NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medical Care Advisory Committee (MCAC) Meeting

Dave Richard
Deputy Director, NC Medicaid

September 16, 2022

Tailored Plan Update

- Readiness
- Open Enrollment
- Contracting
- CMS Submission
- Dec. 1, 2022 – Go Live

NC Department of Health and Human Services Division of Health Benefits (NC Medicaid)

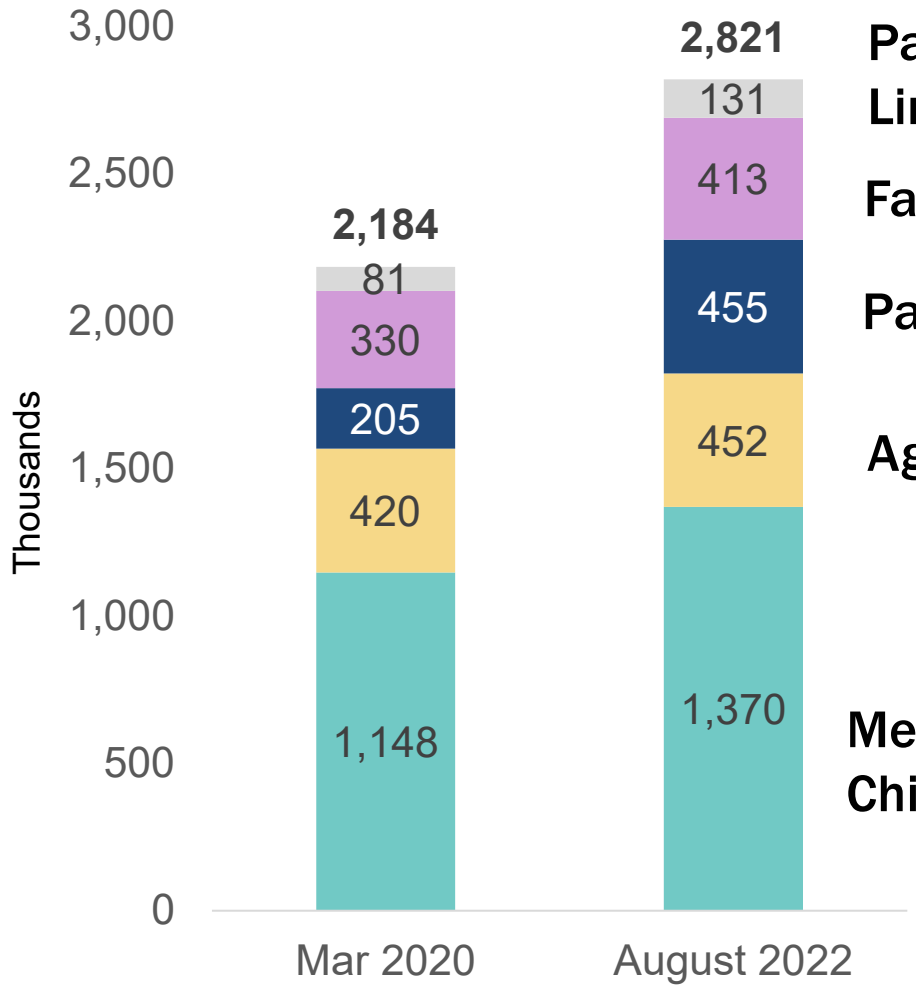
NC Medicaid and NC Health Choice Enrollment and Financial Update

Adam Levinson
Chief Financial Officer, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting

September 16, 2022

Monthly Medicaid Enrollment by Category, Change Since Start of PHE



Partial Duals and Other Limited Benefit (up 60%)

Family Planning (up 25%)

Parents and Other Adults (up 121%)

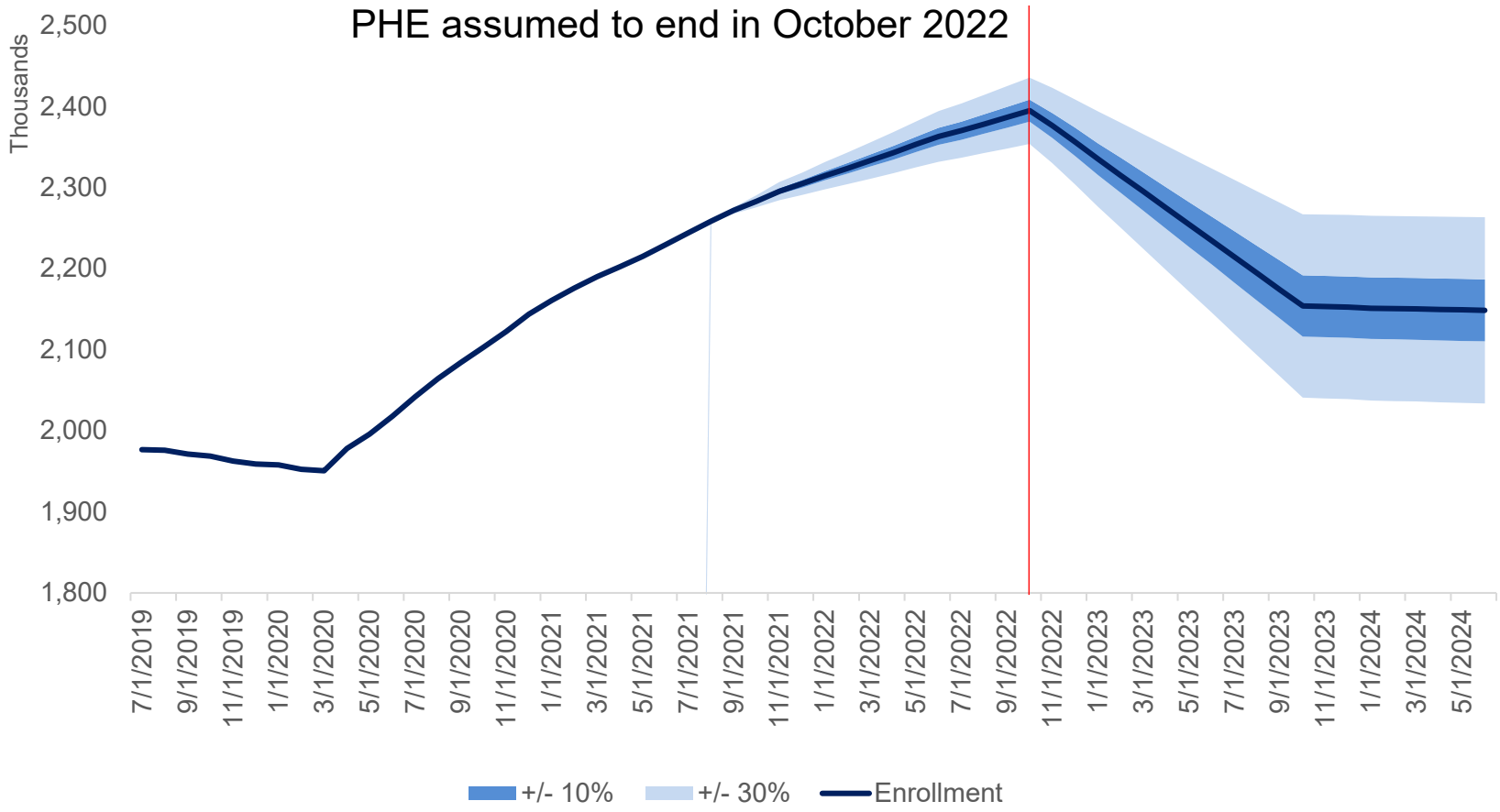
Aged/Blind/Disabled (up 8%)

Medicaid and NC Health Choice Children (up 19%)

637,000 (29%) Total Growth

Source: Monthly Medicaid Enrollment Report, August 2022

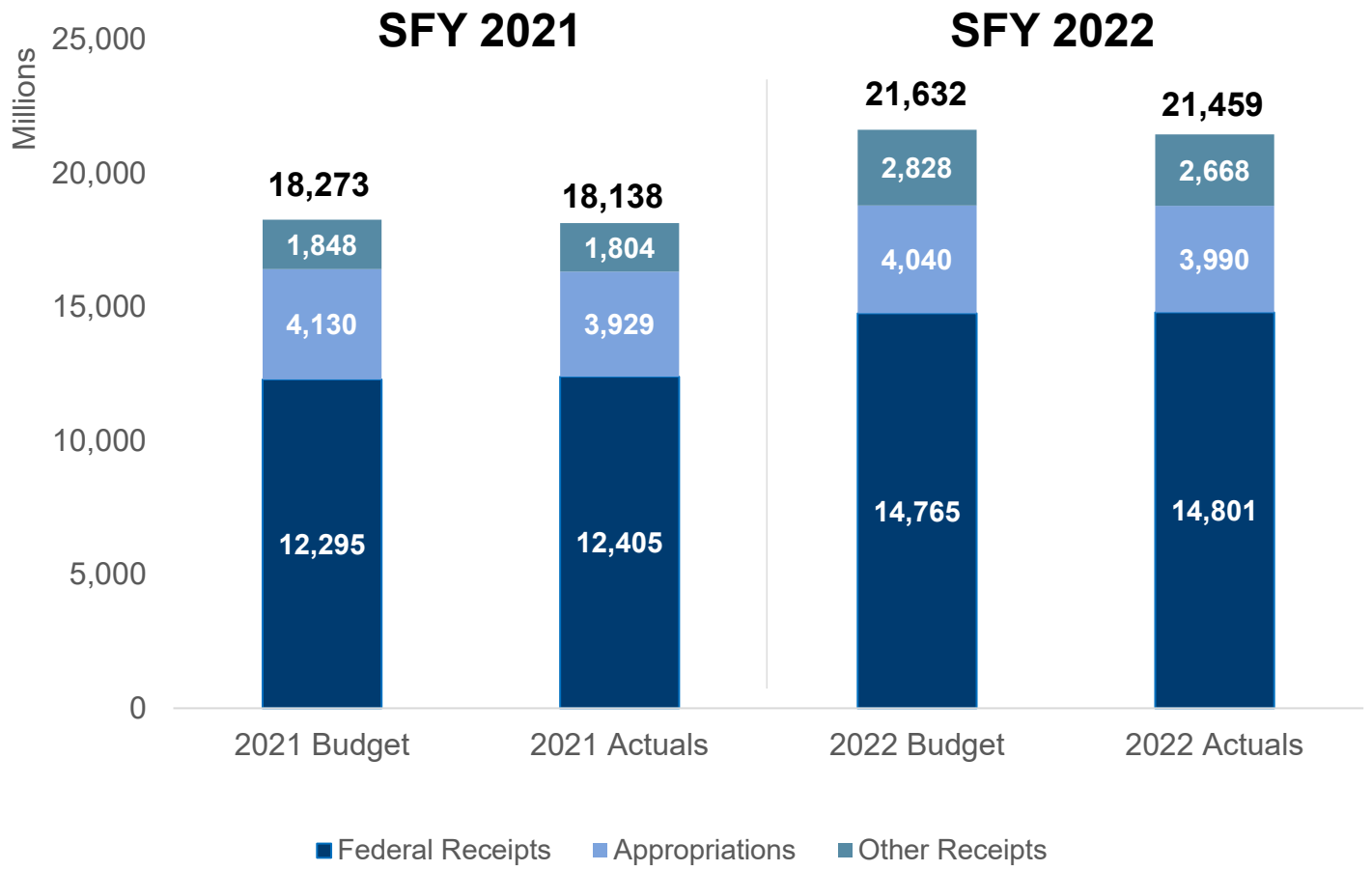
Monthly Medicaid Enrollment by Month, Actual & Forecast (Excluding Family Planning)



Source: Monthly Member Enrollment Report produced by BIA, May 2022 DHB/OSBM Enrollment Forecast, April 2022

NC Medicaid Actual Expenditure v. Budget

NC Medicaid finished SFY 2022 with a $49m surplus, compared to a $201m surplus in SFY 2021.



- **Source: BD701 actuals as of June 2021 and June 2022**

NC Medicaid Budget Year-End (SFY 2022)

NC Medicaid ended the year with a $49m surplus

- Extension of the public health emergency and the enhanced FMAP rate produced net gain
- Funding COVID rate increases for HCBS services with ARPA receipts offset appropriations spend
- Extending COVID rate increases for SNF, PCS through June 30, 2022 added cost
- General Assembly retroactively appropriated $52.8 m for the SNF, PCS increases

Things to Watch in SFY 2023

Key Factors:

- Uncertainty regarding PHE end date
  - Enrollment
  - FMAP
- Continuation of SNF/PCS Rates
- New High-cost Pharmaceuticals
- Implementation of Tailored Plans
- Medicaid Expansion

NC Department of Health and Human Services Division of Health Benefits (NC Medicaid)

Population Health Update: Looking Back on the First Year of Standard Plans

Kelly Crosbie, MSW, LCSW
Chief Quality Officer, NC Medicaid

Medical Care Advisory Committee (MCAC) Meeting

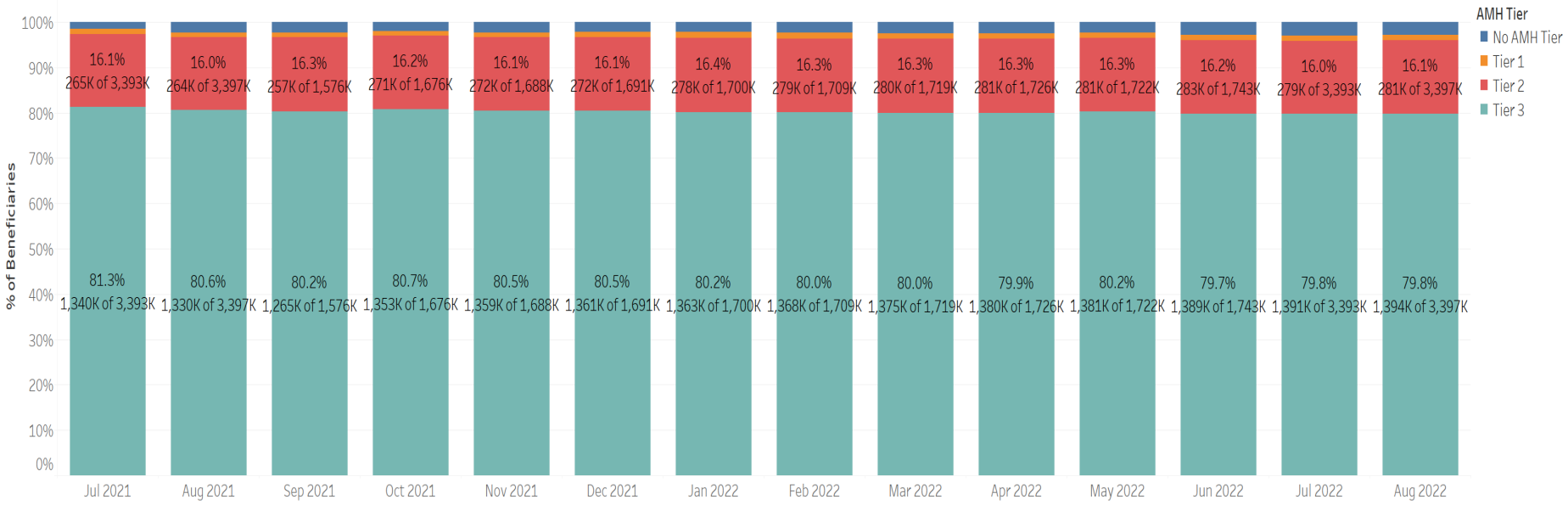
September 16, 2022

Advanced Medical Home –Look Back FY2022

- What is an AMH?
  - An AMH is a primary care practice that transforms care delivery in order to reduce the cost of care, improve the quality of care, enhance patient experience, and strengthen the primary care workforce.
- What is the AMH Program?
  - The AMH program was developed as the primary vehicle for care management as the state transitioned to Medicaid Managed Care (launched July 1, 2021). It builds on the Carolina ACCESS program, a care management program implemented prior to the Medicaid Transformation and that is currently used with NC Medicaid Direct.
  - The AMH program was designed to encourage data-driven primary care that aligns with the Department's vision for advancing value-based payment models.
  - Under the AMH program, there are three AMH tiers, each with different responsibilities.
- AMH Tier 3
  - Responsible for member care management
  - Eligible for value-based payment that use a standard set of quality measures

Managed Care Beneficiaries by AMH Tier Over Time

- Advanced Medical Home (AMH) Tier 3s assume primary responsibility for care management, either directly or through a Clinically Integrated Network (CIN)
- Goal is to have ≥80% of Standard Plan members at an AMH Tier 3
- Under AMH Tier 1 and 2 practices, Standard Plans retain primary responsibility for care management

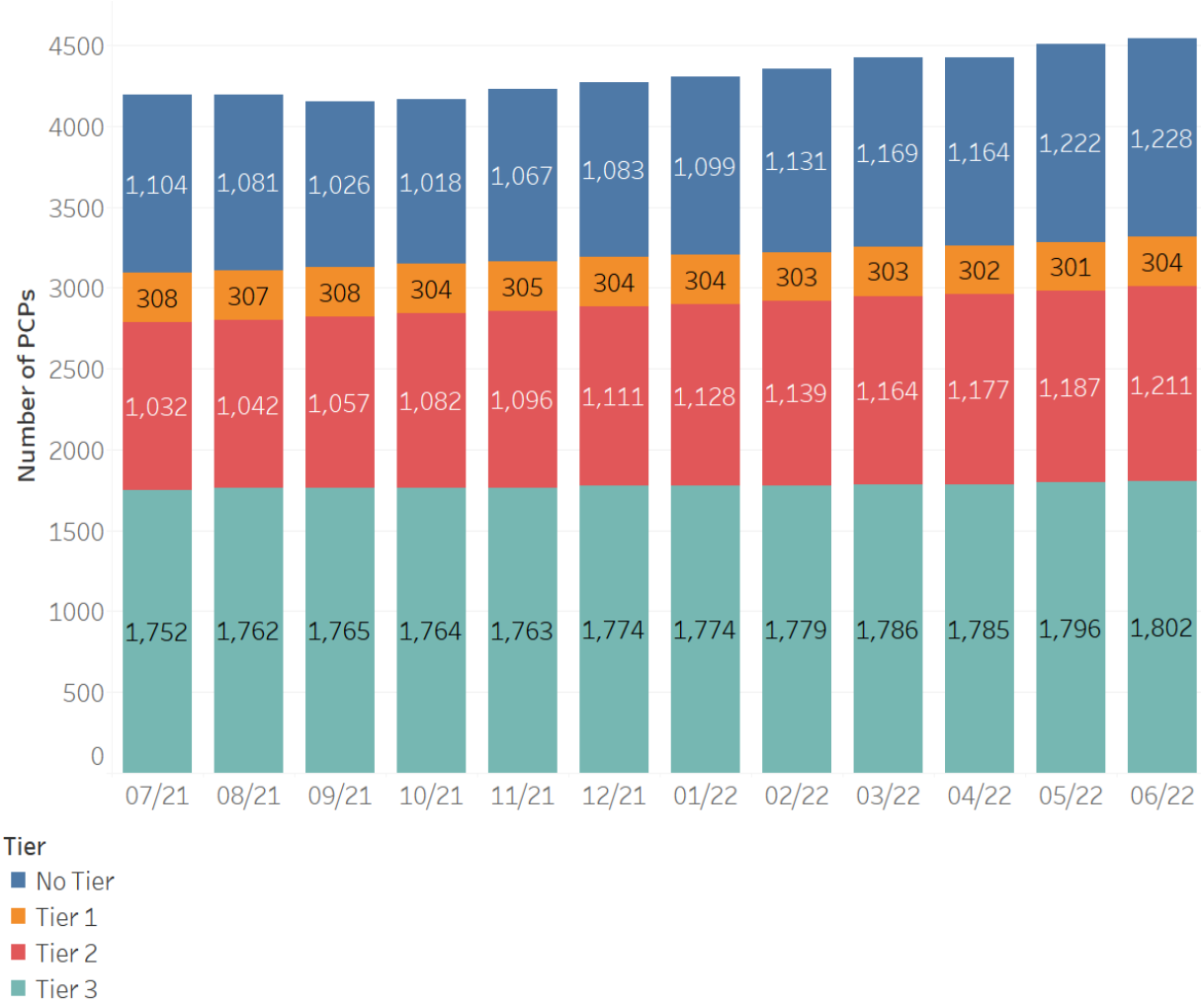


Source: File with enrolled members pulled from NCAnalytics (data warehouse) each week

PCPs by AMH Tier Over Time

Standard Plan, Medicaid Direct, and Tribal Option Providers

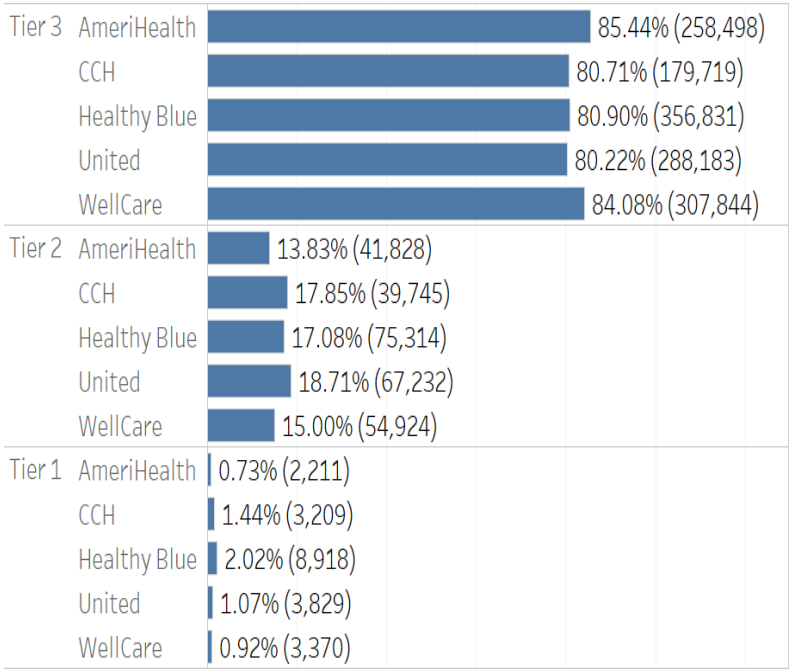
- Number of providers by state-assigned AMH tier over time since managed care launch
  - Only PCPs with at least 1 member are shown
- All categories of primary care (with at least 1 member assigned) have increased since MCL.



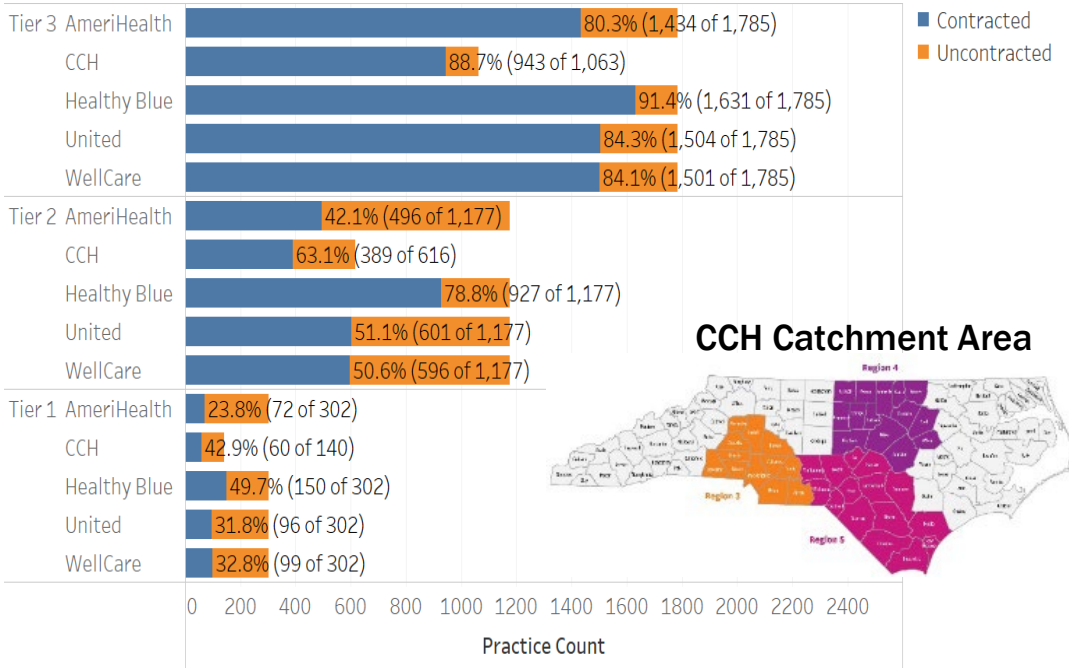
Member Enrollment and PCPs with an Assigned Member by State-Assigned AMH Tier by Plan

As of 7/04/2022

% of Plan Beneficiaries by Tier



% of PCPs with an Assigned Member by Tier*



CCH Catchment Area

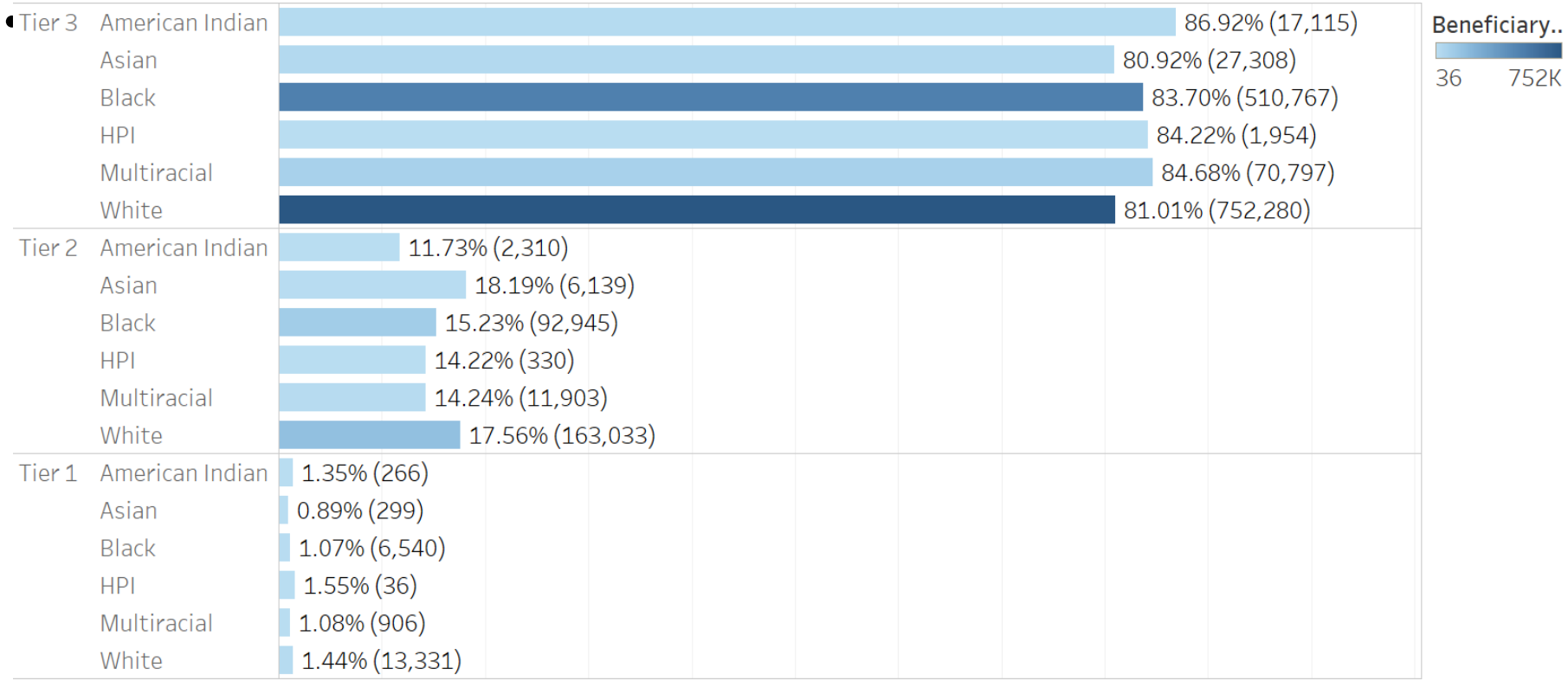
*Only reflects contracting in regions 3, 4, and 5 for CCH

Source: Internal DHB Tableau Dashboard: Member Level Dashboard

Member Enrollment by State-Assigned AMH Tier by Race

As of 7/04/2022

The American Indian population has the highest share of members assigned to an AMH Tier 3 practice (87.13%) while the Asian population has the lowest (80.62%)

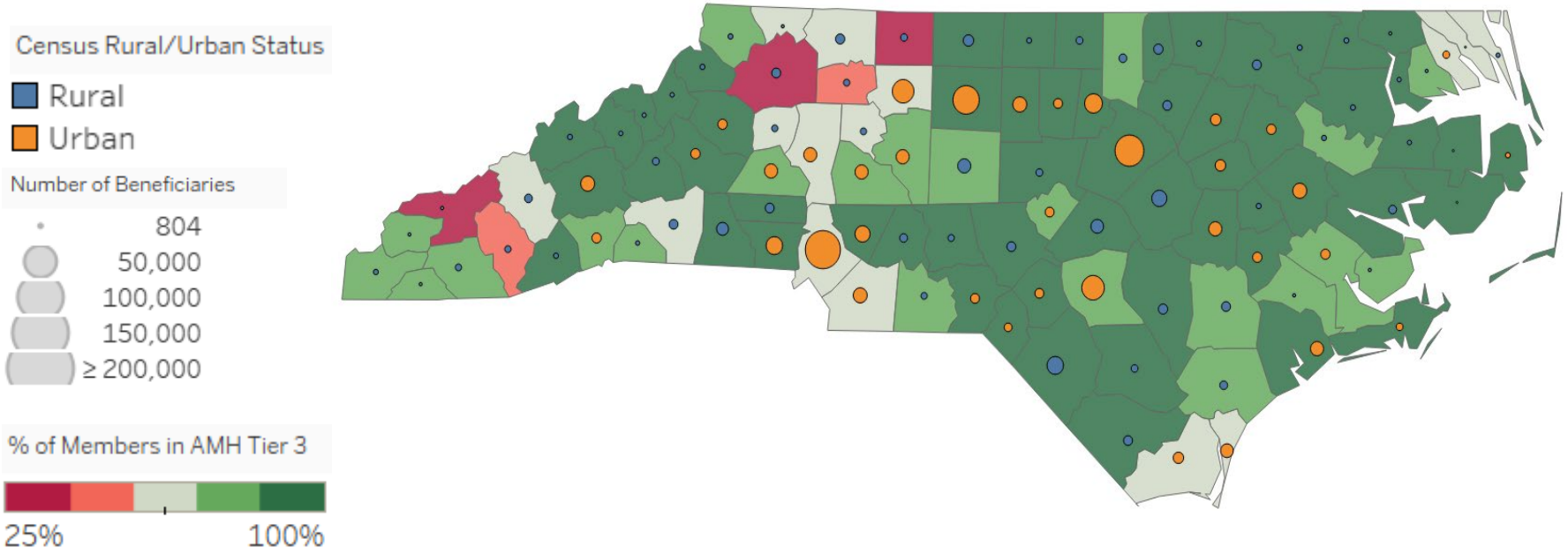


Source: Internal DHB Tableau Dashboard: Member Level Dashboard

% of Standard Plan Members Enrolled in AMH 3 by County

As of 7/04/2022

- This map shows % of Standard Plan beneficiaries at an AMH Tier 3 practice in each county
  - **Green** counties have the highest % of members at an AMH Tier 3, while **red** have the lowest %
- Each county is distinguished by **rural** vs **urban** status and by size of beneficiary population



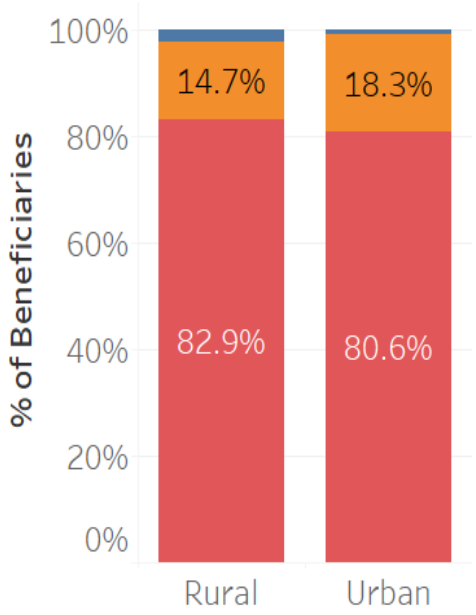
Source: Internal DHB Tableau Dashboard: Member Level Dashboard

% of Standard Plan Members Enrolled in AMH Tier 3

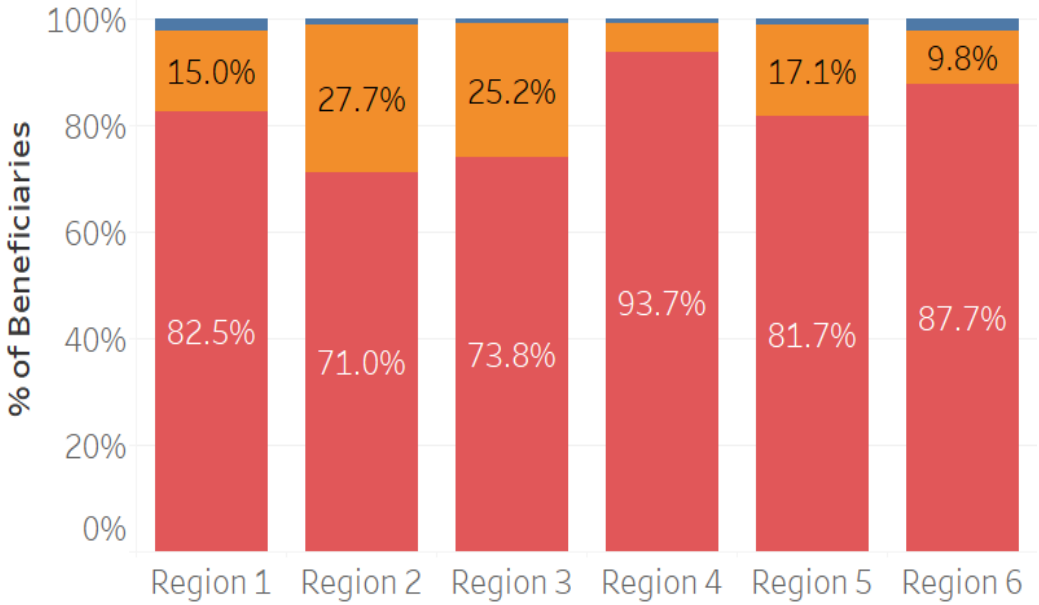
As of 7/04/2022

- DHB uses the rural/urban classification created by the National Center of Health Statistics
- Region 4 has the largest share (93.8%) of beneficiaries at an AMH Tier 3 while Region 2 has the lowest (68.7%)

By Rural vs. Urban Status



By Region



Source: Internal DHB Tableau Dashboard: Member Level Dashboard

Cumulative Care Management Penetration Rate — PHP Reporting

Through 6/30/2022

- Cumulative Care Management Penetration Rate = % of beneficiaries receiving care management
  - Advanced Medical Home (AMH)
  - Care Management for At Risk Children (CMARC)
  - Care Management for High-risk Pregnancy (CMHRP)

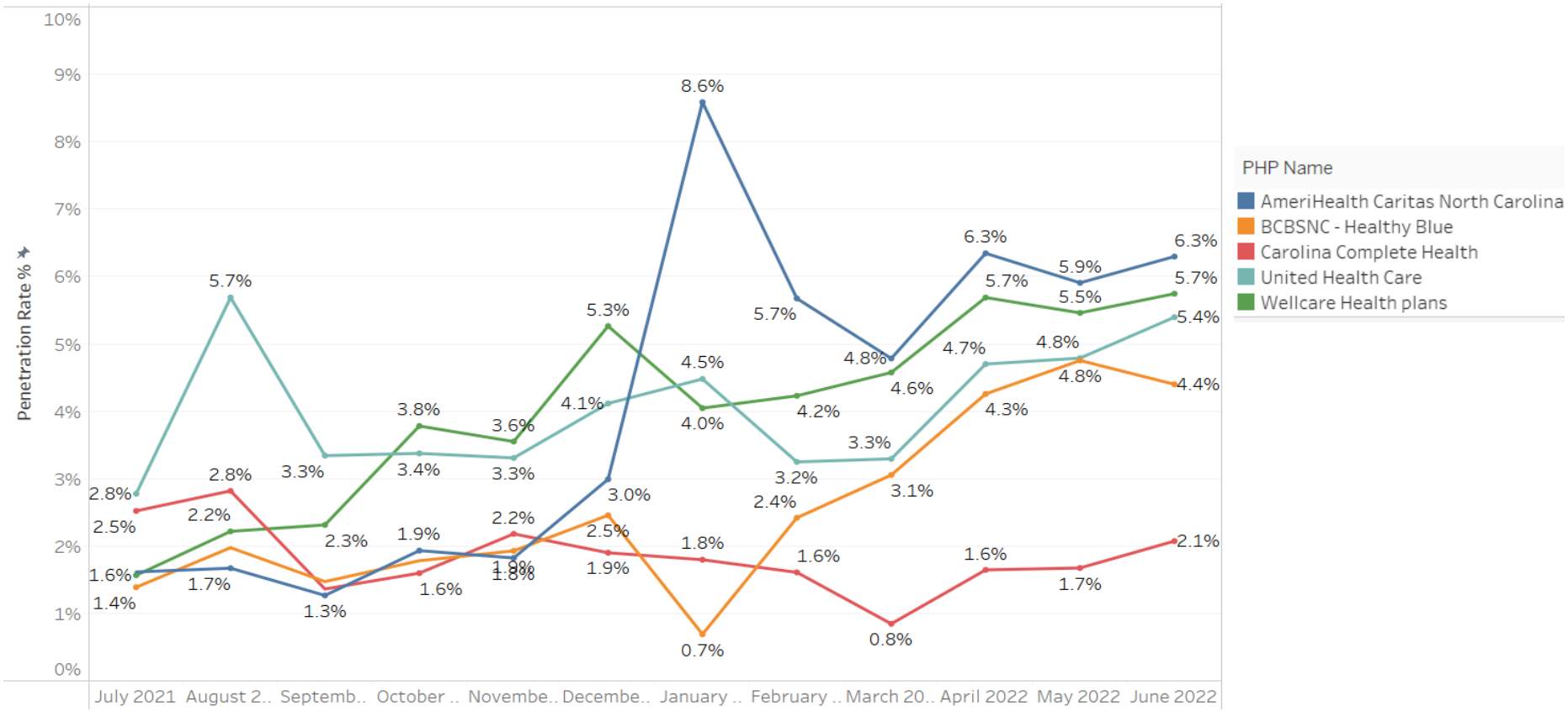
Annual Goal was 20% of members receiving care management in Year 1.

PHP Name1		CM Provided by PHP	CM Provided by AMH	CM Provided by CMARC	CM Provided by CMHRP	Y	Total Enrolled Members
AmeriHealth Caritas North Carolina	CM Members	3,119	63,083	3,187	4,011	70,339	350,097
	% of PHP Members	0.9%	18.0%	0.9%	1.1%	20.09%	
BCBSNC - Healthy Blue	CM Members	1,786	42,520	2,047	6,408	50,191	495,439
	% of PHP Members	0.4%	8.6%	0.4%	1.3%	10.13%	
Carolina Complete Health	CM Members	11,608	15,008	5,875	5,795	30,354	246,947
	% of PHP Members	4.7%	6.1%	2.4%	2.3%	12.29%	
United Health Care	CM Members	32,701	64,311	2,082	2,168	93,371	419,519
	% of PHP Members	7.8%	15.3%	0.5%	0.5%	22.26%	
Wellcare Health plans	CM Members	23,413	62,169	3,779	506	72,738	404,665
	% of PHP Members	5.8%	15.4%	0.9%	0.1%	17.97%	
Grand Total	CM Members	72,437	246,110	16,949	18,820	315,310	1,853,442
	% of PHP Members	3.9%	13.3%	0.9%	1.0%	17.01%	

Data shown represents Care Management provided from 7/01/2021 – 5/31/2022, as reported by the plans through BCM051.
Please note CMARC/CMHRP numbers are underreported currently due to data flow issues.

Monthly Care Management Penetration Rate — PHP Reporting

Through 6/30/2022



Data shown represents Care Management provided from 7/01/2021 – 5/31/2022, as reported by the plans through BCM051.
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Maternal Health Dashboard — Watching Trend Through Transitions

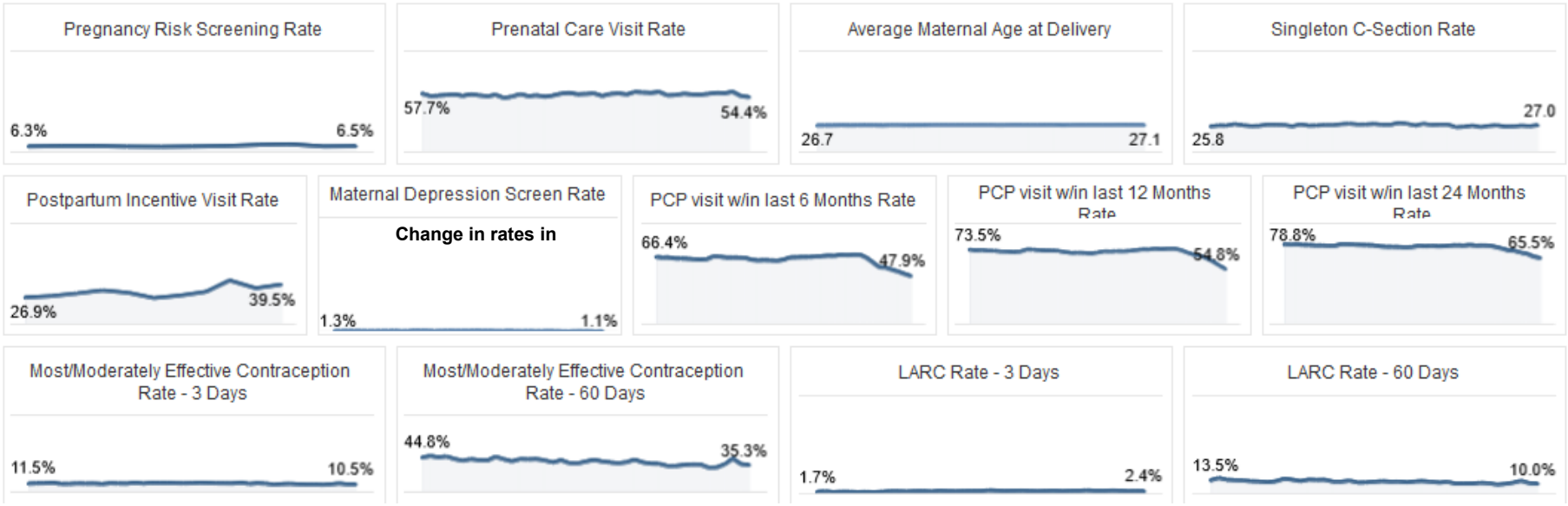
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

INTERNAL DHB USE ONLY

Maternal Health Dashboard
Overview

Data Included: January 2019 - May 2022

Demographic: **Race**; County: **All**

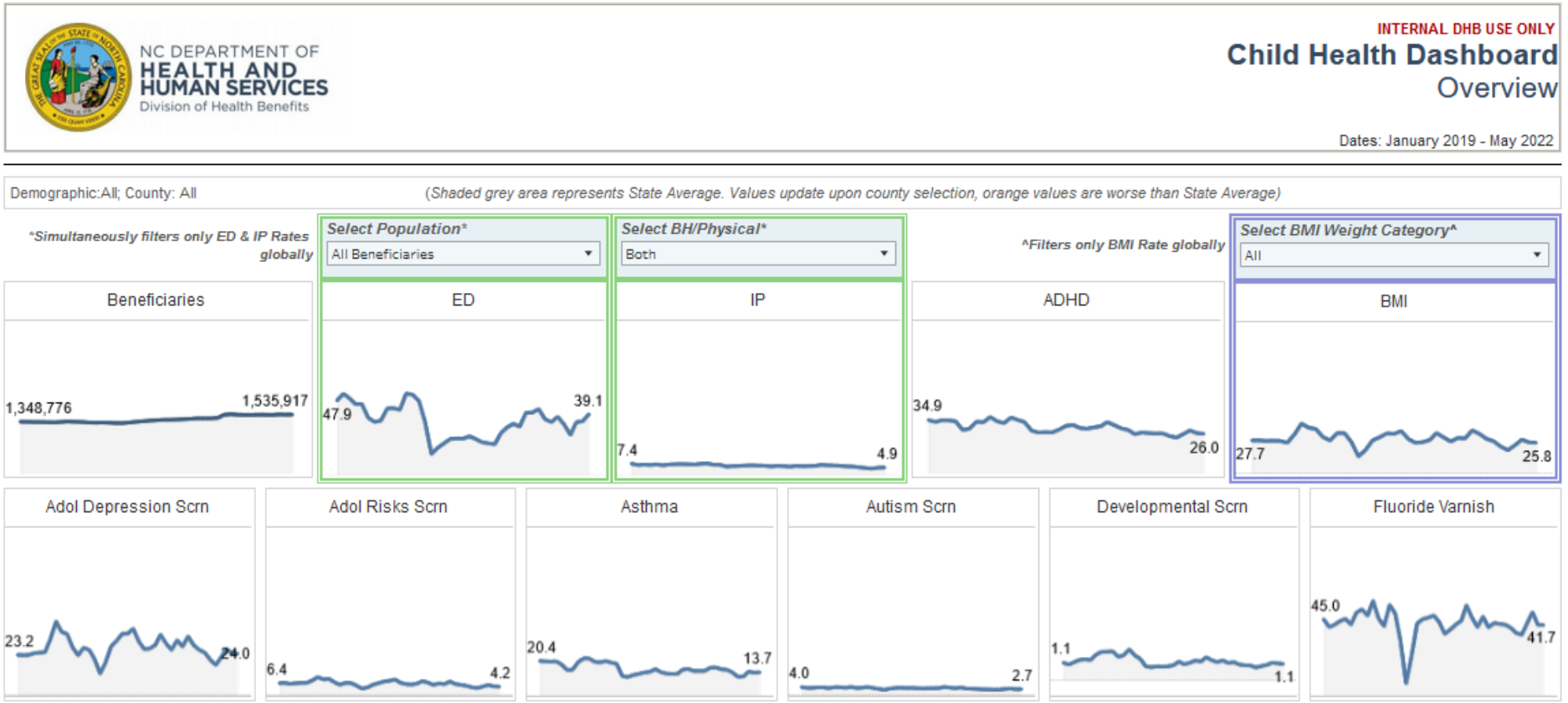


Change in rates in 2021 are affected by SP claims processing and encounter ingestion

Adult Health Dashboard — Watching Trend Through Transitions

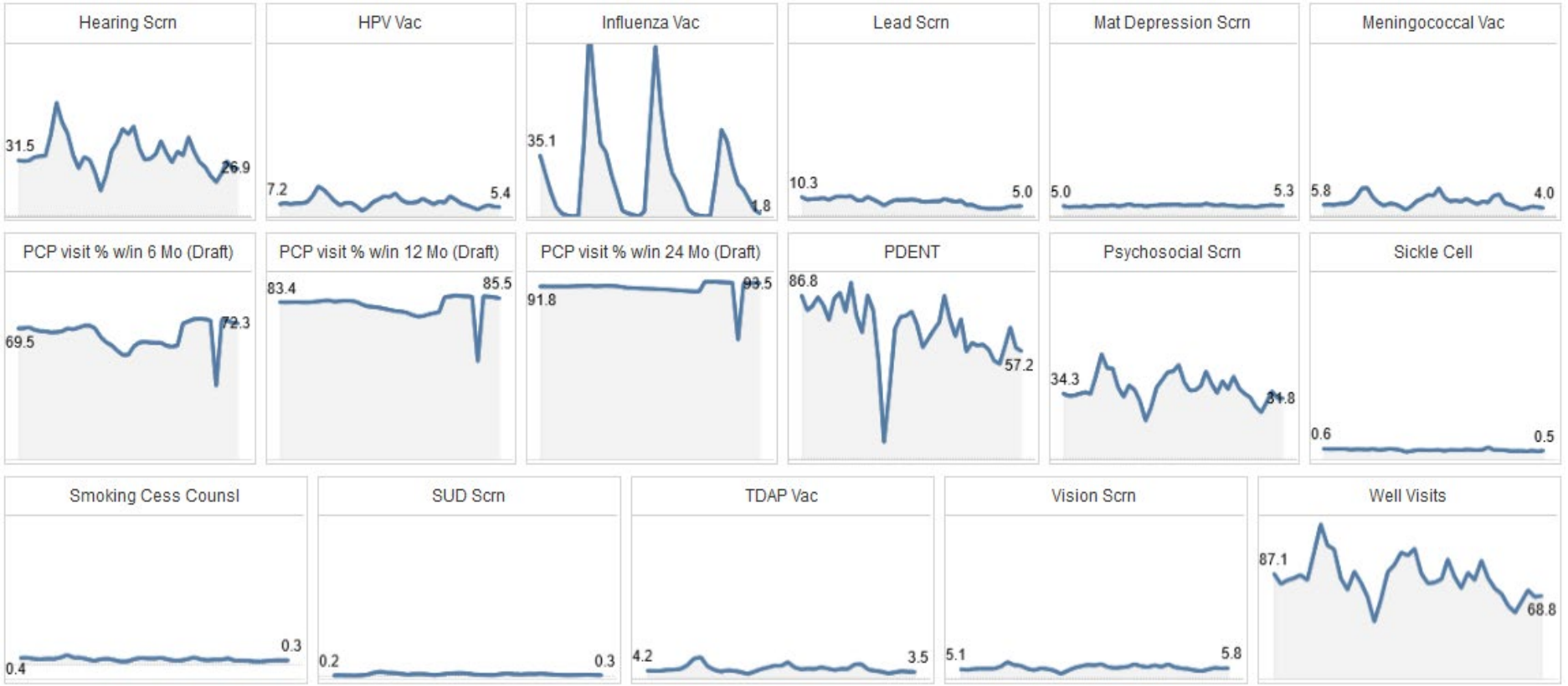
Change in rates in 2021 are affected by SP claims processing and encounter ingestion

Child Health Dashboard — Watching Trend Through Transitions



Change in rates in 2021 are affected by SP claims processing and encounter ingestion

Child Health Dashboard — Watching Trend Through Transitions



Change in rates in 2021 are affected by SP claims processing and encounter ingestion

Quality & Population Health — What's Next

- Advanced Medical Evaluation
  - Data will be presented to AMH Technical Advisory Committee (TAG) at the Oct meeting
  - Care management trends
  - Quality Measure trends
  - Evaluation results (did the program make a difference)
- Quality Performance 2021 (NC Medicaid Direct & Standard Plans w/Tailored Plan Baselines)
  - Current reviewing Quality Measure from CY2021 with our internal Quality Committee
  - Next measures go to MCAC Quality Subcommittee
  - Look at Plan Performance; pick measures & targets for CY2023
- Provider & Member Experience
  - Published our (pre-SP) CAHPS survey and Provider Survey
  - CAHPS for 2022 and Provider for 2022 currently in the field (first surveys POST-SP launch)
- Coming Soon
  - Annual Quality Report
  - Access to Care Report
  - Health Equity Report
  - Member-Facing Quality Report Cards

Questions?