

NORTH CAROLINA'S Medicaid Managed Care Program



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Medicaid Snapshots SFY 2001

N.C. Population	8,049,313
Medicaid Eligibles	1,354,593

North Carolina Medicaid Managed Care

Statewide Primary Care Case Management Program:
Carolina ACCESS > 700,000 enrollees

HMO Option:

Mecklenburg County

Enrollment – 10,000 enrollees

CHALLENGE:

Can the Primary Care Case Management Program become a vehicle for managing care, improving quality, and costs?

ISSUES:

- PCPs feel limited in their ability to manage care
- Local public health departments and area mental health programs are not looped into the medical care process
- Duplication of services at the local level
- Fragmented care

What Needs To Happen

- ❖ Partnership
- ❖ Population Management
- ❖ Accountability

What is ACCESS II & III?

An opportunity for community health care providers to collaborate and demonstrate their ability to manage the healthcare needs of the Medicaid population.

ACCESS II & III Is:

- ◆ Built on Carolina ACCESS
- ◆ A collaborative effort between communities, providers and the State

ACCESS II & III Goals

- ◆ Increase access to care
- ◆ Promote community based systems of care
- ◆ Enhanced patient care management
- ◆ Improve quality and cost effectiveness

ACCESS II & III

Demonstration Projects

Collaborative networks comprised of key Medicaid providers: physicians, hospitals, health departments, departments of social services and other community organizations.

ACCESS II - local integrated networks (10)
- Statewide physician network (1)

ACCESS III - countywide integrated networks (2)

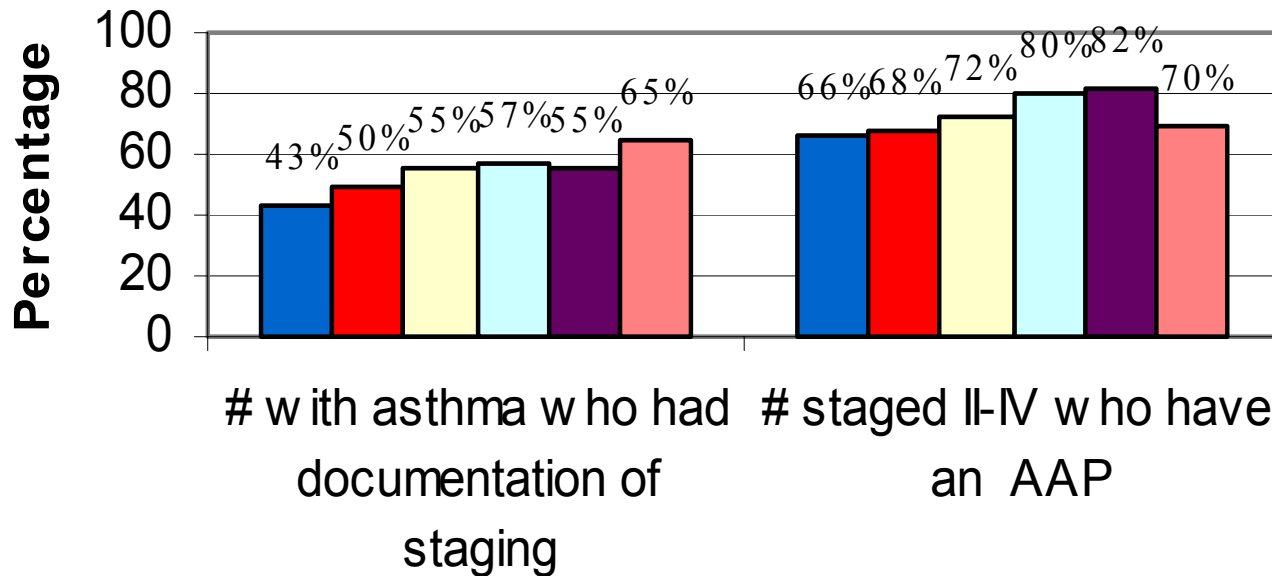
297,000 Enrollees (January 2003)

ACCESS II & III Initiatives

- Disease Management
Asthma, Diabetes, CHF, Gastroenteritis
- Pharmacy Management
Generic Prescribing, Polypharmacy
- Case Management Re-engineering

Asthma Disease Management

ACCESS II and III Asthma Disease Management Quality Initiative



■ Round I (July-Sept 1999 - baseline)

■ Round II (Oct-Dec 1999)

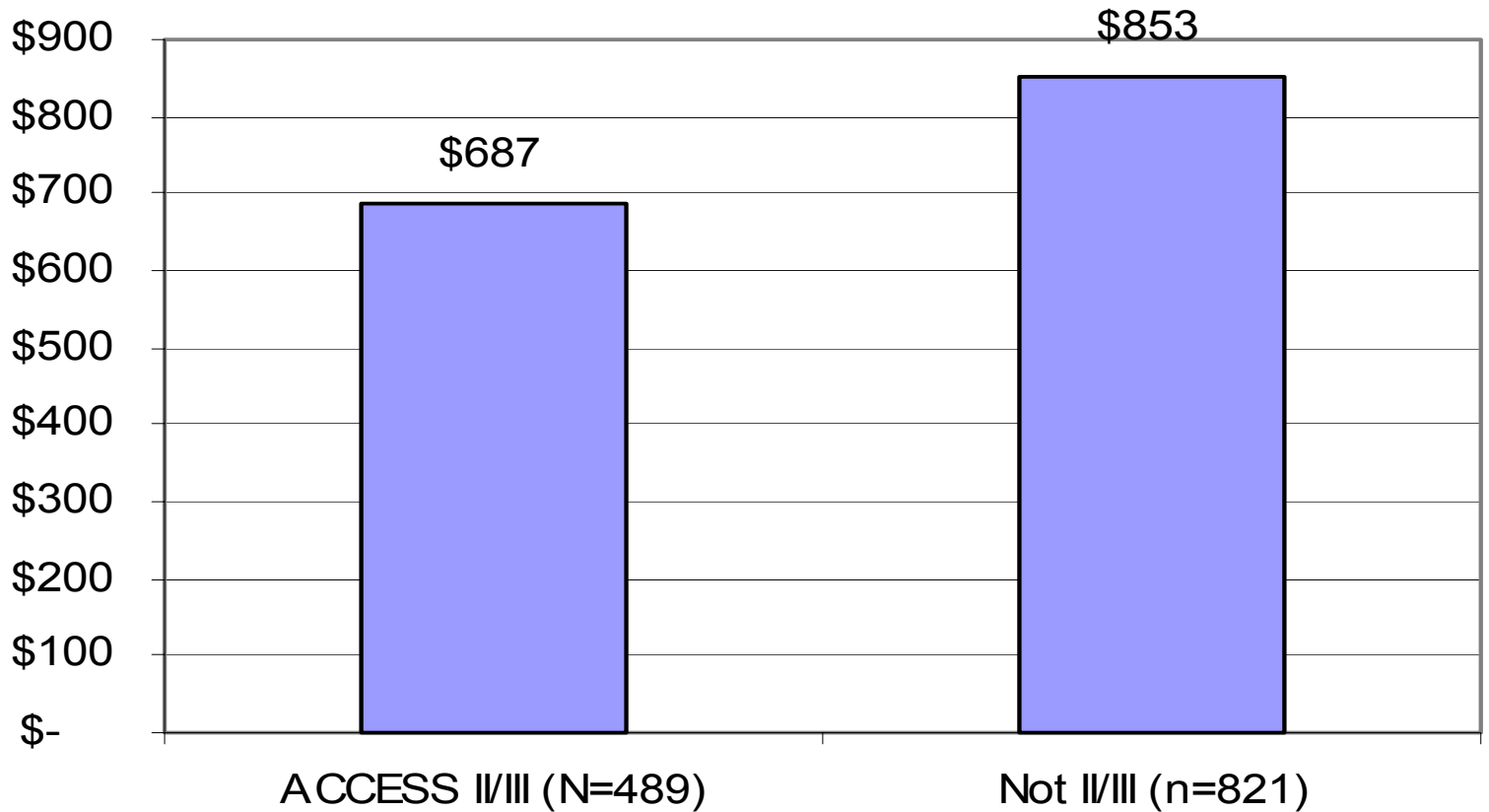
■ Round III (Jan-March 2000)

■ Round IV (April - June 2000)

■ Round V (July -Dec 2000)

■ Round VI (Jan-Jul 2001)

Average Asthma Episode Cost for Children Under 18 in 2000 was Lower for ACCESS II/III Patients than for Children not Enrolled*



*Significant Difference $p < .001$

ABCD Pilot Project

Commonwealth Funded/NASHP Administered

“Assuring Better Child Development”

- Developing a comprehensive community model for child development in the medical practice.
- ASQ (Ages & Stages Questionnaire)
63% of children screened in 2nd Qtr 02 compared to 3 % in 2nd Qtr 99
- Replicate in other ACCESS II & III practices

Major Challenges

- Budget (the need to focus on initiatives with immediate returns) justification to the administration & legislature
- Data needs
- Recipient education & responsibility
- Federal regulations (inability to mandatorily enroll dually eligibles, emergency room regulations EMTALA & Prudent Layperson)



Next Steps:

- Statewide expansion of ACCESS II & III
- Expansion of disease management initiatives
- Expansion of cost containment initiatives
- Explore provider incentives