



Licensed Independent Practitioner Collaborative Webinar

February 17, 2021



Welcome

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- ▶ Follow the Provider Knowledge Base link below to view documents related to the LIP Collaborative:
<https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>
- ▶ Register for Partners Publications
 - <https://partnersbhm.org>
 - Scroll to bottom of the webpage, click “subscribe” to receive Provider Communication.



Agenda

- ▶ Welcome
- ▶ What is Medicaid Transformation?
- ▶ What is NC Medicaid Managed Care and Medicaid Direct?
- ▶ What are BH I/DD Tailored Plans and Standard Plans?
- ▶ Plan Eligibility
- ▶ More about BH I/DD Tailored Plans
- ▶ Transition of Care
- ▶ Provider Information and Resources
- ▶ Partners Training





Medicaid Transformation

What Is Medicaid Transformation?

- Since 2013, North Carolina's Medicaid-funded Behavioral Health and I/DD services have been delivered by the LME/MCOs in a managed care environment.
- Physical health and pharmacy services for all Medicaid recipients have been delivered in a fee-for-service environment.
- By 2022, health care services for North Carolina's Medicaid recipients will be delivered under Medicaid Managed Care.
- Each Medicaid Managed Care health plan will offer **integrated health care services**, including physical health, behavioral health (BH, I/DD, TBI in Tailored Plans) and pharmacy benefits.



What is the NC's Vision for Medicaid Managed Care?

NC DHHS vision: “Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.”

Goals:

- To achieve better outcomes for individuals served and cost savings.
- Ensure program sustainability.
- Increase access to care.
- Responsive to Legislative Mandate (new law): Session Law 2015-245 directs NC DHHS to transition to managed care.



What Is Medicaid Transformation?

The Health Plans

BH I/DD Tailored Plan *NC Medicaid Direct*

- Specialty health plan with integrated health services, physical health, BH, I/DD, TBI and pharmacy.
- For individuals who have serious mental illness, SUD, I/DD or TBI.
- Managed by LME/MCOs.

Standard Plan

Medicaid Managed Care

- Most Medicaid recipients will join a Standard Plan.
- Integrated health, including physical health, behavioral health and pharmacy.
- Managed by commercial health insurance providers.



July 1, 2021

NEW

NC Medicaid Managed Care

- Name for new Medicaid program
- Offered by “**health plans**”
- One health plan for most health services, including physical health, behavioral health, pharmacy

**Most people
soon will get
their
Medicaid
health care
through a
health plan**

NC Medicaid Direct

- New name for current Medicaid fee-for-service program
- Provides many of the same health services as in health plans
- During the roll out of managed care, LME-MCOs will continue to provide some services for certain people in NC Medicaid Direct who are identified as having a mental illness, substance use disorder, I/DD, or TBI

Every person who is eligible to get Medicaid will still get Medicaid

July 1, 2022

Standard Plans

- Standard Plans will cover:
 - Physical Health
 - Pharmacy
 - Behavioral Health
- **Most people** with Medicaid will enroll in a Standard Plan.

BH I/DD Tailored Plans

- BH I/DD Tailored Plans will cover:
 - Physical Health
 - Pharmacy
 - Behavioral Health
 - Also covers more intensive services for serious mental illnesses, severe substance use disorders, intellectual/developmental disabilities (I/DDs), and traumatic brain injuries (TBIs)
- Most people with significant health care needs for **behavioral health, (I/DDs), or (TBIs)**, will enroll in a BH I/DD Tailored Plan.

NC Medicaid Transformation

What will the new health plans look like?

A health plan coordinates your health care with your doctors, hospital, and other providers. They work together to provide you with health care, including physical and behavioral health services and medicine prescribed for you. There will be four (4) types of health plans:

Standard Plan

Standard Plans will provide integrated physical health, behavioral health, pharmacy, and long-term services and supports to the majority of Medicaid beneficiaries, as well as programs and services that address other unmet health related resource needs.

Behavioral Health I/DD Tailored Plan

Behavioral Health Intellectual/ Developmental Disability (I/DD) Tailored Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver services.

Specialized Plan for Children in Foster Care

A Specialized Plan for Children in Foster Care will be available to children in foster care and will cover a full range of physical health, behavioral health, and pharmacy services.

EBCI Tribal Option

The Eastern Band of Cherokee Indians (EBCI) Tribal Option will be available to tribal members and their families and will be managed by the Cherokee Indian Hospital Authority (CIHA).

Under
Development

Comparing Plan Benefits

Behavioral Health, I/DD, and TBI Services Covered by <u>Both</u> Standard Plans and BH I/DD Tailored Plans	Behavioral Health, I/DD and TBI Services Covered <u>Exclusively</u> by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
<i>Enhanced behavioral health services are italicized</i>	
State Plan 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 • Psychological services in health departments and school-based health centers sponsored by health departments • Peer supports • <i>Partial hospitalization</i> • <i>Mobile crisis management</i> • <i>Facility-based crisis services for children and adolescents</i> • <i>Professional treatment services in facility-based crisis program</i> • <i>Outpatient opioid treatment</i> • <i>Ambulatory detoxification</i> • Research-based intensive BH treatment for Autism Spectrum Disorder • Diagnostic assessment • <i>Non-hospital medical detoxification</i> • <i>Medically supervised or ADATC detoxification crisis stabilization</i> EPSDT	State Plan Behavioral Health and I/DD Services • Residential treatment facility services • <i>Child and adolescent day treatment services</i> • <i>Intensive in-home services</i> • <i>Multi-systemic therapy services</i> • <i>Psychiatric residential treatment facilities (PRTFs)</i> • <i>Assertive community treatment (ACT)</i> • <i>Community support team (CST)</i> • <i>Psychosocial rehabilitation</i> • <i>Substance abuse non-medical community residential treatment</i> • <i>Substance abuse medically monitored residential treatment</i> • <i>Substance abuse intensive outpatient program (SAIOP)</i> • <i>Substance abuse comprehensive outpatient treatment program (SACOT)</i> • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) Waiver Services • Innovations waiver services • TBI waiver services • 1915(b)(3) services State-Funded behavioral health and I/DD Services State-Funded TBI Services

Who Will Offer Standard Health Plans?

One regional, provider-led entity for Regions 3, 4 and 5

- Carolina Complete Health, Inc.

Four PHPs with statewide contracts:

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



NC Managed Care Regions



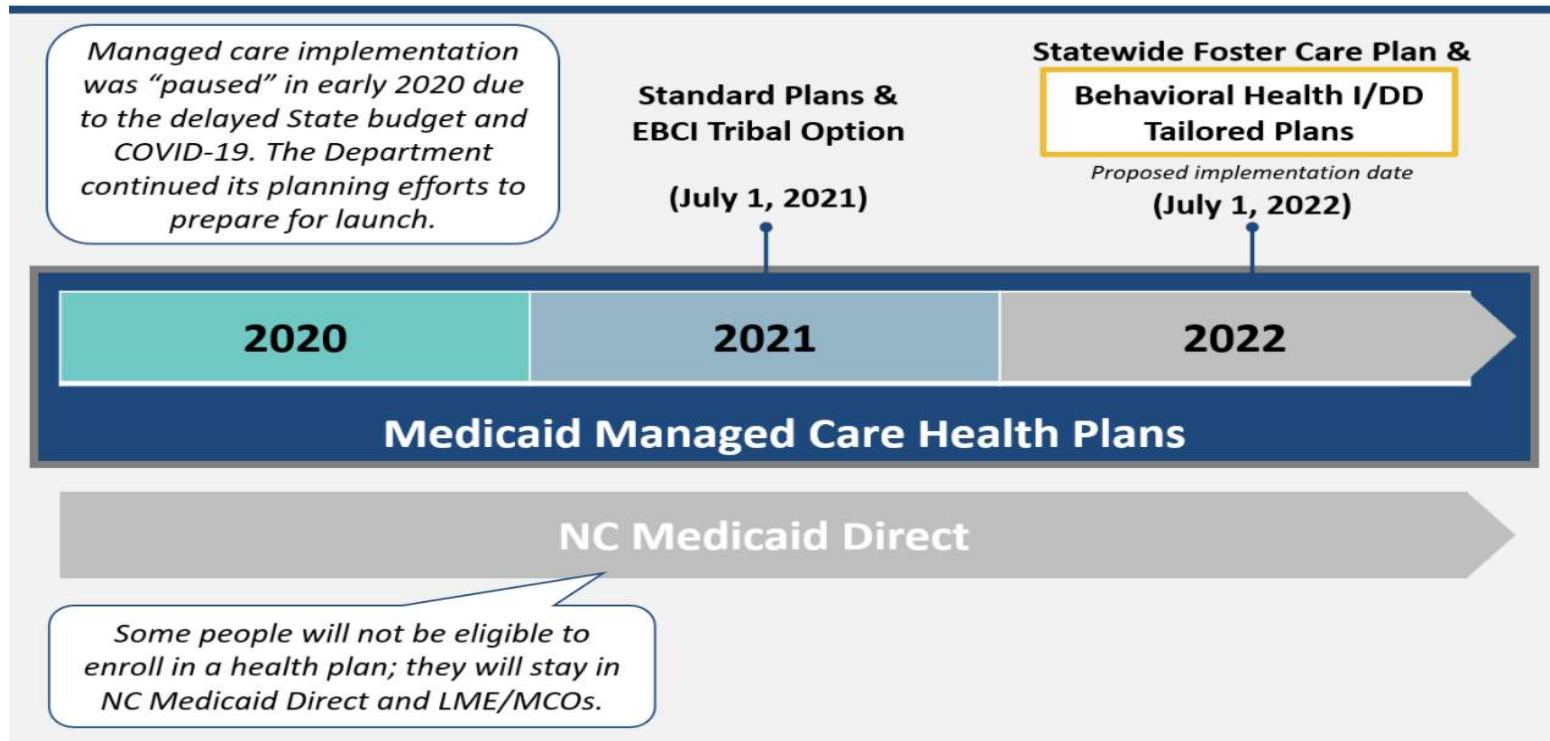
Who Will Offer BH I/DD Tailored Health Plans?

- BH I/DD Tailored Plan contracts will be awarded on June 11, 2021.
- LME/MCOs were the only applicants for BH I/DD Tailored Plan contracts. (Applications were submitted Feb 2, 2021)
- There will be 5-7 BH I/DD Tailored Plan contracts awarded.



Timeline

Health plans will start at different times





Health Plan Eligibility

Who are “Most” and “Some”?

Standard Plan Eligible Members:

- Have Medicaid.
- Have mild to moderate needs for mental health and substance use disorders.

Medicaid Direct (future Tailored Plan) Members:

- Have Medicaid or are uninsured.
- Have more intensive mental health and substance use disorder service needs.
- Are receiving State-funded services.
- Receiving intellectual and/or developmental disability, NC Innovations or TBI Waiver services.



NC Medicaid Direct to Tailored Plan

Who is eligible for a Behavioral Health I/DD Tailored Plan?

Not everyone is eligible to enroll in a Behavioral Health I/DD Tailored Plan. State law outlines who is eligible to enroll in a Behavioral Health I/DD Tailored Plan.

In general, people who need certain services to address needs for an intellectual/developmental disability (I/DD), traumatic brain injury, serious mental illness, serious emotional disturbance, or severe substance use disorder may be eligible to enroll in a Behavioral Health I/DD Tailored Plan.



PARTNERS

Improving Lives. Strengthening Communities.

More About Medicaid Direct & BH I/DD Tailored Plans



NC Medicaid Direct

Behavioral Health, I/DD and TBI services

NC Medicaid Direct offers added services not available through NC Medicaid Managed Care, including:

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive In-home Services
- Multi-Systemic Therapy services
- Psychiatric Residential Treatment Facilities
- Assertive Community Treatment



NC Medicaid Direct

Behavioral Health, I/DD and TBI services

- Community support team (CST-PSH)
- Psychosocial rehabilitation (PSR)
- Substance abuse non-medical community residential treatment
- Substance abuse medically monitored residential treatment
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Substance Abuse Comprehensive Outpatient Treatments (SACOT)
- Substance Abuse Intensive Outpatient Treatment (SAIOT)
- Innovations Waiver services
- TBI Waiver services (only available in counties served by the LME-MCO Alliance Health)
- 1915(b)(3) services



State-funded Services

There are *some* behavioral health, I/DD, and TBI services that are not paid for by Medicaid—these are called “State-funded Services” because they are paid for with State funds and grants from the Federal government.

- State-funded services are for **uninsured and underinsured individuals** (e.g., a Medicaid beneficiary or an individual with private coverage who needs a service that is not covered by their health plan).
- State-funded services are *not* Medicaid services and are not considered entitlements—this means that **funding is limited and services are not available for everyone who may qualify.**
- Currently, Local Management Entities/Managed Care Organizations (LME/MCOs) manage Medicaid’s behavioral health, I/DD, and TBI services and State-funded services.
- **In the future, Behavioral Health I/DD Tailored Plans will be responsible for managing both Medicaid and State-funded services.**

Care Management Changes

<https://medicaid.ncdhhs.gov/transformation/care-management>



Tailored Plan Care Management

What is care management in Behavioral Health I/DD Tailored Plans?

Care management helps you coordinate your health care services, work with your health plan, communicate with your providers, and help address unmet health related resource needs. Behavioral Health I/DD Tailored Plans will offer care management—called Tailored Care Management.

Tailored Care Management will be...

Available to nearly everyone who is enrolled in a Behavioral Health I/DD Tailored Plan.*

Community-based, with requirements for frequent in-person contacts between beneficiaries and care managers.

Focused on the whole person—incorporating physical health, behavioral health, I/DD, pharmacy, and other needs (like helping find job or housing supports).

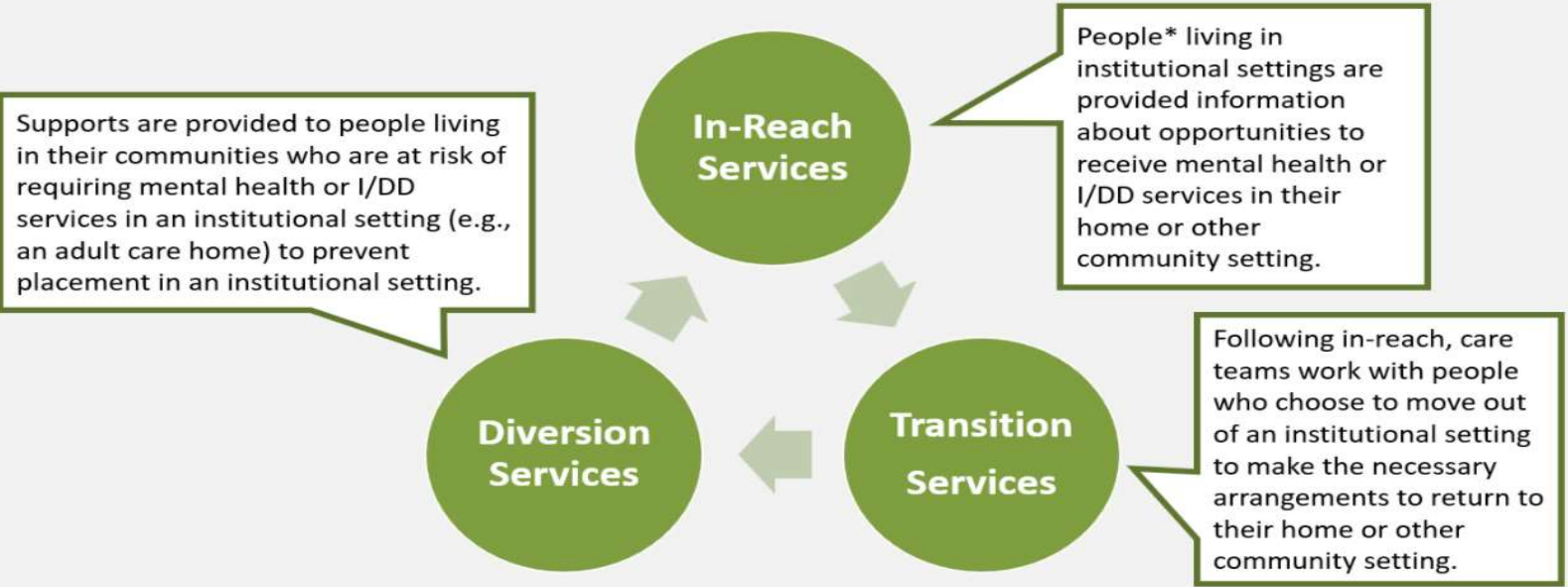
Supporting you for as long as you are in a Behavioral Health I/DD Tailored Plan.

Community Inclusion Services

What is community inclusion?

Behavioral Health I/DD Tailored Plans will be required to develop a community inclusion program that helps keep people out of institutional settings, and helps transition those in certain institutional settings back to their homes or communities.

There are three types of community inclusion services.



Other Tailored Plan Features

- Nurse Line
- Pharmacy Line
- Non-Emergency Medicaid Transportation
- Member Incentives and Rewards (Medicaid)
- Population Health Initiatives
- State-funded Waiting List
- Long Term Care Supports and Services Advisory Committee



Advanced Medical Homes

- The North Carolina Department of Health and Human Services (NC DHHS) developed the Advanced Medical Home (AMH) program as the primary vehicle for delivering care management as the state transitions to Medicaid managed care.
- The AMH program builds on the Carolina ACCESS program.
- AMH-eligible practices must provide primary care services and be enrolled in the NC Medicaid program.





Transition of Care: Supporting Members' Transitions to Standard Plans

Transition of Care

- Members will either stay with Partners or transition to a Standard Plan Paid Health Plan (PHP).
- As part of the state's implementation of NC Medicaid Managed Care, NC DHHS has established various safeguards to ensure continuity of care for members and alleviate provider burden during a member's transition to the Standard Plan.



Example: Mr. Smith (depression)

Medicaid Managed Care Launch Date: July 1, 2021

- Mr. Smith enters your care on June 20 with depression.
- Mr. Smith received a course of five outpatient therapy visits.
- Mr. Smith has one visit in June, which is paid by Partners.
- Mr. Smith has three visits in July and discharges after fifth visit. The July visits are paid by Standard Plan PHP.



Example: Mr. Smith (SUD Treatment)

Medicaid Managed Care Launch Date: July 1, 2021

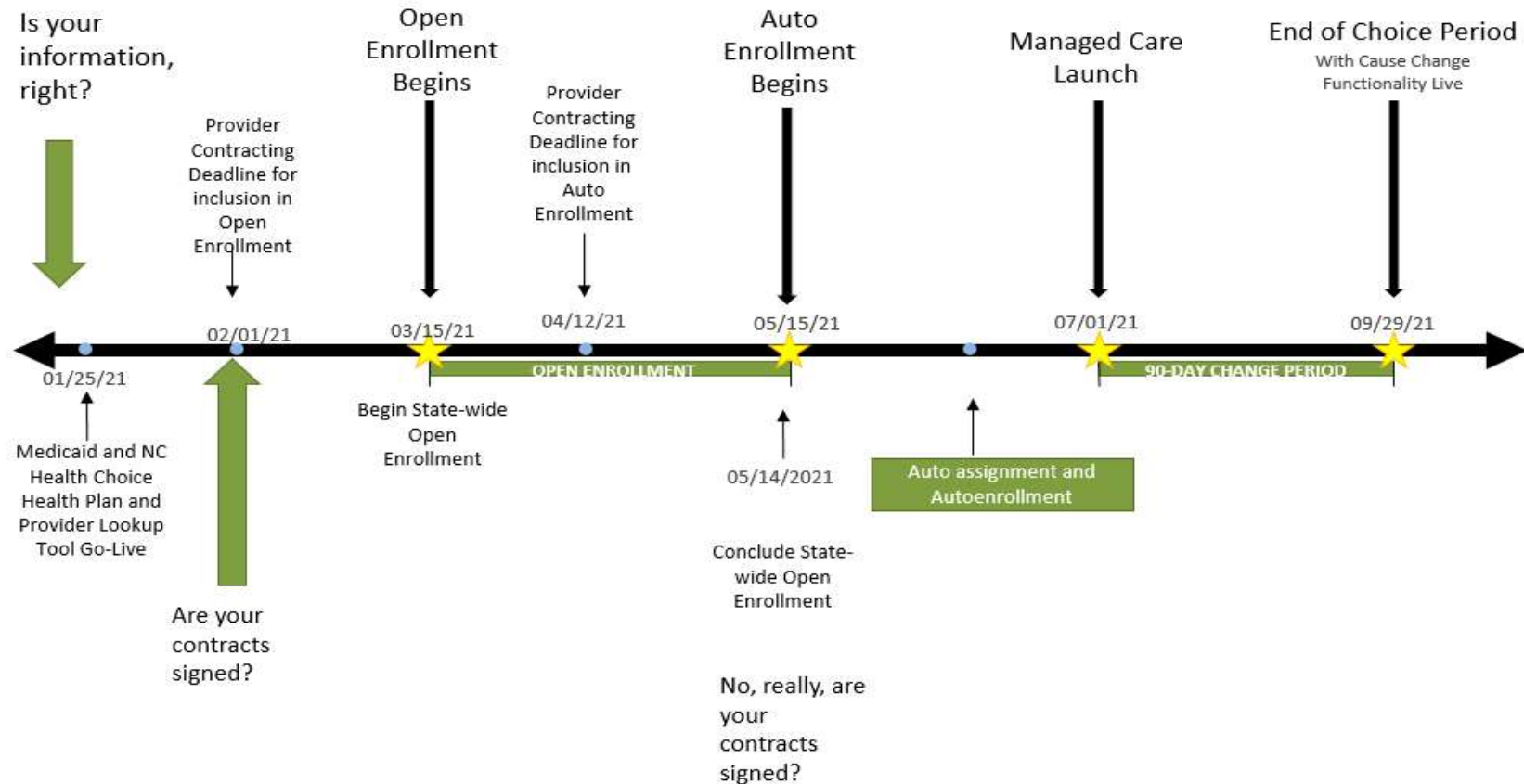
- Mr. Smith enters your care on June 20 for outpatient opioid treatment. He receives an authorization for 10 visits.
- Mr. Smith has a total of two visits in June that are paid by Partners. Provider submits PA documentation to PHP to evidence further authorizations.
- Mr. Smith has future visits after July 1 - discharge. Those visits are paid by Standard Plan PHP.





Important Information for LIPs

NC Medicaid Transformation Provider Timeline for 2021



Next Step: All Providers

- Be sure you are contracted with all five Standard Plans if you offer any sort of Standard Plan benefits.
- Be sure your data in NCTRACKS is 100% correct.



Next Step: SUD Providers

- Attend state Transition of Care training focused on members who transition from LME/MCO care to a Standard Plan in mid-course of treatment.
- Be ready to flex to needed processes to allow for seamless care and reimbursement.



NC Medicaid Community Health Plans

Carolina Complete Health

carolinacompletehealth.com

WellCare

wellcare.com/NC

UnitedHealthcare Community Plan

uhccommunityplan.com/nc

HealthyBlue

HealthyblueNC.com

AmeriHealth Caritas

amerihealthcaritasnc.com



Enrollment Brokers

An enrollment broker will explain the difference in services offered by BH I/DD Tailored Plans and Standard Plans to beneficiaries who may be eligible for either plan.

Phone: 1-833-870-500

Website: <https://ncmedicaidplans.gov/>



Key Takeaways:

For Providers of BH and I/DD Services

- Behavioral health providers will need to contract with both SPs and LME-MCOs until BH I/DD Tailored Plan launch to be in-network for both types of plans. When BH I/DD Tailored Plans launch, providers will need to contract with both SPs and BH I/DD Tailored Plans. Contracting with both types of plans will better ensure continuity of care, as well as appropriate payment for the services you are providing.
- A subset of high-intensity behavioral health, I/DD, and TBI benefits will only be offered in BH I/DD Tailored Plans (LME-MCOs prior to BH I/DD Tailored Plan launch). It will be important for providers to understand which benefits are offered in which type of plan to provide guidance to their patients.
- Standard Plans will have open provider networks for both Physical and Behavioral Health. Tailored Plans will have closed provider networks for Behavioral Health and an open provide network for Physical Health.
- Once managed care launches, providers will bill the appropriate plan (Medicaid Direct, LME-MCO, or Standard Plan) for services.

Key Takeaways:

For Providers of BH and I/DD Services

- Most non-dual beneficiaries, including those with mild to moderate behavioral health needs, will enroll in Standard Plans.
- Beneficiaries may come to their provider to understand their options with regards to the managed care transition and the differences between Standard Plans and BH I/DD Tailored Plans (or FFS/LME-MCOs prior to BH I/DD Tailored Plan launch). Providers should refer any beneficiaries with questions to the Enrollment Broker.
- Providers will play a key role in helping beneficiaries who believe they may be eligible for a BH I/DD Tailored Plan or need a service only offered in BH I/DD Tailored Plans to complete the process to transition to a BH I/DD Tailored Plan (or FFS/LME-MCO prior to BH I/DD Tailored Plan launch).
- BH I/DD Tailored Plans will not launch until July 2022. Providers should stay tuned for additional information regarding their launch.

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To Do: NOW

Assure NCTRACKS
information is 100%
correct

Contract with all
Standard Plans if you
offer ANY service
within a Standard
Plan

Assure you
understand the
difference between
Standard Plan and
Tailored Plan services

To Do: SOON

Script what your staff should say if members ask them about enrollment. Provide training

Consider what resources you may want to have posted in your offices for members re: enrollment

Plan to enroll with NC Health Connex

To Do: FUTURE

Watch for trainings
regarding BH I/DD
Tailored Plan readiness
and transition

Learn what tasks you
must do with members
during transition

- Suggest identifying a
“champion” in your practice
to own this information

Consider Standard Plan
providers as potential
referral sources and
what that may mean for
you

Partners Resources

- ▶ Medicaid Transformation Updates
- ▶ Trainings
- ▶ Partners Publications
- ▶ Hope4NC
- ▶ COVID-19
- ▶ Clinical Coverage Policies



Partners Training Resources

Find scheduled provider trainings on the Providers' Training website.

<https://www.partnerstraining.org/>

Email questions and comments for provider trainings at training@partnersbhm.org



Thank You!

Watch for the next Provider Communication Bulletin for the next scheduled LIP webinar.

