

# Managed Care Program Annual Report (MCPAR) for North Carolina: Eastern Band of Cherokee Indians (EBCI) Tribal Option

Due date	Last edited	Edited by	Status
12/27/2025	12/22/2025	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
<b>Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool?</b>  If "No", please complete the following questions under	No

Indicator	Response
each plan.	

## Section A: Program Information

### Point of Contact

Number	Indicator	Response
A1	<b>State name</b> Auto-populated from your account profile.	North Carolina
A2a	<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
A2b	<b>Contact email address</b> Enter email address. Department or program-wide email addresses ok.	shannon.fair@dhhs.nc.gov
A3a	<b>Submitter name</b> CMS receives this data upon submission of this MCPAR report.	Dawn Johnson
A3b	<b>Submitter email address</b> CMS receives this data upon submission of this MCPAR report.	dawn.johnson@dhhs.nc.gov
A4	<b>Date of report submission</b> CMS receives this date upon submission of this MCPAR report.	12/22/2025

## Reporting Period

Number	Indicator	Response
A5a	<b>Reporting period start date</b> Auto-populated from report dashboard.	07/01/2024
A5b	<b>Reporting period end date</b> Auto-populated from report dashboard.	06/30/2025
A6	<b>Program name</b> Auto-populated from report dashboard.	Eastern Band of Cherokee Indians (EBCI) 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><b>Statewide Medicaid enrollment</b></p> <p>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>	3,127,610
BI.2	<p><b>Statewide Medicaid managed care enrollment</b></p> <p>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>	2,858,789

## Section C: Program-Level Indicators

### Topic I: Program Characteristics

Number	Indicator	Response
C11.1	<b>Program contract</b> Enter the title of the contract between the state and plans participating in the managed care program.	"Indian Managed Care Entity Contract #30-2020-014-DHB"
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	07/01/2024
C11.2	<b>Contract URL</b> Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	<a href="https://medicaid.ncdhhs.gov/health-plans#health-plan-contracts">https://medicaid.ncdhhs.gov/health-plans#health-plan-contracts</a>
C11.3	<b>Program type</b> What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Primary Care Case Management (PCCM) Entity
C11.4a	<b>Special program benefits</b> 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. 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.	None of the above – None of the above
C11.4b	<b>Variation in special benefits</b> 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.	N/A
C11.5	<b>Program enrollment</b> Enter the average number of individuals enrolled in this managed care program per	5,129

month during the reporting year (i.e., average member months).

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**C1I.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
<b>D1I.1</b>	<b>Plan enrollment</b>  Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	<b>EBCI Tribal Option</b>  5,129
<b>D1I.2</b>	<b>Plan share of Medicaid</b>  What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment? Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid enrollment (B.I.1)	<b>EBCI Tribal Option</b>  0.02%
<b>D1I.3</b>	<b>Plan share of any Medicaid managed care</b>  What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?Numerator: Plan enrollment (D1.I.1)Denominator: Statewide Medicaid managed care enrollment (B.I.2)	<b>EBCI Tribal Option</b>  0.02%
<b>D1I.4: Parent</b>	<b>Organization: The name of the parent entity that controls the Medicaid Managed Care Plan.</b>  If the managed care plan is owned or controlled by a separate entity (parent), report the name of that entity. If the managed care plan is not controlled by a separate entity, please report the managed care plan name in this field.	<b>EBCI Tribal Option</b>  EBCI Tribal Option

## 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. The state should include all sanctions the state issued regardless of what entity identified the non-compliance (e.g. the state, an auditing body, the plan, a contracted entity like an external quality review organization).

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**

## Section F: Notes

### Notes

Use this section to optionally add more context about your submission. If you choose not to respond, proceed to "Review & submit."

Number	Indicator	Response
F1	Notes (optional)	Not answered