Veterans and Medicaid
March 28, 2019

Register for our email updates: ncgwg.org

Join us by live stream at www.facebook.com/govinst
or call 888-992-0902 – Pin 117744#

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates
Secretary Larry Hall
North Carolina Department of Military & Veterans Affairs

Medicaid 101
Debra C. Farrington – Chief of Staff
NC Department of Health and Human Services
Overview – Medicaid and NC Health Choice 101

Department of Health and Human Services

March 28, 2019

Agenda

- What is Medicaid?
- What is NCHC?
- Medicaid Terminology
- Administering Medicaid
- What does Medicaid/NCHC do?
- Medicaid/NCHC Programs
- General Eligibility Requirements
- Difference between Medicare & Medicaid
- NC FAST and NCTRACKS
What is Medicaid?

- Medicaid is a federal and state program for individuals and families who qualify by meeting certain financial and non-financial factors
- Strives to promote good preventative medical and prenatal care
- Only pays for medically related expenses for eligible individuals

What is North Carolina Health Choice?

- North Carolina Health Choice (NCHC) is a free or low cost comprehensive health care program for children
- The goal of the NCHC Program is to reduce the number of uninsured children in the State to ensure that the population served will be healthy and ready to learn and work
- If the family makes too much money to qualify for Medicaid but too little to afford rising health insurance premiums, the child(ren) may qualify for NCHC
Administering Medicaid

- The policy is governed by Federal and State regulations
- The Division of Health Benefits (DHB) supervises the programs within guidelines set by federal and state laws
- The local departments of social services are responsible for administering the programs and determining eligibility for beneficiaries

Medicaid Program

- Family and Children’s Medicaid
  - Medical Assistance For Families (MAF)
  - Medical Assistance for Infants and Children (MIC)
  - Medical for Pregnant Women (MPW)
  - Family Planning Program (FPP)
  - Breast and Cervical Cancer Medicaid – BCCM
  - Adoption Assistance
  - State Foster Home Medicaid

- Medical Assistance for Aged, Blind, and Disabled
  - Medical Assistance for the Aged - MAA
  - Medical Assistance for the Blind – MAB
  - Medical Assistance for the Disabled – MAD
  - Qualified Medicare Beneficiaries – QMB
Medicaid for Aged, Blind and Disabled

- Medical Assistance for the Aged - MAA
  - Medicaid for individuals age 65 or older

- Medical Assistance for the Blind – MAB
  - Medical assistance for individuals of any age who meet Social Security’s definition of blindness.

- Medical Assistance for the Disabled - MAD
  - Medical assistance for individuals under age 65 who meet Social Security's definition of disability

Medicaid for Aged, Blind and Disabled (cont.)

- Qualified Medicare Beneficiaries – MQB

  - Limited coverage for Medicare beneficiaries:
    - MQB-Q – Medicare copayments, premiums, deductible
    - MQB-B – Medicare Part B premium
    - MQB-E – Medicare Part B premium
Other Medicaid Programs

Individuals who are approved for and receiving assistance in the following programs are automatically eligible for Medicaid:

- State/County Special Assistance (SA)
  - Administered by the local agency
  - Provides payments to those in Adult Care homes or those who are at risk of being placed in an Adult Care Home
- Supplemental Security Income (SSI)
  - Administered by the Social Security Administration
  - Provides monthly payments to aged, blind, and disabled individuals

General Eligibility Criteria

- Be a resident of North Carolina
- Be a US Citizen or Qualified Alien
  - An individual who is not a US citizen or qualified alien may be able to receive coverage for emergency services only
  - Lawfully Residing – full coverage
    - If pregnant
    - Children under age 19
    - Other lawfully residing may be able to receive coverage for emergency services only
- Provide SSN or apply for one
  - Undocumented aliens are an exception
General Eligibility Criteria (cont.)

- Not be incarcerated or a resident of a public institution
  - Those incarcerated in state prison or institution for mental disease be covered only for inpatient hospitalization services as long as they meet all other eligibility criteria.
- Not receiving Medicaid in another county or state
- Meet financial eligibility requirements and/or assets below the allowable limit

How to Apply for Medicaid

- Individual/Representative can make a Medicaid application through the following:
  - Federal Marketplace (FFM)
  - In Person at a DSS office
  - By Mail
  - By Fax
  - EPASS (Online)
  - By Phone
**What Does Medicaid Pay For?**

- Inpatient/Outpatient Hospital Services
- Home Health Services
- Mental Health Services
- Nursing Home Services
- Physical, Occupational, Speech Therapy
- Prescription Drugs
- Doctor’s Appointment
- Medical Equipment
- Dental Services
- Routine Eye Exams
- Eyeglasses and Visual Aids

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**Difference Between Medicaid and Medicare**

- Medicaid is a state and federal public assistance program that provides health coverage for individuals with low income
- Medicare is a federal entitlement program that provides health coverage for individuals age 65 or older or who have a severe disability, regardless of income
- Dual Eligibility – Individual who is eligible and receiving both Medicaid and Medicare

*Medicaid is the payor of last resort – other insurance, including Medicare must pay first*
Using Customer Relationship Management to Provide Outreach

Robert K. Jones
NC Department of Military and Veterans Affairs
DEPARTMENT OF MILITARY & VETERANS AFFAIRS (DMVA)

Using Customer Relationship Management (CRM) to Provide Outreach

March 28th, 2019

INTRODUCTION

The Department of Military & Veterans Affairs utilizes a Customer Relationship Management (CRM) tool known as the “Veteran’s Case Management System”.

The Government Data Analytic Center (GDAC) team, in partnership with SAS®, will be providing integration between the CRM and the Veterans Roster which is managed by GDAC.

The integration will include a bi-directional flow of data that updates:
- The CRM’s database based on the GDAC entity resolution process
- The Vet Roster based on new veteran data entered by CRM users
GDAC – DMVA INTEGRATION

There are (3) Integration points within the CRM system:

- Contact Record
  - Contains basic information on the veteran
  - Cannot be used to verify veteran status
- Veteran Entity
  - Contains current service details of assistance to our Veterans
- Defense Manpower Data Center (DMDC) Entity
  - Contains records of service (DD-214/215)

GDAC – DMVA INTEGRATION

There are (2) data sources that currently support bi-directional data flow:

- DMDC
  - DD214/215 service records data
- Public Assistance Reporting Information System (PARIS)
  - Medicaid benefits data
  - Demographics and beneficiary data
NEXT STEPS

2019

- Map relatable data fields between GDAC data store and CRM (contact record, veteran entity, & DMDC entity)
- Create business rules for conducting data exchange
- Deliver case management to the field Veterans Service Officers and capture actions taken

DYNAMICS365 DATA PROCESSING
DYNAMICS365 VETERANS CASE MANAGEMENT

Business Process Flow

- Begins after the previous record resolution and creates a case.
- Cases are routed automatically to each Veterans Service Center Queue for Work.

New Case Received: 00027060 CRM:0072839

Sun 3/24/2019 2:34 PM
Rinna, Alex, Sandlin, Reginald T, Benson, Jayelle M, Jones, Vande Onwadi, Ebong M

System Message:
Do not reply to this email, it is not monitored for responses and the message will not go to the constituent.
A new case has been added to your Office Queue.

Office Managers, please be sure that the ownership of this case is taken by a user in your team or referred using local service provider for assistance.

DYNAMICS365 VETERANS CASE MANAGEMENT

Business Process Flow

- Business process flows provide a guide for Veterans Service Officers
- The flow represented through normal business processes
- Individuals steps are data entry points that are required before proceeding to the next stage.
- Action taken is associated to the Veteran Record within CRM
- Various reports are then run for performance measures and expectations
Questions?

DIT/DMVA: Rob Jones
(Robert.jones@milvets.nc.gov)

Medicaid Managed Care and Expansion and Veterans

Debra C. Farrington – Chief of Staff
NC Department of Health and Human Services
North Carolina Medicaid Transformation
Medicaid Managed Care and Veterans

Debra C. Farrington
Chief of Staff

Patrick Doyle
Business Information Office, Director

Date: 3/28/19

Managed Care Overview

• 2015 Legislation directs the transition to managed care.
• Award of Prepaid Health Plan contract major milestone
• Transition 1.6 million Medicaid beneficiaries to managed care
• Managed Care will rollout by region
• Will address non-medical drivers of health (unmet social needs)
• Enrollment Broker (MAXIMUS) will provide choice counseling
Vision for NC Medicaid Managed Care

“Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health.”

PHPs for NC Medicaid Managed Care

Statewide contracts

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

Regional contract – Regions 3 & 5

- Carolina Complete Health, Inc.
NC Medicaid Managed Care Regions and Rollout Dates

- **Region 1**: FEB. 2020
- **Region 2**: NOV. 2019
- **Region 4**: W/K. 2019
- **Region 6**: FEB. 2020
- **Region 3**: FEB. 2020
- **Region 5**: FEB. 2020

**Rollout Phase 1**: Nov. 2019 – Regions 2 and 4
**Rollout Phase 2**: Feb. 2020 – Regions 1, 3, 5 and 6

Medicaid Transformation Timeline

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Milestone</th>
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<tbody>
<tr>
<td>February 2019</td>
<td>Member Educational Materials mailed</td>
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<tr>
<td>June 2019</td>
<td>Soft Launch, Call Center open, welcome packages mailed</td>
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<tr>
<td>Summer 2019</td>
<td>PHPs contract with providers and meet network adequacy</td>
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<tr>
<td>July – Sept. 2019</td>
<td>Open enrollment period</td>
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<tr>
<td>November 2019</td>
<td>Managed Care Standard Plans launch in Regions 2 &amp; 4; Phase 2 open enrollment</td>
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<tr>
<td>February 2020</td>
<td>Managed Care Standard Plans launch in Regions 1, 3, 5, 6</td>
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Who is Enrolled in Managed Care?

**Mandatory**
- Many populations are required to be in Managed Care:
  - Most Family & Children’s Medicaid beneficiaries
  - Pregnant Women
  - Non-Medicare Aged Blind Disable

**Exempt**
- Some populations may choose Fee For Service or Managed Care
  - Federally recognized tribal members
  - Individuals eligible for behavioral health tailored plans (until available)

**Excluded**
- Some populations cannot participate in managed care
  - Detailed on next slide

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**EXCLUDED POPULATIONS**

- Dually eligible for Medicaid and Medicare
- Short eligibility spans
- Periods of retroactivity and presumptive eligibility
- Health Insurance Premium Payment (HIPPP)
- Program of All-inclusive Care for the Elderly (PACE)

**EXCLUDED POPULATIONS**

- Medicaid Family Planning program
- Prison inmates
- CAP/C and CAP/DA
Carved Out Services

- Services for the Elderly (PACE)
- Services provided by local schools (in Individualized Education Plan)
- Services provided by Children’s Developmental Services Agency (CDSA)
- Dental services
- Fabrication of eyeglasses and eyeglass fittings

*Note:* Amendments to Title 18 of Session Law 2019-245, as amended by Section 2.5(a) of Session Law 2019-221, 10F.17(a) of Session Law 2017-57, Part II of Session Law 2017-106, and Session Law 2010-85.

To-Be Eligibility & Enrollment Process

High-Level Eligibility & Enrollment Process for New Enrollees Eligible for NC Medicaid Managed Care:

- Individual Applies for Medicaid
- Individual is enrolled in preferred PHP
- PHP sends welcome packet and Medicaid card
- If PHP was not selected, PHP will auto assign a PCP
- Individual is enrolled in assigned PHP
- PHP sends Welcome Packet and Medicaid/Plan Card
- PHP assigns a PCP

Individuals may indicate a PHP preference during application if they know which PHP they want.
With the transition to managed care, DHHS will ensure

- A person with a scheduled appointment will be seen by their provider
- A person’s prescription will be filled by the pharmacist
- Calls made to call centers are answered promptly
- Individuals know their chosen or assigned PHP
- Individuals have timely access to information and are directed to the right resource
- A provider enrolled in Medicaid prior to Nov 1, will still be enrolled
- A provider is paid for care delivered to members
- PHPs have sufficient networks to ensure member choice
Access to Affordable Health Care

- Today, many North Carolinians do not qualify for Medicaid and don't earn enough to qualify for subsidies to help them buy insurance on the Health Insurance Marketplace.

- Expanding Medicaid eligibility would give more than 500,000 North Carolinians access to affordable, quality health insurance.

- Expansion makes Medicaid available to all adults under 65 with income below 138% of the federal poverty level.

37 States Have Expanded Medicaid

SOURCE: Kaiser Family Foundation, kff.org
Lowers Health Care Costs

- Premiums for people who buy their own health insurance are 7% lower in states that have expanded Medicaid than in states that haven’t.

Fights the Opioid Epidemic

- Dayton, Ohio saw a 54% decrease in opioid overdose deaths after the state closed the coverage gap.


12,000 NC Veterans Could Benefit

- NC has one of the highest rates of uninsured veterans in the nation.
- Over 7% of NC veterans lack health coverage.
- Uninsured rates among veterans and their family members have declined faster in states that have expanded Medicaid compared to those states that have not.


Veterans Need Medicaid

- Not all veterans qualify to receive health insurance through the Department of Veterans Affairs.
- Eligibility depends on a variety of factors, including minimum service requirements, disability, and discharge status.
- 16% of servicemembers separated for misconduct from fiscal years 2011-2015 had been diagnosed with post-traumatic stress disorder or a traumatic brain injury.
Veterans Have Increased Risk

- Many veterans suffer from unique, and sometimes serious or complicated, health issues as a result of their time serving our country.
- Low-income veterans can be sicker and are more likely to have post-traumatic stress, substance use, and mental health disorders compared to higher-income veterans.
- Expansion helps veterans access critical services that would improve overall health, and help them achieve financial stability.

Sources: Health of Those Who Have Served Report, America's Health Rankings, 2018, available online at [link]...

Helps Veterans Families

- Veterans' family members rarely qualify for VA assistance.
- Expanding Medicaid would benefit not just veterans, but their family members as well.

Source: Calhoun and Killam, op. cit. available online at [link]...
What Does Expansion Cost NC?

- Federal legislation requires that the federal government pay 90% of the cost of coverage for those that fall in the coverage gap “for calendar quarters in 2020 and each year thereafter.”
- In North Carolina, the remaining 10% would be paid by hospitals and health plans, not individual taxpayers.

Questions

NC MEDICAID TRANSFORMATION WEBSITE
www.ncdhhs.gov/medicaid-transformation

Contact us
Debra.Farrington@dhhs.nc.gov
Patrick.Doyle@dhhs.nc.gov
Vice Chair Updates

Brian Ward
Veterans Benefits Administration
Winston-Salem Regional Office
U.S. Department of Veterans Affairs
Upcoming VBA Outreach Events and info

• Wilmington VEAC
  • April 25th – 26th 9am to 3pm  
  April 27th 9am to 2pm  
  Elks Lodge Wilmington  
  5102 Oleander Drive Wilmington, NC 28403

• Durham VAMC Town Hall
  • April 24th 4:30pm to 6pm  
  VAMC  
  508 Fulton St. Durham, NC 27705 (main building)

For More Information About Upcoming Events, Please Visit:  
https://www.benefits.va.gov/ROWINSTONSALEM/index.asp

Martin Falls  
Assistant Secretary  
Retired Colonel, U.S. Army National Guard  
NC Department of Military and Veterans Affairs

Terry Westbrook  
Deputy Director  
NC Department of Military and Veterans Affairs
GWG Updates for 3/28/19

March 29th - Vietnam War Veterans Day

April 5th – Eastern Veterans Support Specialist Training begins in Fayetteville, NC

April 8th – 12th NC Association of County Veterans Services Officers Conference, Hickory, NC

April 10th – NC Veterans Council Annual Legislative Day, Raleigh, NC

April 12th – Veterans Stand Down, Catawba Valley Community College, Conover, NC

April 16th – Quarterly Veterans Affairs Commission Meeting, Raleigh, NC

April 23rd – NC STRIVE Conference, Charlotte, NC

April 24th – NC STRIVE Conference, New Bern, NC

DeAnne Seekins

Network Director of the Department of Veterans Affairs
Mid-Atlantic Health Care Network (VISN 6)
VA/VHA FY19 Priorities

Mission Act

• There are lots of moving pieces with the implementation of the MISSION ACT.
• HIGH RELIABILITY – VISN 6 is becoming a High Reliability Organization! Durham VAHCS is among a group of 17 nationwide leading the way toward and environment of greater transparency, Leadership Commitment, a safe culture and continuous improvement. Lessons learned at Durham will be shared for successful implementation across the VISN.
• Optum was just awarded the Care in the Community Network contract for Region 1, including VISN 6. The transition should complete by the end of calendar year 2019.
• VA Partners with Sanford Health at Durham VAHCS. VA Oncology and Sanford Health entered into a leadership partnership that provides precision genetic medicine to Veterans free of charge, to optimize cancer medications that are safest and most effective for the patient, making their care more timely and cost-effective.
• VISN 6 recently hosted a Risk Management seminar that looked at many ways of increasing safety in our facilities, but also concentrating on other things we can do to help prevent suicide.

Market Assessments kickoff

• Market Area Health Systems Optimization teams began visiting VISN 6 locations February 15. The teams have divided up the nation into market areas (regions) and will analyze health care resources there.
• The resulting assessment will help us roadmap our provision of foundational services to Veterans in each of these market areas.
• We went through this once with the Southeast North Carolina Market about two years ago.

Mark Edmonds
Chief Operating Officer - Workforce Solutions
North Carolina Department of Commerce
NC Department of Commerce
Division of Workforce Solutions

- Collaboration with the Department of Military and Veterans Affairs on the 2019 Veterans Resource Guide

- Upcoming NC4ME (North Carolina for Military Employment) Hiring Events
  - April 5-6: Goldsboro (Virtual)
  - April 30-May 30: MilSpouse (Virtual)
  - May 14-15: Fort Bragg
  - June 4-5: August 13-14: Havelock
  - September 9-10: Jacksonville
  - July 9-10: Wilmington
  - Charlotte (Veterans Bridge Home)
  - Oct 16-17: Fort Bragg
  - November 2: Salisbury (tentative)

- Special Focus Events
  - April 6th: Lumbee Tribe Veterans Stand Down

Ken Schuesselin
Associate Director of Consumer Policy
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
North Carolina Department of Health and Human Services
NC Medicaid transformation is underway!
On March 18th DHHS released the Behavioral Health and Intellectual/Developmental Disability Tailored Plan Eligibility and Enrollment statement.

Additional information may be found on the NC Medicaid transformation website at: www.ncdhhs.gov/nc-medicaid-transformation

PATH-Veterans program seeks out chronically homeless Veterans suffering from SMI/SPMI and links them to services which will lead them out of homelessness. This focus on Veterans represents expanded Veteran – specific programming in Asheville, Charlotte, Greensboro, Raleigh, Fayetteville and Jacksonville.

Veteran Support Specialist (VSS) training has begun! Seats available for the Eastern class, starting on April 5th. Crystal Miller is your point of contact: Crystal.Anderson@milvets.nc.gov

Jeff Smith
Military and Veterans Program Liaison
Division of MH/DD/SAS
North Carolina Department of Health and Human Services
Together With Veterans
Veterans Coalition of Crystal Coast
Together With Veterans

- Together With Veterans (TWV), an evidenced-based Veteran suicide prevention intervention, is a community partnership with the US Department of Veterans Affairs, Rocky Mountain Mental Illness Research and Clinical Center (MIRECC), the Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) and local organizations run by or serving veterans.
- TWV Carteret County: 30 members from veteran service organizations

Accomplishments

- Completed a SWOT Analysis to identify gaps in service, communication, resources available, etc.
- Out of that Analysis:
  - TWV members completed SAVE training (January 2019)
  - TWV Summit held in Boulder CO. (February 2019)
    - Met with three other sites Montana and 2 from Colorado to learn from their mistakes/success
  - Network

- Created a brochure and logo with help from Montana TWV, established Veterans Coalition of Crystal Coast (VCCC), including our mission and vision statements
- Establishing BOD
- Article in MIRECC Newsletter (March 2019), Certificate of Appreciation from VA Office of Rural Health/Office of Suicide Prevention/MIRECC (February 2019), VISN 6 Newsletter (Coming in April)
Mission Statement
Prevent Veteran suicides in our local community, in North Carolina, and nationwide.

Vision Statement
Honor and serve Veterans and active duty military and their families by building and maintaining a coalition of concerned groups and people dedicated to detecting Veteran mental health issues and preventing suicide.
Goals

1. Provide Veterans and their families with information about benefits and referrals to the Veteran Administration.

2. Assist Veterans and their families with registration, transportation, care-givers, equipment, lodging, and other essentials related to services provided through the Veteran Administration.

3. Identify at-risk Veterans specifically regarding suicide and post-traumatic stress (PTSD).

4. Improve delivery of assistance for at-risk Veterans in our community.

5. Motivate Veterans and families of Veterans to participate in recreational, therapeutic, and economic activities to promote the healing process.

Suicide Prevention Strategies

- Increase awareness about Veteran suicide prevention strategies
- Improve capacity to respond to Veterans in need
- Make it easier for Veterans to reach out for support

Help Is Here
Veterans Crisis Line
Phone: 1-800-273-8255 Press 1
Text: 838255
Chat: www.veteranscrisisline.net

Make The Connection
www.maketheconnection.net

Vet Center
1-877-WAR-VETS
www.vetcenter.va.gov

VA Benefits/Resources
844-NC4-VETS
www.nc4vets.com
www.milvet.nc.gov
“No one can do EVERYTHING but everyone can do SOMETHING”
- Author Unknown

**Question?**
Laura McCarthy MSW, LCSW
919-885-5582
Laura.mccarthy@va.gov

**NC Veterans Suicide Prevention Task Force**
Mayor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families
Web-based Prep Session – Mecklenburg County, NC
Mayor’s Challenge Participating Cities

Albuquerque, NM
Atlanta, GA
Austin, TX
Billings, MT
Clarksville, TN
Columbus, OH
Detroit, MI
Helena, MT
Hillsborough County, FL
Houston, TX
Jacksonville, FL
Kansas City, MO
Las Vegas, NV
Los Angeles, CA
Manchester, NH
Mecklenburg County, NC
Oklahoma City, OK
Phoenix, AZ
Reno, NV
Richmond, VA
Suffolk County, NY
Topeka, KS
Tulsa, OK
Warwick, RI

April 25, 2019

RTI International, RTP, NC

NC Veteran Suicide Prevention mini- Practice Improvement Collaborative (PIC)-
9:30-12:30
Revisit findings from 11/17 PIC, and hear updates from:
Mecklenburg Community Challenge (SAMHSA),
Together With Veterans (VISN-19 & MIRECC),
RTI (CDC) teams.

NC Governors Working Group on Veterans Servicemembers and their Families -
2:00-4:00
STUDENT TRANSITION RESOURCE INITIATIVE FOR VETERAN’S EDUCATION

PURPOSE: To equip administrators, faculty, and staff in higher education with information, resources, and networking that will enhance the experience and success of student veterans in their transition to higher education institutions and degrees.

INVITERS: Administrators, faculty, and staff from 2-year and 4-year public and private colleges and universities; VA and DOD; treatment providers; Veteran services organizations; behavioral health advocates; federal and state agencies; and others.

COST: Free but registration required.

OPERATION: HOME
In Person Livesream

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- ncgwg.org
- helpncvets.org
- Our Email Newsletter
NC Serves

[Diagram showing service requests by state and network statistics]
Introductions and Updates
Next Meeting:
April 25, 2019

RTI International

Register for our email updates: ncgwg.org

Join us by live stream at www.facebook.com/govinst

Meeting agenda and minutes: ncgwg.org/minutes-and-group-updates