



# Medicaid Transformation Overview

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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 23-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:



1. 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.

2. A MH, SU and IDD health plan for eligible individuals who are uninsured or underinsured.

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) “Innovations” Waiver

# House Bill 403-Medicaid Managed Care



- Added Secretary's concept of BH/IDD Tailored Plans that will cover **integrated physical health, pharmacy, BH and IDD** services for complex, high-risk 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

## 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 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.

- ✓ Open Enrollment: March 15-May 14, 2021
- ✓ May 15: NC will auto enroll members who have not chosen a Plan
- ✓ Grace period for Plan changes by members
- ✓ 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



# JACKSON COUNTY BY THE NUMBERS



**9,008**

Current Medicaid-eligible residents



**8,174**

Estimated Medicaid members moving to Standard Plans in July



**834**

Estimated Medicaid members staying with Vaya after July Standard Plan launch



# 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 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

*EXEMPT:*

- Members of federally recognized tribes-Tribal Option

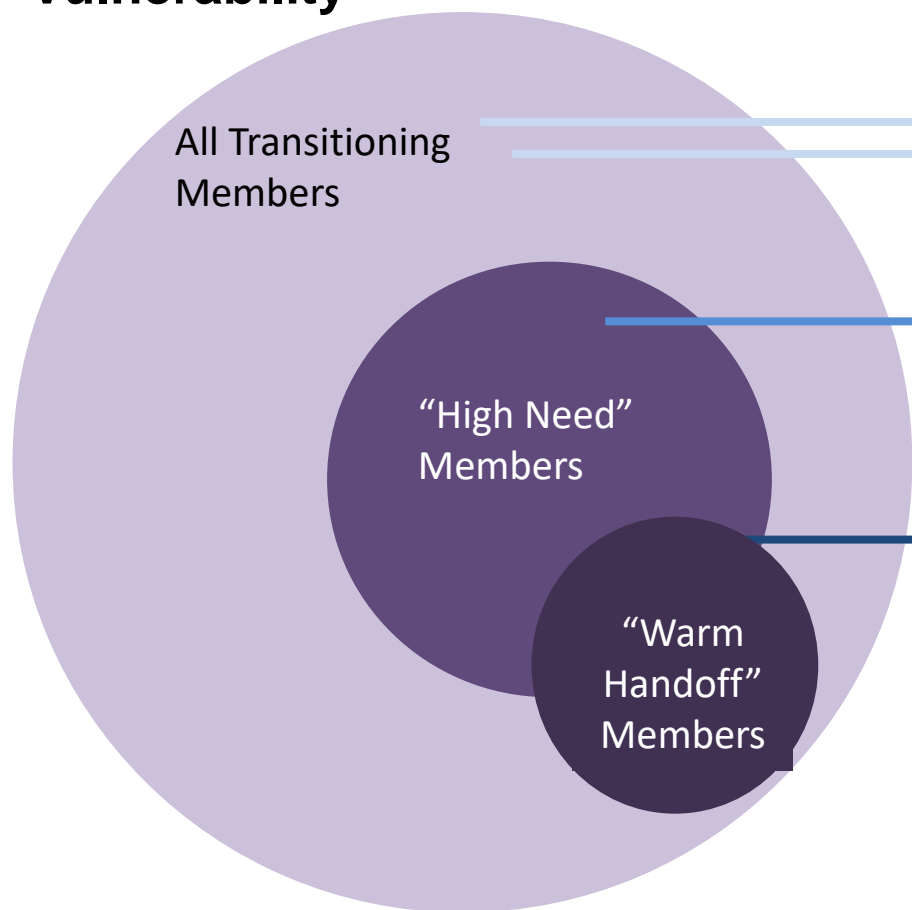
# Tailored Plan Populations



- ☐ 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 long-acting injectable antipsychotics

# Safeguarding Beneficiary Services Through Crossover

## Crossover Activities Customized Based on Service History, Vulnerability



### All Transitioning Members:

#### **Data Transfer:**

- Claims
- Prior Authorization
- Pharmacy Lock In Data
- Care Plans or Assessments, if relevant

### "High Need" Members:

- High Need Members are transitioning Members whose service history indicates vulnerability to service disruption
- **This group is identified on DHHS "High Need Member List"**

### "Warm Handoff" Members (<2000 Members):

- High Need Members who have been identified by Medicaid Direct "transition entities" (CCNC/LME-MCOs) or by the Health Plan as warranting a verbal briefing between transition entity and Health Plan
- This group is identified on the DHHS "High Need Member List" and through a specific warm handoff/summary sheet process.

# Tailored Plan RFA Metrics

- Total response was 2,645 pages including RFA documents, responses, supporting documentation, and attachments
- 18 hard copies submitted
  - 1 original, 2 copies of the entire response including all state released documents
  - 15 copies of only the response, supporting documentation, and Attachment Q
  - 2 USB electronic copies
- 4 Large moving boxes, an approximate total weight of 254.1 Lbs.
- And roughly a dozen printers overheated...

# Tailored Plan Rollout



Project	Status	2020		2021				2022				Target Date
		Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1115 Waiver Readiness	25% Complete								★			9/30/2022
TP RFA Response	100% Complete					★						2/2/2021
- Supplemental 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											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

# Vaya RFA “Win Themes”

- A “Win Theme” is the reason why Vaya should be awarded the RFA
- Should convince potential customer (DHHS) that you will meet the RFA deliverables
- Includes proof points that differentiate Vaya from competitors
- Overall Theme: Proven Results & Visionary Leadership

## Themes:

- ✓ Improving Member Experience & Outcomes
- ✓ Embracing & Promoting Integrated, Whole-person Care
- ✓ Building & Sustaining Cost-effective, Community-based System of Care