Notes---Notes---Notes

The questions we have center around getting the information we need about the Medicaid Transformation plan which would allow LHD's to make an informed and accurate assessment concerning their future in providing clinical services to both Medicaid and indigent clients.

1. In the current system LHD's receive fee-for-service payments and a year-end cost settlement.
   a. Will cost settlement be continued or not?
   b. If not, what rate structure will be in place?

2. Approximately 50 % of our LHD's do not have primary care clinics. They provide preventive health screening, vaccines, STD diagnosis and treatment, family planning services and maternity care.
   a. Is there any information you can provide that clarifies when, how or if these patients would be able to access non-PCP LHD's for preventive health screenings, vaccines, or STD diagnosis and treatment.
   b. The same applies to school based health centers who have never needed a PCP authorization to provide care and are not themselves PCP's?

3. For the 50% of our LHD's that do have primary care practices.
   a. What are the specific requirements to be a PCP at level 1and 2.
   b. What new requirements will be added for each tier and who is responsible for financing any of the necessary changes to meet these requirements? Eg. New certifications? new I/T functions, new data and reporting requirements.
   c. What are the specific financial incentives that will be provided?

4. For the 80%+ of our LHD's who have maternity clinics, all participate as the OB medical home through CCNC.
   a. How will this model be changed under transformation?

5. When will we have a detailed understanding of the **added** administrative requirements for providers participating in new Medicaid plan versus those that are the responsibility of either the State or the MCO's? A side-by-side showing current vs. planned changes would be helpful. Note: There is a need to plan for and attempt to secure funding for additional costs that will be incurred to meet new requirements.

6. Case Management (OBCM) & (CC4C). What changes are planned for these case management programs?

Helpful Additions

1. Centralized Credentialing Process Using one Process for All.
2. Benefit package is not changed.
    a. Current limits left in place
    b. Same co-pay structure
3. Current DMA definition of medical necessity will be used by all.
4. Standard contract across PHP's
5. Uniform prior approval form
6. Additional support in education/training some targeted toward small providers and establishment of regional support centers
7. DHHS will establish rate floors
8. Must contract with essential providers
9. Open network for family planning services

Other information

1. Up to 3 commercial plans statewide
2. Up to 12 PLE plans in 6 regions
3. Begin standard plan July 1,2019
4. Within 2 years offer tailored plan that subsumes MH/DD pop., replacing the current LME/MCO's managed care program.
5. Exclusions:
    a. Dual eligible to 4 years
    b. Presumptively eligible
    c. Family Planning waiver clients remain in ffs
    d. Foster care for year 1 then statewide tailored plan
    e. Dental services
6. Move toward value based payment system.
7. Move toward comprehensive advanced medical homes addressing team-based care, population health management, care coordination across medical and social settings, case management for hi-risk populations to eventually include addressing social determinants of health, integration of behavioral health, opioid addiction and chronic pain management.