



Division of Health Benefits

NC Medicaid Enrollment Broker Update

Sandra Terrell, NC Medicaid

March 8, 2019

Today's Discussion

- **What is an Enrollment Broker (EB)?**
 - CMS definition and requirements
- **NC EB services**
 - Choice counseling
 - Enrollment assistance
 - Outreach and education
- **NC EB process flow**
- **Measurements for success**



GOAL:

Help stakeholders understand the enrollment broker function and what makes a successful program.

Common NC Medicaid Managed Care Terminology

Beneficiary and Member

- **Beneficiary:** individual who is eligible for Medicaid/NCHC
- **Member:** beneficiary who is enrolled in a Plan

Eligibility and Enrollment

- **Eligibility:** determining whether individuals are eligible for Medicaid/NCHC programs
- **Enrollment:** joining a PHP/PLE which is responsible for most medical care for members



Common NC Medicaid Managed Care Terminology

Medicaid Program

- NC Medicaid Managed Care
 - PHPs and PLE
- NC Medicaid Fee for Service (FFS)
 - Current Medicaid program

Plans

- PHP: Prepaid Health plan – insurance companies managing health care
- PLE: Provider Led Entity – group of providers (hospital, doctors, etc.) who join together to provide health care



NC Medicaid Managed Care Standard Plans

Prepaid Health Plans (PHPs) for NC Medicaid Managed Care:

- Statewide:
 - ✓ AmeriHealth Caritas North Carolina, Inc.
 - ✓ Blue Cross and Blue Shield of North Carolina
 - ✓ UnitedHealthcare of North Carolina, Inc.
 - ✓ WellCare of North Carolina, Inc.

Provider Led Entity (PLE) for NC Medicaid Managed Care:

- Region 3 and Region 5:
 - ✓ Carolina Complete Health, Inc.

Managed Care Phase 1 & Phase 2 Overview

North Carolina Medicaid and NC Health Choice programs will be transformed from Fee-For-Service to Managed Care through a regional launch approach for the cross-over population.

What is Managed Care?

NC Medicaid Managed Care will be administered by 4 Prepaid Health Plans (PHPs) and 1 Provider Led Entity (PLE).

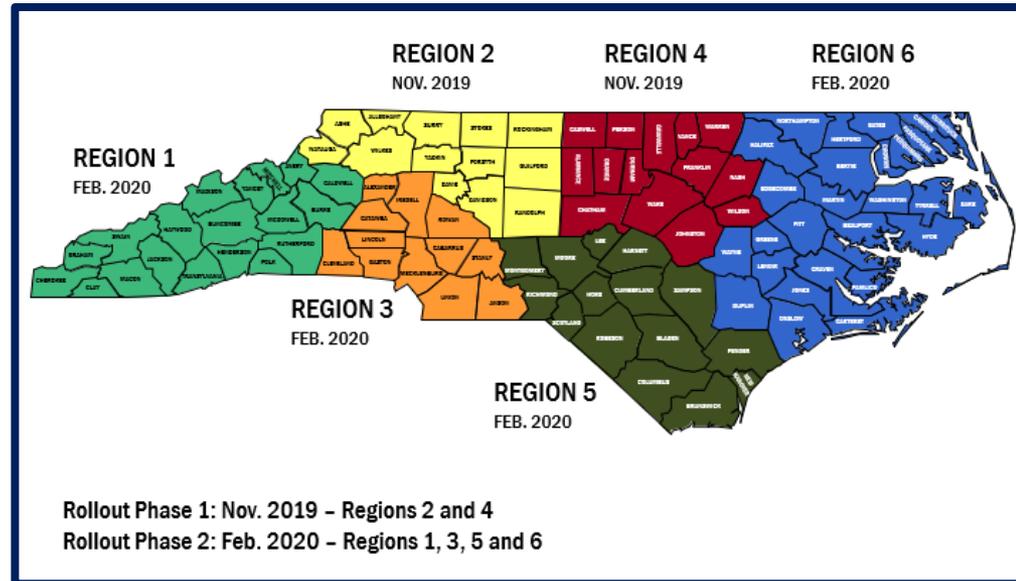
Who?

Mandatory, excluded, and exempt populations.

How?

Beneficiaries will be allowed to choose a plan during their region's open enrollment period. If no plan is chosen, they will be auto-assigned to a Plan after the open enrollment period ends.

Note: Tailored Plans will not come into affect until 2021.



Managed Care Phase 1 (Regions 2&4)

- Soft Launch: 6/3/2019
- Open Enrollment: 7/15/19 – 9/13/19
- Managed Care Launch: 11/1/19

Managed Care Phase 2 (Regions, 1, 3, 5, 6)

- Soft Launch: 9/2/2019
- Open Enrollment: 10/14/19 – 12/13/19
- Managed Care Launch: 2/1/20

Medicaid Managed Care Regions

Region 1

Avery
Buncombe
Burke
Caldwell
Cherokee
Clay
Graham
Haywood
Henderson
Jackson
Macon
Madison
McDowell
Mitchell
Polk
Rutherford
Swain
Transylvania
Yancey

Region 2

Alleghany
Ashe
Davidson
Davie
Forsyth
Guilford
Randolph
Rockingham
Stokes
Surry
Watauga
Wilkes
Yadkin

Region 3

Alexander
Anson
Cabarrus
Catawba
Cleveland
Gaston
Iredell
Lincoln
Mecklenburg
Rowan
Stanly
Union

Region 4

Alamance
Caswell
Chatham
Durham
Franklin
Granville
Johnston
Nash
Orange
Person
Vance
Wake
Warren
Wilson

Region 5

Bladen
Brunswick
Columbus
Cumberland
Harnett
Hoke
Lee
Montgomery
Moore
New Hanover
Pender
Richmond
Robeson
Sampson
Scotland

Region 6

Beaufort
Bertie
Camden
Carteret
Chowan
Craven
Currituck
Dare
Duplin
Edgecombe
Gates
Greene
Halifax
Hertford
Hyde
Jones
Lenoir
Martin
Northampton
Onslow
Pamlico
Pasquotank
Perquimans
Pitt
Tyrrell
Washington
Wayne



Understanding Managed Care Impacts to Beneficiaries



What's New

1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care

What's Staying the Same

1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS



Who is Enrolled in NC Medicaid Managed Care?

Mandatory

Many populations are required to be in Managed Care:

- Most Family & Children's Medicaid beneficiaries
- Pregnant Women
- Non-Medicare ABD

Excluded

Some populations cannot enroll in Managed Care:

- **Excluded:** Individuals in FPP, MQB only, Medically Needy, HIP, PACE, RMA, etc.
- **Delayed:** Dually-eligible Medicaid/Medicare, Foster Care/Adoption, CAP-C, etc..

Exempt

Some populations may choose FFS or Managed Care

- Federally recognized tribal members
- Individuals eligible for behavioral health tailored plans (until available)

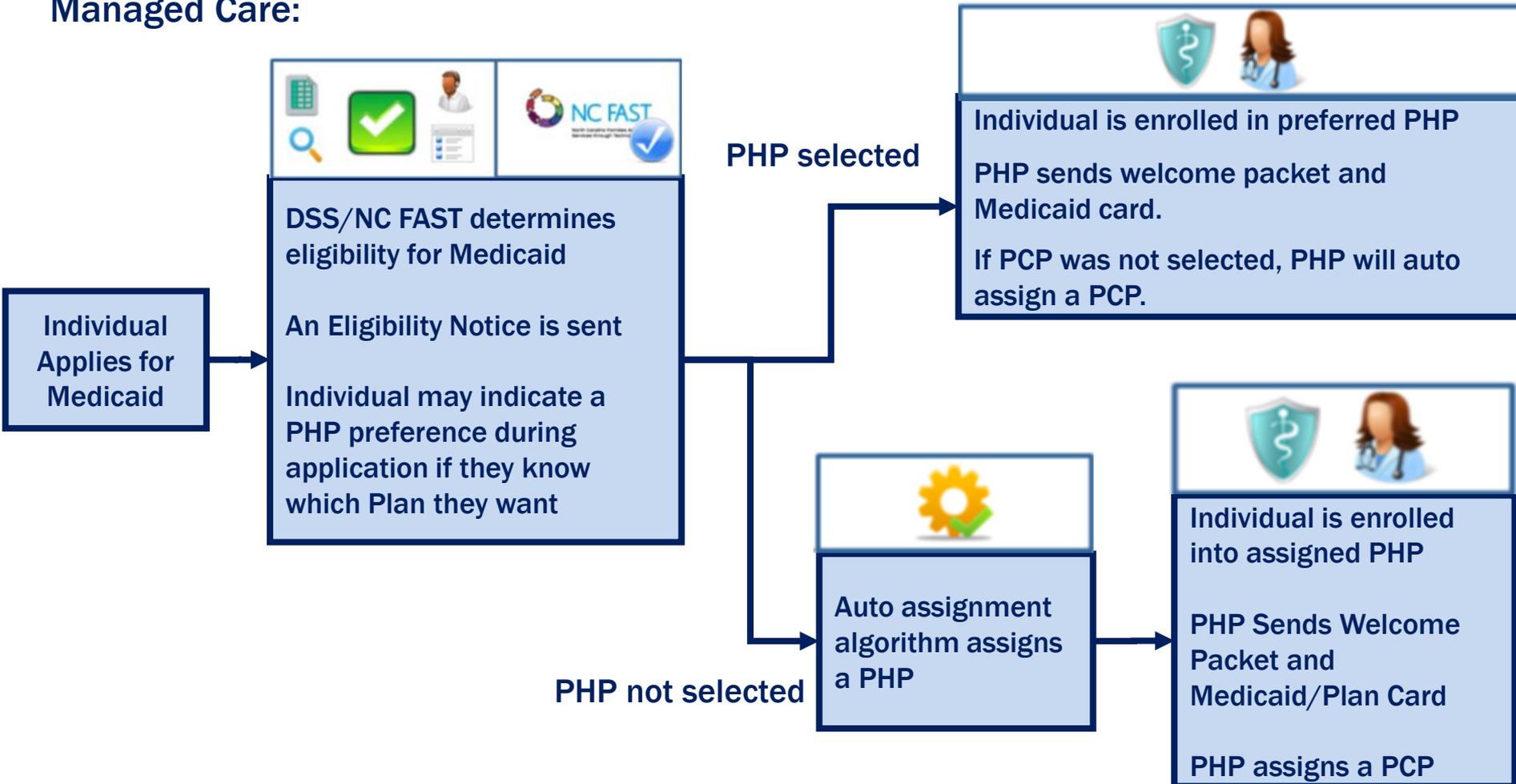


How are Beneficiaries Enrolled?

- 1. Individual indicates Plan Preference at application:**
 - Caseworker enters Plan Preference into NC FAST, or
 - Applicant enters Plan Preference into ePass
 - Upon case activation, the system will validate preference and assign accordingly
- 2. Auto-Assignment – beneficiaries who do not choose a Plan or PLE will be auto-assigned to one**
 - Beneficiaries will have 90 day period to change
- 3. Individual Selects a Plan through Enrollment Broker:**
 - During Managed Care Open Enrollment
 - At redetermination (if they want to change)

To-Be Eligibility & Enrollment Process

High-Level Eligibility & Enrollment Process for New Enrollees Eligible for NC Medicaid Managed Care:



When are Beneficiaries Enrolled? Transition Period

• Phase 1

– Soft Launch

- June 3, 2019

– Open Enrollment

- July 15, 2019 -
September 13, 2019

– Managed Care Launch

- November 1, 2019

• Phase 2

– Soft Launch

- September 2, 2019

– Open Enrollment

- October 14, 2019 -
December 13, 2019

– Managed Care Launch

- February 1, 2020

- Enrollment is effective as of Managed Care Launch Date
- If beneficiary does not enroll during open enrollment, they will be auto-assigned.

When are Beneficiaries Enrolled? Ongoing

Newly Eligible Beneficiaries

- Enrolled effective the month the application is dispositioned
 - This may mean a portion of their eligibility period will still be Fee-For-Service
- 90 Day Choice Period

Beneficiaries with Change of Circumstance Impacting Enrollment

- Enrolled effective the month following the change

At Redetermination:

- Beneficiaries may choose to remain with current plan or change (via Enrollment Broker)
- 90 Day choice period

Auto-Assignment

Beneficiaries who do not select a plan will be auto-assigned to a Plan. The auto-assignment algorithm is based on the following criteria.*

- 1 Beneficiary's geographic location
- 2 Whether beneficiary is member of a special population
- 3 Historic provider-beneficiary relationship
- 4 Plan assignments for other family members
- 5 Previous PHP enrollment during previous twelve (12) months
- 6 Equitable plan distribution with enrollment subject to:
 - PHP enrollment ceilings and floors
 - Increases in a PHP's base formula based
 - Intermediate sanctions or other considerations

*Subject to Change

Medicaid Cards

- Once a beneficiary is enrolled in Managed Care, they will only need **1 Medicaid Card**.
 - The Plans will use the same Medicaid ID number as FFS and must include carved out services on the back of the card.
- Members should call the Plans for replacement cards, at no cost.

Medicaid Card for Managed Care

- Includes the beneficiary's Plan information on it
- Includes the Medicaid ID (CNDS)
- May also have a member number

Medicaid Card for FFS

- Includes the Medicaid ID (CNDS)

Note: Samples of the Medicaid Cards for Managed Care will be shared with the local DSS

Managed Care Phase 1 (Regions 2 & 4) Timeline

PHPs complete Comparison Template for EB

PHP Marketing Materials to DHB begins

Region 2 and 4 Beneficiaries will:

- Receive Welcome Packet + Letter
- Select Provider/Plan thru Application or EB

Beneficiaries that do NOT select a plan will be auto-enrolled into a plan.

Members will receive notice of Plan Assignment.

PHP begins sending Members Insurance Cards

↑ 
PHP Marketing Materials

↑ 
Soft Launch 1

↑ 
Plan Auto Assignment

↑ 
Member Card Sent

Open Enrollment

3/1/19 5/18/19 (M) 6/3/19 07/15/19 08/15/19 09/13/19 11/1/19
3/25/19 5/21/19 (D)

PHP Provider Directory to EB



PHPs provide provider directory to EB for Soft Launch

834 to PHP



Daily 834 Enrollment File Transmission Begins

Transition of Care



Transition of Care sent to PHPs for continued support

7 days notice of member enrollment

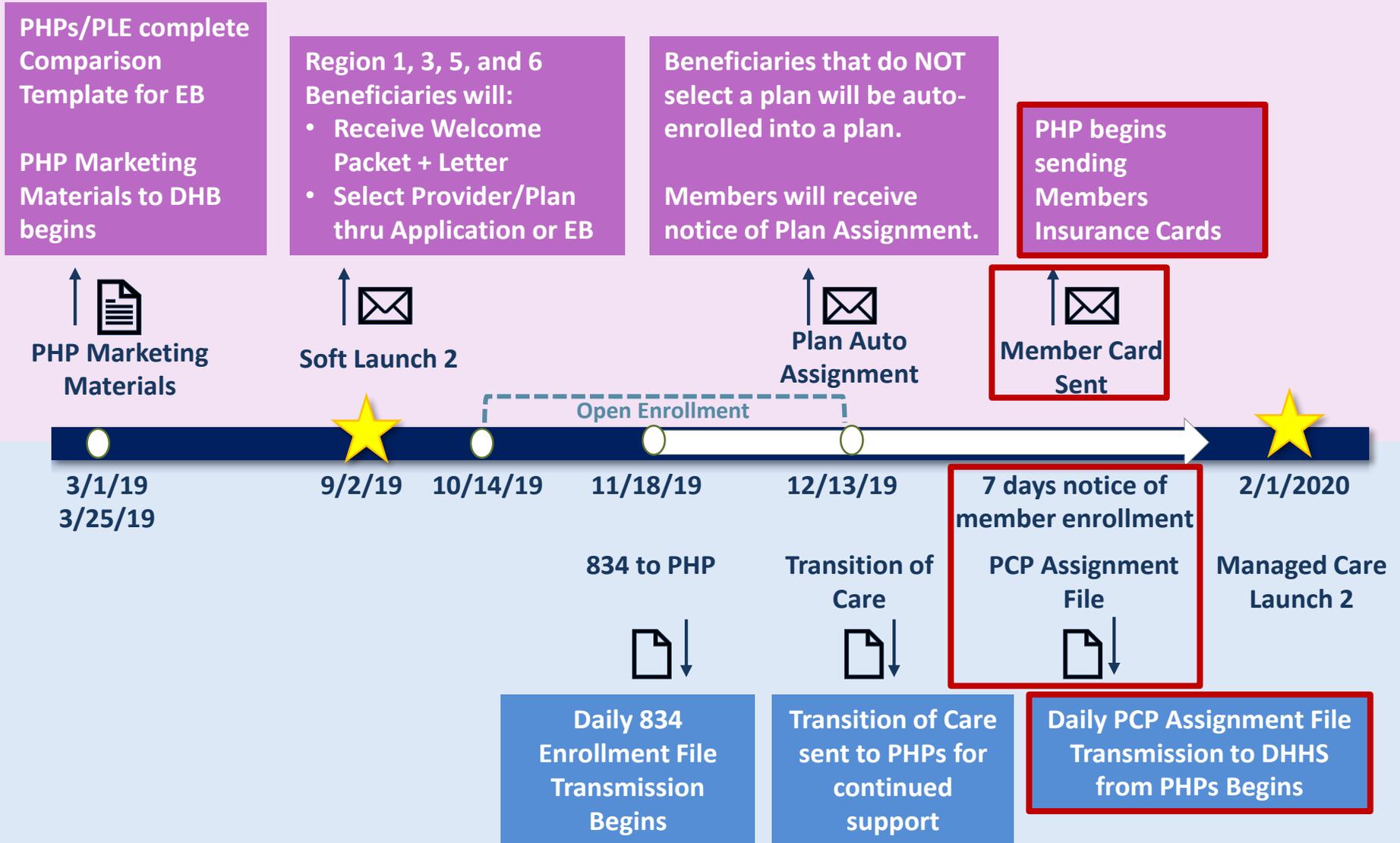
PCP Assignment File



Daily PCP Assignment File Transmission to DHHS from PHPs Begins

Managed Care Launch 1

Managed Care Phase 2 (Regions 1,3,5,6) Timeline



Enrollment Broker Defined

- An enrollment broker is an individual or entity that performs choice counseling or enrollment activities, or both.
- Enrollment activities include:
 - Distributing, collecting, and processing enrollment materials
 - Taking enrollments by phone or through electronic methods of communication
- Eligibility services are completed by the state, not by an enrollment broker.

Source:

The Centers for Medicare & Medicaid Services (CMS)
Code of Federal Regulations 42 CFR § 438.810 -
Expenditures for enrollment broker services



Independent and Conflict Free

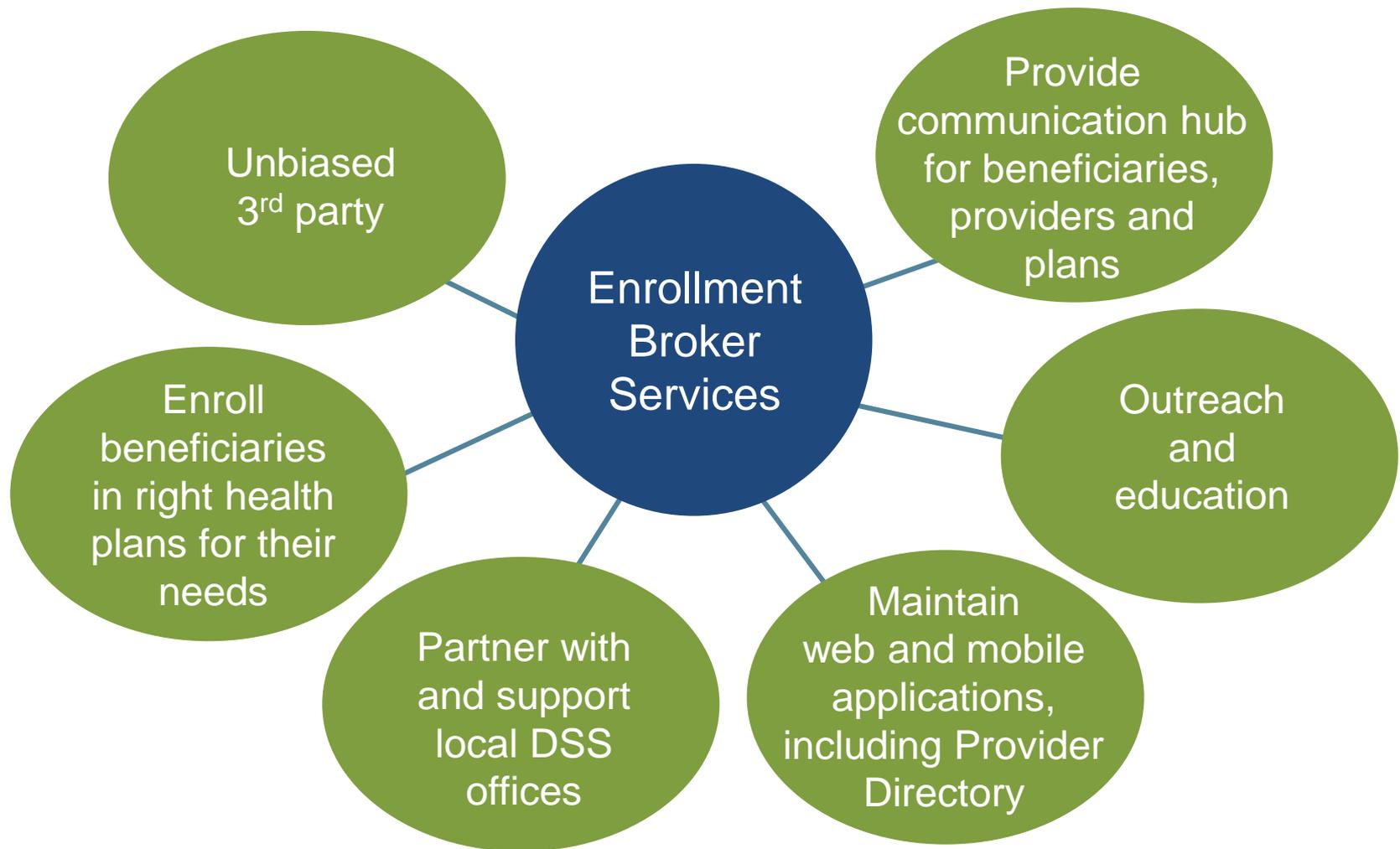
- **Enrollment brokers and subcontractors must not have direct or indirect financial ties to any health plan or healthcare provider that furnishes services in the same state where the enrollment broker work is performed.**

- CFR 42 § 438.810



Unbiased enrollment broker services can ensure program integrity while helping beneficiaries select the best health coverage for them and their family.

Enrollment Broker Services in North Carolina



Choice Counseling

- **Delivering information and assistance effectively to consumers**
 - Provide unbiased, culturally competent choice counseling services to beneficiaries
 - Simplify the application and enrollment process so it's easy for consumers to understand, and satisfy program requirements
 - Achieve improved voluntary choice rates for better health outcomes



Trained customer
service team



Responsive and
empathetic



6th grade level
of health literacy

Focus on Health Literacy

- **Making a real connection with those we serve**
 - Understand underserved populations better than anyone
 - Speak their language (multi-language support and translation services)
 - Provide user-friendly, culturally appropriate support
 - Perform usability and community testing
 - Nationally recognized for work in health literacy



Enrollment Assistance

- **Streamlining the decision making and enrollment process**
 - Communicate with consumers on their preferred channels – whether by web, phone, email, text and mobile app
 - Proactively engage beneficiaries at critical points to ensure they enroll as necessary



Multichannel
including mobile



Self-service



60% of consumers
don't understand
their benefits

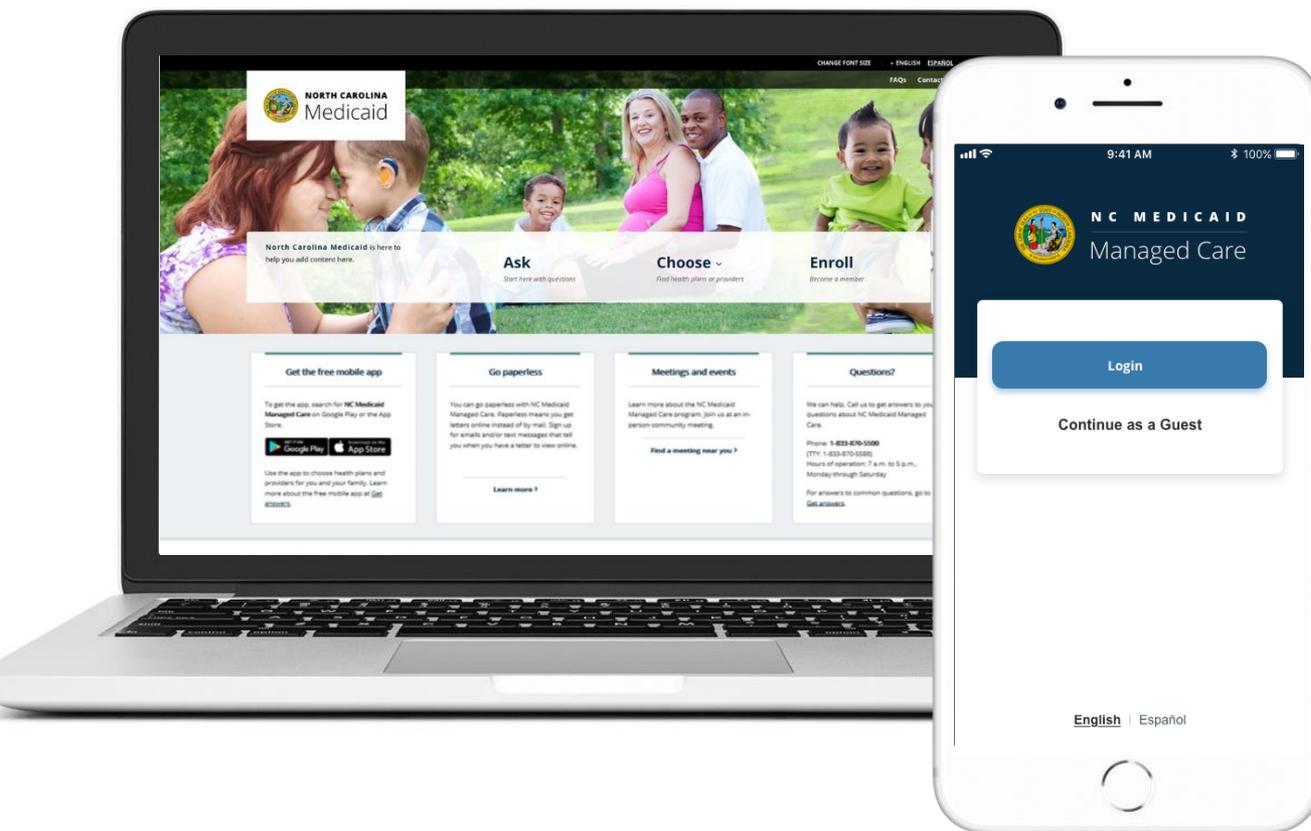
Multichannel Enrollment

- **Supporting consumers' changing expectations**
 - Provide empathetic personal help for those who need it
 - Make it easier to take action (web, mobile, IVR, phone)
 - Offer self-service and mobile usage options aligned with consumer preferences



Digital Solutions and Analytics

- Gaining a window into consumer/member engagement
 - Simplify the application and enrollment process for consumers, while satisfying program requirements



- Enrollments by channel
- Mobile enrollments
- Mobile sessions
- Weekly app updates
- Member views/updates of case information

Outreach and Education

- **Ensuring a seamless and streamlined beneficiary experience**
 - Partner with North Carolina’s county DSS offices and community organizations to provide managed care training
 - Provide member materials that are understandable and accessible
 - Conduct outreach services that meet consumer’s cultural and behavioral expectations



In-person services,
group presentations
and health fairs



Distribution of
information and
educational materials

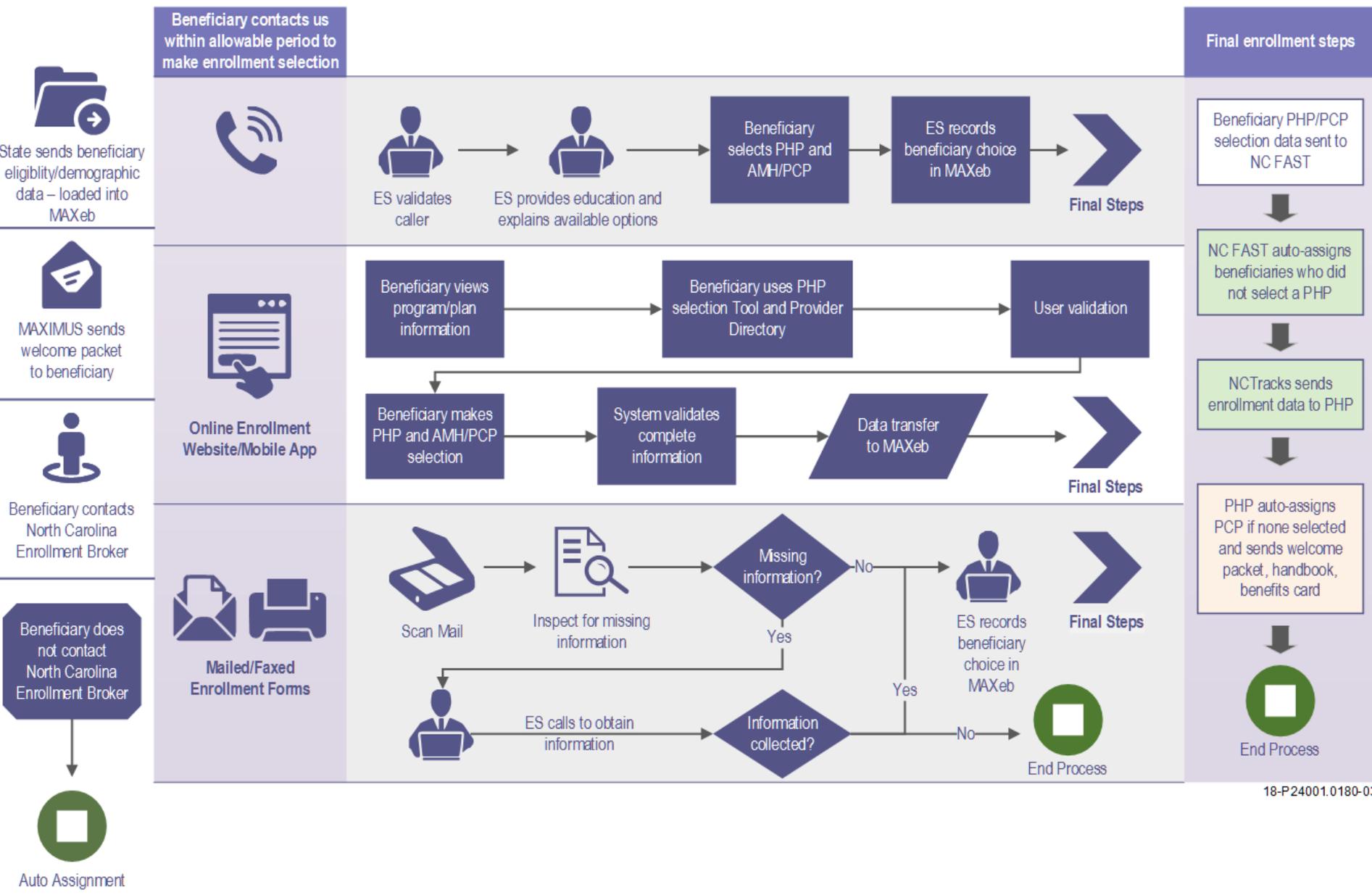


Training

Enrollment Broker Call Center

- **Choice counseling when the beneficiary is ready to select a primary care physician and prepaid health plan**
- **Provide navigational assistance on the digital solution**
 - Website, web chat, mobile app
- **Provide empathetic personal help for those who need it**
- **Mail enrollment notices throughout enrollment cycle**
 - Transition Phase 1 and Phase 2
 - New Enrollees
 - Annual Recertification
- **Returned mail**

NC Enrollment Broker Process Flow



18-P24001.0180-03

How Can You Measure Program Success?

- **Consumer satisfaction scores**
 - Based on Automated customer satisfaction surveys we administer on our enrollment broker projects
- **Contact center data**
 - Reported average speed to answer and abandonment rates
- **Notices and correspondence**
 - Outbound mail communications to consumers
- **Voluntary plan selection rates**
 - Represents the percent of population who actively select their health plan vs. being auto-assigned into a plan

Questions

