



MCAC MANAGED CARE SUBCOMMITTEE

Provider Engagement and Outreach Kick-off Meeting

- **If you are joining remotely by webinar, registration is required. An audio PIN will be assigned when you register.**
- **When joining the webinar on Sept. 12, enter the audio PIN when prompted. This step is necessary for your question to be heard during the webinar.**
- **Callers are automatically placed on mute throughout the webinar.**
- **To ask a question, click the “raise your hand” icon to be added to the queue.**
- **When it is your turn, you’ll be taken off mute and asked to share your question.**
- **You may ask questions during the presentation and the open Q&A at the end.**
- **You can request help by typing in the chat box.**

MCAC Subcommittee webpage: [medicaid.ncdhhs.gov/meetings-and-notice/
committees-and-work-groups/medical-care-advisory-committee/mcac-subcommittee](https://medicaid.ncdhhs.gov/meetings-and-notice/committees-and-work-groups/medical-care-advisory-committee/mcac-subcommittee)



MCAC MANAGED CARE SUBCOMMITTEE

Provider Engagement and Outreach

Kick-off Meeting

Sept. 12, 2018

Welcome

Sam Clark, MCAC Representative

C. Thomas Johnson, MCAC Representative

Debra Farrington, NCDHHS Stakeholder Engagement Lead

Sheila Platts, NCDHHS Provider Engagement Lead

Lynne Testa, NCDHHS Subject Lead

Agenda

- **Introductions**
- **Subcommittee Charter**
- **Meeting Schedule and Work Plan**
- **Logistics and Member Participation**

BREAK

- **Medicaid Managed Care Key Milestones**
- **Provider Engagement and Outreach Overview**
- **Next Steps**

Charter

- Identify provider engagement needs during transition period (e.g., Administrative Overview, Enrollment and Credentialing, Ombudsman, Enrollment Broker, Clinical Initiatives)
- Evaluate engagement strategy and methods for supporting providers through Medicaid Managed Care transition
 - Identify new engagement methods
 - Leverage existing relationships (e.g., Associations) to promote provider engagement and outreach
- Recommend strategy for engaging providers pre- and post-Medicaid Managed Care launch
 - Define roles and responsibilities (e.g., DHHS, PHPs) for provider engagement and outreach
 - Identify provider communication channels for offering feedback
- Implement engagement strategy

Meeting Schedule and Work Plan

KICK-OFF MEETING

Sept. 12, 2018
1 p.m. to 3 p.m.

Dorothea Dix Campus
McBryde Building, Room 444
820 S. Boylan Avenue, Raleigh

Remote attendance available

- Subcommittee Charter
- Expectations, Logistics, Meeting Frequency
- Medicaid Managed Care Key Milestones
- Provider Engagement Overview

MEETING #2

Oct. 24, 2018
10:30 a.m. to 12:30 a.m.

Dorothea Dix Campus
McBryde Building, Room 444
820 S. Boylan Avenue, Raleigh

Remote attendance available

- Key Planning Discussion Questions
- Collaborative Approach to Provider Engagement Efforts
- Engagement Strategy and Methods

Logistics and Member Participation

- Meetings will be available in-person and remotely by webinar or teleconference
- Meetings are open to the public
- Public will have time at the end of each meeting to comment
- Direct written comment to Medicaid.Transformation@dhhs.nc.gov

MEMBERS:

Active participation during meetings will be key to informed input

Offer suggestions, information and perspective

Engage with other members

Ask questions

DHHS Silent Period in Effect

- As directed by Session Law 2018-249, the Department issued an RFP for Medicaid Managed Care Prepaid Health Plans (PHPs) on Aug. 9, 2018. Therefore, DHHS is in a silent period through the award of the PHP contracts.
- During the silent period, please note that Department employees may not discuss the PHP RFP. However, discussions on other topics may continue to be held as part of the normal course of business. This includes discussions related to issues of interest to DHHS and other health care stakeholders (e.g., the opioid crisis or promoting childhood vaccination), even if those topics may be reflected in the RFP, provided that discussions do not address the PHP RFP in any way.
- Please direct procurement related inquiries regarding the PHP RFP Medicaid.Procurement@dhhs.nc.gov.

DHHS Prepaid Health Plan RFP Disclaimer

- The Department is bound only by information provided in the RFP and any formal addenda issued. The RFP takes precedence over anything said today.
- The Department is in a silent period. Potential offerors are cautioned that communications with the Department or any government agency or stakeholder is prohibited except as initiated by the Department, a general inquiry, or status of award.
- Statements and materials discussed are informational only, are not binding upon the Department, and do not replace reading, reviewing and complying with the RFP.
- Communication by an offeror, or subcontractor of an offeror, regarding the content of a proposal or an offeror's qualifications, or any other information considered to have the effect of directly or indirectly influencing the evaluation of proposals or award of a contract, is prohibited and any offeror not in compliance may be disqualified from contract award.
- All questions and issues regarding any term, condition, instruction or other component within the RFP must be submitted through the question and answer process described in the RFP.
- If the Department determines changes will be made because of the questions asked, then such decisions will be communicated in the form of an RFP addendum and posted on the State's Interactive Purchasing System (IPS) and the Medicaid Transformation website.
- Send inquiries regarding the RFP by email to Medicaid.Procurement@dhhs.nc.gov. This email address is also included in the RFP.



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.

North Carolina's Goals for Medicaid Managed Care

1

Measurably improve health

2

Maximize value to ensure program sustainability

3

Increase access to care

North Carolina's Move to Managed Care

- Transform North Carolina Medicaid and NC Health Choice programs from predominantly fee-for-service to managed care system
- Transition 1.6 million Medicaid beneficiaries to managed care
 - Mandatory, excluded, delayed
- Phased rollout
 - Phase 1: November 2019
 - Phase 2: February 2020
- PHPs
 - 4 statewide Commercial Plans
 - Up to 12 Provider-led Entities in 6 regions
- PHPs must include all willing providers in their networks, limited exceptions apply; identifies essential providers

Excluded Services and Populations at Launch

- Dental services
- Services prescribed by Local Education Agencies
- Services provided by Child Development Service Agencies
- Eyeglasses and provider visual aid dispensing fee
- Individuals dually eligible for Medicaid and Medicare
- Populations with short eligibility spans (e.g., medically needy and populations with emergency-only coverage)
- Enrollees with periods of retroactivity and presumptive eligibility
- Health Insurance Premium Payment beneficiaries
- Program of All-inclusive Care for the Elderly (PACE) beneficiaries
- Family planning
- Prison inmates
- Recipients under CAP/C and CAP/DA
- Other population carve outs

Medicaid Transformation Status

Nov. 2017 and as needed	Policy Papers
March 2018 Awarded August 2, 2018	Enrollment Broker RFP
May 2018	Ombudsman RFI Released RFP Pending
July 2018 passed	Key Legislation HB 403 and HB 156
July 2018 to be opened Sept. 7, 2018	Provider Data Contractor
August 2018 to be opened Oct. 12, 2018	Prepaid Health Plan RFP

Key Milestones in Progress

**Behavioral
Health
Integration**

Achieved in recent
legislation

PHP Licensure

PHP RFP

Issued August 9

**1115 Waiver
Approval
by CMS**

Anticipated shortly

Medicaid Managed Care goes live in 2019

Upcoming

- Local Health Department Care Management Initiatives
- Advanced Medical Home Attestation
- Provider Data Management (PDM) Award
- External Quality Review Organization (EQRO) RFP

HB 403 (amends SL 2015-245)

Medicaid and Behavioral Health Modifications

- **Definitions**
- **Service carve outs**
- **Population carve outs**
- **Number of capitated contracts**
- **LME-MCOs**
- **Behavioral Health/IDD Tailored Plans**

HB 156 (amends several statues)

PHP Licensure & Transformation Modifications

- **Changes to Chapter 58**
 - Creates a new PHP Licensing Act (Section 1)
 - Liquidation of PHPs (Section 2.(a))
 - Coverage and Limitations (Section 2.(b))
 - Health Maintenance Organization Act (Section 2.(c))
- **Chapter 108A Social Services**
 - Beneficiary Lock-in Program for Certain Controlled Substances (Section 3. (a))
- **Changes to SL 2015-245**
 - Section 3 – Time Line for Medicaid Transformation
 - Section 4 – Structure of Delivery System
 - Section 5 – Role of DHHS
 - Adds a new Section 7A – Advanced Medical Homes
- **New Sections**
 - PHP Premium Taxes (Section 8)
 - Hospital Provider Assessment Act (Section 9)
 - PHP Request for Proposal Release Timeline (Section 10)

Context/Level-Setting: Key Definition

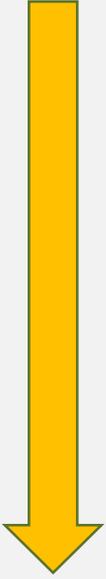
Provider Engagement and Outreach

Information, supportive tools, forums and resources that enable and encourage providers to participate, effectively engage, and provide feedback on the Department's Medicaid transformation efforts

Context/Level-Setting: Types of Activities

Provider engagement and outreach activities range in intensity of effort and specialization of audience. All types will be needed.

Lower Intensity, Broader Audience



Higher Intensity, Specialized Audience

Types	Objectives	Potential Approaches
Information dissemination	<ul style="list-style-type: none"> ▪ Enhance awareness and clarity on new programs / initiatives ▪ Communicate process points ▪ Share best practices 	<ul style="list-style-type: none"> ▪ Guidelines ▪ FAQs ▪ White papers/Manuals
Feedback opportunities	<ul style="list-style-type: none"> ▪ Clarify program design/ inform future direction ▪ Provide forums for providers to voice challenges / issues with transformation implementation ▪ Increase provider buy-in / adoption 	<ul style="list-style-type: none"> ▪ Regional meetings / Listening sessions ▪ Trade group engagement/ MCAC Committee engagement ▪ Help line ▪ Designated website/e-mail for feedback
Training	<ul style="list-style-type: none"> ▪ Provide information tailored to particular provider stakeholder groups (small/rural practices, specific regions, etc.) ▪ Provide “deeper dive” focus, including application of practical tools ▪ Link providers with peer supports 	<ul style="list-style-type: none"> ▪ Learning collaborative ▪ Group educational sessions (tailored by provider type) ▪ Practical tools (model forms, model process flows)
Practice-level technical assistance (TA)	<ul style="list-style-type: none"> ▪ Resolve practice-specific implementation challenges ▪ Proactively help practices with transformation 	<ul style="list-style-type: none"> ▪ TA Help Desk ▪ Practice-specific TA

Provider Education and Engagement Activities To-Date

Current State and PHPs efforts are insufficient to drive widespread provider engagement and participation in managed care transformation.

Current State Efforts

- Published policy papers and respond to stakeholder comments
- Identified and engaged associations, foundations and organizations in transformation activities
- Developed and launched MCAC subcommittee meetings on managed care design (e.g. credentialing, network adequacy and quality)
- Conducted webcasts on managed care design
- Planning regional forums on managed care design (e.g., AMH)

Planned PHP Efforts

- Develop and update provider education and engagement plan annually
- Conduct regional forums
- Offer TA on a regional basis
- Issue quarterly provider education and engagement report
- Educate on PHP-related policies/procedures
- Participate in state-led efforts to continue design of key program areas (e.g. AMH TAG; Centralized credentialing)

Provider Education and Engagement



Areas of Immediate Focus

DHHS is targeting its provider education and engagement efforts first on AMH and next on LHD care management related initiatives.

- **AMH** is the **immediate** priority for provider education and engagement efforts given that key features (e.g., certification and attestation) launch prior to managed care implementation

- **LHD-related care management initiatives** will need to commence in **Fall 2018** so that providers delivering maternity care and LHDs are prepared to participate in managed care

Current DHHS planning is underway to prepare providers for the role of the enrollment broker and implementation of centralized credentialing as part of the transition to managed care

Context/Level-Setting: Provider Role

As part of the Medicaid transformation, the State is asking providers to assume increasing responsibility for the quality and efficiency of care.

Transition to Medicaid Managed Care*

Advanced Medical Home Transformation

Social Determinants of Health Strategies

Behavioral Health Integration

Quality Performance Achievement

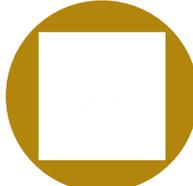
Value Based Payment Adoption

Opioid Use Crisis Strategies

Increased Telemedicine Use

At-Risk Children Support

Pregnancy Care Outcomes Improvement



Strong provider participation and successful implementation requires practice-level buy-in and change achieved through a sustained provider education and engagement strategy

*Spanning preparation for managed care launch, go-live, continued operations (including provider level changes in areas such as billing and quality) and ongoing assessment

Other Initiatives Requiring Provider Education and Engagement

DHHS will need to continue and expand provider education and engagement efforts to ensure successful implementation of Medicaid transformation.

Initiative	Provider Understanding / Capabilities Required for Success	Provider Types Needing Support	Type of Support Needed
Managed Care Administrative Orientation	<ul style="list-style-type: none"> ▪ Understanding of managed care transition timing and provider expectations in managed care delivery system <ul style="list-style-type: none"> ▪ Specific training on topics (e.g. contracting, network adequacy, credentialing, appeals/grievances, etc.) 	<ul style="list-style-type: none"> ▪ All providers on general information/ expectations ▪ Small / mid-sized or rural providers & providers with less contracting experience 	<ul style="list-style-type: none"> ▪ Information Dissemination ▪ Feedback Opportunities ▪ Training
Identifying and Addressing SDOH-related Needs	<ul style="list-style-type: none"> ▪ Understanding of State's focus on SDOH and its impact on health outcomes and healthcare costs ▪ Capability for collecting, storing and reporting information related to "unmet resource needs," including how to use the State's standardized SDOH screening questions ▪ Understanding of the Resource Platform's purpose and how to use its various functionalities to support addressing identified unmet resource needs 	<ul style="list-style-type: none"> ▪ All providers 	<ul style="list-style-type: none"> ▪ Information Dissemination ▪ Feedback Opportunities ▪ Training ▪ Practice-level TA
SDOH Pilots	<ul style="list-style-type: none"> ▪ Understanding of the SDOH Pilots, the services made available and implications for providers (e.g., how a provider might refer a beneficiary for an assessment of qualifying for pilot services) ▪ For Tier 3 AMHs: targeted information dissemination on Pilot care manager roles and responsibilities 	<ul style="list-style-type: none"> ▪ All providers (in pilot regions); Targeted focus for Tier 3 AMHs ▪ Community-based Organizations 	<ul style="list-style-type: none"> ▪ Information Dissemination ▪ Feedback Opportunities ▪ Training

Key Questions



**What should the State's role be in provider engagement and outreach?
How does that intersect with the PHPs' role?**



**What are the priority initiatives of focus? What can and should be
available immediately?**



**What next steps should the State undertake to ensure it has the
necessary infrastructure, resources and funding to launch provider
engagement and outreach?**

Discussion

Appendix

Provider Engagement and Outreach Subcommittee Members

- Identify provider engagement and outreach needs during transition period
- Evaluate engagement strategy and methods for supporting providers through Medicaid managed care transition
- Recommend strategy for engaging providers pre and post Medicaid managed care launch

Slot Represented	Member	Company
MCAC	Samuel B. Clark	NC Health Care Facilities Assn.
MCAC	David Tayloe	Coastal Children's Clinic
MCAC	Steven Small	NC College of Emergency Physicians
MCAC	Ted Goins	Lutheran Services Carolina
MCAC	C. Thomas Johnson	Southeastern Health
Provider Association	Kristen Spaduzzi	NC Medical Society
Provider Association	John Woodyear	Old North State Medical Society
Provider Association	Ben Money	NC Community Health Ctr. Assn.
Provider Association	Elizabeth Hudgins	NC Pediatric Society
Provider LIP	Jill Hinton	Private Practice/Licensed Psych

Provider Engagement and Outreach Subcommittee Members

Slot Represented	Name	Company
Provider Association	Gregory Griggs	NC Academy of Family Physicians
Specialty	Kate Borders	OB/GYN
Individual/Practice/Home Health	Lee Dobson	Area Director, Government Affairs, Bayada
LME-MCO	Lachelle Freeman	Partners Behavioral Health
LME-MCO	Sara Wilson	Alliance Behavioral Health
Local Health Department	Heather Miranda	Wake Human Services
Provider Association	Scott Harrelson (Craven County)	NC Association Local Health Directors
Family Member	Teka Dempson	Family Member/CFAC Alliance
Other	Gladys Lundy-Lamm	NC Justus-Warren Taskforce
Other	Linda Miller	Area Agency on Aging