Medicaid Transformation:

What does it mean for Licensed Independent Practitioners?

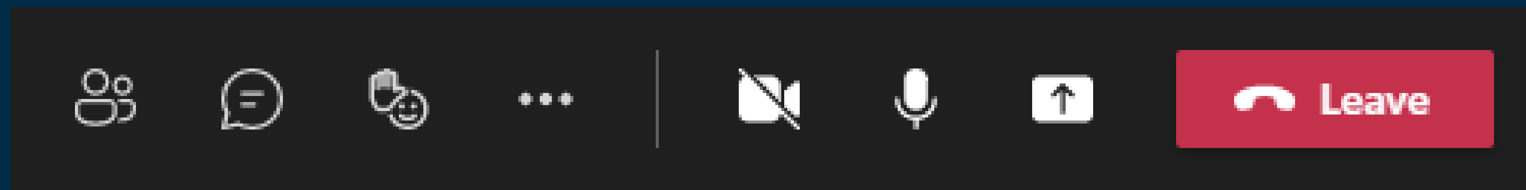
Tuesday, May 25, 2021

Presented by the Vaya Health Provider Advisory Council

WELCOME!

For everyone to be heard and have their questions answered:

- Please remain muted if you are not asking a question.
- If you have a question during the presentation, please add your question to the chat feature.
- After the presentation, please raise your hand to ask a question. You are welcome to continue to use the chat feature for your questions.



Provider Advisory Council Presenters

Carson Ojamaa, PAC President & State Director, Family Preservation Services of NC

Sarah Dunagan, PAC Vice President & Regional Operations Director, Daymark Recovery Services

Amy Sills-Jones, PAC Secretary & Chief Clinical Officer, Skill Creations

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Vaya Health Presenters

Brian Ingraham, President and CEO

Donald Reuss, Senior VP, Provider Network Operations

Judith Kirkman, Senior VP, Clinical Strategy

Vaya Health Provider Advisory Council

- Meets on the **third Wednesday** of each month, **9:00 a.m. – 12:00 p.m.**
- Currently virtual
- All Vaya providers are welcome and encouraged to attend
- For more information: provideradvisorycouncil@vayahealth.com

What is Medicaid Transformation?

Moving to NC Medicaid Managed Care

- Approximately **1.6 million** of the current **2.5 million** Medicaid beneficiaries will transition to NC Medicaid Managed Care.

- Beneficiaries who are considered "mild to moderate acuity" can choose from 5 Health Plans (PHPs) (i.e. Standard Plans):
  - AmeriHealth Caritas
  - Healthy Blue
  - United HealthCare Community Plan
  - WellCare
  - Carolina Complete Health (serving regions 3, 4, and 5)

NC Medicaid Managed Care Regions

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6

Moving to NC Medicaid Managed Care

- Eastern Band of Cherokee Indians (EBCI) Tribal Option
  Will manage the health care for North Carolina's approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties.

- **All Standard Health plans, all regions will go live on July 1, 2021**

What do some of the terms mean?

NC Medicaid Direct

- New name for our current Medicaid program.
- Fee-for-service + LME/MCOs (or PACE)
- What everyone on Medicaid has now

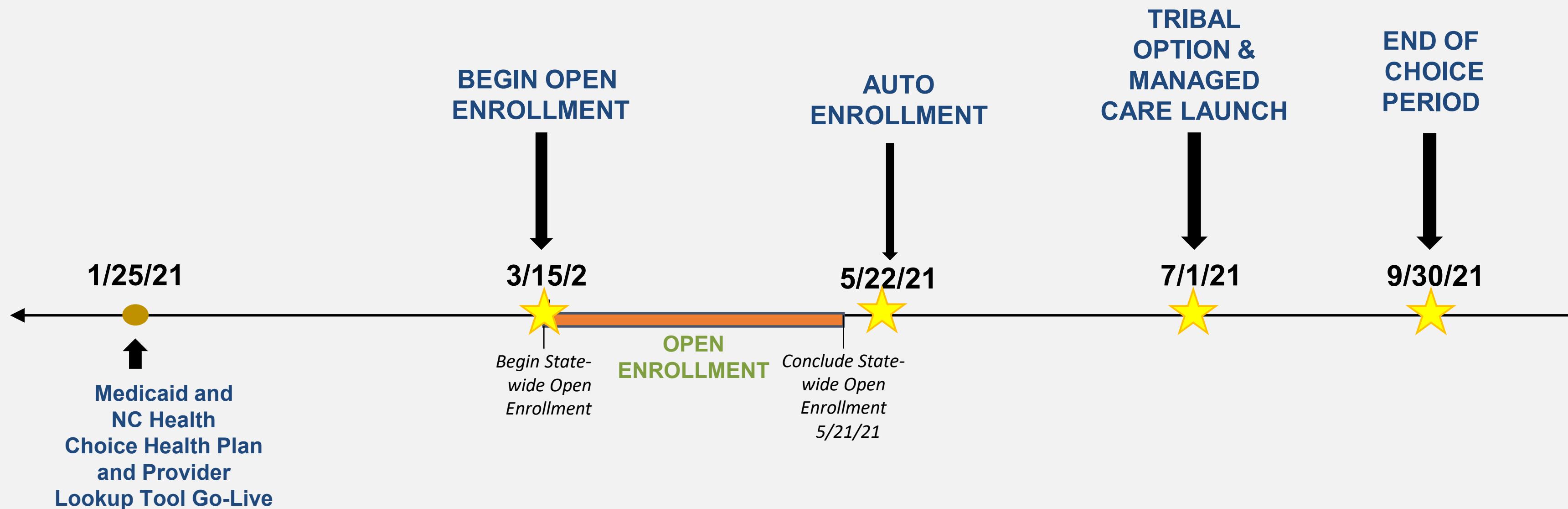
NC Medicaid Managed Care

- The term used reference the five "prepaid health plans" or "PHPs" or "health plan"
- Also called "Standard Plan" or "Standard Plan Option."
- Launch date (7/1/2021) is referenced as "Managed Care Launch (MCL)," "Managed Care Effective Date" or "Standard Plan Effective Date"

Tailored Plan

- Specialized plans for members with significant behavioral health needs and intellectual/developmental disabilities
- What will replace the LME/MCOs in 2022
- **NOT the focus of today's training session.**

Key Managed Care Milestones Timeline



Covered by BOTH Standard Plan and LME-MCO

Behavioral Health and I/DD Services

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- *Partial Hospitalization*
- *Mobile crisis management*
- *Facility-based crisis services for children and adolescents*
- *Professional treatment services in facility-based crisis program*
- *Outpatient opioid treatment*
- *Ambulatory detoxification*
- *Research-Based Behavioral Health Treatment*
- *Diagnostic assessments*
- *Non-hospital medical detoxification*
- *Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization*
- *Peer support*

EPSDT

Covered by ONLY LME-MCO

BH and I/DD Services

- Residential treatment facility services
- *Child and adolescent day treatment services*
- *Intensive in-home services*
- *Multi-systemic therapy services*
- *Psychiatric residential treatment facilities (PRTFs)*
- *Assertive community treatment (ACT)*
- *Community support team (CST)*
- *Psychosocial rehabilitation*
- *Substance abuse intensive outpatient program (SAIOP)*
- *Substance abuse comprehensive outpatient treatment program (SACOT)*
- *Substance use non-medical community residential treatment*
- *Substance abuse medically monitored residential treatment*
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

Waiver Services

- Innovations waiver services
- TBI waiver services
- 1915(b)(3) services

State-Funded BH and I/DD Services

State-Funded TBI Services

Frequently Asked Questions

What do I do if my member joins a Health Plan that I don’t have a contract with?

You have a couple of options:

1. Enroll with the person’s health plan
2. Assist the member in transferring to a provider who is part of the person’s health plan

How do I know what Health Plan my member belongs to?

- Obtain a copy of your members Medicaid card each month to assure you are aware of which plan they are with and which organization you should be billing for services
- Providers can also look up member health plan assignment through NCTracks
- It is possible for individuals to switch health plans for multiple reasons, so it is imperative that providers have a process for checking and verifying Medicaid health plan assignment

What will happen to unmanaged visits?

- All health plans will be following the Medicaid Clinical Coverage Policy 8C for the minimum requirements:
  - Physician-Based Evaluation and Management Services:
    - 22 unmanaged visits for individuals over 21.
    - There is no limit for individuals under 21
  - Outpatient Service:
    - 16 unmanaged for under 21
    - 8 unmanaged for over 21
    - 8 hours Psychological Testing

What will happen to unmanaged visits?

- Each health plan may have less restrictive benefits so please check with each individual plan to obtain their benefit package
- Individuals remaining in Medicaid Direct under Vaya Health will continue to be unmanaged without limitations and will not require prior authorization

What is Non-Emergency Medical Transportation (NEMT)?

- NEMT is a term that refers to Medicaid reimbursed transportation for members to medically necessary appointments
- Standard Plans will be using NEMT vendors to assist with scheduling and coordinating transportation to appointments for their assigned members

What is Non-Emergency Medical Transportation (NEMT)?

- You and/or the member will need to use the specific health plan vendor to access this service
- Members remaining in Medicaid Direct will continue to access NEMT through their local Department of Social Services systems until Tailored Plan go-live **July 1, 2022**

What will we bill to standard plans, starting July 2021? Is it procedure-code based?

- Please refer to your contract with each individual health plan for procedure codes and rates
- Most procedure codes are consistent across health plans, but each health plan might have some unique services in their plan
- It is up to each provider to negotiate reimbursement rates with each health plan

Can a member change what Health Plan they are enrolled with?

- Yes. Individuals that have chosen a Health Plan or was assigned a Health Plan during the auto enrollment period may choose to change their assigned Health Plan through the end of the choice period of 9/30/21
- At the end of the choice period the individual will need to stay in that Health Plan for the next year unless there is an acuity change necessitating a move to Medicaid Direct
- Individuals are eligible to change to Medicaid Direct at any times if they require enhanced Medicaid services

What do I do if my member is in a Standard Plan and needs to access enhanced services?

- If you have a member that is enrolled in a Standard Plan and needs to receive enhanced services that are only available under Medicaid Direct, then the member will have to agree to be transitioned from the Standard Plan to Medicaid Direct to receive that service.
- If the member does not choose to change health plans, they will not be able to receive the service

What do I do if my member is in a Standard Plan and needs to access enhanced services?

- You can assist your member in transitioning to Medicaid Direct by completing and submitting the below form:
  Request to Stay in NC Medicaid Direct and LME/MCO: Provider Attestation Form

- Or beneficiaries can submit:
  Request to Stay in NC Medicaid Direct and LME/MCO: Beneficiary Attestation Form

Can my member still access State funded services if they are part of a Standard Plan?

- No. People who access state funds for services must be enrolled with the LME/MCO.
- If a member has Medicaid and needs to access state funds for services, they must contact the Enrollment Broker to request to stay in Medicaid Direct.
- People who do not have any Medicaid coverage will not be enrolled in a Standard Plan.

Can I tell my clients what plans I am contracted with?

- Yes, we encourage all providers to post what health plans they are currently contracted with
- Providing information to members helps them make an informed choice on which health plan will best meet their needs
- Providers should **NOT** direct, steer, or coerce members to enroll with any specific health plan

Resources

- Enrollment Broker at: ncmedicaidplans.gov
- NC Medicaid Beneficiary Portal
- NC Medicaid Help Center
- NCDHHS Transformation website (Including Provider Playbook)

We are always here to assist you:

provider.info@vayahealth.com