

FOR IMMEDIATE RELEASE

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CCNC Receives Three-Year Case Management Accreditation from NCQA

CCNC approach to quality recognized with highest level of accreditation

Raleigh, N.C. (November 7, 2018) – Community Care of North Carolina (CCNC), the nonprofit organization that serves 1.7 million North Carolina Medicaid recipients, has received a new, three-year accreditation in complex case management from the National Committee for Quality Assurance (NCQA).

The three-year accreditation, which is effective October 31, 2018 through October 31, 2021, recognizes CCNC’s compliance with best practices in case management, including:

- Effective management of patients as they move between care settings;
- Patient-centered assessments to determine care needs;
- Personalized and patient-centered care plans;
- Access to qualified case management staff; and
- Patient monitoring to track care-goal progress.

“We’re pleased to once again receive NCQA’s highest level of case management accreditation,” said CCNC Chief Operating Officer Tom Wroth, MD. “We have worked hard to ensure all policies and procedures essential to good case management are in place and continuing to improve at CCNC. I would like to commend staff who managed this rigorous process while continuing to help North Carolina Medicaid recipients get better care. This accreditation is another sign of CCNC’s readiness for the state’s transition to a Medicaid Managed Care system in 2019.”

NCQA’s accreditation is the culmination of an extensive process of reviewing CCNC operations. NCQA’s high standards (see the nine benchmarks on the following page) encourage organizations conducting case management to continuously enhance the quality of services they deliver. NCQA Case Management Accreditation is the only program that focuses on care transition, the management of patients moving between providers or treatment settings.

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Nine Standards of NCQA Case Management Accreditation

1. **Program Description:** Uses up-to-date evidence-based information to develop its case management program, and regularly updates the program with relevant findings and information.
2. **Patient Identification and Assessment:** Systematically identifies patients who qualify for its programs.
3. **Care Planning:** Coordinates services for patients through the development of individualized care plans.
4. **Care Monitoring:** Has systems in place to support case management activities and monitors individualized care plans.
5. **Care Transitions:** Has a process to manage care transitions, identify problems that could cause care transitions and prevent unplanned transitions, when possible.
6. **Measurement and Quality Improvement:** At least annually, measures patient satisfaction, program effectiveness and participation rates.
7. **Staffing, Training and Verification:** Defines staffing needs, provides staff with ongoing training and oversight and verifies health care staff credentials.
8. **Rights and Responsibilities:** Communicates its commitment to the rights of patients and its expectations of patients' responsibilities.
9. **Delegation:** Provides written documentation of each delegated arrangement.

About CCNC

CCNC is a national leader in transforming health care, joining community-based care managers with local primary care physicians and diverse teams of health professionals to develop whole-person plans of care. Informed by statewide data and predictive analytics, the CCNC program builds patient-centered practice models, connects people to the right local resources, and leads collaborations with health systems and public health. This proven population health management approach delivers better health outcomes at lower costs. For more information, visit <https://www.communitycarenc.org>.

About the National Committee for Quality Assurance (NCQA)

NCQA is a private, non-profit organization dedicated to improving health care quality. NCQA accredits and certifies a wide range of health care organizations. It also recognizes clinicians and practices in key areas of performance. NCQA is committed to providing health care quality information for consumers, purchasers, health care providers and researchers.

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