

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

**NC Medicaid
Innovations and TBI Waiver 10/1/23
Amendment Discussion**

5/10/23

- **The COVID flexibilities for the 1915(c) waivers, known as Appendix K will end 11/11/23**
- **10/1 Amendments NC Medicaid is working on**
 - NC Innovations Waiver
 - NC TBI Waiver

What is Appendix K?

- **During disasters, where State and/or National states of Emergency are declared, NC Medicaid can request short term flexibilities to be approved related to the 1915(c) waivers.**
- **The flexibilities are called Appendix K and require approval from NC Medicaid's Federal Partner Centers for Medicare and Medicaid Services (CMS).**
- **The COVID Appendix K flexibilities have been in place for over 3 years.**

What is Appendix K?

- **The Federal Public Health Emergency (PHE) Declaration is ending 5/11/23. NC Medicaid's Appendix K flexibilities are approved for 6 months after the Federal PHE ends.**
 - **Therefore, the Innovations Waiver and TBI Waiver Appendix K Flexibilities will end 11/11/23.**
 - **The flexibilities that are currently allowed under Appendix K will revert back to the original authority/ approved limits in the Innovations Waiver, Clinical Coverage Policy 8P and the TBI Waiver.**

Innovation Waiver Amendment

- **NC Medicaid is working on an Amendment to the Innovations Waiver for 10/1/23**
- **The Amendment is needed to add in language related to Tailored Plan launch and the Tailored Plans administration of the Innovations Waiver.**
- **NC Medicaid plans to request some Appendix K Flexibilities be permanently added to the Innovations Waiver and policy.**

Innovation Waiver Amendment

Flexibilities NC Medicaid anticipates requesting be made a permanent part of the Innovations Waiver Service array

- **Home Delivered Meals**
- **Remove the requirement for beneficiary to attend the Day Supports provider once per week.**
- **Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19-related issues.**

Innovation Waiver Amendment

Flexibilities NC Medicaid anticipates requesting be made a permanent part of the Innovations Waiver Service array continued:

- **Real-time, two-way interactive audio and video telehealth for the following services:**
 - **Community Living Supports**
 - **Day Supports**
 - **Supported Employment**
 - **Supported Living**
 - **Community Networking**

Innovation Waiver Amendment

NC Medicaid anticipates requesting the following flexibilities to be permanent of the Innovations Waiver service array continued:

- **Parents of beneficiaries who are minors will be able to provide Community Living and Supports (CLS), if the beneficiary meets criteria as having an exceptional need**
 - What qualifies as being an exceptional need is still being determined. Considerations for exceptional need definition includes having the highest SIS Level.
- **Relatives who live in the same home as Innovations beneficiaries who are over 18, are already eligible to provide Innovations Community Living and Supports**
 - Consideration is being made if relatives can provide Supported Living
 - Relatives will be to follow the limits outlined in Clinical Coverage Policy 8P Attachment G: Relative as Provider

Innovation Waiver Amendment

NC Medicaid anticipates requesting the following flexibilities to be permanent of the Innovations Waiver service array continued:

- **The Innovations Limit is \$135,000**
 - **NC Medicaid anticipates requesting the \$135,000 can be exceeded to request Assistive Technology Equipment and Supplies (ATES), Home Modifications or Vehicle Modifications**
 - **Note the The Innovations limits of \$50,000 combined limit for ATES and Home Modifications and \$20,000 for Vehicle Modifications over the life of the waiver period will still apply**

Innovations and TBI Waiver 10/1/23 Amendments

Additional changes:

- **Changes for the Innovation Waiver include:**
 - **Community Navigator Service Definition will be amended to be only available for Innovation's Beneficiaries who Self-Direct their services.**
 - This is because the other parts of the Community Navigator role are duplicative of Tailored Care Management.

- **Changes for the TBI Waiver include:**
 - **Resource Facilitation will be removed from the TBI Waiver.**
 - This is because the other parts of the Community Navigator role are duplicative of Tailored Care Management.

TBI Waiver Amendment

Flexibilities NC Medicaid anticipates requesting be made a permanent part of the TBI Waiver Service array:

- **Home Delivered Meals**
- **Waive requirement for beneficiary to attend the Day Supports provider once per week.**
- **Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19-related issues.**

TBI Waiver Amendment

Flexibilities NC Medicaid anticipates requesting be made a permanent part of the TBI Waiver Service array continued:

- **Real-time, two-way interactive audio and video telehealth for the following services:**
 - **Life Skills Training**
 - **Cognitive Rehabilitation**
 - **Day Supports**
 - **Supported Employment**
 - **Supported Living**
 - **Community Networking**

NC Medicaid anticipates requesting the following flexibilities to be permanent of the TBI Waiver service array continued:

- **Relatives of TBI Waiver Beneficiaries will be allowed to provide**
 - **Life Skills Training**
 - **Personal Care**

 - **Note- Relatives must be employed by a provider agency in order to provide Life Skills Training or Personal Care. Relatives providing services will complete provider hiring requirements and all needed TBI Waiver service documentation. Provider Agencies will complete needed billing for the approved services provided by the relative to ensure payment for provided authorized services.**

Next Steps

- **NC Medicaid will be posting both the Innovations and TBI Waiver Draft Amendments for 30 days**
- **Comments will be reviewed and considered**
- **We appreciate the feedback and suggestions regarding the waivers**

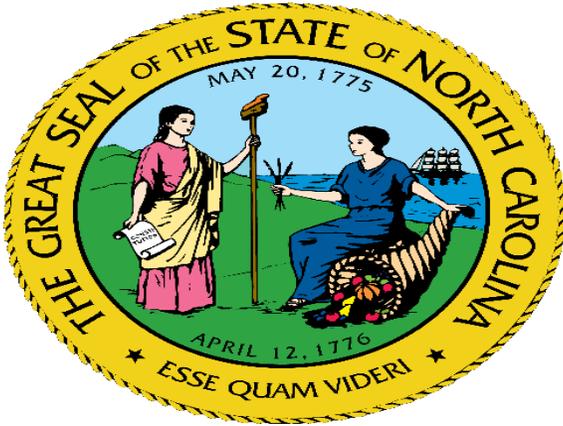
Note- the NC Innovations is approved on a 5 year cycle and is set to be renewed for 7/1/2024

- **Changes that are not made for the 10/1 Amendment can be considered for the 7/1/2024 Innovations Renewal. There will be stakeholder engagement and a public posting of the Draft Renewal document.**

Please share any feedback or Comments you want us to consider regarding the 10/1 Innovations and TBI Waiver Draft Amendments in the chat or email

Medicaid.WaiverComment@dhhs.nc.gov

We will also have information go out through various channels including DMH's listserv, sharing the links to the Draft Amendments when they are posted for public comment so you can have a chance to review and share your feedback.



NC Department of Health and Human Services

2023 - 2028 CAP/C Waiver Overview of Program Operations

WRenia Bratts-Brown
Associate Director
Home and Community-Based Services

April 2023

CAP/C Coverage Overview

Coverage

Application approval period: March 1, 2023 – February 29, 2028

Target population: 0-20 medically fragile and chronically ill individuals who meet a nurse facility level of care(LOC)

3 service options:

- Provider-led
- Consumer-directed
- Coordinated Caregiving

Coverage

18 [home and community-based services](#)

Initial independent assessments planning

Legally responsible person to become paid caregiver, when qualifying conditions are met

Coordinated transition plan from COVID-19 flexibilities to regular program administration by Nov. 2023

Operational Processes

CAP/C Operations

Maximum participant enrollment

- 6,000 by 2028; 500 each waiver year

Program enrollment requirements

- Referral
- Meet LOC
- Determination of need (initial independent assessment) to confirm medical fragility & identification of unmet needs/risk factors

Person-centered planning, service plan specific to family needs including goals & preferences

CAP/C Operations

Enrollment a service option

- Provider-led
- Consumer-directed
- Coordinated caregiving

Categories of home and community-based services:

- Hands-on
- Supportive services
- Modification services

Managing health, safety and well-being

- Monthly case management
- Quarterly face-to-face in-home visits

Person-Centered Planning

- A planning process directed by the waiver participant/caregiver that builds services around their strengths, preferences, and desired outcomes
- The planning process enables a personalized mix of paid and non- paid services and supports that assist achieving personally defined outcomes in the community



Service Options Descriptions

| Provider-Led | Consumer-Directed | Coordinated Caregiving |
|---|--|---|
| <p>Hands on support for assistance with ADLs and IADLs managed by an In-Home agency or a Home Health Agency:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Pediatric Nurse Aide • Congregate Care • Respite services <p>A legally responsible person can seek employment with an In-Home/Home Health Agency to become the paid caregiver for the above listed services other than respite</p> | <p>Personal assistance with ADLs/IADLs and other identified needs as directed by waiver participant:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Pediatric Nurse Aide • Congregate care • Attendant Nurse Care • Respite services <p>A legally responsible person can qualify to be the paid employee for the above services other than respite</p> | <p>Supportive services to assist with ADLs/IADLs, adaptive skill development and skill-level intervention:</p> <ul style="list-style-type: none"> • CAP In-Home Aide • Pediatric Nurse Aide • Congregate care • Attendant Nurse Care <p>A stipend is paid to a live-in caregiver for providing supportive care to the waiver participant. Respite services can be arranged for the live-in caregiver.</p> |
| <p>Meet the hiring requirements of the In-Home Aide/Home Health Agency</p> | <p>Meet the competency assessment requirements and be CPR certified</p> | <p>Live in same home and willing to be a live-in caregiver</p> |

Person-centered Choices

Hands-on service options minimal hiring requirements

| Provider-Led | Consumer Directed | Coordinated Caregiving |
|--|--|---|
| CAP In-Home Aide: <ul style="list-style-type: none"> • CNAI or CNAII • 18 years and older Pediatric Nurse Aide: <ul style="list-style-type: none"> • CNAII • 18 years old and older Congregate Care <ul style="list-style-type: none"> • CNAI or CNAII • 18 years old and older Respite services <ul style="list-style-type: none"> • 18 years old and older • Not a primary caregiver or live-in relative | CAP In-Home Aide Pediatric Nurse Aide Congregate Care: <ul style="list-style-type: none"> • Meet competency assessment requirements • 18 years and older Attendant Nurse Care: <ul style="list-style-type: none"> • RN • LPN supervised by RN • 18 years old and older Respite services <ul style="list-style-type: none"> • 18 years old and older • Not a primary caregiver or live-in relative | CAP In-Home Aide Pediatric Nurse Aide Congregate care Attendant Nurse Care: <ul style="list-style-type: none"> • 18 years old and older • Live in the same home Respite services <ul style="list-style-type: none"> • 18 years old and older • Not a primary caregiver or live-in relative |

Legally responsible person wanting to be the paid caregiver must meet the [extraordinary criteria](#)

Qualified Providers

| Provider-Led | Consumer-Directed | Coordinated Caregiving |
|---|--|---|
| <p>CAP In-Home Aide – In-Home Agency licensed by DHSR</p> <p>Pediatric Nurse Aide – Home Health or In-Home Agency licensed by DHSR</p> <p>Respite services – Home Health or In-Home Agency licensed by DHSR</p> <p>Enrolled as a NC Medicaid provider and adhere to interest-free service provision</p> <p>Service authorization through the e-CAP system</p> <p>Reimbursement: 15 min. fee-for-service</p> | <p>CAP In-Home Aide and Pediatric Nurse Aide - a signed employer/employee agreement and clearance from a background check</p> <p>Attendant Nurse Care Listed by BON as a registered nurse (RN) or a licensed practical nurse (LPN), a signed employer/employee agreement and clearance from a background check</p> <p>Service authorization to financial management entity through e-CAP systems</p> <p>Reimbursement: 15 min. fee-for-service</p> | <p>Home Health Agency licensed by DHSR and have access to RN, LPNs, behavioral health specialists, and allied health services professionals</p> <p>Enrolled as a NC Medicaid provider and adhere to interest-free service provision</p> <p>Service authorization through the e-CAP systems</p> <p>Reimbursement: daily stipend for assessed level of acuity (low-moderate/high/skilled)</p> |

Categories of HCBS

| Hands-on | Supportive Services | Modification Services |
|---|--|--|
| <p>Personal care type services:</p> <ul style="list-style-type: none"> • *Attendant Nurse Care • CAP In-Home Aide • Congregate Care • *Coordinated Caregiving • Pediatric Nurse Aide • Respite services <p>Managed through the options below:</p> <ul style="list-style-type: none"> • Provider-led • Consumer-directed • Coordinated caregiving | <ul style="list-style-type: none"> • Care management/care coordination • Community transition • *Community integration • Financial management services • *Individual/participant goods and services • Non-medical transportation • Nutritional supplements • Pest eradication • Specialized medical equipment and supplies • Training, Educational and Consultative services | <ul style="list-style-type: none"> • Assistive Technology • Home accessibility and adaptive services • Vehicle modification <p>Service requests for new budgets are being processed</p> |

Justification of need for these services are made through an evaluation (initial or annual assessment) or collaborative input from the multidisciplinary team

SCFAC Updates

Kelly Crosbie, MSW, LCSW
Director, DMHDDSUS

April 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

DMHDDSUS UPDATES

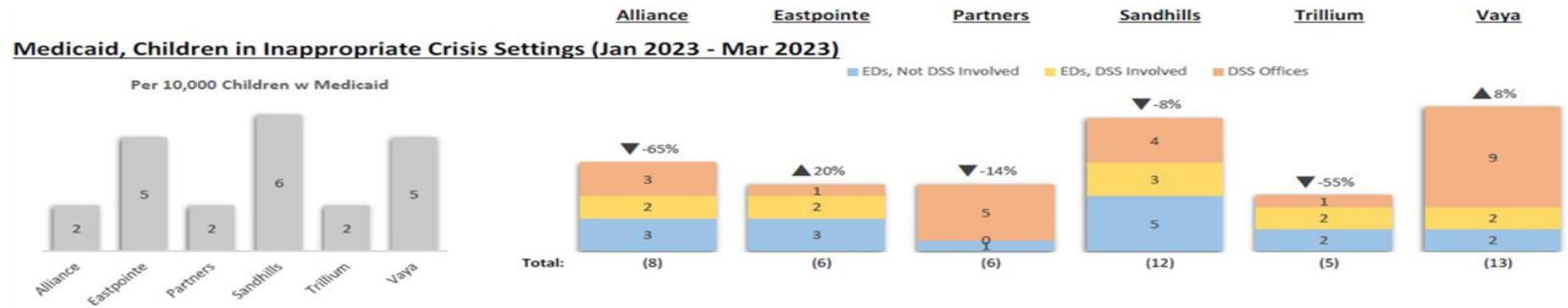
- Executing on DHHS Behavioral Health & Resiliency Priorities (BH&R), Olmstead plan
- Preparing to execute on the \$1B Gov Plan/HB855
- Preparing our Strategic Plan (State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services)
 - Public Sharing of Data/Progress
- Plain Language Campaign: Helping People Understand Our System Better
 - Tailored Plan
 - Innovations Waiver/RUN
 - TBI Supports/Waiver
 - 1915i
- Peer Services—refreshing array of certification options; planning learning collaboratives.
- **Trying to listen better and share more. Our system works best when we all work together and when we use/share data for decision-making.**

LME/MCO Dashboard

April 2023

LME/MCO Dashboard

| | | | |
|--|-------------------|---|---|
| Children in Inappropriate Crisis Setting | Children in PRTFs | In State Psychiatric Hospital Ready for Discharge | On Innovations Waitlist & Receiving A Service |
|--|-------------------|---|---|



Children in Inappropriate Crisis Settings. This measure is the number of children boarded in the emergency department or DSS office.

The data period is a three-month rolling average. The ED data is reported to DCFW by the LME/MCOs weekly. DSS data is provided by the local DSS offices. Per 10,000 children is calculated using the number of eligible Medicaid children during the last month of the reporting period. Downward directional arrow shows improvement.

LME/MCO Dashboard

| | | | |
|--|-------------------|---|---|
| Children in Inappropriate Crisis Setting | Children in PRTFs | In State Psychiatric Hospital Ready for Discharge | On Innovations Waitlist & Receiving A Service |
|--|-------------------|---|---|



Medicaid Children in PRTFs. This measure is the number of children in PRTFs, stratified by in-state/out-of-state and by DSS involved/ Not DSS involved. Out of state PRTFs include all out of state facilities, including boarder facilities, as North Carolina does not have licensure oversight for facilities outside of North Carolina.

The data period is a three-month rolling average and is lagged to allow for encounter submission. The data is calculated by DHB using LME/MCO encounters in NC Tracks. Per 10,000 children is calculated using the number of eligible Medicaid children during the last month of the reporting period. Downward directional arrow shows improvement.

LME/MCO Dashboard

Children in Inapp..

Children in PRTFs

In State Psychiatric Hospital Ready for Discharge

On Innovations Waitlist & Receiving A Service

Follow-up Withing 7 ..



Ready for Discharge. This measure focuses on timely discharges of patients who are clinically stabilized and no longer need the level of care provided by the state psychiatric hospital and includes the numbers ready for discharge and those not ready for discharge for the responsible LME/MCO for care.

The data period is a three-month rolling average. Data includes DSOHF administrative and clinical data. Downward directional arrow shows improvement.

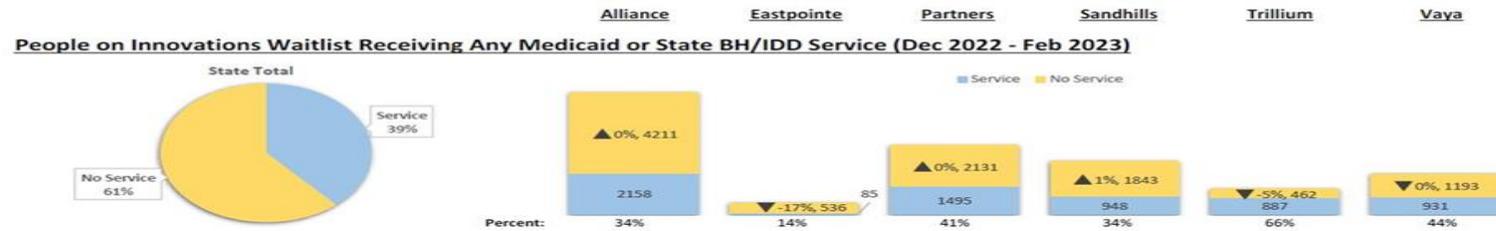
LME/MCO Dashboard

Children in PRTFs

In State Psychiatric Hospital Ready for Discharge

On Innovations Waitlist & Receiving A Service

Follow-up Withing 7 Days After Discharge



People of the Innovations Waiver Receiving Any Medicaid or State BH/IDD Service. This measure is the number and percent of people receiving any Medicaid funded or DMHDDSUS funded service who are waiting for an Innovations Waiver slot.

The data period is a three-month rolling average. This data is reported to DHHS by the LME/MCOs monthly. Upward directional arrow shows improvement.

LME/MCO Dashboard

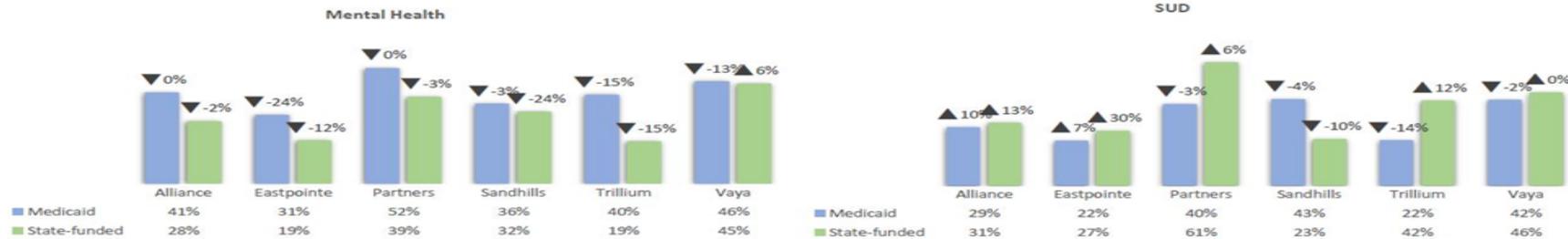
Children in PRTFs

In State Psychiatric Hospital Ready for Discharge

On Innovations Waitlist & Receiving A Service

Follow-up Withing 7 Days After Discharge

Follow-up Within 7 Days After Inpatient Discharge (SFY23 Q1)



Follow-Up Within 7 Days After Inpatient Discharge - Mental Health Treatment. This measure is the percentage of discharges for individuals who were admitted for mental health treatment in a community-based hospital, state psychiatric hospital, or facility-based crisis service that received a follow-up visit with a behavioral health service within 1-7 days of discharge.

Follow-Up Within 7 Days After Inpatient Discharge - SUD Treatment. This measure is the percentage of discharges for individuals who were admitted for substance use disorder treatment in a community-based hospital, state psychiatric hospital, state ADATC, or detox/facility-based crisis service that received a follow-up visit with a behavioral health service within 1-7 days of discharge.

Data is lagged for LME/MCO claims and encounter submission to NC Tracks and is calculated by DHB/DMH for respective populations. Upward directional arrow shows improvement.



2021 Health Plan Report Card (Pilot Year)

State Consumer and Family Advisory Committee (SCFAC)

May 10, 2023

Agenda

1. Background & Important Notes
2. Methodology
3. View Redacted Version of the Report Card
4. Stakeholder Engagement Plan
5. Questions/Comments

Background

- The goal of the health plan report card is to evaluate performance of the five Standard Plans (SPs) and present the results in a consumer-friendly way
 - It serves as a tool to assist members in choosing a health plan that meets their needs based on specific assessment criteria
- The 2021 report card was developed by our external quality review organization (EQRO), the Health Services Advisory Group, Inc. (HSAG) based on guidance from the National Committee for Quality Assurance (NCQA)

Important Notes

- 2021 performance is **NOT** an accurate representation of health plan performance
 - The measurement year was interrupted by the COVID-19 pandemic and managed care launch
 - SPs were only involved for the second-half of the measurement year
- Therefore, the 2021 health plan report card has been redacted and will remain private
- Future health plan report cards will be published for public consumption to align with DHB's commitment to transparency and public-reporting of health plan performance

Methodology Overview

Health plan performance was evaluated across six categories, comprised of 26 Healthcare Effectiveness Data and Information Set (HEDIS®) and 15 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) measures

| Reporting Category | Description | HEDIS® | CAHPS® |
|------------------------|---|--------|--------|
| Overall Rating | Composite of all measures included in the report card plus member's rating of their health plan, all health care, and customer service | ✓ | ✓ |
| Doctors' Communication | Consumer perceptions on how well their doctors communicate and the overall rating of personal doctors and specialists seen most often | | ✓ |
| Getting Care | Consumer perceptions on the ease of obtaining needed care and how quickly they received that care plus measures of access to care and follow-up care | ✓ | ✓ |
| Keeping Kids Healthy | Measures of how often preventive services and appropriate treatment are provided for children (e.g., child immunizations, well-child/well-care visits, etc.) | ✓ | |
| Living with Illness | Measures that assess chronic condition and medication management for people living with chronic conditions (e.g., diabetes, hypertension, depression, asthma, etc.) | ✓ | |
| Women's Health | Measures that assess how often women-specific services are provided (e.g., screenings for breast cancer and cervical cancer, and prenatal and postpartum care) | ✓ | |

Sample of CAHPS Measures

| Reporting Category | CAHPS® Measures Included | Measure Type |
|------------------------|--|-----------------|
| Overall Rating | Adult and Child Rating of Health Plan <i>"[...] what number would you use to rate your/your child's health plan?"</i> | Global Rating |
| | Adult and Child Rating of All Health Care <i>"[...] what number would you use to rate all your/your child's health care in the last 6 months?"</i> | Global Rating |
| | Adult Customer Service <i>"[...] how often did your health plan's customer service give you the information or help you needed?"</i> and <i>"[...] how often did your health plan's customer service staff treat you with courtesy and respect?"</i> | Composite Score |
| | Adult Flu Vaccination <i>"Have you had either a flu shot or flu spray in the nose since July 1, 2021?"</i> | Individual Item |
| Doctor's Communication | Adult and Child How Well Doctors Communicate <i>"[...] how often did your/your child's personal doctor explain things in a way that was easy to understand?", "[...] listen carefully to you?", "[...] show respect for what you had to say", "[...] spend enough time with you"</i> | Composite Score |
| | Adult and Child Rating of Personal Doctor <i>"[...] what number would you use to rate your/your child's personal doctor?"</i> | Global Rating |
| | Adult Rating of Specialist Most Seen <i>"We want to know your rating of the specialist you talked to most often in the last 6 months. [...] what number would you use to rate that specialist?"</i> | Global Rating |
| Getting Care | Adult and Child Getting Needed Care <i>"[...] how often was it easy to get the care, tests, or treatment you/your child needed?"</i> and <i>"[...] how often did you/your child get an appointment with a specialist as soon as you/he or she needed?"</i> | Composite Score |
| | Adult and Child Getting Care Quickly <i>"[...] when you/your child needed care right away, how often did you/your child get care as soon as you/he or she needed?"</i> and <i>"[...] how often did you get an appointment for a check-up or routine care as soon as you/your child needed?"</i> | Composite Score |

CAHPS Measure Calculation:

Only *positive ratings* are considered for each measure. The positive ratings represent the proportion of respondents with positive survey responses (i.e., rate their experience of care higher). A positive rating is defined as follows:

- Global Rating: “8”, “9”, or “10” on a scale of 0-10
- Composite Score: “Always” or “Usually”
- Individual Item: “Yes”

Sample of HEDIS Measures

| Reporting Category | HEDIS® Measures Included | |
|-----------------------------|---|--|
| Getting Care | Adults' Access to Preventive/Ambulatory Health Services | Follow-Up After Emergency Department (ED) Visit for Substance Use |
| | Follow-Up After Hospitalization for Mental Illness | Follow-Up After ED Visit for Mental Illness |
| Keeping Kids Healthy | Childhood Immunization Status (Combination 10) | Well-Child Visits in the First 30 Months of Life |
| | Immunizations for Adolescents (Combination 2) | Follow-Up Care for Children Prescribed ADHD Medication |
| | Child and Adolescent Well-Care Visits | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics |
| Living With Illness | Asthma Medication Ratio | Controlling High Blood Pressure |
| | Antidepressant Medication Management | Comprehensive Diabetes Care |
| Women's Health ¹ | Breast Cancer Screening | Chlamydia Screening |
| | Cervical Cancer Screening | Prenatal and Postpartum Care |

HEDIS Measure Calculation:

- HSAG calculated the measure variance for each HEDIS measure via data extracted from the DHB-provided rate files
- Measures with multiple submeasures were weighted accordingly (e.g., Follow-Up After Hospitalization for Mental Illness 7-Day and 30-Day Follow-Up were each weighted ½)

¹While not included in the 2021 report card, DHB may elect to include the *Low Birth Weight* measure in future years

Methodology for Determining Health Plan Performance

- The aggregate SP average was used for comparison purposes, with a five-star rating system implemented to show meaningful differences between plans (see below)
- 95% and 68% Confidence Intervals were calculated around *difference scores* to identify plans that were significantly higher or significantly lower than the aggregate SP average
 - Difference scores were calculated with the plan category summary scores (summed total of the standardized plan means with weights applied) and the variance of those summary scores

| Rating | Plan Performance Compared to Statewide Average | |
|---|--|--|
|  | Highest Performance | The plan's performance was 1.96 standard deviations or more above the North Carolina SP average. |
|  | High Performance | The plan's performance was between 1 and 1.96 standard deviations above the North Carolina SP average. |
|  | Average Performance | The plan's performance was average compared to all North Carolina SP average. |
|  | Low Performance | The plan's performance was between 1 and 1.96 standard deviations below the North Carolina SP average. |
|  | Lowest Performance | The plan's performance was 1.96 standard deviations or more below the North Carolina Medicaid SP average. |

North Carolina Calendar Year 2021 Health Plans Report Card

Comparing North Carolina Health Plans

Choosing a health plan that works best for your family is important. This tool is designed to help eligible members choose a health plan. This tool shows how well the different health plans provide care and services in various areas. The ratings for each area summarize how the health plan performs on a number of related standards.

2021 ratings are not a true reflection of health plan performance as members spent the first half of the measurement year in Medicaid Direct. Additionally, the measurement year was disrupted by the COVID-19 pandemic and the launch of managed care.

Key

Highest Performance
High Performance
Average Performance
Low Performance
Lowest Performance



| Health Plan* | Overall Rating** | Doctors' Communication | Getting Care | Keeping Kids Healthy | Living With Illness | Women's Health |
|---------------|------------------|------------------------|--------------|----------------------|---------------------|----------------|
| Health Plan A | ★★★ | ★★★ | ★★★★ | ★★★★★ | ★★★ | ★★★ |
| Health Plan B | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ | ★★★★★ |
| Health Plan C | ★★★ | ★★ | ★★ | ★★★ | ★★★ | ★★★★★ |
| Health Plan D | ★ | ★★ | ★ | ★ | ★★★ | ★ |
| Health Plan E | ★★★ | ★★★★★ | ★★★ | ★★★ | ★★★ | ★★★ |

*Managed care began on July 1, 2021; thus, performance should not be attributed to the health plan.

**This rating includes all categories, as well as how child members feel about their health plan.

What is Rated in Each Performance Area?

Doctors' Communication

- Doctors explain things well to members
- Members are happy with their doctor

Getting Care

- Members get the care they need when they need it
- Members with behavioral health conditions get the follow-up care they need

Keeping Kids Healthy

- Children get regular checkups and important shots at the right age that help protect them against serious illness
- Children on antipsychotics get appropriate treatment

Living With Illness

- Members with asthma, diabetes, high blood pressure, and depression get the care they need by getting tests, checkups, and the right medicine

Women's Health

- Women get screenings and tests for cancers and diseases
- Members receive care before and after their babies are born

Choosing a Medicaid Health Plan

Your health care is important, and choosing the North Carolina health plan that best meets your needs is also important. Here are some questions to ask yourself before you pick a health plan:

- Does anyone in your family have special health needs?
- How well did each health plan perform in each performance area in this tool?
- Which health plan has all or most of the doctors, providers, and hospitals that you and your family visit?
- Which health plan has doctors with office hours and locations that are convenient for you and your family?
- Which health plan offers extra services that you want to use?

You may have other questions or concerns that are important to you. You can contact the health plan using the information below. They can tell you which doctors are available to you and what extra services they offer. You can also call the **NC Medicaid Enrollment Broker at 1-833-870-5500**. Staff can answer your questions and help you decide which health plan is best for you and your family.

| Health Plan | Contact Information |
|---------------|------------------------------------|
| Health Plan A | Phone # Website |
| Health Plan B | Phone # Website |
| Health Plan C | Phone # Website |
| Health Plan D | Phone # Website |
| Health Plan E | Phone # Website |

Information as of February 2023



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

For More Information

Visit the North Carolina Medicaid Division of Health Benefits (DHB) online at: ncmedicaidplans.gov.

About This Tool

The 2022 (Calendar Year [CY] 2021) Health Plan Report Card utilizes results from Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and DHB-calculated measure data. CY 2021 data were used to derive 2022 reporting year rates. This report was compiled by Health Services Advisory Group, Inc. (HSAG) in collaboration with the North Carolina Department of Health and Human Services (DHHS) DHB.

Stakeholder Engagement Plan & Next Steps

- SPs have been provided the redacted version of the report card and the detailed methodology with a note they can request their plan's letter if desired
 - DHB received feedback from each of the SPs and is working on an FAQ document
- DHB is also in the process of engaging a diverse set of providers and beneficiaries
- Stakeholder feedback will be used to inform the next iteration of the report card
- Goal is to go-live officially with a public 2022 report card
 - This version will be brought through NC Medicaid's governance process (via the Quality and Health Outcomes Committee) in the Fall of 2023 for an official vote/approval prior to being published

Questions?

Please contact Jess Kuhn (jessica.a.kuhn@dhhs.nc.gov) and Hannah Fletcher (hannah.fletcher@dhhs.nc.gov) with any follow-up comments/questions about the health plan report card.