



## Utilization Beating Benchmarks

### CCNC Emergency Department Use and Readmissions Continue to Beat Expected Rates

Four key performance indicators continue to demonstrate the effectiveness of CCNC's 14 networks in lowering costs and improving utilization. In the most recent segment of "Running The Numbers" published by the North Carolina Medical Journal, CCNC's Annette DuBard, MD, MPH describes how in the majority of counties across the state, the cost-of-care for CCNC-managed Medicaid patients is lower than expected, especially in terms of hospital utilization for readmissions and the Emergency Department.

For example, during the 12-month period that ended in December, 2015, total costs of CCNC-managed patients (excluding the Dually Eligible population) were 5% below benchmark; inpatient admissions 26% below benchmark; readmissions 5% below benchmark; and emergency department utilization 7% below benchmark. Dr. Dubard presents an indepth description of how benchmarks were calculated, and also points out how CCNC is using data analysis to help drive intervention strategies that continue to make big impacts.

## CCNC's CareTRIAGE™ Goes National with PioneerRx

PioneerRx, a national technology company serving independent pharmacies has licensed CCNC's careTRIAGE™ software to deliver real-time, targeted interventions at the point-of-care. Shreveport, Louisiana-based PioneerRx, which serves more than 2,000 independent community pharmacies across the nation, will integrate CCNC's analytics software into its network.

CCNC's careTRIAGE™ uses prescription and hospital discharge data to help providers know which patients are at risk for future admissions and drug therapy problems and when to intervene. PioneerRx will be using a new

feature called "Patient Risk Scores" that alerts pharmacists of high-risk patients who would benefit from point-of-care interventions

"The integration is a first for careTRIAGE™," said Troy Trygstad, PharmD, MBA, PhD, CCNC's Vice President of Pharmacy Programs. "PioneerRx represents our first real-time analytics integration with community pharmacies. I'm excited to see that more than 2,000 pharmacies can participate in the population management strategies that have been the hallmark of CCNC's success."



## Practice Transformation Network Paves Way for Behavioral Health Integration

Community Care of North Carolina's (CCNC) Practice Transformation Network (PTN) cooperative agreement grant is moving swiftly to help primary care practices realize the full potential of behavioral health integration (BHI) within the medical home. CCNC networks are working with Andrew Clendenin, Director of Behavioral Health Integration, to engage over 80 already enrolled PTN practices over the next 3 years of the cooperative agreement grant.

To test the model, Behavioral Health Integration (BHI) specialists in six different regions across North Carolina will be trained in behavioral health integration consulting, coaching and technical assistance. The effort will draw upon existing CCNC infrastructure and resources across all networks.

Participating practices will be assessed for readiness to adopt an evidence-based model of behavioral health integration and be coached on a readiness strategy. Ultimately, this model is envisioned as the foundation of wider replication and expansion of BHI across North Carolina. Progress will be measured by practice assessment and performance measures results. This work will align with Primary Care Integrative Initiative (PCI) effort currently underway at CCNC.

PTN enrolled practices that are interested in participating in behavioral health integration should contact CCNC's Andrew Clendenin, MSW, or connect with your local CCNC network.

Practices interested in finding out more about this effort should contact CCNC's Andrew Clendenin, MSW, or connect with their local network.



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## Burlington Pediatrics Named to “Best Places to Work” by Triad Business Journal

In addition to CCNC’s Practice Transformation Network (PTN), two other key provider networks established by CCNC continue to grow by leaps and bounds. CCNC’s Community Pharmacy Enhanced Services Network (CPESN) now consists of 261 community pharmacies across the state. CCNC created the CPESN in 2014 as part of a 3-year grant with Center for Medicare & Medicaid Innovation. CPESN aims to broaden capacity for care management and medication optimization services where community pharmacy is integral to the medical home. Since its creation, CPESN pharmacists have helped reduce overall healthcare costs and decrease patient hospitalizations. CCNC’s Community Care Physician Network -- a clinically-integrated network designed to help independent physicians work together to improve the quality and efficiency of patient care -- continues to attract interest as well, with of 740 clinicians statewide formally agreeing to participate in the growing effort. Once fully operational, CCPN will allow independent practices to participate in Medicaid ACOs, Medicare Shared Savings Plans and other new value-based healthcare models by providing the infrastructure needed to deliver and coordinate patient care across conditions, providers, settings and time. If you know of a practice who would like to learn more about the CCPN, please direct them to the CCPN website.

## NC Tracks Changes will Affect Providers Serving Multiple Locations

A series of edits are coming to NCTracks this fall that will affect all providers who serve patients at multiple practice locations. The changes will require providers (physicians and mid-levels) to list all locations at which they provide services and to be formally affiliated with these billing locations. Failure to do so will result in denied claims, according to NCTracks.

Providers must have the addresses of all facilities where they perform services officially listed under their National Provider Identifiers (NPIs) in NCTracks. Changes will take effect November 1st, 2016. NOTE: All failing claims will suspend for four weeks and if the affiliation

relationship is not established within that time period, the claim will be denied.

Additional information is available in the July, 2016 Medicaid Bulletin. For questions about this requirement, please contact NCTracks at 1-800-688-6696.



## Reporting Time for Pregnancy Care Management and Care Coordination for Children

It’s once again time for the Semi-Annual Report (SAR) process for Pregnancy Care Management (OBCM) and Care Coordination for Children (CC4C) for January through June, 2016. CC4C’s Mid-Year Update to the Performance Assessment

is also due. Participating Local Care Management Entities (LCMEs) should look for an email from their local CCNC Network for instructions on how to submit these reports

North Carolina Association of Free & Charitable Clinics



## Randolph Jordan Named CEO of NC Association of Free and Charitable Clinics

The North Carolina Association of Free & Charitable Clinics (NCAFCC) has a new CEO: Randolph S. Jordan of Whitsett, NC. Mr. Jordan comes to the NCAFCC from Hope International, Ltd., an international humanitarian aid organization where he served as its Chief Executive. NCAFCC was created in 1996 and currently represents over 70 member clinics throughout North Carolina. In a press release announcing his appointment, Mr. Jordan said he was “inspired by the organization’s mission of assuring that the medically underserved citizens of North Carolina have access to affordable, quality healthcare.”

## CCNC IN THE News

News coverage on CCNC, Medicaid reform and other relevant health care issues is noted below.

### OPIOID/OVERDOSE ISSUES

Independent Tribune: [US Medical Schools Expand Training to Curb Painkiller Abuse](#)  
Daily Courier - Forest City, NC: [Naloxone bill will save lives](#)  
AP Health News: [Opioid use by Medicare patients varies by state](#)  
North Carolina Health News: [Pharmacists make choices with new Naloxone Order](#)

### PEDIATRIC EHRs

Medpage Today: [An EHR Tailored for Pediatricians Closes Some Gaps](#)  
EHR Intelligence: [How the EHR Selection Process Influences Specialist EHR Use](#)

### EDITORIALS & LETTERS

NC Spin: [Did North Carolina really need Medicaid Reform?](#)  
News & Observer: [Commenters give thumbs down to NC Medicaid managed care](#)  
NC Policy Watch: [Misleading Medicaid rhetoric instead of expansion](#)  
Pharmacy Choice: [Price, Adams, Butterfield Urge Rejection of NC Medicaid Waiver](#)  
WFAE-FM: [NC Democrats Urge Feds To Reject Medicaid Overhaul](#)  
Asheville Citizen-Times: [Public backs Medicaid expansion, not Medicaid reform](#)  
News & Observer: [Feds Should Reject NC’s Request to Privatize Medicaid](#)

### PRIMARY CARE

Medpage Today: [A Patient-Centered Model in Place](#)