

**REQUEST FOR BOARD ACTION**

**HENDERSON COUNTY  
BOARD OF COMMISSIONERS**

**MEETING DATE:** July 21, 2021  
**SUBJECT:** Vaya Health Update  
**PRESENTER:** Angie Garner, Vaya Health  
**ATTACHMENTS:** Yes  
1. PowerPoint

**SUMMARY OF REQUEST:**

Angie Garner, Community Relations Regional Director with Vaya Health, will provide the Board with an overview of Medicaid Transformation, as well as the Vaya Health Cardinal Innovations Consolidation.

**BOARD ACTION REQUESTED:**

No Board Action requested, this item is for information only.

**Suggested Motion(s):**

*No motion suggested.*





# Medicaid Transformation Overview

**Angie Garner**  
Regional Community Relations Director  
Vaya Health


**Summer 2021**

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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 22-county “catchment area” of WNC.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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).

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## 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.

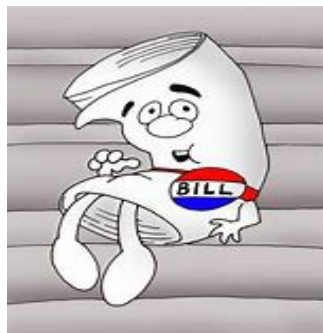
Because this plan is supported with state, local and federal block grant funds (not Medicaid), there is no entitlement to these services and funding is limited.

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

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## 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

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## 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

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## NC-PHPs



### 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



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## Moving to NC Medicaid Managed Care

Approximately 1.6 million of the current 2.5 million Medicaid beneficiaries will transition to NC Medicaid Managed Care

- Beneficiaries will be able to choose from 5 Health Plans (aka “PHPs”)
  - AmeriHealth Caritas
  - Healthy Blue
  - United HealthCare Community Plan
  - WellCare
  - Carolina Complete Health:
    - Serving regions 3, 4, and 5
- Eastern Band of Cherokee Indians (EBCI) Tribal Option
  - Will manage the health care for North Carolina’s approximate 4,000 Tribal Medicaid beneficiaries primarily in Cherokee, Graham, Haywood, Jackson, and Swain counties



***All health plans, all regions will go live on July 1, 2021***

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## 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

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## BH/IDD/SA/TBI Service Comparison Table

Covered by BOTH Standard Plan  
and LME-MCO

Covered by ONLY LME-MCO  
(Tailored Plan at a later date)

### State Plan BH and I/DD Services

- Inpatient behavioral health services
- Outpatient behavioral health emergency room services
- Outpatient behavioral health services provided by direct-enrolled providers
- *Partial Hospitalization*
- *Mobile crisis management*
- *Facility-based crisis services for children and adolescents*
- *Professional treatment services in facility-based crisis program*
- *Outpatient opioid treatment*
- *Ambulatory detoxification*
- *Research-Based Behavioral Health Treatment*
- *Diagnostic assessments*
- *Non-hospital medical detoxification*
- *Medically supervised or alcohol drug abuse treatment center (ADATC) detoxification crisis stabilization*
- *Peer support*

### EPSDT

- \*DHHS plans to add the following service(s) to the State Plan:
  - Clinically managed low-intensity residential treatment services and clinically managed population-specific high-intensity residential programs (to be offered by BH I/DD Tailored Plans only)

### State Plan BH and I/DD Services

- Residential treatment facility services
- *Child and adolescent day treatment services*
- *Intensive in-home services*
- *Multi-systemic therapy services*
- *Psychiatric residential treatment facilities (PRTFs)*
- *Assertive community treatment (ACT)*
- *Community support team (CST)*
- *Psychosocial rehabilitation*
- *Substance abuse intensive outpatient program (SAIOP)*
- *Substance abuse comprehensive outpatient treatment program (SACOT)*
- *Substance use non-medical community residential treatment*
- *Substance abuse medically monitored residential treatment*
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

### Waiver Services

- Innovations waiver services
- TBI waiver services
- 1915(b)(3) services

### State-Funded BH and I/DD Services

### State-Funded TBI Services

Source: Section V.C Table 3 PHP Contract 7.16.2019 Amendment

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## Tailored Plan Populations



- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals with SED or a diagnosis of "severe" SUD or TBI</li> <li><input type="checkbox"/> SUD Diagnosis + Enhanced BH Service</li> <li><input type="checkbox"/> Individuals with a developmental disability</li> <li><input type="checkbox"/> Individuals receiving Innovations Wavier Services</li> <li><input type="checkbox"/> Individuals on the Registry of Unmet Needs</li> <li><input type="checkbox"/> Individuals with mental illness who:           <ul style="list-style-type: none"> <li><input type="checkbox"/> Meet TCLI criteria</li> <li><input type="checkbox"/> Had 2 or more psychiatric hospitalizations or readmissions within prior 18 months</li> <li><input type="checkbox"/> Known to have had one or more IVC within prior 18 months</li> <li><input type="checkbox"/> Had 2 or more visits to the ED for a psychiatric problem within prior 18 months</li> <li><input type="checkbox"/> 2 or more episodes using BH crisis services within prior 18 months</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals receiving any of the services currently covered by LME/MCOs that are NOT covered by SPs</li> <li><input type="checkbox"/> Children with Complex Needs</li> <li><input type="checkbox"/> Children aged 0-3 with or at risk of developmental delay or disability</li> <li><input type="checkbox"/> Children involved with DJJ/ DDP "who meet criteria established by DHHS"</li> <li><input type="checkbox"/> Uninsured</li> <li><input type="checkbox"/> Individuals utilizing Electroconvulsive Therapy</li> <li><input type="checkbox"/> Individuals utilizing clozapine or long-acting injectable antipsychotics</li> </ul> |
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## 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

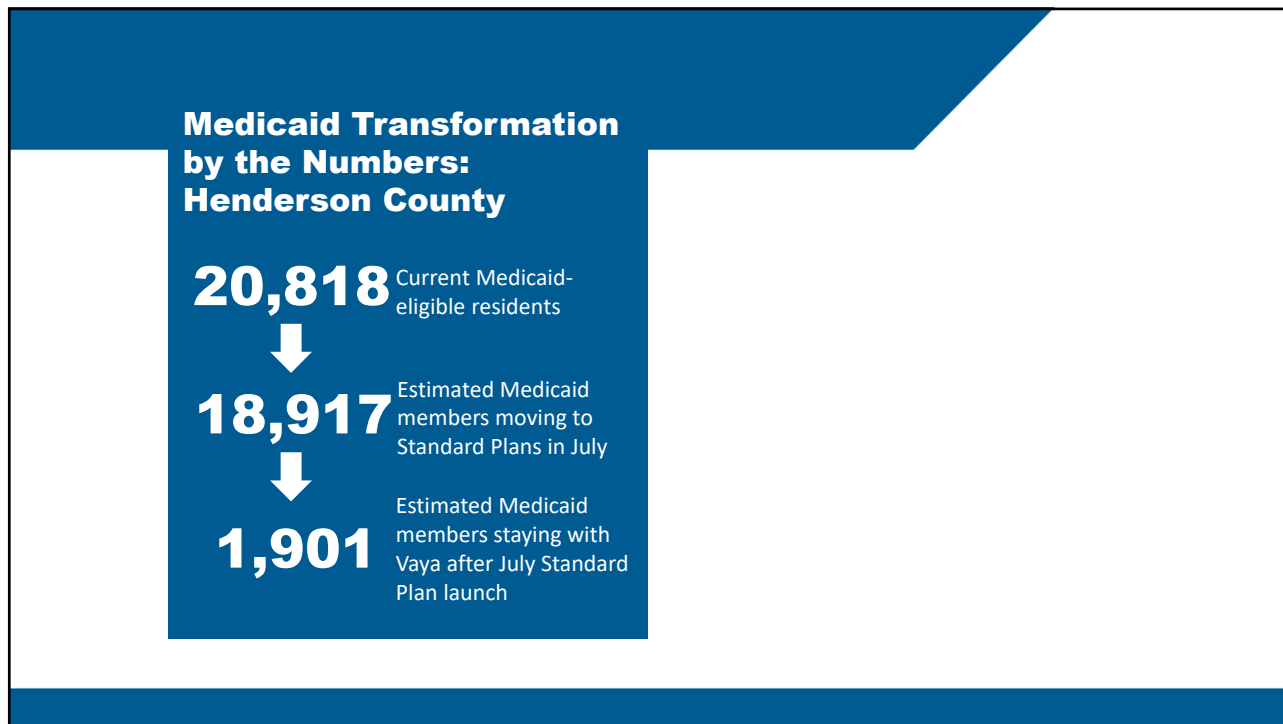
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## Tailored Plan RFA Metrics



- 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...

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Member and Provider Education

### Crossover: Development of Transition of Care-Specific Resources

[NC.DHS](#) » [Transformation](#) » [Care Management](#) » [Transition of Care](#)

## Transition of Care

The North Carolina Department of Health and Human Services (DHHS) developed policies and procedures for Transition of Care to support beneficiaries who transition between Medicaid Direct (fee-for-service) and Medicaid Managed Care delivery systems. The Transition of Care design intends to maintain continuity of care for each beneficiary and minimize the burden on providers during transition.

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

Live and under continued development

**NC DHHS Transition of Care Website:**

- Transition of Care Policy
- Transition of Care Technical Specifications
- PHP-specific Crossover Specific Guidance about Prior Authorization submission
- General and PHP-specific Crossover Guidance to Members about “who to call.”
- Disenrollment Protocols, as communicated on Transition of Care Policy.
- Other materials as identified.
- Links to other

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## Provider Playbook Fact Sheet Executive Summary

NC Medicaid Managed Care has a Provider Playbook with over 20 fact sheets covering a wide range of topics providers want to know more about. Fact sheets are continuously released to keep providers up-to-date with changes that impact them and beneficiaries:

- Medicaid Transformation Overview, Enrollment, and Timelines
- What Providers Need to Know **Before and After** Launch
- Health Plan Quick Reference Guides
- EBCI Tribal Option Overview
- Auto Enrollment / Auto Assignment
- Newborn Policy
- Advanced Medical Homes
- Claims and Prior Authorizations
- Provider Payment
- Transition of Care
- Telehealth
- Overview of Provider Directory Data Flow
- Health Equity Enhanced Payment Initiative
- Early Intervention Services in Medicaid Managed Care

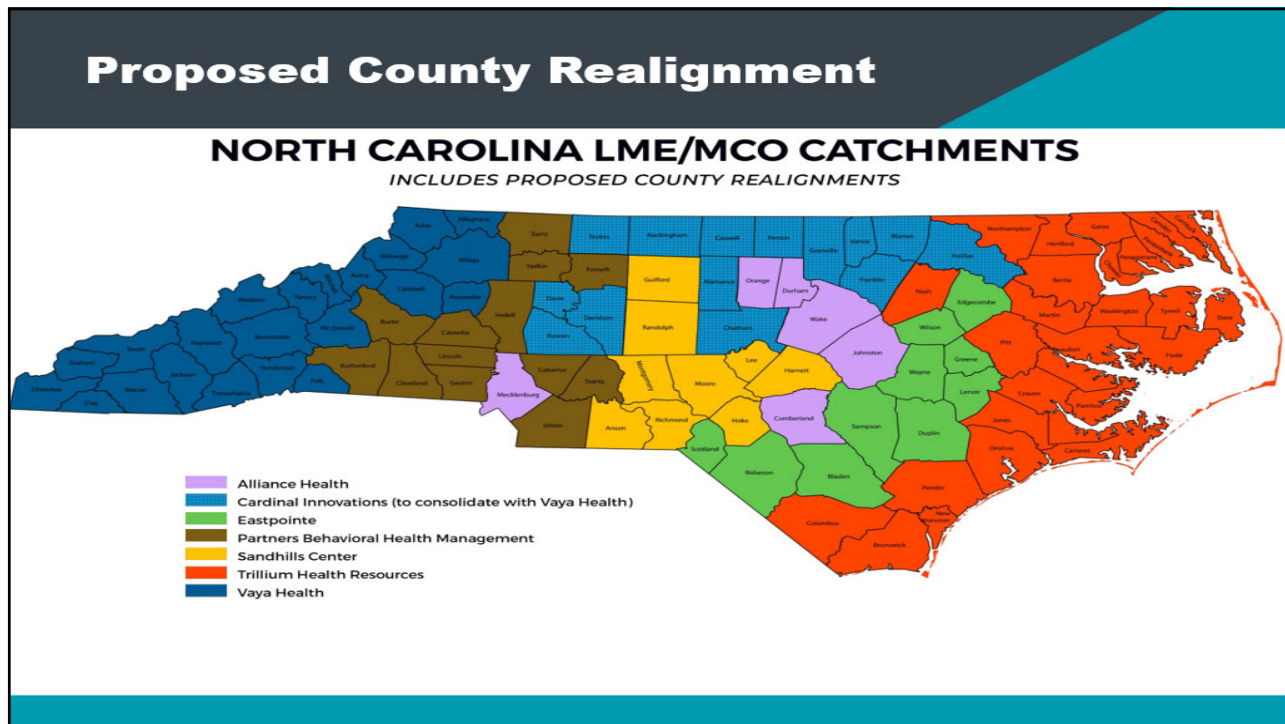
These fact sheets and more can be found at: <https://medicaid.ncdhhs.gov/providers/provider-playbook-medicaid-managed-care/fact-sheets>

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## Vaya Health & Cardinal Innovations Consolidation



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VAYAHEALTH

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