

**NC Department of Health and Human Services  
Division of Health Benefits (NC Medicaid)**



# **TAILORED CARE MANAGEMENT (TCM) UPDATE**

**Kristen Dubay  
Chief Population Health, NC Medicaid**

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# Core Principles of Tailored Care Management Model

**Tailored Care Management is the primary care management model for Tailored Plans.**

## Core Principles

- Broad access to care management
- Single care manager taking an integrated, whole-person approach
- Person- and family-centered planning
- Provider-based care management
- Community-based care management
- Community inclusion
- Choice of care managers
- Consistency across the state
- Harness existing resources



# What is Tailored Care Management?

## Key Features of Tailored Care Management

### ○ Tailored Care Management is built around the six core Health Home services

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care/follow-up
- Individual & family support
- Referral to community & social support services

### Why is it called “Tailored Care Management?”

#### Because care managers will be serving:

- ▪ Individuals enrolled in NC Medicaid Direct (e.g., dual eligibles) who would otherwise be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care.
- All LME/MCO Members eligible for Tailored Plans, including individuals enrolled in the 1915(c) Innovations and TBI waivers.

# Who is Providing Tailored Care Management?

## Key Features of Tailored Care Management

- Tailored Plan-eligible members have been assigned to one of three approaches for obtaining Tailored Care Management:



### Advanced Medical Home Plus (AMH+)

Primary care practices whose providers have experience delivering primary care services to the Tailored Plan eligible population



### Care Management Agency (CMA)

Provider organizations with experience delivering behavioral health, I/DD, and/or TBI services to the Tailored Plan eligible population and whose primary purpose is the delivery of NC Medicaid, NC Health Choice, or State-funded services.



### LME/MCO/TP Care Management

LME/MCOs and subsequent Tailored Plans also will provide care management with the same expectations as AMH+/CMA providers.

- Note: The Department strongly believes that care management should be provider-based and performed at the site of care (i.e., at an AMH+/CMA) to the maximum extent possible.

# Snapshot of Tailored Care Management Reach

## Members



- Approximately 150K members are expected to move into Tailored Plans

## Providers



- Over 70 AMHs+/CMAs are certified, with additional providers in the pipeline
- Over 30% of TCM-eligible members (*majority LME/MCO members\**) are assigned to care management at AMH+/CMA

# Investments to Support TCM Provider and PCP Provider Engagements

- The Department increased the Advanced Medical Home Medical Home Payment from \$2.50/\$5.00 pmpm to \$20.00 pmpm for primary care providers assigned Tailored Care Management-eligible members to support increased costs associated with primary care providers (PCP) engaging with Tailored Care Management providers.
- AMH “Enhanced Medical Home Fee” was extended through September 30, 2023, for a total commitment from December 1, 2022 – September 30, 2023.

*[Enhanced Medical Home Payments Extended Through Sept. 30, 2023 | NC Medicaid \(ncdhhs.gov\);  
https://medicaid.ncdhhs.gov/blog/2023/05/26/enhanced-medical-home-payments-extended-through-sept-30-2023](https://medicaid.ncdhhs.gov/blog/2023/05/26/enhanced-medical-home-payments-extended-through-sept-30-2023)*

# Tailored Care Management Challenges

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CMA/AMH+/PIHPs have noted the current payment model may be insufficient to meet the expectations set for TCM. Specific challenges expressed related to implementation and ongoing provision of TCM services include:

- Technology challenges with initial assignments
- Data Integrity issues with member contact information
- More outreach attempts to engage members than expected
- Fewer member assignments than anticipated
- Higher than expected workforce costs
- Fewer billable engagements per month than anticipated
- Greater intensity of member support needed
- Higher than anticipated systems/data-related costs
- Inability to bill for care coordination services without member/guardian
- Member desire to utilize AMH+/CMA services but slow/no assignment to preferred AMH+/CMA

# Tailored Care Management Stabilization

Understanding that Tailored Care Management is a new service, the Department has worked with our partners to address key concerns from providers and PHPs.

- To ensure that TCM providers can accurately identify their assigned members, DHB created the **TCM Enrollee Report** that is delivered to TCM entities via NCTracks monthly.
- DHB worked with LME/MCOs **to update the contact information for TCM members** and continues to investigate ways to **collect and distribute more accurate contact data**.
- **Round 3 TCM Certification has been delayed** and includes providers that are serving areas or member populations that currently have gaps in TCM entity availability to ensure our existing TCM providers have the chance to receive full panels and stabilize.
- **Post-Production Calls** are held weekly with TCM providers and PHPs to address any data discrepancies and/or technology concerns.
- The TCM team publishes a monthly **TCM Newsletter** to keep providers updated on key dates and activities in the field.



# Tailored Care Management Updates

## New Forum for Provider Feedback

- To continue to learn about providers' experience in deploying the model, the Department is standing up a new forum to collect provider feedback in partnership with AHEC.

## Additional Capacity Building Funding

- The Department is working diligently to identify additional capacity building funds to support provider sustainability and the AMH+/CMA workforce.

## Extending TCM Blended Rate

- The Department extended the blended rate to maintain payment stability, rather than making big changes to payment methodology AMH+/CMA workforce as previously planned on July 1, 2023.

# TCM Priorities and Provider Stabilization

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The Department is exploring additional strategies to address TCM challenges.

- Evaluating the underlying assumptions of the rate methodology to determine if changes are appropriate based on experience in the field.
  - Clarifying TCM program expectations and updating where needed
  - Reviewing policy expectations and provider manual guidance
  - Increasing AMH+/CMA assignment panels
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