MEDICAID TRANSFORMATION

Standard Plans, Tailored Plans and S.L. 2018-48

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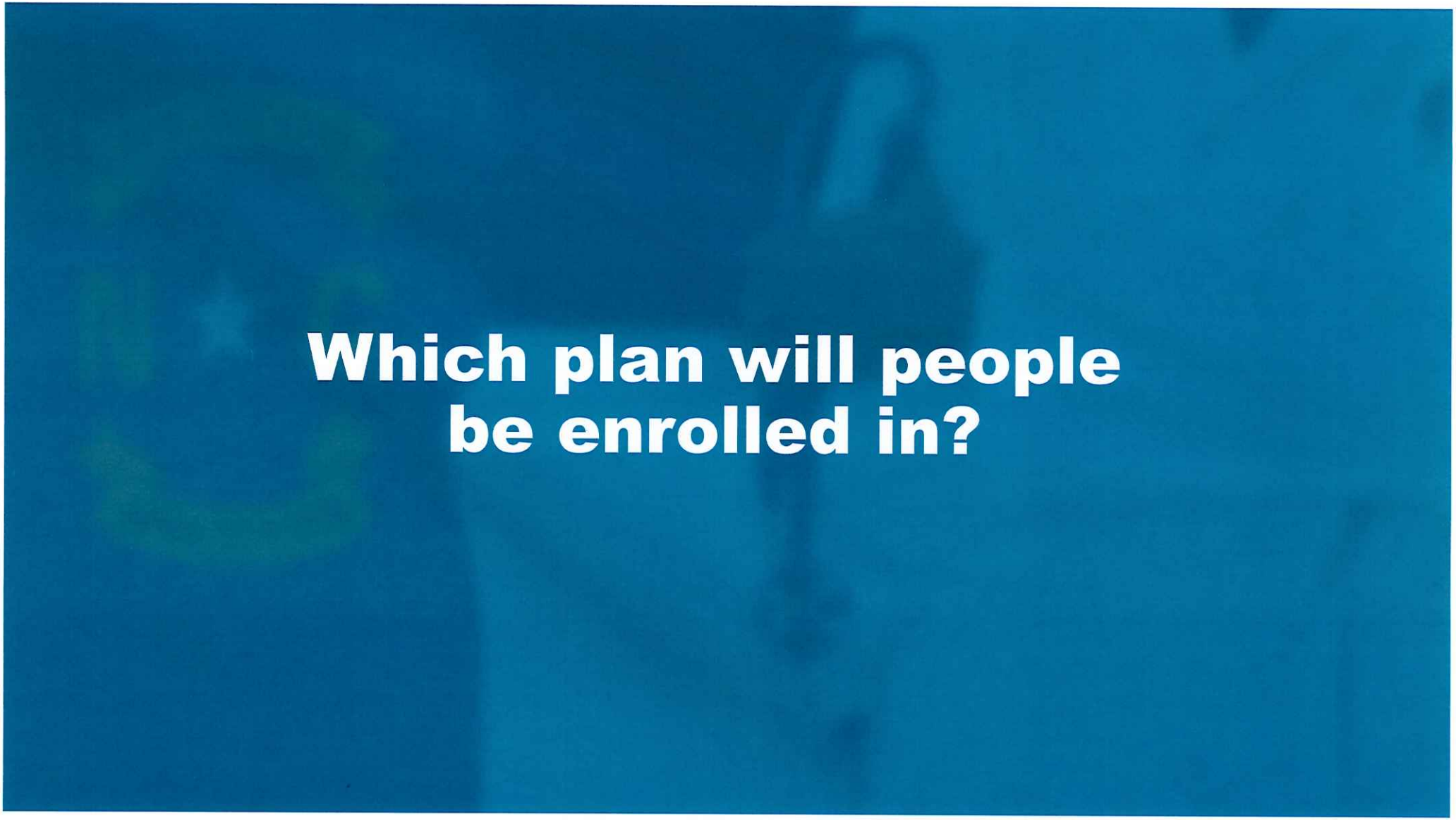
Standard Plans and Tailored Plans: What are they?

Standard Plans address the majority of the Medicaid population, both physical health and behavioral health for those individuals with mild to moderate challenges

- Standard Plans can be up to four statewide commercial plans and up to 10 Provider Led Entities (PLEs) serving the 6 health regions of the state

Tailored Plans are for those individuals who have more complex behavioral health needs, individuals with IDD and other individuals identified in House Bill 403

- Tailored Plans will also manage the physical health needs of the person with behavioral health/IDD
- Current legislation stipulates there will be no fewer than 5 and no more than 7 Tailored Plans

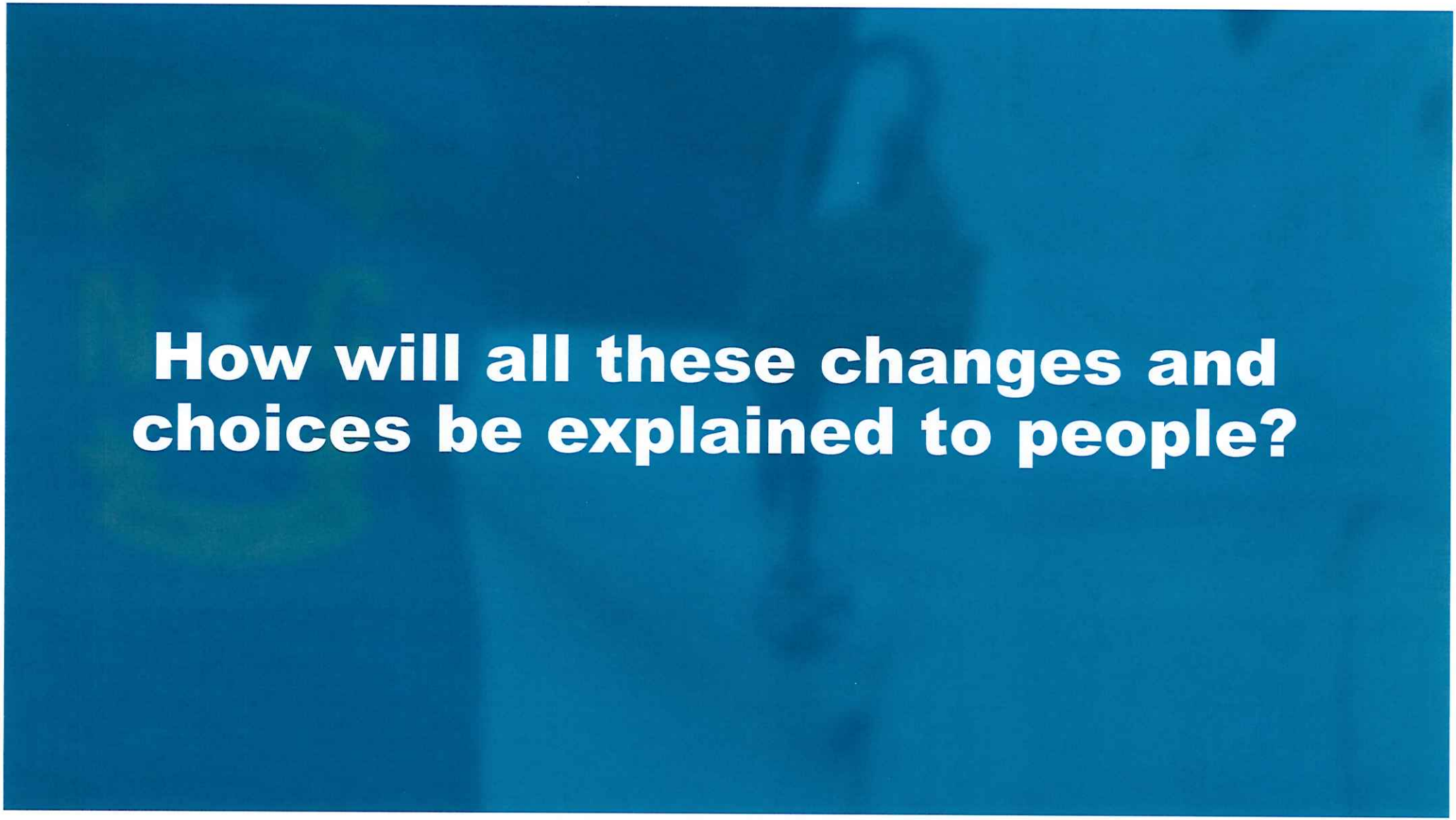

Which plan will people
be enrolled in?

S.L. 2018-48
Standard Plan Population

- **Individuals with "Mild to Moderate"** behavioral health conditions
- **Standard Plan Population is described more by who is not eligible than who is:**
  - i.e., Populations without the need for certain higher level enhanced services (such as Assertive Community Treatment and Psychiatric Residential Treatment)
  - Populations with two or more emergency visits/ psychiatric hospitalizations or an involuntary commitment in the past 18 months will be excluded from Standard Plans
  - List of services includes all physical health services, pharmacy, inpatient, out patient, crisis and some substance use services and treatments – some overlap with enhanced services

S.L. 2018-48
Tailored Plan Population

- Individuals with SED or a diagnosis of "severe" SUD or TBI
- Individuals with a developmental disability as defined by Chapter 122C
- Individuals with mental illness who:
  - Meet TCLI criteria
  - Had 2 or more psychiatric hospitalizations or admissions within prior 18 months
  - Known to have had one or more IVC within prior 18 months
  - Had 2 or more visits to the ED for a psychiatric problem within prior 18 months
- Individuals with any diagnosis who have had 2 or more episodes using BH crisis services within prior 18 months
- Individuals receiving any of the services currently covered by LME/MCOs that are NOT covered by SPs
- Children with Complex Needs
- Children aged 0-3 with or at risk of developmental delay or disability
- Children involved with DJJ/ DDP "who meet criteria established by DHHS"


How will all these changes and choices be explained to people?

Draft Member Letter

Are you enrolled in North Carolina Medicaid or Health Choice?

6 things you need to know about NC's move to Medicaid managed care

North Carolina Medicaid is moving to a model called "managed care." In Medicaid today, people enroll in a health plan that is run by the state government. In managed care, people enroll in a health plan that is run by an insurance company. Many things will stay the same. The main difference is that you will get to choose a health plan that best fits your needs. Here is what you need to know:

1.Managed care is coming soon. Managed care will begin in_____. Some people will begin later, but no one will begin earlier. Until then, the current system will stay in place.

2.You will have all the information you need. You will receive updates often as managed care gets closer to starting. You will know exactly what will change for you, what you need to do, and how to do it.

3.The only thing you need to do right now is update your information. Your address and phone number will be used to send you more information about managed care. If you need to update this information, please call or go to your local DSS (social services) office.

4.If you want help, a company will be available to help you choose a health plan. The state will select a company called an enrollment broker to give you information on all health plans in your area and help you with making a health plan choice.

5.Many things are not changing. Eligibility for Medicaid is not changing. The same health services will continue to be covered. You will still receive high quality care from a doctor near you. Your share of Medicaid costs, if any, will stay the same.

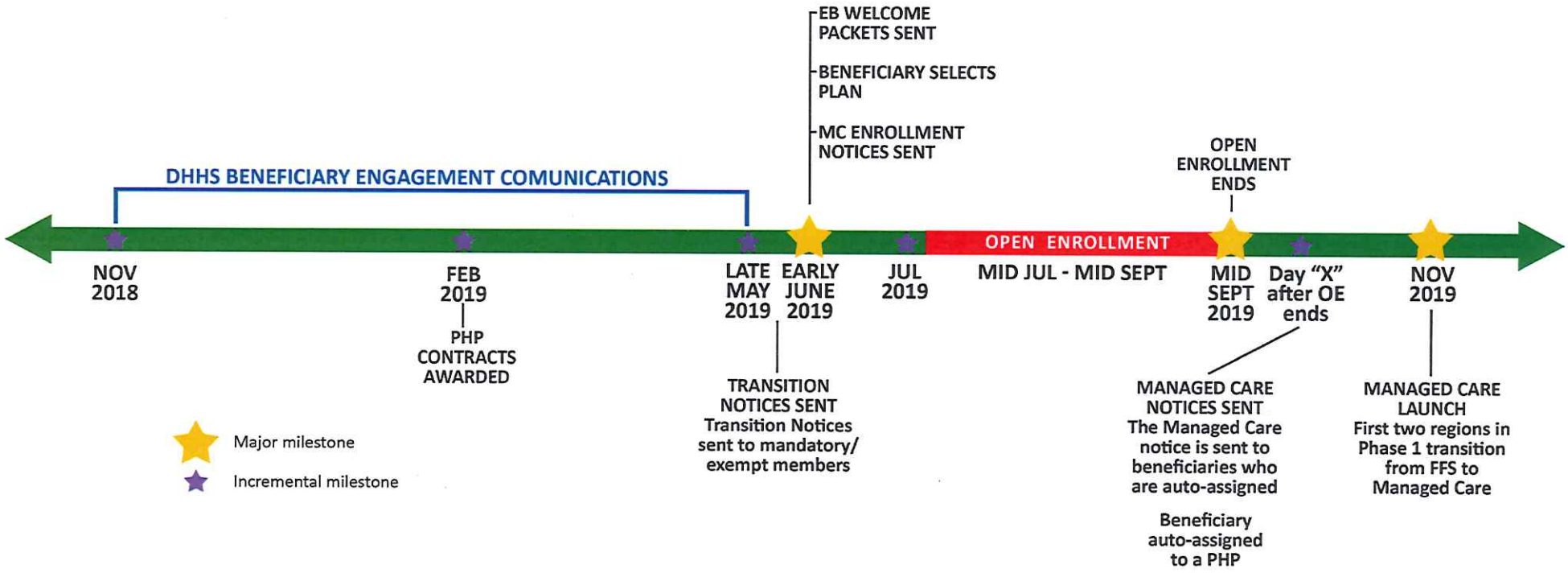
6.How to get more information: If you have any questions about Medicaid managed care or what it will mean for you and your family, please visit our website at https://www.ncdhhs.gov/medicaid-transformation or call (555) 555-5555.

Here is what to expect when.

- _____**2018:** NC will announce which company will be the enrollment broker.
- _____**(add date) :** NC will announce what insurance companies will be in managed care.
- _____**(add date) :** The enrollment broker will send you information on insurances companies in your area and provide a phone number which you can call to get help.
- _____**(add date):** For some regions of the state, this will be when you pick a health plan.
- _____**add date:** Managed care will start in those regions.
- _____**add date:** For the rest of the state, this will be when you pick a health plan.
- _____**add date :** Managed care will start in the rest of the state.

DRAFT

Key Milestones for Beneficiary Communications for Managed Care Launch



Adapted from September 2018 MCAC Beneficiary Engagement Subcommittee presentation


How will things change for citizens in my county?

Populations Impacted

FY 17-18 Medicaid (July 1, 2017-June 30, 2018)

	General Population*	1915 b/c Medicaid Eligible Population	1915 b/c Members Vaya Served	Standard Plan Eligible Estimate**	Tailored Plan Eligible Estimate**
Vaya	1,057,026	192,085	34,694	107,549	13,472
Ashe	27,234	4,205	817	2,961	371

* Based on the official North Carolina State Demographer published estimates https://files.nc.gov/ncosbm/demog/countygrowth_cert_2016.html

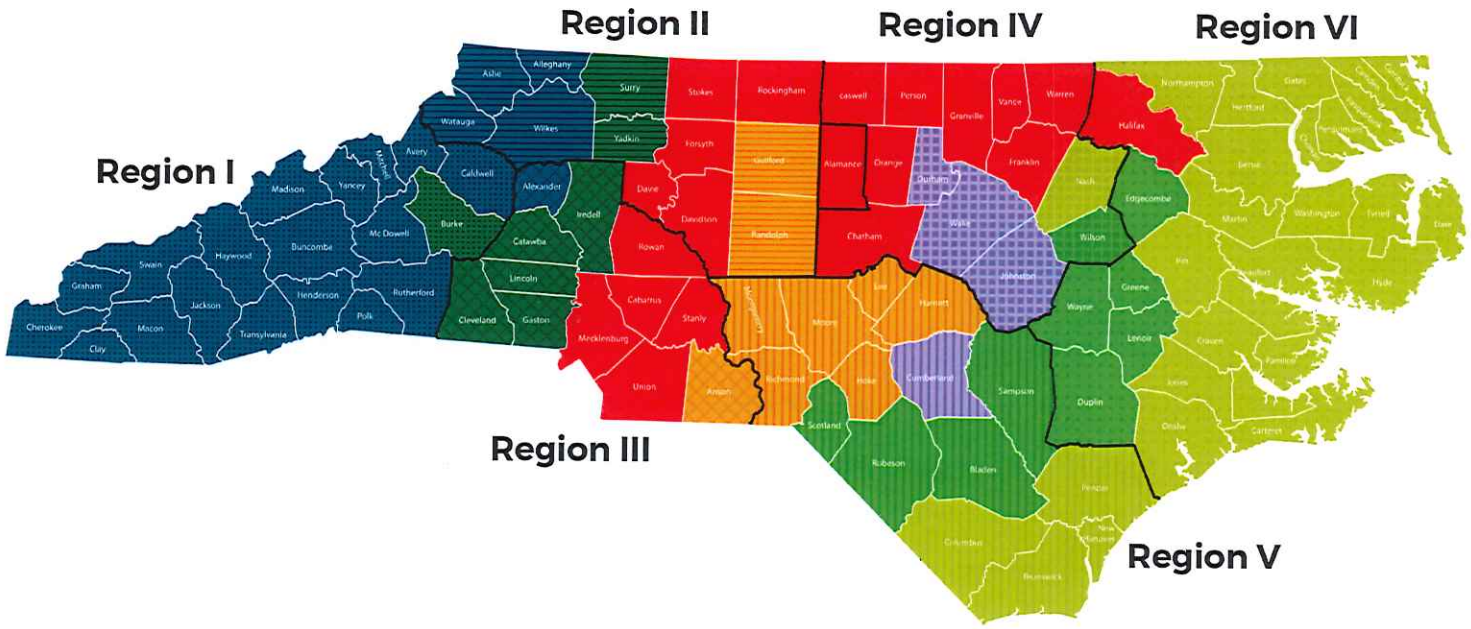
** Standard Plan and Tailored Plan Estimates are based on the Standard Plan RFP projected numbers. All county calculations come from the percentages of Medicaid Eligibles distributed from these statewide projections.

In which health region is my county located?

How does that compare to my county's LME/MCO catchment area?

How will Tailored Plan regions be chosen?

LME/MCO MAP WITH HEALTH REGIONS



LEGEND

- Alliance Behavioral Healthcare
- Cardinal Innovations Healthcare Solutions
- Eastpointe
- Partners Behavioral Health Management
- Sandhills Center
- Trillium Health Resources
- Vaya Health

- Region I (Population:165,000)
- Region II (Population: 280,000)
- Region III (Population: 410,000)
- Region IV (Population: 299,000)
- Region V (Population: 291,000)
- Region VI (Population: 230,000)
- Region II & IV (Population: 29,000)

Population estimated from June 2015 enrollment data


When will all the various activities be completed?

PROPOSED PROGRAM DESIGN FOR MEDICAID MANAGED CARE

JUNE 15: Passage of HB403 (S.L. 2018-48)

JUNE 22: DHHS BH IDD Tailored Plan Implementation Plan report to Medicaid JLOC

AUGUST 9: Standard Plan RFP released

AUGUST 21: Preproposal Offerors Conference

AUGUST 24: Deadline for submitting questions

SEPTEMBER 10: RFP addendum issued with responses to offerors' questions

FEBRUARY 4: PHP (Standard Plan) contracts awarded to AmeriHealth Caritas, BlueCross BlueShield, UnitedHealthcare and WellCare

JULY: PHPs must have all call centers operational and relevant staff located in North Carolina

JULY - SEPTEMBER: Managed Care Launch 1 (Regions 2 and 4) beneficiaries select PHPs

OCTOBER - DECEMBER: Managed Care Launch 2 (Regions 1, 3, 5 and 6) beneficiaries select PHPs

NOVEMBER: MCL 1 Operational start date

2018 — 2019 — 2020 — 2021

OCTOBER 19: RFP responses due

OCTOBER 24: Amended 1115 waiver approved by CMS

OCTOBER 24, 2018 - FEBRUARY 1, 2019: Evaluation of proposals

FEBRUARY: MCL 2 Operational start date (Phase 2)

(ANTICIPATED) Tailored Plan Request for Application issued

MAY *(ANTICIPATED):* Tailored Plan contracts awarded

JULY 1 *(ANTICIPATED):* Statewide Standard Plan rollout complete

JULY 1 *(ANTICIPATED):* Tailored Plan rollout begins

LME/MCO Contracts terminated