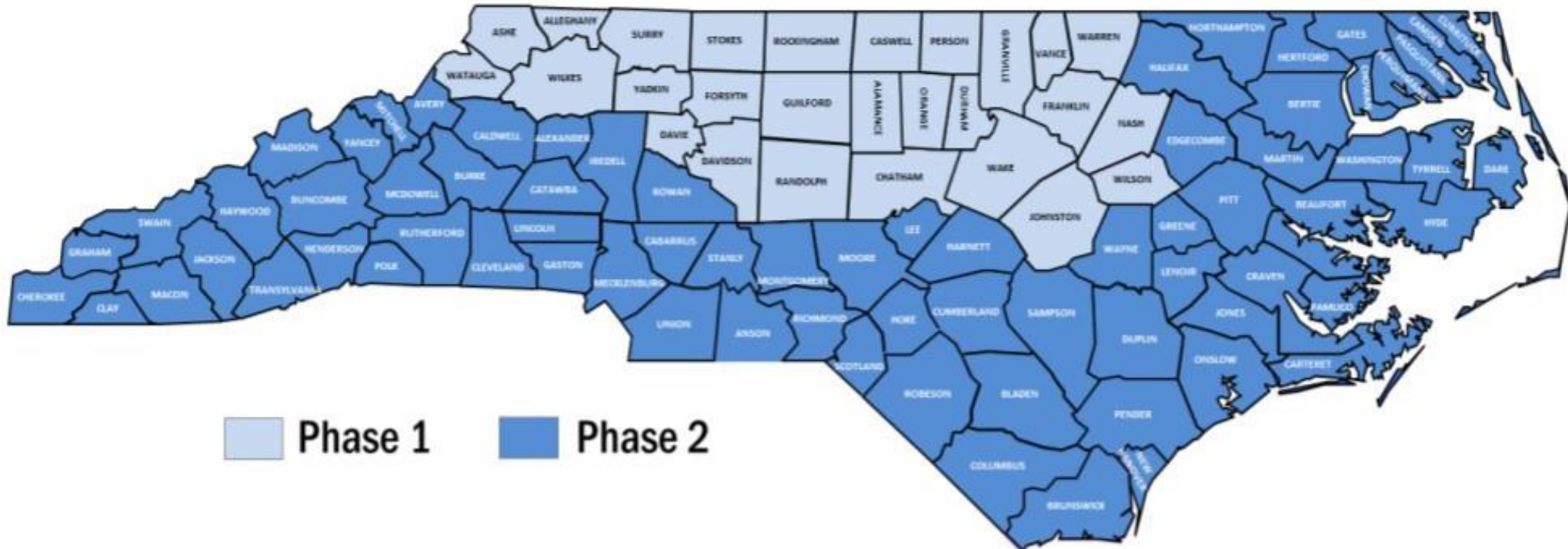
NC Medicaid Managed Care Rollout Schedule

Phase 1: Regions 2 & 4

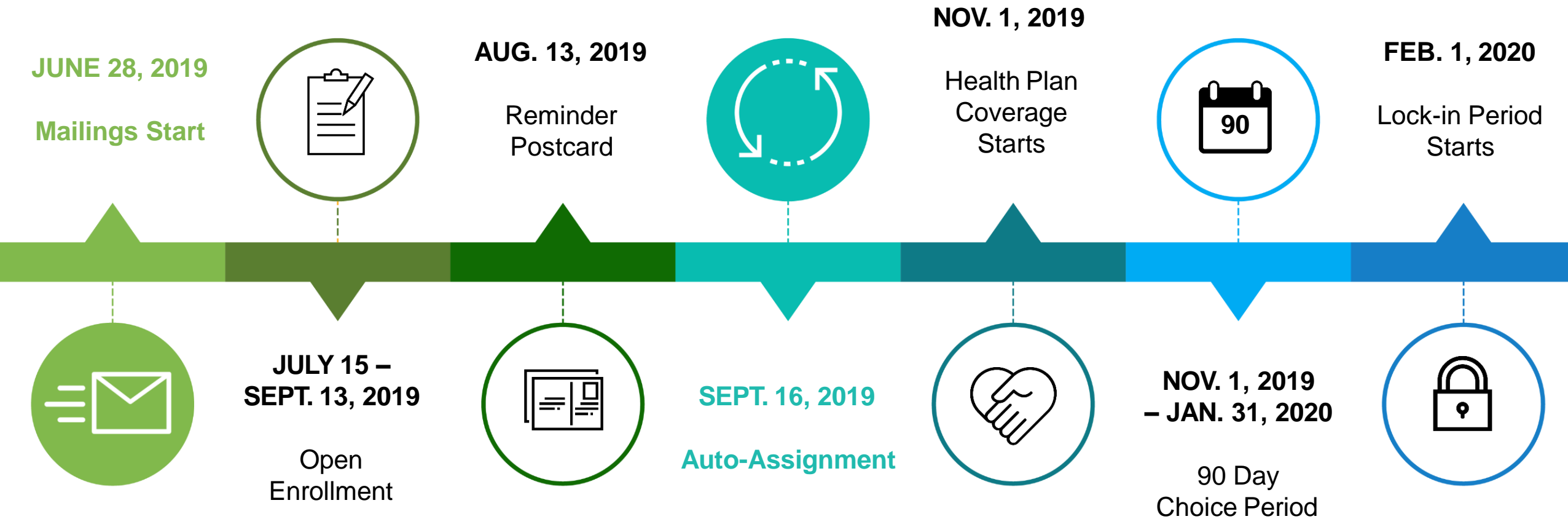
- Open Enrollment: July 15 – Sept. 13, 2019
- Health Plan Coverage Starts: Nov. 1, 2019

Phase 2: Regions 1, 3, 5 & 6

- Open Enrollment: Oct. 14 – Dec. 3, 2019
- Health Plan Coverage Starts: Feb. 1, 2020

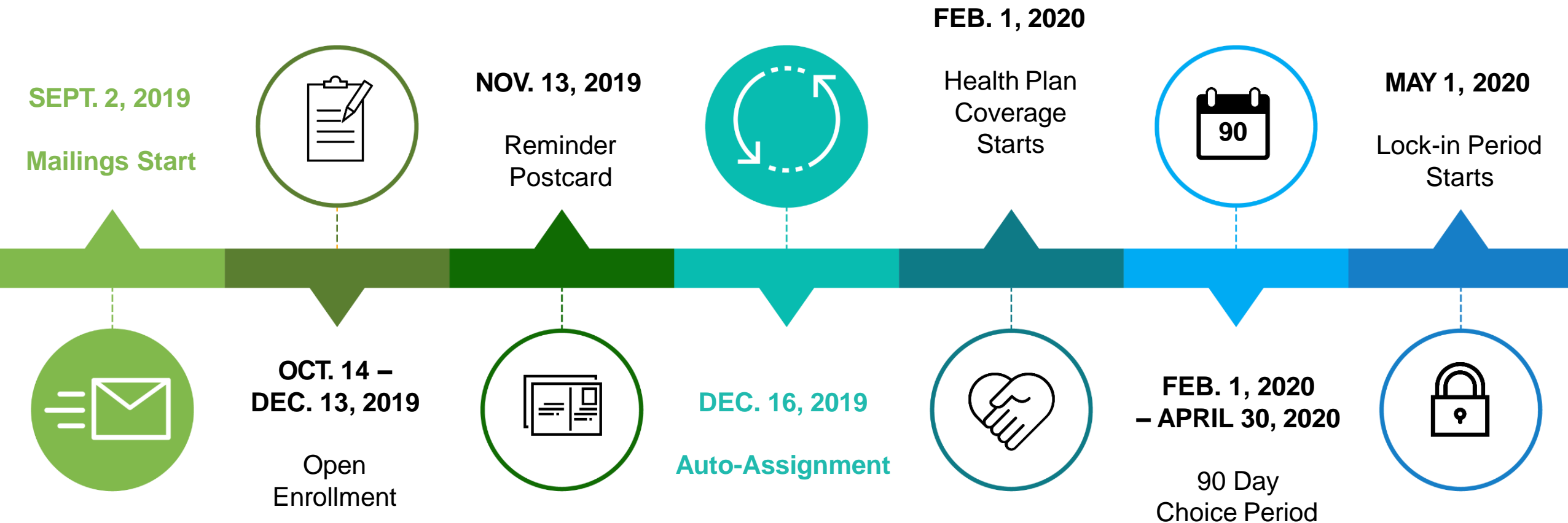


Phase 1 Timing – Regions 2 and 4



Source: NC DHHS, [Medicaid Managed Care Phase 1 Open Enrollment Webinar](#) (July 15, 2019)

Phase 2 Timing: Regions 1, 3, 5 and 6



Source: NC DHHS, [Medicaid Managed Care Phase 1 Open Enrollment Webinar](#) (July 15, 2019)

What's Happened So Far

The Process So Far, Problems, New Developments

The Enrollment Process So Far

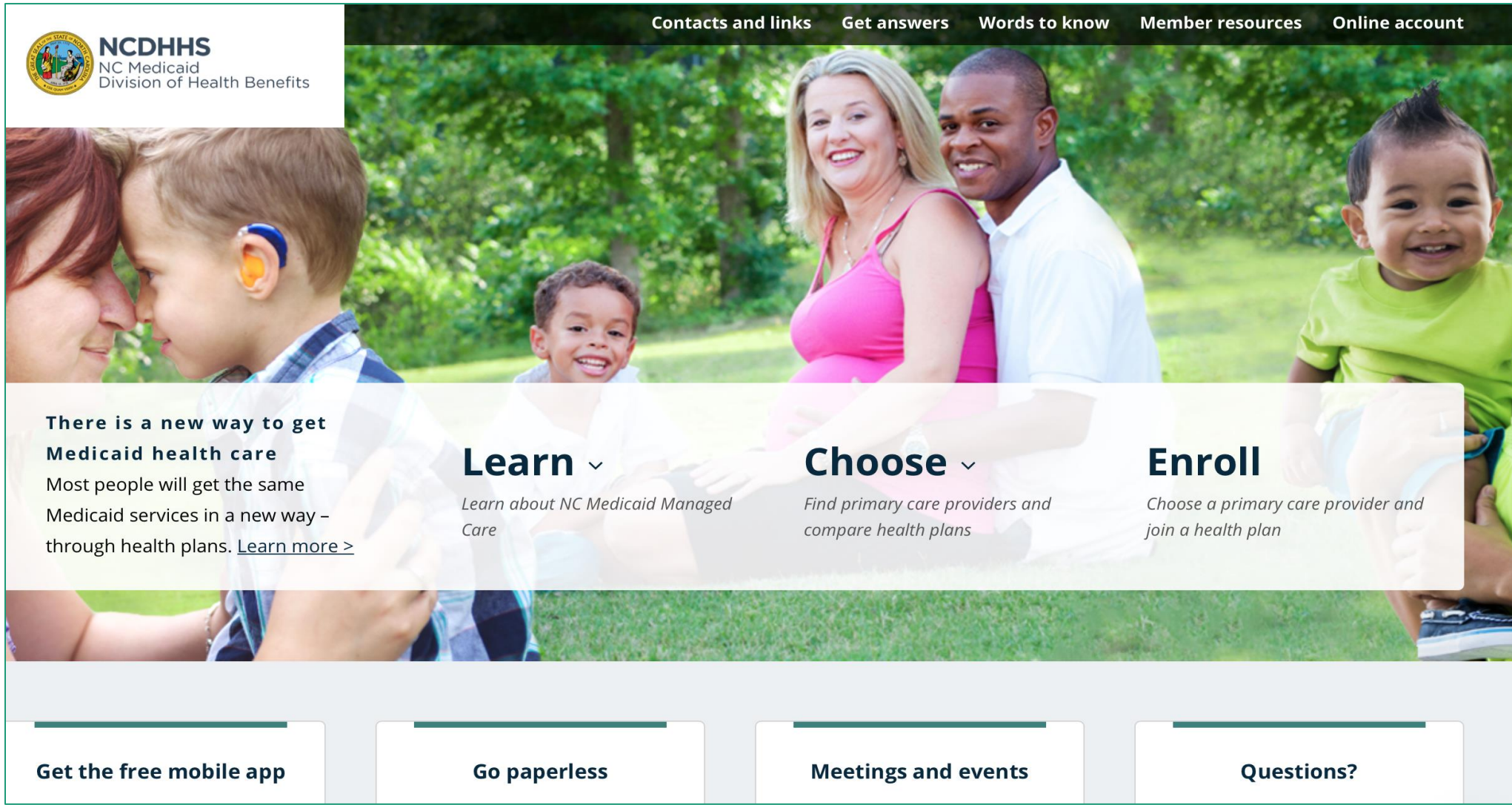
- Letters/enrollment packets were mailed to beneficiaries in early July for Regions 2 and 4
- Enrollment broker website went live on June 28
- Enrollment Broker Toll Free number went live on June 28
- Plan websites went live during July
- DHHS announced Phone numbers for both providers and beneficiaries to report problems
- DHHS created SWAT team to work on problems

Sample Enrollment Letters

- Mandatory: <https://files.nc.gov/ncdma/1.-Enrollment-Packet-Mandatory-Notice.docx.pdf>
- Exempt: <https://files.nc.gov/ncdma/2.-Enrollment-Packet-Exempt-Notice.docx.pdf>

Avenues for Enrollment

- Website: ncmedicaidplans.gov (English and Spanish)



The screenshot shows the homepage of the NCDHHS NC Medicaid website. At the top left is the NCDHHS logo with the text "NCDHHS NC Medicaid Division of Health Benefits". A dark navigation bar at the top right contains links: "Contacts and links", "Get answers", "Words to know", "Member resources", and "Online account". The main visual is a large photograph of a diverse family (a woman, a man, and three children) outdoors. A semi-transparent white box is overlaid on the bottom half of the image, containing three main steps: "Learn", "Choose", and "Enroll". Below each step is a brief description and a "Learn more" link. At the bottom of the page, there are four white buttons with dark text: "Get the free mobile app", "Go paperless", "Meetings and events", and "Questions?".

NCDHHS
NC Medicaid
Division of Health Benefits

Contacts and links Get answers Words to know Member resources Online account

There is a new way to get Medicaid health care
Most people will get the same Medicaid services in a new way – through health plans. [Learn more >](#)

Learn ▾
Learn about NC Medicaid Managed Care

Choose ▾
Find primary care providers and compare health plans

Enroll
Choose a primary care provider and join a health plan

Get the free mobile app **Go paperless** **Meetings and events** **Questions?**

Avenues for Enrollment (cont.)

- NC Medicaid Managed Care mobile app
 - Available on iOS and Android
- Enrollment Call Center (Maximus)
 - Phone: 1-833-870-5500
 - TTY: 1-833-870-5588
 - During Enrollment: 7 a.m. – 8 p.m. 7 days/week
 - All other times: Mon. – Sat. 7 a.m. – 5 p.m.
- Mail: NC Medicaid
PO Box 613
Morrisville NC 27560
- Fax: 1-833-898-9655
- In-Person: Enrollment Broker Staff located at county DSS' and outreach sites

Beneficiaries Erroneously Sent Mandatory Letters

- State relied on data matches to determine who must enroll, who is Exempt, who is Excluded.
 - State had no historical data on those new to Medicaid or new to NC.
 - State had limited data on other groups (e.g., those ages 0-3).
 - State's methodology was not entirely consistent with recent legislation passed by GA
- State's data appears to have been out of date or incorrect in some cases.
- LMEs and others identified errors in who got which letter.

8/2/19: Tailored Plan Update

- **Responds to failure of DHHS to ID All Who are Exempt or Excluded**
- Expands the criteria for exemption based on MH or DD diagnosis
- Changes to Excluded those needing SA IOP or SA CRT.
- Release of Raise Your Hand Forms for persons to self-ID as Exempt or Excluded.
- Persons enrolled in Standard Plans identified by DHHS as Exempt or Excluded will be automatically disenrolled (moved to Fee For Service/LME services) effective the first of the month after they are identified. People who are Exempt and are disenrolled will be able to request to be added back to Standard Plan.
- New procedure for persons enrolled in Standard Plan urgently needing LME services to expedite disenrollment/transfer and to backdate that change to date of request for disenrollment by provider/beneficiary.

Raise Your Hand Form Now Available

Allows Beneficiaries to Self-ID as Exempt or Excluded

- Beneficiaries incorrectly IDed by data match as mandatory or whose circumstances change can self-ID as Exempt or Excluded and then to request in writing that they be disenrolled (transferred from standard plan to FFS/LME).
- Care coordinators or care managers MAY assist beneficiaries in completing the [beneficiary disenrollment request form](#).
- DHHS has contracted with Beacon Health Options (BHO) to assist with the Raise Your Hand process. Upon receipt of request, DHHS (or BHO) will request information from providers to verify exemption (e.g. MH diagnoses or need for LME services).
- Provider can also request disenrollment/transfer on a [different form](#).
- DHHS decision on request mailed to beneficiary.
- Decision can be appealed to Office of Admin. Hearings within 30 days.

Provider Networks Are Not Yet Complete

- Many providers have been slow to enroll in plan networks. Of 89,000 N.C. Medicaid providers, only 3000 had enrolled with standard plans as of July 15 (first day of open enrollment).
- Even after enrolling, providers are not listed as enrolled until plan completes credentialing and sets up account to pay provider. This can take weeks in some cases.
- DHHS has advised beneficiaries to wait to enroll until provider information is more complete or to change plans during the 90 day grace period after coverage begins if needed.

POLL QUESTION

Are you aware of Medicaid providers in regions 2 and 4 that have not yet enrolled with a Managed Care plan?

Follow-up: If yes, which provider types or specialties are not yet enrolled or in-network?

Problems Trying to Enroll

- Plan comparison difficult due to lack of information re benefits
- Provider networks not complete in Enrollment Broker's (EB) tool
- Some EB website tools difficult to use (eg provider name display not consistent, filtering by specialty inaccurate)
- Enrollment Broker staff lack complete/current information and need more training
- Plan websites slow to add required information
- Beneficiary Needs to create NCID to enroll electronically
- Heads of Household were unable to enroll minors
- Authorized Representatives were unable to enroll beneficiary
- Other system problems making enrollment difficult

What to Watch For

Potential Problems Ahead

Continued Possibility of Delay

- Effort by Unsuccessful PHP bidders to delay roll out failed
- Bill to delay rollout until next year passed House but not Senate
- DHHS has said they cannot go live November 1 in first two regions unless a budget passes by early September due to lack of funding.
- As of today, no visible progress in budget negotiations between governor and legislative leaders.
- DHHS contingency plan?? Will auto assignment proceed? Will enrollment for other 4 regions be delayed?

Ombudsman Update

- DHHS promised there will be an ombudsman in place to assist beneficiaries and help resolve problems before enrollment begins.
- Federal Medicaid regulations require a managed care ombudsman or similar beneficiary support for beneficiaries who need long term services and supports.
- No bidders for March 2019 RFP
 - Bidders for New RFP were due August 9, 2019
 - Contract to be awarded Sept 10.
- Ombudsman may not go live until January 2020.

Ombudsman Update (cont.)

- Plan Handbooks and Enrollment letters have no information about Ombudsman
 - Will state send a notice to all beneficiaries once that info is available? Will plans and EB have to update their materials?
- Until Ombudsman in place:
 - Enrollment Broker referring individuals to agencies for assistance
 - Medicaid Contact Center has had additional training to try to help beneficiaries
 - DHB internal response team

Will Raise Your Hand Process Be Adequate?

- Will DHHS educate providers on changes and Raise your Hand forms?
- How will beneficiaries be notified of right to raise your hand?
- Will new letters go to beneficiaries who got wrong letter previously?
- Will Enrollment broker staff be trained on Raise your hand process and assist in completing form?
- How quickly will DHHS act on requests to disenroll?

Other Potential Enrollment Issues

- Is beneficiary Exempt from enrolling in managed care? Required to enroll anyway? Told of right to disenroll?
- If beneficiary files request to disenroll from managed care, decision promptly issued on request in writing with appeal rights?
- Are plan marketing practices and materials accurate?
- Is plan's provider directory accurate? Are the providers listed accepting new Medicaid patients?

Enrollment (cont.)

- Is enrollment broker easily accessible and helpful to beneficiary in choosing a plan? In requesting exemption or to change plan?
- Is enrollment broker providing current, accurate, unbiased information?
- Will a beneficiary with good cause be able to change plans after 90 days? Will plan and EB tell her this?
- Will a request to change plans be acted on properly/promptly by EB and plans?

Enrollment (cont.)

- If mental health condition worsens so that need for enhanced MH services, will beneficiary be smoothly transitioned from standard plan to LME without interruption in care or delay in getting needed services?
- If beneficiary begins receiving Medicare or starts getting CAP-DA or CAP-C services, will she be promptly disenrolled from managed care?

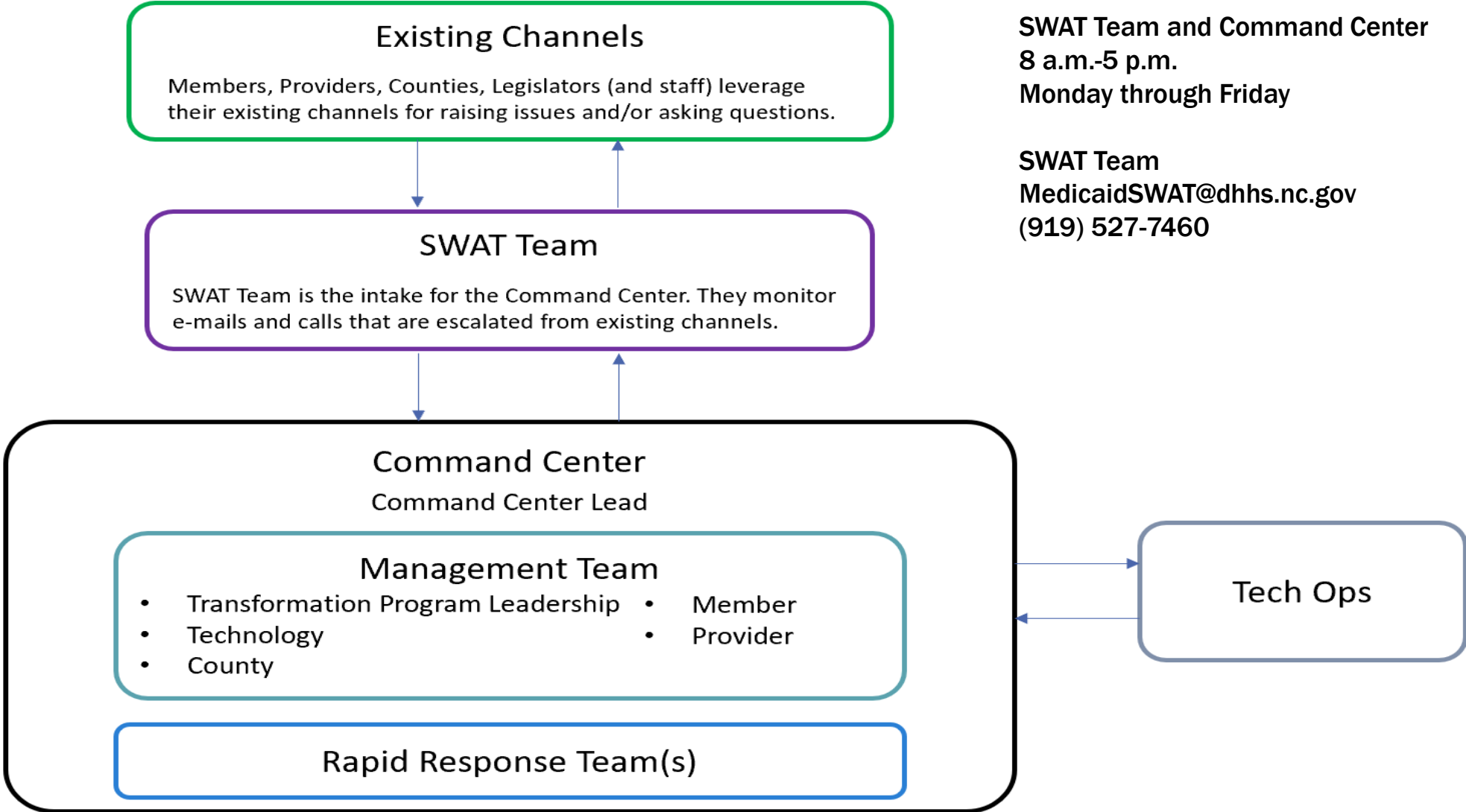
Resources for Beneficiaries & Advocates

Who Can Help and What Are They Supposed to Do?

Issue Resolution

- Raising questions and issues is encouraged
 - Providers: NCTracks: 800-688-6696
 - Beneficiaries: Medicaid Contact Center: 833-870-5500
 - Counties: NC FAST: 919-813-5400
- When needed, issues can be escalated to DHHS SWAT team by calling (919) 527-7460 or emailing MedicaidSWAT@dhhs.nc.gov
- DHHS staff can escalate issues to SWAT team focused on problem identification and resolution

Issue Resolution



Questions or Concerns?

If beneficiaries have questions or problems, they should contact one of the following organizations for free legal advice/assistance:

Disability Rights NC (statewide for persons with disabilities) **1-877-235-4210**
www.disabilityrightsn.org

Legal Aid of NC (statewide except counties listed below) **1-866-219-LANC (5262)**
www.legalaidnc.org

Pisgah Legal Services (Buncombe, Madison, Transylvania, Henderson, Polk and Rutherford County)) **1-800-489-6144** www.pisgahlegal.org

Charlotte Center for Legal Advocacy (Mecklenburg, Union, and Cabarrus County) **1-800-438-1254** www.charlottelegaladvocacy.org

For More Information

- **NEW!** Provider Playbook: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care>
- **NEW!** NC Justice Center Medicaid Transformation subpage (find materials & previous webinar) <https://www.ncjustice.org/projects/health-advocacy-project/medicaid-expansion/medicaid-transformation/>
- Provider trainings: <https://medicaid.ncdhhs.gov/nc-medicaid-managed-care-training-courses>
- NC Medicaid Transformation Policy papers <https://www.ncdhhs.gov/policy-papers>
- Advanced Medical Home information <https://medicaid.ncdhhs.gov/advanced-medical-home>
- County Playbook: <https://medicaid.ncdhhs.gov/county-playbook-medicaid-managed-care>
- Medicaid managed care Requests for Proposals (for PHPs) and related resources <https://www.ncdhhs.gov/request-information>

WHAT CAN YOU DO?



Spread the word!

Medicaid transformation is coming!
Help clients understand their options!

Make your voice heard! **Call your state legislators and tell them to support expanding Medicaid and closing the coverage gap!**

Questions?



Seeing Problems?

