

NC MEDICAID MANAGED CARE QUALITATIVE EVALUATION

Results from the Pre-Managed Care Launch – Prepaid Health Plan Perspectives

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➤ What is the NC Medicaid Managed Care Qualitative Evaluation?

The qualitative interviews with Prepaid Health plans (PHPs) are part of a larger multi-year evaluation of NC Medicaid's transition from fee for service managed care. The interviews provide an account of PHP experiences preparing for transition and the first three months of the transition to Medicaid Managed Care. This report provides key findings from the qualitative evaluation of the demonstration year 3, November 2020 to October 2021.

➤ How were interviews conducted?

We conducted interviews with six representatives from five PHPs. Interviews were conducted after the "go-live" date of July 1, 2021, and between July and October 2021. The perspectives of the interviewees are described below.

➤ Medicaid Managed Care Preparation

PHPs' areas of focus during the preparation phase included:

- Understanding policies and processes
- Building provider relationships

Successes during preparation and initial implementation:

- Provider orientation and education
- Timeliness of claim processing
- Responsiveness and ability to resolve provider issues
- Collaboration between the PHPs

Challenges faced during preparation

- Delay in the transition to Medicaid Managed Care (both positive and negative)
 - Increase in operating costs
 - Adjusting staff in other markets
 - Additional time to prepare
- Clarifying provider misinformation about network adequacy and coverage of formularies and drugs
- Understanding what services are covered by Medicaid Fee for Service program

Challenges faced during the initial implementation

- Operational processes such as prior authorization for therapists, transportation, and dispensing medications

➤ Member Enrollment

Participants shared that enrollment went relatively well, and there wasn't much plan switching by the beneficiaries during the first three months of implementation.

➤ Differentiating Characteristics of the PHPs

The PHPs suggested the following as value propositions to providers and beneficiaries:

- Collaborative attitude towards providers and community organizations
- Member benefits
- Experience in addressing social determinants of health
- Experience of working in North Carolina
- Better customer service

➤ What success would look like for PHPs?

Short-term Success

- Meeting quality standards
- Being known for provider and member relations
- Being able to use data to identify disparities
- Being able to function in a steady state

Long-term success

- Successful transition to a value-based model
- Buy-in from provider and community organizations
- Measurable improvement in member health outcomes