NC Medicaid
Back Porch Chat

Key Updates for Medicaid Providers

February 13, 2025

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NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Benefits

Logistics for Today's Webinar

Questions during the live webinar

Q&A

Technical Assistance

technicalassistanceCOVID19@gmail.com

Agenda

1. 1115 Waiver Renewal
2. CAA 5121
3. Children & Families Specialty Plan (CFSP) Update
4. Health Disparities Report
5. Making Care Primary
6. Pharmacy Updates
7. Community Alternatives Program (CAP) Referral Process
8. Collaborative Care Capacity Building Program
9. Q&A

1115 Waiver Renewal

Kathryn Horneffer, Associate Director – Strategy and Planning

Background: North Carolina 1115 Waiver

1115 Medicaid Waiver is a federal program that allows states to test new approaches to Medicaid services by waiving certain rules governing Medicaid

NC's previous 1115 demonstration started Nov. 1, 2019, and was extended through Dec. 9, 2024. It included the following key components:

Mandatory Managed Care Program

- Provided federal authority for North Carolina's transition to managed care:
  - Standard Plans
  - Behavioral Health Intellectual/Development Disability (I/DD) Tailored Plans (Tailored Plans)
  - Children and Families Specialty Plan (CFSP)

Healthy Opportunities Pilots

- North Carolina also tested the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety to high-need Medicaid enrollees
- Healthy Opportunities Pilots (HOP) launched in 2022

Opioid Use Disorder/ Substance Use Disorder (OUD/SUD) Program

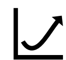
- North Carolina received approval to provide a broader range of substance use disorder (SUD) treatment services with the goal of expanding access to the full continuum of SUD care
- North Carolina began implementing this component of the demonstration in 2019

Renewed North Carolina 1115 Waiver

The Centers for Medicare & Medicaid Services (CMS) approved North Carolina's request for an extension of the "North Carolina Medicaid Reform Demonstration" section 1115 demonstration on Dec. 10th, 2024. CMS's 1115 approval provides the option to implement, but North Carolina will work with the General Assembly going forward on the opportunity to implement these initiatives.

Proposed New Programs

Justice-Involved Reentry Initiative
Eligibility Changes for Children
Behavioral Health Loan Repayment Plan
Behavioral Health and LTSS Recruitment and Retention Initiative
Building Health Information Technology Capacity for Behavioral Health Providers
School Health Technology Support



Modifications to Previously Approved Programs

1915(i)
Healthy Opportunities Pilots

Minimal to No Changes to Previously Approved Programs

Mandatory Managed Care Program
- Standard Plans
- Tailored Plans
- Children and Families Specialty Plan

OUD/SUD Program

Consolidated Appropriations Act (CAA) 5121

Sarah Gregosky, Chief Operating Officer – NC Medicaid

Audience Response Question

Beneficiaries become ineligible for Medicaid when they are incarcerated.

A. True

B. False

Key Features: Federal Consolidated Appropriations Act (CAA) Requirements

CAA 5121 requires states to provide screening and diagnostic services and care management to eligible children/youth in the last 30 days of their placement and first 30 days after release (care management only) who are being held post-adjudication. The effective date of these requirements is Jan. 1, 2025.

Eligible Individuals	Required Screening And Diagnostic Services	Required Care Management Activities
Medicaid-enrolled children and youth who are: ✓ Under 21 years of age or former foster youth between the ages of 18 and 26; and ✓ Being held in a carceral facility post-adjudication	✓ Comprehensive health, developmental history, and physical examinations ✓ Appropriate vision, hearing, and lab testing ✓ Dental screening services ✓ Immunizations	✓ Comprehensive needs assessments (e.g., behavioral health, health-related social needs) ✓ Development of a person-centered care plan—including social, educational, and other underlying needs. ✓ Referrals and related activities (e.g., appointment scheduling) to link individuals to needed services in the community. ✓ Monitoring and follow-up activities (e.g., follow-up with service providers) to ensure the care plan is implemented.

Source: CMS State Health Official letter, Provisions of Medicaid and CHIP Services to Incarcerated Youth.

North Carolina’s Pathway to Full Compliance with CAA 5121

CMS acknowledged that states are likely in different stages of readiness to implement CAA Section 5121 requirements as of January 1, 2025. NC Medicaid continues to work through an implementation approach and plans to phase-in the requirements, beginning with the state’s five youth development centers (YDCs).

Screening and Diagnostic Services to begin in Early 2025:

- The Department of Public Safety’s Division of Juvenile Justice and Delinquency Prevention (DJJDP) will schedule appointments for screening & diagnostics for youth committed to one of the YDCs within the 30-days prior to their scheduled release date.
    - An estimate of 5-10 youth release from YDCs each month.

Reentry Care Management Services to begin later in 2025:

- YDC youth will begin receiving pre-release care management within 30 days prior to release.
- NC Medicaid has elected to provide a full year of post-release care management.
- Care managers will coordinate with YDC social workers and court counselors on the youth’s care plan.

Additional Facilities that House CAA 5121-Eligible Population to be Phased In:

- Facilities that house post-adjudication youth under 21 or 18 – 26 on former foster care Medicaid will phase-in CAA 5121 requirements at a later date

Source: CMS, Provisions of Medicaid and CHIP Services to Incarcerated Youth.

County Jails Suspension Policy Update

- Historically, NC Medicaid policy has required termination instead of suspension of NC Medicaid beneficiaries incarcerated in county jails (unless under age 21, or ages 18 to 26 on NC Medicaid as former foster child).
- NC Medicaid has changed the current policy, effective Feb. 1, 2025, to suspend instead of terminate coverage for beneficiaries in county jails. This policy change will help avoid gaps in Medicaid coverage post-release from incarceration.
  - Beneficiaries incarcerated in a county jail for 30 days or less will not have benefits suspended and will remain enrolled with their current health plan.
  - Beneficiaries incarcerated in a county jail for 31 days or more will have benefits suspended and will be disenrolled from their health plan. Upon release, per Session Law 2024-34, they will remain excluded from health plan enrollment for a period of 365 days.

Children & Families Specialty Plan Update

Chameka Jackson, Associate Director – Children and Families Specialty Plan

Children and Families Specialty Plan (CFSP)

Set to launch on Dec. 1, 2025, CFSP will be available to children, youth, and families currently and/or formerly involved in the child welfare system.

CFSP will cover a full range of physical health, behavioral health, pharmacy, long term services and supports (LTSS) and I/DD services, as well as unmet health-related resource needs.

Unique components of CFSP:

- Single statewide contract
- Significant amount of coordination between NC Medicaid, NCDSS, County DSS, and EBCI Family Safety Program will be required to successfully administer the program
- Take a family-focused approach to care delivery to strengthen and preserve families, prevent entry and re-entry into foster care, and support reunification and other permanency plan options.
- Benefits include all NC Medicaid State Plan benefits covered by Standard Plans, and most of the Tailored Plan benefits, including 1915(i) services
- Care Management model connecting county DSS offices with CFSP/Department and significant Care Coordination requirements (including co-location)

Program Administration & Eligible Populations

- ✓ **The CFSP will operate as a single, statewide plan to mitigate disruptions in the continuity of care and maintain treatment plans when members' geographic locations change.**
- ✓ **Growing evidence that multi-generational models help build family well-being by intentionally and simultaneously working with children and adults**

Phase 1: Initial CFSP-Eligible Populations

Medicaid-enrolled:

- Children and youth in foster care
- Children receiving adoption assistance
- Young adults under age 26 formerly in foster care
- Minor children of individuals eligible for CFSP enrollment*

With the exception of Tribal members and other limited groups, these eligibility groups will be <u>auto-enrolled</u> at CFSP launch.**

Phase 2: Additional CFSP-Eligible Populations

Medicaid enrolled:

- Parents, caretaker relatives, guardians, and custodians of children/youth in foster care
- Minor siblings of children/youth in foster care
- Family members receiving CPS In-Home Services:
  - All adults identified on an open CPS In-Home Family Services Agreement as caregivers; and
  - Any minor children living in the same home.

These eligibility groups <u>may opt in</u> to the CFSP.

**Limited to minor children of children and youth in foster care, children receiving adoption assistance, and FFY.*

***Unless they are in a group that is otherwise exempt or excluded from mandatory managed care enrollment. These eligibility groups will be automatically enrolled into the CFSP, with the following exceptions: Tribal members and other individuals eligible to receive Indian Health Services, including North Carolina's federally recognized tribe (the Eastern Band of Cherokee Indians) and state-recognized tribes, Innovations or TBI waiver enrollees, beneficiaries residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), and those eligible for the Transitions to Community Living (TCL).*

CFSP Program Objectives

With stakeholder input, the Department identified a set of key objectives to guide CFSP design, operations and oversight outlined in the CFSP RFP.

CFSP Design Objectives

- **Improve members' near and long-term physical and behavioral health outcomes**
- **Increase access** to physical health, behavioral health, pharmacy, LTSS and I/DD services as well as services to address unmet health-related resource needs
- **Strengthen and preserve families** – prevent entry into foster care and support reunification and other permanency plan options
- **Coordinate care and facilitate seamless transitions** for members who experience changes in treatment settings, child welfare placements, transitions to adulthood and/or loss of Medicaid eligibility
- **Improve coordination and collaboration** with County DSS, EBCI Family Safety Program and more broadly, with Community Collaboratives – a comprehensive network of community-based services and supports leveraging a system of care approach to meet the needs of families who are involved with multiple child service agencies
- Provide services that meet children's behavioral health needs and **prevent children from boarding in local DSS offices and Emergency Departments**
- **Advance health equity** to address racial and ethnic disparities experienced by children, youth and families served by the child welfare system

Day 1 Priorities for CFSP Launch

Individuals get the care they need

Providers can submit claims for payment to the CFSP

CFSP members can access necessary medications

CFSP members are enrolled and have ID cards in hand prior to the CFSP launch

CFSP members have timely access to information and are directed to the right resources

CFSP has adequate Provider Networks per contract definition

Calls made to call centers are answered promptly

Audience Response Question

When will the Children and Families Specialty Plan launch?

A. December 1, 2025

B. July 1, 2025

Questions and Additional Resources

Please submit feedback or questions to NCDHHS at Medicaid.NCEngagement@dhhs.nc.gov with the following email subject line: (Attention: Children and Families Specialty Plan).

Upcoming Events:

- Community Partners Webinar – Updates on Medicaid Expansion
  - Wednesday, March 19, 2025; 3:00-4:00PM
  - Registration is forthcoming and will be posted during the first week of March at https://medicaid.ncdhhs.gov/more-information#CommunityPartnersWebinars-682.

For more information on CFSP, please view the following resources:

- Children and Families Specialty Plan Policy Paper at https://medicaid.ncdhhs.gov/documents/children-and-families-specialty-plan-policy-paper/download?attachment.
- Children and Families Specialty Plan Frequently Asked Questions (FAQs) at https://medicaid.ncdhhs.gov/north-carolinas-children-and-families-specialty-plan-faqs-0/download?attachment.

Annual Health Disparities Report

Madison Shaffer, MPH, Quality Measurement Lead – NC Medicaid

Background & Mission

Research shows that Medicaid beneficiaries experience increased barriers to care compared to privately insured patients. Additionally, due to eligibility criteria, the Medicaid population tends to have higher rates of poverty, chronic illness, and disability. [1, 2]

NC Medicaid is in a unique position to track disparities as it serves roughly 3 million individuals and families with low incomes.

With access to a vast amount of demographic data for its members, NC Medicaid can stratify measures by key demographic elements.

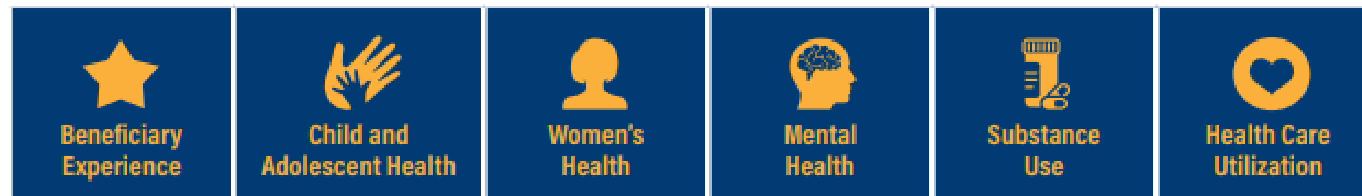
Mission: To promote, strengthen, and evaluate NC Medicaid's efforts to improve the health and well-being of all its members.

1 Hsiang WR, Lukasiewicz A, Gentry M, Kim CY, Leslie MP, Pelker R, Forman HP, Wiznia DH. Medicaid Patients Have Greater Difficulty Scheduling Health Care Appointments Compared With Private Insurance Patients: A Meta-Analysis. Inquiry. 2019 Jan-Dec;56:46958019838118. doi: 10.1177/0046958019838118. PMID: 30947608; PMCID: PMC6452575.
2 Coughlin t et al., What Difference Does Medicaid Make: Assessing Cost Effectiveness, Access, and Financial Protection under Medicaid for Low-Income Adults, Kaiser Commission on Medicaid and the Uninsured, May 2013. Appendix Table 1, data from 2003-2009. MEPS.

Methodology

- **50** quality measures
- Organized into **6** domains
- Stratified by **9** demographic elements
- Analyzed using Department standardized relative difference calculation

Figure 2: Annual Health Disparity Report Domains



For measures where a higher rate indicates better performance…

$$\text{Relative Difference} = \frac{(\text{Reference Group Performance Rate} - \text{Group of Interest Performance Rate})}{\text{Reference Group Performance Rate}}$$

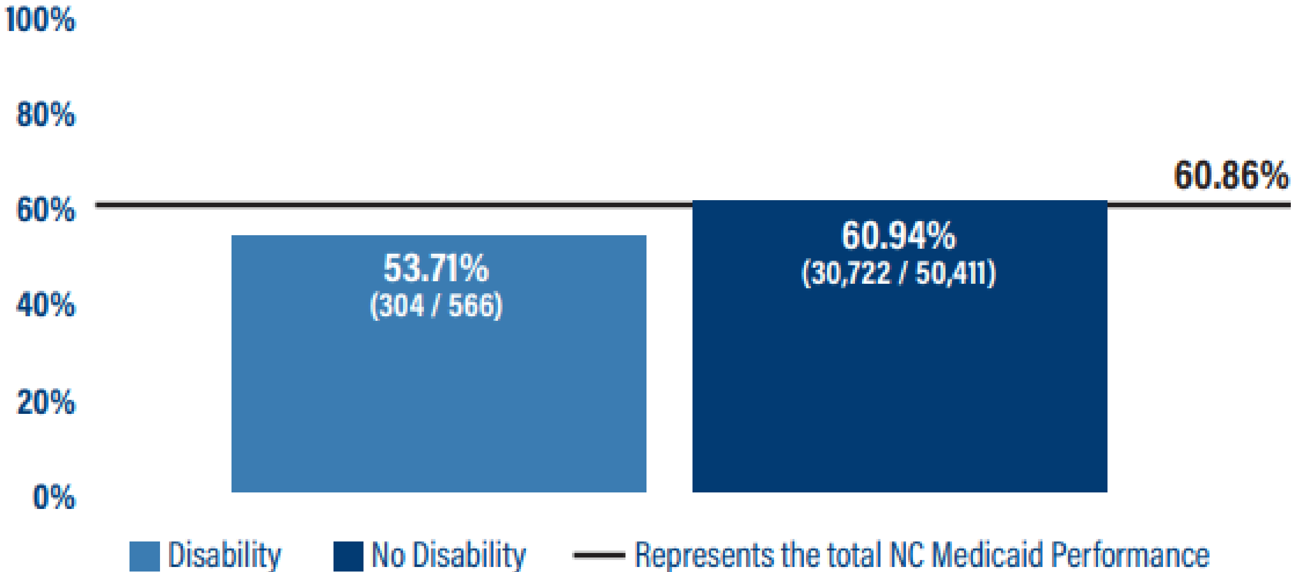
Disparity Identified if Relative Difference > 10%

For measures where a lower rate indicates better performance…

$$\text{Relative Difference} = \frac{(\text{Group of Interest Performance Rate} - \text{Reference Group Performance Rate})}{\text{Reference Group Performance Rate}}$$

Disparity Identified if Relative Difference > 10%

Report Content | Example



National Context

NC Medicaid Context

Extension of Postpartum Coverage

NC Medicaid postpartum health care coverage increased from 60 days to 12 months for eligible beneficiaries in North Carolina on April 1, 2022. The benefit will provide 12 months of continuous postpartum coverage to eligible beneficiaries. This policy is designed to promote continuity of coverage during the period of elevated health risk that follows childbirth by ensuring beneficiaries receive 12 months of ongoing health care coverage beginning the date their pregnancy ends. Learn more by reading the NC Medicaid Provider bulletin.

High-Level Takeaways

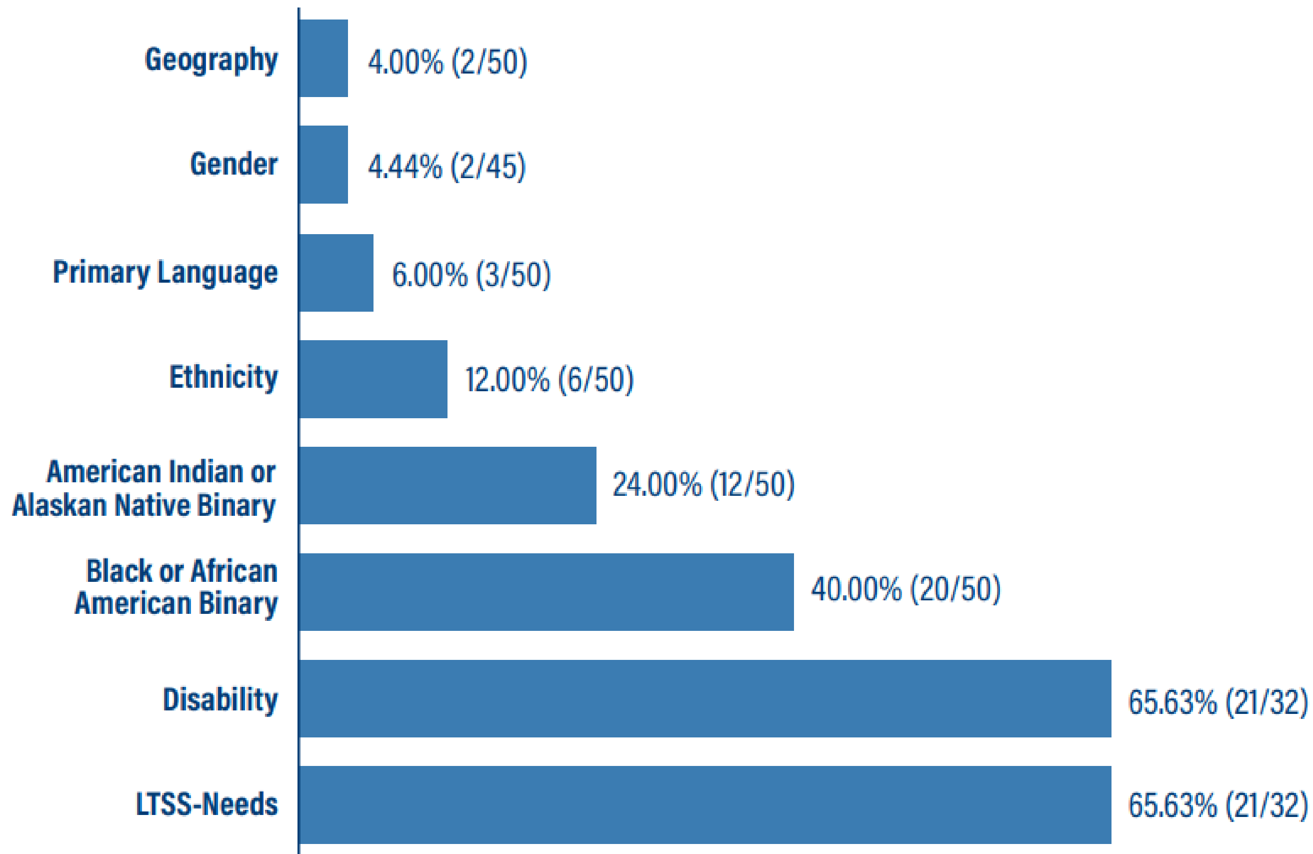
Table 1: Count of Identified Health Disparities by Domain

Health Domain	Total Number of Measures in Domain	Count of Identified Disparities Across Measures
Beneficiary Experience	18	2
Child & Adolescent Health	6	14
Women's Health	5	8
Mental Health	6	18
Substance Use	7	30
Health Care Utilization	8	29

Across **domains**, the largest count of identified disparities is within the **substance use domain.**

High-Level Takeaways

Figure 4: Count and Proportion of Identified Disparities by Stratification Element



Across **demographic stratifications**, the population who was identified as having a **disability and those who have LTSS needs** had the largest count of identified disparities.

Conclusion

Full report and 6-page brief are available online

- Full Report
- Brief

NC Medicaid Annual Health Disparities Report

2022

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

JANUARY 2025

Audience Response Question

As a provider, do you think this report could provide helpful context/information on the NC Medicaid beneficiary population?

A. Yes

B. Not Sure (Haven't had a chance to review yet)

C. No

If not, how could it be adjusted to be a more helpful tool?

Making Care Primary

Kristen Dubay, Chief of Population Health – NC Medicaid

Background: Making Care Primary

In 2023, CMS selected North Carolina as one of 8 states to launch the Making Care Primary (MCP) model. MCP launched for participating Medicare providers in July 2024. CMS is encouraging payers in MCP states to develop aligned models.

The Making Care Primary (MCP) model is a voluntary multi-payer primary care model focused on

- Ensuring integrated, coordinated, person-centered, and accountable care
- Creating a pathway for primary care organizations to enter higher level value-based payment (VBP) arrangements
- Improving quality of care while reducing expenditures.

NC Medicaid is already broadly aligned with Medicare on MCP's goals and has flexibility in how it may further adapt the model to the Medicaid landscape over the 10.5 years the MCP model will be in place.

NC Medicaid convened community partners – including providers, provider networks and managed care plans – to discuss further opportunities for alignment with the Medicare MCP model.

Feedback Opportunity: Standardized Performance Incentive Program

NC Medicaid has developed a proposed AMH Standardized Performance Incentive Program and will be releasing details for written public feedback in the coming weeks.

Details of the proposed program design will include standard criteria for:

- Performance periods and payment timelines
- AMH practice eligibility to participate
- For each practice type, a single common set of quality measures
- Approach to attributing members to AMH practices for the purposes of calculating quality performance
- Measure performance targets
- Methodology for calculating incentives

NC Medicaid anticipates releasing the proposed program details by the end of February, followed by approximately five weeks for public feedback.

NC Medicaid's Approach to Making Care Primary

Based on feedback received, along with analyses of the current state of primary care in North Carolina and value-based payment (VBP) arrangements from Medicaid PHPs, NC Medicaid has proposed an update to the Advanced Medical Home (AMH) program **to further standardize VBP offerings to primary care providers and align further with Medicare MCP**.

NC Medicaid expects to implement the **AMH Standardized Performance Incentive Program** in 2026. Under the program, Standard Plans, Tailored Plans, and the Child and Families Specialty Plan (CFSP), over time, will be required to offer an aligned, upside-only performance incentive program as an option to all AMH practices.

This option is intended to allow AMH providers to focus on actionable quality improvement with lower administrative burden.

NC Medicaid will continue seeking opportunities to further align the AMH program with MCP over time, including consideration of prospective payment elements.

Audience Response Question

As a primary care provider, how likely are you to participate in a standardized upside only Advanced Medical Home performance incentive model?

A. Very likely

B. Unsure

C. Not likely

D. I am not a primary care provider

Pharmacy Updates

Angela Smith, Director of Pharmacy – NC Medicaid

Public Readiness and Emergency Preparedness (PREP) Act Extension through December 2029

In December 2024, the Secretary of Health and Human Services (HHS) extended the PREP Act declaration through Dec. 31, 2029 allowing coverage for COVID and Flu vaccines at POS pharmacies to increase access to care.

Key Requirements:

Pharmacies must administer non-VFC (Vaccines for Children) COVID and/or Flu vaccines to qualify for reimbursement from NC Medicaid.

What This Means for Pharmacy Providers:

Pharmacy providers authorized under the PREP Act declaration can receive Medicaid reimbursement for both the non-VFC vaccine dose and administration.

Vaccine administration rates are as follows:

- Beneficiaries younger than 21 years: $20.45
- Beneficiaries 21 or older: $13.30

Providers do not need to be enrolled as VFC providers to qualify for reimbursement of non-VFC vaccines.

CMMI Cell and Gene Therapy (CGT) Access Model

- **NC has applied to participate in the CMMI CGT Access Model for Sickle Cell Disease, with intent to begin participation in May 2025**
  - Leverage CMS-negotiated value-based contracts, whereby supplemental rebates will be received when outcomes are not met
  - Receive technical assistance from CMS for model implementation and monitoring of outcomes.
  - Access funding through a Notice of Funding Opportunity (NOFO) to support equitable access, data collection, and stakeholder engagement.
- **Clinical Coverage Policy 1S-13 includes coverage of associated inpatient services for administration of the CGTs. Clinical criteria for Lyfgenia and Casgevy will apply.**
- **New reimbursement logic applies for CGTs used to treat Sickle Cell Disease**
  - Reimbursement at actual acquisition cost (net of any rebates or discounts paid to the provider) with no markup
  - Claims to be billed by the provider, separately from the Diagnosis-Related Group (DRG) to maximize rebate recovery by the State

Pharmacy Cost of Dispensing (COD) Survey

- **Covered Outpatient Drugs Final Rule (CMS-2345-FC), requires State Medicaid agencies to adopt pharmacy reimbursement methodologies to pay pharmacies for the actual acquisition cost of drugs plus a professional dispensing fee.**
  - The pharmacy COD survey provides NC Medicaid with information to evaluate the professional dispensing fee component of the North Carolina Medicaid pharmacy reimbursement.
  - Myers & Stauffer LC will perform the survey, consistent with CMS guidelines regarding the components of pharmacy cost, which are reimbursed through the professional dispensing fee.
  - Survey will include a question regarding fiscal impact to the pharmacy regarding lost copays due to members not being able to pay the copay at time of dispensing; pharmacies should be prepared to quantify losses claimed due to members not able to pay a copay
- **COD Survey to be distributed to pharmacy providers on March 4, due April 15**

Audience Response Question

Under the extended Prep Act through December 31, 2029, is a pharmacy that administers immunizations allowed to administer non-VFC flu and COVID vaccines to children enrolled in NC Medicaid?

a) Yes

b) No

Audience Response Question

Answer: Yes.

Under the authority of the PREP Act, pharmacies may administer non-VFC flu and COVID vaccines to children ages 3-18 and will be reimbursed for the vaccine and administration of the vaccine.

Otherwise, children under the age of 18 must receive vaccines from a Vaccines for Children (VFC) provider. VFC providers receive free vaccines from the Federal government for administration to children.

Flu and COVID vaccine continue to be available in the VFC program; pharmacies are just an additional access point for COVID and flu vaccine.

Community Alternatives Program (CAP)

Referral Process for Children and Disabled Adults

WRenia Bratts-Brown, Associate Director, Home and Community-Based Services – NC Medicaid

Who is Eligible for CAP?

All aged individuals who:

- Have a primary chronic and severe physical condition that is closely monitored by a physician
- Medically fragile and complex
- Meet a nursing facility level of care: need for services, by physician judgment, requiring: A. supervision of a registered nurse (RN) or licensed practical nurse (LPN)
- Need at least one CAP waiver service within 30 days of a complete assessment of need to assist with integrating into the community from a hospital or nursing facility or who need intensive supplemental supportive services along with Medicaid/other medical services to maintain a community placement

Top diagnoses of eligible individuals:

Children	Adults
Cerebral Palsy Spina Bifida Congenital Malformation Syndromes Duchenne or Becker Muscular Dystrophy Rett's Syndrome	Type 2 Diabetes Mellitus Osteoarthritis Chronic Obstructive Pulmonary Disease Multiple Sclerosis Multiple Sclerosis Quadriplegia End-Stage Renal Disease

What is Community Alternatives Program (CAP)?

Home and Community-Based Services (HCBS) Waiver authorized under section 1915(c) of the Social Security Act to offer home and community-based services not otherwise offered through Medicaid, such as personal care services, consumer direction and modification and adaptative services.

Two programs through CAP are:

- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program for Disabled Adults (CAP/DA)

How to Make a Referral

Contact NCLIFTSS at 833-470-0597 or NCLIFTSS@kepro.com

Complete a consent packet that includes:

- Consent Form – applicant's permission for Medicaid to share PHI
- Physician's Worksheet – physician judgment of the level of care the person needs to manage complex medical conditions. The physician must indicate if a level of care is met due to medical conditions, skilled interventions, and medication regiment
- Selection of a case management entity – assist the individuals with navigating services upon CAP approval

When to make a CAP referral

Reasons to make a CAP referral	When CAP may not be needed
• Multiple urgent/emergency or non-routine clinic appointments • Primary caregivers need support in understanding and meeting complex medical needs • Social determinant of health issues exists • Not linked to medical professional or not attending required medical appointments	• Linked to medical services and services are meeting needs • At a baseline and have not had urgent/emergency or non-routine clinic appointments • Enrolled in managed care • Child is followed by CDSA

Audience Response Question

Children and adults served by the CAP/C and CAP/DA waivers must have a chronic and severe physical medical condition and meet a specified level of care.

A. True

B. False

Collaborative Care Capacity Building Program (CoCM)

Dr. Watson, Associate Medical Director

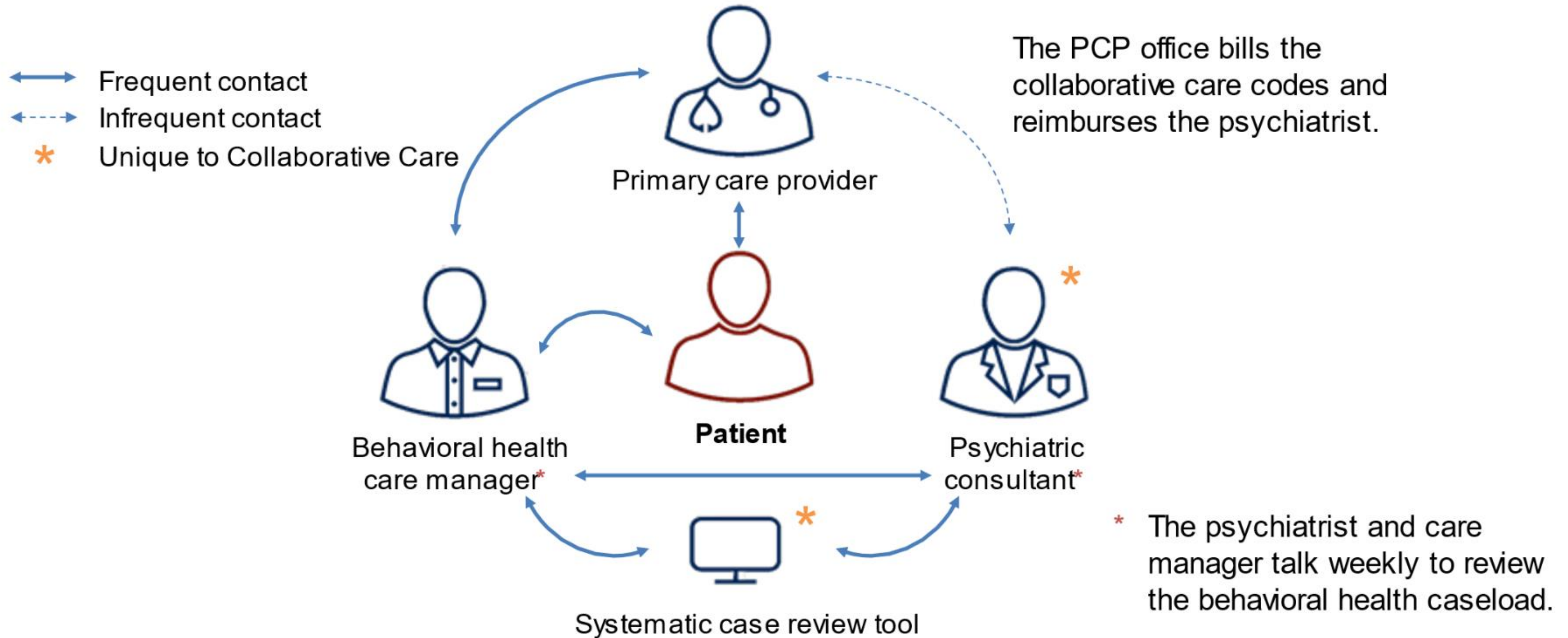
Audience Response Question

Are you aware of the funding opportunity available to support providers in implementing the Collaborative Care Model in their practice?

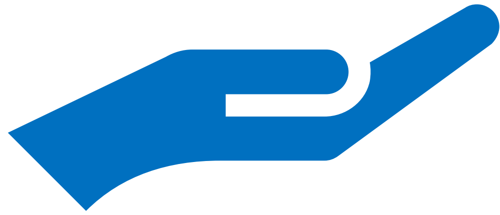
A. Yes

B. No

Collaborative Care (CoCM) Overview

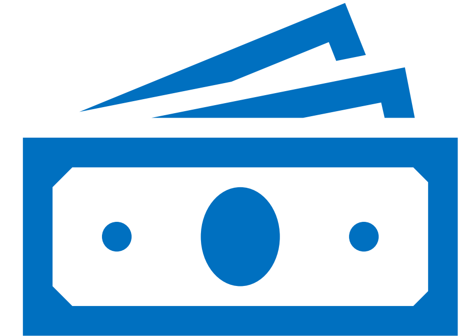


CoCM in North Carolina



SUPPORT

COVERAGE



CAPACITY BUILDING

Additional Details

Collaborative Care Consortium White Paper

The Collaborative Care Model in North Carolina:
A Roadmap for Statewide Capacity Building to Integrate Physical and Behavioral Health Care

Executive Summary

In January of 2022, North Carolina Medicaid (NC Medicaid) launched a Collaborative Care Model Consortium ("the Consortium"), which included leaders representing the primary care and psychiatric provider communities, payers, and other community organizations. The goal of the Consortium was to expand the availability of integrated mental and primary care services in primary care clinics across the state, using the widely tested and clinically proven *collaborative care model* (CoCM). The Consortium focused on seven strategies that addressed the major barriers to adoption of the model in the primary care setting: financial sustainability and practice operations/change management.

Figure 1. The CoCM Roadmap

Steps	Strategies	Actions
Step 1: Aligning Reimbursement Across Payors **Goal:** Align coverage, requirements and payment across payors to validate that CoCM is an endorsed model worth adopting and reduce administrative burden for providers.	Ensure Coverage of the Same CoCM Codes	• NC Medicaid added coverage of additional CoCM codes to align with Medicare coverage. • The Consortium confirmed and promoted widespread commercial adoption of CoCM codes.
	Align Requirements to Bill	• NC Medicaid and other insurers aligned with Medicare requirements on who can serve as the behavioral health care manager.
	Make Reimbursement Sustainable	• NC Medicaid increased reimbursement for CoCM codes from 70% to 120% of Medicare.
	Remove Beneficiary Copays	• NC Medicaid and other insurers removed beneficiary copays for CoCM services.
		• NC Medicaid contracted with a Consortium member to provide 1:1 technical assistance and develop education

NCDHHS CoCM Info Webpage

An official website of the State of North Carolina How you know

NCDHHS NC Medicaid Division of Health Benefits

About NC Medicaid · Beneficiaries · Find a Doctor · Providers

Home > Providers > Programs and Services

Collaborative Care Management

Collaborative Care Management (CoCM) is an evidence-based behavioral health integration model designed to support primary care clinicians as they assess and treat patients with mild to moderate behavioral health conditions.

CoCM improves patient outcomes, increases satisfaction for both patients and providers, and reduces healthcare costs and stigma related to mental health and substance use disorders. The model

CCNC Webpage/Capacity Building Funding Application

Community Care of North Carolina

COLLABORATIVE CARE MANAGEMENT (COCM) CAPACITY BUILDING FUND APPLICATION

CoCM Capacity Building Fund Application Announcement

On behalf of the North Carolina Department of Health and Human Services (NCDHHS), Community Care of North Carolina (CCNC) is accepting applications for the Collaborative Care Management (CoCM) capacity building funding for primary care practice entities.

If you are a primary care entity serving Medicaid patients and are interested in learning about CoCM and related capacity building fund opportunities, we invite you to watch the recorded webinars for an overview **here**.

Hurricane Helene Note: We are keenly aware that some practices in Western North Carolina are still recovering from the storm and may find it difficult to apply for funds at this time. Efforts will be made to ensure that practices impacted by the hurricane will still have an opportunity to apply for inclusion in the program.

Please join the next Back Porch Chat!

May 15, 2025

Noon – 1 p.m.

QUESTIONS?