Transformation of North Carolina Medicaid

Carolina Complete Health Network
Wednesday, March 8, 2017
NCMS Goals for Medicaid Reform

1. Use **physician-led teams**.
2. Physicians need data and tools to identify and address problems.
3. Move Medicaid to a **value-driven system**, consistent with the rest of the health care system.
4. Quality and efficiency goals must be thoroughly **vetted and accepted by physicians**.
5. Medicaid program should be **transparent and accountable**.
Medicaid Program Transformation
-- Key Features --

- Statewide...
  - 3 statewide capitated plans
  - Can be MCO or PLE

- Regional...
  - Provider-Led Entities (PLEs only)
    - up to 12 PLEs may be approved
    - possibly multiple PLEs per region (each must cover 1 or more contiguous regions)

- Division of Health Benefits (DHB) to replace DMA

- Joint Legislative Oversight Committee on Medicaid created
Entities Expected to Compete for PHP Contracts
How is this Different? Ownership

Corporate MCO

Primary Care
ASC
CHC
Health System
Other Providers
Specialty Practice

NCMS
NCCHCA
MD, DO, PA, NP
Centene

JV Holding Co
How is this Different? Leadership

MD, DO, PA, NP

JV Holding Co

Board of Directors
2 CCHN, 8 Centene

Board of Directors
8 docs, 4 Centene, 3 Cmty Ldrs
Nominated by 2+2 cmte of JVHC

Board of Directors
5 docs, 2 Centene, 2 Cmty Ldrs
Elected by CCHN shareholders
The Role of Public Health and Health Departments

• Sign a provider participation agreement to be in the network

• If you are an MD, DO, PA or NP—buy a share, and which gives you the ability to participate in the governance and medical affairs committee structure

• Largest contribution—work closely with CCH and CCHN on your area of substantial expertise....
Population Health Extends Beyond the Medical Community

Factors Influencing Health Outcomes

- 20% - Access to and Quality of Health Care
- 80%
  - Social and Economic Factors (40%)
  - Health Behaviors (30%)
  - Built Environment (10%)

Adapted from <healthcare.gov/resource/healthy-people>
Need for Social Investment and Supportive Policies

Percent of GDP spent on:

- Health care
- Social care

Implementation Timeline

- 2017 Session NC Gen Ass’y
- RFP to be Issued
- Contracts to be Awarded
- Go-live
- Waiver Approval
- Readiness Reviews

- Test the Waters
- Sell Shares CCHN
- Sign CCHN Owners
- Finish Network Build
- Medical Policy Development
What Happens Now?

• We are seeking SEC approval to sell stock in CCH Network.
• Once approved (summer 2017), we will sell shares of CCH Network to MDs, PAs, NPs for $750.
• To be eligible to buy a share...
  • MD, DO, PA, or NP actively practicing in North Carolina.
  • In the CCH Network.
• We will then respond to the RFP issued by the State (spring 2018)
• Once awarded a statewide contract, we will invest the funds raised into CCH, and aim toward go-live in mid-2019.
• In the interim, CCH Network will begin operating the Medical Affairs Committee structure for CCH to develop medical coverage policy.
• For public health, this means we need to start meeting sooner rather than later.
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