

MEDICAID transformation 101

A guide to how North Carolina will offer integrated care to all Medicaid Enrollees

Standard Plans

Tailored Plans

What is it?

- Prepaid Medicaid Health Plan (PHP)

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What do they do?

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

- Designed to cover benefits for high-need individuals requiring specialty care, most of whom are covered by LME/MCOs today
- Physical health, behavioral health, pharmaceutical services and specialized services

Where will they operate?

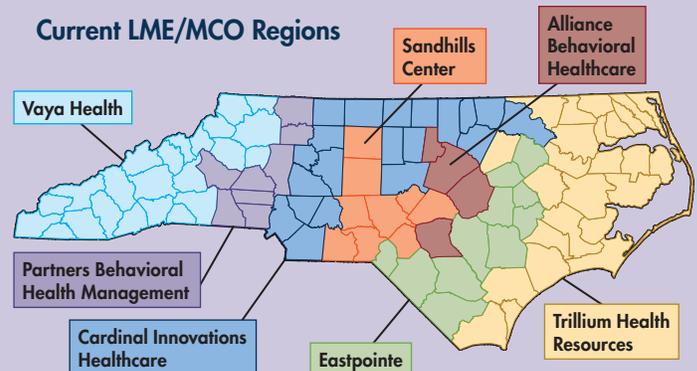
- Will operate in six regions not aligned with LME/MCO catchments

- Will operate in LME/MCO catchments not yet defined by DHHS

Standard Plan Regions



Current LME/MCO Regions



When will they roll out?

- Begins in regions 2 and 4 in November 2019
- Begins in regions 1, 3, 5 and 6 in February 2020

- Beginning in July 2021 LME/MCOs will convert into Tailored Plans with a 4 year contract
- PHP contracts not yet awarded for Tailored Plans

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Tailored 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.

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

Who will operate the plans?

- Contracts awarded to:



- Current LME/MCOs will participate in a readiness review in the spring of 2021 and are expected to begin operations as Tailored Plans in July of 2021.



How will enrollment work?

- Beneficiaries in each region can select from any of the PHP plans that were awarded contracts.*
**Beneficiaries who live in regions 3 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 be DHHS criteria for eligibility and enrollment <https://files.nc.gov/ncdhhs/BH-IDD-TP-FinalPolicyGuidance-Final-20190318.pdf>
- Most active members currently receiving services from an LME/MCO will stay enrolled with their current LME/MCO. Some members may transition to a Standard Plan based on their service utilization.

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

- Most members 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 elect to stay with their LME/MCO