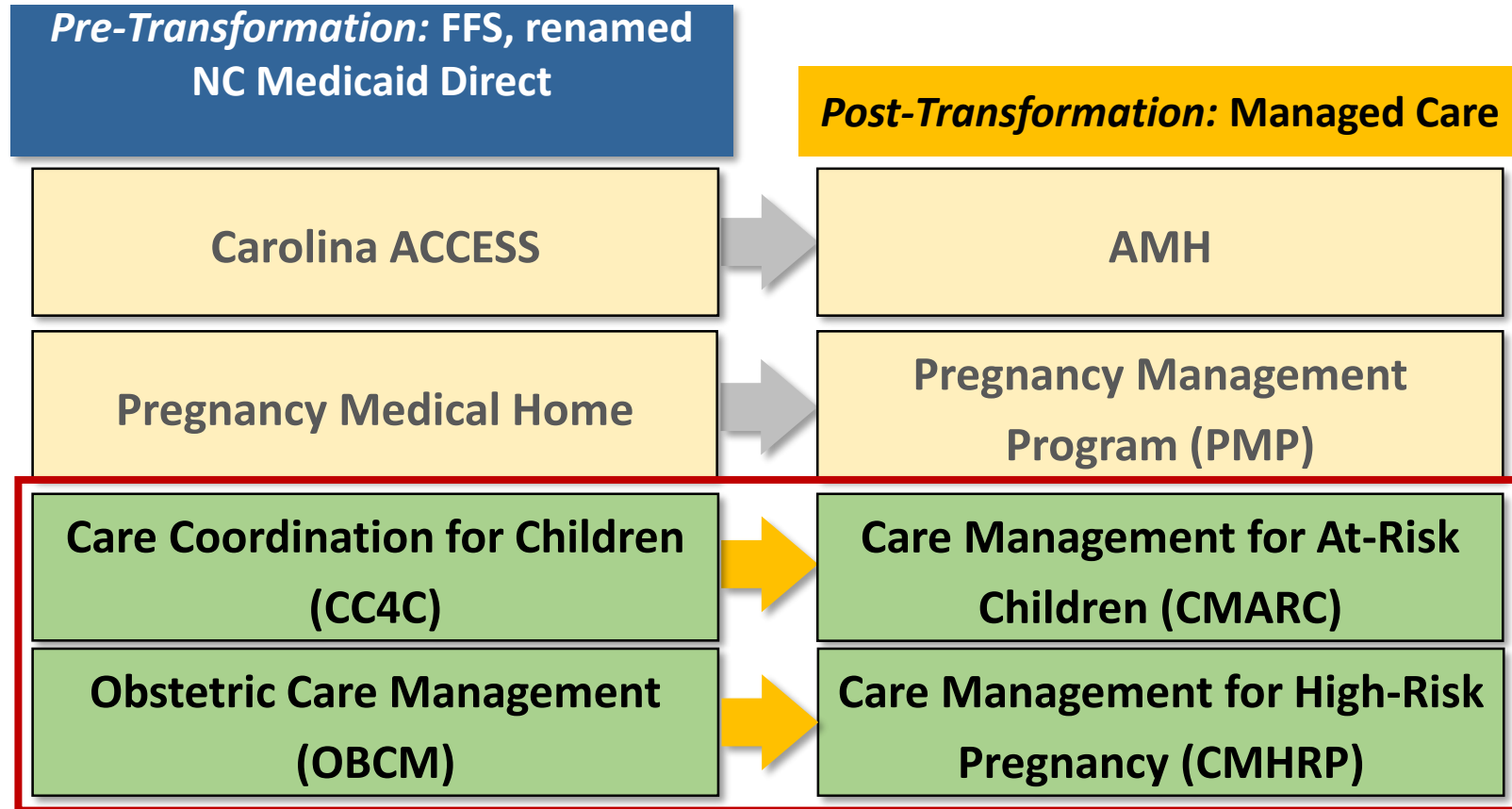


PHP Contracts and Local Health Departments

- LHDs should contract with all PHPs serving their county or region, as appropriate. This is a shift from a single payer for Medicaid to multiple third party payers. Billing, processing claims and working denials will be critical success factors.
- LHDs should include all applicable Medicaid services in the contract.
- All LHD/PHP Contracts should include:
 - Care Management for At-Risk Children, including payment mechanism based on DHHS guidance
 - Care Management for High Risk Pregnancy, including payment mechanism based on DHHS guidance
 - Communicable disease/TB/STD exams and testing
 - Immunizations
 - Family Planning
 - Language related to Advanced Utilization Based Payments based on DHHS guidance
 - Language stipulating that payments services provided will not be less than the current amounts paid to LHD's.
 - LHDs should notify Beth Lovette, beth.lovette@dhhs.nc.gov and the relevant DPH branch head if the agency does not intend to provide any of these services directly, so that other LHDs arrangements can be considered and program integrity and oversight maintained with PHPs and assurance plans developed, if applicable.
- Some LHDs may include:
 - Pregnancy Management Program (also known as clinical services for Maternal Health, OB Care, Prenatal Care)
 - Primary care for adults and/or children and may include AMH Tier
 - Behavioral Health/Substance Use Disorder treatment
 - Nutrition: Diabetes Self Management Education, Diabetes Prevention Program, Medical Nutrition Therapy
 - Healthy Homes Assessment
 - Tobacco Cessation
 - Medical Lactation Services
- DHHS/DHB is currently reviewing overall practitioner and facility contracts, and expects to approve these contracts by late May/early June. As those reviews are completed, DHB will continue to review provider specialty contract language, including LHDs.

Evolution of Existing Programs Under Managed Care

The State will build on existing care management infrastructure under managed care



*Note: These programs will **remain in place post-transformation** for populations that remain in FFS coverage*

Note: Local Health Departments, Pediatric providers and Maternity Care providers can also be AMH providers