

North Carolina Public Health Association Lunch and Learn
May 22, 2019

# Agenda



- Overview of Carolina Complete Health Chris Paterson, President
- Q&A with Local Health Departments Carolina Complete Health Staff
- Carolina Complete Health Participants:
  - Chris Paterson, Chief Executive Officer
  - William W. Lawrence, M.D. Chief Medical Officer
  - Julie Ghurtskaia Vice President, Population Health and Medical Management
  - Vanessa Adams Director, Contracting & Network Development
  - Peter Bird Senior Director, Performance and Analytics
  - Betsy Hamburger Senior Director, Network Development
  - Pam Perry, Interim Vice President, Government Relations

# Carolina Complete Health



- Carolina Complete Health is a joint venture between Carolina Complete
  Health Network, Inc., a subsidiary of the North Carolina Medical Society,
  formed in collaboration with the North Carolina Community Health
  Center Association, and Centene Corporation, a Fortune 100 company
  with over 30 years' experience in Medicaid managed care programs.
- Carolina Complete Health will operate as a Prepaid Health Plan (PHP) in the 27 counties that comprise regions 3 and 5 under the state's Medicaid Transformation plan, and will begin operations in February 2020.





#### **Centene Overview**



**WHO WE ARE** 



St. Louis

based company founded in Milwaukee in 1984

# 47,300 employees

#61

#43 on Forbes' Global 2000: Growth Champions List (2018)

Fortune 500 (2018)

Fortune Global 500 (2018)

#49 Fortune 100 Fastest Growing Companies (2018)

\$60.1B

570.3 - 71.1B

revenue for 2018

expected revenue for 2019

\$13.5 billion

#### WHAT WE DO



32 states

with government sponsored healthcare programs

Medicaid (27 states) Marketplace (20 States)

Medicare (20 States) **Correctional** (14 States)



5 international markets

### 14 million members

includes 2.9 million TRICARE eligibles

Product / Market Solutions

#### Partners At-A-Glance



#### MEDICAL SOCIETY AT-A-GLANCE



more than 12,000 members
united statewide to
advance medical
science and raise professional standards

First met in 1799 and organized in 1849 with 25 physician members – the oldest professional organization in the state

#### NCCHCA AT-A-GLANCE



40

health center grantees & look-alike organizations

233 clinical sites

serving nearly 500,000 patients



sites offered in

of North Carolina's 100 counties

more than 480,000 patients served in 2015

## **Carolina Complete Health**

#### A New Style of Health Plan





**Patient-Focused:** Laser-focused on improving health outcomes and experience of care by supporting physicians/providers who know what is best for their patients



Physician-Led: Co-owned by physicians/providers with primary governance and clinical policy-making roles that ensure patient needs are met



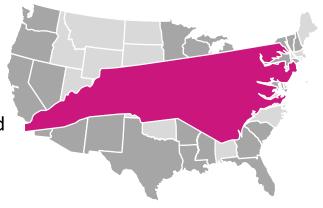
**Practice Transformation Partner:** Providing data, analytics, technology, and other high touch supports that enable North Carolina providers to advance along the AMH and VBP continuums



Innovative Approaches for Advancing Care Management: Ensuring physician choice and continuity of service while expanding existing capacity



Local Leadership, National Expertise: Combining unparalleled experience of organizations deeply rooted in North Carolina's healthcare system with Centene's national best practices and Medicaid experience

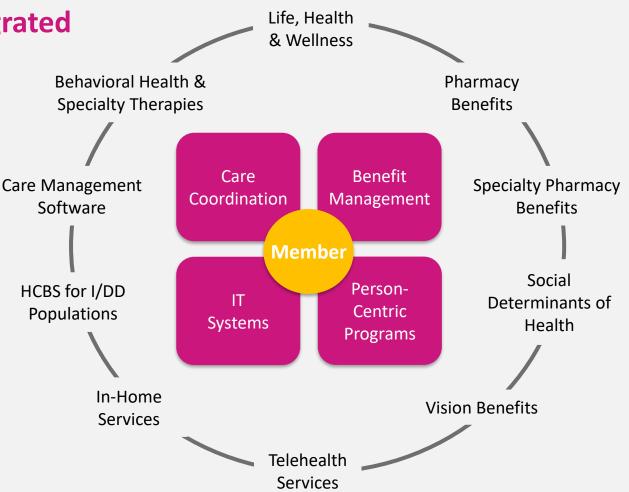


# **Service Integration**



Carolina Complete Health Will Provide a Totally Integrated Solution:

- Physical Health
- Behavioral Health
- Pharmacy Services
- Ancillary Services



#### **Call Center Services**



#### 1-833-552-3876 (TTY: 1-800-735-2962)

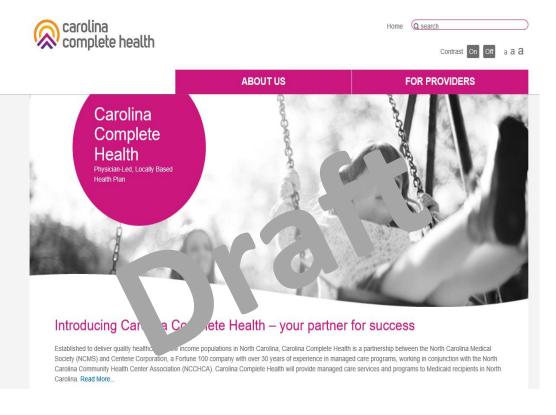
- Hours of operation: 7:00am- 6:00pm Monday through Saturday
- During all other hours, calls will be forwarded to our Nurse
   Advice Line
- Behavioral Health Crisis calls will be handled 24/7

#### Carolina Complete Health, Inc.

#### **Website Navigation**

# carolina complete health

### Website URL= CarolinaCompleteHealth.com complete health



#### **Website Features:**

- Beneficiary Focused
- Mobile Accessible
- Visual Aides to locate information
- Can find most information within 2 clicks
- Includes additional resources like:
  - Health and Wellness Topics
  - Medicaid News
  - Events

#### Carolina Complete Health, Inc.

#### **ID Card/Packet**





#### **Contents:**

- ID cards/welcome letter
- Magnet
- Benefits & Forms Booklet
- Handbook
- Insert on how to access the directory
- (online or print)
- Language assistance and non discrimination sheet

#### **Draft material**









# Social Determinants of Health – DHHS Medicaid Transformation Elements



- Focus on: Food Insecurity, Housing Stability, Transportation, Interpersonal Violence, and Employment
- Care Management: Training on Trauma-Informed Care; standardized screening questions; navigation to community resources and outcomes tracking (via NCCare360)
- PHP-focused Strategies: Include SDOH in PHP quality strategy; 'in lieu of' services to count as patient care; value-based payments
- Healthy Opportunity Pilots: Public-Private pilots to test SDOH interventions
  - 2-4 pilot regions; may cover more than one county, but will not cross Medicaid regions
  - Lead Pilot Entities will manage a network of community organizations and social service agencies; PHPs will participate with pilots in their region(s)
  - Ongoing evaluation to determine effectiveness and potential to expand statewide
  - RFP for pilots will be issued mid-2019 for launch in January 2021

### **Questions for PHPs**



- 1. What do you know about the public health system in NC?
- 2. Have you worked in other states that have a decentralized public health system?
- 3. What role do you see public health departments playing in a privatized Medicaid system that still depends on good environmental health, communicable disease, and case management services that are local and produce good patient outcomes?
- 4. What projects would you like to work on together that may fall outside of a feefor-service or PMPM model?
- 5. Can our contracts acknowledge by way of an addendum, a way of addressing the wrap-around and population-based services we provide for the Medicaid community?
- 6. Can our contracts have some acknowledgement that you understand that we are eligible for this intergovernmental transfer approach, and that you are committed to cooperating with, and participating in, the data reporting necessary to effectuate these payments.
- 7. As a Tier 3, Advanced Medical Home provider of primary care and MAT, how will behavioral health services be covered under the new contracts?

## **Questions for PHPs**



- 8. Can we review certain websites for guidance on billing and coding for certain medical services?
- 9. Will you still require the same modifiers for Family Planning (FP, UD) and Child Health (EP) as Medicaid currently requires?
- 10. Do you have the electronic payor Ids for us yet?
- 11. How can we get set up for Electronic Funds transfer?
- 12. Patients may have multiple visits on the same day due to state program guidelines which require 2 separate visits to be billed along with 2 separate documentations for the visits to separate program funding. An example would be a patient who comes to the adult health program for a sore throat but also wants to be checked for STD. How will the payors handle this?
- 13. Can you tell us where we can find services requiring pre-authorization and your procedures for a pre-authorization. (Radiology and Pharmacy).
- 14. How detailed will the Explanations of Benefits (EOB) that may complicate confidential services for Medicaid patients.
- 15. How will LHDs receive the Remittance Advice?

# Key Plan Contacts for LHDs



Chris.E.Paterson@carolinacompletehealth.com

• jughurtskaia@carolinacompletehealth.com

bhamburger@cch-network.com