WellCare Health Plans

Catalyst for Change in I/DD Services in North Carolina

WellCare
Beyond Healthcare. A Better You.

Mission, Vision & Values

Mission

Our members are our reason for being. We help those eligible for government-sponsored healthcare plans live better, healthier lives.

Vision

To be a leader in government-sponsored healthcare programs in collaboration with our members, providers and government partners. We foster a rewarding and enriching culture to inspire our associates to do well for others and themselves.

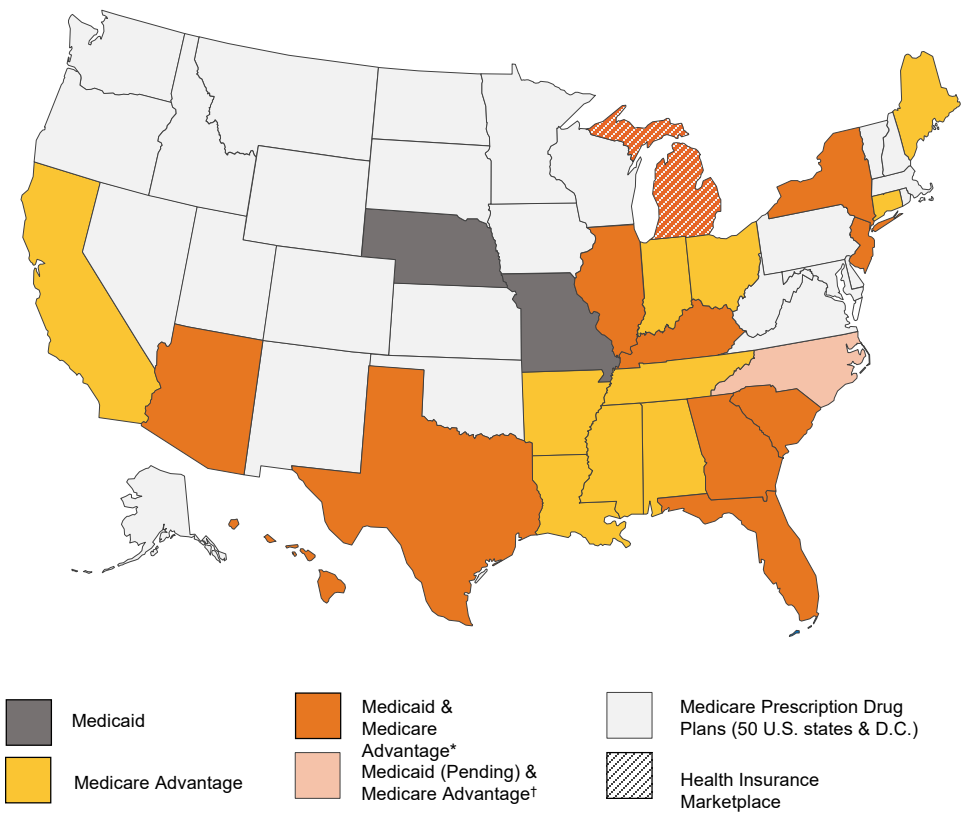
Core Values

- Partnership
- Integrity
- Accountability
- One Team

Our Approach

At WellCare, we foster strong partnerships with providers; offer an integrated care model; establish trusting partnerships with our state and federal partners; and address barriers to care in our local communities.

WellCare's Presence



*Includes states where the company receives Medicaid and Medicare revenues associated with Dual Eligible Special Needs Plans (D-SNPs)

† Anticipated beginning Nov. 1, 2019, WellCare of North Carolina will administer the state's Medicaid Prepaid Health Plans (PHPs).

6.3M
MEMBERS

607K
HEALTHCARE PROVIDERS

68K
PHARMACIES

14K
ASSOCIATES

#155
FORTUNE 500

All numbers are as of June 30, 2019

Mya Lewis

Mya Lewis is the Intellectual/Developmental Disabilities & Traumatic Brain Injury Section Chief with the North Carolina Division of Mental Health.

Mya holds a BS in Human Development and Family Studies, as well as a Master's in Health Administration. Since graduating from college, Mya has been supporting individuals with intellectual and developmental disabilities (IDD) in various capacities and roles. Working with a service provider agency, she served in the role of direct support professional, staff supervisor (qualified professional, director, and assistant vice president.

Mya joined DHM/DD/SAS as an I/DD Program Manager in 2012 and now serves as the IDD & TBI Section Chief. In this role, she supports in the development, monitoring, management, and improvement of child, adult and geriatric IDD and TBI services statewide. She has 20 years experience in the field and uses this experience to help guide the policy work for individuals with I/DD.

Behavioral Health Strategic Plan – Medicaid Transformation

Mya Lewis, MHA – IDD & TBI Section Chief
Division of Mental Health/Developmental Disabilities/Substance Abuse Services

Key Challenges:

- **Chronically underfunded mental healthcare system**
  - Over 1 million people are uninsured
  - Half of the opioid overdoses presenting in EDs are uninsured
  - 56% of adults with mental illness don't receive treatment
- **Stigma**
- **Bifurcated payment systems**
- **Imbalance of community-based services relative to inpatient and residential care**
  - ED boarding
  - Insufficient community-based resources
- **NC ranks 30th in US in ACEs prevalence**
- **Opioid Crisis –** straining an already stretched behavioral health system

Various sources.

Goal of Managed Care

Transform North Carolina Medicaid and NC Health Choice programs from Fee-For-Service to Managed Care.

Why

Measurably Improve Health

Maximize value to ensure program sustainability

Increase Access to Care

Support Innovation

http://nciom.org/wp-content/uploads/2018/02/CHRC_final.pdf

How

1115 Waiver Authority (CMS Approved)

Behavioral Health & Physical Health Integration

Tailored Plans

Specialized Health Homes

Opioid Strategy (Institution of Mental Disease (IMD) access/reimbursement) (SUD Wavier)

*Healthy Opportunities Pilot

https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots

Evaluation

Managed Care in NC Today

Medicaid in North Carolina

- Currently Fee-for-Service (FFS) for Physical Health
  - NC Health Choice (CHIP), Legal Aliens and 0 -3 are in FFS Behavioral Health
- Managed Care for Mental Health & Substance Use Services (Behavioral Health)
  - 1915 (b)(c) combo
- Medicaid applications, eligibility reviews and financial responsibilities are managed and determined at the local DSS level (county)

Medicaid in North Carolina (Cont.)

Medicaid covers more than 2.1 million people
$13 Billion/Year

45% of $

People with Disabilities

30% of $

Children

15% of $

Seniors

History Managed Care in North Carolina

- 2005: Pilot (Piedmont Behavioral Health)
- 2011: NC Session (2011-264) law expands pilot statewide
- 2013: Last county moves to BH managed care
- *2015: NC Session Law 2015-245 move from fee for services to managed care
- 2015-2018: Extensive collaboration with and feedback from stakeholders (White Papers)
- Aug 2018: RFP released
- *Oct 2018: CMS approves 1115 waiver
- *Feb 2019: PHP selection announced (Standard Plans)
- Managed Care Launch Dates: Nov 1, 2019 (regional) & Feb 1, 2019 (statewide)

https://www.ncdhhs.gov/assistance/medicaid-transformation

MEDICAID TRANSFORMATION INTEGRATED HEALTH

Vision for Managed Care

"Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health."

What is Medicaid Transformation?

Most people will get the same Medicaid services in a new way through Health Plans

What is NC Medicaid Managed Care?

Under NC Medicaid Managed Care, the insurance companies assume all of the risk for the individuals they cover, rather than the state. This also means that beneficiaries can choose a Health Plan.

Who is Impacted?

Approximately 1.6 million of the current 2.1 million NC Medicaid beneficiaries will transition to NC Medicaid Managed Care. These beneficiaries are referred to as the “crossover population.”

Prepaid Health Plans

Create single point of accountability for care and outcomes for Medicaid beneficiaries through two types of Plans

Standard Plans

- Beneficiaries benefit from integrated physical & behavioral health services
- "Primary care" behavioral health spend included in PHP capitation rate
- Phased implementation – Nov. 2019 & Feb. 2020

Tailored Plans

- Specialized managed care plans targeted toward populations with significant BH and I/DD needs
- Access to expanded service array
- Behavioral Health Homes
- Projected for July 2021

PHPs for NC Medicaid Managed Care - Standard Plans

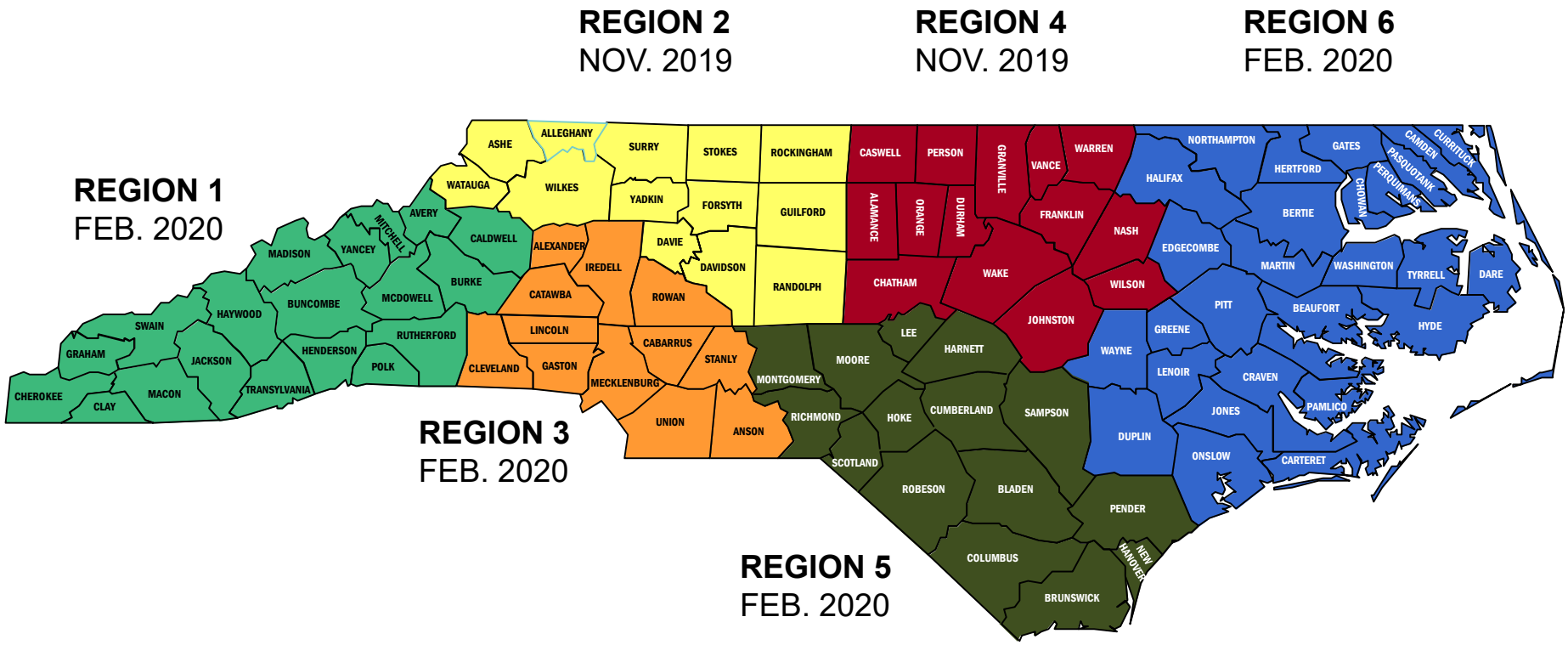
Statewide contracts

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

Regional contract – Regions 3 & 5

- Carolina Complete Health, Inc.

Standard Plan Regions and Rollout Dates



Rollout Phase 1: Nov. 2019 – Regions 2 and 4
Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

Behavioral Health and Intellectual/Developmental Disability Tailored Plans

- Will be implemented July 2021
- LME-MCOs will be the only entity type operating BH/IDD TPs*
  - Responsible for total cost of care
  - 5 - 7 regions
  - Must contract with licensed PHPs operating SPs
- Legislative changes to support cross catchment board, Consumer Family Advocacy Committee participation
- Planning Efforts underway

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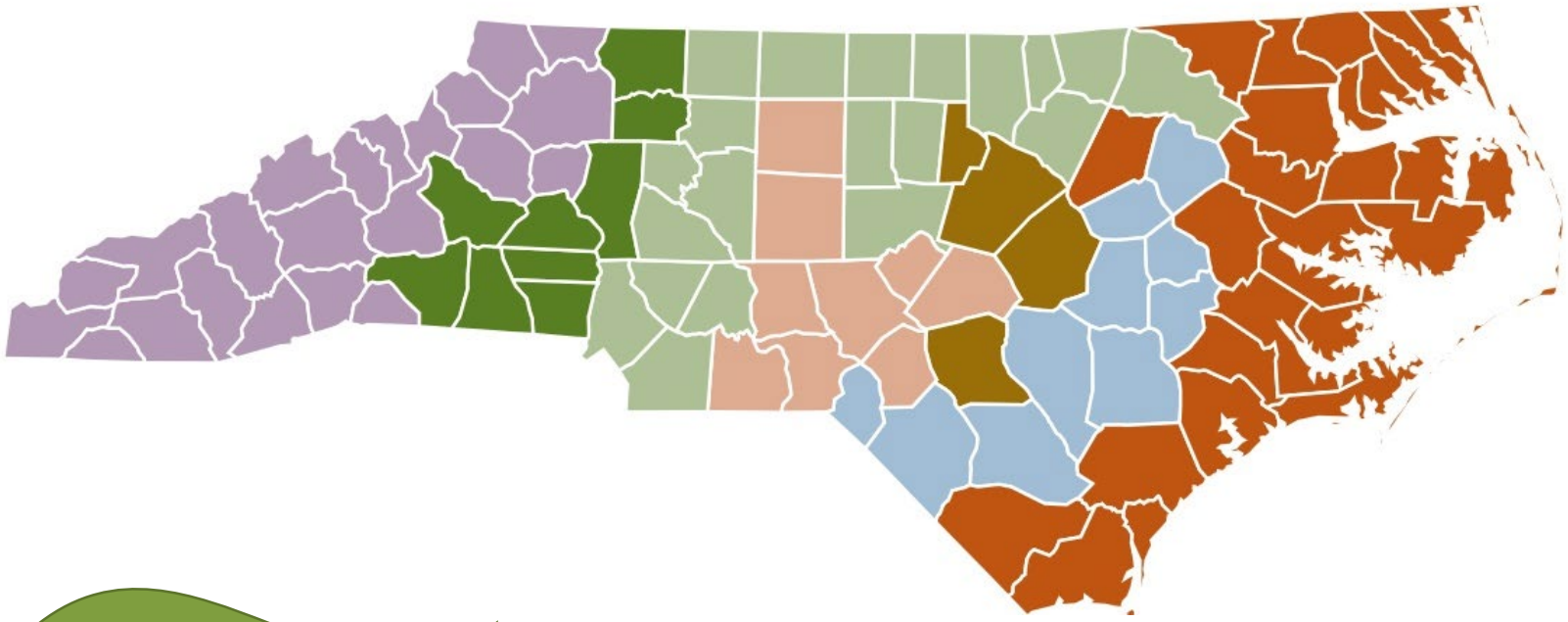
*See SL2018-48, lasting for four years beginning one year after launch implementation of contracts for SP

Tailored Plan Regions



TP Regions will be the same as current LME/MCO Regions

Benefit Packages

Only BH I/DD TPs will cover a subset of high-intensity State Plan BH services; TBI, Innovations and 1915(b)(3) waiver services; and State-funded BH, I/DD, and TBI services

BH, TBI and I/DD Services Covered by Both SPs and BH I/DD Tailored Plans	BH, I/DD and TBI Services Covered Exclusively by BH I/DD Tailored Plans (or LME-MCOs Prior To Launch)
Enhanced behavioral health services are italicized	
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* • Peer supports (move from(b)(3) to state plan)* • *Outpatient opioid treatment* • *Ambulatory detoxification* • *Substance abuse comprehensive outpatient treatment program (SACOT)* • *Substance abuse intensive outpatient program (SAIOP) pending legislative change* • *Clinically managed residential withdrawal (aka social setting detox)** • *Research-based intensive behavioral health treatment* • *Diagnostic assessment* • EPSDT • *Non-hospital medical detoxification* • *Medically supervised or ADATC detoxification crisis stabilization*	**State Plan BH and I/DD Services** • Residential treatment facility services for children and adolescents • *Child and adolescent day treatment services* • *Intensive in-home services* • *Multi-systemic therapy services* • *Psychiatric residential treatment facilities* • *Assertive community treatment* • *Community support team* • *Psychosocial rehabilitation* • *Substance abuse non-medical community residential treatment* • *Substance abuse medically monitored residential treatment* • *Clinically managed low-intensity residential treatment services** • *Clinically managed population-specific high-intensity residential programs** • Intermediate care facilities for individuals with intellectual disabilities (ICF/IID) **Waiver Services** • Innovations waiver services • TBI waiver services • 1915(b)(3) services (excluding peer supports if moved to state plan) **State-Funded BH and I/DD Services** **State-Funded TBI Services**

*DHHS will submit a State Plan Amendment to add this service to the State Plan

Standard Plan

Medical services: physician healthcare.	SDOH	PT, OT, Speech Therapy.
Dietician services.	Pharmacy.	Behavioral Health. (Low to moderate)
Substance Use Disorder Services. (Low to moderate)	EPSDT	Autism Services Under State Plan

Tailored Plan

All Medicaid benefits (minus dental, LEA, PACE) PLUS

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)

Substance abuse non-medical community residential treatment

Substance abuse medically monitored residential treatment

• Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)

WAIVER SERVICES

TBI waiver services

• **Innovations waiver services**

• **1915(b)(3) services**
ALL STATE-FUNDED BH & I/DD SERVICES
STATE-FUNDED TBI SERVICES

Health Plan Responsibilities

Health Plans will:

- Ensure their Members receive the same services as they did under NC Medicaid Direct
- Provide Non-Emergent Medical Transportation (NEMT) Services for Managed Care Members
- Assist Members with primary care provider (PCP) information and complete PCP Auto-Assignment if no PCP is selected
- Supply NC Medicaid Managed Care Medicaid Card/Replacement Cards
- Conduct Care Needs Screening for Members
- Operate a Call Center/Member Service Lines
- Facilitate Appeals and Grievances
- Provide Health Plan Welcome Packets, including Welcome Letter,
- Medicaid Card and Member Handbook

Michael Maybee

WATAUGA OPPORTUNITIES, INC.
ENABLING SELF-RELIANCE THROUGH EMPLOYMENT

Michael is President/CEO of Watauga Opportunities, Inc (WOI), a non profit Community Rehabilitation Program (CRP) founded in 1974, located in Boone North Carolina and serving nine rural northwestern North Carolina counties. He is a Qualified Professional in the field of Developmental Disabilities and has been with WOI for 30 years. He developed and initiated their Supported Employment program in 1990, which has since placed over 1,300 individuals in community jobs. In 2015 WOI expanded these community employment services to include Asheville and Buncombe County. Employment services now cover nine counties in. After 6 years piloting their Community Activities and Employment Transitions (CAET) service in 2016 WOI became the first North Carolina CRP to officially retire the legacy ADVP congregate service and fully implement the (CAET) service design, providing participants with employment, health /wellness, and integrated community immersion opportunities.

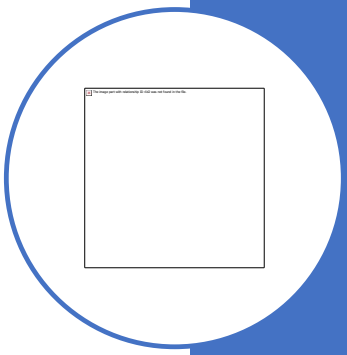
Enhancing Social Determinants of Health Through Community Based Services: A Provider Perspective

Organizational Change

- Organizational Change Leadership Areas
  - Vision/Idea
  - Implementer
  - Counter
  - Marketer
- Shared Vision / Shared Stories
  - Strategic Planning
  - Engaged Staff
  - Belonging to winning team
- Rights of Passage

Community Change

- Difference Competence Hypothesis
- Capable Competent vs Incapable Incompetence
- Building Social Capital
- Community Immersion
- From Cognitive Dissonance to Social Acceptance



Meaningful Day

Universal enhancement

Social Capital

Social Determinants of Health

- Health and Wellness
- Employment
- Civic Engagement/Community Immersion

Outcomes Achieved

Wages

Reduction of Government Subsidy

Community Interdependence

Civic Engagement Hours

Health and Wellness

BMI

Activity

Process of Change: CAET Definition

History

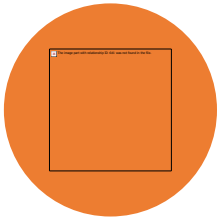
Stakeholder Engagement

Funding

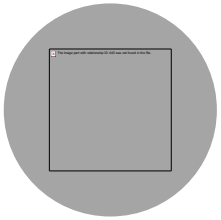
Pilot

Data Collection

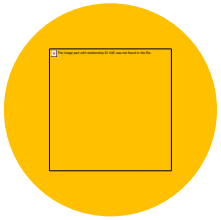
Partnership with MCO Building A New Service: Long term Community Supports



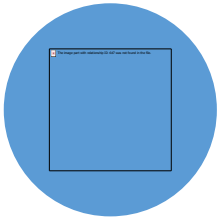
IN LIEU OF DEFINITION
DHHS DHB APPROVAL



COLLABORATION WITH:
DHB /VAYA /PROVIDER



EXPANSION OF PILOT THROUGHOUT MCO REGION



RETIRE LEGACY SERVICE THROUGHOUT REGION

Future of In Lieu Of Service: Expanding to Fit More Need

- Tailored Plan
- Expanding to the larger LME/MCO
- How it could impact the PHPs serving other Medicaid recipients

Julia Adams-Scheurich

Julia Adams-Scheurich is the CEO/Director of Government Relations for Oak City Government Relations. Oak City is dedicated to working with the disability community in North Carolina by providing strong representation for their issues in the North Carolina General Assembly. Ms. Adams-Scheurich is ranked as one of the most influential lobbyists in North Carolina by the nonpartisan North Carolina Center for Public Policy Research. Some of her clients include The Autism Society of North Carolina, NCARF, and the Association for Home and Hospice Care of North Carolina. Previously Ms. Adams-Scheurich was the Director of Government Relations for The Arc of North Carolina.

Over the past ten years of lobbying in North Carolina, Ms. Adams-Scheurich has specialized in Medicaid policy for people with intellectual and developmental disabilities as well as working very closely on Medicaid transformation to managed care. Recently this focus has included consulting for a managed care company on integrating behavioral health services in North Carolina.

A Legislative Perspective On Medicaid Transformation. Stakeholder Engagement Is Key!

Social Determinants of Health

CMS 1115 waiver for NC includes an innovative approach to address SDOH.

- $650 million to support this innovative approach.
- Addresses those factors that are outside of the "medical approach" to care.

Four Specific Focus Areas:

- Housing Insecurity.
- Food Insecurity.
- Transportation.
- At risk of interpersonal violence/toxic stress.

RFI For Health Opportunities Pilot.

- Development is continuing.
- 211 system is transitioning to NCCARES360.

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

THE HENRY J. KAISER FAMILY FOUNDATION

I/DD and SDOH

- I/DD providers have been addressing the SDOH needs for years.
- Providers in North Carolina continually work to provide:
  - Residential supports.
  - Transportation options.
  - Food support and in the In Lieu of Services at Vaya – allow for innovative programing that build on health and wellness.
- I/DD also looks at SDOH outside of the four key areas by including:
  - Supported Employment
  - Meaningful day through community engagement.

Managed Care Started with I/DD and Behavioral Health.

NC began managed care with behavioral health and is now moving physical health from fee for service. This is different from a majority of States.

The creation of the 1915b/c waiver.

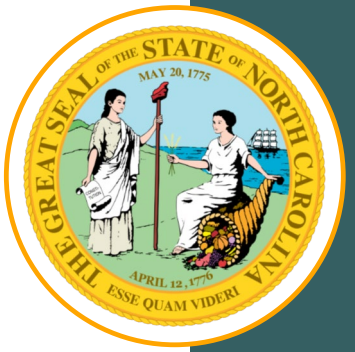
Services included were and are mental health services, addiction support, IDD and TBI.	Innovations waiver (1915c) supports people with IDD.	TBI waiver (1915c) is a new pilot specifically designed for people with traumatic brain injury.

Took A Village of Stakeholders

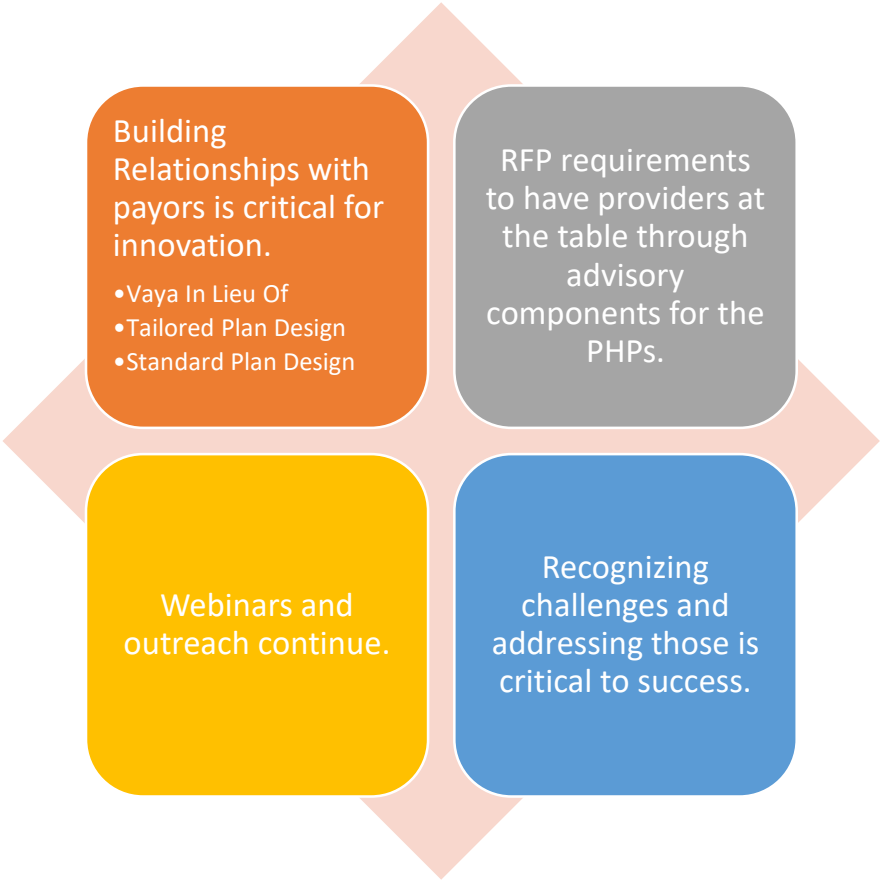
- Both the 1915c and the 1115 waiver were not created in a vacuum. They were created through stakeholder input.
- The 1115 waiver: Medicaid Transformation was designed over multiple administrations.
- Stakeholders included providers, physicians, parents, patient advocates, self-advocates, nonprofit entities including Disability Rights North Carolina, and associations.
- CMS requires that input but to get anything this big done in NC, DHHS needed real buy-in support.

Governor/Legislature/Policy Makers: Moving Healthcare Forward

- Two Governor's have led the effort on moving our system from FFS to capitated managed care.
- Multiple bills passed by the legislature have shaped the new system and have required stakeholder input.
- NC legislature has a bipartisan bicameral I/DD caucus which has been positive for the I/DD policy discussions.
- NC has a strong cross provider network. The Coalition. (Behavioral Health, I/DD and SUD Provider Organization)



Stakeholders As Partners for Change



Questions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