

HEALTHCARE AND HOUSING (H²) SYSTEMS INTEGRATION INITIATIVE

NORTH CAROLINA

Medicaid Coverage and Other Health Care Resources

North Carolina State Medicaid Plan and Coverage

Medicaid Eligibility And Federal Medical Assistance Percentage (FMAP)¹

- Not a Medicaid expansion state
- In 2015, Medicaid eligibility based on family income as a percentage of federal poverty level (FPL), is:
 - For pregnant women: 196% of FPL
 - For children: 210% (Ages 0-5), 133% (Ages 6-18), 46% (Ages 19-20) of FPL
 - For parents: 45% of FPL
 - For childless adults: 0% of FPL
- FMAP is 66.24%, meaning North Carolina receives \$1.96 of federal matching funds for every \$1 spent on Medicaid

Enrollment Efforts

- Health Insurance/Affordable Insurance Exchange: The Health Insurance Marketplace (The Marketplace or the Federally-Facilitated Marketplace)
 - According to a report released by the Department of Health and Human Services, there were 249,784 people in North Carolina who had selected health insurance through the exchange as of December 30, 2014.²
 - Of the people who selected health insurance through the exchange, more than 92 percent had been determined to be eligible for financial assistance.
 - Of those who signed up, 56 percent were reenrolling in Marketplace coverage while another 44 percent were signing up for the first time.
- North Carolina used federal funds to establish a pilot call center that became operational in August 2012. The call center fielded almost 3,000 calls in September and October 2012 about various issues, including assistance with enrolling in a health plan and questions about the Affordable Care Act.³
- Applications for healthcare coverage are accepted via the federal marketplace exchange (<https://www.healthcare.gov/>) or by calling 1-800-318-2596. The FFM will make assessments of Medicaid/CHIP eligibility and then transfer the applicant's account to the state agency for a final eligibility determination.

Medicaid Enrollees And Expenditures⁴

The largest group of Medicaid enrollees in North Carolina is children, with a monthly Medicaid enrollment of around 1,037 in 2013. The elderly and individuals with disabilities account for 464 monthly beneficiaries on average.

Based on data from FY 2011, adults and children accounted for 37% of total Medicaid payments. The elderly and people with disabilities accounted for 63%. Average spending per elderly/disabled beneficiary in North Carolina is \$13,810/\$9,157 – less than the national average of \$16,643/13,249.

¹ <http://kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/>.

² For full report, visit: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Dec2014/ib_2014Dec_enrollment.pdf.

³ <http://kff.org/health-reform/state-profile/state-exchange-profiles-north-carolina/>.

⁴ <http://kff.org/medicaid/>.

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Medicaid Care Delivery⁵

As of July 2011, over 80 percent of Medicaid beneficiaries were enrolled in some form of managed care. North Carolina operates managed care only through a primary care case management (PCCM) model. The state's PCCM program, called Community Care of North Carolina/Carolina ACCESS (CCNC/CA), provides beneficiaries with a designated medical home and primary care provider to coordinate care. CCNC/CA also provides health education to all plan members and assists them in maximizing their health care through self-management.

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. In 2008, CCNC/CA's care management model was expanded to Medicare-Medicaid dual enrollees and to Medicaid-only individuals with long-term care needs.

Medicaid Waivers and Demonstration Programs⁶

Section 1915(c) Home and Community-Based Waivers

North Carolina has five Medicaid 1915(c) HCBS Waivers:

- NC Comprehensive Waiver
- NC Supports Waiver
- NC 2008 CAP/DA
- NC Community Alternatives Program for Children
- NC Innovations

Since 2005, North Carolina has also operated a limited benefit, pre-paid program under its 1915(b)/(c) Waiver for Mental Health, Developmental Disability, and Substance Abuse Services. The 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.

North Carolina Money Follows the Person Medicaid Demonstration Program⁷

- Designed to save taxpayer money on expensive nursing home care while helping 700 (up to 5,000) senior citizens and persons with disabilities live in their own homes.
- Is making \$56 million in federal Medicaid funds available
- Goals are to increase dollars spent on home and community based services, increase the number of people living in community, increase hospital discharges to community, increase the probability of returning to the community, and transition people from institutions to the community.

⁵ <http://www.ncdhhs.gov/dma/ca/ccncproviderinfo.htm>

⁶ For more information, see: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html
<https://www.hudexchange.info/resource/3215/affordable-care-act-state-and-territory-profiles/>

⁷ <http://www.ncdhhs.gov/mhddsas/providers/CAPMRDD/Moneyfollowsperson.htm>

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Federal Dual Alignment Demonstration:⁸

- Designed to promote strategies for implementing person-centered models that fully coordinate primary, acute, behavioral health and long-term supports and services for dual eligible individuals (i.e., persons who are eligible for both Medicare and Medicaid).
- North Carolina's proposal is pending with CMS.

Other Initiatives

Medicaid Health Home State Plan Option⁹

The Affordable Care Act gives states an opportunity to improve care coordination and care management for Medicaid beneficiaries with complex needs through health homes. Health homes integrate physical and behavioral health care (both mental health and substance abuse) and long-term services and supports for high-need, high-cost Medicaid populations. As of March 2015, North Carolina was one of only 19 states with an approved health home model. Community Care of North Carolina is the Health Home for the state's Medicaid recipients. North Carolina has chosen to focus its health home enrollment on patients with chronic conditions and had successfully enrolled 559,839 patients as of July 2014.

Medical Home Model Initiative¹⁰

As of May 2015, 86 of North Carolina's primary care practices had received Patient-Centered Medical Home (PCMH) Recognition from the National Committee for Quality Assurance (NCQA). Practices that have received recognition are eligible for financial incentives including enhanced fee-for-service payments and retrospective payments for meeting benchmarks on identified quality measures; practices on the glide path receive prorated enhanced fee for service payments based upon their progress on the glide path but are not eligible for quality payments at this time. Community Care of North Carolina has a PCMH Resource Center on their website for practices seeking NCQA recognition, which can be accessed here: <https://www.communitycarenc.org/emerging-initiatives/pcmh-central1/>.

Health Care for the Homeless Programs¹¹

There are six federally-funded Health Care for the Homeless (HCH) Programs in North Carolina:

- The Goshen Medical Center (GMC)
- Lincoln Community Health Center
- New Hanover Community Health Center, Inc., dba MedNorth Health Center
- Opportunities Industrialization Center, Inc.
- Triad Adult and Pediatric Medicine
- Wake Health Services, Inc.

⁸ <http://kff.org/health-reform/state-indicator/financial-andor-administrative-alignment-demonstrations-for-dual-eligible-individuals-or-duals-demonstrations-2/>.

⁹ <http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/medicaid-health-homes-overview.pdf> and http://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-homes-technical-assistance/downloads/hh-map_v43.pdf

¹⁰ <http://www.ncqa.org/AboutNCQA.aspx> and <http://recognition.ncqa.org/PSearchResults.aspx?state=NC&rp=5>.

¹¹ <https://www.nhchc.org/hchdirectory/nc/>.

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*Ryan White Program Title II Funds*¹²

North Carolina's Ryan White Part B program is administered by the North Carolina Department of Health and Human Services, Division of Public Health AIDS Care Program in Raleigh. The AIDS Care Program works to ensure the provision of primary medical and ancillary services to low-income HIV-infected persons in North Carolina, provide support for the purchase of HIV medications for needy individuals who have no medical insurance, and ensure the provision of housing and housing-related services to low-income HIV-infected individuals and their families. There are 14 Part B providers in North Carolina, for whom a major part of Ryan White Plan B funding goes to the AIDS Drug Assistance program (ADAP), which provides AIDS medications to low-income people with HIV/AIDS who are uninsured or underinsured.

2012 Funding Snapshot¹³

- 14,570 clients served by the Ryan White Program
- 126 were unstably housed and 1,067 were in temporary housing
- Top medical services provided: outpatient ambulatory care (11,702 clients received), medical case management (6,466 clients received), oral health care (2,126 clients received), mental health services (1,236 clients received), medical nutrition care (643 clients received), and outpatient substance abuse treatment (526 patients received).
- Other key services provided: medical transportation services (2,398 clients received), non-medical case management (2,349 clients received), and treatment adherence (2,134 clients received).

*Federally Qualified Health Centers (FQHCs)*¹⁴

North Carolina has 34 FQHCs operating over 200 clinics and look-alikes across 66 counties. In 2013, North Carolina's federal health centers served nearly 455,000 patients, providing medical health services for over 370,000 patients and mental health services to nearly 19,000 individuals. Of the patients served by FQHCs in North Carolina, 74.1% were at or below 100% of the poverty line, approximately 8,500 were homeless, and over 6,000 were veterans. Furthermore, 53% of North Carolina's FQHCs had received Patient-Centered Medical Home Recognition as of December 31, 2014.¹⁵

¹² <http://hab.hrsa.gov/stateprofiles/Program-Grantees-and-Funding.aspx> and <http://epi.publichealth.nc.gov/cd/hiv/program.html>

¹³ <http://hab.hrsa.gov/stateprofiles/Client-Characteristics.aspx> and <http://hab.hrsa.gov/stateprofiles/Services-Received.aspx>

¹⁴ <http://bphc.hrsa.gov/uds/datacenter.aspx?year=2013&state=NC>

¹⁵ <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>.