Medicaid Transformation

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Proposed Managed Care Program Design

• Based on best practices from other states and building on the existing infrastructure in NC

• Vision: Advance high value care; Improve health; Support providers; Build a sustainable program

• Key themes:
  – Focus on health of the whole person
  – Improve health and well-being of North Carolinians
  – Support providers in delivering high-quality care at good value

• Elements of the proposal need additional statutory authority from the GA
Promoting Quality, Value and Population Health

• Statewide Quality Strategy
  – Single set of statewide quality measures to assess performance and drive progress
  – NC Institute of Medicine taskforce on measure development

• Value-Based Payment
  – Population health metrics, appropriateness of care
  – Incentivize prepaid health plans to use alternative payment models
  – Supplemental Payments

• Care Management
  – Build on what’s working well today
  – Advanced medical homes
  – Data analytics capabilities
Supporting Providers

• Education and training through regional support centers

• Cut down administrative burden
  – Centralized credentialing process; uniform policies; single electronic application
  – Streamlined contract negotiations with standardized language for select sections

• Ensure transparent and fair payments to providers

• Support workforce initiatives

• New tools to combat the Opioid Crisis

• Support telehealth initiatives
Whole Person Care

• Built on best practices from across country & what is already working well in NC’s behavioral health system

• Every person has one insurance card for both their physical and behavioral health needs

• Timing is important

• Standard Plans
  – “Primary care” behavioral health spend included in PHP capitation rate
  – Beneficiaries benefit from integrated physical & behavioral health services

• Tailored Plans
  – Specialized managed care plans targeted toward populations with significant BH and I/DD needs
  – Access to expanded service array
  – Delayed start
Oversight of Plans

• Plans are responsible for delivering to beneficiaries high quality care

• Plans are expected to act as good stewards of State resources

• Strong contract language is required

• Monitor health plan clinical, financial and operational activities

Transparency, accountability and outcome measurement are core components of a contracting strategy
Legislative Changes Needed to Run a Successful Medicaid Program

• Behavioral health integration and tailored plans
• Phased implementation plan
• Efficient benefit administration for family planning and inmates
• Supplemental payments
• Insurance regulation