



MCAC Access Subcommittee Meeting

March 01, 2023

Network Adequacy Standards

- DHCF will review current network adequacy standards for each of the areas listed below to ensure compliance with the DISB final rule and CMS regulations.

Network Adequacy Standards

Primary Care*

Pediatric Dental

Behavioral Health and SUD*

OB/GYN

Hospital

Specialists*

Pharmacy

LTSS

Reporting and Transparency

Annual Network Adequacy Report

Website posting of network adequacy standards and health carrier Access Plan and waiver requests

Annual Network Certification

Conduct network certification review

Submit assurance of compliance to CMS



Return to Normal Eligibility Policy

(Unwinding from the Public Health Emergency)

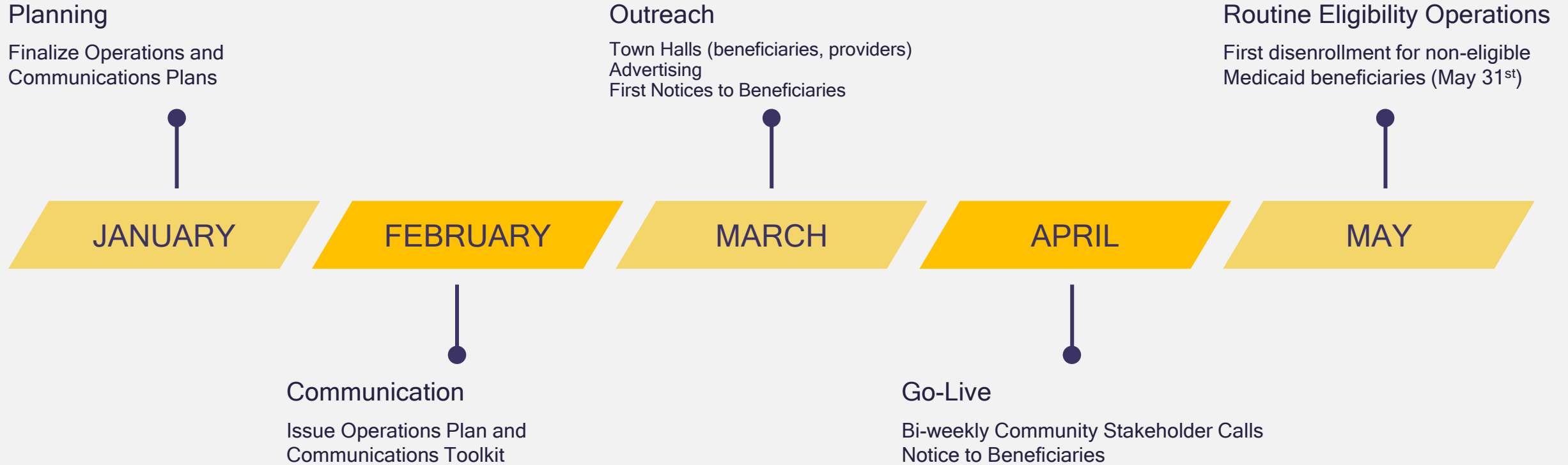
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Behavioral Health Announcement

Return to Normal Eligibility Policy

- The Biden Administration announced on January 30, 2023 - the end date of the public health emergency (PHE):
 - May 11, 2023
- How does this impact Medicaid?
 - Emergency authority allowing program flexibilities will end.
 - This includes authority that allows enhanced rates for providers.
 - End-date of enhanced rates varies – some will end beginning May 2023 and others will end as late as November 2023.

Milestone Activities for Medicaid Renewals



Guiding Principles for Returning to Normal Eligibility Operations

- Maintaining enrollment and limited disruption of access to service for beneficiaries who remain eligible for Medicaid.
- Timely and efficient processing of all pending Medicaid renewals and determinations.
- Keeping beneficiaries within their current recertification period; and
- Adequate distribution of eligibility redetermination workload to ensure functioning eligibility processing infrastructure.

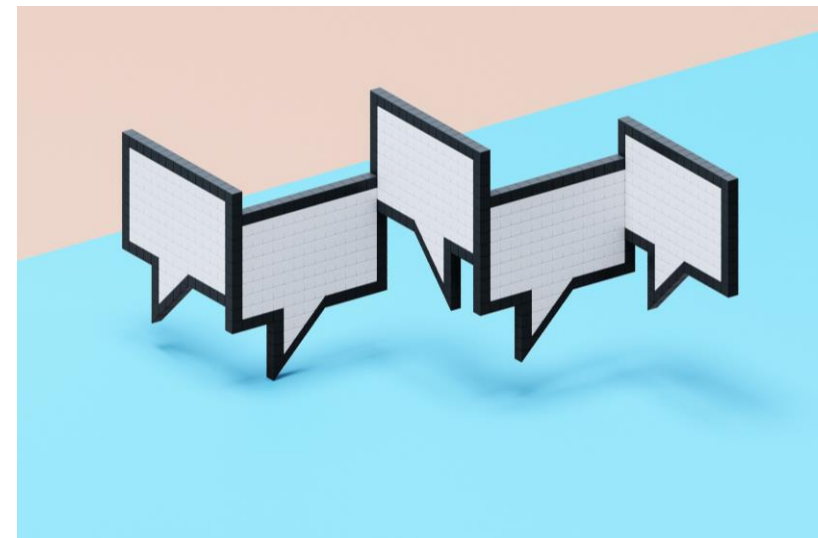
DHCF Expects Some Beneficiaries Will No Longer Be Eligible For Benefits

- Assume that overall Medicaid enrollment will decrease by more than 10% during the 12-month recertification period.
- DHCF will provide a month-by-month breakdown on number of individuals due for certification (required by CMS).
- While all Medicaid beneficiaries will go through the renewal process, the majority will be passive renewals.
 - Pre-PHE, passive renewal rate was 82% for MAGI populations.
- Most Medicaid beneficiaries (78%) have used a service since January 2022.
 - 76% of MAGI beneficiaries
 - 87% of Non-MAGI beneficiaries

Behavioral Health

You're invited!

**Next Public Forum on Integrated Care (PFIC)
planned for March 8th
from 4-5:00pm.**



Check our webpage for updates and resources.

[Public Forum on Integrated Care | dhcf](#)



Managed Care Transition and Continuity of Care Requirements

Managed Care Transition

Transition Activities and Readiness Review

Request for Information (RFI) (Amerigroup)
Initiate Transition Meetings (CareFirst)

JANUARY

FEBRUARY

MARCH

APRIL

MAY

Enrollee Assignments and Outreach

System Transfer of CareFirst Enrollees
Outreach to Enrollees and Providers
Managed Care Orientation (Amerigroup)

Routine Monitoring and Oversight

Manage Requests for MCO Changes
Routine Programmatic Oversight

Transition Activities and Readiness Review

Desktop Review of RFI Deliverables
Onsite Visits (Amerigroup)
Transition Meetings (CareFirst)
Data Collection Priorities

Go-Live

New Managed Care Contracts

- **Change in Available MCOs (All Managed Care Enrollees)**
- **Auto-assignment to Amerigroup (CareFirst Enrollees)**
- **Transmittal to Pharmacy Providers**
- **Transmittal to Medicaid Managed Care Providers**

Will share once finalized with all signatures.

