

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Meeting #6 (Conducted Virtually)

March 25, 2022

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Lauren Clark	Coastal Horizons Center
Denita Lassiter	Dixon Social Interactive Services
Jason Foltz, D.O.	ECU Physicians
Natasha Holley (absent)	Integrated Family Services, PLLC
DeVault Clevenger	Pinnacle Family Services
Lisa Poteat	The Arc of NC
John Gilmore, M.D.	UNC Center for Excellence in Community Mental Health
Sean Schreiber (absent)	Alliance Health
Josh Walker	Eastpointe
Lynne Grey (absent)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers	Trillium Health Resources
Rhonda Cox (absent)	Vaya Health
Cindy Lambert	Cherokee Indian Hospital Authority
Jessica Aguilar	Consumer Representative
Pamela Corbett	Consumer Representative
Alicia Jones (absent)	Consumer Representative
Cheryl Powell	Consumer Representative
NC DHHS Staff Members	Title
Kelly Crosbie	Chief Quality Officer NC Medicaid, Quality and Population Health
Gwendolyn Sherrod	Senior Program Manager for Special Programs, NC Medicaid, Quality and Population Health
Eumeka Dudley	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health
Regina Manly	Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health
Keith McCoy	Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD

Agenda

- Welcome and Roll Call
- Key Updates
- Acuity Tiering and Contact Monitoring
- Public Comments
- Next Steps

Welcome, Roll Call, and Key Updates (slides 1-8) – Gwendolyn Sherrod

The Department noted the following two updates: (1) An updated Tailored Care Management Provider Manual will be released in the coming weeks; (2) the Tailored Care Management data technical assistance forum has convened twice, and individuals who are interested in participating should contact the Department with any questions: Medicaid.TailoredCareMgmt@dhhs.nc.gov

Acuity Tiering and Contact Monitoring (slides 9-16) – Kelly Crosbie

The Department presented an overview of the Department's approaches to Tailored Care Management acuity tiering and contact monitoring. The Department will assign each member to an acuity tier (e.g., low, moderate, high), which will determine the expected intensity of care management services needed and the level of payment an organization providing Tailored Care Management will receive for each member. The methodology to determine a member's acuity tier will be re-run every six months.

The Department or Tailored Plan will monitor care management contacts at the panel level, rather than the member level. This approach is designed to give organizations the flexibility to manage their panels while monitoring that they are delivering an appropriate number of contacts (on average) for engaged members and accounting for lags in the data used for acuity tier determinations.

Tailored Care Management TAG members provided the following feedback:

- **Bi-Annual Contact Monitoring/Acuity Tier Determinations.**
 - A few TAG members expressed concern that contact measurement and acuity tier assignment will happen only every six months. The Department explained that providers will send a monthly report of care management contacts to the Tailored Plans, even though compliance will only be assessed over each six month period. The Department also clarified that panel level contact monitoring will mitigate the impact of changes to member acuity over a six month period.
 - A TAG member asked if the Department will conduct the bi-annual (every six months) assessment of Tailored Care Management contacts per Tailored Plan or per provider in the case of statewide providers. The Department explained that they will view performance through the plan lens. However, Tailored Plans will monitor individual provider performance and report that information to the Department.
- **Panel Level Contact Monitoring.**
 - A TAG member expressed disagreement with monitoring contacts at the panel level, while a couple TAG members supported the idea of panel level contact monitoring, noting that this approach will allow for greater flexibility in delivering the new Tailored Care Management service line.
 - A few TAG members commented on the frequency with which providers can change panel size to account for changes in staffing. A TAG member expressed concern that if panel size is reduced, then members may have to be reassigned. A TAG member also noted that the process for panel size changes should be standardized, as this will help level set providers' expectations regarding how fast they can grow their organizations.

The Department explained that they are currently working to develop a standard around the frequency with which providers should update their panels; the Department noted that monthly updates would be cumbersome for organizations conducting Tailored Care Management, and they welcome feedback on the appropriate frequency.

- A TAG member expressed that they would prefer if providers could inform Tailored Plans on whether or not they are accepting new care management assignments at a given time, as opposed to maintaining and updating a particular panel size. Several TAG members supported this idea. The Department noted that this was an interesting idea and acknowledged that there would have to be considerations for how to implement such an approach for initial assignment at launch.

- **Member Engagement.**

- A TAG member asked whether there is a formal definition for engagement and whether there are any plans to reimburse outreach occurring prior to engagement. The Department responded that there is not a formal definition for engagement and there are not currently plans for such reimbursement.
- A TAG member asked how the Department intends to monitor attempts to engage with members. The Department stated that this information will be documented in a limited fashion in an effort to balance provider reporting workload.
- A TAG member asked if the Department will check with individuals/families to validate that reported contacts have taken place. The Department explained that they are currently working towards an approach to validate contacts, including conducting interviews with members to ask about their experience with receiving care management outreach.
- A TAG member recommended that the Department allow a “hold harmless period” for the first three months of Tailored Care Management to help account for various challenges that may arise during the initial member assignment and engagement process. Several TAG members agreed with this recommendation. The Department said that they would consider this approach and are open to hearing more feedback.
- A TAG member noted that providers should be paid if they made a certain number of contacts even if they were not able to engage the individual in Tailored Care Management (i.e., acknowledge and pay for outreach).

Public Comments and Next Steps (slides 17-20) – Gwendolyn Sherrod

Throughout the discussion, participants provided the following comments:

- A participant asked if rates will be evaluated for sustainability if care managers are regularly providing above the required amount of contacts. The Department explained that it may adjust the rate to reflect realities on the ground.
- Several participants asked for clarity on what it means for a person to be on a panel – i.e., does the organization providing care management have to bill for the member in order for that person to be considered on their panel? The Department confirmed that this approach is what they are proposing. Each member will be assigned to an organization providing Tailored Care Management, but the member ultimately has the choice of whether or not to engage. The

Department will only pay providers for members who are actively engaged in Tailored Care Management.

- A participant asked whether the Department has considered the low engagement rates for Healthy Opportunities Pilots in the context of Tailored Care Management contact monitoring requirements. The Department noted that providers should account for potentially low engagement rates when determining their panel size limits.
- A participant asked whether there would be a penalty for removing an individual from an organization's care management roster if the person has not engaged in care management. The Department responded that they discourage removing members from a panel for lack of engagement since each member should be assigned somewhere. However, the organization will not be penalized if a member does not engage. In the future, the Department intends to implement incentives to help providers engage members that they are struggling to engage.
- The Department asked which of the following two options is preferred: (1) Providers submit a claim for each individual care management contact; payment would be issued upon completion of the first contact, or (2) Providers submit a claim only for the first care management contact of each month – this would trigger payment; providers would track subsequent contacts through a separate reporting process. A participant noted that option 2 is preferred.

Tailored Care Management TAG members are encouraged to send any additional feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.