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Thank you for joining today's program will begin shortly.

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Hello and welcome to today's webinar. My name is Mario and I'll be in the background answering any zoom technical questions.

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If Express difficulties during this session, please type your question into the q amp a section and the producer will respond.

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We will be holding a q&a session during today's webinar, we encourage you to submit written questions at any time. Using the q amp a panel located at the bottom of the zoom webinar viewer, please type your questions in the text field and click Send.

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Should you wish to view closed captioning during the program. Please click cc at the bottom of your zoom window to enable or hide subtitles.

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During today's event, all participants remain in listen only mode. And with that, we'd like to get started. We hope you enjoyed today's presentation. I now like to introduce our first speaker for today, I Louis IDD and TBI section chief division of mental

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health developmental disabilities and substance abuse services.

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Maya. Now before.

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Thank you, Mario. Good afternoon, everyone, and welcome to the tailor care management, one of our webinar, featuring and focusing on partnering with a clinically integrated network or other partners.

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Okay. Today's webinar is the first is the fourth in our series that will run until December 10 of 2021.

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Please note that the schedule of the previous webinars and upcoming webinars for this training series will be provided. That is noted on the table, access and the link to where that information can be found will be noted on the following slide these sessions

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are recorded, along with the previous webinars that were recorded and will be available on that on the web page that will be noted on the next slide.

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Okay.

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Just to reiterate a few housekeeping that with that Mario mentioned, is that our plan today is to cover a lot of information pertaining to clinically integrated network, other partners and then we will do our best to have a q amp a session at the end

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of the presentation. However, as noted, please do not hold your questions. You may ask questions at any time throughout this presentation by using the q amp a text box that is located in the lower right hand corner of most of your screens.

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If for some reason you do not think of a question or you forgot to ask something that was burning where it shows up later comes up later in your mind, no worries, you'll see that we have our email the Medicaid tailored care management email address noted

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on this slide, you can also send questions at later times to that email box, and we will be able to work to get those addressed during that time.

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Again this webinar is being recorded.

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And the slide deck for this.

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This webinar as well as the recording will be posted on the website that is also noted on this slide, related to Taylor care management.

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Right. So next slide.

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So your presenters for today I would like to introduce them to you like know who you'll be hearing from today you will hear from Kelly Crosby, who is the chief quality officer for NC Medicaid crystal Hilton, who is the Associate Director of population

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health with NC Medicaid wins right, who is the senior program manager for special programs with NC Medicaid, and of course right now you're hearing

from myself on my Lewis and I'm editing TBI section she's with the division and mental health developmental

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disabilities and substance abuse services.

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Alright, so now I'm going to turn it over to win. Who will take us through the agenda and some key updates for us when.

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Thank you, Maya.

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So our agenda today will cover some key updates, an overview of clinically integrated network so other partners. We call them CINCIN and other partner capabilities cin and other partner use cases, support and resources available to H plus practices and

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CMA.

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We have a little bit of information on ci No, or other partners available in North Carolina. We're going to talk a little bit more about technical assistance capacity building and end with a question and answer.

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So some key updates.

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This is something that's really important.

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There's going to be forthcoming guidance on the use of extenders in tailor care management.

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We have been asked many many times, how community navigators peer support specialist or community health workers fit into the Taylor career management model.

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The department recognize that these experienced individuals will play an important role in Taylor care management care teams and is in the process of developing guidance to provide clarification on their roles.

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The department is committed to building a robust a lecture management workforce that is led by care managers and includes care manager extenders.

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The community navigators the peer support specialist and the community health workers.

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We realized that there are a lot of questions behind what they're going to be doing so, the forthcoming guidance will address functions that the extenders can perform within the model, how extenders can help fulfill the member contact requirements.

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The training and supervision requirements and qualifications needed to serve as an extender.

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We're going to seek guidance from the tailor care management tag, which is launching next week.

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The department is also considering the extent to which care management extent of center policies as well as other feedback we have received will affect the Taylor career management right.

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Just to be clear, we are not.

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The extenders will not be another service per se but but we're going to be trying to clarify how they can be used in the Taylor care management care team.

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So I want to give an overview of what a clinically integrated network is ACL no other partner is an organization with which an AMH plus practice or CMA may be affiliated that helps them meet the requirements of the model.

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A much H plus practices the amaze may choose to contract with an individual sia Anna multiple cis or other partners that best meet their needs.

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We are not saying that this is a requirement, we are saying that you have that option.

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Helping meet the at amp t requirement.

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For example, you may contract with a CI in or partner for your career management data systems, a CI and may support the AMH plus or CMA data integration analytics and use meaning importing and analyzing the claims and encounter data.

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Clinical consultation, we've been getting a lot of questions about the clinical consultants, they see in could be a source to provide the subject matter expertise and advice to the care team.

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And some one thing that we said from the very beginning, partnering with one or more ci in, or other partners may make the model more cost effective, and financially stable, sustainable for you.

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We don't want our providers to go out and buy a care management.

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Data System, when they when it may be more cost effective for them to contract with someone or contract with the CIO and for example.

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So who may act as a CEO or a partner. So there are many, you know there are many types of ci ends or other partners.

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That could be a health or hospital system, you know, such as UNC or

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Biden's do an integrated delivery network, an independent practice Association IPA, or managed service organization so another provider base network or Association, another provider.

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Some, some providers may, may be able to assist you in, in, in some function of your management, a technology vendor.

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Somebody who may help you with your ht capabilities and functions, the tailor plans may serve as an as an other partner for health IT support so those Taylor plans who are offering access to the care management data systems.

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The care management systems, who would be considered and other partner.

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This is not an exhaustive list CIA ends and other partners supporting AMH plus practices and CMS may take many forms and the department, encouraged innovation and market movement to support this model.

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mx plus the CMA accountability for ci no other partners.

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And the, the ama's pluses and CMA may choose to contract with a CI and who choose to contract with the CEO or the partner will still have the relationship with a tailor plant and be responsible for ensuring the CIA and other partners perform the contract

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and function in line with the tailored care management requirements. So this is kind of a visual that we at DHH is partner with a tailor plans contract with the tailor plans and the tailor plans would contract with AMH pluses and CMOS and the CMA would

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contract with the CIA and other partner, the state will be certifying the H plus practices and CMA is not this the hands of other partners, and the state will not have oversight of this yet, and or validate their capabilities.

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So we want to, you want to make sure that you.

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If you're going to partner with a CI innovative partner that that you are sure that this partner will meet your needs and assist you in meeting the state mandated tailored to your manager requirements.

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So I'm going to turn it over to Kelly, to talk about CIA and other partner capability.

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Thank you so much when everyone Kelly cross be here, and I'm actually going to look at specific requirements of the tailor care management model so what you need to do if you're a care management agency or an advanced medical home plus.

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Then we're going to talk about in those specific cases how a CA and might help you so this is just a list of ideas.

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One thing I'll add to everything that Glenn said is, most of you will actually work with a partner, you just Will you probably do already it's the vendor that provides your EHR.

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It's the vendor you're probably going to work with to support a care management platform so most of you are working with a partner the partner might be the Taylor plan because you're going to use their care management platform.

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So, most of us use a partner. I think the notion of a clinically integrated network is really unique and clinically integrated networks are, are here, they're not in the future they are here.

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So I do think it's, and they're not just it's not just about technology the technology is great, we need it and we need technology support so I certainly do.

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But the notion of a clinically integrated network is incredibly talking about pure integration clinically integrated network or community service providers, working together for a population.

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So locally. How do you fit within your clinically integrated network, you might be a specialist you might be a primary care provider, how are you working with your hospital system and other specialists or primary care providers within your community,

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for the group of people that you support so being part of a clinically integrated network is, is It's a good thing.

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And and that's the place where you start to get things like capacity and scale, to be able to enter into more value based arrangements, so it's a good notion because it's integrated you share data, you share resources, and also really sets you up for

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future events payment models.

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But that's my spiel about clinically integrated works. Let me give you some really concrete examples of how you might work with a clinically integrated network.

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So why would an image cluster CMA controversy and our other partner. So, CIA and or other partners can assist you in a variety of ways. So, the first and foremost, which I think a lot of people are going to not first and foremost, but this is actually

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important one, we're going to talk about people probably are thinking of it this way, they can actually provide you care management staff and and lots of prayer to hire their own care management staff, and that's great.

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But you don't necessarily have to. So, a lot of a lot of the providers in our advanced medical home model, they don't have care management staff, it clinically integrated network who provides data and analytics to them provides practice supporting coaching

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provides an integrated technology platform where they can look at data on their members, so that clinically integrated also provides care management staff so that's an option, we'll talk about that.

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with that. They can support data integration analytics and using that data. So we talked last time at a high level, about to be a MH plus or CMA you're going to get a lot of data in standardized file formats industry standard.

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I can't personally manage that kind of data integration or ingestion. I can't warehouse that data, and I didn't really smart programmers to use that they did to do analytics that helped me be a better.

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So that's a great way to be a partner for technology partner or someone else can help you as a care management agency be successful.

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And then of course a clinical consultation. That's what I was talking about before being part of a community of integrated positions and specialist is a wonderful thing.

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You have partners you have resources to go to for clinical consultation and that's really important for care.

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So let's look at some some some specific examples on the next slide.

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So for staffing, I mentioned this, so I'm cin and other partners can help you tailor k management provider, your CMA are named Mitch plus to meet your tailored care management staffing requirements.

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So, you're going to see this on all the slides to actually talk about what the standards are in the tailor care management program and then we talk about, well maybe how your ci n could help you do it.

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So, very concretely, if you're a care management agency and members get assigned to you, you've got to assign them to a care manager, a certain number of care managers have to have a supervisor, and you should work, the care management within a multidisciplinary

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team so all of the providers, services and support in that members life that care managers responsible for coordinating with all of them and getting consultation from the care team members.

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So, how can I CANFU, so they can actually healthier concretely, could be the care manager.

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Now they shouldn't be local they should be embedded in your practice that can a CA and provide care management staff to you to have an embedded care manager.

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Can they provide in terms of scale right, you may only have enough members or want to sustain enough members to have one or two care managers in your practice.

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Well, not really enough for supervisor so perhaps you work with a partner a clinically integrated network and you have one in Medicare manager that you get from the entity.

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And, or maybe you have for care managers and so you get supervisory support from your CDN for the care managers and better within your practice. There's lots of flexibility within the model, and it can be scaled up or down so I think creatively about

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you might want to do that, like I said, a lot of our advanced medical homes don't hire their own care managers, they work with clinically integrated network, they can get embedded care managers within their practice is full time maybe it's halftime it

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really depends on the need of the members and how many members are actually assigned to that practice but using your clinically integrated

network for staffing and supervisory support is can actually can be a good idea.

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Now, that just to be clear, you see the comment box in the bottom we're not suggesting that that a member has multiple care managers are multiple people manage their character need to have a single care manager.

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If you're a tailor Care Management Agency you're responsible for that single care manager. We're just saying that you might get that care manager through your CDN, and you might or you like under supervision through your ci n, or you might rely on consultation

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for primary care for pharmacy for complex medications, through the CI n, to think creatively about, and again, benefit of working within a clinically integrated network that you get that kind of support.

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So, as I care management entity or care management provider you know that you've got to do a care management comprehensive assessment, and you've got to got to do a care plan.

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So, again, there's a little bit of technology and a little bit of personnel and its response. So, the, the partner can make sure that you have a platform that has a care management assessment and so you can enter that into the platform care plan, same

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thing, platform you can enter your care plan into.

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Same, same thing that I said on the last slide, it can provide care management staff that can actually perform assessments and care management for you.

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They can also do really good analytics that help make your care management, or your assessment, smarter, more data informed.

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more data informed. They can help you do care planning through some of the data that they're adjusting for you to use. Prepare planning. So, a CI or other partner could really could help you with this.

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Care Transitions are really really important part of care management right Transitional Care Management is key, very crucial especially for folks you're going between settings of care, coming out of long term short term emergency visits transitional care

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is incredibly important. How could you leverage your cin to help you with your transitions, again, could help you with with staffing support supervisory support Technology Support Hold that thought we'll talk about technology in a bit to actually alert

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you that people are in the hospital. Next slide.

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Hit requirements before I pop into hit requirements. One thing I want to emphasize I just thought on that last night before I went away. So the other thing that I see is really help you with is actually a care management program plan or another partner,

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not to be a CIA and right.

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So think about what, when you think about the desk review and the site review engines going to be like we're asking you to demonstrate that you can build a program not just hire people, but you have tools that you use care plans assessments screeners

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that is my care management program plan. So in all those cases we talked about before, staffing, use of consultants specialist care transitions managing career transitions, doing a comprehensive assessment, doing a care plan control policies and procedures,

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so you may hire your own folks, but you may use a partner to help you develop the policies, the programs, the tools you use the processes and workflows, so incredibly good way to use a partner to develop some of those tools processes and protocols for

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you. So your team managers can just be trained in them and use them. So you don't have to reinvent the wheel reinvent the wheel. There's lots of wonderful tools, processes, workflows for there so a great way to utilize a partner who's already developed

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these kinds of tools that you can use. so we talk a lot about using cin or other partners to help you with the health information technology requirements.

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As you recall, that's, you gotta have any HR you gotta have a care management system that ingest stores data does analytics and provide you a care management documentation platform.

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And then you've got to use NC character 60 when it's fully functional and certified statewide many ways that a CI n or technology partner could help you with these things, you probably already have a technology partner unless you have your own homegrown

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EHR that you sponsor and support yourself, you probably purchase or lease and EHR of technology partner already. For some of you, you're going to build upon that tab under your care management platform so again.

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Many of you are already probably working with at least a technology partner.

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So, what is one way that a technology partner can help you a really big saying that a technology partner can help you with is getting access to 80 feet.

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is in the hospital. You know if they're being transferred somewhere else you know if they're being discharged such a crucial piece of care management information. So how is your partner or a partner could help you to ingest these feeds from health connects

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from a another vendor that sends out a DT information, and they could help ingest those into your send you alerts and notices. I was talking to our cmo this morning Shannon dollar and we were looking at some of our quality measures, this is just really

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timely, we're struggling a bit with a lot of quality measures that are impacted by good transitions from hospital to home, we're really impacted.

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We could do better on a lot of care transit things that care transitions in the out here transitions So Ken, and she said to me, she said, I worked for years at a hospital.

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And I never knew when my hospital when my, my patients that's how she calls them her patients were admitted, or discharged from the hospital, and she said I would actually give my number out to my patients and I would say here just Would you please call

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me if you get hospitalized you're good emergency rooms. I know, and so I can make sure you come to see New York and give you some consultation. And that's great, that's above and beyond.

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I really think that's cool that she did that but also like we're not just saying get at information sits over here somewhere.

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We're saying how's your technology partner getting it for you if you've used one, how are they getting the information to you in an actionable way, your care manager clap for you a text alert, you can actually use it.

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So how can a partner really help you use ingest and use abt information because care transitions are chest so important that slide.

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I think this is more of a vt data. So again, they can facilitate your access like how you actually negotiate and get an HTTP like from health connects, they can incorporate that ADP information into your EHR into your care management platform, they can

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give you workflows I mentioned before, how you use it. Like how do you get the information to get it once a day twice a day. How do you adjust it visit pop up in a career management record.

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This is a pop up in a text to your manager like what's the workflow for actually how you ingest and use that data, and they can help you with analytics right so if you get that at information, how are you using that as part of your risk stratification

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approach to you are finding your member, no matter what acuity tier we send you home even below you find your set of outliers who unfortunately are maybe hospitalized frequently.

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have you use that to assess and stratified members who might need extra care attention from you. So lots of ways a technology partner analytics partner.

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I've talked about this a lot, but it's really important to have to be able to his feet and models requirement model, to be able to ingest the

data we're sending you copious amounts of member data copious amounts of claims data, you're going to get acuity

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tear data, you're going to get lots and lots of data. So, how are you able to ingest warehouse store, analyze that data and make it actionable for here, management so I say we, but we're sending it to to open to opinions your partner payment plans going

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to be sending lots of data to you. And how are you managing all that data. Again, we're I rely on a really smart technology partner to be able to do all those things for me.

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They have all the integrations with the Taylor plan, they handled.

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So you could use a technology partner to help meet your needs in this next slide.

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So yes, you can have care management staff supervisory staff.

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But you can also use clinical consult. I think models that we've seen that are very effective here in North Carolina and across the nation, are we don't know hire our own point two five primary care physician or point to psychiatrist point to pharmacists,

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but we do work within a CDN, or with other provider partners to be clinic consultants for.

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Again, when you think about providing integrated care management, we hiring care managers who may be not so familiar with physical health medications with physical health conditions, and that's okay.

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We're learning something consultants are just really key. I'm not a physician.

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I'm not a psychiatrist, I'm not a pharmacist. I am on a team of nurses and doctors and pharmacists, and I go to that team when I need support because I'm not a specialist, I'm not a substance use specialist.

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So here at Medicaid and when I practice, I had, I had other folks that I was able to go to for consultation and support and that's the notion of this model.

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So how might you use a partner for that kind of clinical consultation, you need to do case rounds with to be able to be on call to make sure that you're managing whatever needs that you have of the members.

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So, clinical consultation is like really important.

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And again, even that when we've done care management statewide here in North Carolina like through our CC and senior management program. Each of the network's had consultants with the network.

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All the care management agencies and entities and primary care practices, have a good song, they were at the regional place where folks could access pharmacist doctors and psychiatrists and social workers for that kind of clinical consultation so good

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use of clinically integrated network or, or consultative partners.

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Excellent.

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Excuse me. So, I think I probably gave you a better use cases when I was responding to the slides but I think we have three or four here just to walk, really quickly.

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So this is a use case very concrete use case where we have a care management agency, working with a another partner.

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So provider x it's a large independent practice co located physical and behavioral health certified as a CMA didn't go the image plus route and that's fine.

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In healthcare managers have your own EHR, but you don't have a care management system that can ingest all those files and warehouses that need and do analytics for you.

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So the CMA can partner with the payment plan. Remember, the payment plan needs to adjust warehouse, analyze all that data and have a care

management platform, just like a tailor to management entity, it does, because the Taylor plan is a tailor care management.

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So use case number two of care management entity and a clinically integrated network so we've got provided why there were small, independent IDD provider, not affiliated with the big network certified as the Care Management Agency, but doesn't have each

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it functionality, or care management staff.

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So network x is a clinically integrated network they've got here managers, they've got robust hit capabilities care management platform analytics data ingestion in the works.

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So that care management entity could contract with that clinically integrated network. They are an identity provider, we provide a full complement of it here HTTPS supports.

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They've got members that need care management so they work with clinically integrated network who can embed a care manager within their entity, health information technology that they need.

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Now there's a caveat to this example see the big red back there.

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Yeah, it's a white x in a in a in a red cable.

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Remember, conflict free care management folks you're providing a CBS cannot provide care management for their state membership just destroy my internet and.

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Two or three more.

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So this is an A plus and a cin. So, the image plus it's a tier three provider, for those of you that are not a in niches you might not know it's okay.

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It's a classification of primary care provider that can be care management.

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So, you're a tier three provider, you're delivering your services to tailored plan LHPMH plus certification which is an additional level of certification on top of your primary care to you have any HR, you have a care management system, yeah analytics

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you've been doing this. You've got 10 offices and you see 20 patients, so you have enough to justify having your own care managers and a big technology infrastructure.

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But you don't have clinical consultants, you need access to psychiatrists, to add specialist to pharmacists, so you work with a clinically integrated network because they can offer you those specialists.

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And I think I have one more.

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I don't. So those were the examples and now I'm going to turn this over to Crystal, and I believe.

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Thanks Kelly.

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I am crystal Hilton Associate Director for population health and Medicaid and I will be sharing the support and resources available to our telecare management provider.

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Okay.

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Kelly was describing all this assistance and work that the, the CI in and other partners are able to provide to take care management providers. When we first started working through the design elements of it we had no idea what cis and partners were available

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had the capacity or even willing to do this type of work to be able to provide those support. So, earlier this year the department released a non binding statement of interest, and we got responses from the following six organizations that you see here

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listed on this slide these organizations sharing information with us about their desires, their particular interest and their capabilities.

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Some of that information that they were able to share with us doing that statement of interest is their coverage area. When we look across all of the six entities that responded, they cover all of the table that plan region.

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Not all of them aren't necessarily in every particular region but collectively they cover all to the plan region.

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Some of the types of providers that they're looking to serve.

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We're where we have with Biden in Taro, and medicine.

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They're going to be looking to help support the CMA, as well as the AMH plus practices.

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Whereas blaze advisors and collaborative Health Network are able to support CMA only.

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And the arc of North Carolina is able to to provide support for CMA operated by IDD or TBI provider, some of the services that the CIS can provide as Kelly has shared some example of how we can use them.

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I'll just kind of reiterate them here as well.

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Support for health information technologies, including, but not limited to care management data system, clinical consultants care management staffing, as well as support and helping with development of clinical protocols and workflows.

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To find out more information that we learned through this statement of interest, you can connect with the North Carolina Medicaid website at the link is below.

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can find other ways to help you.

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Next slide please. And additional support that the department is offering for providers is we have contracted with North Carolina area, eight area, health, education and is also known as local on a tech to provide technical assistance, education, and

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provide a support to the telecom management practices providers that have apply for the certification. So those who have at this point, apply for certification, as well as past depth review.

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They are currently under the TA offered by North Carolina aka.

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These services, they are working currently to to prepare for the site visit the TA currently is designed to help them prepare for the site design which is the last phase of the certification process.

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But these providers are also able to get additional services pre and post go live for these at no cost to the organizations that are certified.

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Practice support coaches they have an extensive background wealth of experience in both behavioral health and add, and they are able to provide one on one virtual an onsite technical assistance currently now or tool.

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plug in specifically for the onsite review, they are working with the gap with a gap analysis tool to help diagnose any challenges Gavin, and then help to be able to support those to completion.

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And they also employ learning collaborative and educational model, and these actually have opportunities for staff members to earn continuing education credits.

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In addition to the focus of supporting providers for Taylor care management certification and launched a heck also offers ta in various other areas, and that includes managed care education issues resolution EHR optimization telehealth integration process

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improvement quality and health equity improvement.

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Billing coding and practice needs assessment.

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For additional information for excuse me for organizational questions, you can please contact practice support at NC a tech.net. And we also

have a link that's provided as a part of this presentation to North Carolina, a head practice support.

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The last support activity that I will be sharing with you all today is a reminder of capacity building.

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In order to support successful implementation of telecare management the department is launching a ticket management capacity building program under this capacity building program we are looking to distribute approximately \$90 million in funding across

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the state, starting in early.

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2022 through at least june of 2023 providers that are certified as Healthcare Management providers will be eligible to receive these funding for different investments, such as hiring and hiring and training of care managers and also for retention and

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recruitment of care managers for supporting help of formation technology infrastructure for care management, as well as operational readiness activities, like, developing workflows procedures and policies.

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The funds are capacity building program, they actually flow through the element and CEOs who are future Taylor.

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Taylor plans, sorry.

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And they will they move to the tailored plan contract.

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In order to access funds, the providers must participate in assessment.

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I am collaboration with the Taylor plan and work towards meeting targets that demonstrate success towards the cap capacity building milestones on last, last week we had conversations more in depth detail on capacity building so you can find additional

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information on the milestones in those documents and we can also provide those.

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They'll be posted on our website as well. One thing of note that we would like to share is that in our conversation related to CIOs and other partners, the telecom management practices are able to use capacity building funds that contract with those

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di n the other partners for the purpose of capacity building. However, the CIA in and other partners are not eligible to actually see the money, they would have to be in contract with the tailored care management providers.

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think that was my last slide. Next slide.

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Okay. Now, I would like to turn it over to Brian Flores for questions.

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Thanks so much, Crystal Kelly, Maya and Quinn, great presentation on what sins and other partners are and how to how they can be helpful to practices.

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So, before diving into questions, I want to give the team a chance to hit on a few points that I know they want to make sure are clear so Kelly I'll pass it to you first.

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Yeah, a couple of things, just in case folks joined late when gave this announcement up front, but I'd like to reiterate again because it is really important so we've gotten a lot of questions about from folks about community navigators and family navigators

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Peer Support Specialist community health workers and how they fit in the model. So I guess one to assure you that they do fit in the model very much, not a separate billable services but part of the care team, and they can provide some of the required

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care management contacts and this isn't yet okay me as you must do all the contacts and then on top of that you can use, someone who was a community navigator and a separate billable service before.

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It's just taking as little time to thoughtfully write that up for for folks to look at. But our goal is to be clear that the care manager can work with folks you work community navigators can be health workers Peer Support Specialist, as part of the care

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team and those can count as some of the care management context, we want to be clear about that and give barn rails because we know that a lot of questions on what that looks like.

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We're also looking at Of course and how that impacts the rates.

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But again, we got lots of feedback on the rates, we're very grateful for the feedback on the race we're always looking for feedback we're talking with their actuaries about this and so we'll be releasing additional information on the rates some updated

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information but those things are in process, they're just not ready to share with you yet but please know they are in process so if you have friends who are not on this webinar right now, email them or text them, let them know that those things are coming

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in or in process we heard you. We care. Okay, so that's the first thing. The second thing, Crystal said this she made the point that I just want to reiterate it because you know we're the government and we have to always be crystal clear that we're not

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trying to endorse any one particular entity. We had an open call for any CIA and or technology partner who wanted to say hey, I'm available. Learn more about me to send us their information.

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And that's what crystal went over today we publish that on our website but that was pretty cool for any clinically integrated network, any technology partner, we're not endorsing anyone, we have no opinion, we will endorse no one.

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That was just our open bid and those are the fix that revived we consolidate that our information and share that information with you and that's it. So we've had a couple questions in the chat to say, Well would you open that up again because some other

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clinically integrated name marks on apply I think that's great feedback let's take that back. We got a really interesting suggestion to to host like a panel of CIOs I think that's a really interesting suggestion and I think I'd be really interested I

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think too and maybe thinking through that may be thinking through that with some of the associations on the call.

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Maybe with the NC tied folks because I think there's a really interesting opportunity and I, we need I think we should talk about what the right place for it is that's something we hosted a webinar present something a one of the associations are one of

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the conferences, but I think that's a really interesting idea again wanted to emphasize we are, we're going to provide some guidance around using what we're calling extenders to community navigator center support specialist can be health workers as to

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fulfill contact requirements, and we'll give them more information on updated updated information on the range.

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And this was a few things that I wanted to reinforce.

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Thanks so much, Kelly, really helpful.

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So I'm looking at the list of questions.

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And I think there's a question around the difference between.

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This is separate from sins are the partners to answer. So I think it's helpful to address the difference between consumers who qualify for tailored plans, versus 1915 I waiver services.

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So, Kelly, would you want to give that one a shot.

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I can try it I need might need the team to help a little bit, including you, Brian, so thank you for that I would say that, um, you know we've been really really hyper focused on individuals that everybody who's in the tailor plan every person is eligible

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for tailored care management, and we know everyone's gonna want it.

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It is available to every line. Obviously, there are places where we have to be careful if someone is getting an 1859 service. It is like an HTTPS service we have to be careful that they were care management entity is also not providing that even at 15,

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service that might be like an eight CBS service, CMS has been crystal clear about that we've talked about that many times. So that's the consideration that comes to mind quickly but Brian or anyone else on the committee, I think there's more to that question

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that we shouldn't impact so let me put it to two team members about.

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Yeah. Oh, go ahead. No, I was gonna say so. So, this is my I think the thing to point out around the 1915 is the team continues to work on getting communication out about that is that the I will be set up in a way that regardless of if you're in the payment

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plan or even Medicaid direct or standard plan, if you are eligible for that service you can have access so I being in the total in the Taylor plan would not necessarily hinder someone from accessing and I service if it's something that they need.

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be eligible for so i think i think that's probably the crux of maybe what that question is, but I will say more information is pending to come out related to AI and more conversations about that in the near future, and Brian would you add anything or

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please. I don't know if it's an active area of design, and yeah, like you know, people will have access to to occur management, that's I think those are the takeaways.

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Okay.

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Thank you. Um, let me look at the rest of the questions here I think we've hit on all the sin.

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ca and other partner questions. So thank you all for NC team for diving into this presentation and helping us understand how to use this any parting words from the team.

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Okay, so let's answer but I do want to, there's, there were some interesting comments in the chat that I do want to raise, because we didn't emphasize it enough I didn't emphasize enough so, you know, it's the same for standard plan so just want to say

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that we actually have webinars where we talked about this. The point of tender care management, with it. Same thing with care management center plants is the local community based care management.

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It is a support to providers should be local and providers can work with a CI and if they choose to help meet those requirements.

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But the notion is that you're in the driver's seat, you, you, they're paid for the service you're responsible for the outcomes to the service,

you may choose to contract with the CMA, and that contract needs to be a contract that you there's accountability

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for because you're asking a partner to support you meeting the qualifications and requirements or something but very much, just because the CIA and can do something, it doesn't mean that we don't want you to be in the driver's seat.

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So think about how you could use the CN but that doesn't stop the notion of car should not be giving you care management side that's not what we want.

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Care managers embedded right there at your site that are able to provide support to the consumers and members that you see.

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So, just to be crystal clear about that.

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Clinically integrated network notion is way bigger than care management support.

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It really is an integration of clinicians, supporting members. A big part of us care management it absolutely is. But care management needs to be there.

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Right, for the person right at your site. So, and nothing changes that.

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Then we want our CMA entities, even if you work with a partner cin.

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You still need to be in the driver's seat right, it's the services of course you want from them the way you contract with them so we want people to contract with you, as a provider, not your cin.

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I'm so I'm Crystal. Was there something you want to answer I feel like you find something, I don't remember what it was about.

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was about the tag the tag starting up.

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It was about the tag Yes, I did want to share that we did get a question as the tag members have been selected as Kelly did share we will be having our inaugural tech meeting on next Friday.

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On the 29th, and we put in the application, but date specifically for that so that those that were applying would already be able to put it on their calendar because we knew we were gonna be pressed for time.

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But we have completed the review that we're working furiously to get those notices completed and out today or over the weekend.

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You will know by Monday.

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All of our tags, all of them, all of those members, all of those persons who were selected for tag membership will know by Monday of their membership and we will look forward to seeing them on the, the Friday meeting.

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All right, thank you so much crystal. So any of the other team, any final comments or things you want to address before we close out.

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All right, so we're gonna end time today I forget about that because we've heard over the past couple friday so um thanks to the team here at DHB and DMHDDSAS and our partnership and at number partners today.

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Heck, and thank you most mostly for everyone that came to this call today. We really appreciate you spending an hour with us every Friday, appreciate all of your questions appreciate your engagement.

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This is a super important service.