

North Carolina

Total Medicaid Enrollment: 1,247,638 (February 2008)¹

Source: NC Department of Health and Human Services. Division of Medical Assistance. Carolina ACCESS Monthly Enrollment Reports. February 2008.

<http://www.dhhs.state.nc.us/dma/ca/enroll/enroll.htm>.

Total Population: 9,061,032 (July 2007)

Source: Source: Population Division, U.S. Census Bureau

<http://www.census.gov/popest/states/tables/NST-EST2007-01.xls>

For North Carolina specific information, visit North Carolina's Medicaid Website:

<http://www.dhhs.state.nc.us/dma/>.

Medicaid Eligibility

Maximum Income Limits for Populations Applying for Medicaid as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Infants (Ages 0 – 1)	200
Children (Ages 1 – 5)	200
Children (Ages 6 – 19)	100
Working Parents ²	52
Non-Working Parents ¹	38
Pregnant Women	185
Aged and Disabled (OBRA '86), 2001	100
Supplemental Security Income, 2000	74
Medicaid expansion group (1115 waiver): NA	NA

Source: www.statehealthfacts.org

State Children's Health Insurance Program (SCHIP)

SCHIP coverage applies to uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum SCHIP income limits.

Total SCHIP Enrollment: 152,954 ("point-in-time" monthly enrollment counts, June 2007)

Source: <http://www.statehealthfacts.org>

Structure of SCHIP As of August 21, 2007		
Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/SCHIPStatePlanActivityMap.pdf>

Maximum Income Limits for Children's Separate SCHIP Program as a Percentage of Federal Poverty Guidelines, 2008	
Population Segment	%
Income Eligibility – Separate SCHIP Program	200

Source: www.statehealthfacts.org

Services Covered

For information about the services covered by Medicaid, visit the Kaiser Family Foundation's Medicaid Benefits Online Database: www.kff.org/medicaid/benefits.

Delivery System Description

Medicaid Enrollment by Delivery System Type, as of June 30, 2006		
Delivery System	#	%
Fee-for-Service	456,183	29
Managed Care	843,441	71
Total	1,299,624	100

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Medicaid Enrollment by Managed Care Program Type, as of June 30, 2006	
Managed Care Program	#
Commercial MCO ³	7,374
Medicaid-only MCO ⁴	0
Health Insuring Organization ⁵	0
Primary Care Case Management ⁶	818,685
Prepaid Inpatient Health Plan ⁷	63,347
Prepaid Ambulatory Health Plan ⁸	0
PACE ⁹	0
Other ¹⁰	0

Source: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/04_MdManCrEnrllRep.asp

Notes: Individuals can fall within more than one type of managed care program type.

North Carolina has two mental health and substance abuse PIHPs.

Federal Matching Rate (FMAP)

FMAP¹¹ for Medicaid and Multiplier¹²
FY 2008
64.05%

Source: www.statehealthfacts.org

Rural Information

The information below defines “Urban” as residing in a metropolitan county and “Rural” as residing in a non-metropolitan county.

Current Population Survey Data

Percent of Residents Enrolled in Medicaid, by Age and Rurality		
Age	Urban % on Medicaid	Rural % on Medicaid
0 – 18	24.3	34.7
19 – 64	6.5	10.1
65 and Over	8.5	12.9

Source: Current Population Survey, 2005 - 2006

State Website Data

Medicaid Data, Urban and Rural		
	Urban	Rural
I. Total Eligibles (February 2008)	782,575	465,063
II. Eligibles per Population	12.70%	17.20%
III. Dollars Spent (SFY 2006) ¹³	\$4,845,776,702	\$3,061,495,133
IV. Managed Care Enrollment (February 2008)	599,327	348,727
V. Managed Care Enrollment Percent of Managed Care Eligibles (February 2008)	82.40%	81.80%

For county level data on the above information, visit:

I., IV., V.: NC Department of Health and Human Services. Division of Medical Assistance. Carolina ACCESS Monthly Enrollment Reports. February 2008. <http://www.dhhs.state.nc.us/dma/ca/enroll/enroll.htm>. Data on eligibles by county by eligibility category can be found at <http://www.dhhs.state.nc.us/dma/elig/elig.html>.

IV. & V: Note: Both Carolina Access and Community Care (ACCESS II) Programs are represented.

II: Calculation based on Total Eligibles/Total Population. Total Population based upon Bureau of the Census data updated by information from the Office of Management and Budget.

Bureau of the Census, (US). Metropolitan And Micropolitan Statistical Areas And Components, December 2006, With Codes: Department of Commerce; 2007. Available from: http://www.census.gov/population/estimates/metro_general/List1.txt.

Executive Office of the President; Office of Management and Budget; OMB BULLETIN

NO. 08-01: Update of Statistical Area Definitions and Guidance on Their Uses. Available from: <http://www.whitehouse.gov/omb/bulletins/fy2008/b08-01.pdf>.

III. Medicaid in North Carolina. Annual Report State Fiscal Year 2006. NC Department of Health and Human Services. Division of Medical Assistance. Table 8. <http://www.dhhs.state.nc.us/dma/ncms.htm>.

Critical Access Hospitals (CAH)

	Yes	No
CAH Cost Base for Medicaid Patients?	X	

Source: Serge Dihoff, North Carolina Flex Coordinator, 2008.

¹ Medicaid Eligibles for both Carolina Access and Community Care (ACCESS II) programs.
² Parents’ eligibility levels are based upon the income threshold applied to a working parent in a family of three.
³ A commercial managed care organization (MCO) provides comprehensive services to Medicaid and commercial and/or Medicare populations.
⁴ A Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations.
⁵ CMS defines a Health Insuring Organization (HIO) as “a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs.”
⁶ CMS defines a Primary Care Case Management (PCCM) provider as: “a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as “primary care case managers.”
⁷ CMS defines a Prepaid Inpatient Health Plan (PIHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services.” States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services.
⁸ CMS defines a Prepaid Ambulatory Health Plans (PAHP) as a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services.” States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management.
⁹ CMS defines the Program for All-inclusive Care for the Elderly (PACE) as a “program that provides prepaid, capitated comprehensive, health care services to the frail elderly.”
¹⁰ CMS categories managed care organizations as “other” if it is “not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO or PACE.”
¹¹ The Federal Medical Assistance Percentage (FMAP) is computed from a formula that takes into account the average per capita income for each State relative to the national average. By law, the FMAP cannot be less than 50%.
¹² The multiplier is based on the FMAP. For every dollar the state spends on Medicaid, the federal government matches at a rate that varies year to year.
¹³ Expenditures include only net vendor payments for which the counties are responsible for their computable share.