

CCNC-UP Program Overview 03 01 2011.docx

Program Funding:

- U.S. DHHS Health Resources and Services Administration (HRSA) State Health Access Program (SHAP) grant
- Federal funding of \$1.2 million in Year 1, \$3.2 million in Year 2 and \$4 million for each of Years 3-5
- State expected to contribute 20% match, waived for Years 1 & 2

Two pilot sites:

- Warren County
- Pitt/Greene Counties

Program administration

CCNC-UP is jointly administered by the Office of Rural Health and Community Care and the Division of Medical Assistance. The coordinating committee also includes representatives from:

- The Office of Governor Bev Perdue
- North Carolina Institute of Medicine
- North Carolina Community Care Networks, Inc.
- North Carolina Foundation for Advanced Health Programs
- University of North Carolina/Sheps Center for Health Services Research

Program eligibility:

To be eligible for CCNC-UP, individuals must meet all of the following criteria:

- Be uninsured and not eligible for Medicaid or Medicare
- Be a parent or relative caretaker of dependent children (dependent under age 19 living in the home who is financially supported by the parent/caretaker)
- Be a U.S. citizen or legal resident
- Have family income at or below 133% of the federal poverty level (FPL)
- Show that their dependent children (under age 19) are enrolled in Medicaid, NC Health Choice or private health insurance coverage
- Be a resident of Warren, Pitt or Greene Counties

Program enrollment and eligibility verification will be performed by the local departments of social services. Program enrollment will be initially capped at 1,200 per year due to limited funding.

Provider reimbursement:

- To be eligible for reimbursement, providers must participate in Medicaid and sign an agreement with CCNC-UP
- PCPs are reimbursed based on Medicaid rates (less applicable copayments)
- PCP referral required for all specialty services
- Fee-for-service reimbursement is contingent on the availability of funds

Case management services:

The local CCNC networks will receive a \$3.00 pmpm payment to provide care and disease management services consistent with what they provide to Medicaid recipients

Program benefits (see benefit package for additional details):

- \$20 enrollment fee payable to local DSS

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- \$25,000 annual benefit maximum
- Free annual physical and recommended preventive screenings
- Primary care visits with \$5 copay
- Up to 5 specialty care visits with \$10 copay (PCP referral required)
- Up to 8 behavioral health visits with \$5 copay and (PCP referral required)
- Up to \$10,000 in hospital facility benefits, including inpatient, outpatient, emergency room, lab, and radiology services
- Up to 15 physical therapy, occupational therapy, speech, or respiratory therapy visits with \$5 copay (PCP referral required)
- Up to \$2,000 in home health benefits (excluding special therapies) (PCP referral required)
- Diabetic testing supplies, peak flow meters and asthma spacers
- Up to \$250 coverage for other durable medical equipment (PCP referral required)

Services not covered:

- Prescription drugs – available through safety net
- Dental
- Routine hearing/vision services
- Maternity and family planning – available through FPW
- Nursing facilities/assisted living
- Hospice
- Personal care services/in-home aide services

Program objectives:

- Provide low-income parents access to basic health care coverage by developing Community Care of North Carolina for Uninsured Parents (CCNC-UP), a limited benefit pilot providing enrollees with a medical home and emphasizing primary care, prevention and chronic disease management
- Test administrative verification processes to help reduce procedural barriers and increase coverage for families
- Increase children's take-up of Medicaid/NC Health Choice (CHIP) by requiring enrollment of children as a condition of enrolling in CCNC-UP
- Help the State and nation prepare for the Medicaid expansion in 2014
 - Analyze demographics and health status of parents
 - Examine utilization of health services, including pent-up demand and change in ED use resulting from access to primary care coverage
 - Determine impact of coverage expansion on safety net capacity

For additional information, contact:

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