

### North Carolina Managed Care Program Features, as of 2018

Features	Community Care of North Carolina	Program of All Inclusive Care for the Elderly	1915(b)/(c) Medicaid Waiver for MH/DD/SA Services
Program type	Primary Care Case Management Entity (PCCM Entity)	Program of All-inclusive Care for the Elderly (PACE)	Behavioral Health Organization (BHO) only (PIHP and/or PAHP)
Statewide or region-specific?	Statewide	Alamance, Alexander, Brunswick, Burke, Cabarrus, Caldwell, Caswell, Catawba, Chatham, Cleveland, Cumberland, Davidson, Davie, Durham, Gaston, Granville, Guilford, Harnett, Hoke, Iredell, Lee, Lincoln, Mecklenburg, Moore, New Hanover, Orange, Robeson, Rockingham, Rowan, Stanley, Union, and Wake counties	Statewide
Federal operating authority	1932(a)	PACE	1915(b)/1915(c)
Program start date	04/01/1991	02/01/2008	01/01/2012
Waiver expiration date (if applicable)			06/30/2018
If the program ended in 2018, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	Mandatory
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Mandatory		Mandatory

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Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)			
Populations enrolled: Full Duals	Voluntary	Voluntary	Mandatory
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs	Voluntary		Mandatory
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	Mandatory
Populations enrolled: Enrollment choice period	Other	N/A	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period	Beneficiaries have 90 days to enroll into the PCCM program.		
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	X
Benefits covered: Partial hospitalization		X	
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	

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Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices		X	
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services		X	X
Benefits covered: Private duty nursing		X	
Benefits covered: ICF-IDD			X
Benefits covered: Nursing facility services		X	
Benefits covered: Hospice care		X	
Benefits covered: Non-Emergency Medical Transportation		X	

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Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)		Restorative therapies; nutrition counseling; recreational therapies; meals	Outpatient behavioral health services including services provided by psychiatrists for recipients with a diagnosis in the 290-319 range; psychiatric residential treatment facilities; therapeutic foster care; residential child care; hospital emergency dept
Quality assurance and improvement: HEDIS data required?	Yes	No	Yes
Quality assurance and improvement: CAHPS data required?	Yes	No	Yes
Quality assurance and improvement: Accreditation required?	No	No	Yes
Quality assurance and improvement: Accrediting organization			NCQA, URAC
Quality assurance and improvement: EQRO contractor name (if applicable)			Carolina Center for Medical Excellence
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			X
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			

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Participating plans: Plans in Program	North Carolina Community Care Carolina Access	Carolina Seniorcare; Community Carepartners, Inc.; Elderhaus, Inc.; Life St. Joseph of the Pines, Inc.; PACE at Home, Inc.; PACE of the Southern Piedmont; PACE of the Triad; Piedmont Health Services, Inc.; Senior Total Life Care, Inc.; Stay Well Senior Care; VOANS Senior Community Care	Alliance Behavioral Healthcare; Cardinal Innovations Healthcare Solutions; Eastpointe Human Services; Partners Behavioral Health Management; Sandhills Center for MH DD SA; Trillium Health Resources; VAYA Health
Notes: Program notes	Plan consists of independently contracted medical home/primary care providers who receive a PMPM management fee for coordinating care at the medical home provider office.	IMD: PACE serves individuals 55 and over in pre-approved service areas/zip codes. With regards to inpatient psych placements, a PACE organization can be contracted with a particular hospital or psychiatric clinic in their approved service area and network. Most psychiatric inpatient placements placed participants in local contracted hospitals that had psychiatric unit/wing within the facility.	Waiver expiration date (if applicable) - 6/30/2018 (currently under Technical Extension). All Medicaid recipients are covered by a Behavioral Healthcare (BHO). Enrollment in one of seven plans is based on the enrollee's county of residence.