

Managed Care in North Carolina

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

Overview of Current Managed Care Programs

As of July 2011, over 80 percent of Medicaid beneficiaries were enrolled in some form of managed care. North Carolina operated a small risk-based, capitated managed care program called Health Care Connection, which began in 1986 in one county, but that program was terminated in 2006. The state currently operates managed care only through a primary care case management (PCCM) model. The state's PCCM program, called **Carolina ACCESS (CA)**, began in 1991 in five counties and provided beneficiaries with a designated medical home and primary care provider to coordinate care. Children, non-elderly individuals with disabilities and low-income caretaker adults are enrolled on a mandatory basis, while older adults, American Indian/Alaska Natives, Foster Care Children, dual eligibles, pregnant women, and special needs children have the option to enroll. By 1997, the program expanded statewide. In 1998, the state developed an enhanced case management program to support Carolina ACCESS primary care practices. It was originally called Access II and III but now referred to as **Community Care of North Carolina (CCNC)**, which pays 14 community health networks a monthly fee to provide case management, data analysis, and quality improvement and training activities for primary care practices participating in CCNC/Carolina Access. In 2008, CCNC's care management model was expanded to Medicare-Medicaid dual enrollees and to Medicaid-only individuals with long-term care needs.

Since 2005, North Carolina has operated a limited benefit, pre-paid program under its **1915(b)/(c) Waiver for Mental Health (MH), Developmental Disability (DD), and Substance Abuse (SA) Services**. The program began as a 5-county pilot in the Piedmont region but is scheduled to become statewide in 2013. The 1915(b)/(c) waiver uses public Local Management Entities (LMEs) to manage behavioral health and developmental disabilities services for most Medicaid beneficiaries with behavioral health needs on a mandatory basis. North Carolina also offers a **Program for All-Inclusive Care for the Elderly (PACE)**, which provides all Medicare and Medicaid services to individuals over age 55 that require a nursing home level of care.

Participating Plans, Plan Selection, and Rate Setting

Under the CCNC program, North Carolina contracts with **14 community networks**, which are each paid a per member per month fee to coordinate patient care. Networks are paid a higher fee to coordinate the needs of aged, blind, and disabled beneficiaries. All medical services delivered to beneficiaries are still reimbursed on a fee-for-service basis. For the 1915(b)/(b) waiver program, North Carolina contracts with **three local, non-profit LMEs** (Piedmont Behavioral Health, Highlands, and East Carolina Behavioral Health) to provide behavioral health services on a capitated basis.

Quality and Performance Incentives

CCNC/CA uses an elaborate Quality Measurement and Feedback (QMAF) program that collects a variety of chart review measures and claims-based measures, including HEDIS. Quality measures are reported to the primary care practices in order to encourage improvement relative to CCNC and NCQA, HEDIS and IPIP benchmarks. CCNC also conducts a CAHPS survey every three years for both adults and children. The MH/DD/SAS waiver does not collect quality measures but instead uses a variety performance measures to oversee the program.

Table: Managed Care Program Features, as of August 2014

Program Name	Carolina ACCESS	Community Care of North Carolina (ACCESS II/III)	Mental Health Developmental Disabilities & Substance Abuse Services	Program for the All-Inclusive Care for the Elderly (PACE)
Program Type	PCCM	Enhanced PCCM	MH/SUD PIHP	PACE
Program Start Date	April 1991	July 1998	April 2005	February 2008
Statutory Authorities	1932(a)	1932(a)	1915(b)/1915(c)	PACE
Geographic Reach of Program	Statewide	Statewide	County	Select Regions
Populations Enrolled <i>(Exceptions may apply for certain individuals in each group)</i>				
<i>Aged</i>	X	X	X	X
<i>Disabled Children & Adults</i>	X	X	X	X (age 55+)
<i>Children</i>	X	X	X	
<i>Low-Income Adults</i>	X	X	X	
<i>Medicare-Medicaid Eligibles (“duals”)</i>		X (excludes partial duals)	X (excludes partial duals)	X (age 55+)
<i>Foster Care Children</i>	X	X	X	
<i>American Indians/Alaska Natives</i>	X	X	X	
Mandatory or Voluntary enrollment?	Varies	Varies	Mandatory	Voluntary
Medicaid Services Covered in Capitation <i>(Specialized services other than those listed may be covered. Services not marked with an X are excluded or “carved out” of the benefit package.)</i>				
<i>Inpatient Hospital</i>				X
<i>Primary Care and Outpatient services</i>	X (case management only)	X (case management only)		X
<i>Pharmacy</i>				X
<i>Institutional LTC</i>				X
<i>Personal Care/HCBS</i>			X	X
<i>Inpatient Behavioral Health Services</i>			X	X
<i>Outpatient Behavioral Health Services</i>			X	X
<i>Dental</i>				X
<i>Transportation</i>				X
Participating Plans or Organizations	1. Carolina Access – participating providers	1. 14 community-based case management networks *	1. Piedmont Behavioral Healthcare 2. Highlands 3. East Carolina Behavioral Health	1. Elderhaus 2. LIFE at St. Joseph of the Pines 3. PACE of Guilford and Rockingham Counties, Inc. (PACE of the Triad) 4. Piedmont Health Services

Program Name	Carolina ACCESS	Community Care of North Carolina (ACCESS II/III)	Mental Health Developmental Disabilities & Substance Abuse Services	Program for the All-Inclusive Care for the Elderly (PACE)
				5. Carolina SeniorCare 6. PACE @ Home 7. PACE of the Southern Piedmont 8. Senior Total Life Care, Inc. 9. VOANS Senior Community Care of North Carolina
Uses HEDIS Measures or Similar	X	X	X	NA
Uses CAHPS Measures or Similar	X	X		NA
State requires MCOs to submit HEDIS or CAHPS data to NCQA	NA	NA	NA	NA
State Requires MCO Accreditation	NA	NA	NA	NA
External Quality Review Organization	N/A			
State Publicly Releases Quality Reports	Yes			

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.
*The 14 networks are: Access Care, Access II Care of Western NC, Access III of Lower Cape Fear, Carolina Community Health Partnership, Central Piedmont Access II, Community Care of Wake and Johnston Counties, Community Care Partners of Greater Mecklenburg, Community Care Plan of Eastern Carolina, Community Health Partners, Northern Piedmont Community Care, Partnership for Health Management, Sandhills Community Care Network, and Southern Piedmont Community Care Plan. See for reference: <http://www.ncdhhs.gov/dma/ca/overviewhistory.htm>.