



North Carolina HealthNet

Phone: 919.527.6440 • Fax: 919-733-8300

2015 Profile

<http://www.ncdhhs.gov/divisions/orh>

Overview

- Provides technical assistance and grants to support local efforts to improve access and quality of health care for uninsured adults.
- Connects safety net organizations (free clinics, public health departments, school-based health centers, rural health centers, community health centers, and other not-for-profit clinics) providing free and low-cost health care services with the administrative infrastructure of Community Care of North Carolina (CCNC).
- Enrollees have a primary care medical home and access to prescription drugs, health screenings, wellness education, care coordination for chronic conditions, and other medical services.

Importance

- In North Carolina, approximately 1.4 million nonelderly adults have no health insurance coverage. For the uninsured, access to primary care, preventive services, specialty care, and prescription drugs is largely limited to the availability of donated “charity” care and safety net providers.
- NC HealthNet leverages the administrative infrastructure of CCNC and the resources of a broad array of partners in order to strengthen health care delivery systems, enhance quality and coordination of care, and contain unnecessary growth in healthcare expenditures.

Cost, Savings and Program Monitoring

- Expenditures were \$4,038,350 for 28 State supported grants.
- Connected more than 32,000 uninsured adults to a primary care medical home.*
- Provided care management to more than 26,000 individuals with chronic medical conditions.*
- Average annual cost per HealthNet enrollee is \$123.*
- The value of donated physician services is estimated at more than \$7 million annually. In addition, more than \$6 million per year in uncompensated Emergency Department and inpatient costs are potentially avoided as a result of the care management provided for HealthNet enrollees with chronic medical conditions.

* In 2013, ORH reconfigured HealthNet funding to cover as many of the 100 North Carolina counties as possible and align reimbursement with performance data. This major restructuring resulted in grantees having fewer HealthNet dollars while providing requisite core services, and tracking complex quality measures. Grantees are also collecting and reporting program data through automated processes whenever possible. Enrollment numbers between January and June 2014 were lower than expected, possibly as a result of grantees and partners adjusting to new program requirements or perhaps due to the most motivated individuals seeking coverage under the ACA. On March 5, 2015, grantees learned that HealthNet would likely end on June 30, 2015. After that date, HealthNet grantees began to wind down their programs and redirect potential enrollees to other resources in their communities.

Technical Assistance: Supporting Safety net infrastructure in vulnerable communities:

IHCDS Team provided 259 hours of technical assistance in the form of meetings, webinars, conference calls, documents, and site visits for grantees, community stakeholders, and safety net providers such as public health departments, free clinics, rural health centers, hospitals, non-profit organizations, and local governments.

HealthNet Funding Sources for SFY 2014-2015:

- State - \$4,320,000



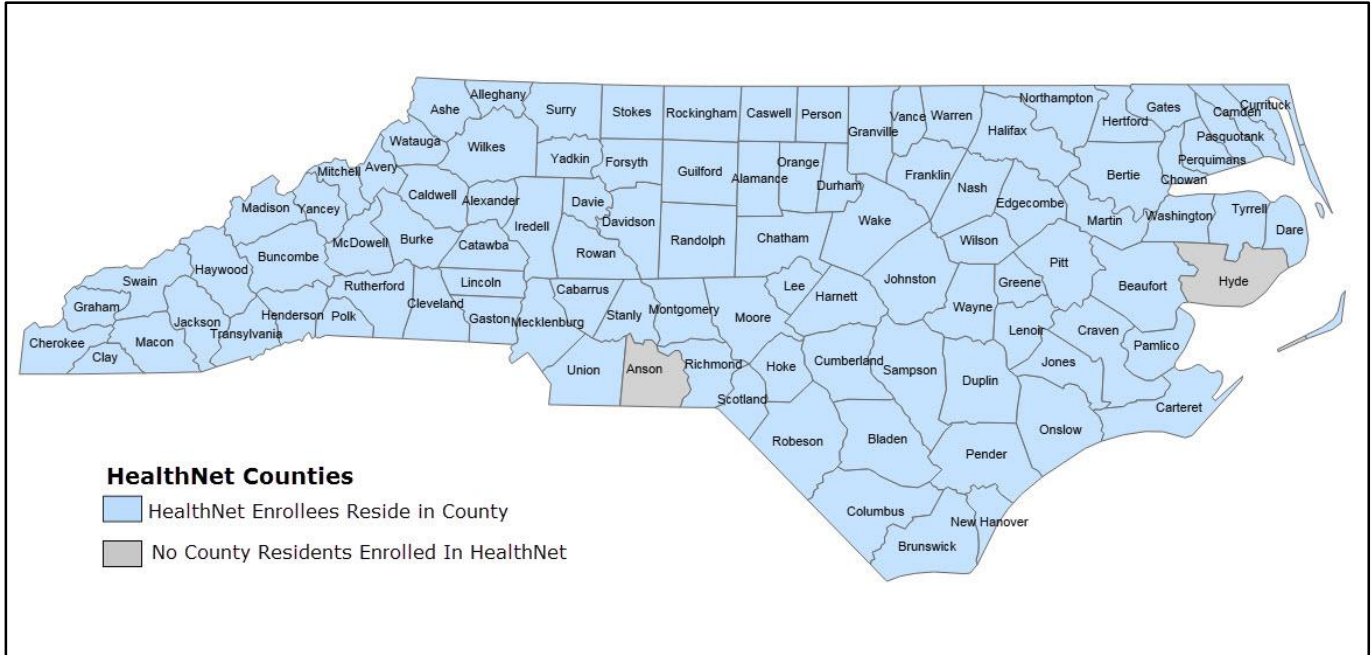
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Program Coverage

NC HealthNet served enrollees from
98 counties (June 2015)



If you have further questions, please contact:

Anne Braswell, Integrated Health Care Delivery Systems Manager
Office of Rural Health
311 Ashe Avenue, Raleigh, NC 27606
Phone: 919-527-6449
Anne.Braswell@dhhs.nc.gov

