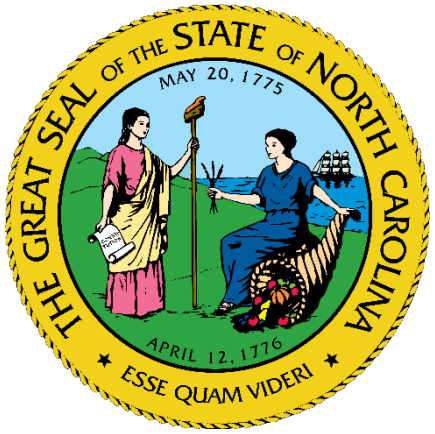


Care Management for At-Risk Children (CMARC)

Care Management for High Risk Pregnancies (CMHRP)

Managed Care Operational Update

December 2019

AGENDA

- Series of DHB-DPH-PHP-LHD Meetings
  - Roles & Responsibilities of DHHS & PHPs
  - Referrals, Data Flows, & Reports
  - Standardized Performance Measures
  - PHP Program Oversight
    - PHP-LHD CAP process
- Managed Care Launch Suspension
  - Next Steps

DHB-DPH-PHP-LHD Alignment Meetings (Prior to Suspension)

DHB-DPH-PHP-LHD-CCNC Alignment Meetings

- Held a series of meetings with DHB-DPH-LHD-CCNC from October-November 2019 on CMARC/CMHRP operations
- Topics:
  - Role of DHB, DPH, LHD, PHPs, CCNC
    - Payments
  - Referral pathways & forms
  - Data sharing between DHSS, PHPs, CCNC, LHD
  - Performance Metrics
  - Oversight Standardization (will be on-going)
  - Currently testing data sharing between PHPs and CCNC

DHB-DPH-LHD-PHP
Roles/Responsibilities

DHHS and PHP Role in Pregnancy and Pediatric Care in North Carolina

DHHS Role

The Division of Health Benefits (DHB) is responsible for **setting the vision for all pregnancy and pediatric programs** under Medicaid managed care—including through continuous quality improvement and clinical leadership. DHB sets contractual requirements for PHPs, including data flows, SLAs, and reporting requirements.

The Division of Public Health (DPH) will continue to play a critical role, including **continued use of Regional consultants** to provide technical assistance, training and quality improvement to Local Health Departments. DPH maintains programmatic guidance for CMARC/CMHRP which covers ALL populations (including Medicaid).

PHP Role

PHPs will have overall accountability and risk for program outcomes. **PHP responsibilities include:**

- Develop and execute contracts w/ providers;
- Reimburse providers (including incentive payments);
- Permit direct referral to LHDs for CM without prior authorization;
- Identify and refer high-risk pregnant women/at-risk children for care management;
- Administer quality and process measure program;
- Conduct program oversight and issue corrective action plans for underperformance; and,
- Ensure non-duplication of services

Role of the PHP in Program Oversight (CMHRP)

- Sign standardized contracts with all LHDs and pay LHDs for CMHRP
- Work with maternity providers to complete risk screenings;
- Refer women identified as high-risk through the PHP's own risk stratification algorithms and methods to LHDs for care management services;
- Ensure that the care management roles and responsibilities between the PHP/AMH Tier 3 practices are non-overlapping with care management services offered by LHDs;
- Monitor performance under the contract and provide quarterly performance reports to LHDs*;
- Working with the LHDs to augment program services.

**on required program measures on slides 17 & 18*

Role of the PHP in Program Administration (CMARC)

- Sign standardized contracts with all LHDs and pay LHDs for CMHRP
- Refer children identified as at-risk through the PHP's own risk stratification algorithms and methods to LHDs for care management services;
- Ensure that the care management roles and responsibilities between the PHP/AMH Tier 3 practices are non-overlapping with care management services offered by LHDs;
- Monitoring LHD performance under the contract and provide quarterly performance reports to LHDs*,
- Working with the LHD's to augment program services.

**on required program measures on slides 17 & 18*

Payments to LHDs for CMHRP and CMARC

During the transition period, LHDs will be paid for care management services using the same payment amount and methodology that exists today.

Care Management Payments to LHDs

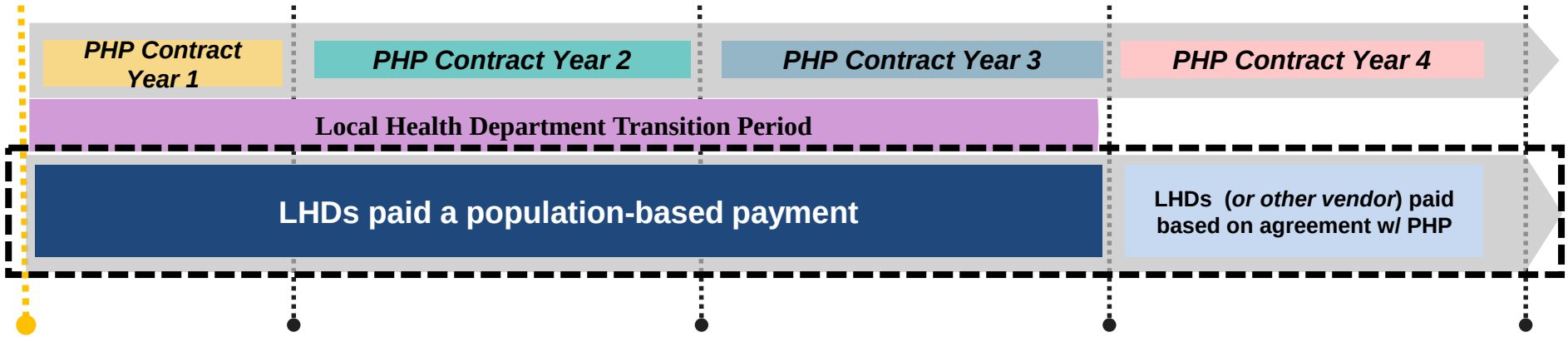
- **Per RFP**: PHPs will compensate contracted LHDs at an amount similar to but no less than funding levels they receive today for these services
- LHDs will be paid by PHPs for the provision of CMHRP and CMARC under managed care
- LHDs will be paid the same amount and using the same methodology for the provision of these services
  - **CMHRP**: $4.96 PMPM for all PHP member women ages 14-44 on Medicaid residing in the LHD county/service area
  - **CMARC:** $4.56 PMPM for all PHP member children ages 0-5 on Medicaid residing in the LHD county/service area
- Funding related to care management for high-risk pregnancies and at-risk children is included in the capitation payment to PHPs*

Note: This presentation focuses on payments for care management services.

*Funding for all IT expenses, including the care management documentation system and analytics platform, will be paid directly from DHB to CCNC and is not included in the payments from PHPs to LHDs. DHB and DPH are working to develop the contract terms as part of the transition to managed care.

Timeline for Payment Methodology

Starting in year 4, PHPs will compensate LHDs or other care management providers at mutually agreed upon rates.



PHP Contract Years 1-3: Population-Based Payment

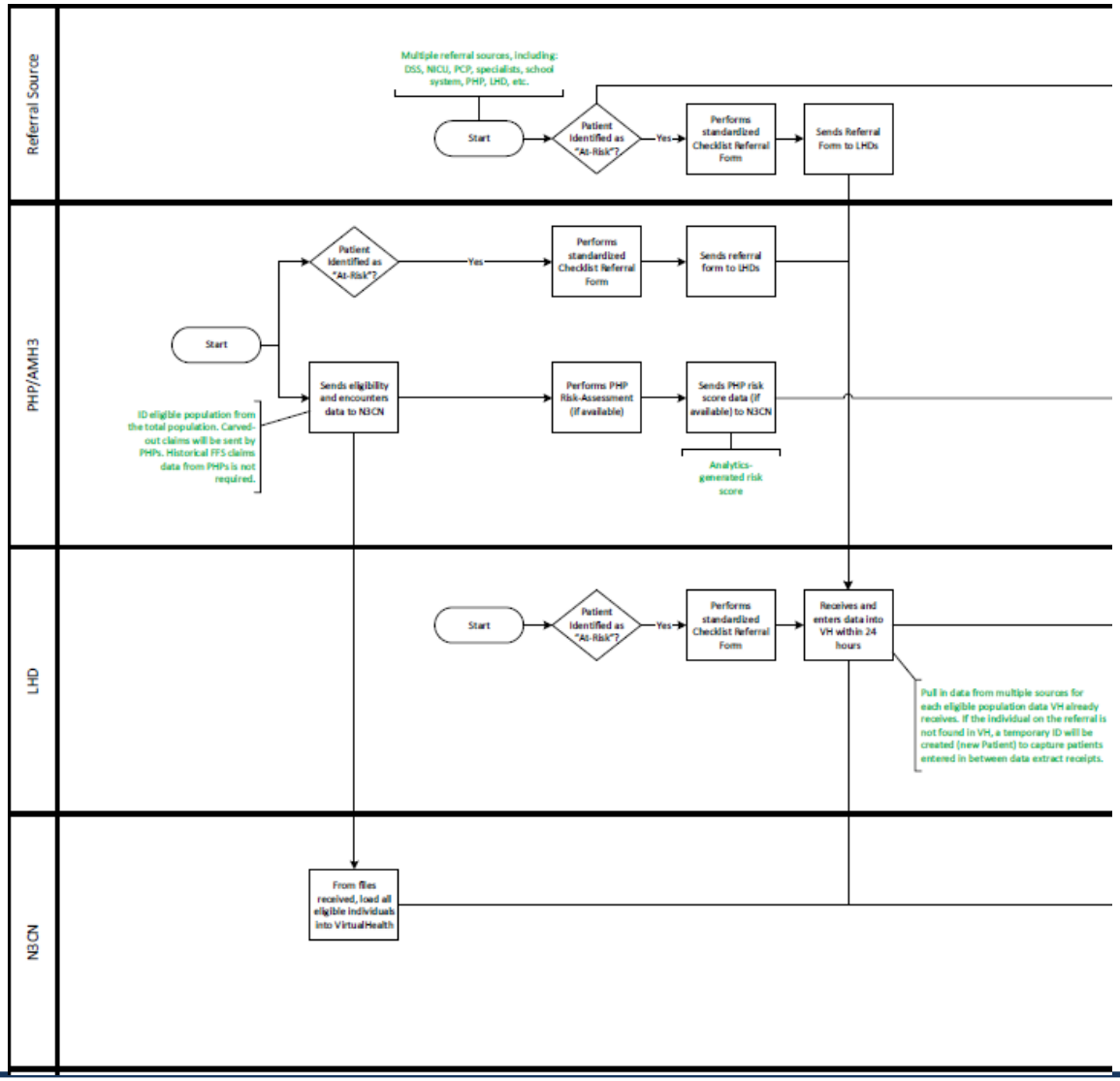
- Same payment model as today, but funding for care management runs through PHPs
- Focus on improved data collection
  - LHDs will be required to document utilization activities of CMHRP and CMARC services rendered

Year 4: Full Utilization Based Payment

- State pays PHPs
- PHPs compensate LHDs/other providers of services at mutually agreed upon rates

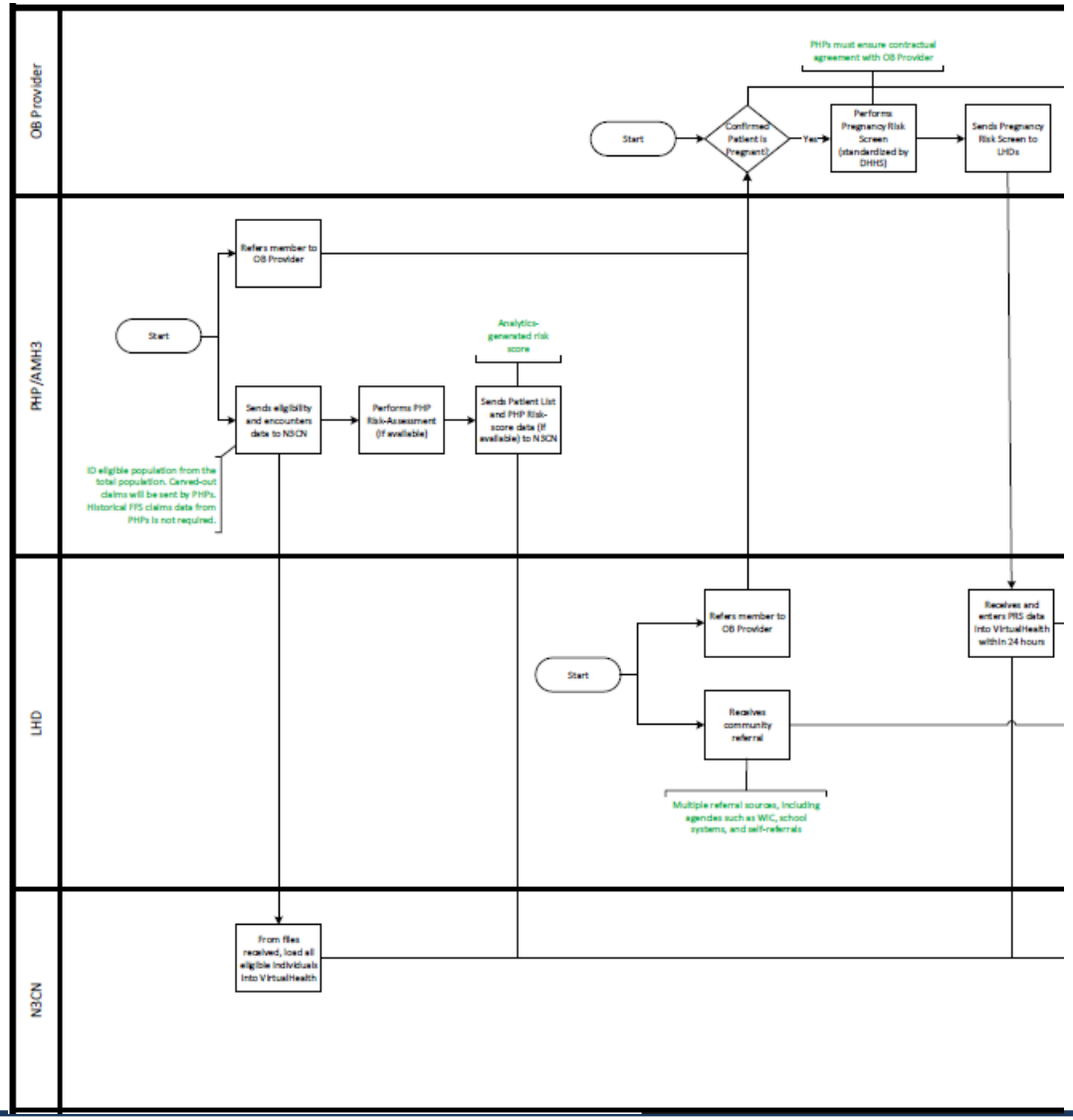
CMARC/CMHRP
Referrals, Data Flows, & Reports

CMARC Referral Pathways



- The same referral forms and referral pathways from existing FFS programs will be utilized for CMARC
- Referrals will be faxed to LHDs
- LHDs are responsible for entering referral data into VirtualHealth
- There is no bypass option of referrals.

CMHRP Referral Pathways



- The same referral forms and referral pathways from existing FFS programs will be utilized for CMHRP.
- Referrals will be faxed to LHDs.
- LHDs are responsible for entering referral data into VirtualHealth.
- There is no bypass option of referrals.

CMARC/CMHRP Data Flows (PHP to CCNC; CCNC to PHP)

File Type	Frequency	Comments
N3CN Inbounds		
Beneficiary Assignment File	**Weekly full files with daily incremental files.**	Same as AMH Requirements.
Carved-Out Claims (Dental and Others)	**At least monthly. Full file followed by incremental files.**	Same as AMH Requirements.
MC Professional Encounters	**At least monthly. Full file followed by incremental files.**	Same as AMH Requirements.
MC Institutional Encounters	**At least monthly. Full file followed by incremental files.**	Same as AMH Requirements.
MC NCPDP Pharmacy Encounters	**At least weekly. Full file followed by incremental.**	Same as AMH Requirements.
PHP Patient List/Risk Score	**Daily full file.**	Content may change based on information PHPs receive from stratifications and/or member interactions; hence, a daily full file is recommended.
N3CN Outbounds		
CMARC Member File	**Weekly full files with daily incremental files.**	Content is only CRF data and will not change. Hence, incremental files should suffice.
CMHRP Member File	**Weekly full files with daily incremental files.**	Content is only PRS data and will not change. Hence, incremental files should suffice.
CM Data Set	**Monthly full file. Delivery by the 5th of every month.**	PHPs should deliver BCM051 and BCM052 to the State by the 12th of every month for the prior month.

CCNC Inbounds (for Virtual Health) From PHPs

- Beneficiary Assignment File
- Carved-Out Claims (Dental and Others)
- MC Professional Encounters
- MC Institutional Encounters
- MC NCPDP Pharmacy Encounters
- PHP Patient List/Risk Score*
  - These are the list of patient IDed by the PHPs for Care Management

- This data populations Virtual Health in two ways: the care management platform and the Patient List* (CMARC & CMHRP)
- ***Next step is working on LHD-facing reports in Virtual Health/Care Impact*

CCNC Outbounds to PHPs

- CMARC Member File: weekly referral data (Pregnancy Risk Screening Form)
- CMHRP Member File: weekly referral data (CMARC Referral Form)
- CM Data Set: monthly ‘encounter-like’ data on members receiving care management.
  - Will tell dates-of-service and types of service (outreach vs care management visit)

CMARC/CMHRP Reports (PHP Produced for DHHS)

- BCM012 CM Beneficiary Extract
- BCM021 CMARC/CMHRP Corrective Action Plan
- BCM022 Quarterly CMARC Performance Report
- BCM023 Annual CMARC Performance Report
- BCM024 Quarterly CMHRP Performance Report
- BCM025 Annual CMHRP Performance Report
- BCM027 LHD Contracting Report

***Next step is working on LHD-facing reports in Virtual Health/Care Impact*

CMARC/CMHRP Performance Measures

DHHS Led Quality Measurement of Programs for Pregnant Women

DHHS will track several process and outcome measures to ensure high-quality care for pregnant women enrolled in CMHRP.

#	CMHRP Reach Measures
1	Expected penetration: 25% of pregnant women who are enrolled in Medicaid (~4% of women in Medicaid)
#	**CMHRP Performance Measures**
2	*(Engagement)* Members will be prioritized based on highest need and will be contacted for engagement within 7 days of referral *(minimum of 3 attempts or until successful contact made).*
3	*(Active Care Management)* Members engaged in active care management will have a signed care plan within 15 days of engagement in CMHRP services.

#	Outcome Measures
1	Prenatal and Postpartum Care: NQF 1517
2	Live Births Weighing Less than 2,500 g: NQF 1382

State-Led Tracking of CMARC Program Quality

DHHS will track several process and outcome measures to ensure high-quality care for at-risk children

#	CMARC Reach Measures
1	Expected penetration: 3% of children statewide
#	**CMARC Performance Measures**
2	(Engagement) Patients will be contacted for engagement within 7 days of referral (minimum of 3 attempts or until successful contact made).
3	(Active Care Management) Members engaged in active care management will have a signed care plan within 30 days of engagement in CMARC services.

#	Outcome Measures
	Children 0-5 engaged in CMARC
1	Well visits 3-6 yrs old
2	2 year old immunizations (Comb. 3)
3	Annual dental visit

PHP Role in CAP Process

Corrective Action Plan Process (CAP)

- For LHDs, a separate process has been developed to address areas of underperformance, should they arise. In these cases, PHPs will intervene and initiate action in one of two pathways:
  - a standardized CAP *(most likely)* or
  - immediate termination *(rare)*
- The PHP will include DHHS on all underperformance documentation, notification, and CAPs sent to any given LHD.
- DHB will share information with DPH to support the LHDs in performance improvement, root cause analysis, training and other activities to perform against the CAP

Corrective Action Plan (CAP) Process: Pathway #1

1. The PHP identifies and documents LHD underperformance
   *PHP should document which measure is identified as meeting the under performance criteria
2. The PHP issues a written notice of underperformance to the LHD and indicates a date by which the underperformance (90 days) should be corrected
3. The notice of underperformance is sent to DHHS at the same time it is sent to the Local Health Director and local Program Supervisor
4. If underperformance continues beyond the remediation period set forth in the letter, the PHP issues a subsequent notice of underperformance with request for a CAP to the LHD, using the same above communication pathway

CAP Process Pathway #1

5. The LHD submits a CAP to the PHP for approval within 15 business days of receiving notice of underperformance.

The LHD must include in their response a “performance action plan” that clearly states the steps being taken to rectify underperformance.

6. The PHP has the right to approve the CAP as written or request modifications within 10 business days.

If modifications are requested, the LHD must resubmit an updated CAP plan within 10 business days.

CAP Process Pathway #1

7. Once approved, the LHD has 90 business days to fully implement the CAP and meet the performance measures/obligations under the contract.

For good cause, LHD and PHP can agree to extend the implementation period by 60 business days. Good cause includes a situation where the data lag makes the timeline non-feasible

8. Failure to perform against the CAP within the prescribed timelines constitutes grounds for termination of the LHD by the PHP.

In the event of a termination, the LHD would have the right to appeal the termination under the standard provider appeals process

CAP Process Pathway #2 (Rare)

- Immediate Termination:
  - For a limited number of reasons, PHPs will be permitted to immediately terminate a LHD without using the CAP process. Specific actions for terminating a care management contract with an LHD without using the CAP process include:
    - Instances of fraud, waste and/or abuse
    - Specific actions by the LHD that conflict with the PHP/LHD Standard Contract Terms, including:
      - Failure to utilize required staffing with the expected credentials;
      - Failure to provide continuous service delivery during staff vacancies;
      - Failure to implement/use the designated care management documentation system for the CMHRP and CMARC programs;
      - Failure to meet training requirements for LHD staff.

CAP Process Pathway #2 (Rare)

- If the above criteria for termination is identified, the PHP should immediately notify the Department, Local Health Director and Program Supervisor in writing, stating the identified criteria and supporting evidence
- If a PHP terminates a contract with a LHD, the PHP will be responsible for contracting with another LHD in their service region using the previously described “right of first refusal” process

CMARC/CMHRP Work During Suspension

Managed Care Launch on Suspension

Managed Care Preparation

- Continued monthly meetings (DHHS-PHPs) on program oversight standardization including standardizing calculation of performance measures
- Working on LHD-facing reports in Virtual Health/Care Impact
- Begin to transition names of programs

Medicaid Direct

- Medicaid current contract with CCNC for VH will continue
- DHB-DPH weekly meeting on operations (ex. Forecasting)
- DHB-DPH-CCNC monthly call on Virtual Health/Care Impact issues/fixes and prioritization of updates

Questions

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https://medicaid.ncdhhs.gov/care-management