NC Medicaid
Back Porch Chat

May Back Porch Chat

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Division of Health Benefits

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

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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?

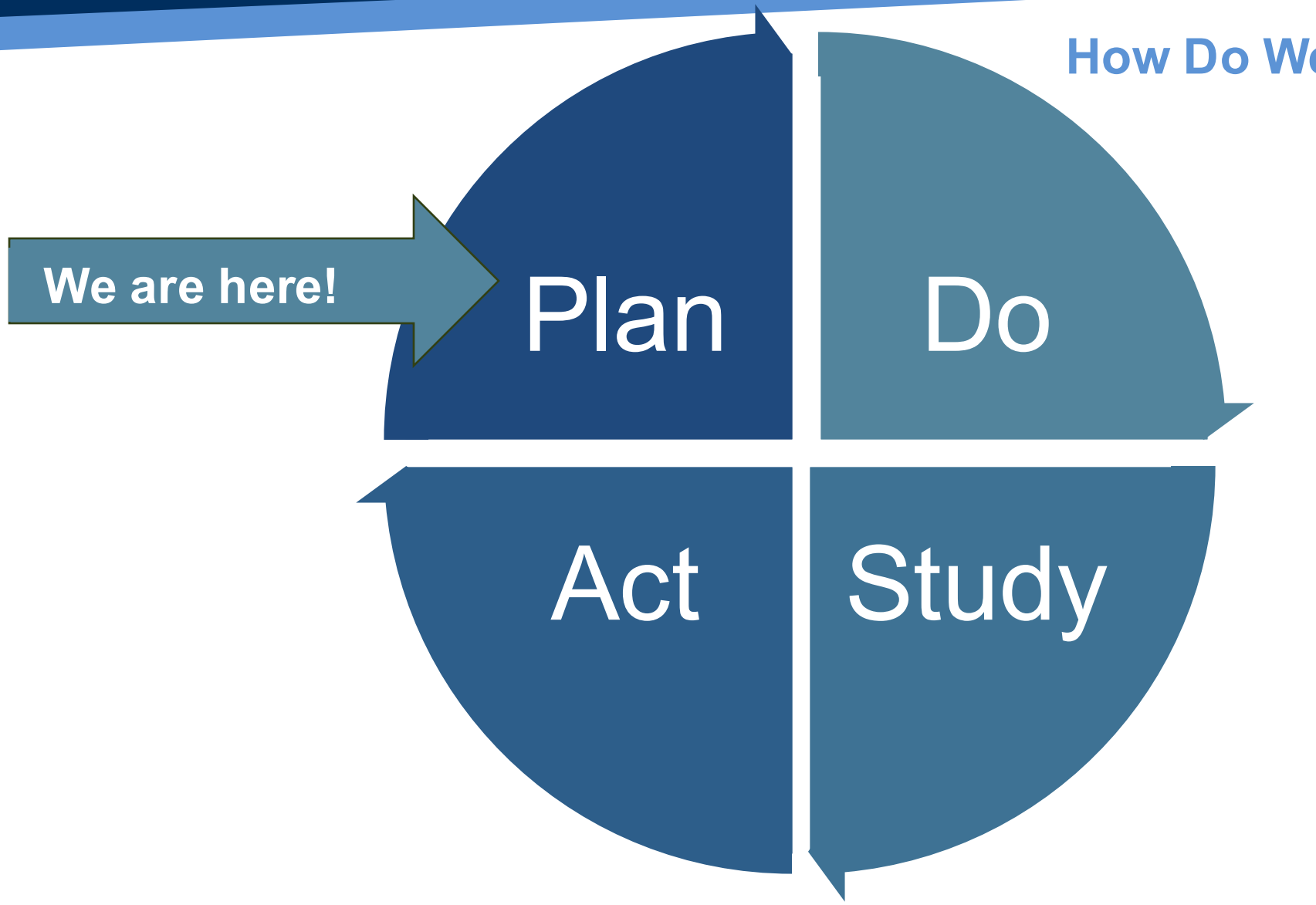
- First public release of this data
- Centralized and accessible
- Designed for multiple audiences

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?



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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**

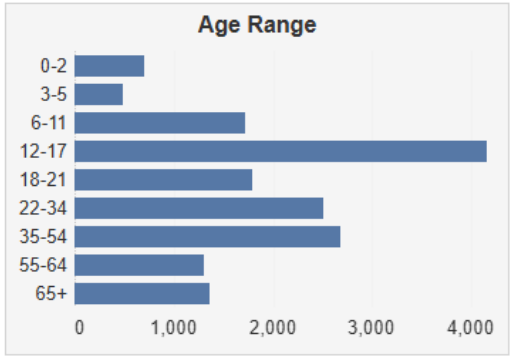
Data for Fiscal Year: 2024 ***Filter dashboard by plan:*** *Include All Plans*

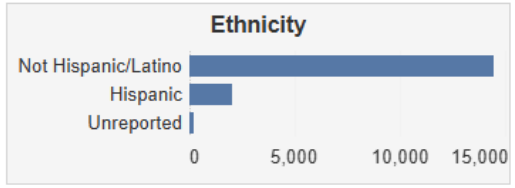
Summary of Individuals With TBI Who:

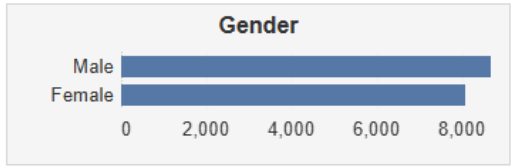
Received Medicaid	Received Private Duty Nursing (PDN)	Accessed TBI State or Other Funding via DMH/DD/SUS
16,716	86	140

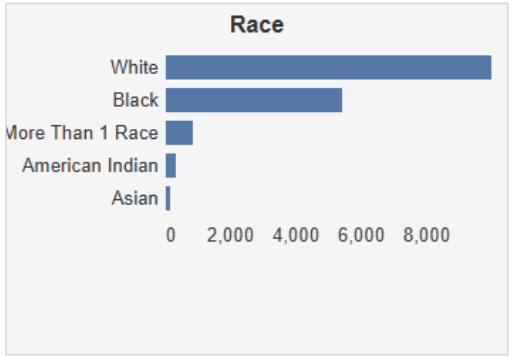
Program Enrollment:

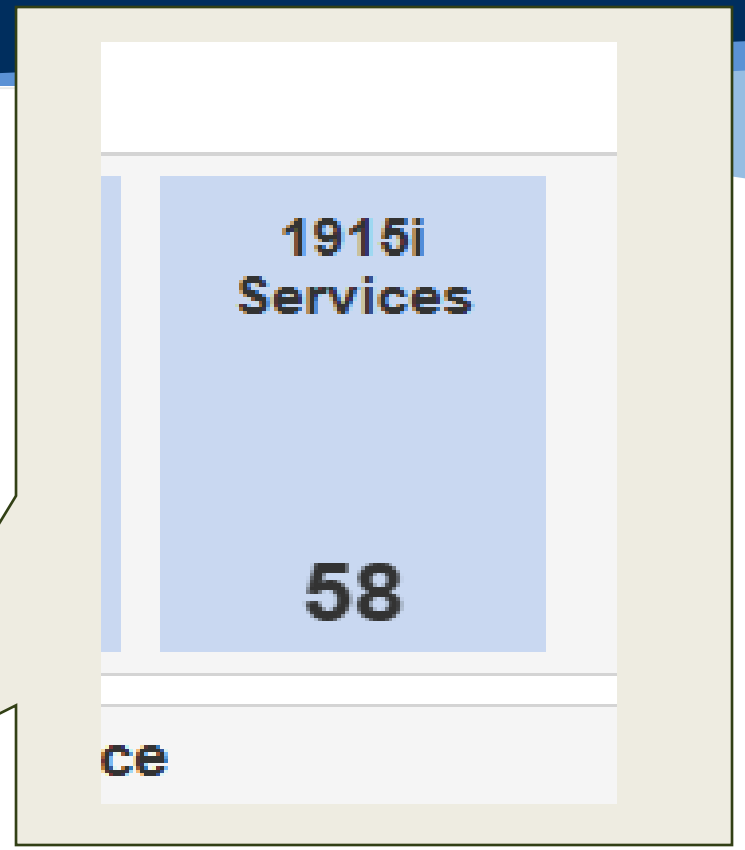
Community Alternatives Program for Children (CAP/C)	Community Alternatives Program for Disabled Adults (CAP/DA)	NC Innovations Waiver	NC TBI Waiver	1915i Services
116	640	166	66	58











TBI State Action Planning

10/25/2025 Kick-Off #1

12/5/2025 Workgroup #2

12/17/2025 Workgroup #3

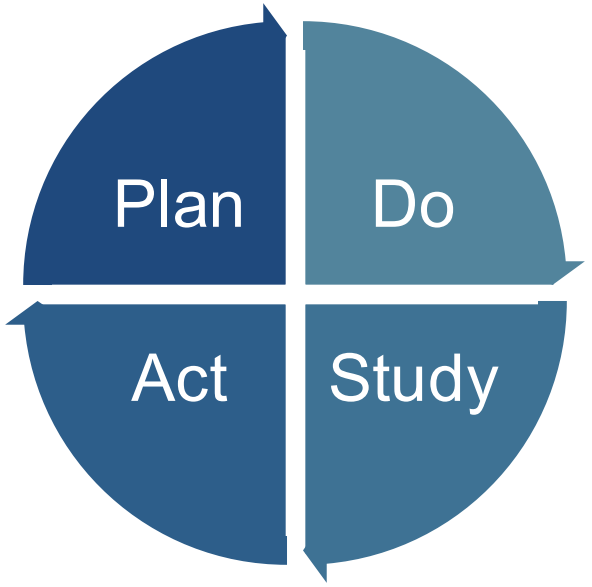
Jan/Feb 2026 Draft Plan

March 2026 Post for Public Comment

April/May 2026 Finalize

June 2026 Publish SAP

July 2026 Implement action plan



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

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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

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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.

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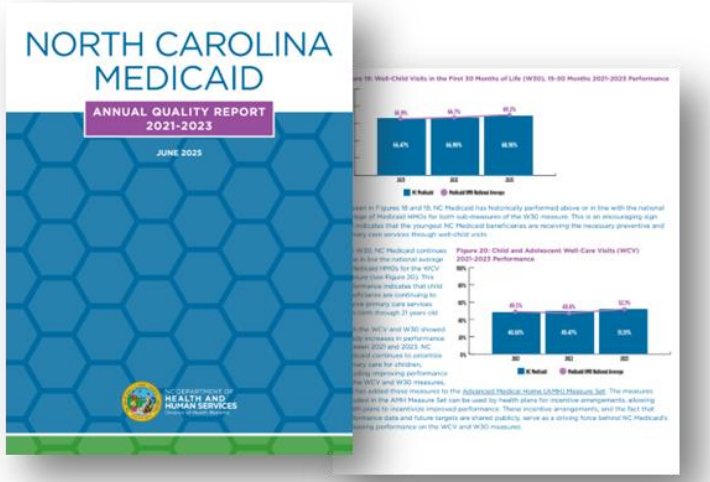
Learn more about NC Medicaid's quality measures in the NC Medicaid Quality Measurement Tech Specs

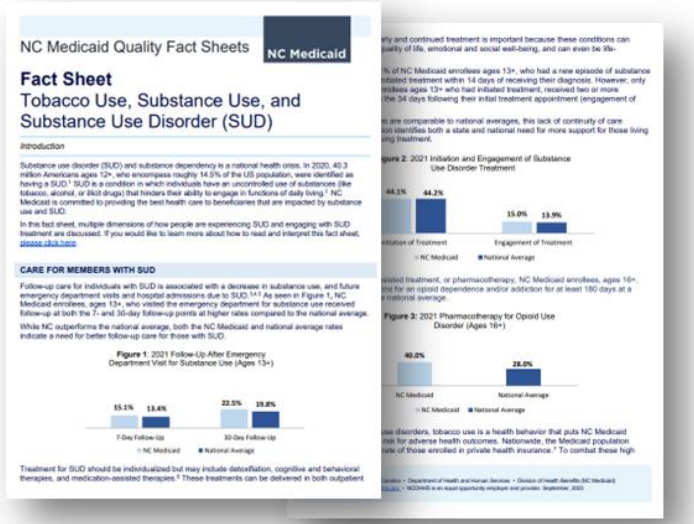
Where Can You Find Quality Measurement Results?

[Advanced Medical Home (AMH) Tables]



[NC Medicaid Quality Report]

[NC Medicaid Health Disparities Report]



[NC Medicaid Fact Sheets]

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

Hopefully added by July 2026!

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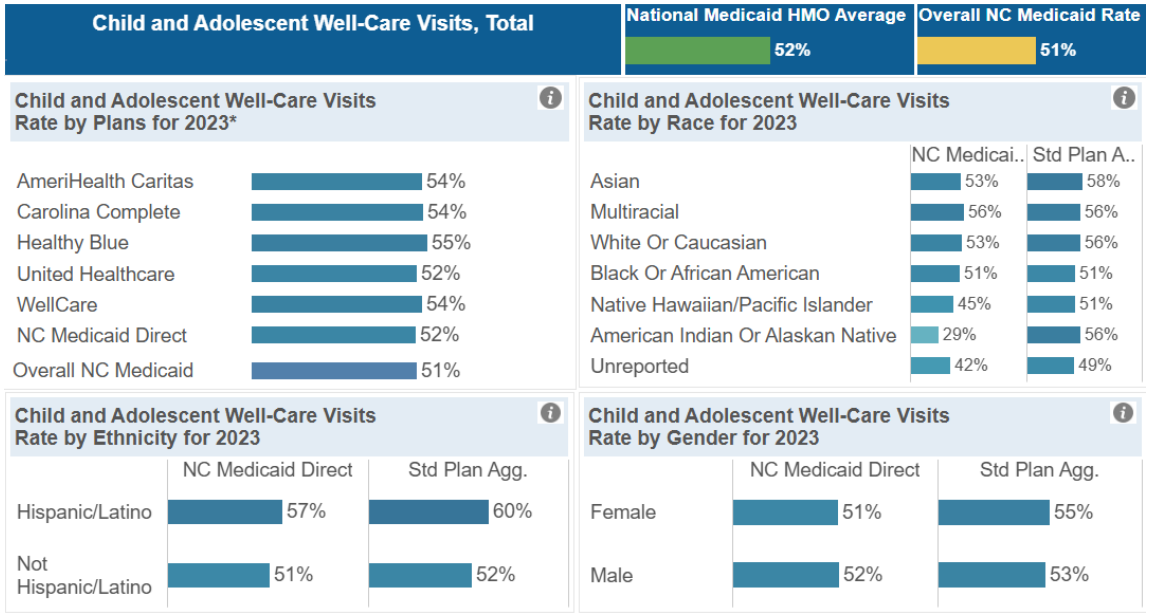
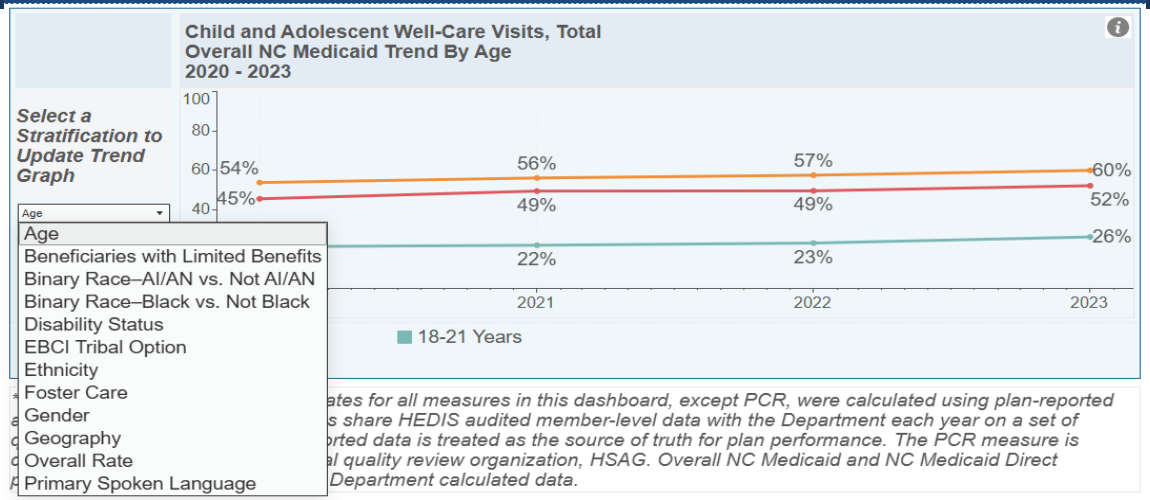
Stratifications

Filter Bar Graphs by:

- Measurement Year
- Beneficiaries with Limited Benefits
- Binary Race or Individual Race(s)
- Disability Status
- EBCI Tribal Option
- Foster Care
- Medicaid Expansion

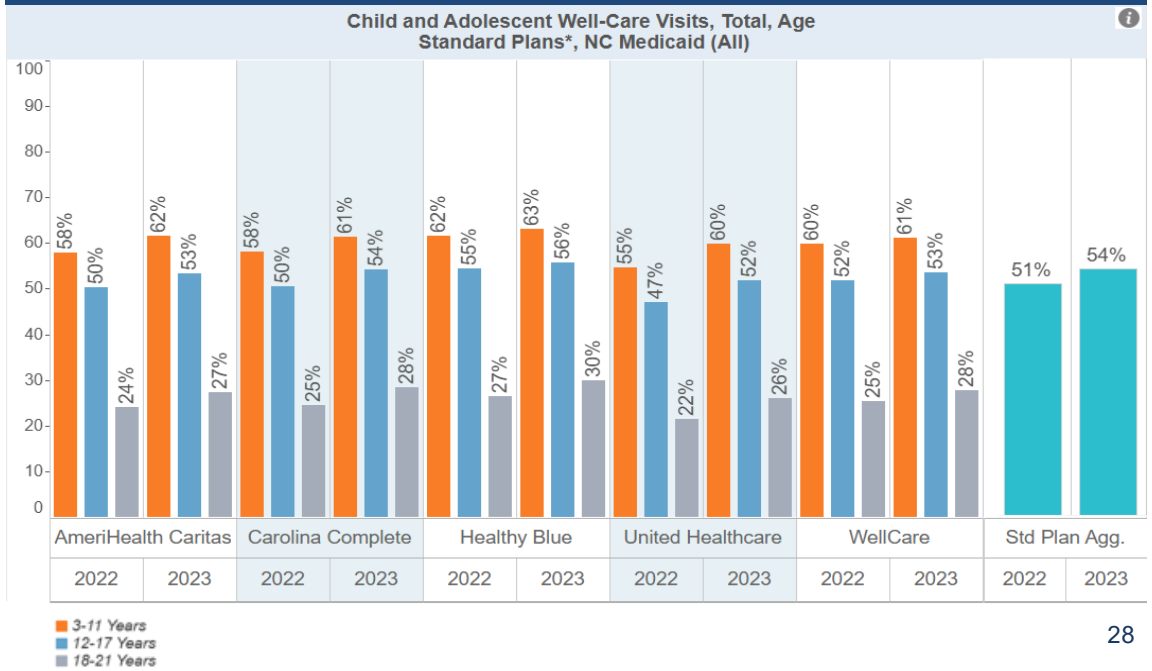


Trended Graph with Stratifications



...ates for all measures in this dashboard, except PCR, were calculated using plan-reported ...s share HEDIS audited member-level data with the Department each year on a set of ...orted data is treated as the source of truth for plan performance. The PCR measure is ...al quality review organization, HSAG. Overall NC Medicaid and NC Medicaid Direct ...Department calculated data.

Standard Plan Bar Graph with Stratifications



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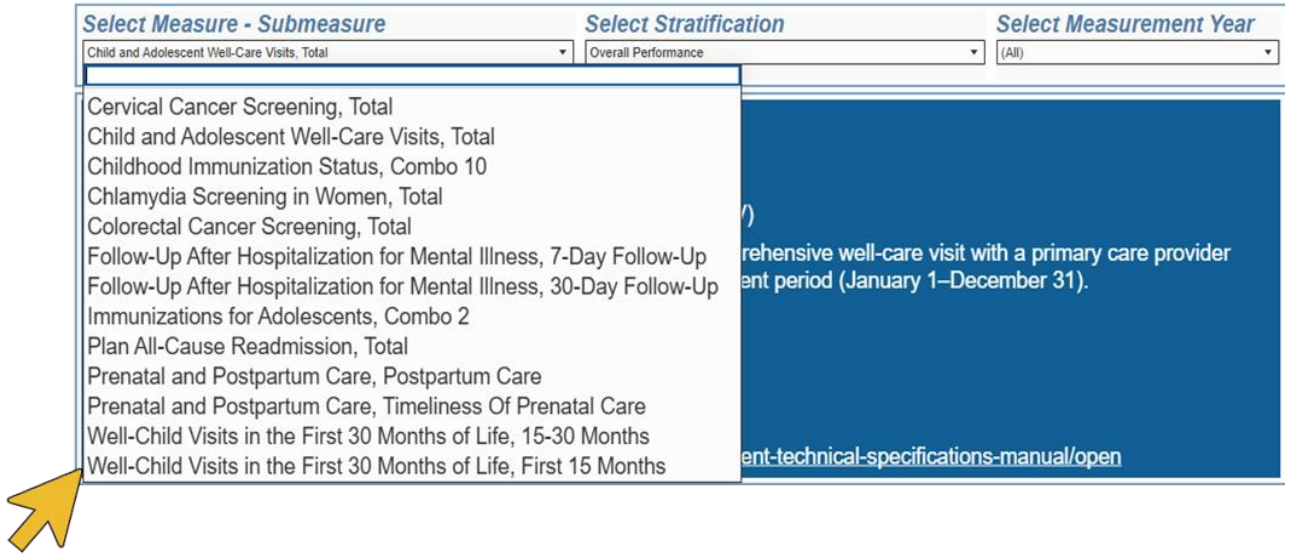
Use Case Examples

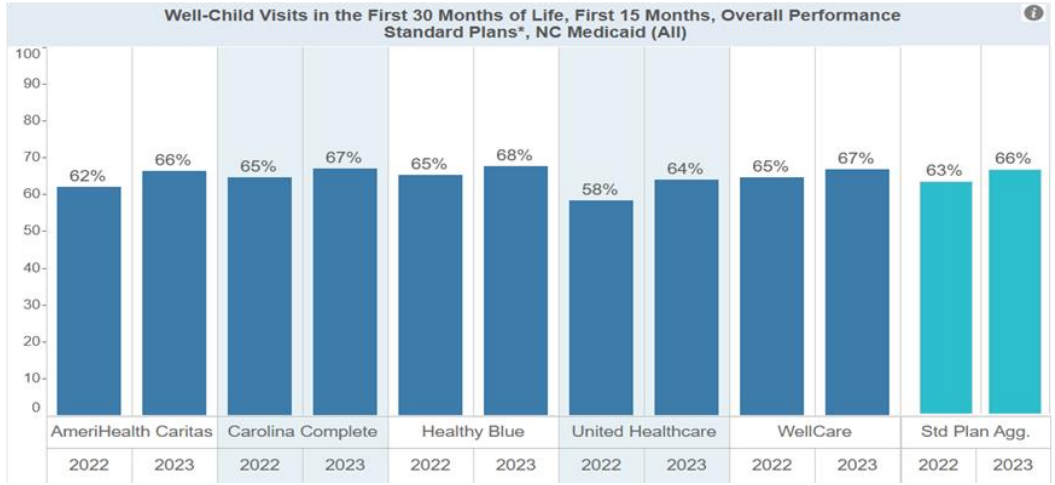
Scenario 1:

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





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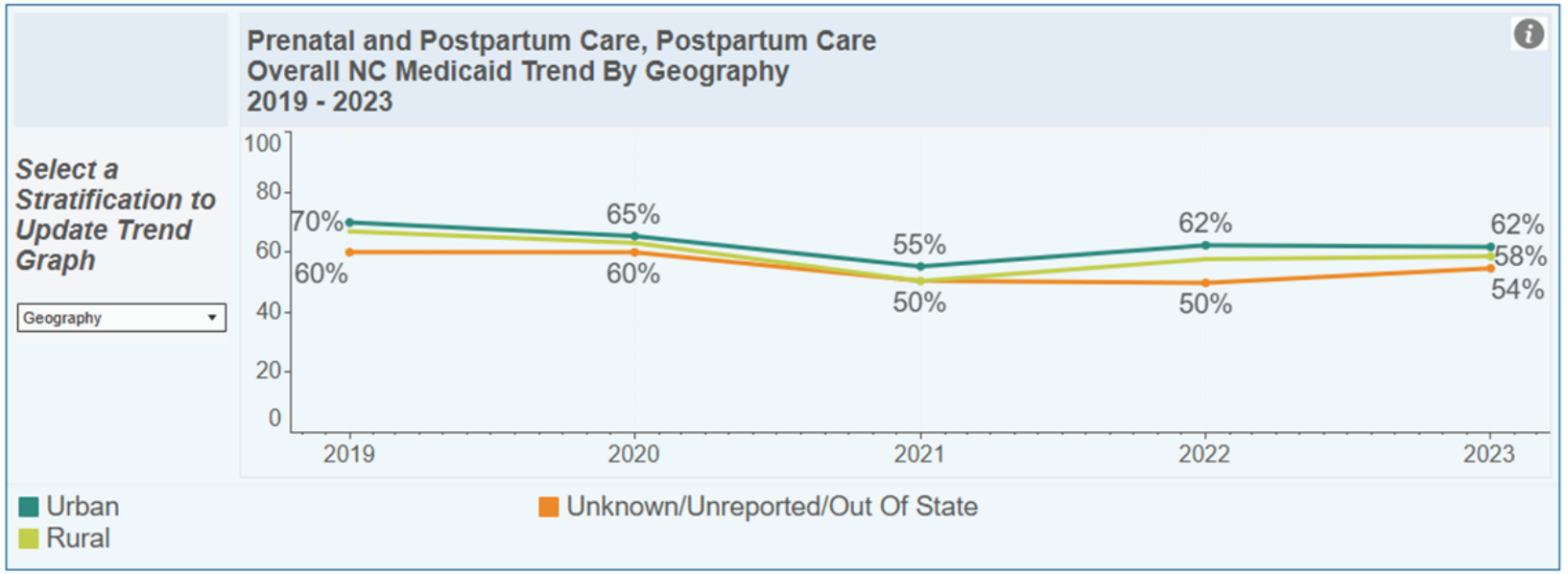
*Please refer to the recording to view the dashboard walkthrough.

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

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