

MEDICAID TRANSFORMATION

BASICS

How will North Carolina offer integrated care to all Medicaid members?

Standard Plans

What is it?

- Prepaid Medicaid Health Plan (PHP)

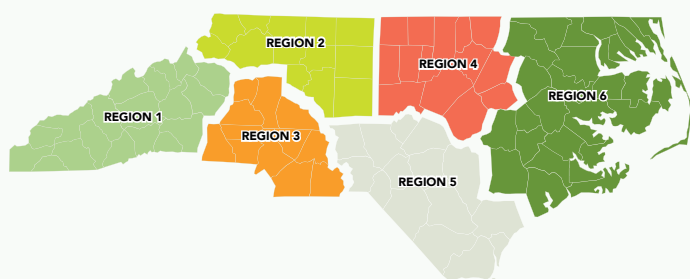
What do they do?

- Designed to cover all benefits for the general Medicaid population
- Physical health, behavioral health, and pharmaceutical services

Where will they operate?

- Will operate in six regions not aligned with LME/MCO catchments

STANDARD PLAN REGION



When will they roll out?

- Begins in all regions on July 1, 2021

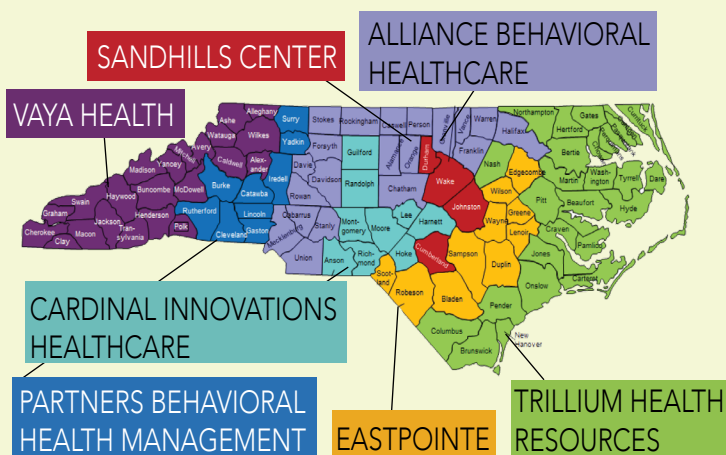
Tailored Plans

- Prepaid Medicaid Health Plan (PHP)

- Designed to cover benefits for I/DD, severe MH, severe substance use disorder, and TBI individuals requiring specialty care, most of whom are covered by LME/MCOs today
- Physical health, behavioral health, and pharmaceutical services

- Will operate in 7 catchment areas (aligned with current MCO regions), but applicants may be considered for "empty" regions if a contract is not awarded

CURRENT LME/MCO REGIONS



- Beginning in July 2022 LME/MCOs will convert into Tailored Plans with a 4-year contract
- PHP contracts not yet awarded for Tailored Plans

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BASICS

Standard Plans

How will the plans be funded?

- The State has negotiated capitation rates for the Standard Plans that will go into effect according to the timeline.

Who will operate the plans?

- Contracts awarded to:



Tailored Plans

- The State will adjust LME/MCO capitation rates to account for members who will move to the Standard Plans and to reflect the higher needs/cost of remaining members.

- Current LME/MCOs will respond to a request for applications (RFA) in July 2022, subject to award of a contract by DHHS.



How will enrollment work?

- Beneficiaries in each region can select from any of the PHP plans that were awarded contract.*

*Beneficiaries who live in regions 3,4 and 5 will have additional choice of a regional PHP

- Beneficiaries that meet Standard Plan eligibility and enrollment criteria will select their plan or be auto-enrolled if no selection occurs. These beneficiaries will include individuals with mild to moderate behavioral health diagnoses.

- Beneficiaries will be designated by catchment and must meet DHHS criteria for eligibility and enrollment: <https://files.nc.gov/ncdhhs/medicaid/BH-IDD-TP-EligibilityUpdate-AppendixB-REVFINAL-20190802.pdf>

- Most active members currently receiving services from an LME/MCO may stay enrolled with their current LME/MCO. Some members may transition to a Standard Plan based on their service utilization (how often and what kind of services they use).

- Any members who are placed on the Standard Plan and feel they would be better served by the Tailored Plan, please contact your provider or care coordinator to fill out the necessary paperwork.

Will there be help with enrollment?

- An enrollment broker will explain services covered by Standard Plans to beneficiaries who may be eligible for both Standard and Tailored Plans. You can call 1-833-870-5500 or you can visit <https://ncmedicaidplans.gov>.

- Most members receiving services from an LME/MCO will automatically transition to a Tailored Plan. In the event a member is eligible for a Standard Plan, but can be better served by a Tailored Plan, individual members and families can ask to stay with their LME/MCO.