



KEY CONCEPTS FOR UNDERSTANDING MEDICAID IN NORTH CAROLINA

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NC CHILD'S ROLE

NC Child is grateful for the continued work of the North Carolina Department of Health and Human Services to ensure access to care for all North Carolinians. Families continue to struggle to access care, especially in our most rural communities to the far east and west of our state. We are committed to continued partnership with both NC DHHS and the Prepaid Health Plans that participate in Medicaid in our state. We continue to collaborate to make sure our state continues to support meaningful access to high quality health care for all children and families.

NETWORK ADEQUACY

North Carolina is required by federal law to meet network adequacy standards for Medicaid. This helps ensure people can get the care they need in-network. Network adequacy standards vary state to state.

Health plans report oversight measures to the State of North Carolina to be considered compliant:

- A health plan's network must have 95 percent of its members in a county and/or region live within a maximum time or distance of a certain type of provider.
- Network Adequacy standards are also measured by urban and rural standards to account for the geographical differences.
- Provider networks must have the correct number of providers of a certain type in a specific county or region. The five priority types of services that are considered are primary care, hospitals, pharmacy, OB/GYN, and outpatient behavioral health. There are other categories as well, such as occupational therapy or skilled nursing facilities.
- If a health plan cannot comply or does not meet a standard, they must request an exemption.
- You can track network adequacy oversight and measurement results for Plans through DHHS [here](#).

UNDERSTANDING DIFFERENT TYPES OF COVERAGE

MEDICAID NC HEALTH CHOICE

Medicaid is the program that provides health care to eligible low-income adults, children, pregnant women, seniors and people with disabilities. People who receive Supplemental Security Income or State/County Special Assistance for the Aged or Disabled are automatically eligible. The program is funded by North Carolina and the federal government.

The North Carolina Health Choice (NCHC) Health Insurance Program for Children is the name of the state's Children's Health Insurance Program (CHIP) program, a program administered by the United States

Department of Health and Human Services that provides matching funds to states for health insurance to families with children. NC Health Choice is a comprehensive health coverage program for low-income children who do not qualify for Medicaid due to income, but who cannot to afford private or employer-sponsored health insurance.

As part of the Appropriations Act of 2022, DHHS is required to merge the NC Health Choice and the Medicaid programs by eliminating the NC Health Choice program and providing Medicaid coverage to the population of children historically served by NC Health Choice. According to the legislation, the merger must occur before July 1, 2023.

NC MEDICAID PLAN TYPES

- MEDICAID DIRECTNC Medicaid Direct (also known as Fee for Service) is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in health plans.
 - Medicaid Direct allows enrollees to see any willing Medicaid provider and providers are paid for each service provided.
 - It includes care management by Community Care of North Carolina (CCNC), the primary care case management entity (PCCMe) for physical health services.
 - Six Local Management Entity-Managed Care Organizations (LME-MCOs) coordinate services for a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

STANDARD PLANS

- Standard Plans are Medicaid Managed Care health plans that offer integrated physical health, pharmacy, care coordination and basic behavioral health services.
 - Medicaid Managed Care requires Medicaid enrollees to choose a health plan (called Prepaid Health Plans, or PHPs) and get care through a health plan's network of doctors.
 - Standard Plans launched July 1, 2021, moving the majority of people enrolled in Medicaid from Medicaid Direct (also called Fee for Service) to a managed care plan.
 - There are currently 4 statewide, and 1 regional Standard Plans run through the PHPS:
 - AmeriHealth Caritas North Carolina (Statewide)
 - Healthy Blue of North Carolina (Statewide)
 - UnitedHealthcare of North Carolina (Statewide)

- WellCare of North Carolina (Statewide)
- Carolina Complete Health (Regions 3, 4 and 5)

TAILORED PLANS

- Tailored Plans are health plans that offer integrated physical health, pharmacy, care coordination and behavioral health services for members who may have significant mental health needs, intellectual/developmental disabilities (I/DDs), traumatic brain injuries (TBIs), or severe substance use disorders. Tailored plans launch April 1, 2023. NC Medicaid has identified beneficiaries who qualify for Tailored Plans.
 - Tailored Plans are based on county and eligible enrollees *must* enroll in their county- specific plan.
 - Alliance (Orange, Durham, Wake, Johnston, Cumberland, Mecklenburg)
 - Eastpointe (Warren, Edgecombe, Wilson, Greene, Wayne, Lenoir, Sampson, Duplin, Robeson, Scotland)
 - Partners (Surry, Yadkin, Forsyth, Davie, Iredell, Cabarrus, Stanly, Union, Catawba, Lincoln, Gaston, Burke, Cleveland, Rutherford)
 - Sandhills Center (Rockingham, Guildford, Randolph, Davidson, Montgomery, Moore, Lee, Harnett, Hoke, Richmond, Anson)
 - Trillium (Nash, Halifax, Hertford, Bertie, Gates, Chowan, Currituck, Camden, Pasquotank, Perquimans, Washington, Tyrell, Dare, Hyde, Beaufort, Pitt, Craven, Pamlico, Jones, Carteret, Onslow, Pender, New Hanover, Bladen, Columbus, Brunswick)
 - Vaya (Caswell, Person, Granville, Vance, Franklin, Alamance, Chatham, Stokes, Rowan, Alleghany, Ashe, Wilkes, Watauga, Caldwell, Alexander, Avery, Mitchell, Yancey, McDowell, Madison, Buncombe, Henderson, Polk, Haywood, Transylvania, Swain, Jackson, Macon, Graham, Cherokee, Clay)
 - DSS staff can identify these beneficiaries in North Carolina Families Accessing Services through Technology (NC FAST) program, using the “Managed Care Status” field.
 - Most beneficiaries who qualify for Tailored Plans will remain in NC Medicaid Direct (a health care program for Medicaid beneficiaries who are not enrolled in health plans) until Tailored Plans roll out. Some Tailored Plan-eligible beneficiaries will be able to opt into

Standard Plans, but they should note that Standard Plans will *not* provide the same benefits packages as the Tailored Plans.

TAILORED PLAN CARE MANAGEMENT

- The Tailored Care Management (TPCM) model, a community-based, provider-driven model aimed at whole person care and driving toward better health outcomes for individuals enrolled in Tailored Plans.
 - TPCM launched December 1, 2022
 - Tailored Plan enrollees will have a single designated care manager supported by a multidisciplinary care team to provide care management that aims to address all of their needs including physical health, behavioral health, I/DD, traumatic brain injuries (TBI), pharmacy, long-term services and supports (LTSS) and unmet health-related resource needs.
 - Tailored Plan enrollees are able to choose their Tailored Plan Care manager through contacting their Tailored Plan directly.

CHILDREN AND FAMILIES SPECIALTY PLAN

Nationally, children and youth in foster care who receive assistance through Title IV-E of the Social Security Act are automatically eligible for Medicaid. Not all children and youth in foster care receive Title IV-E assistance, but they may still be Medicaid eligible through another pathway, such as income or disability eligibility.

Like all other children under age 21 enrolled in Medicaid, children and youth on this plan are entitled to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, among others. This is particularly important for these young people because of common acute medical and behavioral health needs.

NC DHHS revised the original Plan after receiving stakeholder feedback. Implementation of the revised plan has been delayed until 2024 to allow for additional planning and to support a robust RFP process for all interested health plans. The revised Plan has several important characteristics:

- The Plan covers a range of North Carolinians: children and youth in foster care or receiving adoption assistance; former foster youth under age 26; minor children of those eligible for the plan; parents, guardians, custodians and minor siblings of children or youth in foster care; and families receiving Child Protective Services In-Home Family Services who are caregivers or minor children.
- The Plan is statewide to ensure that as eligible children and youth move placements, they remain in a single plan and can maintain access to their care coordination.

- Robust care coordination integrates care between primary care providers, mental and behavioral health professionals, specialists, Department of Social Services staff, and others.
- The Plan will be required to meet robust network adequacy standards. For most services, plans would be required to include any willing provider who meets their terms and standards. Plans will also have detailed requirements for wait times for behavioral health services.
- The Plan will establish a common set of quality measures to ensure its accountability.

SERVICES UNDER STANDARD PLANS VERSUS MEDICAID DIRECT

All Medicaid plans offer the same benefits and services, although some services require prior authorization or small copays depending on the program. These benefits and services include:

- | | | |
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| • Ambulance services | • Hearing aids | • Outpatient hospital services |
| • Cardiac procedures | • Home health services | • Personal care services |
| • Certified pediatric and family nurse practitioner services | • Home infusion therapy | • Pharmacy services |
| • Chiropractic services | • Hospice services | • Physical therapy |
| • Clinic services | • Inpatient hospital services | • Physician services |
| • Dietary evaluation and counseling and medical lactation services | • Inpatient psychiatric services for individuals under age 21 | • Podiatry services |
| • Durable medical equipment | • Laboratory and X-ray services | • Prescription drugs and medication management |
| • Early and periodic screening, diagnostic and treatment services (EPSDT) | • Limited inpatient and outpatient behavioral health services | • Private duty nursing services |
| • Family planning services | • Maternal support services | • Prosthetics, orthotics and supplies |
| • Federally qualified health center services | • Transportation to medical care | • Respiratory care services |
| • Freestanding birth center services (when licensed or otherwise recognized by the NC Department of Health and Human Services) | • Nursing facility services | • Rural health clinic services |
| | • Obstetrics and gynecological services | • Speech, hearing and language disorder services |
| | • Occupational therapy | • Telemedicine |
| | • Ophthalmological services | • Tobacco cessation counseling for pregnant women |
| | • Optometry services | • Transplants and related services |
| | | • Vision services |

There are some services that are only covered by NC Medicaid Direct. Patients can get these services from a provider outside of the health plan's network, as long as the provider takes Medicaid:

- Dental services
- Services provided by Local Education Agencies that are included in a child's plan:
 - Individualized Education Program (IEP)
 - Individualized Family Service Plan (IFSP)
 - Section 504 Accommodation Plan (504 Plan)
 - Individual Health Plan (IHP)
 - Behavior Intervention Plan (BIP)
- Services provided by Children's Developmental Services Agencies that are included in a child's Individualized Family Service Plan
- Patients can get these services from a provider in the health plan's network:
 - The fabrication of eyeglasses
 - Eyeglass fitting by a provider

Standard Plan Extra Benefits (additional to the Medicaid services and benefits listed above)

- Amerihealth Caritas
 - Wellness
 - Youth
 - Education
 - Asthma
 - Pregnancy
 - Phone program
 - Substance Use Disorder (SUD) recovery
 - Home-delivered meals
 - Pain management
 - Vision
- Carolina Complete
 - Wellness
 - Youth
 - Education
 - Asthma
 - Pregnancy
 - Phone program
 - Substance Use Disorder (SUD) recovery
 - Behavioral health
 - Parent, peer and online support

- Vision
- Other
- HealthyBlue
 - Wellness
 - Youth
 - Education
 - Asthma
 - Pregnancy
 - Phone program
 - Substance Use Disorder (SUD) recovery
 - Behavioral health
 - Alternative healing
 - Transportation
 - Parent, peer and online support
 - Chiropractic care
 - Home-delivered meals
 - Pain management
 - Other
- The Eastern Band of Cherokee Indians (EBCI) Tribal Option
 - Wellness
 - Youth
 - Education
 - Pregnancy
 - Other
- UnitedHealthcare Community Plan
 - Wellness
 - Youth
 - Education
 - Asthma
 - Pregnancy
 - Phone program
 - Behavioral health
 - Alternative healing
 - Transportation
 - Home-delivered meals
 - Other
- WellCare
 - Wellness

- Youth
- Education
- Asthma
- Pregnancy
- Phone program
- Behavioral health
- Alternative healing
- Transportation
- Parent, peer, and online support
- Chiropractic care
- Home-delivered meals
- Other

REPORTING AND QUALITY UNDER MANAGED CARE

NC DHHS has developed a revised Quality Strategy. NC DHHS's Quality Strategy reflects the Department's commitment to three broad Aims: Better Care, Healthier People and Communities and Smarter Spending. The Quality Strategy covers all entities that will deliver services to NC Medicaid and NC Health Choice enrollees after managed care launch, including:

- Managed Care Plans
- Standard Plans
- Behavioral Health and Intellectual/Developmental Disability Tailored Plans
- The Specialized Foster Care Plan
- Primary Care Case Management Programs (PCCM)
- The Eastern Band of Cherokee Indians Tribal Option
- Community Care of North Carolina

NCDHSS developed a data-driven, outcomes-based continuous quality improvement process, which includes:

- Focus on rigorous outcome measurement compared to relevant targets and benchmarks,
- Promoting equity through reduction or elimination of health disparities, and
- Appropriately rewarding PHPs and, in turn, providers for advancing quality goals and health outcomes.

Mechanisms North Carolina uses to ensure focused attention on quality improvement include:

- Quality Indicators: A robust set of quality data from managed care plans. The data will paint a clear picture of service delivery and clinical care at a statewide and, eventually, a regional

level and across demographic measures, such as age, gender, disability status, race, and ethnicity. [See the specific measures here.](#)

- Quality Assessment and Performance Improvement (QAPI) programs: Plans are required to establish and implement a comprehensive Quality Assessment and Performance Improvement (QAPI) program. The QAPI includes the managed care plan's approach to completing Department-specified performance improvement projects aimed at improving health outcomes and enrollee satisfaction.
- External review by External Quality Review Organizations (EQRO): The EQRO provides the Department with the results of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, which asks beneficiaries to report on their experiences accessing care. The Department requires reporting on beneficiary responses including adult and child measures.
- Value Based Payment Models
 - NC Medicaid will increasingly tie payment to value and will support PHP and provider contracting flexibility that helps providers deliver care in new ways. PHPs will play a critical role in driving forward Medicaid's Value-Based Purchasing (VBP) goals.
 - Currently, North Carolina is participating in the [NC Integrated Care for Kids](#) model (NC InCK), which includes a five county pilot of [Alternative Payment Models](#) (APMs) that link payments to meaningful measures of child well-being