

Who is covered in North Carolina's Medicaid Program?

ELIGIBILITY GROUPS

FFS¹⁻⁷

Qualified Non-Citizens*



Undocumented Immigrants**



Incarcerated⁺



Disabled Children⁺⁺



Current & Former Foster Care Children⁺⁺



Dual Eligibles⁺⁺



*Qualified non-citizens are subject to a 5-year waiting requirement, except for children under 18 years of age and pregnant women.

**Emergency Medicaid services only.

+ Inpatient hospitalizations are covered only for DOC inmates.

++ Dual eligibles, foster children, and disabled children can choose to receive FFS Medicaid or enroll in a PCCM.

Children, parents, and other caretaker relatives; pregnant women; aged, blind, and disabled adults; and qualified non-citizens receive care through Primary Care Case Management (PCCM).³

Do Medicaid health plans provide coverage?⁸



YES



NO

Important News

January 2017 - Governor attempted to file an amendment to North Carolina's Medicaid program to expand Medicaid under the Affordable Care Act. However, North Carolina House Speaker, Tim Moore, and Senate President Pro Tem, Phil Berger, filed a federal lawsuit to block Cooper's attempt to expand Medicaid without legislative approval. A federal judge issued an order blocking CMS from approving Cooper's proposal.⁹ The lawsuit was dropped in July, as Governor Cooper had not filed an application with the federal Department of Health and Human Services to expand. However, Moore and Berger plan to refile the suit if another attempt is made.¹⁰ In August, Governor Cooper revealed a more substantive Medicaid expansion proposal.¹¹



How has North Carolina's Medicaid program engaged in Managed Care?

SECTION 1115 WAIVERS¹²

North Carolina's Medicaid Reform waiver was created to use a hybrid of managed care plans to cover the Medicaid population and implement various quality-improvement initiatives. This would include prepaid health plans, managed care organizations (MCOs), provider-led entities (PLEs), commercial health plans, and tribal prepaid health plans. Medicaid-only enrollees would have access to long-term services and supports (LTSS). Person-centered health communities (PCHCs) would be developed to go beyond the state's existing patient-centered medical homes (PCMHs) and enhanced primary care case management (ePCCM). An application was submitted for approval on 06/01/2016. As of June 2018, the waiver was still pending.

Status: Pending Approval





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NORTH CAROLINA MEDICAID FACTS

How is North Carolina meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

The **Community Care of North Carolina (CCNC)** offers patient-centered medical homes (PCMH), targeted to aid the aged, blind, and disabled (ABD) and chronically ill patients with complex care needs who meet CCNC's screening criteria for intensive chronic care management services.¹³

As of 2013, North Carolina has established ACA **health homes** focused on treating individuals with chronic health conditions. Enrollees must have at least two chronic conditions that qualify from the ten diagnostic categories, or one of eight specific chronic conditions that are considered at-risk for developing a second chronic condition. Services include care transition support, medication management, and quality-of-care monitoring.¹⁴



Family Planning¹⁵

The Medicaid Be Smart Family Planning Program covers low-income individuals otherwise ineligible for Medicaid for the following services:

- Family planning initial and yearly exams
- Follow-up family planning visits
- Birth control and family planning counseling
- Pregnancy tests
- Family planning lab tests
- HIV testing
- Limited screening and treatment for some STDs
- Pap smears
- Referrals



Women's Health

Maternal support services, also known as the "**Baby Love Program**," are available to Medicaid-eligible pregnant women during and after (60-day postpartum period) pregnancy. Services include:¹⁶

- Series of childbirth education classes on changes experienced during pregnancy, preparation for the labor and delivery experience, and information on the postpartum period.
- Health and behavior intervention; including counseling and emotional support.
- Medical home visits by qualified staff, including referrals to other programs such as nutrition and dietary evaluation, dental care, counseling, and family planning.

Pregnancy medical homes provide a case manager assigned to a patient who remains in contact throughout the pregnancy. They also coordinate with providers and offer incentives to providers to complete a high-risk screening tool at the initial visit and to encourage postpartum visits.¹⁷

Mental Health and Substance Use Disorder

All Medicaid enrollees qualify for diagnostic assessment and substance use intensive outpatient services, regardless of age, under the advisement of an MD, DO, or licensed psychologist. For enrollees who are 21 years of age or older, services include:¹⁸



- Assertive community treatment team
- Community support team-adults
- Professional treatment services in facility-based crisis programs
- Psychosocial rehabilitation
- Substance use comprehensive outpatient treatment program
- Substance use medically monitored community residential treatment
- Substance use non-medical community residential treatment
- Ambulatory detoxification
- Non-hospital medical detoxification
- Medically supervised or ADATC detoxification crisis stabilization
- Outpatient opioid treatment

Additional services:¹⁸



- Day treatment (ages 5-20)
- Intensive In-home services (ages 3-20)
- Multisystemic therapy (ages 7-17)



Drug therapies covered: methadone, naloxone, naltrexone, and disulfiram.¹⁹

Oral Health²⁰

Covered services for oral health include:

- Oral examination once every 6 calendar months
- Prophylaxis once every 6 calendar months
- Radiographic images once every 5 years
- Topical fluoride treatment every 6 calendar months for enrollees under age 21
- Sealants for first and second molars for enrollees under age 16
- Space maintainer for enrollees under age 21
- Fillings
- Crowns
- Pulpotomy
- Partial pulpotomy for enrollees under age 21
- Complete dentures once every 10 years
- Partial dentures per arch once every 8 years with prior authorization
- Extractions
- Palliative treatment





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Timeline

Federal

North Carolina

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



1970

North Carolina adopts the Medicaid program.²¹

Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972

1972

Medicaid coverage is expanded to include Early and Periodic Screening, Diagnosis, and Treatment (EPSDT); inpatient mental hospital services for those over 65 years of age; and mental health centers.²²



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990

1991

North Carolina launches a primary care case management (PCCM) program, Carolina ACCESS (CA). The program provides enrollees with a designated medical home and primary care provider to coordinate care. Children, non-elderly individuals with disabilities, and low-income caretaker adults are required to enroll, whereas older adults, American Indian/Alaska Natives, children in foster care, dual eligibles, pregnant women, and special-needs children are given the option to enroll.²³



Balanced Budget Act of 1997 allows Medicaid to be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

1997

Carolina ACCESS is expanded statewide.²³

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999

1998

North Carolina creates Access II and III, now referred to as Community Care of North Carolina (CCNC), to support primary care practices.²³



2008

CCNC's care management model is expanded to include dual eligibles and Medicaid-only individuals with long-term care needs.²³

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

ACA implementation begins.

2014

32 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2017

