

NC Medicaid Back Porch Chat

May Back Porch Chat

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May 21, 2026



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



Agenda

- TBI Dashboard Overview and Utilization
- Pharmacy Benefit Administration (PBA) updates
- Care Management for At-Risk Children / High-Risk Pregnancies (CMARC/CMHRP)
- Quality Measures Dashboard

NC Medicaid Traumatic Brain Injury (TBI) Dashboard

LaCosta Parker

I/DD – TBI Program Manager, DHB Medicaid

Scott Pokorny

TBI Team Lead, DMH/DD/SUS

TBI Dashboard Agenda

- **Why did North Carolina need a dashboard?**
- **How was this dashboard created?**
- **Live Demonstration**
- **What are we using it for?**
- **How can you use it?**



Why Was the Dashboard Created?

- Understand who is accessing TBI services
- Identify what services are being used
- Analyze frequency of service utilization
- Specific request from the State Consumer & Family Advisory Council (SFAC)
- Need for transparent, actionable public data



Why Did NC Need a TBI Dashboard?



- **Community Advocates** need it to advocate effectively to state staff and legislators.
- **Legislators** need it to determine where to spend state dollars.
- **NCDHHS staff** need it to inform state policy & program development and improvements.
- **People with TBI and caregivers** need it to see possible services.
- **Community** needs it to hold state accountable to state action plan.

What Makes This Different from Other Data Initiatives?

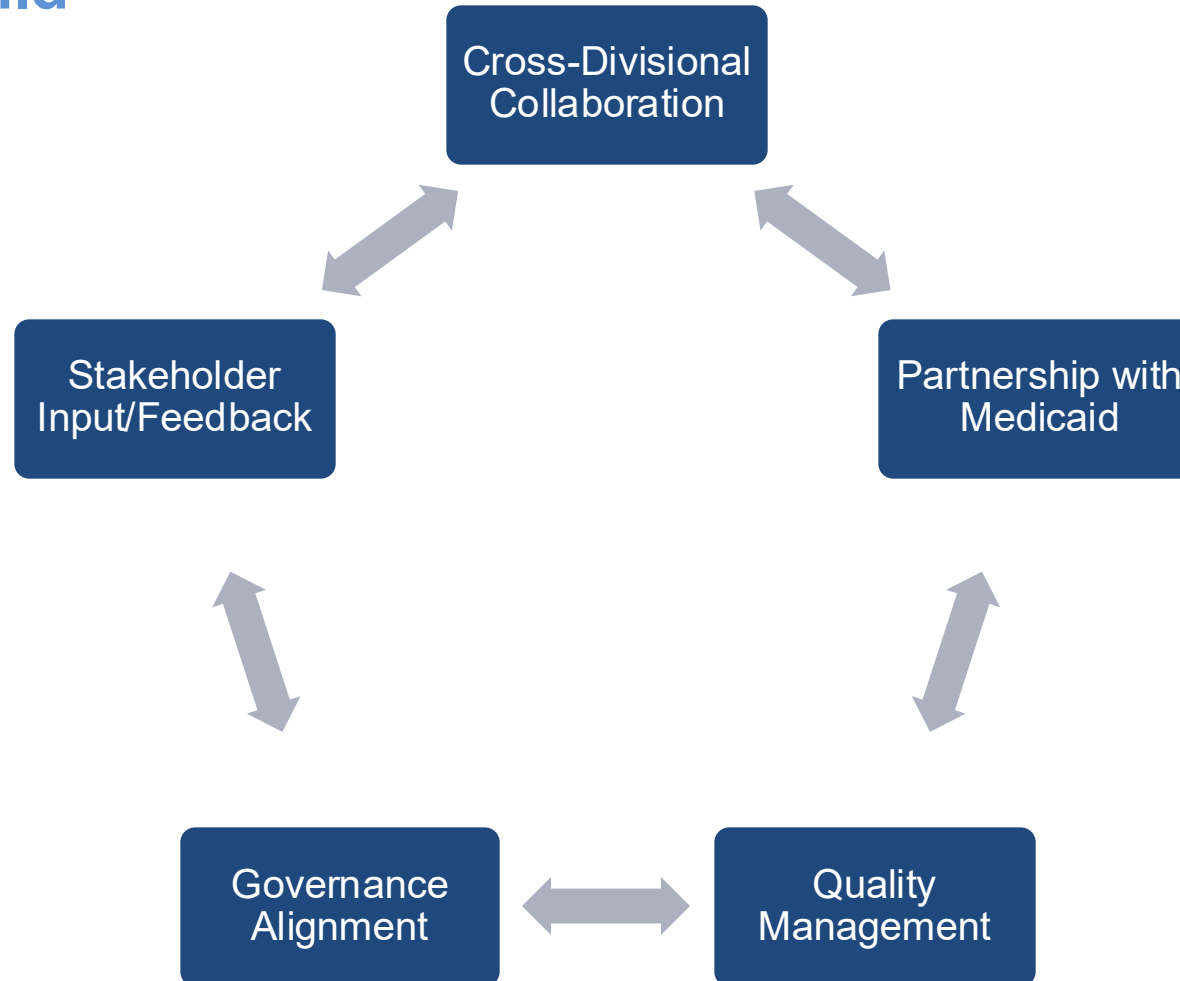


- **First public release of this data**
- **Centralized and accessible**
- **Designed for multiple audiences**

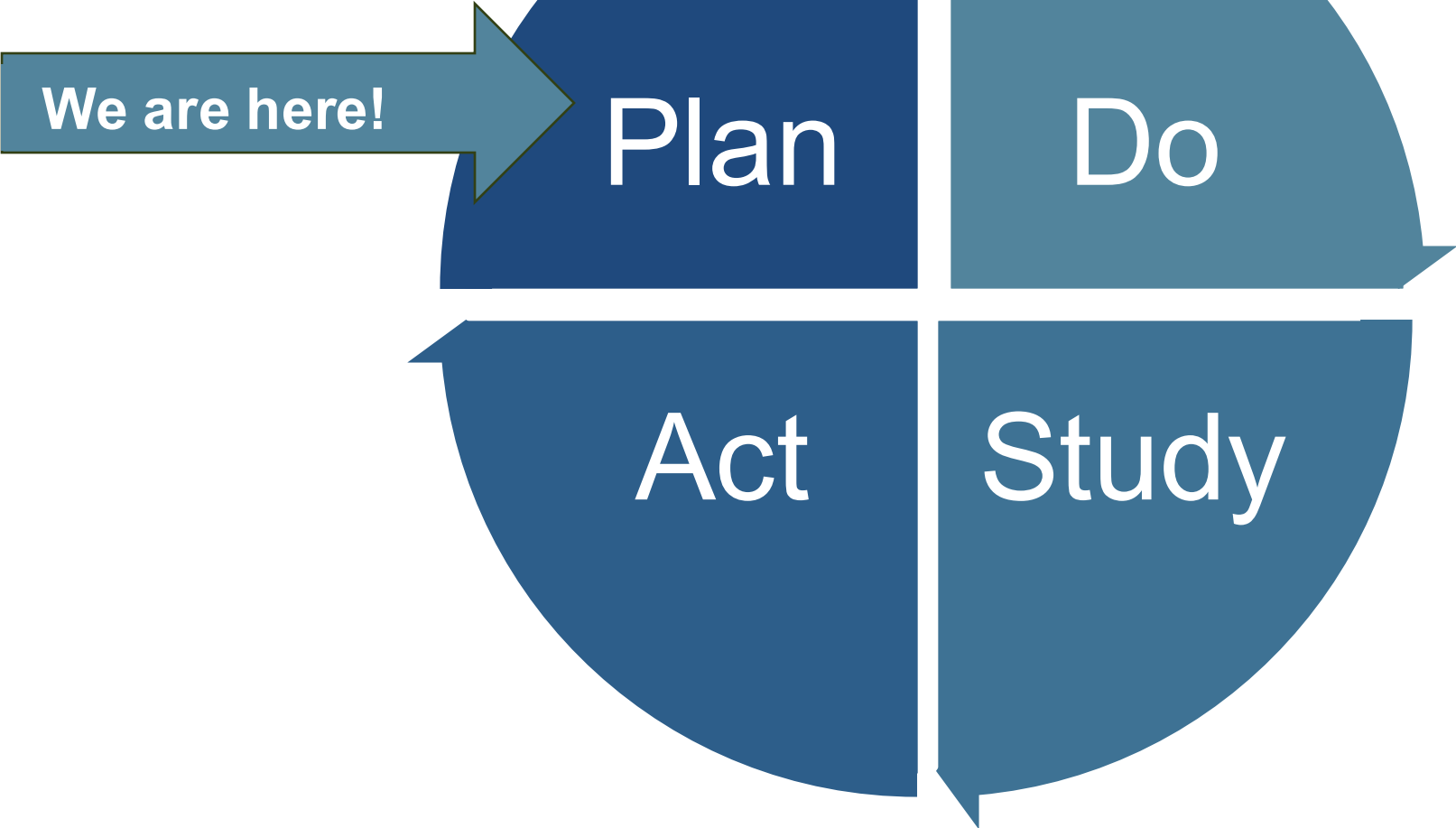
Who Can Use It?

State Consumer and Family Advisory Council	Brain Injury Advisory Council	Brain Injury Association of NC
Internally NCDHHS Divisions	Managed Care Organizations	Legislators
State Action Planning Committee	ACL Grant Steering Committee	Other Stakeholders

What It Took to Build



How Do We (NC) Use It?





NC Traumatic Brain Injury (TBI) Dashboard

Traumatic Brain Injury Summary

Last update: 12/4/2025. This data, refreshed semiannually, represents individuals with a TBI diagnosis who have accessed services through Medicaid and State-Funded programs. The dashboard displays service utilization and may include overlapping services. Sometimes not all data is shown because of delays or program rules. Additionally, to protect privacy, some numbers may be hidden or shown as "<11".

Select a health plan below to view statistics

Summary | NC Medicaid Direct | Prepaid Health Plan | Tailored Plan | Standard Plan | DMHDDSUS Services | Definitions

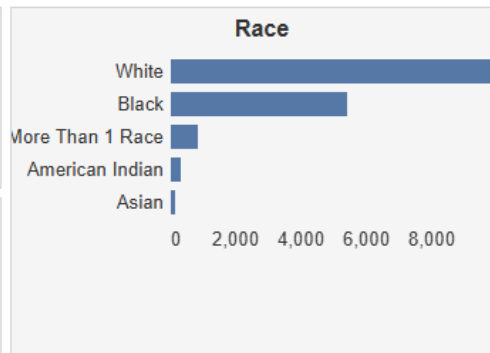
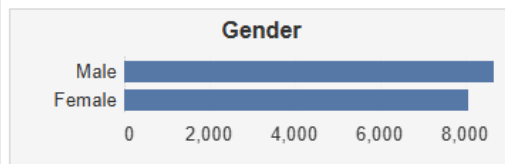
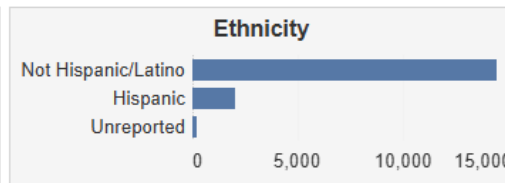
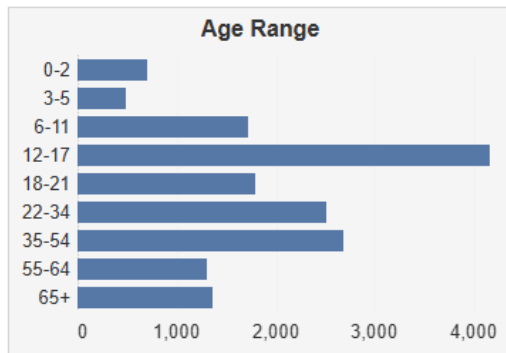
Data for Fiscal Year: 2024

Filter dashboard by plan: *Include All Plans*

Summary of Individuals With TBI Who:

Program Enrollment:

Received Medicaid	Received Private Duty Nursing (PDN)	Accessed TBI State or Other Funding via DMH/DD/SUS	Community Alternatives Program for Children (CAP/C)	Community Alternatives Program for Disabled Adults (CAP/DA)	NC Innovations Waiver	NC TBI Waiver	1915i Services
16,716	86	140	116	640	166	66	58

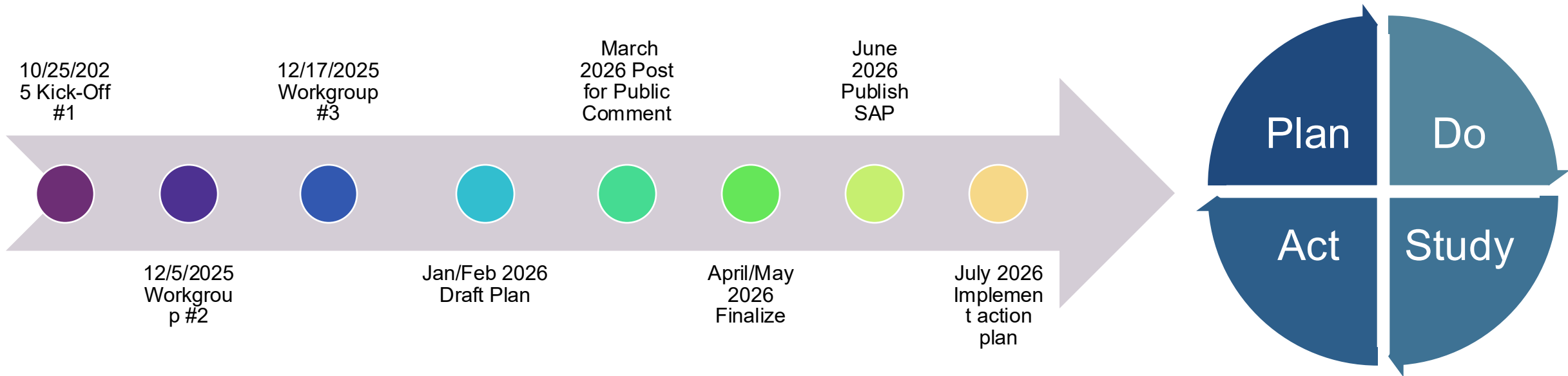


1915i Services

58

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TBI State Action Planning



Pharmacy Benefit Administrator (PBA) Transition

John Matta, PharmD, MBA

Director of Pharmacy and Ancillary Services

New Pharmacy Benefits Administrator (PBA) Launched May 2

- **NC DHHS has awarded the Pharmacy Benefits Administrator (PBA) contract to Prime Therapeutics** to implement a modernized pharmacy benefit solution for NC Medicaid Direct.
- **The new PBA went live on Saturday, May 2, 2026**, and is now processing all NC Medicaid Direct point-of-sale (POS) pharmacy claims.
- This transition enhances **consistency, transparency, and operational oversight** of pharmacy benefits.
- The objective is to **simplify and streamline pharmacy-related processes** for providers while ensuring continuity of care for beneficiaries.
- **No changes for Managed Care Plans:** Managed Care pharmacy processes remain unchanged. Providers should continue using their existing processes with their contracted Managed Care Plans.

Words Matter – PBA vs PBM

Pharmacy Benefits Administrator (PBA)

- The State maintains control of the pharmacy program not the PBA
- Fair and transparent pharmacy reimbursement that follows NCDHHS reimbursement logic; same logic as NCTracks
- Pharmacies have all data available to determine final reimbursement for a prescription
- No spread pricing
- No retrospective adjustments to payments based on pricing terms
- No hidden transaction fees to pharmacies

VS

Pharmacy Benefits Manager (PBM)

- PBMs are private entities that manage prescription drug benefits on behalf of health plans and employers
- PBMs have significant control over the pharmacy program, including formulary design, reimbursement rate and network management
- They may use Spread Pricing: charging payers more than they reimburse pharmacies and keeping the difference.
- Retrospective adjustments or “Clawbacks” may be applied
- Limited transparency, pharmacies often do not know the final reimbursement until after adjustments

What Does the PBA Transition Mean for Providers?

- Prime Therapeutics now serves as the PBA for NC Medicaid Direct, assuming responsibility for all point-of-sale (POS) pharmacy claim submissions.
- **Clinical policies and reimbursement methodologies remain under State authority.**
- All new prior authorizations should be submitted to Prime via phone, fax, mail, or electronic PA (ePA) through CoverMyMeds®, accessible through a link on the Prime web portal.

Prime Contact Information and Web Support

- Prime Phone number: (844) 620-6116; 24 hours/7 days a week/ 365 days a year
- Prime Fax Number: (866) 422-8981
- Prime Provider Web Portal: mes.medicaid.ncdhhs.gov
- Web Support Hours: Monday – Friday 8AM to 8PM EST

Care Management for At-Risk Children / Care Management for High-Risk Pregnancies - CMARC/CMHRP

Judy Lawrence

Senior Program Manager, Population Health

CMARC and CMHRP Historical Context

- Since 1986, Local Health Departments (LHDs) have provided care management services to at-risk children (age 0-5) and high-risk pregnant women (ages 14–44) through Care Management for At-Risk Children (CMARC) and Care Management for High-Risk Pregnancies (CMHRP).
- At the start of Medicaid Managed Care on July 1, 2021, most Medicaid members served in these programs transitioned to Standard Plans, with more transitioning to Tailored Plans (July 1, 2024) and the Children and Families Specialty Plan (Dec. 1, 2025).
- To minimize service disruption for Medicaid members in CMARC and CMHRP programs during their transitions to NC Medicaid Managed Care:
 - Services, functions, and criteria for CMARC and CMHRP provision were written into the Medicaid State Plan under the targeted case management services
 - Standard Plans and Tailored Plans were required to offer exclusive contracts to LHDs for the provision of these services for the initial 3 years of Standard Plans and 1 year of Tailored Plans

Provider Bulletin

Provider Bulletin

posted on
May 5th
provides
updates
regarding
CMARC
and CMHRP
services

Local Health Departments may continue to offer CMARC and CMHRP services to Medicaid beneficiaries through December 31, 2026. This is a six-month extension beyond previously planned July 1, 2026, transition.

Existing CMARC and CMHRP Per Member Per Month (PMPM) payments to Local Health Departments made by Standard Plans and Tailored Plans (Prepaid Health Plans) will remain in effect through December 31, 2026.

The Department will continue to provide financial support for the technology platform currently used by Local Health Departments for care management documentation and data management through December 31, 2026.

The Department will release future communications with information regarding the approach to care management for these populations beginning January 1, 2027.

Quality Measures Public-Facing Dashboard

Madison Shaffer, MPH – Quality Measurement Team Lead, Program Evaluation
Grace Ruffin, MPH – Quality Measurement Evaluator, Program Evaluation

What are Quality Measures?

Quality Measures are tools that help quantify health care processes, outcomes, patient perceptions, and systems that are associated with the ability to provide high-quality health care.

Quality Measures help identify successes and opportunities for growth, so NC Medicaid and its partners can prioritize efforts to achieve better outcomes for beneficiaries.

Learn more about NC Medicaid's quality measures in the [NC Medicaid Quality Measurement Tech Specs](#)



Quality Measure Example

Child and Adolescent Well-Care Visits (WCV)



The percentage of members ages 3 through 21 who had at least one comprehensive well-care visit with a primary care provider (PCP) or an obstetrician/gynecologist (OB/GYN) practitioner during the measurement year

Numerator:

Beneficiaries who had one or more well-care visits during the measurement year.

Denominator:

Beneficiaries ages 3 through 21 as of December 31 of the measurement year.



Learn more about NC Medicaid's quality measures in the [NC Medicaid Quality Measurement Tech Specs](#)

Where Can You Find Quality Measurement Results?

Table 1. Overall NC Medicaid Performance (2019-2024) and Targets (2022-2025)

Year	Overall Score	2022 Rate	2023 Rate	2024 Target	2025 Target	2026 Target
N/A	Adults Access to Preventive/Ambulatory Health Services (AAP)	N/A	N/A	N/A	N/A	N/A
80%	Colorectal Cancer Screening (CCL4)	40.7%	40.7%	40.7%	40.7%	40.7%
80%	Childhood Immunization Status (CIS 4) - Combination 10	54.3%	54.3%	54.3%	54.3%	54.3%
N/A	Child and Adolescent Well-Care Visits (WCV)	N/A	N/A	N/A	N/A	N/A
13.1%	Days 1-11	N/A	N/A	N/A	N/A	N/A
	Days 12-17	N/A	N/A	N/A	N/A	N/A
	Days 18-21	N/A	N/A	N/A	N/A	N/A
	Total Days	47.8%	47.8%	47.8%	47.8%	47.8%
80%	Chlamydia Screening (CML)	51.3%	51.3%	51.3%	51.3%	51.3%
	Days 15 to 20	52.1%	52.1%	52.1%	52.1%	52.1%
	Days 21 to 24	50.5%	50.5%	50.5%	50.5%	50.5%
	Total (All Ages)	50.9%	50.9%	50.9%	50.9%	50.9%
N/A	Colorectal Cancer Screening (CCL4) - 1	N/A	N/A	N/A	N/A	N/A
80%	Controlling High Blood Pressure (COP)	24.6%	24.6%	24.6%	24.6%	24.6%
	Dynamic Status Assessment for Patients with Diabetes (DSD)	1	1	1	1	1
90%	Dynamic Status (DSD)	1	1	1	1	1
90%	Dynamic Status (DSD)	1	1	1	1	1
14%	Immunizations for Adolescents (IMA 4) - Combination 2	30.2%	30.2%	30.2%	30.2%	30.2%
12%	Plan All-Cause Readmissions (PAC)	0.9%	0.9%	0.9%	0.9%	0.9%
15%	Prenatal and Postpartum Care (PPC)	20.3%	20.3%	20.3%	20.3%	20.3%
15%	Timeliness of Prenatal Care	53.7%	53.7%	53.7%	53.7%	53.7%
15%	Screening for Depression and Follow-Up Plan (DFP)	1	1	1	1	1
15%	Days 12 to 17	1	1	1	1	1
15%	Days 18+	1	1	1	1	1
	Total (All Ages)	1	1	1	1	1

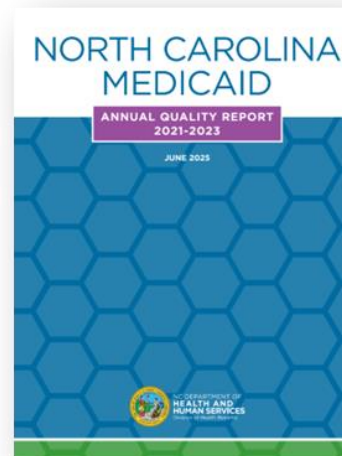
NC Medicaid Quality Measure Performance and Targets for the AMH Measure Set

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Updated January 2025

Advanced Medical Home (AMH) Tables



NC Medicaid Quality Report

NC Medicaid Annual Health Disparities Report 2022

JANUARY 2025

presented if birthing people had care, received better quality of care than their health and lifestyle habits.¹⁴

In NC Medicaid, no disparities were identified for birthing people who are Black or African American binary race, regardless of the PPC measure. However, disparities were identified for birthing people who are American Indian and Alaska Native binary race, with a relative difference of 17.72% (see Figure 32).

and Postpartum Care (PPC), Timeliness of Prenatal Care, 2022 NC Medicaid Performance by American Indian or Alaska Native Binary Race

Measure	American Indian or Alaska Native	Not American Indian or Alaska Native
Timeliness of Prenatal Care	42.0%	43.0%

NC Medicaid Health Disparities Report

NC Medicaid Quality Fact Sheets

Fact Sheet: Tobacco Use, Substance Use, and Substance Use Disorder (SUD)

Introduction

Substance use disorder (SUD) and substance dependency is a national health crisis. In 2020, 40.3 million Americans ages 12+, who encompass roughly 14.5% of the US population, were identified as having a SUD.¹ SUD is a condition in which individuals have an uncontrolled use of substances (like tobacco, alcohol, or illicit drugs) that lowers their ability to engage in daily living.² NC Medicaid is committed to providing the best health care to beneficiaries that are impacted by substance use and SUD.

CARE FOR MEMBERS WITH SUD

Follow-up care for individuals with SUD is associated with a decrease in substance use, and future emergency department visits and hospital admissions due to SUD.^{3,4} As seen in Figure 1, NC Medicaid enrollees, ages 13+, who visited the emergency department for substance use received follow-up at both the 7- and 30-day follow-up points at higher rates compared to the national average.

While NC outperforms the national average, both the NC Medicaid and national average rates indicate a need for better follow-up care for those with SUD.

Figure 1: 2021 Follow-Up After Emergency Department Visit for Substance Use (Ages 13+)

Follow-up Point	NC Medicaid	National Average
7-Day Follow-up	15.1%	13.4%
30-Day Follow-up	22.5%	19.8%

and continued treatment is important because these conditions can impact quality of life, emotional and social well-being, and can even be life-threatening.

% of NC Medicaid enrollees ages 13+ who had a new episode of substance use disorder (SUD) received treatment within 14 days of receiving their diagnosis. However, only 15.0% of enrollees ages 13+ who had initiated treatment, received two or more follow-up visits within the 34 days following their initial treatment appointment (engagement or treatment).

are comparable to national averages, the lack of continuity of care can be a barrier to both a state and national need for more support for those living with SUD.

Figure 2: 2021 Initiation and Engagement of Substance Use Disorder Treatment

Measure	NC Medicaid	National Average
Engagement of Treatment	44.1%	44.2%
Initiation of Treatment	15.0%	13.9%

received treatment, or pharmacotherapy, NC Medicaid enrollees, ages 16+, who had a new episode of substance use disorder (SUD) received follow-up at both the 7- and 30-day follow-up points at higher rates compared to the national average.

Figure 3: 2021 Pharmacotherapy for Opioid Use Disorder (Ages 16+)

Measure	NC Medicaid	National Average
Pharmacotherapy for OUD	40.2%	28.0%

Treatment for SUD should be individualized but may include detoxification, cognitive and behavioral therapies, and medication-assisted therapies.⁵ These treatments can be delivered in both outpatient

NC Medicaid Fact Sheets

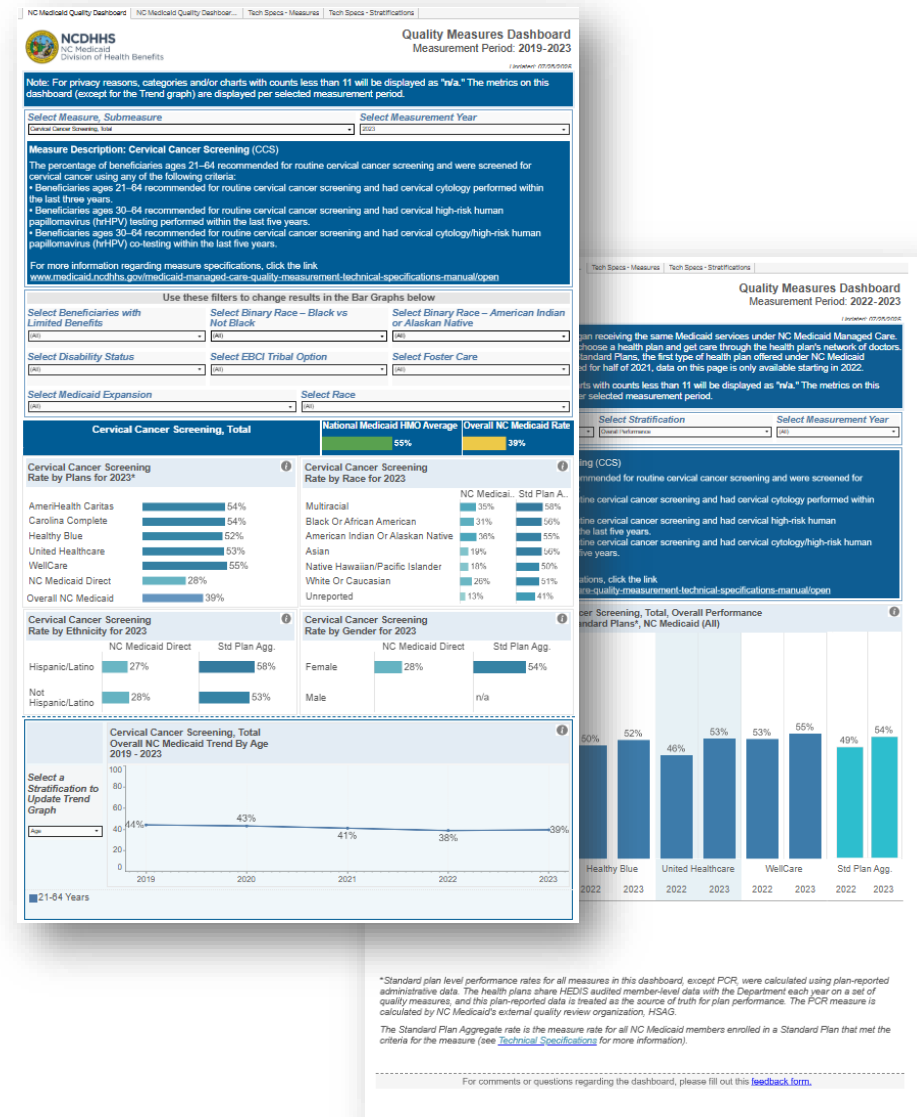


Dashboard Purpose

To provide greater visibility into North Carolina Medicaid's quality measurement performance, NC Medicaid developed a public-facing Quality Measures Dashboard.

The dashboard enables users to:

- visualize quality measurement data,
- compare performance across managed care plans, and
- stratify quality measures by race, gender, language, age, and geography.



Goals of Public Facing Quality Measurement Dashboard



Promote transparency
around quality
measurement performance



Reduce burden from ad-hoc
data pulls



Increase **stakeholder**
engagement and
awareness of performance



User-friendly tool that can
be tailored to interests

Quality Measures Included

Measure Steward	Measure Name
Phase One	
NCQA	<i>Prenatal and Postpartum Care (PPC)</i>
NCQA	<i>Follow-Up After Hospitalization for Mental Illness (FUH)</i>
NCQA	<i>Well-Child Visits in the First 30 Months of Life (W30)</i>
NCQA	<i>Child and Adolescent WellCare Visits (WCV)</i>
NCQA	<i>Cervical Cancer Screening (CCS)</i>
NCQA	<i>Colorectal Cancer Screening (COL)</i>
NCQA	<i>Childhood Immunization Status (CIS)</i>
NCQA	<i>Chlamydia Screening in Women (CHL)</i>
NCQA	<i>Immunizations for Adolescents (IMA)</i>
NCQA	<i>Plan All-Cause Readmission (PCR)</i>
Phase Two	
NCQA	<i>Controlling High Blood Pressure (CBP)</i>
NCQA	<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-E)</i>
DQA	<i>Oral Evaluation, Dental Services (OEV)</i>
NCQA	<i>Glycemic Status Assessment for Patients with Diabetes (GSD) Both <8% and >9%</i>
NCQA	<i>Childhood Immunization Status (CIS) Combo 7</i>
NCQA	<i>Adults' Access to Preventative/Ambulatory Services (AAP)</i>

Hopefully added by July 2026!

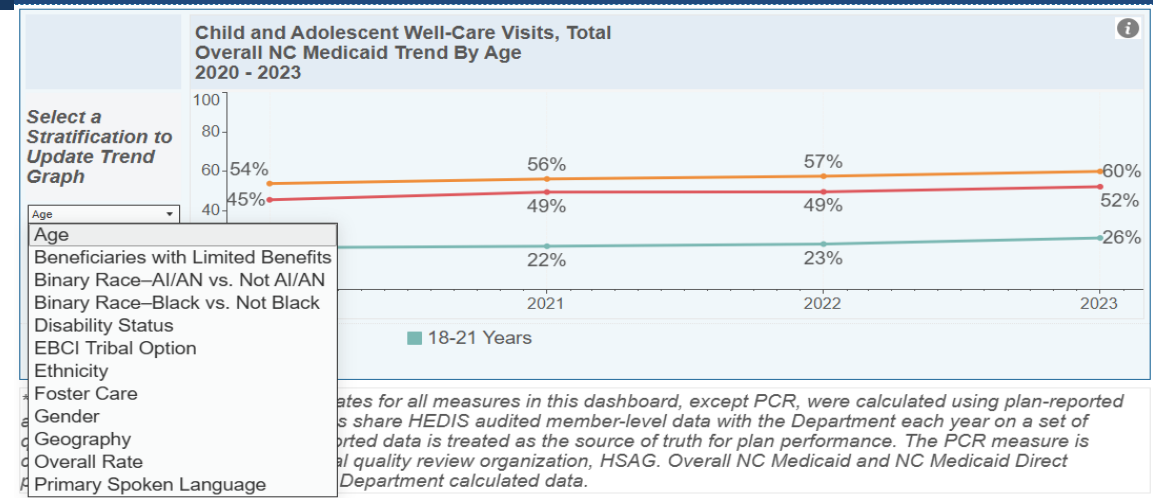


Stratifications

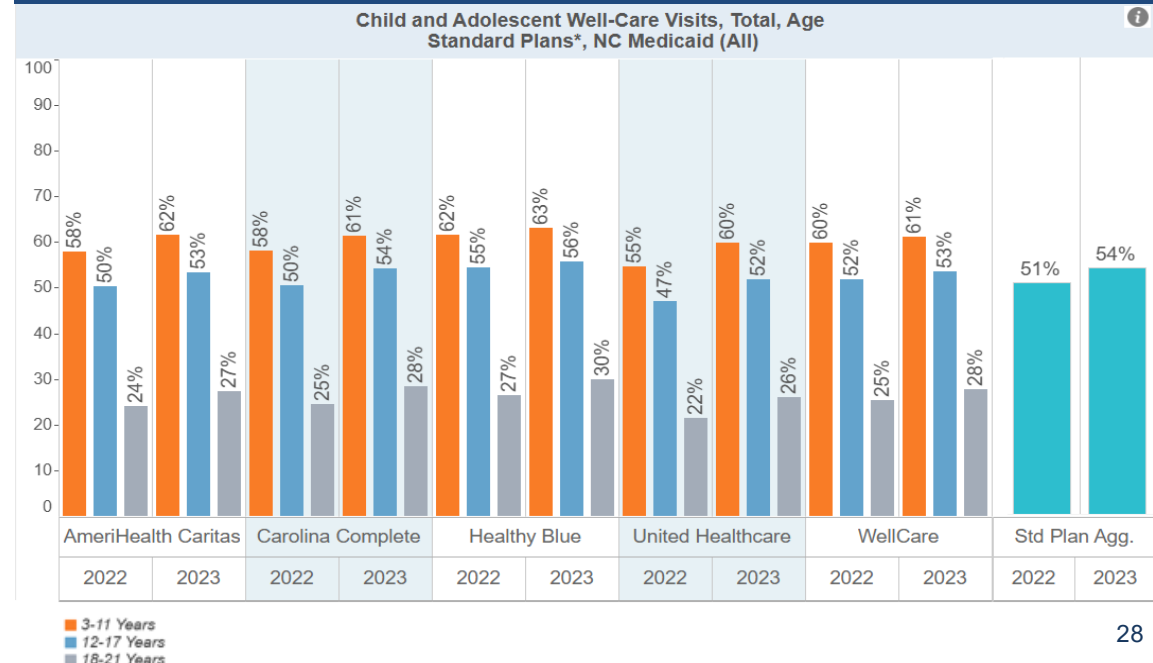
Filter Bar Graphs by:

- Measurement Year
- Beneficiaries with Limited Benefits
- Binary Race or Individual Race(s)
- Disability Status
- EBCI Tribal Option
- Foster Care
- Geography
- Overall Rate
- Primary Spoken Language

Trended Graph with Stratifications



Standard Plan Bar Graph with Stratifications



Child and Adolescent Well-Care Visits, Total	National Medicaid HMO Average	Overall NC Medicaid Rate
	52%	51%

Plan	Rate
AmeriHealth Caritas	54%
Carolina Complete	54%
Healthy Blue	55%
United Healthcare	52%
WellCare	54%
NC Medicaid Direct	52%
Overall NC Medicaid	51%

Race	NC Medicaid	Std Plan A.
Asian	53%	58%
Multiracial	56%	56%
White Or Caucasian	53%	56%
Black Or African American	51%	51%
Native Hawaiian/Pacific Islander	45%	51%
American Indian Or Alaskan Native	29%	56%
Unreported	42%	49%

Ethnicity	NC Medicaid Direct	Std Plan Agg.
Hispanic/Latino	57%	60%
Not Hispanic/Latino	51%	52%

Gender	NC Medicaid Direct	Std Plan Agg.
Female	51%	55%
Male	52%	53%



Use Case Examples

Scenario 1:

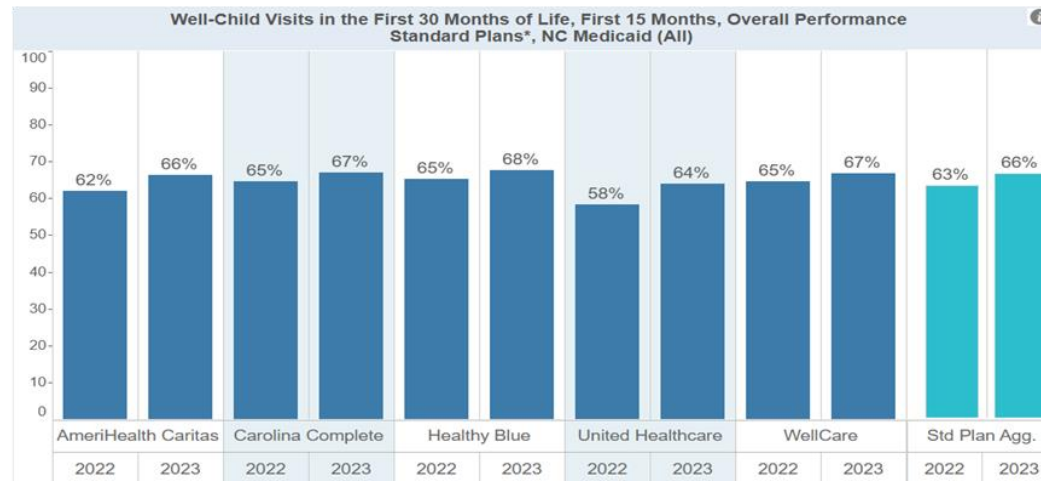
A colleague within NC Medicaid wants to know how the Standard Plans are performing on completing critical well-child visits for infants in the first 15 months of life...



Step 1: Navigate to Standard Plan Comparison Tab

Step 2: Select Measure and Sub Measure

Select Measure - Submeasure	Select Stratification	Select Measurement Year
Child and Adolescent Well-Care Visits, Total	Overall Performance	(All)
Cervical Cancer Screening, Total		
Child and Adolescent Well-Care Visits, Total		
Childhood Immunization Status, Combo 10		
Chlamydia Screening in Women, Total		
Colorectal Cancer Screening, Total		
Follow-Up After Hospitalization for Mental Illness, 7-Day Follow-Up		
Follow-Up After Hospitalization for Mental Illness, 30-Day Follow-Up		
Immunizations for Adolescents, Combo 2		
Plan All-Cause Readmission, Total		
Prenatal and Postpartum Care, Postpartum Care		
Prenatal and Postpartum Care, Timeliness Of Prenatal Care		
Well-Child Visits in the First 30 Months of Life, 15-30 Months		
Well-Child Visits in the First 30 Months of Life, First 15 Months		



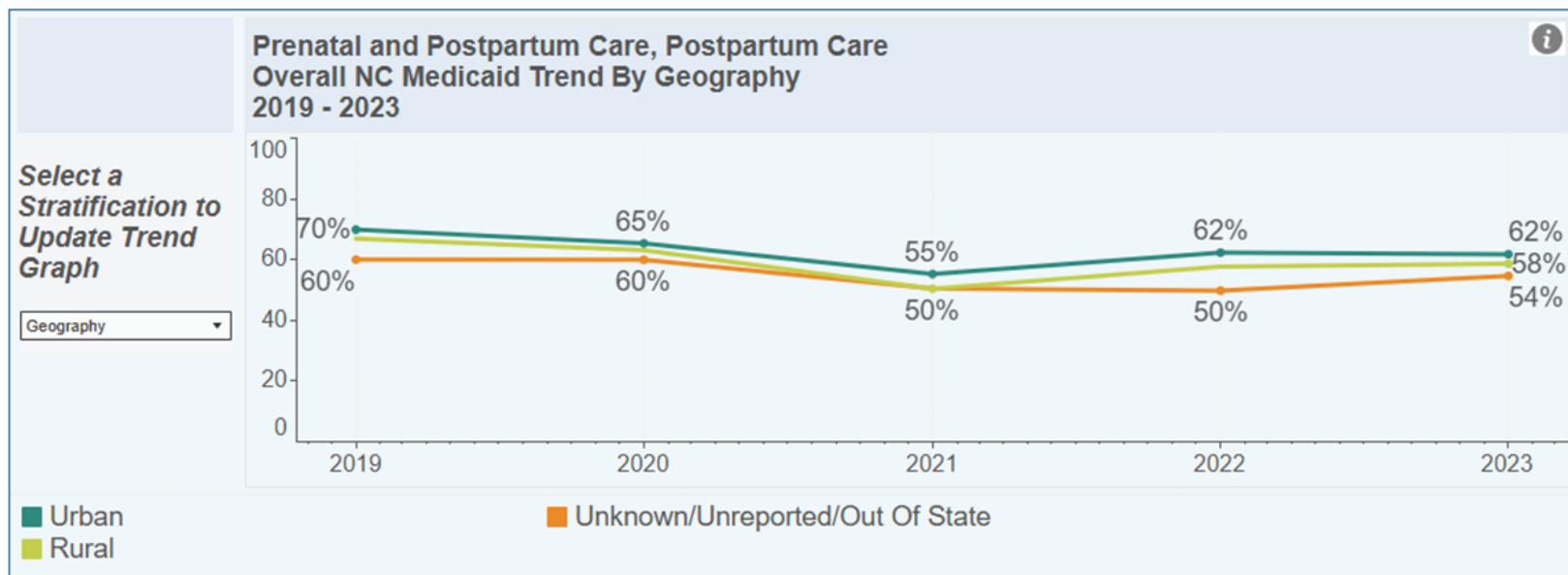
*Please refer to the recording to view the dashboard walkthrough.

Dashboard Walkthrough

Providing Feedback

Gathering continuous user feedback is crucial for creating a user-friendly tool.

As you navigate the dashboard, please use the feedback form linked at the bottom of the dashboard to provide any feedback/comments.



* Standard plan level performance rates for all measures in this dashboard, except PCR, were calculated using plan-reported administrative data. The health plans share HEDIS audited member-level data with the Department each year on a set of quality measures, and this plan-reported data is treated as the source of truth for plan performance. The PCR measure is calculated by NC Medicaid's external quality review organization, HSAG. Overall NC Medicaid and NC Medicaid Direct performance rates are derived from Department calculated data.

For comments or questions regarding the dashboard, please fill out this [feedback form](#).



Connecting Communities and Medicaid

Connecting Communities and Medicaid (CCM) is a workgroup whose mission is to foster meaningful partnerships and drive collaborative solutions that improve access to care and address drivers of health.

All meetings are held virtually on Zoom on the second Wednesday of each month at 8:30 am. If you are interested in joining, please [complete the CCM Intake Form](#).

- Next Meeting: June 10
- Topic: HR1

