

# Managed Care Program Annual Report (MCPAR) for North Carolina: Community Care of North Carolina

Due date	Last edited	Edited by	Status
12/27/2024	12/20/2024	Dawn Johnson	Submitted

Indicator	Response
<b>Exclusion of CHIP from MCPAR</b>  Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected

## Section A: Program Information

### Point of Contact

<b>Number</b>	<b>Indicator</b>	<b>Response</b>
<b>A1</b>	<b>State name</b> Auto-populated from your account profile.	North Carolina
<b>A2a</b>	<b>Contact name</b> First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Shannon Fain
<b>A2b</b>	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	shannon.fain@dhhs.nc.gov
<b>A3a</b>	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Dawn Johnson
<b>A3b</b>	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	dawn.johnson@dhhs.nc.gov
<b>A4</b>	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	12/20/2024

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	07/01/2023
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	06/30/2024
A6	<b>Program name</b> Auto-populated from report dashboard.	Community Care of North Carolina

## Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
<b>Plan name</b>	North Carolina Community Care

## Section B: State-Level Indicators

### Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
<b>BI.1</b>	<p data-bbox="349 163 623 237"><b>Statewide Medicaid enrollment</b></p> <p data-bbox="349 258 760 573">Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.</p>	2,991,392
<b>BI.2</b>	<p data-bbox="349 625 760 699"><b>Statewide Medicaid managed care enrollment</b></p> <p data-bbox="349 720 760 1098">Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.</p>	2,587,516

## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<p><b>Program contract</b></p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	<p>Primary Care Case Management Entity Contract #30-2021-061-DHB</p>
N/A	<p>Enter the date of the contract between the state and plans participating in the managed care program.</p>	<p>07/01/2023</p>
C11.2	<p><b>Contract URL</b></p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<p><a href="https://medicaid.ncdhhs.gov/health-plans#health-plan-contracts">https://medicaid.ncdhhs.gov/health-plans#health-plan-contracts</a></p>
C11.3	<p><b>Program type</b></p> <p>What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.</p>	<p>Primary Care Case Management (PCCM) Entity</p>
C11.4a	<p><b>Special program benefits</b></p> <p>Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more.</p> <p>Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.</p>	<p>None of the above – None of the above</p>
C11.4b	<p><b>Variation in special benefits</b></p> <p>What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter "N/A" if not applicable.</p>	<p>Not applicable</p>
C11.5	<p><b>Program enrollment</b></p> <p>Enter the average number of individuals enrolled in this</p>	<p>378,314</p>

managed care program per month during the reporting year (i.e., average member months).

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**C11.6**

**Changes to enrollment or benefits**

There were no major changes to the population or benefits during the reporting year

Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter 'There were no major changes to the population or benefits during the reporting year' as your response. 'N/A' is not an acceptable response.

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## **Section D: Plan-Level Indicators**

### **Topic I. Program Characteristics & Enrollment**

Number	Indicator	Response
D11.1	<p data-bbox="349 163 574 191"><b>Plan enrollment</b></p> <p data-bbox="349 218 760 373">Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).</p>	<p data-bbox="794 163 1243 191"><b>North Carolina Community Care</b></p> <p data-bbox="794 218 899 254">378,314</p>
D11.2	<p data-bbox="349 426 667 453"><b>Plan share of Medicaid</b></p> <p data-bbox="349 485 760 632">What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?</p> <ul data-bbox="324 642 716 768" style="list-style-type: none"> <li data-bbox="324 642 716 705">• Numerator: Plan enrollment (D1.1.1)</li> <li data-bbox="324 709 716 768">• Denominator: Statewide Medicaid enrollment (B.1.1)</li> </ul>	<p data-bbox="794 426 1243 453"><b>North Carolina Community Care</b></p> <p data-bbox="794 485 873 516">12.6%</p>
D11.3	<p data-bbox="349 821 724 894"><b>Plan share of any Medicaid managed care</b></p> <p data-bbox="349 919 724 1108">What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?</p> <ul data-bbox="324 1119 716 1272" style="list-style-type: none"> <li data-bbox="324 1119 716 1182">• Numerator: Plan enrollment (D1.1.1)</li> <li data-bbox="324 1186 716 1272">• Denominator: Statewide Medicaid managed care enrollment (B.1.2)</li> </ul>	<p data-bbox="794 821 1243 848"><b>North Carolina Community Care</b></p> <p data-bbox="794 879 873 911">14.6%</p>

## Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

**Sanction total count:**

**0 - No sanctions entered**