North Carolina Health & Human Services System Market Profile: 2024

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North Carolina Health & Human Services Market Profile Overview

A. Executive Summary
    1. Health Care Coverage by Payer
    2. Medicaid Care Coordination Initiatives
    3. Behavioral Health Safety-Net System Overview
B. Health Financing System Overview
    1. Population Demographics
    2. Population Centers
    3. Population Distribution By Payer
    4. Largest Health Plans
    5. Health Insurance Marketplace
    6. Accountable Care Organizations
C. Medicaid Administration, Governance & Operations
    1. Medicaid Governance
    2. Medicaid Program Spending
    3. Medicaid Expansion Status
    4. Medicaid Program Benefits
D. Medicaid Financing & Service Delivery System
    1. Medicaid Financing & Service Delivery System
    2. Medicaid FFS Program
    3. Medicaid Managed Care Program
    4. Medicaid Program: Care Coordination Initiatives
    5. Medicaid Program Waivers
    6. Medicaid Program: New Initiatives
E. Medicare Financing & Service Delivery System
    1. Medicare Financing & Service Delivery System
    2. Medicare System: Overview
    3. Medicare ACOs
    4. Medicare System: New Initiatives
F. Dual Eligible Financing & Service Delivery System
    1. Dual Eligible Medicaid Financing & Service Delivery System
    2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment
    3. Dual Eligible Medicaid Financing & Delivery System: Overview
    4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives
G. Long-Term Services & Supports System
    1. LTSS Financing & Service Delivery System
    2. LTSS Medicaid Financing & Delivery System: Overview
    3. LTSS Health Plan Characteristics
    4. LTSS Program Benefits
    5. LTSS Medicaid Financing & Delivery System: New Initiatives
H. State Behavioral Health Administration & Finance System
    1. Public Behavioral Health System Governance
    2. Public Behavioral Health System Spending
    3. Psychiatric Institutions
    4. Behavioral Health Safety-Net Delivery System
    5. Behavioral Health System: New Initiatives
I. Appendices
    1. OPEN MINDS Estimates For The Share Of SMI Consumers By Payer/Plan
    2. Glossary Of Terms
    3. Sources

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A. Executive Summary

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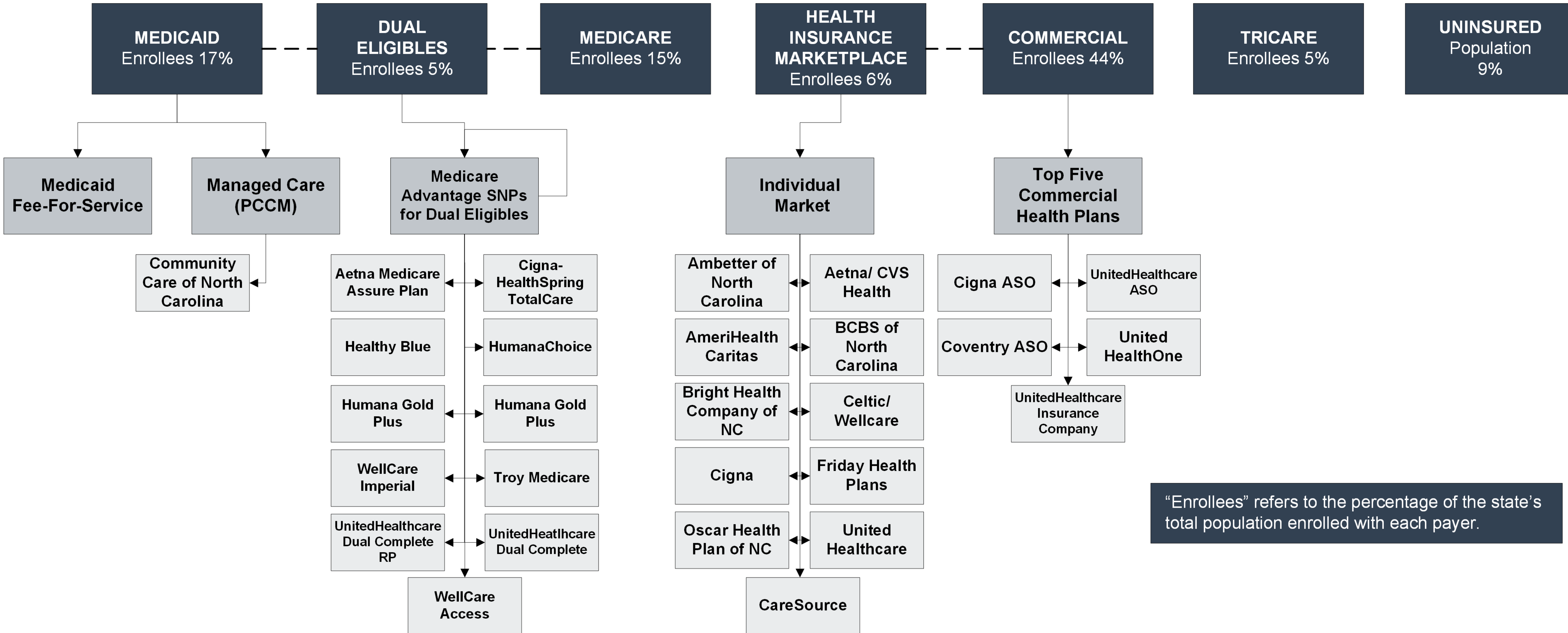
A.1. North Carolina Physical Health Care Coverage by Payer



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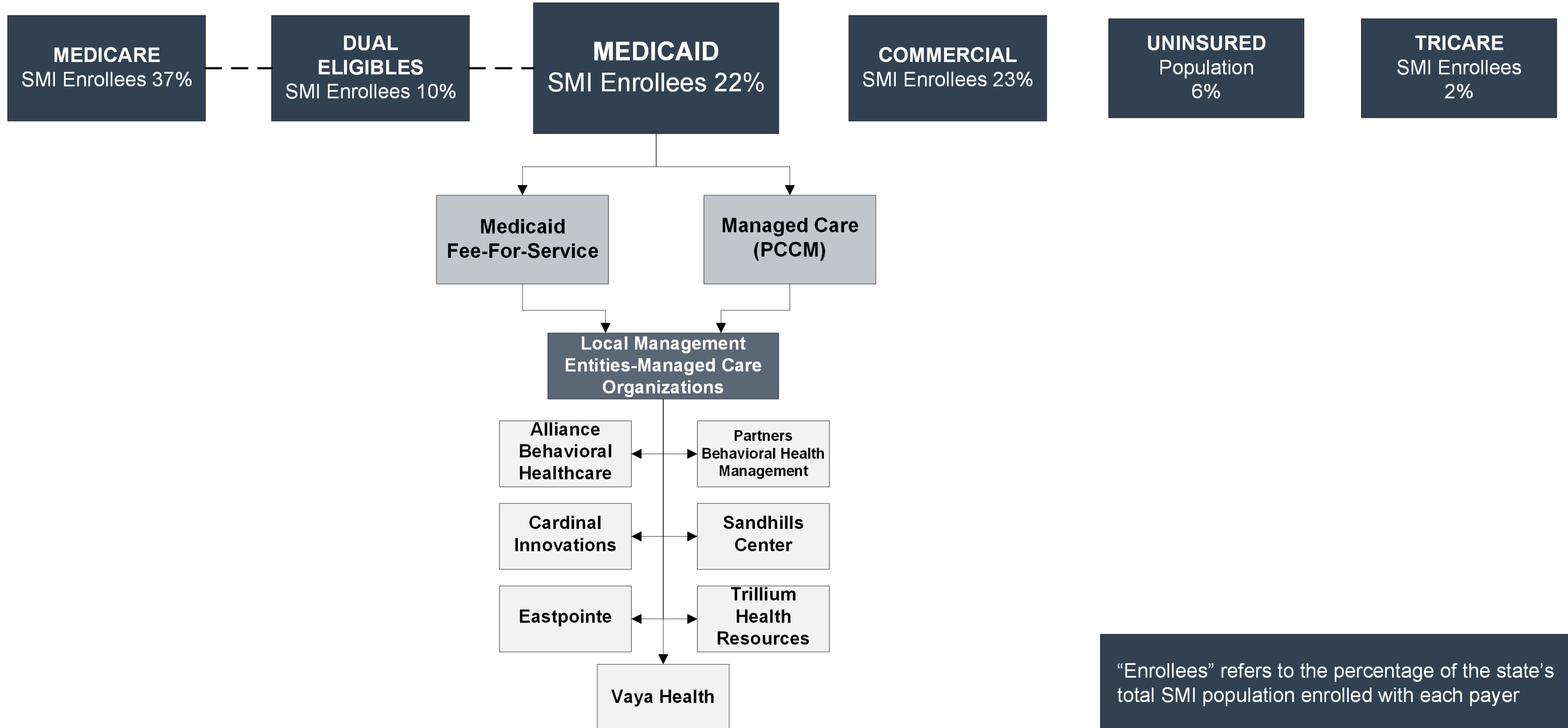
A.1. North Carolina Behavioral Health Care Coverage by Payer



"Enrollees" refers to the percentage of the state's total SMI population enrolled with each payer

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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 three CCBHCs for the delivery of behavioral health services.

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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.

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B. Health Financing System Overview

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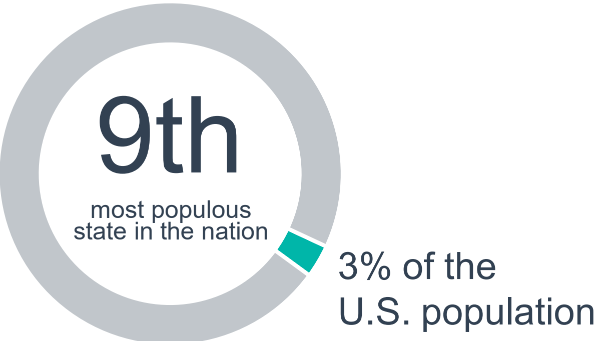
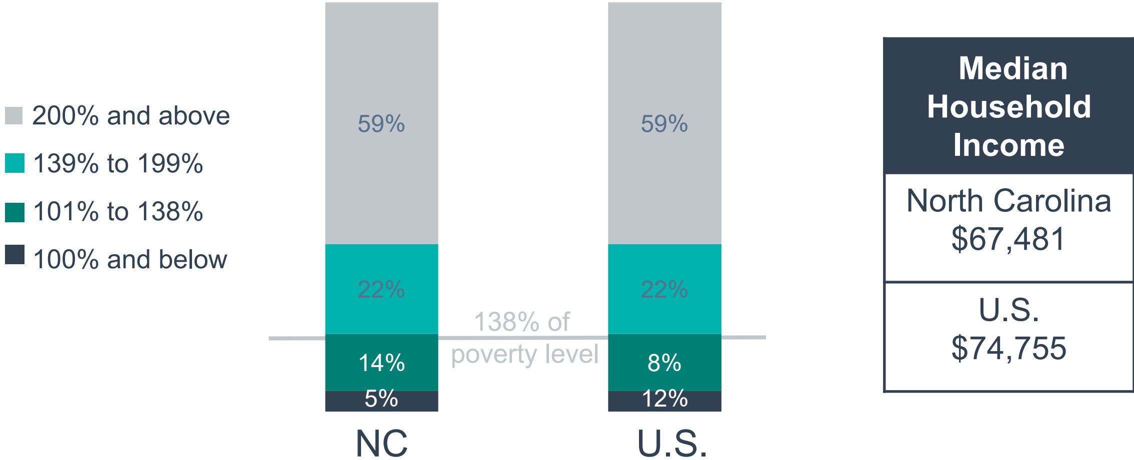
B.1. Population Demographics

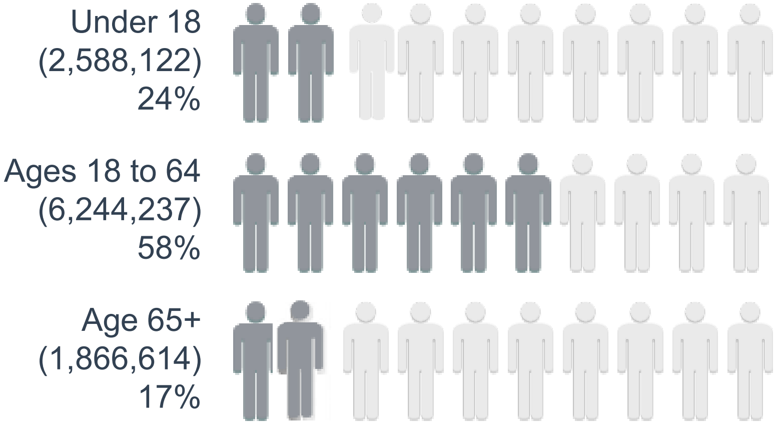
Total North Carolina Population- 10,698,973
Estimated SMI Population- 855,918

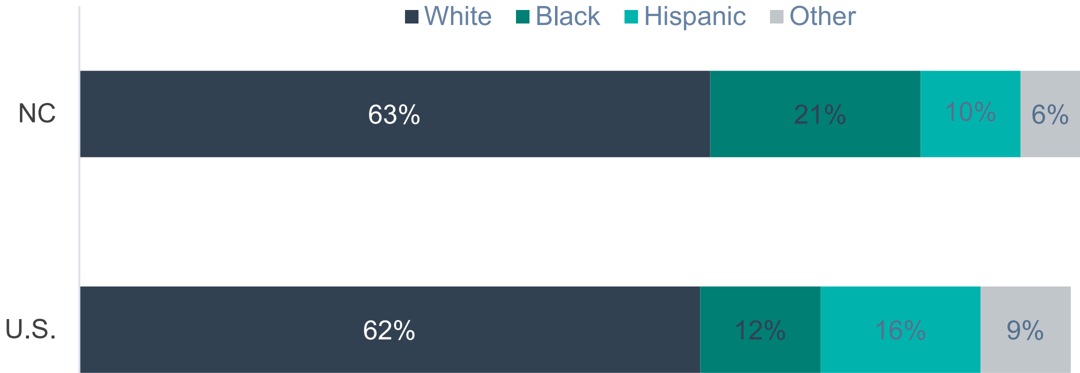




Median Household Income
North Carolina $67,481
U.S. $74,755

Population Distribution By Age





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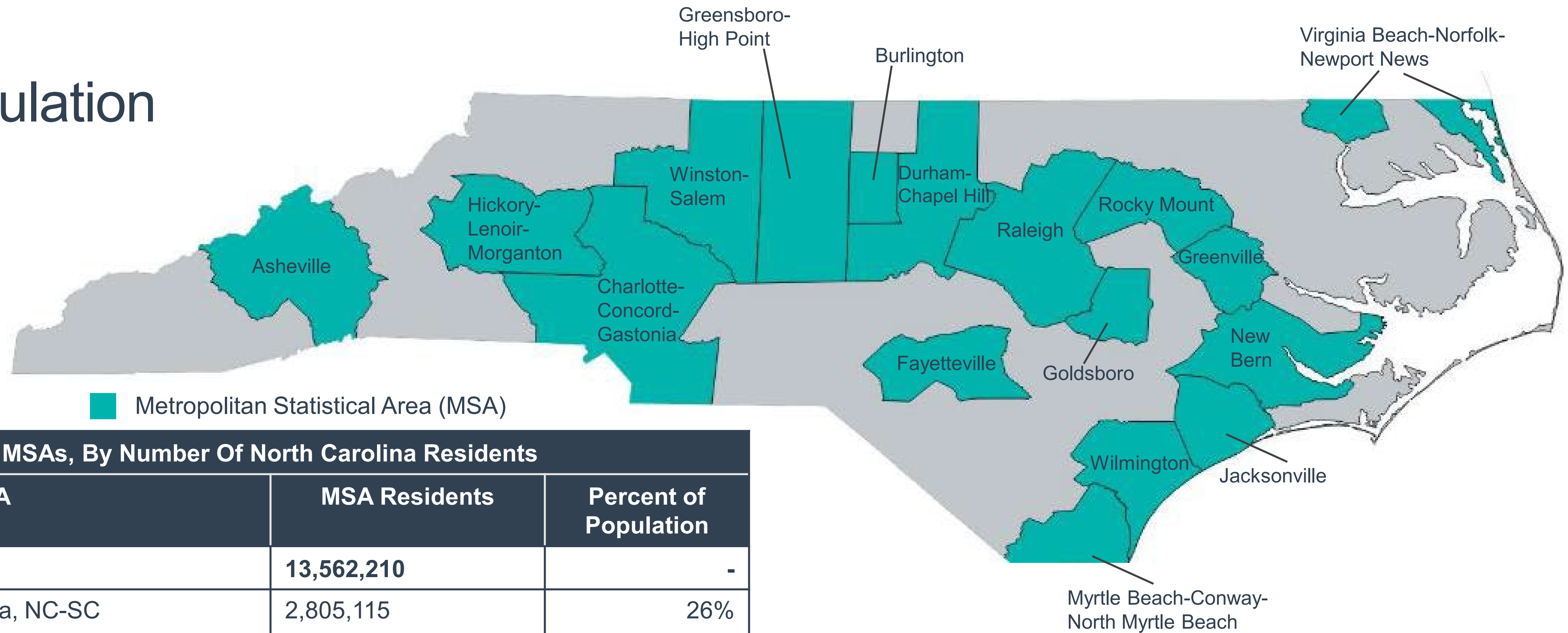
B.2. Population Centers



Largest MSAs, By Number Of North Carolina Residents		
MSA	**MSA Residents**	**Percent of Population**
Total MSA population	**13,562,210**	**-**
Charlotte-Concord-Gastonia, NC-SC	2,805,115	26%
Virginia Beach-Norfolk-Newport News, VA-NC	1,806,840	17%
Raleigh, NC	1,509,231	14%
Greensboro-High Point, NC	789,842	7%
Winston-Salem, NA	695,630	7%
Durham-Chapel Hill, NC	608,879	6%
Myrtle Beach-Conway-North Myrtle Beach, SC-NC	536,165	5%
Fayetteville, NC	392,336	4%
Other MSAs	2,209,086	21%

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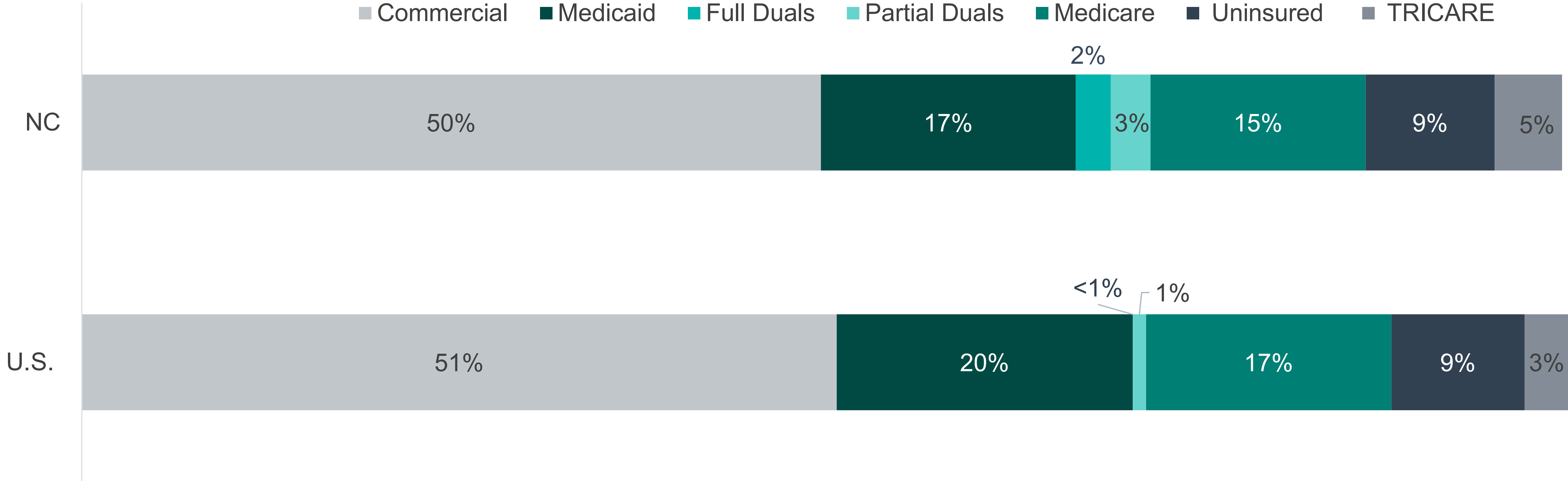
B.3. Population Distribution By Payer: National vs. State



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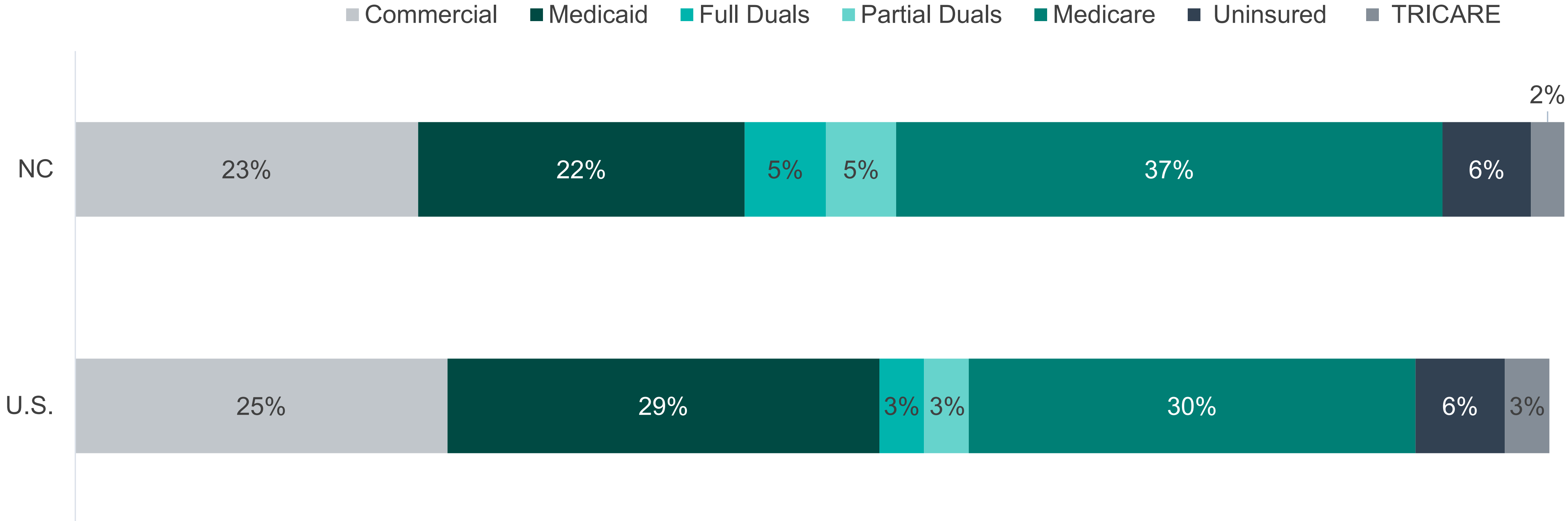
B.3. SMI Population Distribution By Payer: National vs. State



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B.4. Largest North Carolina Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross and Blue Shield of North Carolina	Commercial Administrative Services Organization (ASO)	2,510,127
Community Care of North Carolina	Medicaid managed care	1,748,875
Medicare Fee-For-Service (FFS)	Medicare	1,042,763
Cigna ASO	Commercial ASO	529,203
TRICARE	Other Public	517,630
UnitedHealthcare ASO	Commercial ASO	502,065
AARP MedicareComplete	Medicare Advantage	246,345
HumanaChoice	Commercial ASO	196,853
Coventry ASO	Commercial ASO	191,503
UnitedHealthcare Insurance Company	Commercial	145,042

*Medicare enrollment as of January 2024; Medicaid as of January 2024; TRICARE as of December 2023; Commercial as of January 2024

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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	236,707
Community Care of North Carolina	Medicaid managed care	1,748,875	202,870
Blue Cross Blue Shield of North Carolina	Commercial ASO	2,510,127	105,425
AARP MedicareComplete	Medicare Advantage	246,345	55,920
HumanaChoice	Medicare Advantage	196,853	44,686
Humana Gold Plus	Medicare Advantage	141,424	32,103
Aetna Medicare	Medicare Advantage	123,268	27,982
TRICARE	Other public	517,630	23,293
AARP Medicare Advantage Choice	Medicare Advantage	102,270	23,215
Care Improvement Plus South Central Insurance Company	Medicare Advantage	101,471	23,034

*Medicare enrollment as of January 2024; Medicaid as of January 2024; TRICARE as of December 2023; Commercial as of January 2024

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B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Insurance Marketplace	6%
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.

2024 Individual Market Health Plans
1. Aetna /CVS Health
2. Ambetter Of North Carolina Inc.
3. AmeriHealth Caritas
4. Blue Cross and Blue Shield of NC
5. CareSource
6. Celtic/ WellCare
7. Cigna HealthCare of North Carolina, Inc.
8. Oscar Health Plan of North Carolina
9. UnitedHealthcare

2024 Small Group Market Plans
None.

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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

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B.6. Accountable Care Organizations (cont.)

Medicare Shared Savings ACOs

1. ACO Clinical Partners, LLC
2. ACO Health Partners, LLC
3. AdvantagePoint Health Alliance – Blue Ridge
4. Aledade Accountable Care 45, LLC
5. Aledade Duwamish ACO, LLC
6. Aledade Laffey ACO, LLC
7. Bayview Physician Services, PC
8. Cape Fear Valley Accountable Care Organization
9. Caravan Health ACO 17, LLC
10. CareConnectMD ACO, LLC
11. Carolinas HealthCare System ACO
12. CaroMont ACO
13. CHESS Value
14. CHSPSC ACO 14, LLC
15. Costal Carolina Quality Care, Inc.
16. WakeMed Kay Community Care
17. Coastal Plains Network
18. Duke Connected Care, LLC
19. Emergent ACO, LLC
20. Health Choice Care, LLC
21. Independent Physicians ACO, LLC
22. McLeod Healthcare Network
23. Mission Health Partners
24. Novant Health Accountable Care Organization
25. Physician Quality Partners
26. Piedmont HealthCare Alliance
27. Pinehurst Accountable Care Network
28. Primary Comprehensive Care ACO
29. Sentara Accountable Care Organization, LLC
30. Southeastern Health Partners Medicare ACO, LLC
31. The Accountable Care Organization, Ltd
32. 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

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C. Medicaid Administration, Governance & Operations

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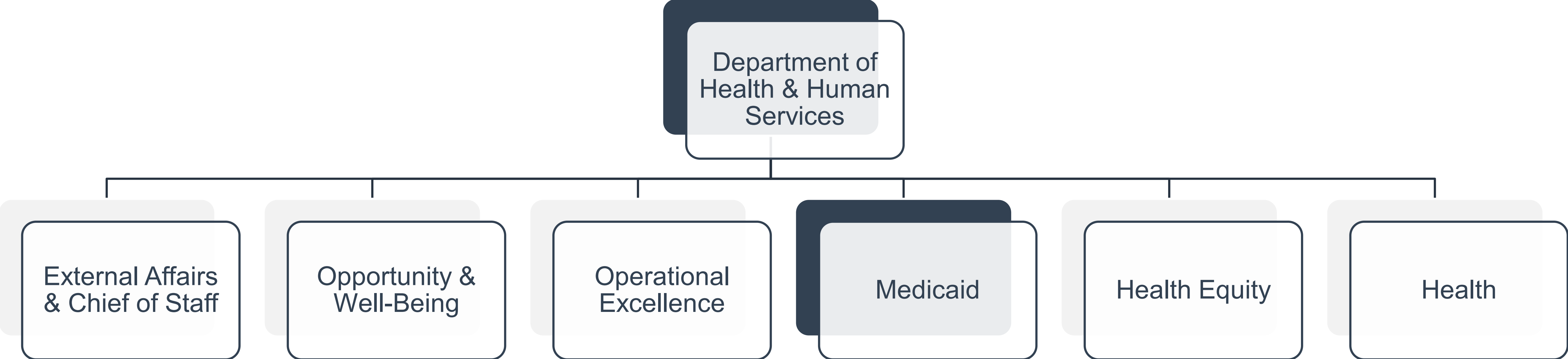
C.1. Medicaid Governance: Division Of Health Benefits Organization Chart



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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
Elizabeth Cuervo Tilson	State Health Director, Chief Medical Officer	DHHS, NC Medicaid	betsey.tilson@dhhs.nc.gov
Janelle White	Deputy CMO for Health Access	DHHS, NC Medicaid	nanelle.white@dhhs.nc.gov
Carrie Brown	Deputy CMO and Chief Psychiatrist	DHHS, NC Medicaid	carrie.brown@dhhs.nc.gov
Melanie Bush	Deputy Director	DHHS, NC Medicaid	melanie.bush@dhhs.nc.gov
Ericka Johnson	Chief of Staff	DHHS, NC Medicaid	ericka.johnson@dhhs.nc.gov

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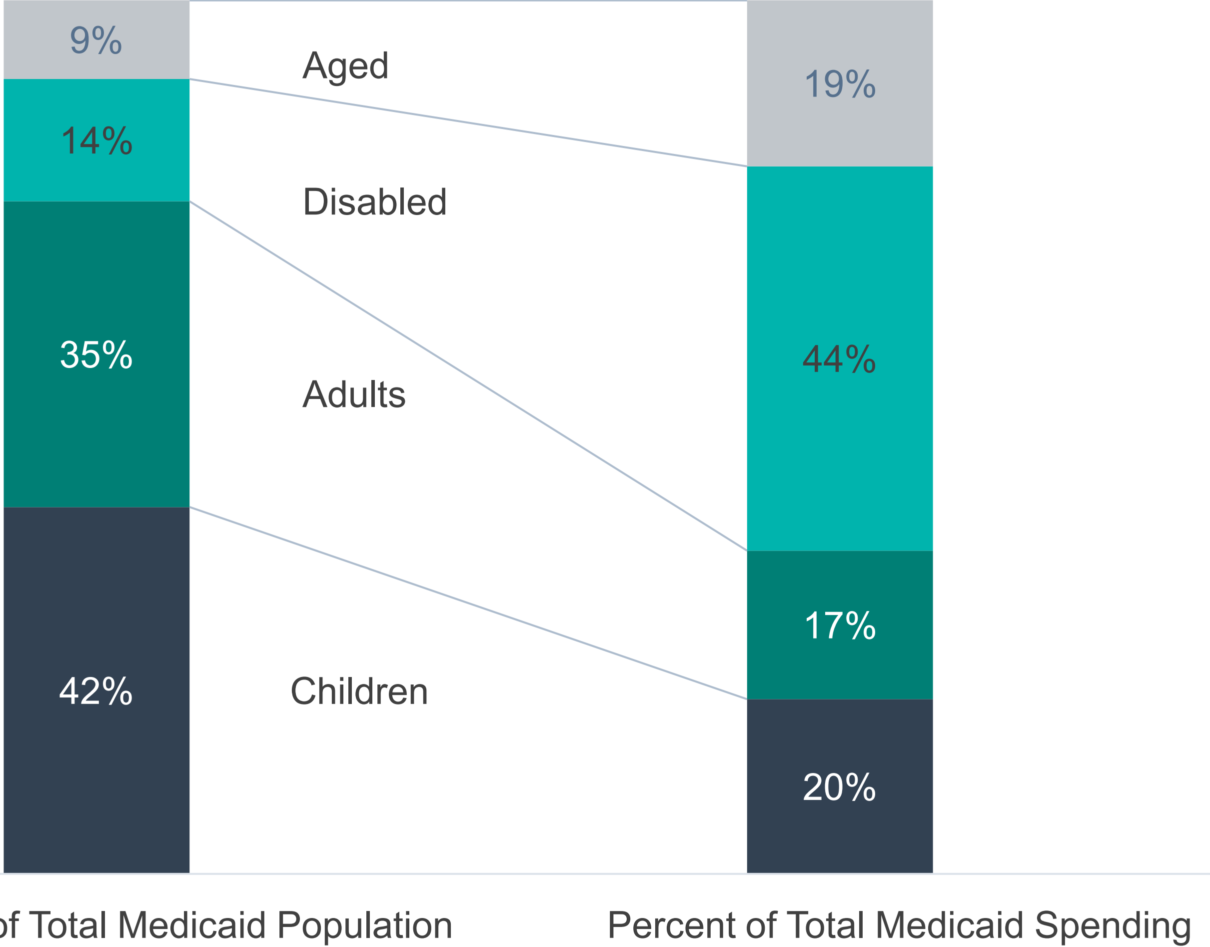
C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	NC
All populations	$8,651	$7,223
Children	$3,584	$3,437
Adults	$5,462	$3,542
Expansion adults	$7,486	N/A
Blind and disabled	$23,935	$21,011
Aged	$18,514	$15,996

Based on FY 2021 data

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C.2. Medicaid Program Spending: Budget

Budget Item	SFY 2022 Spending	Percent Of Budget
Managed care and premium assistance	$10,104,000,000	54%
Hospital	$2,388,000,000	13%
Institutional LTSS	$2,111,000,000	11%
Home-and community-based LTSS	$1,131,000,000	6%
Other acute services	$1,076,000,000	6%
Medicare premiums and coinsurance	$670,000,000	4%
Dental	$350,000,000	2%
Physician	$325,000,000	2%
Drugs	$212,000,000	1%
Clinic and health center	$160,000,000	1%
Other practitioner	$55,000,000	<1%
Budget Total: $18,582,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	65.9%
CY 2024 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	No

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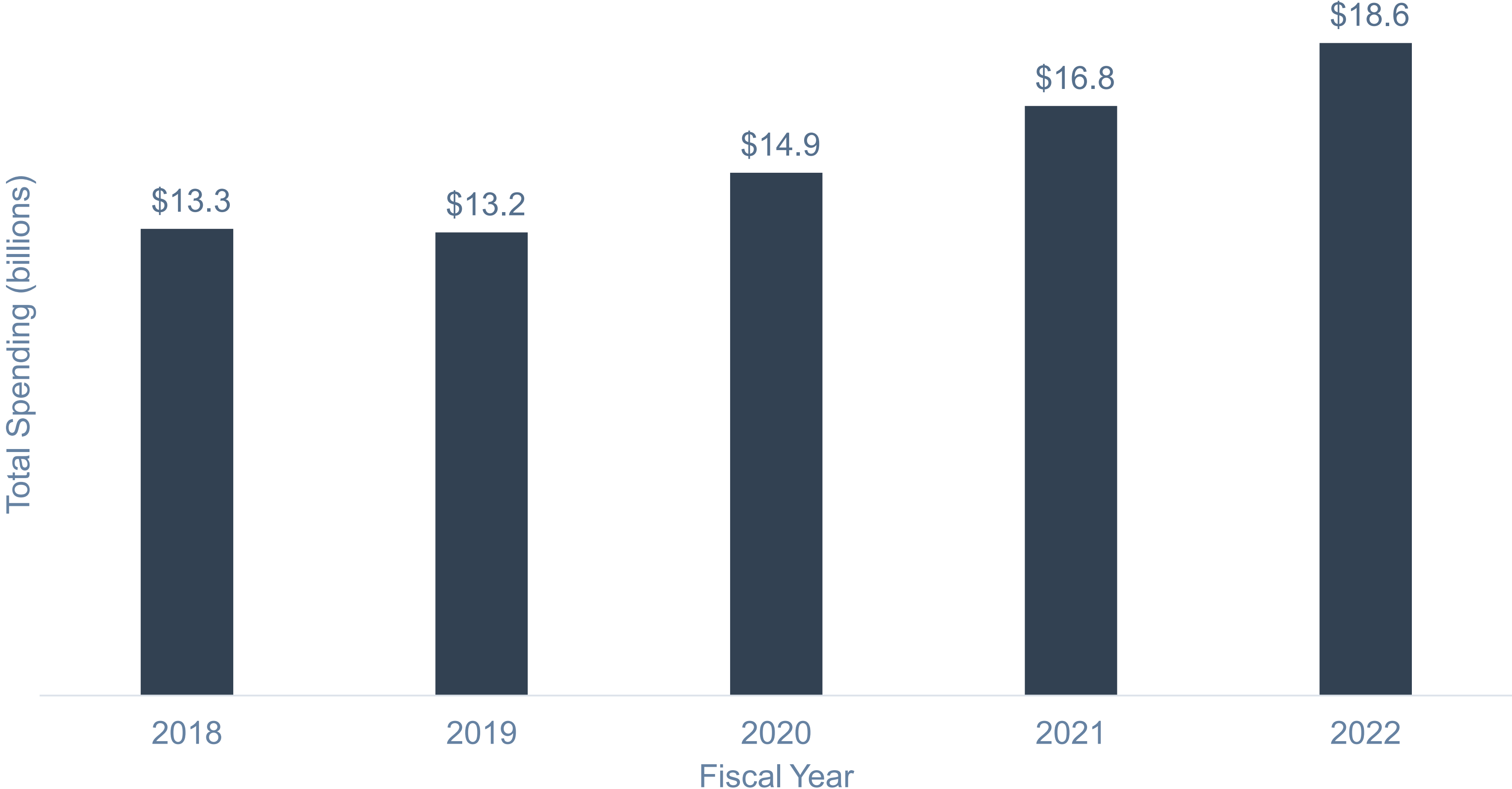
C.2. Medicaid Program Spending: Change Over Time



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C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating in expansion	Governor Roy 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	December 1, 2023
Medicaid eligibility income limit for able-bodied adults	• 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	House Bill 76
Number of individuals enrolled in the expansion group (March 2024)	385,244
Number of enrollees newly eligible due to expansion	385,244
Benefits plan for expansion population	The alternative benefit plan is identical to the state plan.

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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

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D. Medicaid Financing & Service Delivery System

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D.1. Medicaid Financing & Service Delivery System

- Starting July 2021, most beneficiaries moved to managed care. Some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct.

Medicaid System Characteristics		
Characteristics	**NC Medicaid Direct (FFS)**	**Medicaid Managed Care**
Enrollment (March 2024)	817,274	2,127,000
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 • Estimated 28% of the SMI population in FFS, 72% in managed care	
Management	• Physical Health: Department of Health and Human Services • Behavioral Health: At-risk Local Management Entities – Managed Care Organizations (LME/MCOs)	• Physical Health: North Carolina Community Care and Community Care of North Carolina (CCNC) regional networks • Behavioral Health: LME/MCOs
Payment Model	• Physical Health: FFS • Behavioral Health: Capitated rate	• Physical Health: Care management fee and FFS • Behavioral Health: Capitated rate
Geographic Service Area	• Physical Health: Statewide • Behavioral Health: Statewide, LME/MCOs are available regionally	• Physical Health: Statewide with regional networks • Behavioral Health: Statewide, LME/MCOs are available regionally

Total Medicaid: 2,944,274 | Estimated Medicaid With SMI: 341,535

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D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	• As of March 2024, 72% in managed care, and 28% in NC Medicaid Direct.
SMI population inclusion in managed care	• Estimated 72% is enrolled in managed care, and 28% in NC Medicaid Direct.
Dual Eligible population inclusion in managed care	• Dual eligibles have the option of enrolling in NC Medicaid Direct or managed care. • Estimated 100% in managed care
Long-term services and supports population inclusion in managed care	• Health Plans cover expanded and specific care management responsibilities. • 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)	• Health Plans cover expanded and specific care management responsibilities. • NC Innovations 1915 (c) waiver services for the I/DD population are provided through the LME/MCOs.

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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 three CCBHCs for the delivery of behavioral health services.

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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	-		X
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	• Residents of adult care homes • Children in CHIP • Qualified aliens • Special assistance in-home

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D.2. Medicaid FFS Program: Overview

- North Carolina is in the process of phasing out its FFS program.
- In July 2021, most beneficiaries began moving to managed care, however some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct. As of March 2024, 817,274 were enrolled in NC Medicaid Direct.
- 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.
- To ensure beneficiaries can seamlessly receive care on day one, NCDHHS will delay the implementation of Tailored Plans until July 2024.
  - Tailored Pans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD).
  - Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver enrollees (and waitlist members) and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.

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D.2. Medicaid FFS Program: Behavioral Health Overview

- North Carolina is in the process of phasing out its FFS program, now known as NC Medicaid Direct. As of March 2024, 817,274 were enrolled in NC Medicaid Direct.
- The state is moving most NC Medicaid Direct enrollees to NC Medicaid Managed Care Tailored Plans. The implementation of those plans was delayed until July 2024.
- These tailored plans will be administered by a network of four state-funded behavioral health organizations, known as Local Management Entities / Managed Care Organizations (LME/MCOs).
  - 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.

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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 in July 2024.

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

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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.
- In July 2021, most beneficiaries began moving to managed care, however some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct. As of March 2024, an estimated 28% of the SMI population were enrolled in NC Medicaid Direct.
- 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

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D.2. Medicaid FFS Program: Community Care of North Carolina (CCNC)

- Community Care of North Carolina (CCNC) is a primary care case management entity (PCCMe) for the majority of Medicaid beneficiaries who are enrolled in NC Medicaid Direct.
- The Medicaid program aid category determines if a beneficiary is mandatory, exempt (voluntary/optional), or excluded (ineligible) for CCNC enrollment.
- The statewide system comprises a nonprofit central CCNC office that oversees and supports 14 independent, regional Community Care networks, together serving all 100 counties in North Carolina.
- This state/local partnership is designed to leverage local resources and relationships to meet the need of higher-risk, higher-cost Medicaid enrollees through patient-centered medical homes.
- The CCNC networks enroll local primary care providers (PCPs) to serve as medical homes, and beneficiaries are assigned or select a primary care physician.
    - In order to contract with a local CCNC network, a PCP must first be enrolled as a NC Medicaid Carolina Access provider through the Division of Medical Assistance (DMA).
- To be a Carolina Access PCP, a provider must:
    - Provide primary care services, including certain preventive and ancillary services
    - Cultivate and maintain a relationship with each patient
    - Provide a minimum of 30 office hours per week of direct patient care
    - Provide 24/7 access to medical services and advice
    - Refer patients to specialists or other providers when the service cannot be performed by the PCP
    - Provide oral interpretation for all non-English speaker at no cost to the beneficiaries.

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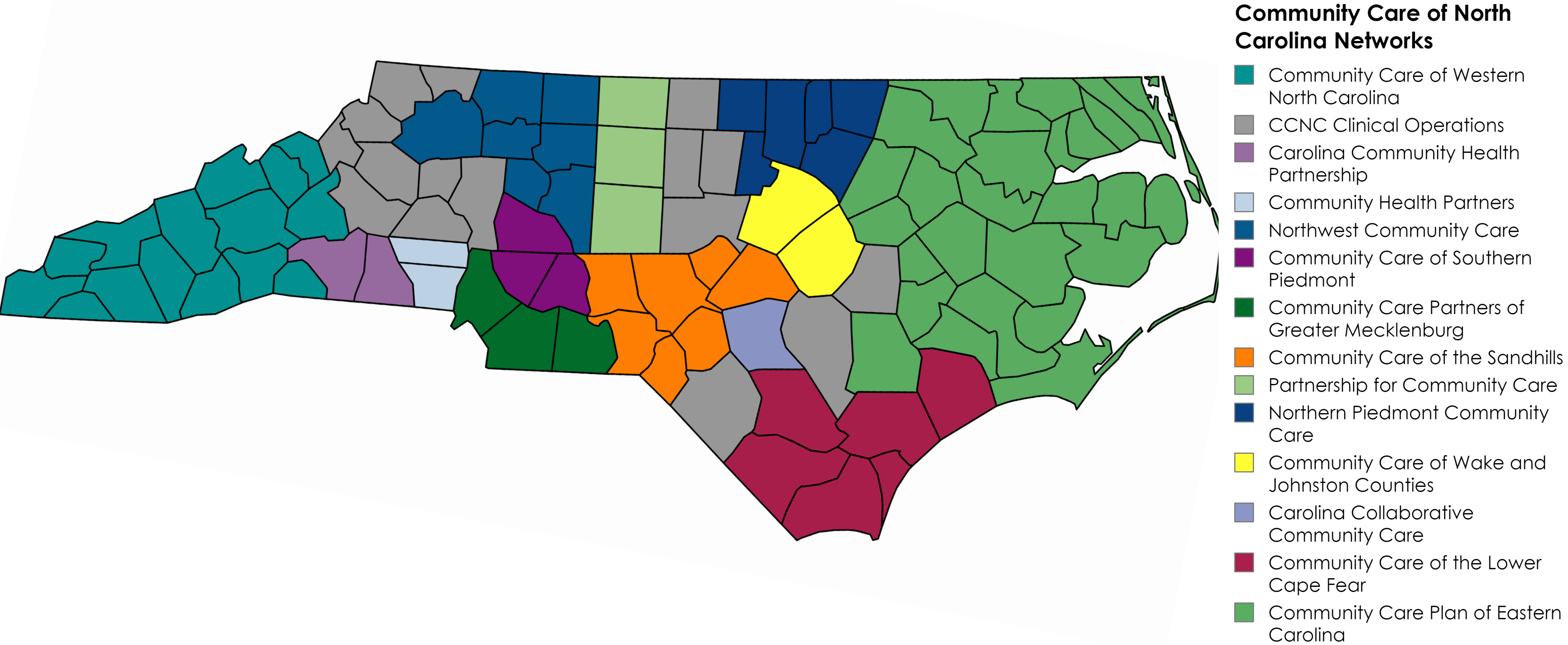
D.2. Medicaid FFS Program: CCNC Networks



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D.2. Medicaid FFS 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

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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	• 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 in July 2024.

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D.3. Medicaid Managed Care Program: Overview

- Medicaid managed care program enrollment was 2,127,000 as of March 2024.
- 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 2021 most beneficiaries began moving to managed care, however some beneficiaries will stay in fee-for-service, now known as NC Medicaid Direct.
- The state is moving some FFS Medicaid enrollees to new Behavioral Health Tailored Plans.
- Implementation of Behavioral Health Tailored Plans is planned for July 2024.
  - Tailored Pans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD). For more information see slide 41.
  - Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver enrollees (and waitlist members) and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.

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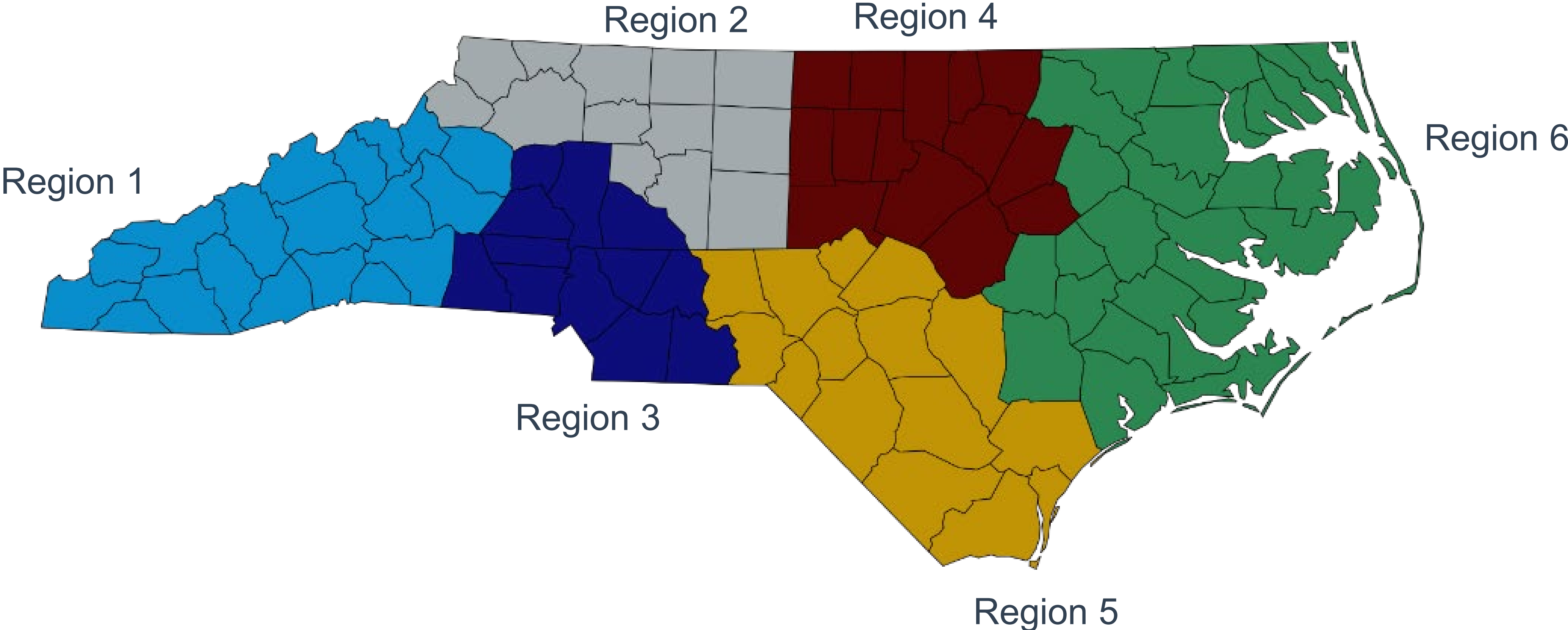
D.3. Medicaid Managed Care Program: Standard Plans



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D.3. Medicaid Managed Care Program: Standard Plans (cont.)

- The Standard plans are designed to serve the general Medicaid population without behavioral health needs, an I/DD, or traumatic brain injury.
- 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.
- 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.

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.

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

1 Alexander
2 Washington
3 Edgecombe
4 Northampton
5 Hertford
6 Camden
7 Currituck
8 Chowan
9 Perquimans
10 Pasquotank

- Vaya Health
- Partners Health Management
- Alliance Health
- Trillium Health Resources

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

- North Carolina will launch the Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan in July 2024. Tailored Plans are an integrated health plan for individuals with behavioral health needs and intellectual/developmental disabilities (I/DD).
- Tailored Plans will also serve other special populations including Innovations and Traumatic Brain Injury (TBI) waiver and will be responsible for managing the state's non-Medicaid behavioral health, developmental disabilities and TBI services for uninsured and underinsured North Carolinians.
- 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.
- NCDHHS consolidated the state's Local Management Entity/Managed Care Organizations to improve access to health care services in preparation for the launch of Tailored Plans in July 2024. For more information see slide 50.

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.

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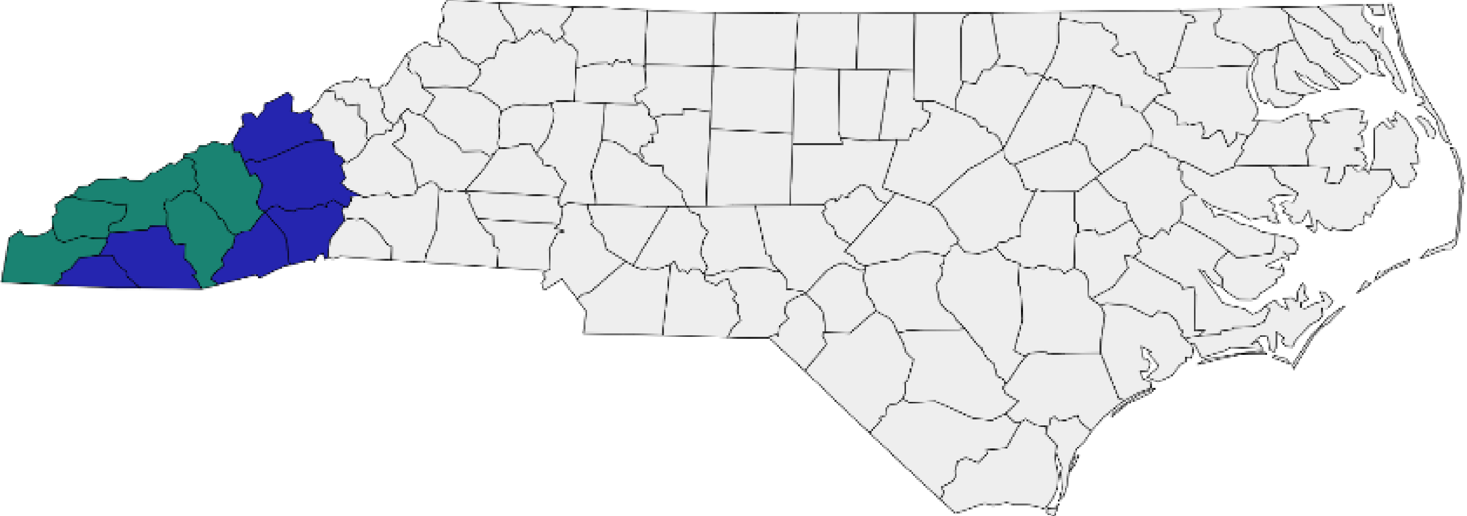
D.3. Medicaid Managed Care Program: ECBI Tribal Option



6 County Border Area

5 County Area

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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 4,800 Tribal eligible Medicaid beneficiaries.

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D.3. Medicaid Managed Care Program: 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 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.

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D.3. Medicaid Managed Care Program: 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 2022)	Care Management Payment	Performance Incentives
Tier 1	• $2.50 non-ABD • $5.00 ABD	None	None, but PHPs are encouraged to develop performance payments with AMHs
Tier 2	• $2.50 non-ABD • $5.00 ABD	None	
Tier 3	• $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)

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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 in July 2024.

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

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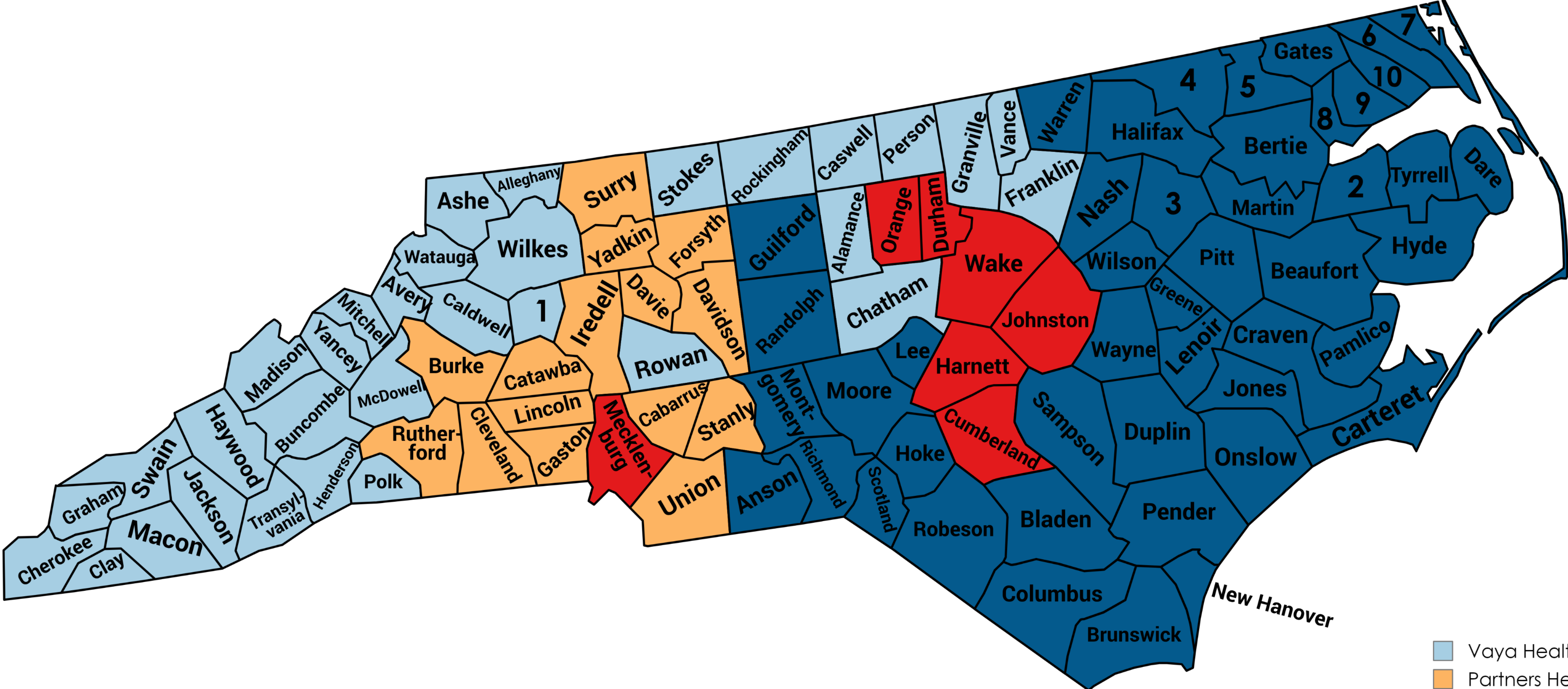
D.3. Medicaid Managed Care Program: LME/MCO Regions



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

LME/MCO	Counties Served
Alliance Behavioral Healthcare	Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, Wake
Partners Behavioral Health Management	Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Trillium Health Resources	Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craver, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson
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, Rockingham, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey

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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, most of the SMI population is enrolled in managed care.
- As of March 2024, *OPEN MINDS* estimates around 72% 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

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D.3. Medicaid Managed Care Program: Pharmacy Benefit

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	• 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.

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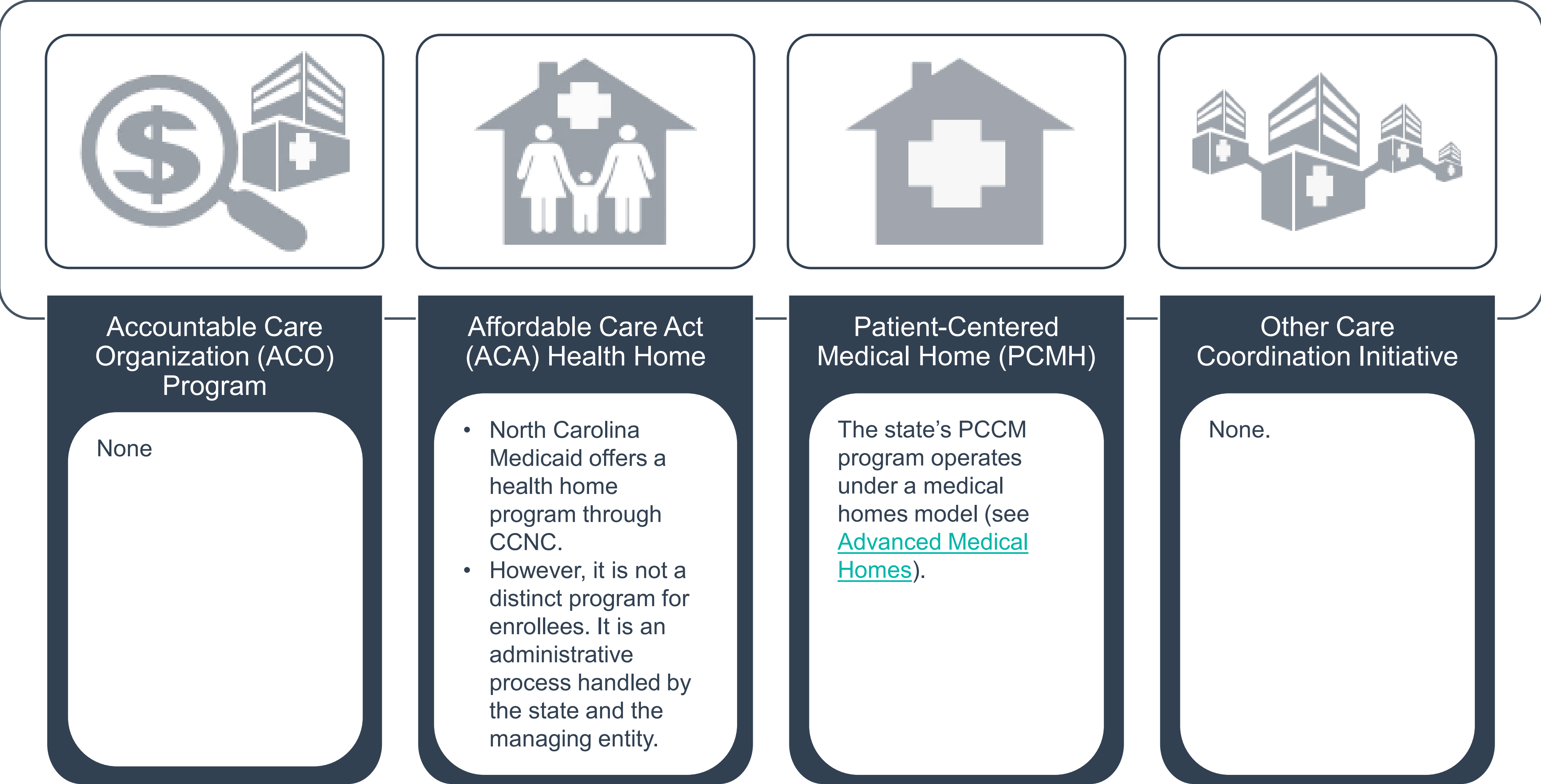
D.4. Medicaid Program: Care Coordination Initiatives



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

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Cardinal Innovations (NC-0002)	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	• 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

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

Waiver Title	Target Population	2024 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	11,534	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
NC Community Alternatives Program for Children Waiver (4141.R07.00)	Individuals who are medically fragile ages 0-20 years who meet a hospital or nursing facility level of care.	4,000	Division of Medical Assistance	None

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D.6. Medicaid Program: New Initiatives- Children and Families Specialty Plan

- In January 2024, NCDHHS announced the Children and Families Specialty Plan.
- The Children and Families Specialty Plan (CFSP) is a single, statewide NC Medicaid Managed Care plan that will support Medicaid-enrolled children, youth, and families served by the child welfare system in receiving seamless, integrated and coordinated health.
- The CFSP, will provide members with access to physical health, behavioral health and pharmacy services, long-term services and supports (LTSS), and Intellectual/Developmental Disabilities (I/DD) services, as well as services to address unmet health-related resource needs.
- To ensure these children and youth are not required to make multiple transitions related to North Carolina's move to managed care, NCDHHS implemented an interim plan that:
  - Ensures children and youth have access to the full range of NC Medicaid services.
  - Leverages the existing NC Medicaid Direct primary care and LME/MCO behavioral health system while directly addressing challenges and mitigating problems children in foster care face today.
  - Provides access to appropriate care management and coordination support across multiple settings of care, including ensuring children and youth with high medical, behavioral or social needs should have access to a program of care management that includes the involvement of a multidisciplinary care team and the development of a written care plan.

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E. Medicare Financing & Service Delivery System

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E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	**Traditional Medicare (FFS)**	**Medicare Advantage**
Enrollment (January 2024)	1,042,763	1,621,386
SMI Enrollment	• *OPEN MINDS* estimates 61% of the population in Medicare Advantage, 39% in Traditional Medicare.	
Management	• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care • Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs	• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	• Part A & B cover up to 80%, remaining costs can be paid out of pocket	• Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 2,664,149 | Total Medicare With SMI: 604,761

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E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of January 2024: 61% Medicare Advantage, 39% in traditional Medicare.
SMI population inclusion in managed care	Estimated 61% of population in Medicare Advantage, 39% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that less than 1% of the population in enrolled in a C-SNP plan.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

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E.2. Medicare System: Overview

- Medicare enrollment as of January 2024 was 2,664,149.
- Currently 15% of the state's total population is enrolled in Medicare, compared with about 18% of the U.S. population enrolled in Medicare.
- *OPEN MINDS* estimates approximately 37% of the state's Medicare population has an SMI.
- There are Medicare Advantage plans in all 100 counties in North Carolina for 2023, but plan availability ranges from 13 plans in Onslow County to 51 plans in Guilford County.
- There are currently 42 insurers offering Medigap plans in North Carolina.
- In 2023, more than 600,000 North Carolina beneficiaries were enrolled in stand-alone Medicare Part D prescription drug plans.
  - Another 1,051,534 beneficiaries had Medicare Advantage plans that included integrated Medicare Part D coverage. Together, that's more than half of the state's Medicare beneficiaries with Part D coverage.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

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E.3. Medicare ACOs

Medicare Shared Savings ACOs

1. ACO Clinical Partners, LLC
2. ACO Health Partners, LLC
3. AdvantagePoint Health Alliance – Blue Ridge
4. Aledade Accountable Care 45, LLC
5. Aledade Duwamish ACO, LLC
6. Aledade Laffey ACO, LLC
7. Bayview Physician Services, PC
8. Cape Fear Valley Accountable Care Organization
9. Caravan Health ACO 17, LLC
10. CareConnectMD ACO, LLC
11. Carolinas HealthCare System ACO
12. CaroMont ACO
13. CHESS Value
14. CHSPSC ACO 14, LLC
15. Costal Carolina Quality Care, Inc.
16. WakeMed Kay Community Care
17. Coastal Plains Network
18. Duke Connected Care, LLC
19. Emergent ACO, LLC
20. Health Choice Care, LLC
21. Independent Physicians ACO, LLC
22. McLeod Healthcare Network
23. Mission Health Partners
24. Novant Health Accountable Care Organization
25. Physician Quality Partners
26. Piedmont HealthCare Alliance
27. Pinehurst Accountable Care Network
28. Primary Comprehensive Care ACO
29. Sentara Accountable Care Organization, LLC
30. Southeastern Health Partners Medicare ACO, LLC
31. The Accountable Care Organization, Ltd
32. 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

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E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives at this time.

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F. Dual Eligible Financing & Service Delivery System

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

Medicaid System Characteristics		
Characteristics	**Medicaid Managed Care (PCCM)**	**PACE**
Enrollment (January 2024)	264,160	4,014
SMI Enrollment	55,473	842
Management	• 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	• Physical Health: Care management fee and FFS • Behavioral Health: Capitated rate	Blended capitated rate
Geographic Service Area	• Physical Health: Statewide with regional networks • Behavioral Health: Statewide, LME/MCOs are available regionally	Select counties and ZIP codes

Total Dual Eligibles: 268,174 | Total Dual Eligibles With SMI: 56,316

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

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

Health Plans	Plan Type	December 2023 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete RP	Medicare Advantage D-SNP	59,785	13,571
UnitedHealthcare Dual Complete	Medicare Advantage D-SNP	45,977	10,437
HumanaChoice	Medicare Advantage D-SNP	11,531	2,618
Humana Gold Plus	Medicare Advantage D-SNP	11,185	2,539
Aetna Medicare Assure Plan	Medicare Advantage D-SNP	5,418	1,230
Humana Gold Plus	Medicare Advantage D-SNP	3,175	721
WellCare Imperial	Medicare Advantage D-SNP	2,480	563
Healthy Blue	Medicare Advantage D-SNP	1,920	436
WellCare Access	Medicare Advantage D-SNP	1,825	414
Cigna-HealthSpring TotalCare	Medicare Advantage D-SNP	1,598	363

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

- Full-benefit dual eligible enrollment as of December 2023 was 268,174.
- 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 NC Medicaid Direct and CCNC programs receive behavioral health services through LME/MCOs.
  - PACE plans include Medicaid covered mental health services in their capitated rate.
- D-SNP enrollment as of December 2023 was 146,055, SMI enrollment for D-SNP was estimated at 33,154.

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

- There are no new dual eligible initiatives at this time.

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

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G.1. LTSS Financing & Service Delivery System

LTSS Medicaid System Characteristics	
Characteristics	**Medicaid Managed Care**
Enrollment (March 2024)	452,536
Estimated SMI Enrollment,	95,032
Management	LME/MCO's
Payment Model	Monthly capitated payment
Geographic Service Area	Statewide

Total LTSS Eligibles: 452,536 | Total LTSS With SMI: 95,032

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G.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	• 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.

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

- Medicaid Long-Term Services and Supports (LTSS) serve individuals who are among North Carolina's most vulnerable citizens.
- 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.
  - Care management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs for North Carolinians.
- 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.
- NC Medicaid Managed Care began in July 2021 for Standard Plans and is set to begin in July 2024 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.
- 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.

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G.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.
- For more information in LME/MCOs see slide 49.

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G.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

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

- There are now new LTSS initiatives in the state currently.

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H. State Behavioral Health Administration & Finance System

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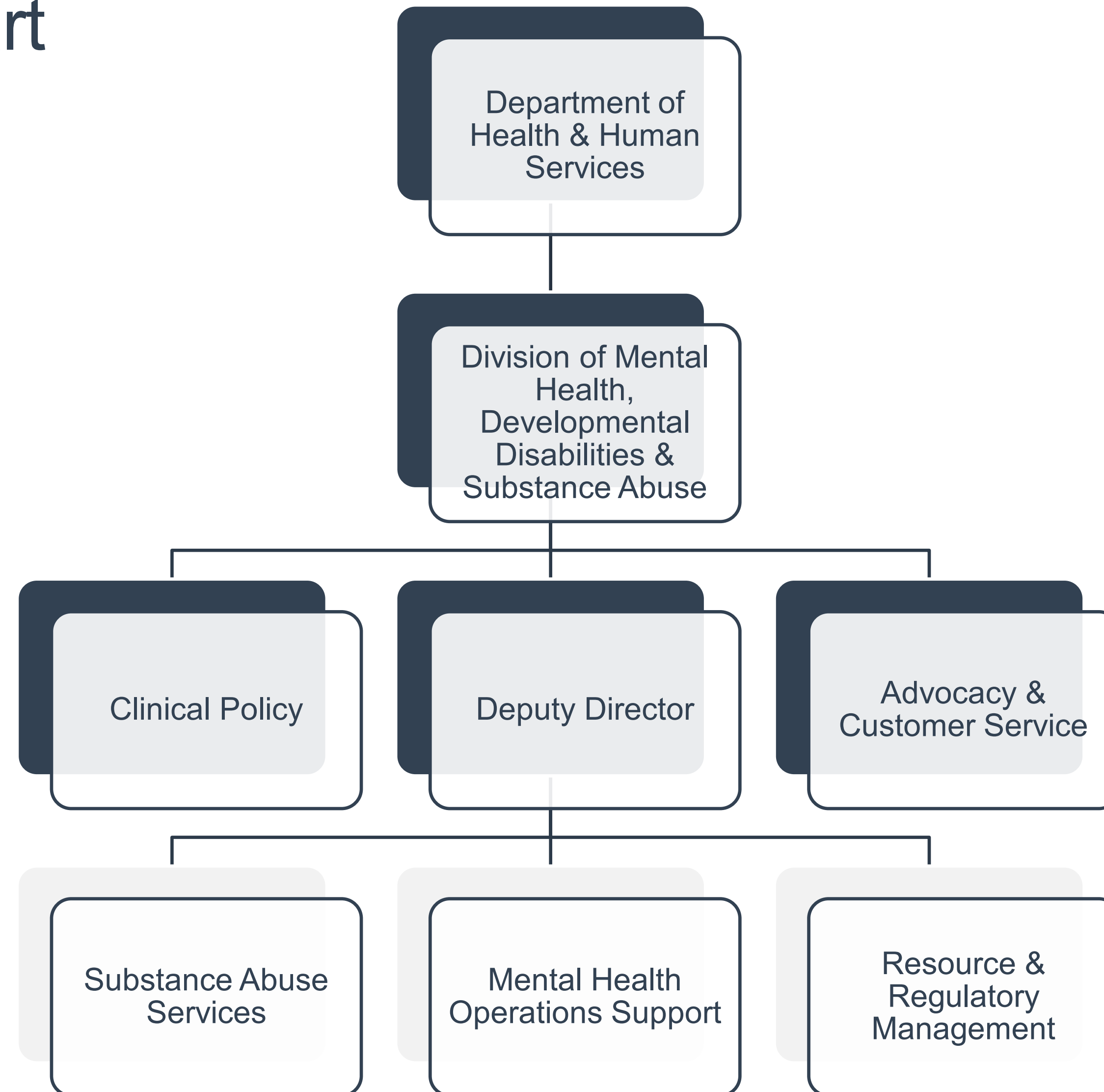
H.1. Department Of Health & Human Services Governance: Organization Chart



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H.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	Chief Deputy Secretary for Health	DHHS	mark.benton@dhhs.nc.gov
Kelly Crosbie	Director	Mental Health, Developmental Disabilities, and Substance Abuse Services	kelly.crosbie@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

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

Budget Item	SFY 2024 Budget Requested	Percent Of Budget
Community Services – Single Stream Funding – 1422	$276,855,816	18%
Central Regional Hospital - Adult-1563	$239,457,897	15%
Community Substance Abuse Services - Adult-1463	$199,475,853	13%
Broughton Hospital - Adult-1561	$185,954,289	12%
Cherry Hospital - Adult-1562	$174,843,472	11%
Murdoch Developmental Center - Adult-1566	$129,729,308	8%
Community Crisis Services-1464	$127,566,278	8%
Caswell Developmental Center - Adult-1565	$107,943,826	7%
J Iverson Riddle Developmental Center - Adult-1567	$76,977,247	5%
Community Mental Health Services – Adult – 1461	$44,542,197	3%
Total Budget: $1,563,346,183		

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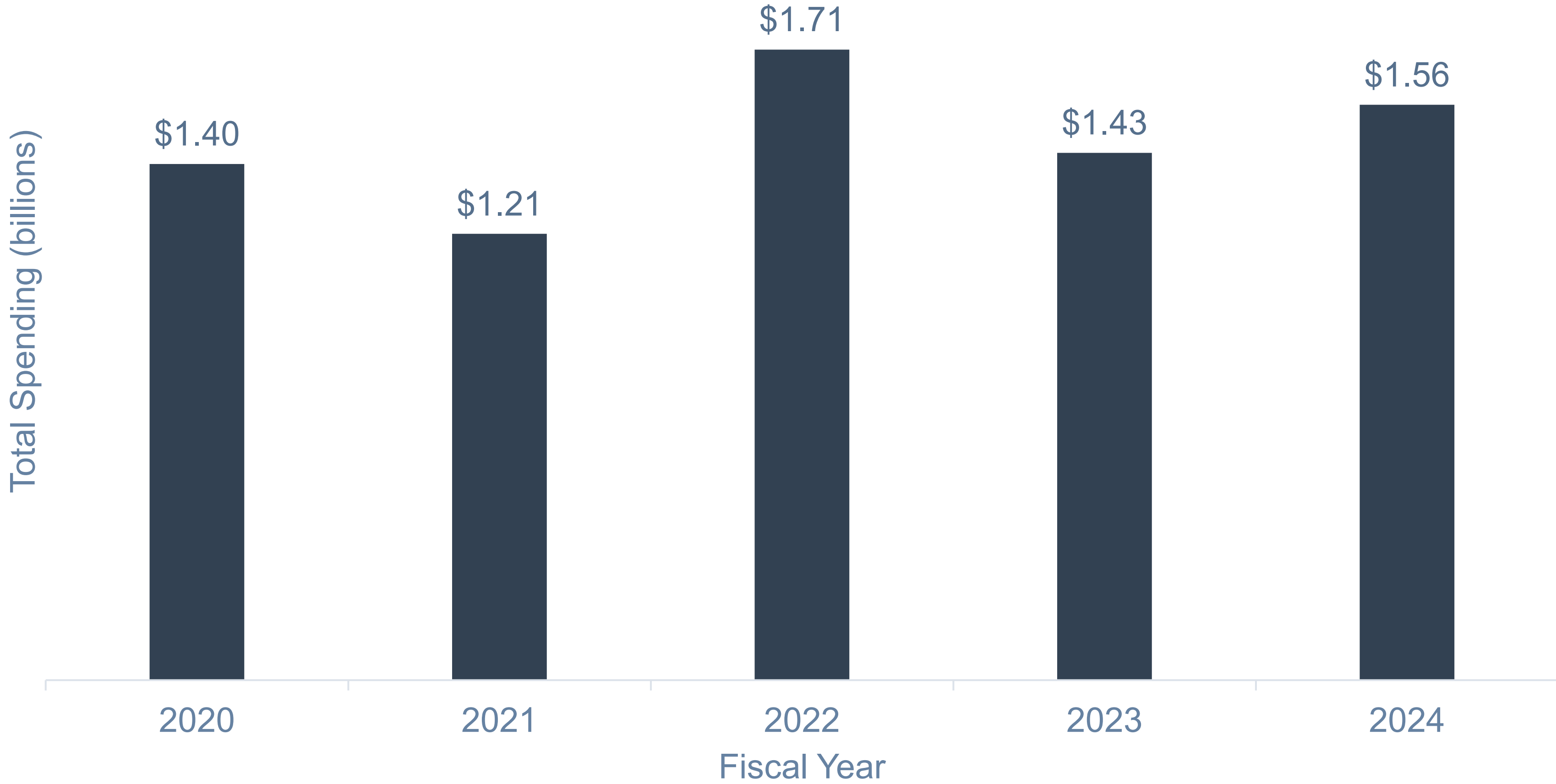
H.2. Department Of Health & Human Services: Spending Over Time



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H.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**

*North Carolina has not updated admissions data on its website since FY2022

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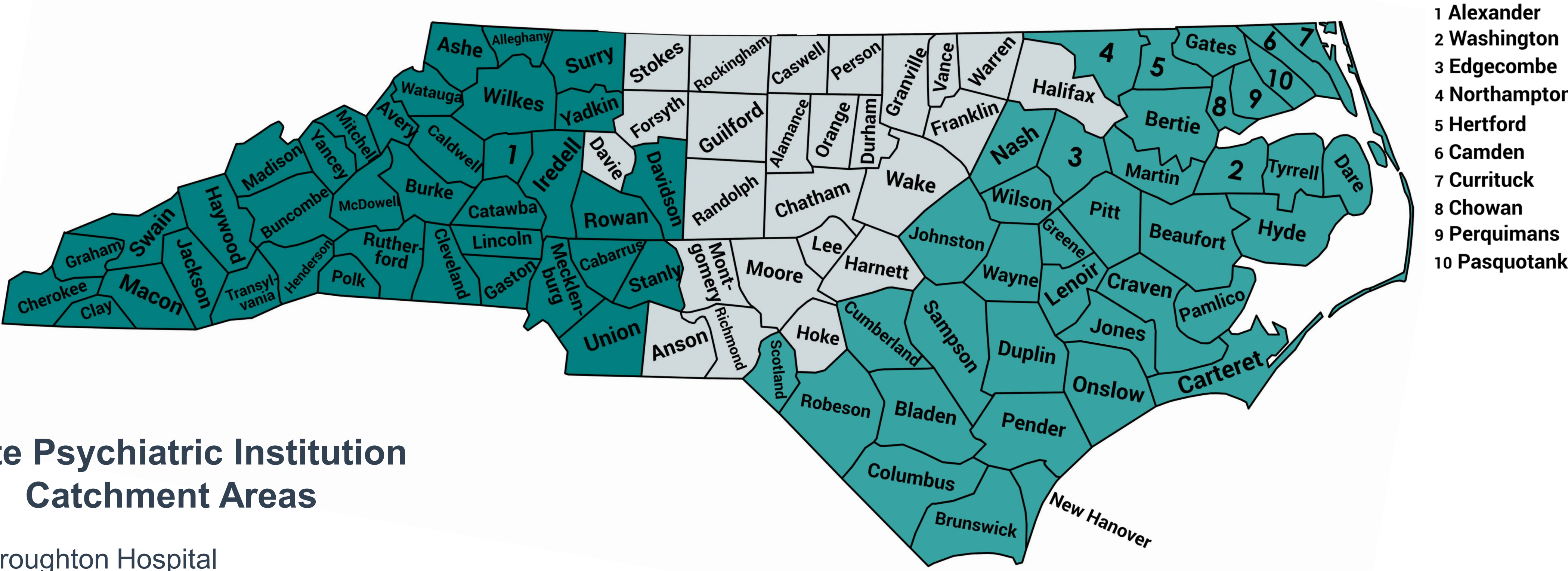
H.3. State Psychiatric Institution Catchment Areas



State Psychiatric Institution Catchment Areas

- Broughton Hospital
- Central Regional Hospital
- Cherry Hospital

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H.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%.
- 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.

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H.5. Behavioral Health System: New Initiatives

- There are no new initiatives at this time.

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I. Appendices

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

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

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I.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	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2024 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2024 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a

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I.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.

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I.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)(I) 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 2024, the FPL is $14,580 for an individual and $30,000 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.

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I.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.

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I.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.

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I.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.

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I.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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I.3. Sources

A. Executive Summary

1. Information compiled from sources provided throughout the profile.

B.1. Population Demographics

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

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

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

1. *OPEN MINDS*. (2023). Serious Mental Illness Prevalence Estimates.

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I.3. Sources

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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2. TRICARE. (2023, December). Beneficiaries by Location. Retrieved March 2024 from https://health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Health-Care-Program-Evaluation/Annual-Evaluation-of-the-TRICARE-Program
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