Ashley Honeycutt

From:

Zack Shepherd <Zack.Shepherd@vayahealth.com>

Sent:

Monday, September 27, 2021 1:04 PM

To:

Ashley Honeycutt

Cc:

Adam Stumb

Subject:

RE: Presentation for Board of Commissioners - unencrypt

Attachments:

Medicaid Transformation BOC Presentation-Ashe Fall 2021.pptx

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Ashley,

Please find the attached presentation which I will plan to present to the board at the Oct. 4th meeting. Let me know if you need anything else.

Thanks, Zack

From: Ashley Honeycutt <ashleyhoneycutt@ashecountygov.com>

Sent: Tuesday, September 21, 2021 4:26 PM

To: Zack Shepherd <Zack.Shepherd@vayahealth.com> **Cc:** Adam Stumb <Adam.Stumb@Ashecountygov.com>

Subject: RE: Presentation for Board of Commissioners - unencrypt

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Hello,

Adding you to the October 4th meeting should not be a problem. What is the topic(s) on which you will be presenting so that I can correctly title your presentation? If you have any documents that need to be shared with the Board, please send those to me before 8:00 am on Tuesday, September 28.

Thank you!

Ashley G. Honeycutt
Clerk to the Board of Commissioners
Assistant to the County Manager
150 Government Circle, Suite 2500
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(336) 846-5501
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From: Zack Shepherd [mailto:Zack.Shepherd@vayahealth.com]

Sent: Tuesday, September 21, 2021 1:00 PM

To: administration <a drawfacture administration@ashecountygov.com >; Adam Stumb <a drawfacture administration.

Subject: Presentation for Board of Commissioners - unencrypt

⚠ External Email: Do not click links or attachments unless you recognize the sender and know the content is safe.

Good afternoon,

I wanted to see if it might be possible to get on the agenda for the October 4th meeting? I have some information I would like to present to the board if at all possible. If that date will not be possible please let me know some other available opportunities.

Thanks so much, Zacl

Zack Shepherd, LCAS, LCMHC

Community Relations Regional Director

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Who & What is Vaya Health



Local government agency that manages publicly-funded services and supports for individuals facing challenges with MHSUIDD needs in a 22-county "catchment area" of WNC.



We are a local political subdivision of the state of North Carolina originally known as an "area authority" and now referred to as a "local management entity/ managed care organization" (LME/MCO).

We offer three distinct health plans:



 A MH, SU and IDD health plan for individuals who have a qualifying type of Medicaid based in one of our 22 counties.

We manage this plan under a contract with the NC Department of Health and Human Services pursuant to the NC 1915(b) Medicaid Waiver. A MH, SU and IDD health plan for eligible individuals who are uninsured or underlayured.

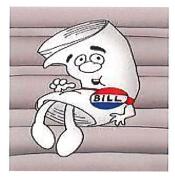
Because this plan is supported with state, local and federal block grant funds (not Medicaid), there is no entitlement to these services and funding is limited.

3. A home and community based services and supports health plan for individuals with I/DD.
This plan is pursuant to the NC 1915(c)

House Bill 403-Medicaid Managed Care

"Innovations" Waiver





- Added Secretary's concept of BH/IDD Tailored Plans that will cover integrated physical health, pharmacy, BH and IDD services for complex, highrisk population
- Added mild to moderate BH population to scope of Standard Plans –list of services includes inpatient, OPT, crisis and some SUD –overlap with enhanced services
- > Established assessment and transition process for members moving between plans
- Excluded Some Medicaid Benefits from Standard & Tailored Plans
- > Established a Tribal Option for Enrolled Members of the EBCI/ Federally Recognized Tribes

Goals of Medicaid Transformation



- ➤ Deliver whole-person care
- ➤ Unite communities to address member needs and deploy cost-effective solutions
- > Transition to provider-based care management at site of care
- > Improve member experience
- > Reduce provider administrative burden
- > Support a healthier North Carolina
- Address unique needs of historically marginalized populations

NC-PHPs



Prepaid Health Plans

Managed care plans—which are called Prepaid Health Plans (PHPs) in North Carolina—will be paid capitated payments by DHHS to manage the care of eligible Medicaid and NC Health Choice beneficiaries.

- > There will be three types of PHPs.
 - Standard Plans
 - Tailored Plans
 - Tribal Option



Standard Plans and Tailored Plans: What are they?



Standard Plans will address the majority of the Medicaid population using a "whole person care" approach, to include both the physical health and behavioral health needs for those individuals with mild to moderate challenges

- 4 Standard Plans (commercial) statewide serving the 6 health regions and 1 Provider Led Entity (PLEs) serving region 3, 5
- July 2021

- Tailored Plans "whole person care" approach for those individuals who have more complex behavioral health or IDD needs
 - Tailored Plans will manage both the physical health needs of the person with behavioral health and or IDD and their specialty care needs
 - The legislation states that there will be no fewer than 5 and no more than 7 Tailored Plans
 - July 2022

Standard Plan Enrollment



State-Wide Standard Plans

AmeriHealth Caritas North Carolina, Inc.
Blue Cross and Blue Shield of North Carolina
UnitedHealthcare of North Carolina, Inc.
WellCare of North Carolina, Inc.

- ✓ Standard Plans "Go Live" on July 1, 2021
- ✓ The NC Medicaid Enrollment Call Center number is 833-870-5500/TTY: 833-870-5588,
- ✓ Free NC Managed Care mobile app on Google Play or the App Store

Standard Plan Populations



- ☐ Medicaid beneficiaries not eligible for Tailored Plan
- ☐ Medicaid beneficiaries not excluded from Managed Care EXCLUDED:
 - Beneficiaries dually eligible for Medicaid and Medicare
 - PACE beneficiaries
 - Medically needy beneficiaries
 - Beneficiaries only eligible for emergency services
 - Presumptively eligible enrollees, during the period of presumptive eligibility
 - Health Insurance Premium Payment (HIPP) beneficiaries
- ☐ Medicaid beneficiaries not exempt
 - Members of federally recognized tribes-Tribal Option

Vaya Health Tailored Plan



- Vaya Health was notified they received the Tailored Plan Award on July 26, 2021.
- Currently working to submit documents that the NC DHHS required at 30, 60 and 90-days post award.
- In process of developing contracts with pharmacy and physical health providers.
- Vaya Health will "go live" as a Tailored Plan on July 1, 2022, or one year post award as determined by NC DHHS.

Tailored Plan Rollout



Project		20	2020		20	21		2022				
	Status	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Target Date
1115 Waiver Readiness	25% Complete								,	t		9/30/2022
TP RFA Response	100% Complete					†						2/2/2021
- Supplimental Question Response	Potential											Unknown
Electronic Visit Verification	70% Complete											1/1/2021
CMS Interoperability	35% Complete											6/30/2021
MCIS Current Business	32% Complete											8/2/2021
MCIS Physical Health	Not Started						1738					7/1/2022
Care Management Platform	Contracting											10/2/2021
NCQA	Delayed											11/30/2023
SOC2 Examination & Report	In Process											7/1/2022
Pharmacy Benefit Mgmt	Contracting											7/1/2022

Tailored Plan Go-live - July 1, 2022

* Tailored Plan Contract Award

Tailored Plan Populations



- ☐ Individuals with SED or a diagnosis of "severe" SUD or TBI
- ☐ SUD Diagnosis + Enhanced BH Service
- Individuals with a developmental disability
- ☐ Individuals receiving Innovations Wavier Services
- ☐ Individuals on the Registry of Unmet Needs
- ☐ Individuals with mental illness who:
 - ☐ Meet TCLI criteria
 - ☐ Had 2 or more psychiatric hospitalizations or readmissions 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
 - 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"
- Uninsured
- ☐ Individuals utilizing Electroconvulsive Therapy
- ☐ Individuals utilizing clozapine or longacting injectable antipsychotics

