

Managed Care Program Annual Report (MCPAR) for North Carolina: Tribal Option

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

Indicator	Response
Exclusion of CHIP from MCPAR 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

Number	Indicator	Response
A1	State name Auto-populated from your account profile.	North Carolina
A2a	Contact name 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
A2b	Contact email address Enter email address. Department or program-wide email addresses ok.	shannon.fain@dhhs.nc.gov
A3a	Submitter name CMS receives this data upon submission of this MCPAR report.	Dawn Johnson
A3b	Submitter email address CMS receives this data upon submission of this MCPAR report.	dawn.johnson@dhhs.nc.gov
A4	Date of report submission CMS receives this date upon submission of this MCPAR report.	12/20/2024

Reporting Period

Number	Indicator	Response
A5a	Reporting period start date Auto-populated from report dashboard.	07/01/2023
A5b	Reporting period end date Auto-populated from report dashboard.	06/30/2024
A6	Program name Auto-populated from report dashboard.	Tribal Option

Add plans (A.7)

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

Indicator	Response
Plan name	EBCI Tribal Option

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	<p data-bbox="349 163 621 237">Statewide Medicaid enrollment</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
BI.2	<p data-bbox="349 625 760 699">Statewide Medicaid managed care enrollment</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>Program contract</p> <p>Enter the title of the contract between the state and plans participating in the managed care program.</p>	<p>Indian Managed Care Entity Contract #30-2020-014-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>Contract URL</p> <p>Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.</p>	<p>https://medicaid.ncdhhs.gov/health-plans#health-plan-contracts</p>
C11.3	<p>Program type</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>Special program benefits</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>Variation in special benefits</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>N/A</p>
C11.5	<p>Program enrollment</p> <p>Enter the average number of individuals enrolled in this</p>	<p>4,584</p>

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

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.

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response
D11.1	<p data-bbox="349 163 574 191">Plan enrollment</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 1045 191">EBCI Tribal Option</p> <p data-bbox="794 218 867 247">4,584</p>
D11.2	<p data-bbox="349 426 667 453">Plan share of Medicaid</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="349 642 716 762" style="list-style-type: none"> <li data-bbox="349 642 716 699">• Numerator: Plan enrollment (D1.1.1) <li data-bbox="349 709 716 762">• Denominator: Statewide Medicaid enrollment (B.1.1) 	<p data-bbox="794 426 1045 453">EBCI Tribal Option</p> <p data-bbox="794 485 859 510">0.2%</p>
D11.3	<p data-bbox="349 814 721 888">Plan share of any Medicaid managed care</p> <p data-bbox="349 919 760 1098">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="349 1108 716 1266" style="list-style-type: none"> <li data-bbox="349 1108 716 1165">• Numerator: Plan enrollment (D1.1.1) <li data-bbox="349 1176 716 1266">• Denominator: Statewide Medicaid managed care enrollment (B.1.2) 	<p data-bbox="794 814 1045 842">EBCI Tribal Option</p> <p data-bbox="794 873 859 898">0.2%</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