

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #20 (Conducted Virtually)
 July 12, 2022, 4:00 PM ET

Attendees:

Name	Organization
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Anna Boone (for Gregory Adams, MD)	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist
Amy Russell, MD	Medical Director Mission Health Partners
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office
Lawrence Greenblatt, MD	Medical Director Northern Piedmont Community Care
Trista Pfeifferberger, MS	Vice President of Product Development and Relationships Community Care of North Carolina
NCDHHS Staff and Speakers	Title
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Shannon Dowler, MD	Chief Medical Officer

Lauren Burroughs, MPH	Advanced Medical Homes Program Manager
Regina Manly, MSA	Tailored Care Management Program Manager
Eumeka Dudley, BS	Tailored Care Management Program Manager

Agenda

- Welcome and Roll Call
- Overview of North Carolina’s Tailored Plans
 - North Carolina’s Medicaid Transformation
 - Tailored Plan Eligibility and Benefits
 - PCP and Tailored Care Management (TCM) Overview + Choice/Auto Assignment
- Deep Dive: Tailored Care Management
 - Tailored Care Management Overview
 - Delivery of Tailored Care Management
- Wrap-Up and Next Steps

Overview of North Carolina’s Tailored Plans and Tailored Care Management

Key Takeaways

- The Department presented an overview of the state’s Tailored Plans and Tailored Care Management, which will launch on December 1, 2022.

Notes

- In 2015, the NC General Assembly enacted Session Law 2015-245, directing the transition of Medicaid and NC Health Choice from predominantly fee-for-service (FFS) to managed care.
- Standard Plans launched on July 1, 2021 and Tailored Plans are set to launch on December 1, 2022. There will be six regional Tailored Plans that will serve approximately 177,000 enrollees with significant behavioral health needs, intellectual and developmental disabilities (I/DD) or traumatic brain injury (TBI) across the state.
- The Department is also planning to launch a Children and Families Specialty Plan (CFSP) no earlier than December 1, 2023 to serve children, youth and families in the child welfare system.
- The existing Medicaid fee-for-service system, NC Medicaid Direct, will continue to deliver care to select enrollees exempt, delayed or excluded from managed care.
- Tailored Plans will cover all Medicaid-covered behavioral health, I/DD and TBI services, as well as state-funded services. Though Standard Plans will cover behavioral health services as well, the Tailored Plan benefit package includes a more robust set of services.
- All Tailored Plan members can choose or will be assigned to a Primary Care Provider (PCP)/Advanced Medical Home (AMH). In Tailored Plans, only Advanced Medical Home +s (AMH+s) will provide ‘Tailored Care Management’.
- The contracting deadline for PCPs/AMHs is July 15, 2022 for inclusion in the initial beneficiary choice period. If contracting does not occur by July 15, 2022, providers will still appear in future directories

for member choice. After the beneficiary choice period closes, beneficiaries who have not chosen a PCP/AMH provider will be automatically assigned one around October 15.

- PCPs/AMHs will still be assigned patients as long as they meet contracting deadlines for auto assignment. The PCP/AMH contracting deadline for providers is September 15, 2022 for inclusion in auto-assignment for the December 1st launch.
- All PCPs/AMHs can look up their patient panels (Medicaid Direct & Managed Care) in the NCTracks portal. After launch, the panel report will include Tailored Plan primary care assignments and it will include the care management entity the member is assigned to.

Deep Dive: Tailored Care Management

- Tailored Care Management is North Carolina’s specialized care management model targeted toward individuals with a significant behavioral health condition (including both mental health and severe substance use disorders), I/DD or TBI. All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers.
- Individuals enrolled in Medicaid fee-for-service (NC Medicaid Direct) (e.g., dual eligibles) will also have access to Tailored Care Management, if they otherwise would be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.
- The Department noted that the Tailored Care Management model prioritizes member choice of providers and care managers with the goal of preserving current provider/patient relationships.
- Tailored Plan beneficiaries will have the opportunity to choose among three care management approaches; all must meet the Department’s standards and be provided in the community to the maximum extent possible. In the initial years of managed care, as providers build capacity to deliver Tailored Care Management, many enrollees will be assigned to a Tailored Plan-based Care Manager.
 - The Department’s vision is to increase, over time, the proportion of actively engaged members receiving care management from AMH+ practices and Care Management Agencies (CMAs) (i.e., provider-based care management). To guide the growth of provider-based capacity, the Department established a multiyear “glide path” with annual targets to be met by Tailored Plans. The target percentage in 2023 is 45%; 60% in 2024 and 80% in 2025.
- The Department will allow – but not require – AMH+ practices and CMAs to work with a clinically integrated network (CIN) or other partners to assist with the requirements of the Tailored Care Management model, within the Department’s guidelines. CINs may provide 1) local care management staffing; 2) health information technology (HIT), data integration and analytic support; 3) quality measure reporting assistance and 4) clinical consultation.
- The Department is working with the National Committee for Quality Assurance (NCQA) to complete readiness reviews in collaboration with Tailored Plans to verify that each certified AMH+ and CMA is ready to perform the required Tailored Care Management functions ahead of launch.
 - Following the first round, 34 organizations passed the site review and were certified as CMAs/AMH+s. 13 organizations were certified after the second round.
 - AHEC is providing technical assistance to newly certified practices to support preparation for delivering Tailored Care Management.
 - All Round One and Two providers have completed site reviews. NCQA is finalizing documentation on the final providers.

- AMH+ practices and CMAs must meet the Department’s HIT requirements prior to Tailored Plan launch (i.e., use an electronic health system or clinical system of record, use a care management data system, use NCCARE360).
- Tailored Care Management includes a variety of activities to support members, including, but not limited to, development of care management comprehensive assessments and care plans/individual support plans, coordination of services, transitional care management, in-reach and diversion from institutional settings, addressing unmet health-related resource needs, chronic disease management and medication monitoring.
- Care managers will consider the unique needs of the member and involve family members and caregivers where appropriate.
- Organizations providing Tailored Care Management must establish a multidisciplinary care team for each member. The care team should include the member, the member’s care manager and additional individuals, depending on the member’s needs (e.g., supervising care manager, primary care provider, nutritionists, behavioral health providers, pharmacists).
- Community Navigators, Peer Support Specialists, and Community Health Workers (CHWs) and other “care manager extenders” will play an important role in Tailored Care Management care teams and the Department has developed guidance to provide clarification on their roles.
- AMH+ practices and CMAs will be paid standardized (fixed) PMPM rates, tiered by acuity.

Q&A

- In response to questions about Tailored Care Management assignment, the Department clarified that if a person is getting primary care at an AMH+, they would automatically be assigned to Care Management at that AMH+. However, there are some exceptions, to include circumstances when a member may choose to receive Tailored Care Management through another provider or if the member is assigned to a Tailored Plan and gets re-assigned to their current Care Manager.
- The Department noted that they will publish the list of certified AMH+s and CMAs following readiness review and contracting.

Wrap-Up and Next Steps

- The next AMH TAG meeting will be on Tuesday, August 9, 2022 from 4:00-5:00 PM.
- AMH TAG Members are encouraged to send any additional feedback or suggestions to kelly.crosbie@dhhs.nc.gov; regina.manly@dhhs.nc.gov; eumeka.dudley@dhhs.nc.gov; lauren.burroughs@dhhs.nc.gov
- The meeting adjourned shortly after 5:00 pm.