



Notice of Policy Changes Related to Standard Plan Oversight of Delegated Care Management

12/15/23

Overview

Under their contracts with the Division of Health Benefits, Standard Plans are required to achieve National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA) by July 1, 2025. In order to minimize the impact of this process on delegated care management entities, the Department of Health and Human Services (DHHS) is finalizing a change to policy related to Standard Plan oversight of entities delegated care management functions.

Standard Plans are required to delegate care management for the following programs:

- Advanced Medical Home Tier 3 (AMH 3).
- Care Management for At-Risk Children (CMARC).
- Care Management for High-Risk Pregnancies (CMHRP).
- Healthy Opportunities Pilots (HOP).
- Integrated Care for Kids (InCK).

Key Change(s) to Standard Plan Oversight of Entities Delegated Care Management

The following is not reflected in the current Standard Plan Scope of Services but will be included in a forthcoming Standard Plan contract amendment. As such, DHHS is providing direction to the following Standard Plans prohibiting delegation oversight of state mandated delegates who perform PHM 5 functions or activities for the above listed programs, until further notice:

1. AmeriHealth Caritas North Carolina, Inc.
2. Carolina Complete Health, Inc.
3. Healthy Blue of North Carolina.
4. UnitedHealthcare of North Carolina, Inc.
5. WellCare of North Carolina, Inc.

Under a forthcoming contract amendment, Standard Plans will be prohibited from requiring¹ that entities to which they delegate care management participate in audits or monitoring activities for the purpose of meeting requirements enumerated in the NCQA PHM 5 complex case management standards.² NCQA will

¹ For example, as part of contract execution.

² Please refer to the NCQA HPA PHM Standards 5: Complex Care Management for further information on these requirements.

not evaluate Standard Plans against delegation oversight requirements in PHM 7, when Standard Plans delegate care management activities to state mandated delegates who perform PHM 5 functions or activities for the programs specified above, until further notice. Within NCQA's HPA Population Health Management (PHM) elements, PHM 5 refers to complex case management (targeting high risk members with complex conditions) and PHM 7 refers to delegation of population health management.

In order to minimize oversight evaluation of delegated care management entities, DHHS is instituting this policy until Standard Plan NCQA HPA is complete in 2025, after which it may be extended or modified. If a Standard Plan contracts with any other delegate not mentioned above to perform NCQA required functions or activities on its behalf, NCQA will review those delegates per its usual delegation policy, including delegation oversight review as specified in the NCQA Standards and Guidelines.

Standard Plans may continue to monitor delegated entities' care management activities against other care management or program requirements (e.g., Advanced Medical Home care management requirements) to advance their performance expectations. Standard Plans are also encouraged to work in collaboration with delegated care management entities to prepare for potential future NCQA delegation oversight as outlined in PHM 7 (e.g., PHM 7, Element B, Predelegation Evaluation) or otherwise to improve care management performance or build care management capacity.