

**State Demonstrations to Integrate Care for Dual Eligible Individuals  
Design Contracts  
Summary of State’s Initial Design Concepts  
May 2011**

**State: North Carolina**

<p><b>Overview of Proposed Approach</b></p>	<p>North Carolina will partner with long-term care providers, home and community-based provides, area agencies on aging and other stakeholders to design, in concert with dual eligibles and their families, a health care delivery system that provide the right care at the right time and will help the State achieve the “triple aims” of better care, better health, and lower costs through improvements.</p> <p>North Carolina’s approach for integrating care for dual eligibles is to build on its existing Statewide population management infrastructure (Community Care of North Carolina – CCNC). Community Care has a proven track record of improving care and containing costs. It is a public-private collaborative through which the State has partnered with community physicians, hospitals, health departments and other community organizations to build regional networks to improve the quality, efficiency and cost-effectiveness of care for Medicaid and Medicare beneficiaries. CCNC currently serves over 1 million Medicaid enrollees, over 50,000 uninsured, and over 83,000 dual eligibles, through 14 networks, and approximately 1,300 medical home and over 4,000 primary care providers. CCNC is currently working with dual eligibles in the Medicare Healthcare Quality (646) Demonstration and in the near future with the Multi-Payer Advanced Primary Care Practice (MA PCP) Demonstration.</p>
<p><b>Target Population</b> (All duals/full duals/subset/etc.)</p>	<p>At this time, North Carolina is planning to target all dual eligibles.</p>
<p><b>Estimated Enrollment</b> (in 2012 and at full implementation)</p>	<p>Approximately 284,000.</p>
<p><b>Planned Geographic Service Area</b> (Statewide or listing of pilot service areas)</p>	<p>Statewide in all 100 counties</p>
<p><b>Planned Stakeholder Process</b></p>	<p>North Carolina is committed to soliciting stakeholder input throughout the program design process. Stakeholders include, but are not limited to, consumers, providers, advocacy groups, county department of social services, community-based organizations, and other State agencies that work with the dual eligibles. The NC Medicaid Program works closely with several agencies that will also be identified as key stakeholders for this process: AARP, NC Division of Aging and Adult Services (DAAS); NC Department of Insurance (DOI), and the Aging and Disability Resource Center (ADRC). The stakeholder process will include beneficiaries and their families and an Associate Project Director is budgeted to be in charge of the development and implementation of the stakeholder process.</p>

<p><b>Proposed Implementation Date and Related Milestones</b> (Any implementation milestones are pending CMS Approval)</p>	<ul style="list-style-type: none"> <li>• Identification of stakeholder groups and plan regular stakeholder meetings at the local and State level throughout the 12 month planning process.</li> <li>• Draft of preliminary plan design document completed in 10 months and final document completed in 12 months.</li> <li>• Meet all identified reporting and meeting expectations from CMS in the 12 month period of time.</li> <li>• Implementation date 12 months from the start of the design contract (Late April 2012).</li> </ul>
<p><b>State Contact Person and Email Address</b></p>	<p>Project Director to be hired and identified. In the interim: Denise Levis Hewson, Director of Clinical Programs and Quality Improvement for CCNC <a href="mailto:dlevis@n3cn.org">dlevis@n3cn.org</a></p>