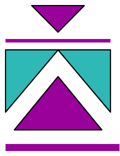
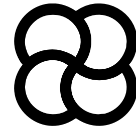


Carolina Community Health Partnership

Carolina Access II



History

1) What is Carolina Access?

The **Department of Health and Human Services** and the **Division of Medical Assistance (DMA)** implemented the Carolina Access program statewide in 1991. Carolina Access is a primary care case management program (PCCM). In 1998, the DMA, in collaboration with the **Office of Research, Demonstrations and Rural Health Development**, piloted the Access II/III program in nine sites across the state. This program is built upon Carolina Access and it works with communities to establish local provider networks that can effectively provide quality health care services resulting in cost effective care. Locally, hospitals, primary care providers, public health departments and departments of social services have come together to develop a strategy for improving the care related to delivering services for the Medicaid population in their communities.

Around 2004, the Program changed its name to Community Care of North Carolina. Currently Community Care of North Carolina (Access II) approximately 800,000 enrollees. Due to the support of the North Carolina legislature, all counties in the state are now participating in the Program and the Program is continuing to expand across the state. The Community Care of North Carolina Program currently consists of 14 networks with 1,250 practices and more than 5,000 physicians across North Carolina.

2) Why has it been established?

To achieve real improvement in the access, quality, and cost-effectiveness of care for Medicaid recipients, new approaches have been needed. After considerable study by North Carolina providers and policy makers, it was determined that the key to improvement was a community-based system that looked at all Medicaid recipients, not

just those who presented for care, and to pro-actively manage their overall health care before costly interventions became necessary.

3) What is the underlying philosophy of the program?

The Program is built on four key concepts:

- ***Partnership*** - The program is a partnership of essential local providers (physicians, hospitals, health departments, and social service agencies) who are working together (and with the State) to develop programs and processes for meeting the health needs of their Medicaid enrollees.

- ***Population Health Management*** – Rather than look only at those who present for care, the participating networks look at all recipients and put in place the processes to identify at-risk enrollees and to manage their care before costly interventions become necessary.

- ***Quality Improvement*** – The heart of the program is quality improvement. With the conviction that "quality care is cost-effective care", program participants are concentrating their efforts on putting in place the programs and processes that can lead to improved quality of care.

- ***Cost Management and Accountability*** – The participating networks are putting in place the programs needed to achieve cost management objectives. The networks are also working with the State in defining and tracking performance.

4) What are the network responsibilities?

Using a population health management approach, each network assumes responsibility for managing the care of a specific Medicaid population and addressing their health status by pro-actively managing their care. By employing such tools as risk assessments, disease management, coordination of local resources, and case

management, the networks are putting in place the processes to identify at-risk enrollees and to manage their care before costly interventions become necessary.

5) What are the key tools networks employ?

The networks rely on two primary tools to improve the management of care of Medicaid enrollees: case management and disease management. Using their case management staffs, as well as support from participating provider organizations, the networks manage the care of those enrollees with complex medical and social needs. For enrollees with specific health conditions, such as asthma and diabetes, the participating physicians employ quality improvement processes developed by the Institute for Healthcare Improvement. Under this process, the physicians identify best practices, develop practice guidelines, establish improvement goals, define performance measures, and begin the arduous task of developing the processes and supports within the practice that are so essential to achieving lasting improvement.

The Office of Research, Demonstrations and Rural Health Development works with local and state leaders to design and implement strategies for improving access to health care. The Office continuously strives to strengthen primary care delivery systems by:

- Increasing the number of primary care providers (PCPs)
- Assisting rural communities in defining their primary care needs
- Providing community assessment and recruitment/retention training for recruitment sites and community leaders involved in the recruitment process

6) Carolina Community Health Partnership is a part of the Access II/III Network developed by DMA and the Office of Research, Demonstrations and Rural Health Development. Carolina Access II began in 1998 in Cleveland County as CLECO Primary Care Network and Partners. Early in 2003 The Program Office added Community Care of North Carolina to the Program name and our network name was changed to Cleveland County Carolina Access II Community Care Program. The

Access Program was mandated by the state legislature to expand to include more Medicaid recipients, Cleveland County then expanded into Rutherford County in November, 2003. With the expansion, the program name was changed to Carolina Community Health Partnership to reflect Cleveland Rutherford collaboration. The original partnership in Cleveland County included:

CLECO Primary Care Network Providers:

- Kings Mountain Medical Center
- CLECO Medical Center of Shelby
- Ellenboro Family Medical Center
- Cherryville Family Care
- Upper Cleveland Medical Center
- Belwood Medical Center
- Shelby Medical Associates
- Kings Mountain Pediatrics
- Cleveland County Health Department Maternity/Child Health Clinics

Community Partners:

- Cleveland Regional Medical Center
- Cleveland County Department of Social Services
- Cleveland County Health Department

In 2003/2004, the program has expanded in Cleveland County to include:

- Cleveland County Health Department Diabetes Clinic
- Pediatric Associates of Cleveland County
- Internal Medicine of Cleveland County
- Irving Williams Internal Medicine
- Shelby Children's Clinic
- Family Medicine of Cleveland County
- Internal Medicine of Shelby

In 2003/2004, the expansion into Rutherford County added the following new practices and partners:

- Rutherford Pediatrics
- Spindale Family Practice
- England & Godfrey Family Practice
- James Medical Clinic
- Rutherford East Medical Services
- Anna Schilling Pediatrics
- Rutherford Hospital
- Rutherford County Department of Social Services
- Rutherford County Health Department

As of July 1, 2004, Carolina Community Health Partnership Network has 25 medical practices and a total of 52 providers participating in the project. The Network serves approximately 18,000 local Medicaid enrollees.

In 2006, Rutherford County added the following new partner:

- Foothills Family Healthcare
- Boiling Springs Children's Clinic

Frequently Used Terms:

Care Management/Case Management: Services that assist enrollees by coordinating needed social, educational and other medically necessary services.

Carolina Access: Medicaid's managed care program that links patients with a primary care provider.

Carolina Access II: Medicaid's managed care program that links patients with a primary care provider and utilizes case management and disease management.

Carolina Access Fee: A $2.50 per enrollee per month fee to be paid to the provider in the Carolina ACCESS II/III Network.

Enhanced Care Management Fee: A $2.50 per enrollee per month fee to be paid to the Network's centralized administrative entity. This fee is to support the development of enhanced care management processes and to support case management staff.

Medicaid Identification (MID) Card: The Medical Assistance Eligibility Certification Card issued monthly by the DMA to recipients. This card will specify the enrollee's choice of a primary care provider in Carolina Access.

Participating Provider: Any person or organization entering into a written agreement with the Network to deliver covered services to enrollees.

PCP: Primary Care Provider-The participating physician, family nurse practitioner, physician assistant, nurse midwife or group practice/center selected by or assigned to the enrollee to provide and coordinate all of the enrollee's covered services and to initiate and monitor referrals for specialized services where required.
Through the Access II/III network, all Medicaid recipients will be linked with a PCP.

Quality Assurance/Quality Improvement: The process of continuously finding ways to provide better patient care and services, including assuring that healthcare services are appropriate, timely Accessible, medically necessary and high quality.

Risk Assessment: The process of evaluating, through a standardized questionnaire, the clinical and social risk factors, which contribute to an enrollee's need for health care and case management sources.