



OPEN MINDS

North Carolina Health & Human Services System Market Profile



North Carolina Health & Human Services Market Profile Overview

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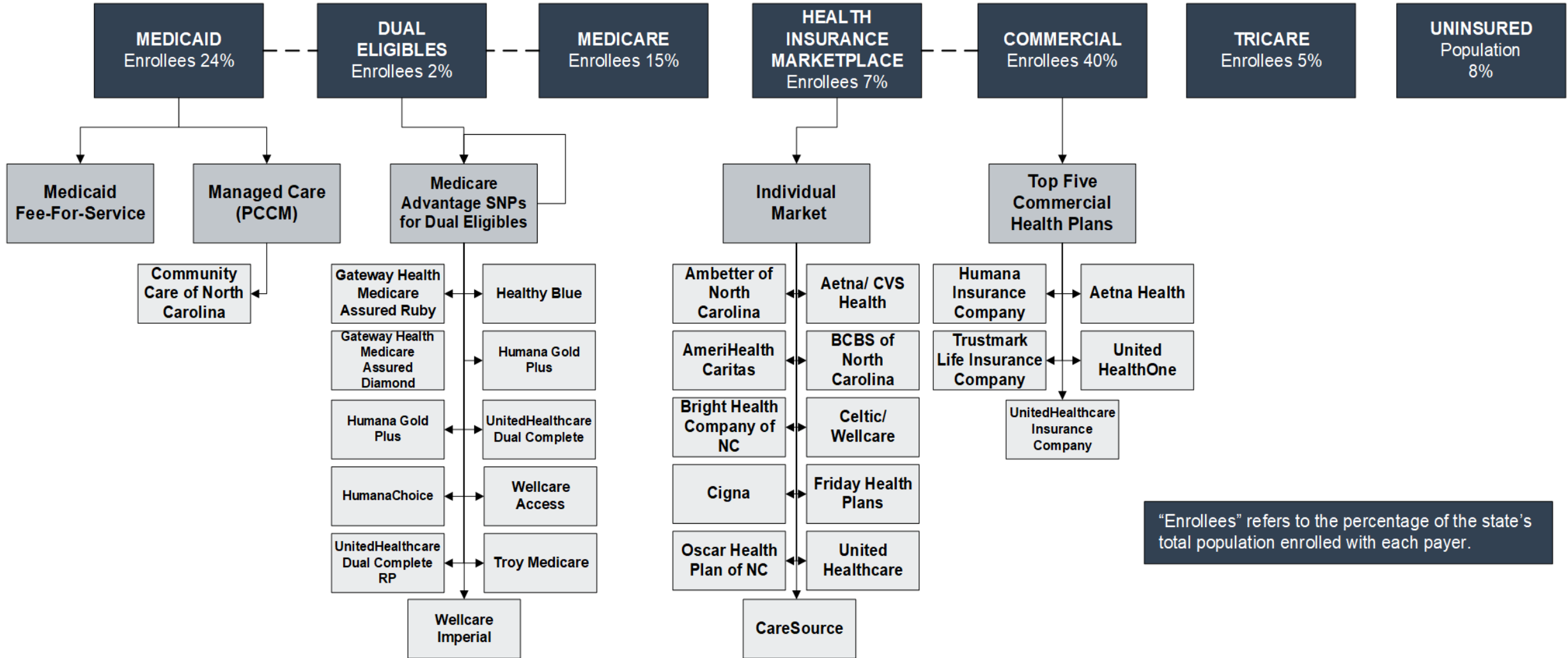
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A. Executive Summary

A.1. North Carolina Physical Health Care Coverage by Payer

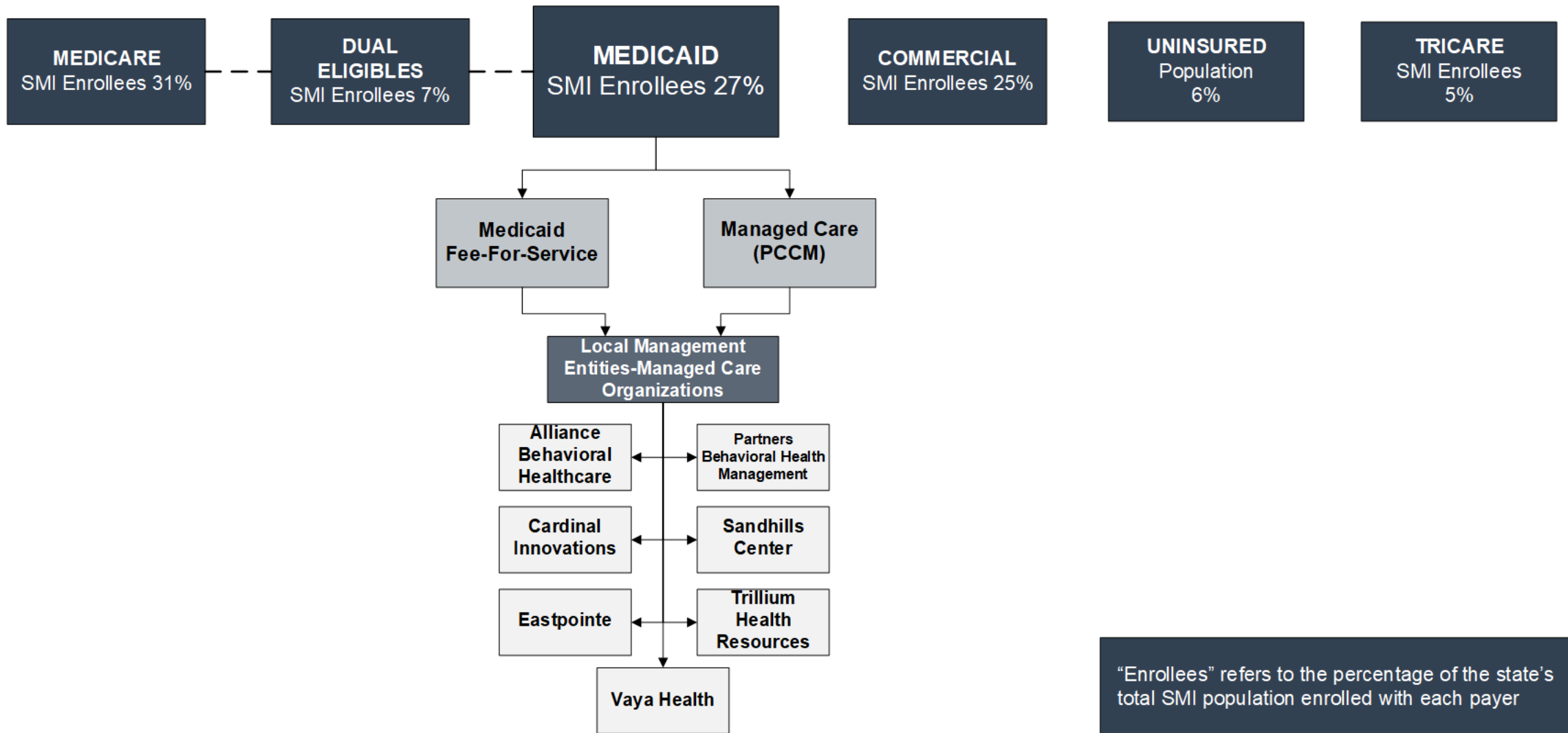
Total North Carolina Population (10,551,162)
 Estimated SMI Population (755,369)



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

Totals may not equal 100% due to rounding

A.1. North Carolina Behavioral Health Care Coverage by Payer



“Enrollees” refers to the percentage of the state’s total SMI population enrolled with each payer

Totals may not equal 100% due to rounding

A.2. Health & Human Services System Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Starting July 1, 2021 most Medicaid beneficiaries began receiving the same services through NC Medicaid Managed care.
PCCM	✓	North Carolina operates the Community Care of North Carolina PCCM program, which it considers managed care.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	The state has a health home program that provides administrative functions and does not affect enrollees. The state is exploring implementation of a new health home program.
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program operates under a medical home model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	NC Innovations 1915 (c) waiver services for the I/DD population are provided by the LME-MCOs.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	North Carolina currently operates five CCBHCs for the delivery of behavioral health services.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

The North Carolina Department of Health and Human Services (DHHS) Office of Rural Health and Community Care operates the NC HealthNet program. The program grants funds to Community Care of North Carolina—a public-private partnership organization operating throughout the state on a regional basis—to provide medical homes and health care services to the uninsured population.

Mental Health Services

The DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the DHHS Division of Medical Assistance contract with Local Management Entities/Managed Care Organizations (LME-MCOs) to provide mental health services to the safety-net population.

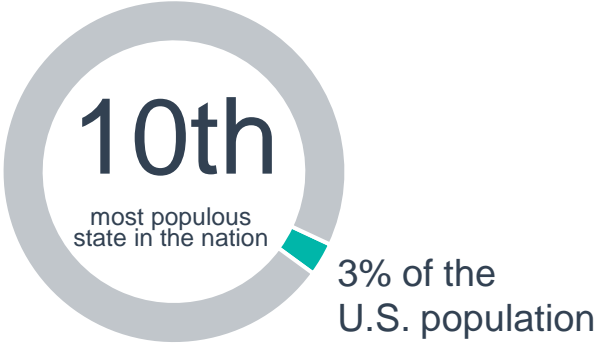
Addiction Treatment Services

The DHHS Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the DHHS Division of Medical Assistance contract with LME-MCOs to provide addiction disorder treatment services to the safety-net population.

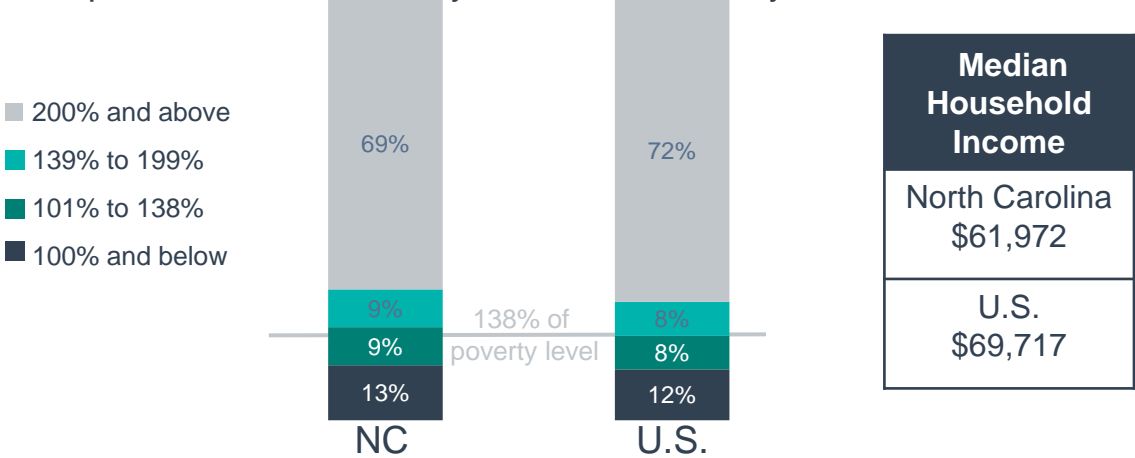
B. Health Financing System Overview

B.1. Population Demographics

Total North Carolina Population- 10,551,162
 Estimated SMI Population- 755,369



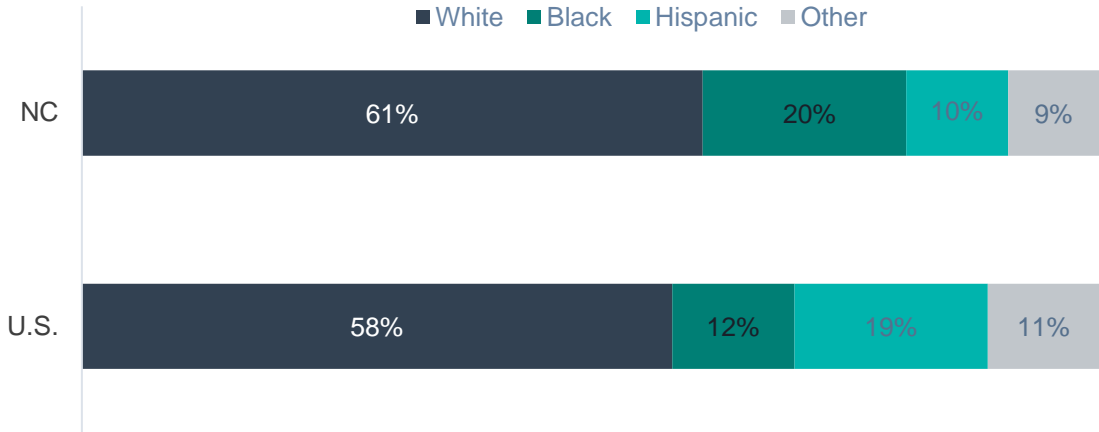
Population Distribution By Income To Poverty Threshold Ratio



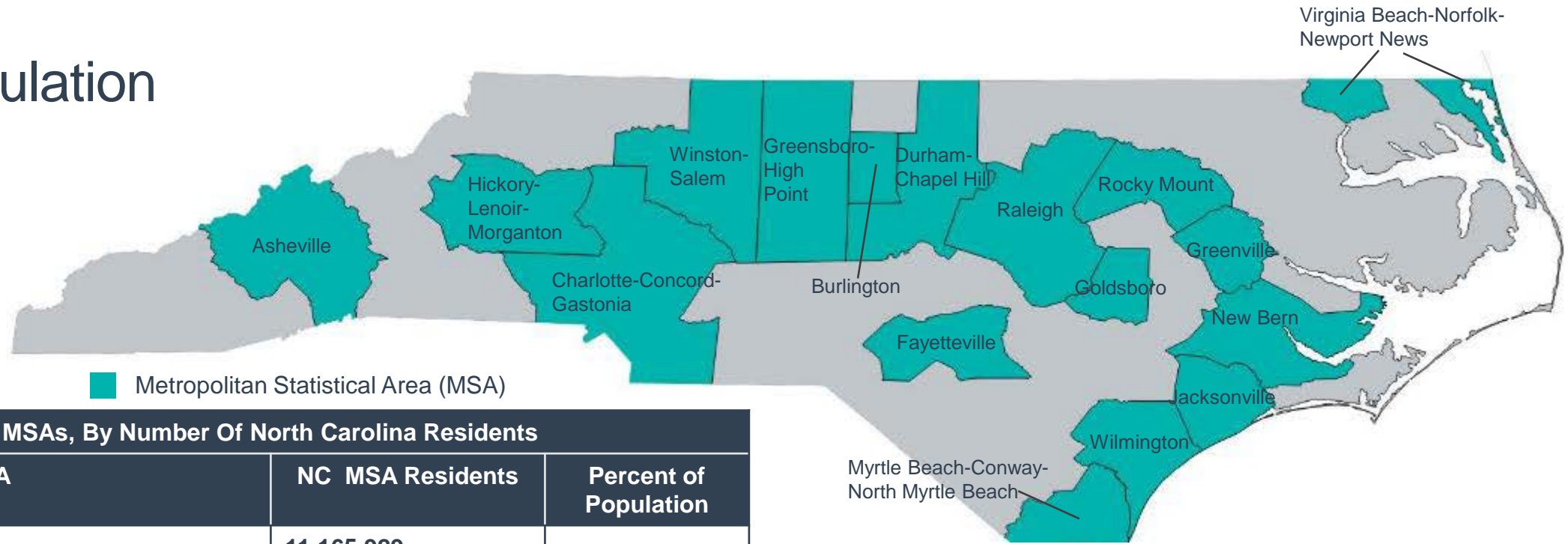
Population Distribution By Age



North Carolina & U.S. Racial Composition



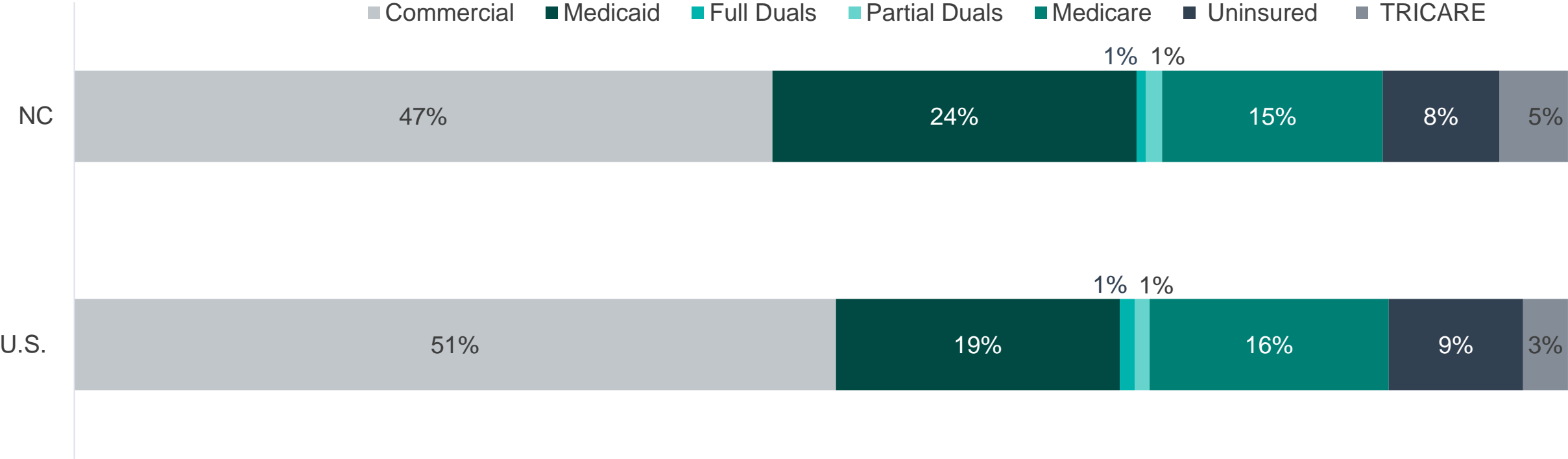
B.2. Population Centers



Largest MSAs, By Number Of North Carolina Residents

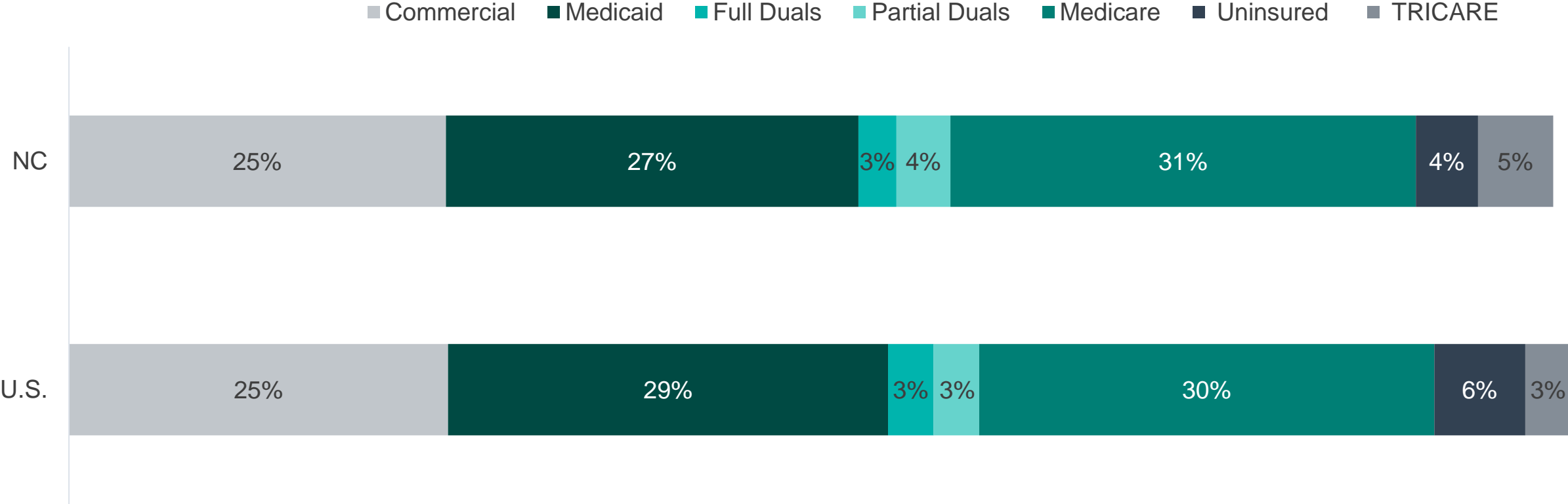
MSA	NC MSA Residents	Percent of Population
Total MSA population	11,165,929	-
Charlotte-Concord-Gastonia, NC-SC	2,701,046	26%
Virginia Beach-Norfolk-Newport New, VA-NC	1,803,328	17%
Raleigh, NC	1,448,411	14%
Greensboro-High Point, NC	778,848	7%
Winston-Salem, NA	681,438	6%
Durham-Chapel Hill, NC	654,012	6%
Myrtle Beach-Conway-North Myrtle Beach, SC-NC	509,794	5%
Fayetteville, NC	524,588	5%
Other MSAs	2,064,464	20%

B.3. Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding

B.4. Largest North Carolina Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross and Blue Shield of North Carolina	Commercial Administrative Services Organization (ASO)	2,432,527
Community Care of North Carolina	Medicaid managed care	1,613,176
Medicare Fee-For-Service (FFS)	Medicare	1,042,763
Medicaid FFS	Medicaid	768,740
TRICARE	Other Public	511,075
Cigna ASO	Commercial ASO	509,517
UnitedHealthcare ASO	Commercial ASO	502,065
AARP MedicareComplete	Medicare Advantage	198,891
Coventry ASO	Commercial ASO	185,503
UnitedHealthcare Insurance Company	Commercial	165,927

*Medicare enrollment as of January 2023; Medicaid as of January 2023; TRICARE as of January 2023; Commercial as of January 2023

B.4. Largest North Carolina Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,042,763	166,842
Community Care of North Carolina	Medicaid managed care	1,613,176	138,733
Blue Cross Blue Shield of North Carolina	Commercial ASO	2,432,527	99,734
Medicaid FFS	Medicaid	768,740	66,112
AARP MedicareComplete	Medicare Advantage	198,891	31,823
TRICARE	Other public	511,075	28,620
HumanaChoice	Medicare Advantage	165,927	26,548
Cigna ASO	Commercial ASO	509,517	20,890
UnitedHealthcare ASO	Commercial ASO	502,065	20,585
UnitedHealthcare Dual Complete RP	Medicare Advantage	59,785	19,131

*Medicare enrollment as of January 2023; Medicaid as of January 2023; TRICARE as of January 2023; Commercial as of January 2023

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace	7%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2023 Individual Market Health Plans
<ol style="list-style-type: none"> 1. Aetna /CVS Health 2. Ambetter Of North Carolina Inc. 3. AmeriHealth Caritas 4. Blue Cross and Blue Shield of NC 5. Bright Health Company of North Carolina 6. CareSource 7. Celtic/ WellCare 8. Cigna HealthCare of North Carolina, Inc. 9. Friday Health Plans 10. Oscar Health Plan of North Carolina 11. UnitedHealthcare

2023 Small Group Market Plans
None.

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Cape Fear Valley Accountable Care Organization	Blue Cross Blue Shield of North Carolina, UnitedHealthcare
CaroMont ACO	Cigna
Duke Connected Care	Blue Cross Blue Shield of North Carolina, Cigna
Key Physicians	Blue Cross Blue Shield of North Carolina
Mission Health Partners	UnitedHealthcare
Novant Health Accountable Care Organization	Cigna
WakeMed Key Community Care	Aetna, Blue Cross Blue Shield of North Carolina, Cigna
Wilmington Health	Blue Cross Blue Shield of North Carolina

B.6. Accountable Care Organizations (cont.)

Medicare Shared Savings ACOs

- | | |
|---|---|
| <ol style="list-style-type: none">1. ACO Clinical Partners, LLC2. ACO Health Partners, LLC3. AdvantagePoint Health Alliance – Blue Ridge4. Aledade Accountable Care 45, LLC5. Aledade Duwamish ACO, LLC6. Aledade Laffey ACO, LLC7. Bayview Physician Services, PC8. Cape Fear Valley Accountable Care Organization9. Caravan Health ACO 17, LLC10. CareConnectMD ACO, LLC11. Carolinas HealthCare System ACO12. CaroMont ACO13. CHESS Value14. CHSPSC ACO 14, LLC15. Costal Carolina Quality Care, Inc.16. WakeMed Kay Community Care | <ol style="list-style-type: none">17. Coastal Plains Network18. Duke Connected Care, LLC19. Emergent ACO, LLC20. Health Choice Care, LLC21. Independent Physicians ACO, LLC22. McLeod Healthcare Network23. Mission Health Partners24. Novant Health Accountable Care Organization25. Physician Quality Partners26. Piedmont HealthCare Alliance27. Pinehurst Accountable Care Network28. Primary Comprehensive Care ACO29. Sentara Accountable Care Organization, LLC30. Southeastern Health Partners Medicare ACO, LLC31. The Accountable Care Organization, Ltd32. TP-ACO LLC |
|---|---|

Medicare Next Generation ACO

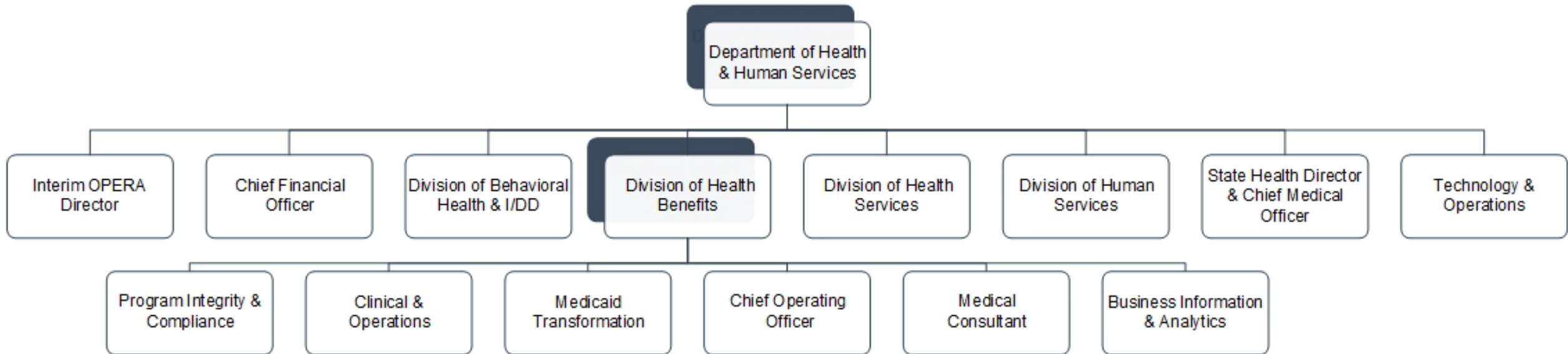
1. CHESS NextGen
2. Triad HealthCare Network
3. UNC Senior Alliance

End Stage Renal Disease Model

1. Fresenius Seamless Care of Central North Carolina
2. Fresenius Seamless Care of Charlotte

C. Medicaid Administration, Governance & Operations

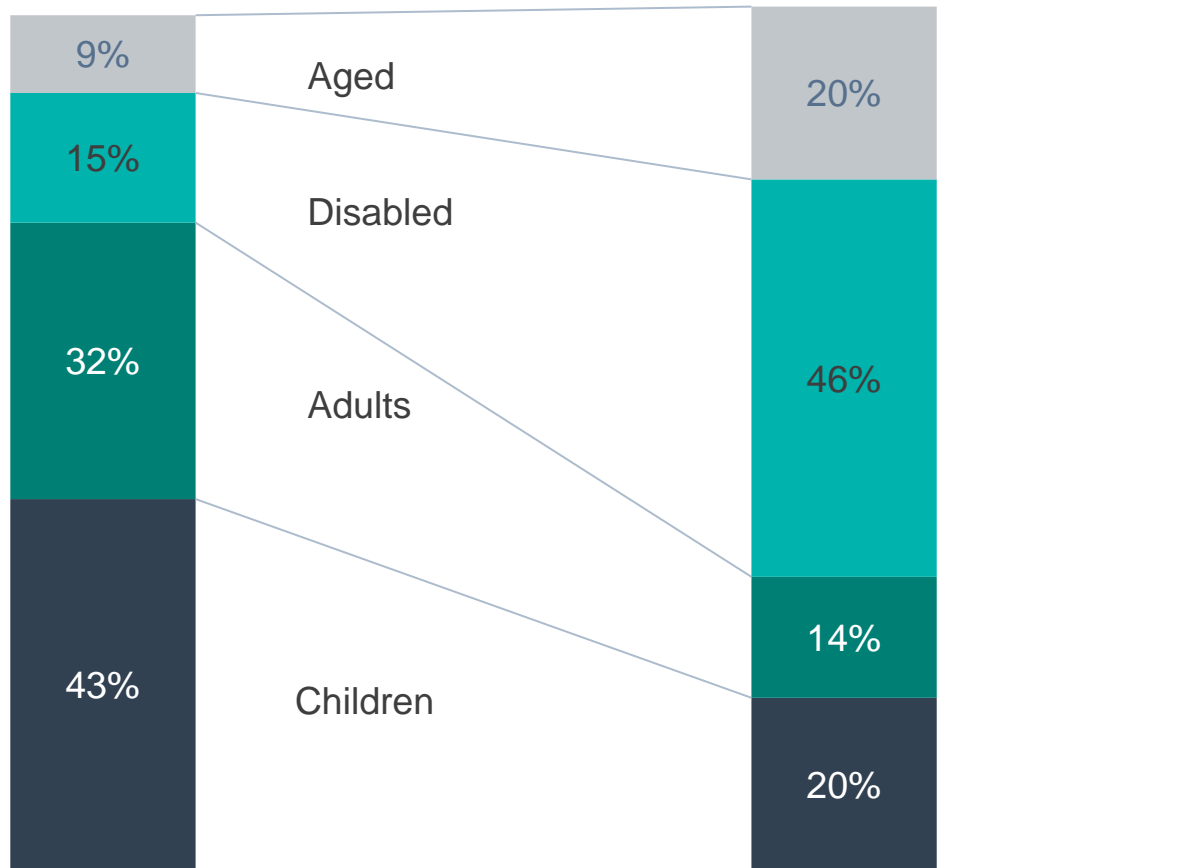
C.1. Medicaid Governance: Division Of Health Benefits Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Kody Kinsley	Secretary	Department of Health and Human Services (DHHS)	kody.kinsley@dhhs.nc.gov
Jay Ludlam	Deputy Secretary for Medicaid	DHHS	jay.ludlam@dhhs.nc.gov
Shannon Dowler, M.D,	Chief Medical Officer	DHHS, NC Medicaid	shannon.dowler@dhhs.nc.gov
Sam Hedrick	Director, Transitions to Community Living and Olmstead Plan	DHHS, NC Medicaid	Sam.Hedrick@dhhs.nc.gov
Ericka Johnson	Chief of Staff	DHHS, NC Medicaid	Not available
Vacant	Assistant Secretary	DHHS, NC Medicaid	N/A

C.2. Medicaid Program Spending By Eligibility Group



Percent of Total Medicaid Population

Percent of Total Medicaid Spending

Based on FY 2020 data

Totals may not equal 100% due to rounding

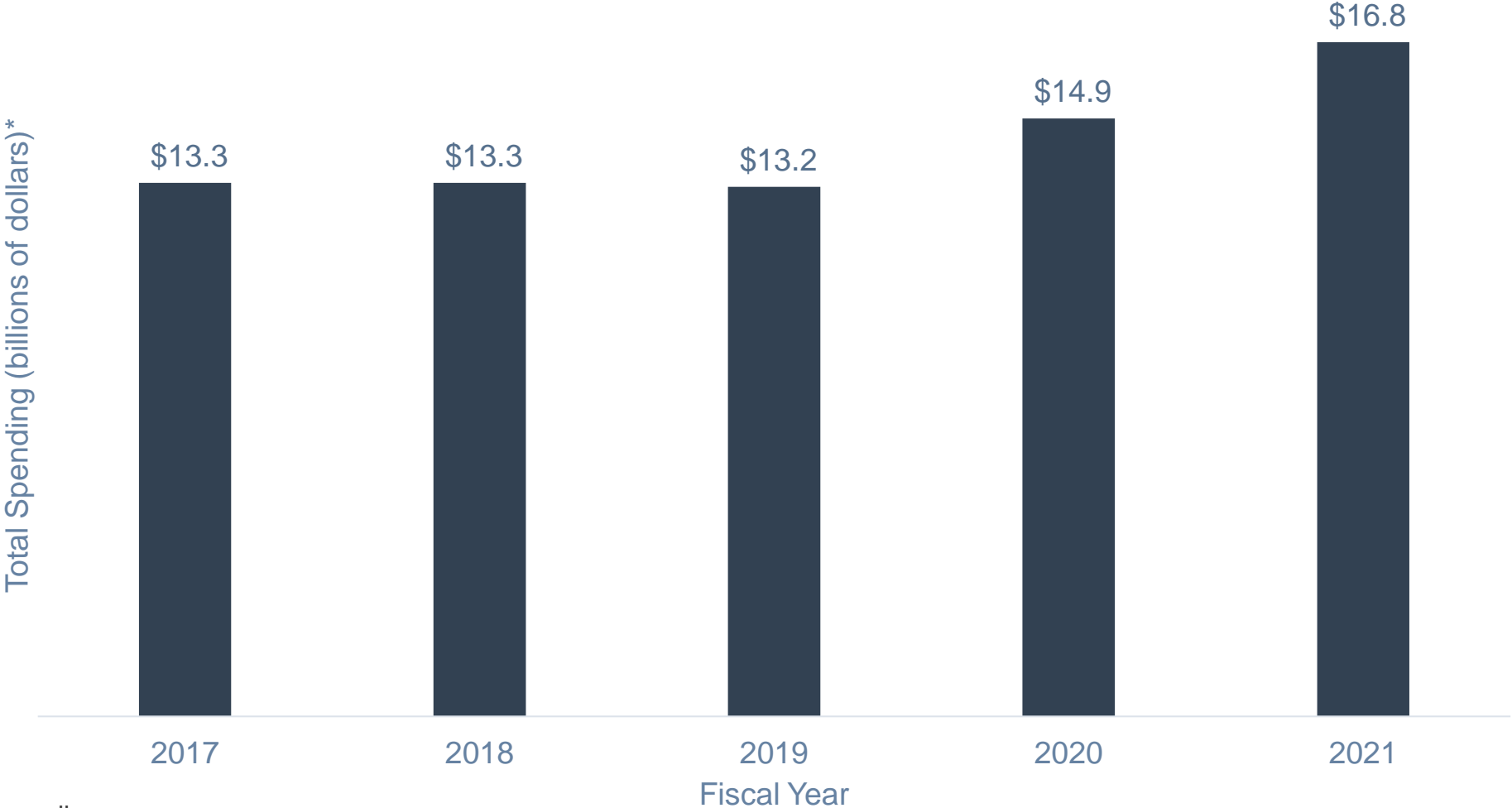
Medicaid Spending Per Enrollee, FY 2020		
	U.S.	NC
All populations	\$8,718	\$7,096
Children	\$3,495	\$3,306
Adults	\$5,461	\$3,312
Expansion adults	\$7,227	N/A
Blind and disabled	\$23,123	\$19,608
Aged	\$18,552	\$14,628

C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2021 Spending	Percent Of Budget
Managed care and premium assistance	\$5,228,000,000	31%
Hospital	\$4,230,000,000	25%
Institutional LTSS	\$2,161,000,000	13%
Other acute services	\$1,355,000,000	8%
Home-and community-based LTSS	\$1,031,000,000	6%
Physician	\$996,000,000	6%
Medicare premiums and coinsurance	\$583,000,000	3%
Drugs	\$486,000,000	3%
Dental	\$338,000,000	2%
Clinic and health center	\$324,000,000	2%
Other practitioner	\$148,000,000	1%
Budget Total: \$16,880,000,000		

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	73.9%
CY 2023 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	No

C.2. Medicaid Program Spending: Change Over Time



*All years actual spending

C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating in expansion	Governor Cooper signed a Medicaid Expansion Law in March 2023, expansion will take effect upon signing into law of the FY 2023-2025 appropriations act.
Date of expansion	N/A
Medicaid eligibility income limit for able-bodied adults	<ul style="list-style-type: none"> • 44% of Federal Poverty Level (FPL) for parents and caretaker relatives • 44% of FPL for childless adults ages 19 and 20 • No coverage for able-bodied, childless adults
Legislation used to expand Medicaid	Senate Bill 4, 2013-2014 session explicitly rejected Medicaid expansion under the Patient Protection and Affordable Care Act (PPACA).
Number of individuals enrolled in the expansion group (January 2023)	N/A
Number of enrollees newly eligible due to expansion	N/A
Benefits plan for expansion population	N/A

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care
18. COVID-19 related treatments
19. Care management for at-risk children ages 0-5

North Carolina's Optional Services

1. Podiatry
2. Optometry up to age 21 and eyeglasses
3. Chiropractic
4. Services of other practitioners
5. Private duty nursing
6. Clinic services
7. Dental services
8. Prescribed drugs
9. Dentures
10. Orthotic and prosthetic devices
11. Eyeglasses
12. Diagnostic, screening, and preventive services
13. Rehabilitative services
14. Inpatient services for individuals ages 65 and over in IMDs
15. Intermediate care facility services for individuals with I/DD
16. Inpatient psychiatric services for individuals under age 22
17. Hospice care
18. Case management
19. Nursing facility services for individuals under age 21
20. Personal care services

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (January 2023)	0; as of 2021 NC is in the process of switching to managed care only.	1,862,922
SMI Enrollment	North Carolina does not specifically preclude individuals with SMI from enrolling in managed care, therefore, the majority of the SMI population is enrolled in managed care <ul style="list-style-type: none"> • Estimated 100% of the SMI population is in managed care 	
Management	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Physical Health: North Carolina Community Care and Community Care of North Carolina (CCNC) regional networks • Behavioral Health: LME-MCOs
Payment Model	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Physical Health: Care management fee and FFS • Behavioral Health: Capitated rate
Geographic Service Area	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Physical Health: Statewide with regional networks • Behavioral Health: Statewide, LME-MCOs are available regionally

Total Medicaid: 1,862,922 | Estimated Medicaid With SMI: 160,211

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> As of January 2023, 100% in managed care As of July 2021, began a transition to a fully managed care program.
SMI population inclusion in managed care	<ul style="list-style-type: none"> The state does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care Estimated 100 % in managed care
Dual Eligible population inclusion in managed care	<ul style="list-style-type: none"> Dual eligibles have the option of enrolling in FFS or managed care. Estimated 100% in managed care
Long-term services and supports population inclusion in managed care	<ul style="list-style-type: none"> A majority of LTSS beneficiaries receive services through the state's FFS program. NC Innovations 1915 (c) waiver services for the I/DD population are provided through the LME-MCOs.

Medicaid Financing & Risk Arrangements: Behavioral Health	
Service Type	Managed Care Population (PCCM)
Traditional Behavioral Health	Provided through at-risk managed behavioral health organizations, called LME-MCOs
Specialty Behavioral Health	Provided through the LME-MCOs
Pharmaceuticals	Provided through the state's PCCM on a FFS basis.
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> Most services are covered FFS by the state. NC Innovations 1915 (c) waiver services for the I/DD population are provided through the LME-MCOs.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Starting July 1, 2021 most Medicaid beneficiaries began receiving the same services through NC Medicaid Managed care.
PCCM	✓	North Carolina operates the Community Care of North Carolina PCCM program, which it considers managed care.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home	✓	The state has a health home program that provides administrative functions and does not affect enrollees. The state is exploring implementation of a new health home program.
Patient-Centered Medical Home (PCMH)	✓	The state's PCCM program operates under a medical home model.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)	✓	NC Innovations 1915 (c) waiver services for the I/DD population are provided by the LME-MCOs.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	North Carolina currently operates five CCBHCs for the delivery of behavioral health services.

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care* Enrollment
Parents and caretakers	-		X
Children	-		X
Blind and disabled individuals	-		X
Aged individuals	-		X
Dual eligibles	-	X	
Medicaid expansion	Not applicable		
Individuals residing in nursing homes	-		X
Individuals residing in ICF/IDD	-		X
Individuals in foster care	-	X	
Other populations	-	Children with special health care needs Indigenous members of Federally recognized tribes	<ul style="list-style-type: none"> • Residents of adult care homes • Children in CHIP • Qualified aliens • Special assistance in-home

D.2. Medicaid FFS Program: Overview

- North Carolina is in the process of phasing out their FFS program.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
- Starting July 1, 2021, most Medicaid beneficiaries began receiving the same Medicaid services in a new way. Called "NC Medicaid Managed Care," beneficiaries choose a health plan and get care through a health plan's network of doctors.
- To ensure beneficiaries can seamlessly receive care on day one, NCDHHS will delay the implementation of Tailor Plans until October 1, 2023.

D.2. Medicaid FFS Program: Behavioral Health Overview

- North Carolina is in the process of phasing out their FFS program.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
- Starting July 1, 2021, most Medicaid beneficiaries began receiving the same Medicaid services in a new way. Called "NC Medicaid Managed Care," beneficiaries choose a health plan and get care through a health plan's network of doctors.
- To ensure beneficiaries can seamlessly receive care on day one, NCDHHS will delay the implementation of Tailor Plans until October 1, 2023.
- As of April 1, 2023, all NC Health Choice beneficiaries with active eligibility will be moved to Medicaid, providing them access to Medicaid services that are not currently covered under NC Health Choice.
- Local Management Entities / Managed Care Organizations (LME/MCOs) are public managed care organizations that provide a comprehensive behavioral health services plan under the NC 1915(b)(c) Waiver for people in need of mental health, developmental disability or substance use services. LME/MCOs are regionally based.

D.2. Medicaid FFS Program: Behavioral Health Benefits

The LME-MCOs are responsible for all state plan and Cardinal Innovations waiver behavioral health benefits. Psychotropic medications are provided FFS by the state. The FFS program will phase out when the Tailored Plans launch on October 1, 2023.

State Plan Mental Health Benefits	
1.	Inpatient treatment
2.	Emergency room services
3.	Diagnostic assessment and testing
4.	Assertive community treatment
5.	Community support team
6.	Mobile crisis management
7.	Partial hospitalization
8.	Facility-based crisis treatment
9.	Psychosocial rehabilitation
10.	Targeted case management
11.	Outpatient treatment services
12.	Residential services for individuals under age 21
13.	Research based treatment for Autism Spectrum Disorder
14.	Peer Support Services

State Plan Addiction Treatment Benefits	
1.	Medically-managed intensive inpatient services
2.	Emergency room services
3.	Comprehensive outpatient treatment program
4.	Intensive outpatient service
5.	Medically monitored community residential treatment
6.	Mobile crisis management
7.	Non-medical community residential treatment
8.	Ambulatory detoxification
9.	Non-hospital medical detoxification
10.	Detoxification crisis stabilization
11.	Outpatient opioid treatment
12.	Targeted case management

1915(b)(3) Cardinal Innovations Waiver Benefits	
1.	Psychosocial rehabilitation/peer support
2.	Physician consultation
3.	Community guide
4.	Intensive recovery support for women with children returning from an addiction treatment program
SMI Population Only:	
1.	Supported employment/employment specialist
2.	Personal care/individual support
3.	One-time transitional costs

D.2. Medicaid FFS Program: SMI Population

- North Carolina does not specifically preclude individuals with SMI from enrolling in managed care, therefore, the majority of the SMI population is enrolled in managed care.
- As of January 2023, *OPEN MINDS* estimates that 32% of the SMI population is enrolled in FFS.
- Individuals with SMI receive behavioral health benefits through the LME-MCOs and are eligible to receive the following Cardinal Innovations section 1915 (b) waiver services that are not available to others:
 - Supported employment
 - Employment specialist services
 - Personal care
 - Individual support
- The FFS program will phase out when the Tailored Plans launch on October 1, 2023.

D.2. Medicaid FFS Program: Pharmacy Benefit

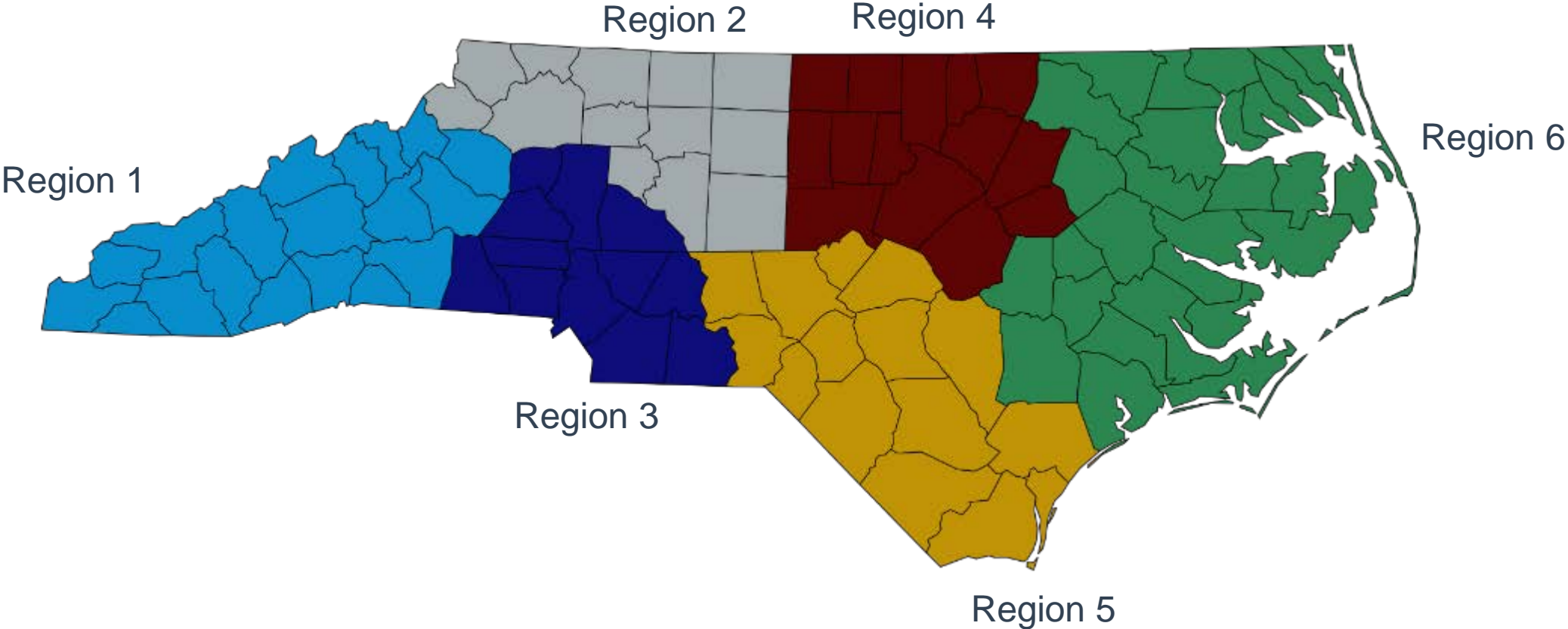
North Carolina FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid agonist and opioid dependence therapy agents are included in the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Covered as a medical benefit through the Physician Administered Drug program.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Antipsychotics require the failure of one preferred drug before a non-preferred drug will be approved (for most classes failure of two preferred drugs is required) • Trial and failure of Suboxone SL film is required before a non-preferred opioid dependence drug will be approved • Antipsychotics for children and off-label use of antipsychotics for adults require prior authorization • Additional clinical and safety edits may apply to specific drugs
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Under the Recipient Management Lock-In Program, individuals exceeding standards regarding numbers of claims or prescribers for benzodiazepines, opiates, and certain anxiolytics are locked into a single prescriber and a single pharmacy for those classes of drugs. The initial lock-in period is for two years and may be extended for an additional two years.

*The FFS program will phase out when the Tailored Plans launch on October 1, 2023.

D.3. Medicaid Managed Care Program: Overview

- Medicaid managed care program enrollment as of January 2023 was 1,862,922.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
- In July 2020, legislation authorized NC Medicaid Managed Care to begin July 1, 2021, for Standard Plans and October 1, 2023, for Behavioral Health I/DD Tailored Plans.
- Starting July 1, 2021, most Medicaid beneficiaries began receiving the same Medicaid services in a new way. Called "NC Medicaid Managed Care," beneficiaries choose a health plan and get care through a health plan's network of doctors. Some beneficiaries are remaining in traditional Medicaid, which is called NC Medicaid Direct.
- Medicaid Direct is a health care program for Medicaid beneficiaries who are not enrolled in health plans or were previously enrolled in FFS. 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).
- CCNC Networks is a PCCM program for the majority of Medicaid beneficiaries who are enrolled in NC Medicaid Direct.
 - NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in health plans. See [slide 37](#) for more information.

D.3. Medicaid Managed Care Program: Standard Plans



D.3. Medicaid Managed Care Program: Standard Plans

- The Standard plans are designed to serve the general Medicaid population without behavioral health needs, an I/DD, or traumatic brain injury.
- In August 2018, the state released a procurement for the Standard plans, and awarded contracts to five health plans in February 2019. There are two types of plans:
 - Statewide contracts – Established, commercial health plans that operate statewide
 - Regional PHPs – Provider-led entities that operate in limited regions of the state
- The Standard plans will provide physical health, behavioral health, and pharmacy services.
 - Dental services, eyeglasses, and school-based services are not included in the plan’s capitation rate.
 - The Standard plans will be required to follow the North Carolina FFS clinical coverage guidelines for certain services, including behavioral health services.
- The Standard plans are required to stratify members by risk, provide care coordination, and identify unmet social determinants of health.
 - Additionally, plans must contract with advanced medical homes (AMH). See [Advanced Medical Home](#) for more information.
- By the second year of operations, the Standard plans must increase the percentage of medical expenditures in value-based arrangements by 20% or have 50% of expenditures in value-based arrangements.

Statewide Health Plans	
1.	AmeriHealth Caritas North Carolina
2.	Carolina Blue
3.	Healthy Blue
4.	UnitedHealthcare of North Carolina
5.	WellCare of North Carolina
Regional Health Plan	
1.	Carolina Complete Care (regions 3, 4, and 5)

* For new pharmacy benefits see [slide D6](#).

D.3. Medicaid Managed Care Program: Standard Plans

- Medicaid Standard Plans provide integrated physical health, behavioral health, pharmacy, and long-term services and support to most Medicaid beneficiaries
- Over 1.8 million Medicaid beneficiaries are enrolled in Standard Plans.

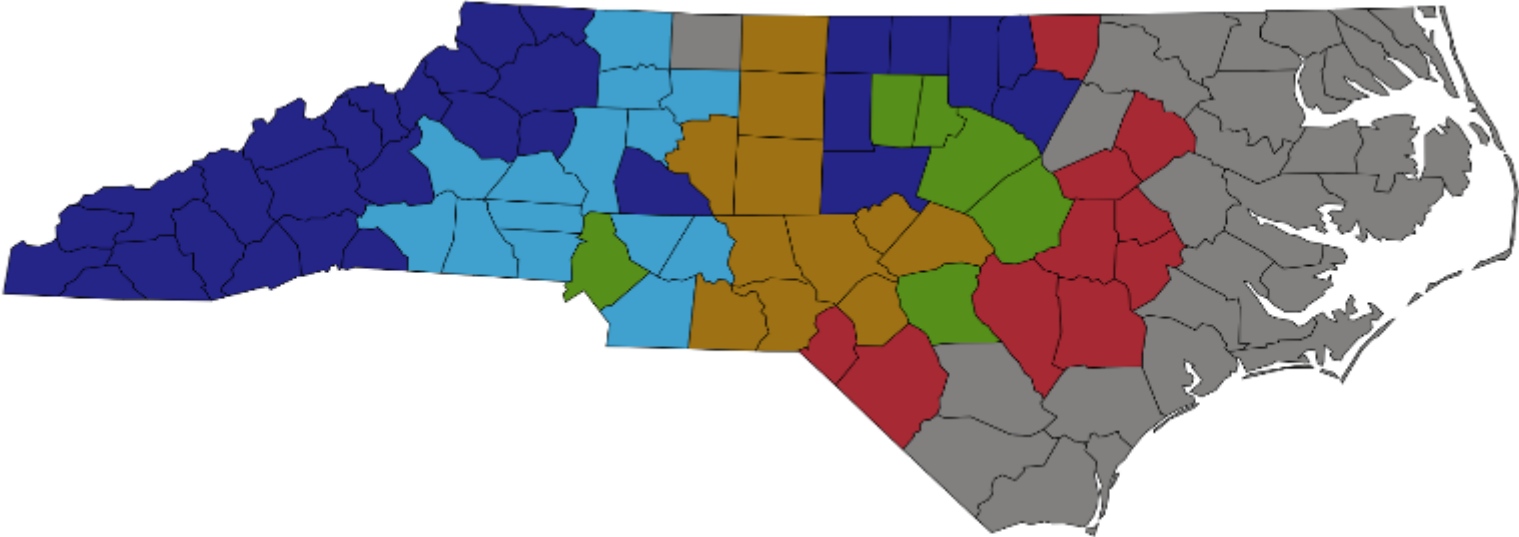
D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans

- In June 2018, the North Carolina legislature officially enacted legislation approving the use of Tailored plans, and in March 2018 the state released final enrollment policy guidance for these plans.
- Populations eligible for enrollment in the Tailored plans include individuals with a behavioral health diagnosis or I/DD. See the box to the right for specific eligibility criteria.
- The Tailored plan population will not be enrolled in the Standard plans and will remain in their current delivery system until the launch of the Tailored plans.
 - Individuals may opt-in to the Standard plans, but they will lose the services offered by the LME-MCOs.
- The Tailored plans will offer physical health and pharmacy benefits and an enhanced set of behavioral health and I/DD services.
- The Tailored plans are expected to launch October 1, 2023.

Specific Eligibility Criteria For Tailored Plans

- Enrolled in or on the wait list for Innovations and TBI waiver services
- Enrolled in the Transition to Community Living Initiative
- Used a Medicaid service that will only be available through a Tailored Plan
- Used a behavioral health, I/DD, or TBI service funded with non-Medicaid funds
- Children with complex needs
- Qualifying I/DD diagnosis code; SUD, SMI, or SED diagnosis code who used a Medicaid-covered enhanced behavioral health service during the lookback period
- Two or more psychiatric hospitalizations or readmissions within 18 months
- Had an admission to a State psychiatric hospital or alcohol and drug abuse treatment center
- Two or more visits to the emergency department for a psychiatric problem within 18 months
- Two or more episodes using behavioral health crisis services within 18 months.

D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans

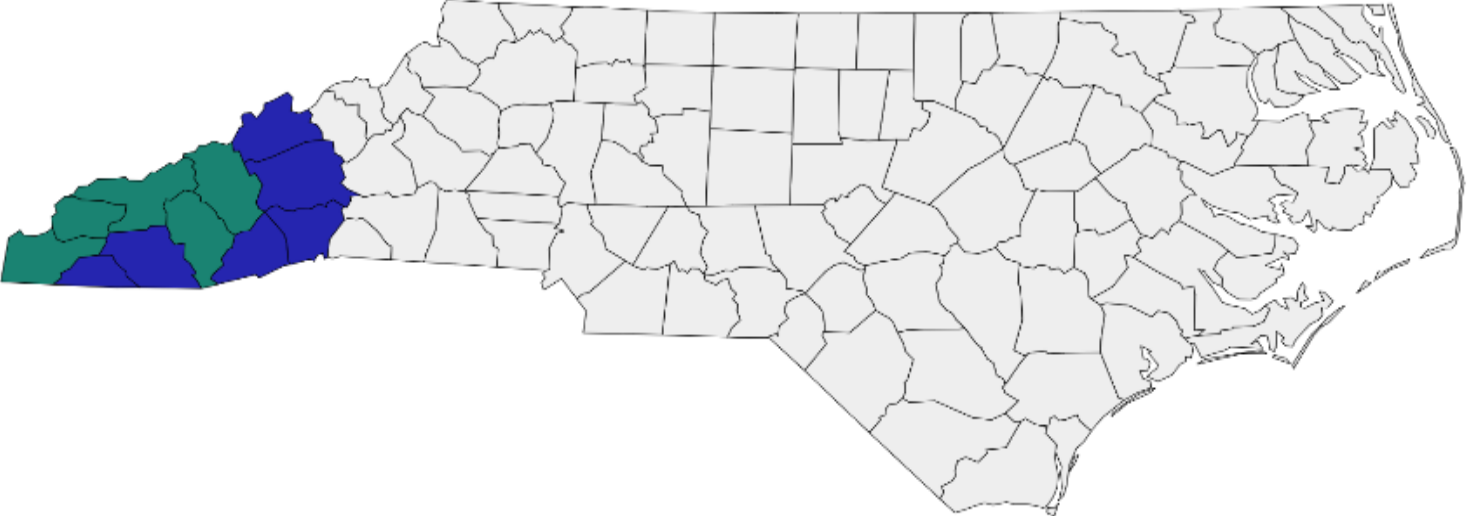


- Trillium Health Resources
- Sandhills Center
- Eastpointe
- Alliance Health
- Partners Health Management
- Vaya Health

D.3. Medicaid Managed Care Program: Behavioral Health I/DD Tailored Plans

- Tailored Plans will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant mental health and substance use disorders, I/DDs and traumatic brain injury (TBI Waiver), on the Innovations Waiver, as well as people using state-funded services
- Approximately 150,000 Medicaid beneficiaries are expected to be enrolled in Tailored Plans when they launch October 1, 2023.

D.3. Medicaid Managed Care Program: ECBI Tribal Option



- 6 County Border Area
- 5 County Area

D.3. Medicaid Managed Care Program: ECBI Tribal Option

- The Eastern Band of Cherokee Indians (EBCI) Tribal Option is a Primary Care Case Management (PCCM) Entity managed by the Cherokee Indian Hospital Authority (CIHA) to meet the primary care coordination needs of federally recognized tribal members and others eligible for services through Indian Health Service (IHS)
- Only IHS-eligible beneficiaries associated with the EBCI can participate in this health care option
- The EBCI Tribal Option is primarily offered in five counties: Cherokee, Graham, Haywood, Jackson, and Swain
- Eligible beneficiaries in the following counties may opt in: Buncombe, Clay, Henderson, Macon, Madison, and Transylvania
- A Primary Care Case Management (PCCM) Entity responsible for managing the healthcare for the State's nearly 4,500 Tribal eligible Medicaid beneficiaries.

D.3. Medicaid Managed Care Program: CCNC Networks By County

Community Care Of North Carolina Network	Counties Served
CCNC	Alamance, Alexander, Alleghany, Ashe, Avery, Burke, Caldwell, Caswell, Catawba, Chatham, Iredell, Orange, Robeson, Sampson, Watauga, Wayne
Carolina Collaborative Community Care	Cumberland
Carolina Community Health Partnership	Cleveland, Rutherford
Community Care of Southern Piedmont	Cabarrus, Rowan, Stanly
Community Care of the Lower Cape Fear	Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender
Community Care of the Sandhills	Harnett, Hoke, Lee, Montgomery, Moore, Richmond, Scotland
Community Care of Wake and Johnston Counties	Johnston, Wake
Community Care of Western North Carolina	Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Yancey
Community Care Partners of Greater Mecklenburg	Anson, Mecklenburg, Union
Community Care Plan of Eastern Carolina	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wilson
Community Health Partners	Gaston, Lincoln
Northern Piedmont Community Care	Durham, Franklin, Granville, Person, Vance, Warren
Northwest Community Care	Davidson, Davie, Forsyth, Stokes, Surry, Wilkes, Yadkin
Partnership for Community Care	Guilford, Randolph, Rockingham

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

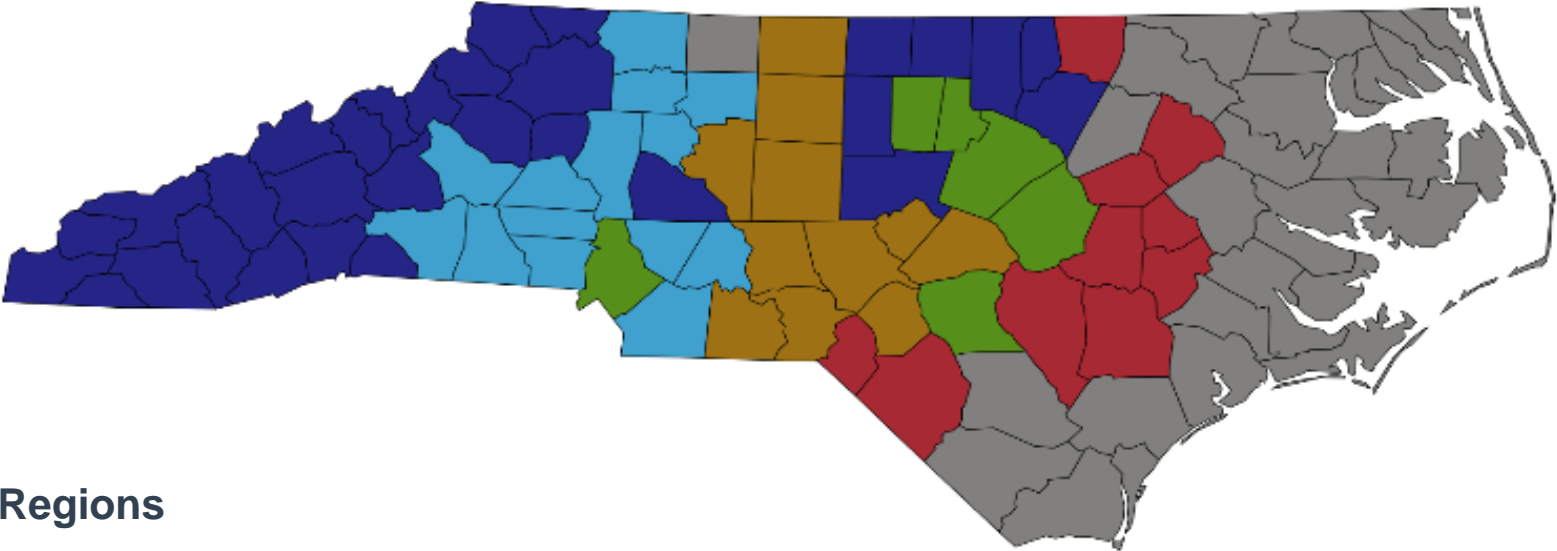
- The LME-MCOs (see [Behavioral Health Overview](#)) are responsible for all state plan and Cardinal Innovations waiver behavioral health benefits. Psychotropic medications are provided FFS by the state. The FFS program will phase out when the Tailored Plans launch on October 1, 2023.

State Plan Mental Health Benefits	
1.	Inpatient treatment
2.	Emergency room services
3.	Diagnostic assessment and testing
4.	Assertive community treatment
5.	Community support team
6.	Mobile crisis management
7.	Partial hospitalization
8.	Facility-based crisis treatment
9.	Psychosocial rehabilitation
10.	Psychotherapy for crisis
11.	Targeted case management
12.	Outpatient treatment services
13.	Residential services
14.	Peer Support Services

State Plan Addiction Treatment Benefits	
1.	Medically-managed intensive inpatient services
2.	Emergency room services
3.	Comprehensive outpatient treatment program
4.	Intensive outpatient service
5.	Medically monitored community residential treatment
6.	Mobile crisis management
7.	Non-medical community residential treatment
8.	Ambulatory detoxification
9.	Non-hospital medical detoxification
10.	Detoxification crisis stabilization
11.	Outpatient opioid treatment
12.	Targeted case management

1915(b)(3) Cardinal Innovations Waiver Benefits	
1.	One-time transitional costs
2.	Psychosocial rehabilitation/peer support
3.	Physician consultation
4.	Community guide
5.	Intensive recovery support- for women with children returning from an addiction treatment program
SMI Population Only:	
1.	Supported employment
2.	Employment specialist
3.	Personal care
4.	Individual support

D.3. Medicaid Managed Care Program: LME-MCO Regions



LME-MCO Regions

- Trillium Health Resources
- Sandhills Center
- Eastpointe
- Alliance Health
- Partners Health Management
- Vaya Health

D.3. Medicaid Managed Care Program: LME-MCO Regions

LME-MCO	Counties Served
Alliance Behavioral Healthcare	Cumberland, Durham, Johnston, Mecklenburg, Orange, Wake
Eastpointe	Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson
Partners Behavioral Health Management	Burke, Cabarrus, Catawba, Cleveland, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Sandhills Center	Anson, Davidson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond, Rockingham
Trillium Health Resources	Beaufort, Bertie, Bladen, Brunswick, Carteret, Columbus, Camden, Chowan, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pender, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington
Vaya Health	Alexander, Alamance, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Person, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey

D.3. Medicaid Managed Care Program: SMI Population

- North Carolina does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. As a result, the majority of the SMI population is enrolled in managed care.
- As of January 2023, *OPEN MINDS* 100% of the SMI population is enrolled in managed care.
- Individuals with SMI receive behavioral health benefits through the LME-MCOs, and are eligible to receive the following Cardinal Innovations section 1915 (b) waiver services not available to others:
 - Supported employment
 - Employment specialist services
 - Personal care
 - Individual support

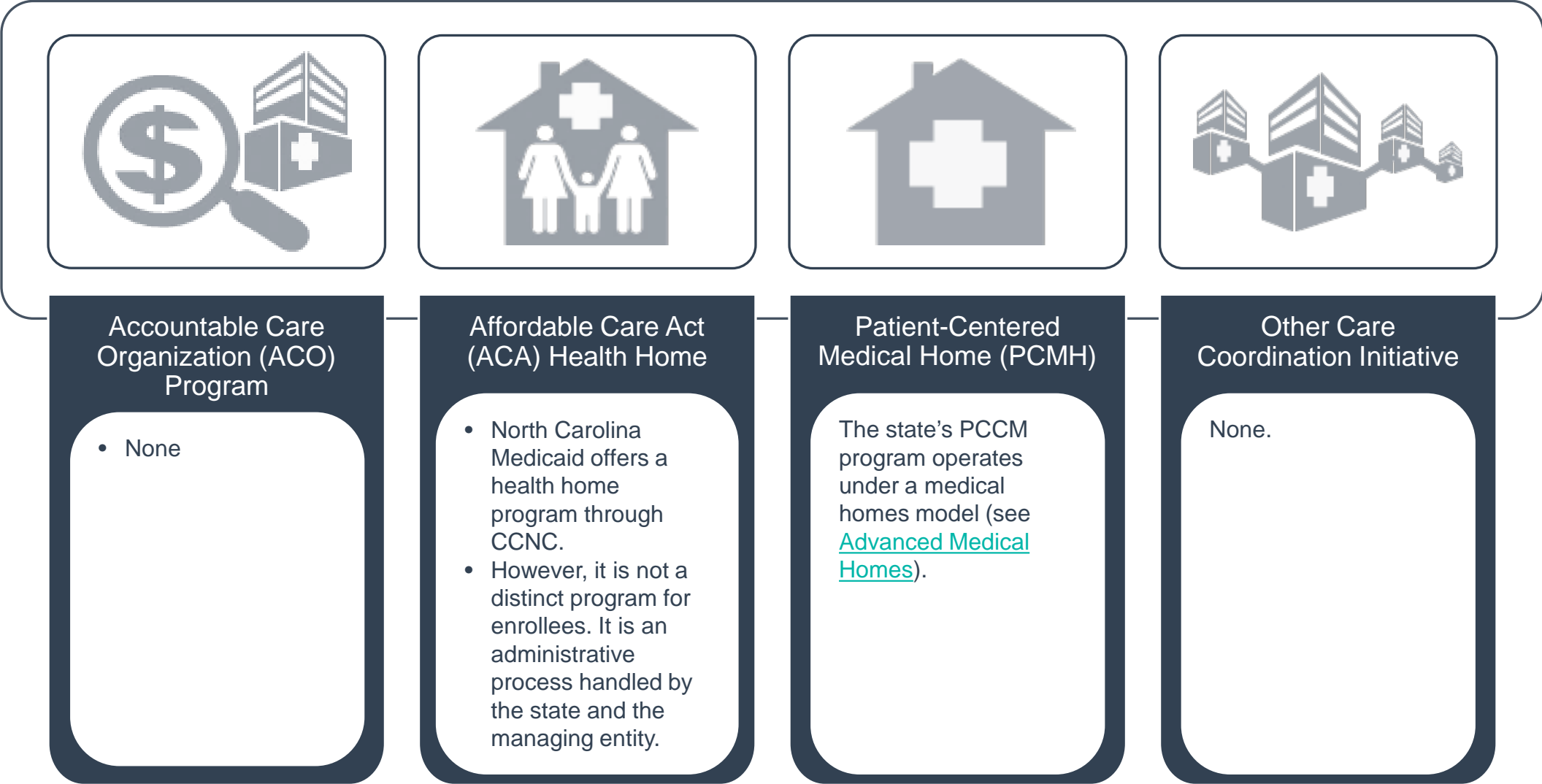
D.3. Medicaid Managed Care Program: Pharmacy Benefit

In July 2020, legislation authorized NC Medicaid Managed Care to begin July 1, 2021, for Standard Plans and October 1, 2023, for Behavioral Health I/DD Tailored Plans.

North Carolina Managed Care Program Pharmacy Benefit & Utilization Restrictions

State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	NC Medicaid
Responsible For Financing Mental Health Pharmacy Benefit	NC Medicaid
State Uses A PDL For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid agonist and opioid dependence therapy agents are included in the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Covered as a medical benefit through the Physician Administered Drug program.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> • Antipsychotics require the failure of one preferred drug before a non-preferred drug will be approved (for most classes, failure of two preferred drugs is required) • Trial and failure of Suboxone SL film is required before a non-preferred opioid dependence drug will be approved • Antipsychotics for children and off-label use of antipsychotics for adults require prior authorization • Additional clinical and safety edits may apply to specific drugs
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Under the Recipient Management Lock-In Program, individuals exceeding standards regarding numbers of claims or prescribers for benzodiazepines, opiates, and certain anxiolytics are locked into a single prescriber and a single pharmacy for those classes of drugs. The initial lock-in period is for two years and may be extended for an additional two years.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Managed Care Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Cardinal Innovations	Authorizes statewide, mandatory enrollment of the Medicaid population into capitated prepaid inpatient health plans for comprehensive behavioral health services, called Local Management Entities-Managed Care Organizations (LME-MCOs).	1915 (b)	None	07/01/2019	06/30/2024
North Carolina's Medicaid Reform Demonstration	<ul style="list-style-type: none"> Authorizes the use of statewide managed care plans that integrate physical and behavioral health services and deliver LTSS. For more information, see section D.6. The waiver also allows for addiction treatment services to be provided in institutions of mental disease. As of July 2019, the state has received approval for these benefits. These benefits are in addition to the services offered by FFS and PCCM. 	1115	None; however, the ability to receive HCBS will be capped	01/01/2019	10/31/2024

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority?
NC 2008 CAP/DA (0132.R07.00)	Individuals ages 65 and above and individuals ages 18 to 64 with physical disabilities	13,588	Division of Medical Assistance	None
NC Innovations (0423.R03.00)	Individuals of all ages with intellectual and developmental disabilities	13,138	Division of Medical Assistance	Yes; 1915 (b) waiver
NC TBI Waiver (1326.R01.00)	Individuals with traumatic brain injuries who are currently in nursing facilities or specialty rehabilitation hospitals or who are in the community and at risk for placement in nursing facilities or specialized rehabilitation hospitals.	107	Division of Health Benefits, DHHS	Yes; 1915 (b) waiver

D.6. Medicaid Managed Care: New Initiatives

- The state calls the health plans participating in the managed care program Prepaid Health Plans (PHPs). The state is implementing two different types of PHPs:
 - Standard plans – Provide physical health, behavioral health, and pharmacy to the population without behavioral health needs or an intellectual/developmental disability (I/DD).
 - Tailored plans – Will provide physical health, enhanced behavioral health, pharmacy, and I/DD waiver services to the population with identified behavioral health needs, an I/DD, or traumatic brain injury (TBI).
- For the implementation of managed care, the state has been divided into six regions. The six regions affect what health plans are available and when managed care will be implemented.

D.6. Medicaid Program New Initiatives: Managed Care Regions



D.6. Medicaid Program New Initiatives: Managed Care Enrollment

- Under the new managed care model, North Carolina will enroll individuals based on service need, as opposed to based on eligibility category. Individuals who qualify for the Tailored plans will remain in the FFS system/LME-MCOs until the plans launch in October 2023.
- Additionally, the state is developing a specialized PHP for the foster care population.
- Medicaid Direct is a health care program for Medicaid beneficiaries who are not enrolled in health plans, or were previously enrolled in FFS.

Enrollment In Medicaid Direct	
1.	Dual eligibles who do not meet the requirements for the Tailored plans
2.	Partial benefit dual eligibles
3.	Medically needy
4.	Presumptively eligible
5.	Receiving refugee medical assistance
6.	Individuals with limited benefits
7.	Enrollment in CAP waivers

Enrollment In Standard Plans	
1.	Parent/caretaker relatives, children, and the aged, blind, disabled (ABD) population who do not meet the criteria for a serious mental illness, serious emotional disturbance, or I/DD

Enrollment In Tailored Plans	
1.	Parent/caretaker relatives, children, and the aged, blind, disabled (ABD) population who meet the criteria for an SMI, serious emotional disturbance, or I/DD
2.	Full benefit dual eligibles who meet the criteria to enroll in the BH/IDD Tailored plans will receive behavioral health, I/DD, and TBI services through the health plans only. All other services will be delivered FFS.

D.6. Medicaid Program New Initiatives: Behavioral Health Benefits

Standard & Tailored Plan Behavioral Health Benefits

1. Inpatient behavioral health services
2. Outpatient behavioral health emergency room services
3. Outpatient behavioral health services
4. Partial hospitalization
5. Mobile crisis management
6. Facility-based crisis services for children and adolescents
7. Professional treatment services in facility-based crisis program
8. Peer supports
9. Outpatient opioid treatment
10. Ambulatory detoxification
11. Substance abuse comprehensive outpatient treatment program (SACOT)
12. Substance abuse intensive outpatient program (SAIOP)
13. Clinically managed residential withdrawal
14. Diagnostic assessment
15. Non-hospital medical detoxification
16. Medically supervised or alcohol and drug abuse treatment center (ADATC) detoxification crisis stabilization

Tailored Plan Only Behavioral Health Benefits

1. Residential treatment facility services (children only)
2. Child and adolescent day treatment services
3. Intensive in-home services
4. Multi-systemic therapy services
5. Psychiatric residential treatment facilities
6. Assertive community treatment
7. Community support team
8. Psychosocial rehabilitation
9. Substance abuse non-medical community residential treatment
10. Substance abuse medically monitored residential treatment
11. Clinically managed low-intensity residential treatment services
12. Clinically managed population-specific high-intensity residential programs
13. ICF/IDD waiver services
14. Innovations and TBI waiver services
15. 1915(b)(3) services
16. State-funded behavioral health, I/DD and TBI services

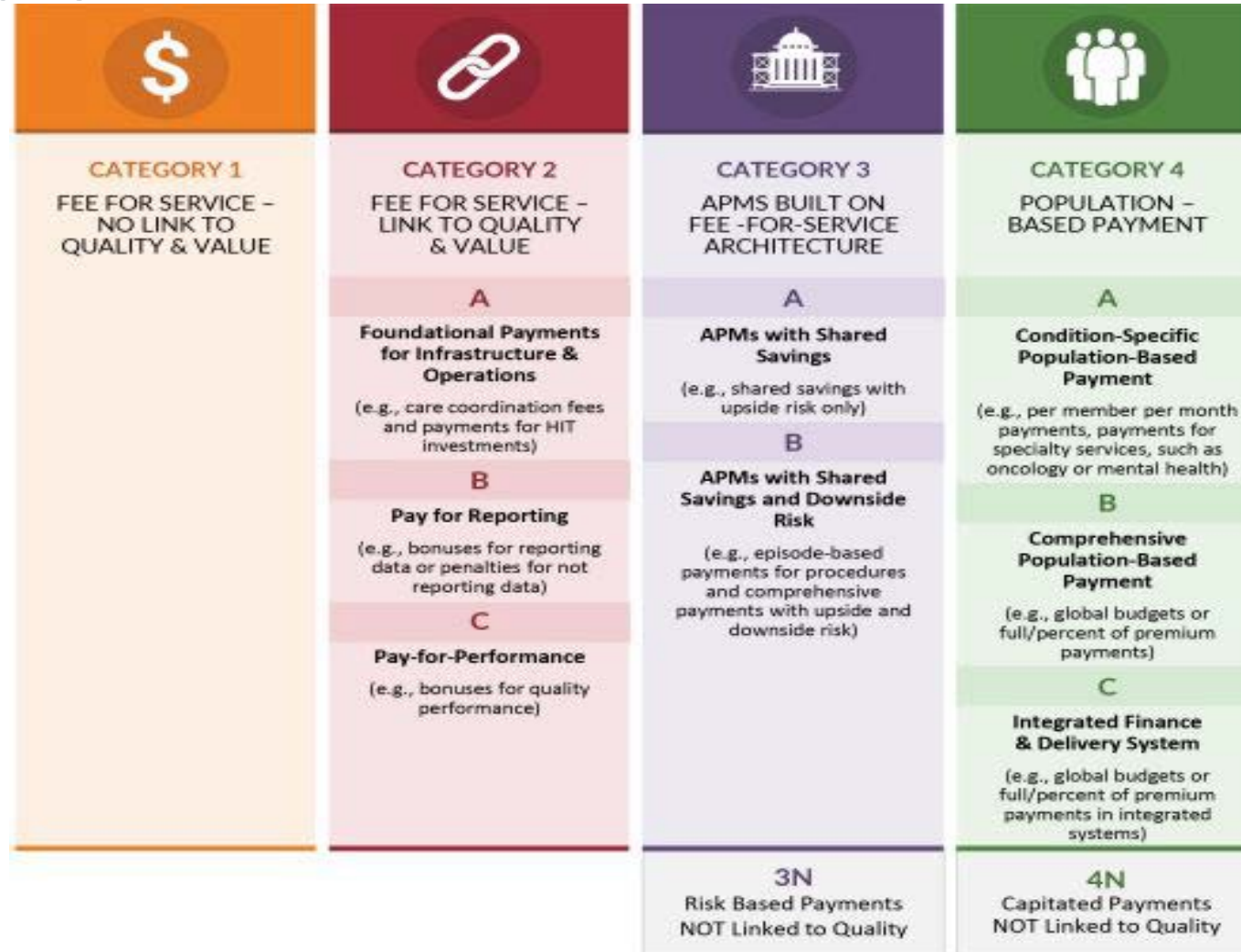
D.6. Medicaid Program New Initiatives: PHP Behavioral Health Overview

- Behavioral health services will be included in both the Standard and Tailored plan capitation rate. The Tailored plans will offer a set of enhanced benefits that will not be available in the Standard plans.
 - On an ongoing basis, DHHS plans to review encounter, claims, and other data to identify individuals in the Standard program who should move to the Tailored plans. These individuals will be moved as soon as possible.
 - For individuals who are enrolled in Tailored plans, DHSS will also periodically review data to ensure eligibility, however, individuals will not be moved to the Standard plans until renewal.
- The move of behavioral health services to the Standard and Tailored plans will effectively end the state's carve-out to the LME-MCOs.
 - For the first contract term of the program, only the LME-MCOs may operate within the Tailored plans.
 - After the term of the initial contracts for BH IDD tailored plans, BH IDD tailored plan contracts shall be the result of requests for proposals issued by the Department and the submission of competitive bids from nonprofit PHPs and entities operating the initial BH IDD tailored plan contracts.

D.6. Medicaid Program New Initiatives: Value-Based Payment Strategy for Standard Plans

- In January 2020, North Carolina released information on their plans for transitioning their Medicaid and NC Health Choice programs from Fee-For-Service to primarily Managed Care and included with this managed care would be Value Based Payments. This is to be rolled out over a five-year period.
 - Year 1: PHP Submits VBP assessment to establish baseline level of value-based contracting.
 - Year 2: Percentages of PHP's expenditures in VBP must increase by 20% or represent at least 50% of total medical expenditures.
 - Year 3: Overall Target: 60% of total medical expenditures. Sub-Target: Category 3 must have at least 15% of total medical expenditures.
 - Year 4: Overall Target: 75% of total medical expenditures. Sub-Target: Category 3 must have at least 30% of total medical expenditures.
 - Year 5: Overall Target: 90% of total medical expenditures. Sub-Targets: Category 3A must have 45%, Category 3B must have 15%.
- The state proposes two tracks, minimal risk and high risk. The two levels will differ in the ability to earn savings, based on their ability to link to improvements in health outcomes.
- The state will begin implementing the new value-based payment strategies at the start of the managed care program.

D.6. Medicaid Program New Initiatives: Value-Based Payment Strategy for Standard Plans



D.6. Medicaid Program New Initiatives: Standard Plan Pharmacy Benefit

Standard Plan Pharmacy Benefit & Utilization Restrictions	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes
State Uses A PDL For Addiction Treatment Drugs	Yes
Coverage Of Antipsychotic Injectable Medications	Covered as both a medical and pharmacy benefit
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	The health plans will mostly be required to follow existing Medicaid clinical coverage guidelines including outpatient pharmacy, off-label antipsychotic monitoring, and physician drug program.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the health plans are required to implement a member lock-in program as part of its Opioid Misuse Prevention Program. The lock-in program must comply with the criteria of the lock-in program and individuals must be locked-in for a minimum of two years.

D.6. Medicaid Program New Initiatives: Advanced Medical Home

- The purpose of the Advanced Medical Home (AMH) program is to build upon the CCNC program and allow primary care practices to take on direct responsibility for care management for Medicaid beneficiaries.
 - The AMH program helps the state reach its goal of providing local care management. Participation in the AMH program is voluntary, PCP may choose not to take responsibility for AMH requirements and can simply join health plan networks as PCPs.
- All practices must be enrolled in Medicaid and Carolina ACCESS before they can be certified to participate in the AMH program. Practices that were already participating in Carolina ACCESS in 2018 were grandfathered into the AMH program in 2018. Carolina Access I (CAI) and Carolina Access II (CAII) providers were grandfathered into AMH Tiers 1 and 2, respectively.
- Since that time, practices approved for participation in Carolina ACCESS are automatically enrolled as an AMH Tier 2 provider.
 - There is no longer a path for providers to enroll as AMH Tier 1. Newly enrolling providers may apply for Carolina ACCESS as part of their initial Medicaid/NCHC provider enrollment application. Existing Medicaid providers may apply for Carolina ACCESS participation through the Manage Change Request process. Primary care practices will be required to contract directly with the PHPs. Additional information on rates is available on the next slide.
 - Once approved and designated as an AMH Tier 2, the provider may use the AMH Tier Attestation Tool available on the NCTracks Secure Provider Portal Status and Management page to attest to a higher tier.
- In February 2021, the state announced that they will begin to offer time-limited payments to practices that have attained tier 3 as part of the transition to Managed Care. These payments have been labeled as glidepath payments.
- Primary care practices can provide services directly, contract with a partner, or a clinically integrated network (CIN) to provide some or all of the care management functions.
 - A CIN is an organization—such as a health system or a newly formed entity—that assists the primary care practices with care management functions. CINs may partner with a group of primary care practices.
- The first quality performance period for AMHs began in January 2022.

D.6. Medicaid Program New Initiatives: Advanced Medical Home Payment & Tier Requirements

General Tier 1 & 2 Requirements	
1.	Perform primary care services that include certain preventive and ancillary services
2.	Create and maintain a patient-clinical professional relationship
3.	Provide direct patient care a minimum of 30 office hours per week
4.	Provide access to medical advice and services 24/7
5.	Refer to other providers when service cannot be provided by primary care provider (PCP)
6.	Provide oral interpretation for all non-English proficient beneficiaries and sign language at no cost

General Tier 3 Requirements	
All Tier 1 and 2 requirements plus:	
1.	Risk stratify all empaneled members
2.	Provide care management to high-need patients
3.	Develop a care plan for members receiving care management
4.	Provide short-term, transitional care management—along with medication management—to all empaneled members with an emergency department visit or hospital admission who are also high-risk of readmissions and other poor outcomes
5.	Receive claims data feeds (directly or via a CIN/other partner) and meet state-designated security standards for their storage and use

Tier	Medical Home Payment (as of 2021)	Care Management Payment	Performance Incentives
Tier 1	<ul style="list-style-type: none"> \$1.00 	None	None, but PHPs are encouraged to develop performance payments with AMHs
Tier 2	<ul style="list-style-type: none"> \$2.50 non-ABD \$5.00 ABD 	None	
Tier 3	<ul style="list-style-type: none"> \$2.50 non-ABD \$5.00 ABD 	Negotiated with PHPs	PHPs must establish performance payments with practices based on AMH quality measures (to be determined)

D.6. Medicaid Program New Initiatives: Healthy Opportunities Pilot

- The state’s 1115 demonstration waiver authorized a \$650 million pilot program to test the impact of providing housing, food, transportation, and interpersonal safety to Medicaid beneficiaries.
- Services launched for eligible Standard Plan members as follows across all regions:
 - March 15, 2022: Food services became available.
 - May 1, 2022: Housing and transportation services were added.
 - Between June 15 and the end of July 2022: Toxic Stress and cross-domain services became available.
- Specifically, the pilot will pay community-based and social services organizations called Human Services Organizations (HSO) to provide social services using Medicaid dollars.
 - Examples of services that can be covered include one-time payments to secure housing, short-term post-hospitalization housing, medically tailored meal delivery, payment for public transportation to access pilot services, linkages to legal services for interpersonal violence, evidence-based home visiting programs, evidence-based parenting support, etc.
 - Reimbursement for services will likely be a combination of FFS, cost-based reimbursement, and bundled payments.
- To qualify for a service an individual must have at least one needs-based criteria and one social risk factor.

Needs-based Criteria
<ul style="list-style-type: none">• Adults with 2 or more chronic conditions or repeated ER visits• Pregnant women meeting certain risk factors• Children 0-3 who were premature or low-birth weight• Children 0-21 with three or more adverse childhood experiences or with multiple chronic conditions

Social Risk Factors
<ul style="list-style-type: none">• Homeless or insecure housing• Food insecure• Transportation insecure• At-risk of, witnessing, or experiencing interpersonal violence

D.6. Medicaid Program New Initiatives: Healthy Opportunities Pilot

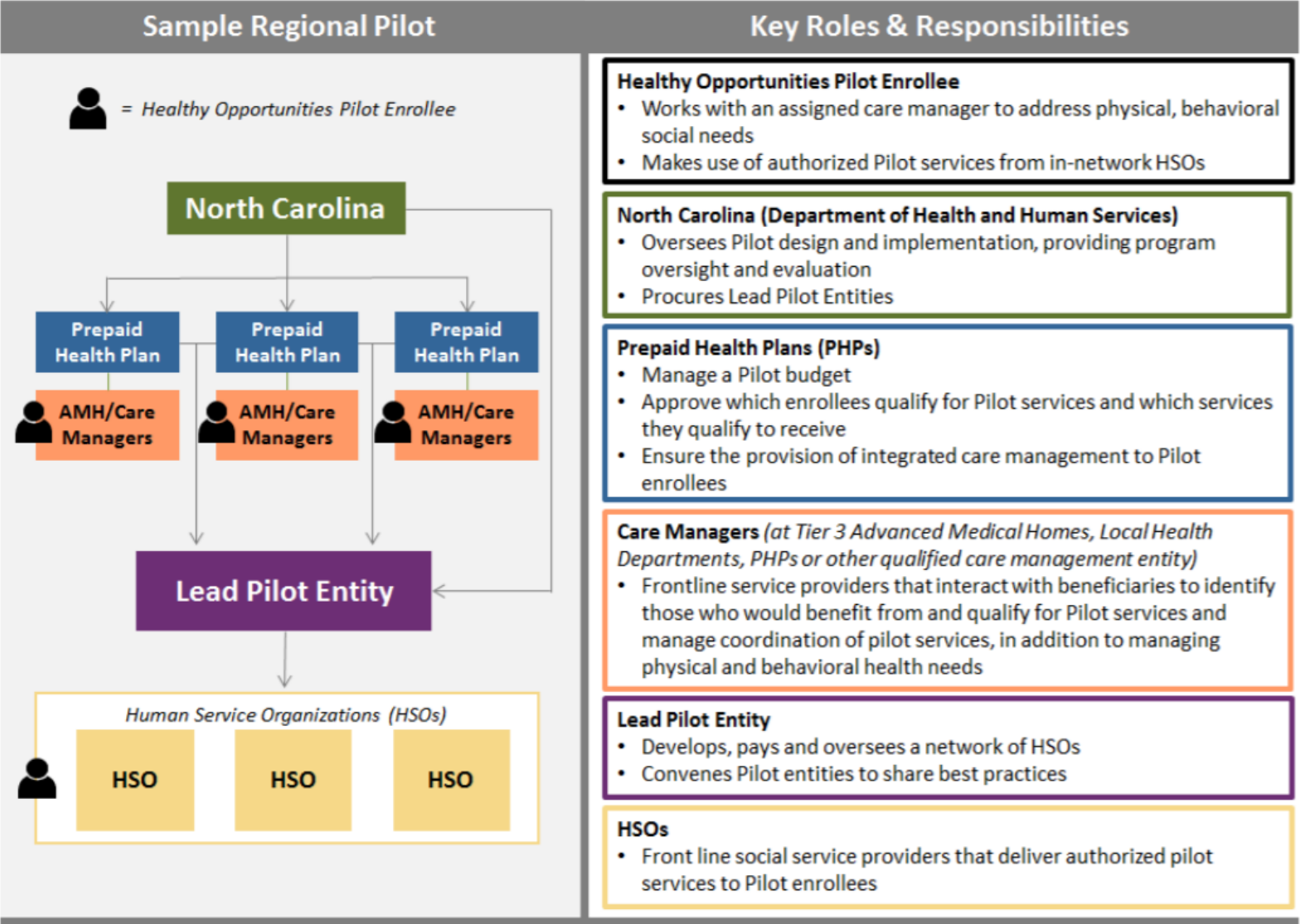
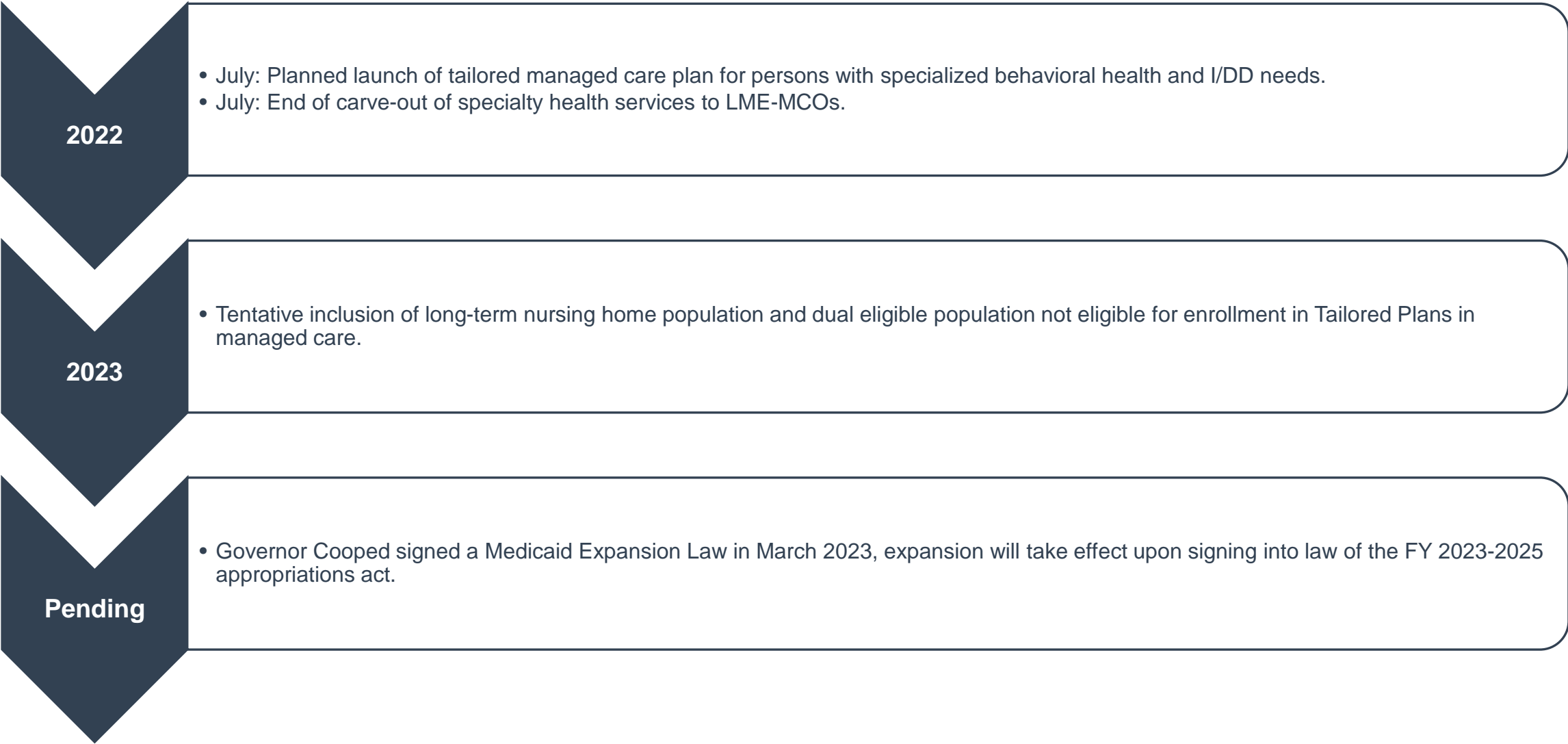


Image taken from [North Carolina's Healthy Opportunities Pilots: A Review of Proposed Design for Interested Stakeholders](#)

D.6. Medicaid Program New Initiatives: Timeline



E. Dual Eligible Financing & Service Delivery System

E.1. Dual Eligible Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Managed Care (PCCM)	PACE
Enrollment (January 2023)	221,425	1,848
SMI Enrollment	70,856	591
Management	<ul style="list-style-type: none"> Physical Health: North Carolina Community Care and Community Care of North Carolina (CCNC) regional networks Behavioral Health: LME-MCOs 	11 non-profit organizations
Payment Model	<ul style="list-style-type: none"> Physical Health: Care management fee and FFS Behavioral Health: Capitated rate 	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> Physical Health: Statewide with regional networks Behavioral Health: Statewide, LME-MCOs are available regionally 	Select counties and ZIP codes

Total Dual Eligibles: 223,273 | Total Dual Eligibles With SMI: 71,447

E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Plan Type	January 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete RP	Medicare Advantage D-SNP	59,785	19,131
UnitedHealthcare Dual Complete	Medicare Advantage D-SNP	45,906	14,690
HumanaChoice	Medicare Advantage D-SNP	11,531	3,690
Humana Gold Plus	Medicare Advantage D-SNP	11,185	3,579
Aetna Medicare Assure Plan	Medicare Advantage D-SNP	5,418	1,734
Humana Gold Plus	Medicare Advantage D-SNP	3,175	1,016
WellCare Imperial	Medicare Advantage D-SNP	2,480	794
Healthy Blue	Medicare Advantage D-SNP	1,920	614
WellCare Access	Medicare Advantage D-SNP	1,825	584
Cigna-HealthSpring TotalCare	Medicare Advantage D-SNP	1,598	511

E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Full-benefit dual eligible enrollment as of January 2023 was 221,425.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Currently, dual eligibles receive services through Community Care of North Carolina (CCNC), or PACE.
 - Dual eligibles are automatically enrolled in CCNC—the state’s Medicaid primary care case management (PCCM) program—but may opt-out. The state considers this program to be managed care.
- Behavioral Health services administration is dependent upon the individual’s type of plan.
 - The persons enrolled in the FFS and CCNC programs receive behavioral health services through LME-MCOs.
 - PACE plans include Medicaid covered mental health services in their capitated rate.

E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- North Carolina does not have a dual demonstration.
- In 2015, the NC General Assembly enacted legislation directing DHHS to transition Medicaid and NC Health Choice from fee-for-service to managed care. Under managed care, the state contracts with insurance companies, which are paid a predetermined set rate per enrolled person to provide all services.
- In July 2020, legislation authorized NC Medicaid Managed Care to begin July 1, 2021, for Standard Plans and October 1, 2023, for Behavioral Health I/DD Tailored Plans.
- Starting July 1, 2021, most Medicaid beneficiaries began receiving the same Medicaid services in a new way. Called "NC Medicaid Managed Care," beneficiaries choose a health plan and get care through a health plan's network of doctors. Some beneficiaries are remaining in traditional Medicaid, which is called NC Medicaid Direct.

F. Long-Term Services & Supports Financing & Service Delivery System

F.1. LTSS Financing & Service Delivery System

Beneficiaries in the CCNC were transitioned into managed care when the program began in July 2021.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2020)	27,782
Estimated SMI Enrollment	8,890
Management	LME-MCO's
Payment Model	Monthly capitated payment
Geographic Service Area	Statewide

F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment*
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles		X	
Individuals with I/DD			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations		Indigenous members of Federally recognized tribes	<ul style="list-style-type: none"> • Residents of adult care homes • Qualified aliens • Special assistance in-home

* North Carolina operates a PCCM program that it considers managed care. The state planned to begin enrolling most Medicaid populations in capitated managed care plans, but this is currently suspended. See [section D.6.](#) for details on managed care plan implementation.

F.2. LTSS Medicaid Financing & Delivery System: Overview

- Beneficiaries in the CCNC were transitioned into managed care when the program began in July 2021.
- The NC Medicaid LTSS Care Management Program is intended to guide PHP development of care management practices for members with LTSS needs to foster high-quality, accessible services that enhance well-being and facilitate engagement in community life.
- NC Medicaid serves some of North Carolina's most vulnerable citizens through Long-Term Services and Supports (LTSS), which include care provided in the home, in community-based settings or in facilities such as nursing homes; care is provided for people of all ages with disabilities who need support because of age, physical, cognitive, developmental or chronic health conditions, or other functional limitations that restrict their abilities to care for themselves.

F.3. Medicaid LTSS Program: Health Plan Characteristics

- North Carolina's LTSS services are administered by the LME-MCO program in the state.
- LME-MCOs are sole-source, prepaid inpatient health plans that operate in specific regions throughout the state. Individuals do not have a choice of plan but are able to choose their clinical professionals within the LME-MCO's network.
- The LME-MCO has eight primary functions:
 - 24/7 access to care
 - Provider development, endorsement, and support
 - Utilization review and management
 - Management of state facility services and CAP waivers
 - Care coordination and quality management
 - Community collaboration and consumer services
 - Financial management and accountability
 - Information management and analysis
- The LME-MCO's are subject to a yearly external review that quantifies and compares performance measures.

F.4. Medicaid LTSS Program: Health Benefits

The LME-MCOs are responsible for all state plan and Cardinal Innovations waiver behavioral health benefits. However, psychotropic medications are provided FFS by the state.

State Plan Mental Health Benefits

1. Inpatient treatment
2. Emergency room services
3. Diagnostic assessment and testing
4. Assertive community treatment
5. Community support team
6. Mobile crisis management
7. Partial hospitalization
8. Facility-based crisis treatment
9. Psychosocial rehabilitation
10. Targeted case management
11. Outpatient treatment services
12. Residential services for individuals under age 21
13. Research based treatment for Autism Spectrum Disorder
14. Peer Support Services

State Plan Addiction Treatment Benefits

1. Medically-managed intensive inpatient services
2. Emergency room services
3. Comprehensive outpatient treatment program
4. Intensive outpatient service
5. Medically monitored community residential treatment
6. Mobile crisis management
7. Non-medical community residential treatment
8. Ambulatory detoxification
9. Non-hospital medical detoxification
10. Detoxification crisis stabilization
11. Outpatient opioid treatment
12. Targeted case management

1915(b)(3) Cardinal Innovations Waiver Benefits

1. Psychosocial rehabilitation/peer support
2. Physician consultation
3. Community guide
4. Intensive recovery support for women with children returning from an addiction treatment program

SMI Population Only:

1. Supported employment/employment specialist
2. Personal care/individual support
3. One-time transitional costs

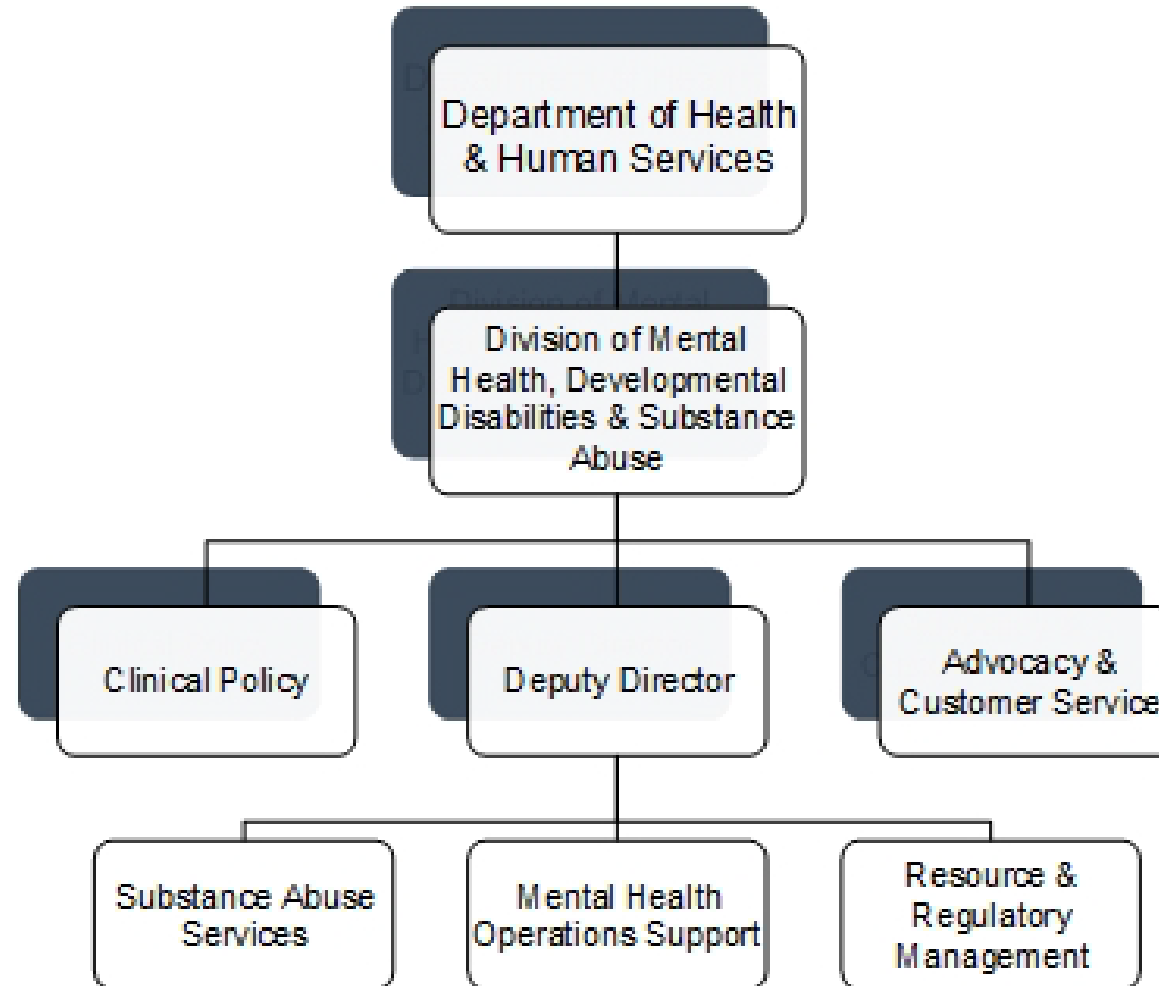
F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- North Carolina implemented a new managed care program, which will have two sets of health plans – Standard and Tailored plans. The Tailored plans will only provide behavioral health and I/DD services, while all other benefits will be provided through the FFS system.
- In July 2020, legislation authorized NC Medicaid Managed Care to begin July 1, 2021, for Standard Plans and October 1, 2023, for Behavioral Health I/DD Tailored Plans.
- Populations eligible for enrollment in the Tailored plans include individuals with a behavioral health diagnosis or I/DD. See the box to the right for specific eligibility criteria.
- The Tailored plan population will not be enrolled in the Standard plans and will remain in their current delivery system until the launch of the Tailored plans.
- Individuals may opt-in to the Standard plans, but they will lose the services offered by the LME-MCOs.
- The Tailored plans will offer physical health and pharmacy benefits and an enhanced set of behavioral health and I/DD services.*

*See [slide 51](#) for eligibility criteria.

G. State Behavioral Health Administration & Finance System

G.1. Department Of Health & Human Services Governance: Organization Chart



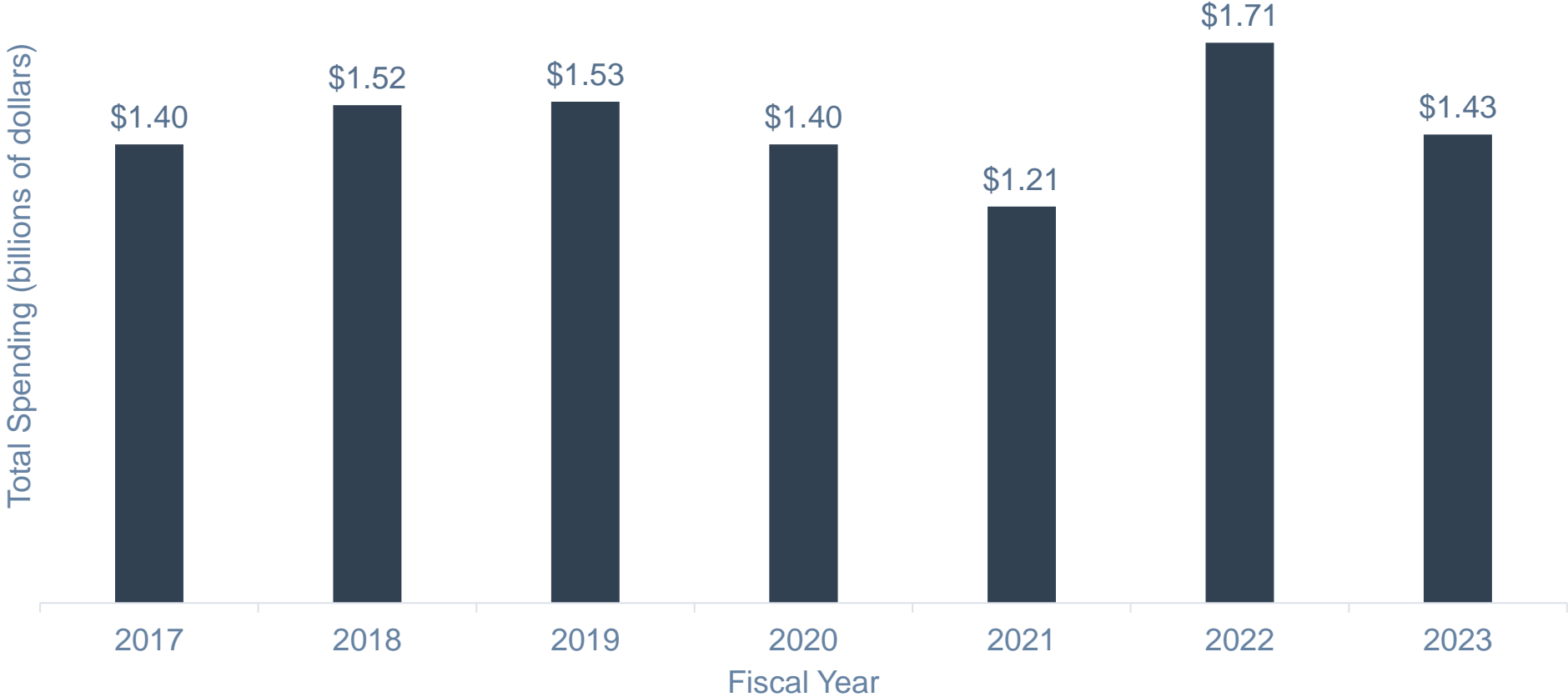
G.1. Department Of Health & Human Services Governance: Key Leadership

Name	Position	Department	Email
Kody Kinsley	Secretary	Department of Health and Human Services (DHHS)	kody.kinsley@dhhs.nc.gov
Mark Bernton	Deputy Secretary for Health	Department of Health and Human Services (DHHS)	helen.wolstenholme@dhhs.nc.gov
Kelly Crosbie	Director	Mental Health, Developmental Disabilities, and Substance Abuse Services	deepa.avula@dhhs.nc.gov
Carrie Brown	Deputy Chief Medical Officer & Chief Psychiatrist	DHHS, Mental Health, Developmental Disabilities, and Substance Abuse Services	carrie.brown@dhhs.nc.gov
Karen Burkes	Director, State Operated Healthcare Facilities	DHHS, Mental Health, Developmental Disabilities, and Substance Abuse Services	Karen.burkes@dhhs.nc.gov

G.2. Department Of Health & Human Services: Spending

Budget Item	SFY 2023 Budget Requirement	Percent Of Budget
Community Services – Single Stream Funding – 1422	\$276,855,816	19%
Central Regional Hospital - Adult-1563	\$239,457,897	17%
Broughton Hospital - Adult-1561	\$185,954,289	13%
Cherry Hospital - Adult-1562	\$174,843,472	12%
Community Substance Abuse Services - Adult-1463	\$143,363,573	10%
Murdoch Developmental Center - Adult-1566	\$129,729,308	9%
Caswell Developmental Center - Adult-1565	\$107,943,826	8%
J Iverson Riddle Developmental Center - Adult-1567	\$76,977,247	5%
Community Crisis Services-1464	\$56,481,444	4%
Community Mental Health Services – Adult – 1461	\$44,542,197	3%
Total Budget: \$1,436,149,069		

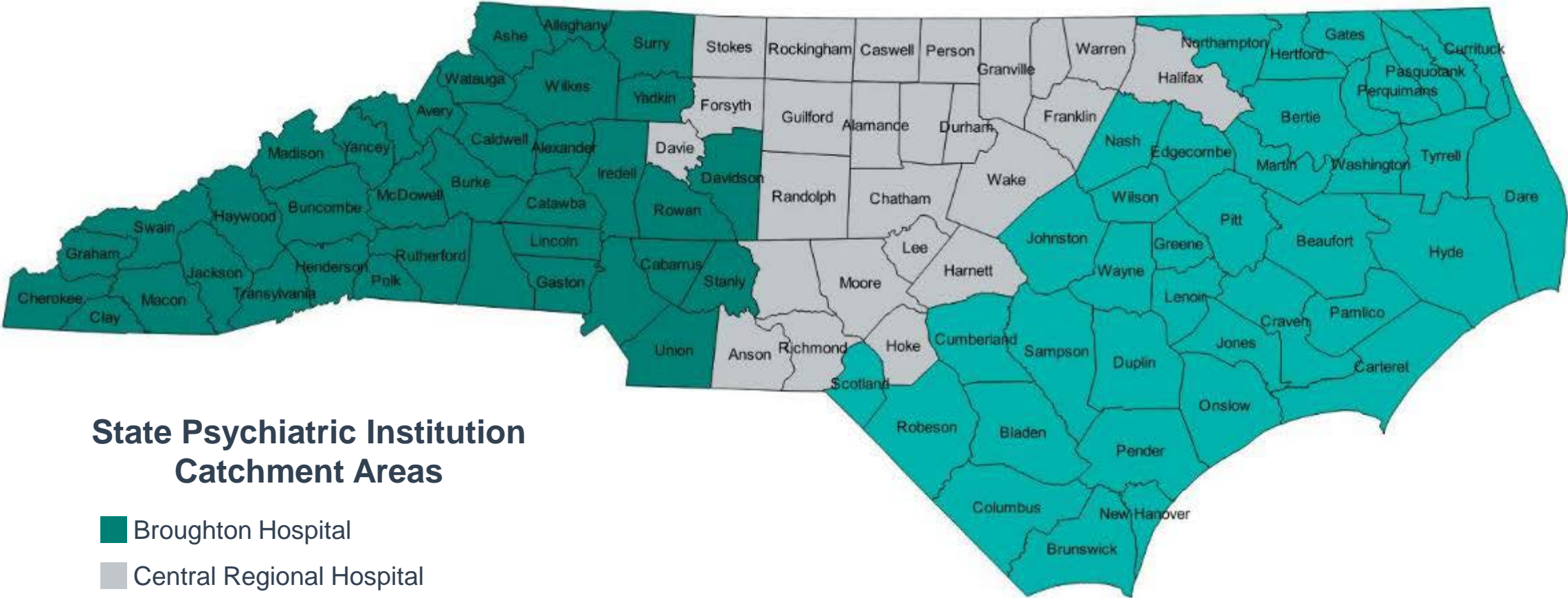
G.2. Department Of Health & Human Services: Spending Over Time





G.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Beds	SFY2022 Admissions
Broughton Hospital	Morganton	382	126
Central Regional Hospital	Butner	338	554
Cherry Hospital	Goldsboro	314	610
Total		1,034	1,290

G.3. State Psychiatric Institution Catchment Areas



State Psychiatric Institution Catchment Areas

-  Broughton Hospital
-  Central Regional Hospital
-  Cherry Hospital

G.4. Behavioral Health Safety-Net Delivery System

- The DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the DHHS Division of Medical Assistance contract with Local Management Entities-Managed Care Organizations (LME-MCOs) to provide mental health and addiction disorder treatment services to the safety-net population. (See [section D.2.](#) for more information on the LME-MCOs.)
- The core services provided by the LME-MCOs include screening, assessment, and referral; emergency services; service coordination; and consultation, prevention, and education.
- The LME-MCOs receive revenue from federal, state, and local sources with Medicaid, representing the largest percentage of cash flows at 84%.
 - In FY2018-2019, the legislature became concerned about the solvency of the LME-MCOs and developed solvency standards. LME-MCOs over or under the solvency standards by 5% are required to implement corrective action plans.
 - There is also a move to shift from a focus on cash balances to outcomes and performance.
- The LME-MCOs are also the sole organizations that may bid to operate as the Tailored plans for the first four years of the new managed care program.

H. Appendices

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023 from https://www.cms.gov/files/document/reporttocongressmmco.pdf

H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved January 2023 from https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system	United States Department of Defense. (2013, May 17). Efficacy and Cost of Case Management Services for TRICARE Behavioral Health Clients with Serious Mental Health Problems. Retrieved January 2023 from https://www.pdhealth.mil/efficacy-and-cost-case-management-services-tricare-behavioral-health-clients-serious-mental-health-0
No Health Care Insurance	5.6% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2017, September 7). Results from the 2016 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

H.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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B.3. Population Distribution By Payer: National vs. State

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B.3. SMI Population Distribution By Payer: National vs. State

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B.4. Largest State Health Plans By Enrollment

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B.4. Largest State Health Plans By Estimated SMI Enrollment

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C.1. Medicaid Governance: Organizational Chart

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