

Tailored Care Management Webinar Transcript

00:18:27.870 --> 00:18:39.390

Krystal Hilton: Good afternoon, and thank you for joining us with our tailored care management webinar will be providing an overview of the advanced medical home plus and case care management.

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00:18:40.050 --> 00:18:45.060

Krystal Hilton: agency certification process joining me today are my colleagues.

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00:18:45.660 --> 00:18:57.990

Krystal Hilton: Kelly Crosbie, who is the director of quality and population health with North Carolina Medicaid and Greg Daniels the senior policy advisor for the Department of mental health dd s as.

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00:18:58.410 --> 00:19:06.480

Krystal Hilton: I am crystal Hilton the associate director for population health within the quality and population health section makes.

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00:19:13.140 --> 00:19:30.510

Krystal Hilton: Today, will be walking through a overview of a tailor care management model will be sharing the application process for the H plus practices and CMA and will be having an opportunity to address many of your questions and any concerns that you have during our question and answer period.

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00:19:31.740 --> 00:19:32.550

Krystal Hilton: Next slide please.

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00:19:35.910 --> 00:19:47.880

Krystal Hilton: As an overview of Medicaid managed care within the next two years, the State will be transitioning from a predominantly fee for service delivery system to a managed care system for Medicaid.

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00:19:48.510 --> 00:19:57.960

Krystal Hilton: With this transition, there will be four different types of managed care products that will all provide an integrated whole person care methodology.

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00:19:59.340 --> 00:20:04.290

Krystal Hilton: Those products are the standard plan which provides integrated physical.

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00:20:05.340 --> 00:20:11.100

Krystal Hilton: payroll health pharmacy and long term, services and supports to the majority of the Medicaid beneficiaries.

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00:20:12.120 --> 00:20:15.390

Krystal Hilton: will also have a specialized plan for children in foster care.

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00:20:17.250 --> 00:20:28.500

Krystal Hilton: A plan with the eastern band of Cherokee Indians that's our tribal option and that that's available for tribal Members and their families and is managed by the Cherokee Indian hospital authority.

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00:20:29.460 --> 00:20:40.350

Krystal Hilton: The plan that we will be focusing on today is the behavioral health IDD tailored plan and our discussion today will be on the care management focus from that plan.

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00:20:41.220 --> 00:20:44.880

Krystal Hilton: Within the behavioral health add tailored plan will be.

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00:20:45.570 --> 00:20:59.700

Krystal Hilton: The plan offers the same services as a standard plans, in addition, it will offer specialized services for individuals with significant behavioral health conditions intellectual development disobey his abilities and traumatic brain injury.

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00:21:02.010 --> 00:21:02.760

Krystal Hilton: Next slide please.

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00:21:05.700 --> 00:21:13.470

Krystal Hilton: Will first start with our conversation of Taylor care management model with Greg Daniels will begin to present thanks Greg.

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00:15:11.820 --> 00:15:16.110

Gregory Daniels: Taylor plans have been designed to meet the needs of those individuals that.

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00:15:16.110 --> 00:15:16.890

Gregory Daniels: Have physical.

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00:15:17.340 --> 00:15:29.550

Gregory Daniels: Health behavior health ID related needs that are integrated through a care team they'll be providing physical health services its s pharmacy services.

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00:15:30.090 --> 00:15:38.400

Gregory Daniels: designed to meet all the enrollee needs the behavior health IDD Taylor plan will also manage the state funded services and will be provided.

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00:15:39.240 --> 00:15:54.960

Gregory Daniels: will also provide nc innovations in tbi services in the tailored plan care management model, they are overarching principles that drive the roles and responsibilities of care managers i'm not going to go through all the overarching principles I go through a few of them.

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00:15:56.520 --> 00:15:58.320

Gregory Daniels: brought access to care management.

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00:15:59.670 --> 00:16:10.020

Gregory Daniels: single care manager taken an integrated whole person approach provider based care management Community inclusion consistency across the state.

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00:16:10.770 --> 00:16:20.910

Gregory Daniels: and choice of care managers are just a few so those roles and responsibilities will be new to the care managers and some of their roles would be of high risk care management.

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00:16:21.300 --> 00:16:32.100

Gregory Daniels: Chronic care management management of high risk social environments development of care management assessments and care plans next slide please.

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00:16:35.520 --> 00:16:39.000

Gregory Daniels: So there are three approaches to delivering Taylor care management.

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00:16:40.110 --> 00:16:48.600

Gregory Daniels: The behavior health ID detailer plan will act as the health home and will be responsible for meeting federal health home requirements.

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00:16:50.280 --> 00:16:55.620

Gregory Daniels: The three approaches, our approach 1am H plus primary care practices.

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00:16:57.240 --> 00:17:05.070

Gregory Daniels: The standard plans will you be utilizing this approach to care Management Agency CMA and the last approaches approach three.

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00:17:06.510 --> 00:17:14.940

Gregory Daniels: behavior health ID Taylor plan based care managers and approach one practices must be certified by the department to provide Taylor.

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00:17:15.660 --> 00:17:27.090

Gregory Daniels: Taylor care management and approach to organizations eligible for certification by the Department at CMA is include those that all that provides behavioral health, where I did the services.

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00:17:28.410 --> 00:17:37.440

Gregory Daniels: approach three behavior IDD Taylor plans will be responsible for overseeing Taylor care management by their care managers, for their beneficiaries.

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00:17:37.920 --> 00:17:59.730

Gregory Daniels: The first two approaches will be the most use in they are Community base by providers and I'm a last note department will allow but not require a major plus practices in CMA used to work with a ci in or other partner to assist with the requirement of the Taylor care management model.

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00:18:01.170 --> 00:18:16.380

Gregory Daniels: And a good example of that could be a hospital or health system that organization already belongs to that may assume responsibilities that include data aggregation risk stratification and care management next slide please.

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00:01:06.810 --> 00:01:09.210

Greg Daniels: glide path to provide a base care management.

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00:01:10.500 --> 00:01:17.820

Greg Daniels: Taylor care management where required multi year effort to enhance the workforce at the AMA H plus and CMA level.

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00:01:18.300 --> 00:01:34.740

Greg Daniels: The department will establish a glide path to guide the growth of provider base capacity. So we're going to use the numerator and denominator to factory into this equation. The numerator is the number of members actually engaged and Taylor care management provider.

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00:01:36.000 --> 00:01:40.530

Greg Daniels: care managers based in the image plus practice or CMA certified by the Department

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00:01:41.100 --> 00:01:58.830

Greg Daniels: And our denominators. The total number of actively engaged Taylor care management with times that times 100 will equal to x percentage the department will compare x to the annual targets that will be measured during the first quarter of the subsequent contract year

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00:01:59.850 --> 00:02:07.680

Greg Daniels: So that means we go a little further down that the year zero which is mid 2021 we won't have any information to record there.

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00:02:08.130 --> 00:02:31.560

Greg Daniels: So the target percentage is a beneficiary served by care managers, supervisors based in H plus practice see amaze year one will be at 30% year to 45% year three, which would be mid 2024 will be 60% in year four Mitch 2025 will be 80%. Next slide please.

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00:02:34.950 --> 00:02:51.630

Greg Daniels: Here we have our care management process flow care management design aligns with Standard Plan requirements to the greatest extent possible, and server areas department has build special guardrails to meet the unique needs the behavior health IT detailed plan population.

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00:02:52.860 --> 00:03:02.460

Greg Daniels: So if we can follow I care management process flow. We start with our enrollment, which means the behavior of the behavior health ID detailed plan out or in rows beneficial beneficiaries.

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00:03:02.880 --> 00:03:19.230

Greg Daniels: And Taylor plan care management and the beneficiary has the ability to opt out if we go to our next step, which is our care management, a sudden the beneficiary is assigned to a CMA MH or behavioral health ID Taylor plan.

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00:03:20.460 --> 00:03:26.280

Greg Daniels: For care management that organization in size of beneficiary to a specific care manager.

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00:03:27.900 --> 00:03:37.710

Greg Daniels: The care manager is involved in the engagement to care management, they facilitate the outreach in the engagement. The care management comprehensive assessment.

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00:03:39.540 --> 00:03:40.470

Greg Daniels: The care manager.

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00:03:41.940 --> 00:03:51.210

Greg Daniels: Works with the care plan the individual support plan and they make sure they facilitate facilitate the completion of the care management comprehensive assessment.

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00:03:51.930 --> 00:04:03.810

Greg Daniels: Then we go on to our care team formation in a person centered planning the care manager convened a multi disciplinary care team that facilitates the work that's being provided in this particular area.

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00:04:04.830 --> 00:04:19.500

Greg Daniels: ongoing care management. The requirements context for care transition and unmet and health related resource needs. This is ongoing for the ongoing care management of our care management process flow.

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00:04:21.270 --> 00:04:22.620

Greg Daniels: Next slide please.

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00:04:27.750 --> 00:04:29.010

Greg Daniels: Aiming for care management.

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00:04:31.140 --> 00:04:38.700

Greg Daniels: And makes practice practices and CMA will be paid standardized fix PM PM rates tier by acuity.

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00:04:39.360 --> 00:04:48.180

Greg Daniels: The rates will be significantly higher than standard plan care management rights. So if you can look at our flow chart you see where we have our green and our key.

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00:04:48.750 --> 00:04:58.350

Greg Daniels: It shows the payments and then we have our claims that's outlined by read with the arrows that go back up to the department. So, we will start with the Department

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00:04:59.490 --> 00:05:05.220

Greg Daniels: The department pays a care management p&p separate from the contamination base.

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00:05:06.630 --> 00:05:11.490

Greg Daniels: On care management claims submitted to enrollees actively engaged in care management.

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00:05:13.590 --> 00:05:27.000

Greg Daniels: Then our behavior health Taylor plan pays am H plus practices and CMS BMP to care management cheer by the acuity level and these claims are submitted for care management for the to the department.

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00:05:28.350 --> 00:05:29.670

Greg Daniels: Retains care management.

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00:05:30.870 --> 00:05:41.400

Greg Daniels: If providing care management directly. So that means again department retains care management PM PM it providing care management directly

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00:05:41.940 --> 00:05:50.730

Greg Daniels: And lastly we have I am H plus or CMA as they submit monthly claims to the behavioral health Taylor plan for care management payments.

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00:05:51.270 --> 00:06:04.980

Greg Daniels: And I just wanted to note that the department were released more information about the payment rates in the near future. We're still working on that part in that piece. Okay, so now I will be going to crystal.

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00:06:10.080 --> 00:06:10.470

Greg Daniels: Crystal.

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00:06:10.650 --> 00:06:11.310

Thank you Greg.

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00:06:13.500 --> 00:06:26.370

Krystal Hilton: Hi I'm crystal Felton I am as Kelly said the associate director for population health with North Carolina meditate. Today I'll be walking you through the H plus CMA application process. Next slide please.

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00:06:34.980 --> 00:06:39.750

Krystal Hilton: Okay, I think we may have put one slide. We, the one slide back. I'm sorry.

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00:06:42.720 --> 00:06:54.660

Krystal Hilton: Okay, thank you. Sorry about that, in order to provide Taylor care management provider organizations will need to be certified as an AMA plus or CMA agency.

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00:06:55.740 --> 00:07:10.890

Krystal Hilton: That is an advanced medical home plus or a care management agency this certification process will be led differently pre and post manage to launch pre launch the department leaves the certification efforts.

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00:07:11.160 --> 00:07:19.740

Krystal Hilton: And we'll explore a walk you through the process. And just a few minutes but post launch the Taylor clan will actually be leading the certification efforts.

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00:07:20.250 --> 00:07:32.580

Krystal Hilton: That is where before launch the AMA to plus CMA organization will submit applications to the department and they will actually actually be engaging and contracting with the Taylor point

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00:07:33.600 --> 00:07:43.380

Krystal Hilton: after launch. However, a tailored plans will certify any new am H plus CMA provider and they will continue the oversight.

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00:07:44.760 --> 00:07:46.170

Krystal Hilton: Of the organization.

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00:07:47.220 --> 00:07:56.970

Krystal Hilton: Doing that pre launch phase detailed plans will be working to support readiness reviews and helping to understand the capacity of the provider agencies. Next slide with

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00:08:03.450 --> 00:08:08.040

Krystal Hilton: The certification process is now open as Kelly share it opened up this week.

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00:08:09.270 --> 00:08:25.800

Krystal Hilton: The certification will be conducted in three rounds, the first round has a deadline for the application that is March, the first of 2021 as he said again just to reiterate, it is now open. But that deadline is March 1 of 2021

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00:08:26.370 --> 00:08:38.520

Krystal Hilton: The second round will have an application to day within the spring and the third round will have an application due date within in fall of 2021 each round does have three

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00:08:39.630 --> 00:08:48.090

Krystal Hilton: distinct components which are the application. The depth reviews and site, site visit that detailed plan will actually be part of

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00:08:49.380 --> 00:08:57.690

Krystal Hilton: Again provided able to submit those applications now through March, the first for the first round of for the first round.

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00:08:58.380 --> 00:09:16.410

Krystal Hilton: Applications are available on the department's website in the address listed here and they are to be submitted to the tailor care management email box at Medicaid tailored care management. Please note the abbreviation@dhs.sec.gov. Next slide.

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00:09:20.940 --> 00:09:29.760

Krystal Hilton: As I mentioned before, there are several stages to the certification process. The first three are where we're where we will be focusing today.

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00:09:31.020 --> 00:09:50.700

Krystal Hilton: And that of stages 123 the application process, the desk reviews and the site visits. They are the key certification stages. The fourth stage, however, is reading the reviews and contracting and that is where that transition and support for oversight by the table plans coming

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00:09:52.140 --> 00:09:54.150

Krystal Hilton: But back to stages 123

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00:09:55.470 --> 00:10:08.820

Krystal Hilton: The AMA H plus and CMA disease submit those application, the depth of us are used to determine whether the organization has the potential to satisfy the criteria at the time of launch

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00:10:09.540 --> 00:10:27.450

Krystal Hilton: And the site visits. They are several Rome, they started to determine that final pack of certification, but they also help the department and the tailored plan understand each organization's capacity strength area for improvement and the need for capacity building fun

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00:10:28.740 --> 00:10:42.840

Krystal Hilton: Last component that I would like to stress is that the AMA plus CMA certification process is distinctly separate from the Medicaid enrollment process all entities must be Medicaid and won't

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00:10:44.640 --> 00:10:45.360

Krystal Hilton: Next slide please.

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00:10:49.020 --> 00:11:00.240

Krystal Hilton: Many providers are working or planning to work with the i in that is our clinically integrated networks or other partners, the cis or other partners.

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00:11:01.500 --> 00:11:08.610

Krystal Hilton: They would be affiliated with the practices to help meet the Taylor care management model requirements that Greg discuss

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00:11:09.990 --> 00:11:21.540

Krystal Hilton: In as much these affiliations can help with the application process, they can be helpful in helping to complete the CI in or other partners supplement component of the application.

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00:11:22.350 --> 00:11:41.490

Krystal Hilton: They can provide local care management staffing function and services they will support analytics and data integration and also assist in the contracting process or even contract, on behalf of the AMA plus CMA providers practices with detail that plane.

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00:11:43.590 --> 00:11:54.510

Krystal Hilton: And as a practice is not using or has not yet decided to use a cis or other partner, they are able to certify with the department directly and individually.

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00:11:55.290 --> 00:12:04.080

Krystal Hilton: So practices are encouraged to apply. Now I will repeat the application process is open now. And that deadline is March, the first

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00:12:04.680 --> 00:12:14.100

Krystal Hilton: There are specific benefits of applying early and gaining certification early on in the process as I did mention there is a potential for capacity building five

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00:12:14.460 --> 00:12:26.400

Krystal Hilton: And there's time for the tailor plans and the department as a result of those site visits to to be able to address some of those areas of improvement and help support agencies in those areas.

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00:12:27.630 --> 00:12:38.160

Krystal Hilton: Now I will be turning over to Kelly Crosbie to walk us through the specific requirements of the certification review process.

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00:12:40.350 --> 00:12:42.300

Krystal Hilton: All right, thank you. Crystal, so I get the really

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00:12:42.300 --> 00:12:47.220

Kelly Crosbie: meaty part if that wasn't weedy and often complicated enough, I get to get in the weeds.

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00:12:47.850 --> 00:12:55.530

Kelly Crosbie: Of the actual certification application. So what's the certification process about and as my colleagues shared

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00:12:56.010 --> 00:13:05.430

Kelly Crosbie: The application will assess whether organizations are credibly on track. Please, please hear that on track. No one is doing this. No, we don't really understand you're not doing it now.

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00:13:05.790 --> 00:13:14.400

Kelly Crosbie: But we need to assess if you're on track to deliver tailored care management. By the time the Taylor plans launch, which is again july of 2022

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00:13:14.970 --> 00:13:20.490

Kelly Crosbie: So here are the high level requirements and then we're going to break them all down. So first the

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00:13:21.000 --> 00:13:25.950

Kelly Crosbie: Organization needs to meet the eligibility definition. So you have to be eligible in the first place.

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00:13:26.250 --> 00:13:35.370

Kelly Crosbie: This is into service that is eligible for everyone. So we'll talk about that. So you have to meet eligibility definitions is an image plus or a care management agency.

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00:13:36.060 --> 00:13:43.500

Kelly Crosbie: You need to show appropriate organizational standing at experience will break that down. You need to show appropriate staffing

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00:13:44.280 --> 00:13:50.010

Kelly Crosbie: You need to demonstrate the ability to deliver all the required elements of the tailored career management model.

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00:13:50.700 --> 00:13:55.860

Kelly Crosbie: You need to meet the health IT requirements. And again, this is probably an area where your CI is going to be a help.

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00:13:56.460 --> 00:14:01.530

Kelly Crosbie: You need to be to meet quality measurement and improvement requirements incredibly important.

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00:14:02.190 --> 00:14:08.370

Kelly Crosbie: And you need to participate in the required training so AMA or oh yeah image, plus the Amaze

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00:14:08.760 --> 00:14:15.750

Kelly Crosbie: Need to have required training and you need to be able to attest that you're going to do that. So remember, look at the little call boxes.

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00:14:16.110 --> 00:14:24.540

Kelly Crosbie: Organizations don't have to be fully ready now. But you have to be able to describe your plans to achieve readiness and this is really important.

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00:14:25.410 --> 00:14:36.510

Kelly Crosbie: The department intends to provide capacity building funding for provider organizations, we will, we're working through the details of this now and we'll be releasing more information. So again,

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00:14:36.990 --> 00:14:44.940

Kelly Crosbie: We know no one's doing this. Now, we know it's a lot the requirements are big and large, you might need help from a CDN.

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00:14:46.380 --> 00:14:53.190

Kelly Crosbie: And you might need capacity building dollars to be able to stand this service app within your organization's

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00:14:53.760 --> 00:14:58.050

Kelly Crosbie: We're going to talk a little bit more at the very end, we're going to show you the provider manual again and

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00:14:59.040 --> 00:15:06.900

Kelly Crosbie: And here's a little snapshot of the application form, hopefully, folks. Notice that we have pulled out tailored career management to its own website.

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00:15:07.230 --> 00:15:15.300

Kelly Crosbie: It's not, it's, there's a link for it on that to the tailored plan site. But now we have our own set of sites for tailored career management.

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00:15:15.750 --> 00:15:34.170

Kelly Crosbie: You'll see the application all the FAQs on that website. Okay. Next slide please. So here we go to break down those seven different components of the application process. So first again eligibility. This is not for everyone, and that's okay, but it's not for everyone.

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00:15:35.460 --> 00:15:43.950

Kelly Crosbie: So to be eligible you're eligible in one of two ways to be an advanced medical home. Plus, first you have to be an age Tier three

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00:15:45.450 --> 00:15:57.510

Kelly Crosbie: So that has its own process for how you become an advanced medical home Tier three. It has an adaptation process and tracks. None of that changes so that you've done that already in your tier three great

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00:15:58.800 --> 00:16:06.480

Kelly Crosbie: But here's the plus part. So each image plus applicant must have test that you have a patient panel or a member panel.

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00:16:07.020 --> 00:16:14.700

Kelly Crosbie: With at least 100 active Medicaid patients who have an SM I SCD severe STD or IDD or TBI.

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00:16:15.000 --> 00:16:24.990

Kelly Crosbie: I think I'm talking to experts, but serious mental illness, social, emotional disorder severe substance use disorder intellectual or developmental disability or traumatic brain injury.

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00:16:25.650 --> 00:16:42.420

Kelly Crosbie: So remember, this is not for every medical home, it's just not. But there are medical homes out there and we encourage you to apply. We're excited. Your medical home, you already have a large group of Members who are likely tailored plan eligible and

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00:16:44.130 --> 00:16:53.250

Kelly Crosbie: We want you to apply and I just got a note from Keith and I did SCD wrong so my apologies serious emotional disturbance. I said disorder, and I apologize for that.

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00:16:53.970 --> 00:17:03.780

Kelly Crosbie: Okay, so H plus, as may but are not required to offer integrated Primary and Behavioral health care. But again, we know that many of our primary care practices, who are serving

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00:17:05.220 --> 00:17:12.540

Kelly Crosbie: Lots of individuals, maybe with mental health issues or substance use disorders. They may have embedded behavioral health stuff, but it's not required.

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00:17:13.860 --> 00:17:21.810

Kelly Crosbie: And to be eligible to become an H plus the practice must intend to become a network primary care provider in the tailored plan.

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00:17:22.170 --> 00:17:34.170

Kelly Crosbie: So again, you start out basis NH Tier three you done nothing. None of that needs to be revisited the plus part is really important. You have enough members, you're gonna provide primary care in a tailored plan. Those are key.

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00:17:34.770 --> 00:17:43.230

Kelly Crosbie: To be Care Management Agency, the eligibility is a bit different. You have to have experience delivering behavioral health ID or TBI services.

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00:17:43.650 --> 00:17:57.300

Kelly Crosbie: To BH IDD tailored plan eligible populations and the primary purpose of your organization when you want to certify actually has to be that you're delivering the services. That's your primary purpose as an organization.

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00:17:58.350 --> 00:18:11.940

Kelly Crosbie: There's a note on the bottom. That's important, we've clarified this and other webinars before, so aim H plus practices or care management agencies must not be owned or be subsidiaries of bhi add tailored plans. Next slide.

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00:18:15.720 --> 00:18:22.470

Kelly Crosbie: Certification will be organized by populations. So when you apply that to indicate the population for which you're applying to be certified

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00:18:22.830 --> 00:18:35.250

Kelly Crosbie: Euro categories mental health and substance use disorder adult child and adolescent ID TBI innovations waiver TBI waiver and then co occurring ID and behavioral health again for Child and Adolescent

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00:18:35.970 --> 00:18:44.220

Kelly Crosbie: The department is going to certify H plus practices at the practice site level, just like you're certified now to be an AMA slightly different for CMS.

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00:18:45.120 --> 00:18:57.210

Kelly Crosbie: The department is going to certify CMA is at the level of the entire organization. But if you as an agency span multiple tailored plan regions will certify your organization at the level of each region.

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00:19:03.660 --> 00:19:13.320

Kelly Crosbie: One other thing of note about that last slide is you can provide you don't just have to pick one group, right. Obviously, many of you are large organizations you serve perhaps

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00:19:13.680 --> 00:19:29.310

Kelly Crosbie: both adults and children with mental health and substance use disorders as an example. So you can apply across multiple of these categories to be certified. Okay, thank you. Next slide. So organizational standing and experiences. The next category so

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00:19:30.360 --> 00:19:38.940

Kelly Crosbie: This is very wordy. I'm going to try to think of a way not to do all the words on the slide, but you have to have relevant experience. So again, as we mentioned, you've got to have

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00:19:39.330 --> 00:19:46.470

Kelly Crosbie: You got to show that you have at least two years history where your primary purpose is serving individuals who were supported by the tailor plans.

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00:19:47.460 --> 00:19:57.840

Kelly Crosbie: In terms of provider relationships and linkages. The, the, the, the service itself requires that you are able to coordinate and integrate with certain specialists.

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00:19:58.680 --> 00:20:04.800

Kelly Crosbie: Get consultation for the care management model and you have to show that you have those formal relationships in place.

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00:20:05.100 --> 00:20:11.040

Kelly Crosbie: And in cases where you maybe don't say maybe part of this is making sure that you have really strong relationships with primary care.

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00:20:11.580 --> 00:20:18.750

Kelly Crosbie: Practices. Maybe you maybe don't have those in place right now, but you really have to show how you intend to strengthen and build those relationships.

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00:20:19.170 --> 00:20:27.150

Kelly Crosbie: And there's other clinical consultant roles in the definition that you need to make sure that your accounting for you either have this relationships in place now. Are you going to build them.

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00:20:27.810 --> 00:20:33.900

Kelly Crosbie: So capacity and sustainability. It's really important that you can give evidence of financial capacity.

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00:20:34.290 --> 00:20:44.580

Kelly Crosbie: So do you have a balanced budget now you're operating well. Again, this is a new service not going to be easy to provide we mentioned capacity building dollars so that that's important.

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00:20:44.970 --> 00:20:52.770

Kelly Crosbie: But we need to make sure that you're a financially stable organization, you have, you have a clear leadership structure roles.

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00:20:53.730 --> 00:21:02.190

Kelly Crosbie: So you have good capacity and sustainability as an organization oversights incredibly important to. So do you have appropriate governance, so

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00:21:03.000 --> 00:21:12.030

Kelly Crosbie: Can you demonstrate things like your organizational chart how management and oversight of the program will occur how your board structure fits in to that oversight.

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00:21:12.330 --> 00:21:23.820

Kelly Crosbie: So this really is saying, Are you as an organization prepared you have the right governance structure processes staffing history of providing services to people with

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00:21:25.020 --> 00:21:38.460

Kelly Crosbie: Who, we're going to be in the tailor plan. So that's what this whole section is about. And remember, in some of these cases, you should be demonstrate I have with this now. In other cases, you may have to say, I will build this like this next section.

125

00:21:39.810 --> 00:21:51.540

Kelly Crosbie: So staffing. We've had a lot of information go out and trainings around staffing for who can be a care manager versus who can be a supervising care manager for different populations.

126

00:21:52.050 --> 00:22:02.610

Kelly Crosbie: So by the time that Taylor plans launch. If you are an active a image plus or CMA, you have to have obviously the full complement of staff that you need.

127

00:22:03.030 --> 00:22:08.130

Kelly Crosbie: And these are the care manager and supervising care manager requirements so

128

00:22:08.820 --> 00:22:20.610

Kelly Crosbie: I'm not going to read through all of this, but there is a distinction there. They're called out specifically differently. We've gone over this and other trainings, there's a distinction between he can be a supervising care manager for serving members with behavioral health conditions.

129

00:22:21.990 --> 00:22:37.890

Kelly Crosbie: Versus a differential criteria for care managers supervising care managers who support individuals with IDD or TBI. So please read those carefully. Again, you may not have all the staffing in place now. But you need to demonstrate how you're going to have all this stuff in place.

130

00:22:39.180 --> 00:22:40.110

Kelly Crosbie: Next slide please.

131

00:22:42.180 --> 00:22:48.030

Kelly Crosbie: So for delivery of care management. This one's really important. It's all they're all really important

132

00:22:48.330 --> 00:22:57.300

Kelly Crosbie: And for some of this you might not have this in place right now remember because you're not delivering care management, you can't necessarily say here's my program plan for how I'm going to deliver care.

133

00:23:00.300 --> 00:23:10.020

Kelly Crosbie: Management. Here's my policies and procedures and my workflows, you're going to need those. Of course. So for now, we're looking for an ad a station that you're going to develop those those policies those procedures.

134

00:23:11.160 --> 00:23:21.660

Kelly Crosbie: You also need to have a clear strategy for how you're going to meet each of the important components of delivering the model. So you'll see those things here 4.24 put

135

00:23:22.260 --> 00:23:25.710

Kelly Crosbie: Through 4.5 that was a tongue twister for me. Right.

136

00:23:26.190 --> 00:23:34.380

Kelly Crosbie: So, how you going to meet the minimum contact requirements. What is your approach to the comprehensive assessment, we're going to want to see that something to

137

00:23:34.680 --> 00:23:41.520

Kelly Crosbie: How do you approach designing care plans or individual service plans for members or with members with care teams.

138

00:23:41.940 --> 00:23:49.950

Kelly Crosbie: And how to care teams work for your organization. So again, we don't expect you to have a full blown policy full blown procedures for these things.

139

00:23:50.430 --> 00:24:01.110

Kelly Crosbie: But you need them right this is a this is an important program you'll need a program design. You'll need tools you'll need workflow, she'll need staffing requirements, you'll need to meet all the

140

00:24:01.860 --> 00:24:10.620

Kelly Crosbie: Requirements. A image plus CMA requirements for delivery of the service. So we need another station, you're going to build us and also a strategy for how you're going to develop all these component parts.

141

00:24:12.030 --> 00:24:13.080

Kelly Crosbie: Next section please

142

00:24:15.420 --> 00:24:18.750

Kelly Crosbie: More. Okay, so there's more. So again, I'm

143

00:24:19.350 --> 00:24:32.820

Kelly Crosbie: More have more required components that you're going to have to demonstrate in cases where you have a have are doing them now or how you plan to do them in the future. So here's some other really important ones. So you have to show us you have experienced and capabilities for

144

00:24:34.410 --> 00:24:46.320

Kelly Crosbie: Care coordination 24 hour coverage, ensuring an annual physical exam is carried out, these are these are specified very clearly in the CMA a major plus manual. So we're going to be looking for your experience there.

145

00:24:47.250 --> 00:24:52.680

Kelly Crosbie: Or at a station that you're going to do these things and develop a policy for doing these things so

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00:24:53.310 --> 00:25:00.570

Kelly Crosbie: We would love to see in that next category of addressing unmet resource needs or social determinants of health or opportunities for health.

147

00:25:01.290 --> 00:25:10.830

Kelly Crosbie: We'd like to see how you have experience assessing for those things referring partnerships, you have in the community to meet those needs are your plans for developing those things.

148

00:25:11.550 --> 00:25:23.100

Kelly Crosbie: transitional care management is a really important part of care management. We all know that transitions between levels of care are incredibly critical times for the people that we support.

149

00:25:23.490 --> 00:25:32.580

Kelly Crosbie: So we want you to be able to demonstrate experience you have in those areas, your plans for developing those things and your plans for getting the data you need to know this because

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00:25:33.750 --> 00:25:49.680

Kelly Crosbie: We'll talk about data in a moment, but we specify, making sure that you have relationships with facilities relationships with other providers to help share information during transitions, but also you have access to things like ADT feeds. Those are admission discharge in

151

00:25:51.360 --> 00:26:02.100

Kelly Crosbie: triage right oh I'm having an acronym issue again. But are you do you have, are you data enabled so you can understand that people are about to make transition. So you can do great transitional care management.

152

00:26:03.000 --> 00:26:12.780

Kelly Crosbie: And then for is applicable if you are applying to support people with innovation on the innovations waiver or on a TBI waiver.

153

00:26:13.710 --> 00:26:25.020

Kelly Crosbie: That you can describe how you have a purchase to meeting the particular needs and the requirements for care coordination for these particular waivers. We also like to see the of experience obviously with this population.

154

00:26:26.400 --> 00:26:27.060

Kelly Crosbie: Next section.

155

00:26:28.860 --> 00:26:37.920

Kelly Crosbie: Health Information Technology. So this is very heavy I if you heard the eye to eye presentation that crystal. And I did with Ben Millsap.

156

00:26:39.570 --> 00:26:49.290

Kelly Crosbie: Shout out to Ben, you know, he talked a lot about this and this is this is this convey some of you may be very different journeys in your it structure.

157

00:26:49.830 --> 00:26:57.630

Kelly Crosbie: And this is critical. And this might be a place where you get additional CNN support, you may be well on your way. And you don't need that support, but this is this is pretty critical

158

00:26:58.320 --> 00:27:14.460

Kelly Crosbie: So first we really want agencies to have an electronic health record. So at the time of application, we expect that you have an electronic health record in place critically important to be a care management agency, you have to have a documentation system.

159

00:27:15.600 --> 00:27:23.040

Kelly Crosbie: So all of our plans right now so LM EMC has have their own care management documentation systems as an image, you need your own

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00:27:23.550 --> 00:27:31.110

Kelly Crosbie: You need your own care management documentation system. This might be a place again where you work with the clinically integrated network or a technology partner.

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00:27:31.560 --> 00:27:39.570

Kelly Crosbie: To help you get a system in place by time of application, you might know who your partner is maybe that partner help to fill the application out as crystal and Greg shared earlier.

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00:27:40.320 --> 00:27:45.450

Kelly Crosbie: But you do need to have it, it's critical that you have an ultrasonic platform for your care management system.

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00:27:46.200 --> 00:27:52.170

Kelly Crosbie: I mentioned at information on the last slide, we need to know how you plan to get at access

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00:27:52.830 --> 00:28:02.640

Kelly Crosbie: And I there. There are many ways to get ADT access. There are many companies that provide ADT access and it is not my our goal at all to privilege, any of those companies.

165

00:28:03.120 --> 00:28:18.270

Kelly Crosbie: But many of you. We do have in North Carolina, because it is a public commodity, we have the health information exchange. They have the NC notify program. And so that is one way, not the only way that is one way to fulfill this ADT requirement.

166

00:28:19.920 --> 00:28:29.280

Kelly Crosbie: So again, tell us how you're going to get that ADT access. What is ADT just for folks who don't know, it is an alert system that lets you know

167

00:28:29.670 --> 00:28:43.890

Kelly Crosbie: That people that are your members, people that are assigned to you for care management or in an emergency room there waiting for triage and an inpatient there in impatience day and that can alert you that they will need some support, but transitions.

168

00:28:44.940 --> 00:28:49.380

Kelly Crosbie: We've got a lot of feedback on the completeness of ADT feeds and we completely agree.

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00:28:49.860 --> 00:29:04.980

Kelly Crosbie: They're often not complete, especially for behavioral health information. We totally understand that. But remember your members will also be hospitalized for or emergency rooms for many medical reasons. And so the ADT fees are good and we will work collectively to make them better.

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00:29:06.420 --> 00:29:15.240

Kelly Crosbie: Using NC care 360 hopefully folks really not insecure through 60 we love and secure 360. It is a wonderful platform to find referrals for

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00:29:16.050 --> 00:29:26.640

Kelly Crosbie: unmet resource needs for your members. It's a wonderful platform to do kind of warm handoffs and to follow up on those handoffs using unsecure 360 is not required now.

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00:29:27.780 --> 00:29:29.460

Kelly Crosbie: But it will be required.

173

00:29:30.930 --> 00:29:35.430

Kelly Crosbie: When the when NC care 360 is fully deployed. So it's not required now.

174

00:29:35.880 --> 00:29:43.170

Kelly Crosbie: But, but know that it is important. Hopefully fix her connecting already them secure 360 or planning to connect and threes care 360

175

00:29:43.410 --> 00:29:51.300

Kelly Crosbie: But when it is available statewide when it is certified and available to everyone statewide. It will be a requirement for CMA as an image pluses.

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00:29:51.990 --> 00:29:59.970

Kelly Crosbie: And so risk stratification, if you're going to do care management, you should be able to stratify and risk stratification is is just a way to say

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00:30:01.680 --> 00:30:13.320

Kelly Crosbie: That you can look at the the data and everything you know about the members that you serve and help prioritize and help target interventions or intensity of interventions to meet their needs. So

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00:30:14.220 --> 00:30:20.280

Kelly Crosbie: Right now that's optional you'll get you'll get a high level of stratification.

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00:30:20.970 --> 00:30:29.700

Kelly Crosbie: As Members are put into different tier acuity levels that will give you some guidance on on necessary contacts in some guidance of how how

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00:30:30.660 --> 00:30:35.880

Kelly Crosbie: The intensity of need for the individuals. The tailored plan will also do some risk stratification to support you.

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00:30:36.570 --> 00:30:48.780

Kelly Crosbie: So that is a capacity that you'll need to build in later years, but if you, if you, you have a methodology that you're working on now to supplement it enhance those other things. I think that's fantastic. And you can mention that in your application.

182

00:30:49.920 --> 00:30:50.430

Kelly Crosbie: Next slide.

183

00:30:53.250 --> 00:30:59.910

Kelly Crosbie: Um, let's see, this is just more on health information technology, there's a whole separate paper on

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00:31:01.050 --> 00:31:03.660

Kelly Crosbie: The technology required for

185

00:31:04.770 --> 00:31:09.690

Kelly Crosbie: advanced medical home plus care management agencies, um,

186

00:31:11.160 --> 00:31:13.770

Kelly Crosbie: I this is a very heavy it

187

00:31:14.790 --> 00:31:19.020

Kelly Crosbie: Lift for CMA send a message. Plus, in a good way.

188

00:31:20.070 --> 00:31:36.120

Kelly Crosbie: I think, in order to do care management to do it to do it. Well, the more information you have on the needs of your members and the other services that they're getting really help a care manager better align and organize and coordinate. So

189

00:31:38.670 --> 00:31:49.860

Kelly Crosbie: There are listed out in that image plus technology strategy, the types of data flows that will flow down from Taylor plans to H plus CMA practices.

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00:31:50.250 --> 00:32:04.020

Kelly Crosbie: And that includes everything from encounter and claims files beneficiary files and those are really important because those give you all the demographic information needed beneficiaries, including the ways to contact them and their

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00:32:05.130 --> 00:32:13.230

Kelly Crosbie: Other demographic data. You'll also get information on health screenings or Carradine screening is performed by tailored plans.

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00:32:14.070 --> 00:32:19.650

Kelly Crosbie: You'll get information on the pharmacy claims. So you see the medications that your members are on

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00:32:20.340 --> 00:32:31.440

Kelly Crosbie: So there really is a heavy IT component because the, the notion is that you're able to adjust claims demographic data screening data ADT data.

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00:32:31.890 --> 00:32:43.860

Kelly Crosbie: pharmacy data dental data. So you'll get information that Taylor plans aren't even responsible for and that helps you that's information that your analytics support can process for you.

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00:32:44.880 --> 00:32:51.660

Kelly Crosbie: It's information that can go into your care management platform and hopefully it enables you to better care management.

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00:32:53.340 --> 00:32:53.850

Kelly Crosbie: And

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00:32:55.200 --> 00:33:00.810

Kelly Crosbie: Better population health for the people that you support and here's a wonderful list of all the ways that we hope that you use the data.

198

00:33:01.770 --> 00:33:15.150

Kelly Crosbie: We need we've already talked about having just some dedicated session on the technology required for the service, but also how to really use maximize use of the data that you're going to get. All right. Next slide.

199

00:33:18.840 --> 00:33:25.050

Kelly Crosbie: Um, wow, I just did my next slide. Sorry about that. So let me see if I missed anything so behavior health take

200

00:33:25.470 --> 00:33:33.120

Kelly Crosbie: bhi add know you can please go forward please go forward. I went through these and I'm so sorry I jumped myself. No, no, go back, go back, go back, go.

201

00:33:33.630 --> 00:33:45.150

Kelly Crosbie: Thanks. I got ahead of myself on this slide before this. So this is a slide I want to be on. So I'm just seeing if I missed anything so tailored plans will share with CMS or a Mitch pluses.

202

00:33:45.510 --> 00:33:58.140

Kelly Crosbie: That member assignment information. I told you the demographic data, you'll get the Claims and Encounter data, you know, we everything physical health, behavioral health pharmacy data you get it every month, every week if it's pharmacy data.

203

00:33:58.740 --> 00:34:05.790

Kelly Crosbie: You also get that acuity tearing and risk stratification information. Remember we said it's optional if you if you do recertification

204

00:34:06.540 --> 00:34:11.340

Kelly Crosbie: Because you'll get the acuity tearing and risk stratification coming down to you from the tailor plans.

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00:34:11.700 --> 00:34:20.610

Kelly Crosbie: You'll also getting this really important to the next section, you'll also get information on your performance on select quality measures at the practice level you need that data.

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00:34:21.030 --> 00:34:30.120

Kelly Crosbie: Because you need to use that data to figure out how to improve on those quality measures and again other information that I mentioned, you're going to get ADT talked a lot about NTT

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00:34:30.720 --> 00:34:37.980

Kelly Crosbie: In some cases, you might get other care plans if these are our individuals transitioning from one care management care management entity to another.

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00:34:39.300 --> 00:34:49.650

Kelly Crosbie: So there's just a lot of data flows. And as I mentioned, will probably have some specific training on the data flows know that most but not all, most but not all.

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00:34:50.130 --> 00:35:01.680

Kelly Crosbie: Of these of these the file formats to share this information are standardized. So, the state has spent a lot of time standardizing these interfaces, because again we want

210

00:35:02.430 --> 00:35:11.580

Kelly Crosbie: It to be as easy as possible to just these things we want to use nationally recognized formats for sharing the information from Taylor plan to see amaze or a major pluses.

211

00:35:11.970 --> 00:35:19.410

Kelly Crosbie: It's a lot of data. It's kind of big. And again, you don't have to use the CDN, but this is a great place where you might use to see I am ready to partner to help

212

00:35:20.640 --> 00:35:21.120

Kelly Crosbie: Next slide.

213

00:35:25.110 --> 00:35:33.510

Kelly Crosbie: Quality Measurement and improvement. So really what we're looking for is that you have an approach for using data to drive improvement.

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00:35:34.050 --> 00:35:40.380

Kelly Crosbie: So how do you look at data, how frequently. Where's the data coming from. What's your PDSA cycle. How are you analyzing the data.

215

00:35:40.830 --> 00:35:52.560

Kelly Crosbie: How are you changing interventions. How are you measuring your performance and doing it all over again. And any experience you have using reporting quality measures, this is this is a little different. I know.

216

00:35:54.060 --> 00:36:05.820

Kelly Crosbie: A lot of you might collect a lot of data. Now for quality this really the the idea of this is that primarily most of the measures will be claims based they will be calculated for you.

217

00:36:06.360 --> 00:36:15.930

Kelly Crosbie: By the tailored plan, they'll share your practice level or your CMA your H plus level data down to you. And we really want to see like okay if I find out

218

00:36:16.470 --> 00:36:20.970

Kelly Crosbie: The individuals coming to see me. We'll talk about quality measures, I think on the next slide.

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00:36:21.570 --> 00:36:40.260

Kelly Crosbie: And if I've got a lot of members. I see kids and they're missing their well visits, what is my cue why intervention for ingesting that data analyzing it, and then doing something about it. So I'm doing better on my well visit. So we want to understand your process for doing that now.

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00:36:41.910 --> 00:36:54.570

Kelly Crosbie: Or your plans for building it out and making them a robust if that's something you feel that you need to enhance and the next slide, I think, has the quality measures. Yes. So one of the really cool things about

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00:36:55.650 --> 00:37:03.930

Kelly Crosbie: This is cool. It's all cool but I'm really cool things about this program is it is you know it's intense. It's dense.

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00:37:04.980 --> 00:37:22.890

Kelly Crosbie: It's data focused. Um, but because we want to drive quality outcomes and improvements for the people we serve think we all want to do that. And here are things that we are measuring it as a standardized list of things that we're measuring in year one, and this is the set that

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00:37:24.210 --> 00:37:33.810

Kelly Crosbie: You can earn performance incentive payments on if you do well on these particular measures. So we've got body mass index, we've got

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00:37:35.730 --> 00:37:45.120

Kelly Crosbie: It's just a fancy thing about people aren't ending up in the hospital for a chronic health condition that could have been managed better

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00:37:46.380 --> 00:37:56.490

Kelly Crosbie: In an outpatient setting that's all about it, saying, so the people that you're supporting with chronic conditions, diabetes, hypertension, COPD.

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00:37:57.000 --> 00:38:07.560

Kelly Crosbie: Are you ensuring they're getting adequate outpatient or primary or specialty care. So they're not ending up in the hospital. That's what, that's measuring has a fancy name, but that's literally what it's measuring

227

00:38:08.190 --> 00:38:14.970

Kelly Crosbie: We're going to measure care transitions follow up after hospitalization for mental illness. Again, those transitions are really important.

228

00:38:16.200 --> 00:38:26.760

Kelly Crosbie: That's something that's been a focus of our for LM EMC us for a while. And so now we're asking care management agencies and H plus us to help more to get data more to do more QA on this because we can always do better.

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00:38:27.450 --> 00:38:39.630

Kelly Crosbie: Plan all costs readmissions. This just measures we have an expected rate of readmissions for anything in North Carolina. So this measures how how much we are above or below that rate.

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00:38:39.960 --> 00:38:44.940

Kelly Crosbie: Currently, as a state we're slightly below the rate which is awesome. So that is an important measure

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00:38:45.480 --> 00:38:52.920

Kelly Crosbie: Again, we want to make sure that transitions are effective and cares coordinated effectively, are we screening for clinical depression did and doing a follow up.

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00:38:53.580 --> 00:39:07.080

Kelly Crosbie: Are we for folks with substance use disorders are we initiating treatment and as that treatment sustain. That's what that measure measures and then for folks with high blood pressure, get a lot of our Taylor plan eligible. So adults.

233

00:39:08.430 --> 00:39:14.400

Kelly Crosbie: Many of them have hypertension. So are we doing good on measures of controlling high blood pressure.

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00:39:14.880 --> 00:39:29.070

Kelly Crosbie: All of these measures are standardized measures they have standardized measure specifications nationally and for all of them a tailored plans will will have a standardized way to calculate the measures to share and to share data with you.

235

00:39:30.330 --> 00:39:30.900

Kelly Crosbie: Next slide.

236

00:39:33.120 --> 00:39:45.210

Kelly Crosbie: So training. So I'm really, I'm part of this part of the applications. Can someone easy. It's an adaptation of your intention to complete all the required trainings. So we've talked about trainings before

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00:39:45.750 --> 00:39:55.680

Kelly Crosbie: DHS will set the domains for the training and tailored plans will work to develop more specificity around this domains.

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00:39:56.280 --> 00:40:04.590

Kelly Crosbie: But here's kind of the domains. Right. You see them right here and we want assurance in the application that care managers and care managers, supervisors are going to complete

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00:40:05.160 --> 00:40:19.050

Kelly Crosbie: Important trainings in these key domains which is just understanding the tailored plan eligibility and the services that whole person care is I topics on Community gration home health care management, health promotion.

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00:40:20.250 --> 00:40:33.120

Kelly Crosbie: All kinds of care management skills and then additional trainings very specific to the populations, you might be supporting. But again, the goal is just to make sure that we have a well trained workforce because can't emphasize enough that

241

00:40:35.040 --> 00:40:38.730

Kelly Crosbie: This system will be somewhat complicated, right, there's lots of plans.

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00:40:39.420 --> 00:40:58.500

Kelly Crosbie: And plans are comprehensive now. So we'll need fix and tailor to plans, who are fluent and understanding how to coordinate care for members with serious health conditions. In addition to their SCD IDD SME sad. But again, this is kind of easy just have to attest.

243

00:40:59.940 --> 00:41:04.740

Kelly Crosbie: That you're going to do this and we need some level of insurance that you're going to make sure that your staff are trained

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00:41:05.910 --> 00:41:06.510

Kelly Crosbie: Next slide.

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00:41:08.220 --> 00:41:12.420

Kelly Crosbie: So here's really key information and some of it is, is

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00:41:14.880 --> 00:41:15.300

I'm

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00:41:16.350 --> 00:41:29.550

Kelly Crosbie: Going back right so may of 2019 the concept paper came out September of 2019 the data strategy paper came out. We've talked a lot about data today. And then in

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00:41:31.080 --> 00:41:37.650

Kelly Crosbie: The day right yes in June and then we updated and December the final provider manual came out.

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00:41:38.790 --> 00:41:44.940

Kelly Crosbie: As well as the application. So these are key documents, they can be found on the H plus page.

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00:41:45.210 --> 00:41:56.970

Kelly Crosbie: And remember across the top is where you could submit your application to become my career management agency rename H plus. That's the application website or email address. Excuse me. Okay. Next slide.

251

00:41:58.710 --> 00:42:01.680

Kelly Crosbie: So Q AMP a time. I think we have a lot

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00:42:03.570 --> 00:42:21.780

Kelly Crosbie: And we don't have much time. So here's what we're going to do. So remember on the Q AMP a side of thing and and I do want to acknowledge. First, thank you. Crystal. Thank you, Greg. Thank you. Our Monette team. Thank you. Our colleagues, Dr. McCoy Renee raider damage DDS as

253

00:42:23.310 --> 00:42:26.490

Kelly Crosbie: Thank you thank them that this was a group effort.

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00:42:27.870 --> 00:42:31.410

Kelly Crosbie: Just to put this presentation together. So thank you so much for that.

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00:42:32.250 --> 00:42:37.950

Kelly Crosbie: Know that we can't get to all of these. So we'll try to hit a few highlights, but know that we will answer them and make sure that they're answered.

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00:42:38.460 --> 00:42:50.970

Kelly Crosbie: And we will use them to enhance FAQs that we do post on our website. So Greg and crystal, feel free to jump in here on the Q and A's, and I'm going to just skim through them really quickly.

257

00:42:52.950 --> 00:43:01.770

Kelly Crosbie: I will answer what we can. So the first question we have is from Kim is said, Would you speak to the role of the Taylor plans have in monitoring H plus CNA

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00:43:03.990 --> 00:43:08.400

Kelly Crosbie: That's definitely not the focus today. Although Greg talked a little bit about how

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00:43:09.420 --> 00:43:18.300

Kelly Crosbie: You know, the state will support the certification process until Taylor plans go live. But the oversight of H plus doesn't seem as well. Absolutely happen at the Taylor plan level.

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00:43:20.130 --> 00:43:22.080

Kelly Crosbie: We've already had conversations about

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00:43:24.810 --> 00:43:32.160

Kelly Crosbie: Things like potential standardization around what that oversight looks like, especially as as a major pluses and CMOS might might

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00:43:33.210 --> 00:43:42.990

Kelly Crosbie: Practice across multiple regions and multiple tailored plans. I think those are all incredibly important conversations but it's, I don't know that we have all that fleshed out yet, but know fundamentally

263

00:43:44.010 --> 00:43:51.390

Kelly Crosbie: The Amish pluses and the CMS will have oversight by the tailored plan they will contract with a tailor plans. Okay.

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00:43:51.990 --> 00:44:00.300

Kelly Crosbie: We got a question about acuity tears as well hearing more about the acuity tears, pretty much right now what we've been able to share with you is what is out in the RFA

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00:44:00.720 --> 00:44:13.260

Kelly Crosbie: Until we've seen this presentation. Pretty much reflects that. But, but know that we understand there's been a lot of interest in understanding more about the acuity tier, so stay tuned for that. Okay. Stay tuned for more information on the acuity tiers.

266

00:44:14.280 --> 00:44:20.250

Kelly Crosbie: A question on Greg slide so that we talked about the three approaches for delivering behavioral health

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00:44:21.300 --> 00:44:29.190

Kelly Crosbie: Or I'm sorry not behavioral health but behavioral health IDD tailored plan care management. So yes, the question was, what was the third approach.

268

00:44:30.210 --> 00:44:39.570

Kelly Crosbie: The third Greg helped me out here on the question was this the third approach the tailored plan. Yes. Right. Greg, I'm okay. I'm good, thank you.

269

00:44:41.100 --> 00:44:41.460

Greg Daniels: Yes.

270

00:44:42.570 --> 00:44:43.410

Greg Daniels: Go ahead, I'm sorry.

271

00:44:43.560 --> 00:44:44.550

Kelly Crosbie: No, you go for Greg.

272

00:44:45.180 --> 00:44:50.580

Greg Daniels: I'm the behavior of IDD tailored plan based care manager. And what was the question.

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00:44:52.950 --> 00:44:56.250

Kelly Crosbie: It's three the behavioral health MCC. Oh, right.

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00:44:57.090 --> 00:45:06.660

Greg Daniels: Um, so I would say, I'm looking at that approaches those particular provider agencies that are outside of

275

00:45:08.910 --> 00:45:10.830

Greg Daniels: The behavioral health ID Taylor plan.

276

00:45:12.750 --> 00:45:25.920

Greg Daniels: As far as that approach three that will be delivering those services, those will be the ones that are on that, if, if a beneficiary is not actually

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00:45:27.120 --> 00:45:34.680

Greg Daniels: Coming through our primary am he. Or do our own actual behavior health ID detailer plans.

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00:45:37.290 --> 00:45:54.150

Kelly Crosbie: Thank you so much, Greg. Mm hmm. Alright, the next question other specific data or technology requirements there absolutely are. So we kind of went over them at a high level today and direct your attention. These slides will be available though absolutely be posted in available.

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00:45:55.350 --> 00:45:57.810

Kelly Crosbie: And what is also posted in available.

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00:45:58.920 --> 00:46:05.220

Kelly Crosbie: And will check that it's clear for everyone to see where it is, it is the data and technology requirements for a major plus CNS.

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00:46:05.580 --> 00:46:14.190

Kelly Crosbie: For those of you who might be CEOs on the phone, or am anxious, we might have some you should be quite familiar with those because they mirror the advanced medical home technical requirements.

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00:46:16.860 --> 00:46:24.390

Kelly Crosbie: Where we have a lot published on that. So yes, there was a there was a specific paper describing the data and technology requirements for image pluses.

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00:46:25.440 --> 00:46:32.340

Kelly Crosbie: But we had CMS, but we will be doing additional kind of training to the field, just to make sure that it's clear.

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00:46:33.360 --> 00:46:41.850

Kelly Crosbie: And we're standardized files and formats are are that those are clear. So yeah, there's a lot to implement and operationalize. Okay.

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00:46:44.490 --> 00:46:56.730

Kelly Crosbie: So great question from Lisa will do. He just restrict or cap the admin rate the tailor plans will be allowed to retain from the care management fees they received from the state that is a that's a, that's a

286

00:46:58.140 --> 00:47:06.180

Kelly Crosbie: Good question. Lisa and I don't have a good answer and conceptual knowledge. I think that's a really good question and. And for those of you that are

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00:47:07.410 --> 00:47:09.630

Kelly Crosbie: In the Standard Plan experience right now.

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00:47:10.980 --> 00:47:21.240

Kelly Crosbie: There is, you know, those care management fees that get down to the that go from the plan to the practice level. That's kind of definitely been a point of

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00:47:21.690 --> 00:47:30.990

Kelly Crosbie: contention. In some cases, but also you know partnership and development and other cases. So I say that to acknowledge that just really important. It is really important.

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00:47:31.650 --> 00:47:39.450

Kelly Crosbie: Because the goal of those care management fees are to deliver care management so that primary principle will not change.

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00:47:39.870 --> 00:47:52.080

Kelly Crosbie: I don't know that we have a hard and fast rule around how much can be kept for administrative oversight at the Taylor pin level, they will need that for administrative oversight and how much must be passed down to the field right right yet but definitely a point with clarifying

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00:47:53.940 --> 00:47:58.080

Kelly Crosbie: Okay. Oh, Mindy. Mindy. Can you speak, you want to speak mic.

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00:47:58.710 --> 00:48:00.720

Kelly Crosbie: Sorry, I can see that he sent me a note, thank you.

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00:48:00.720 --> 00:48:02.190

Kelly Crosbie: Many people

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00:48:03.600 --> 00:48:13.680

Mindy Lipson: The admin portion of the capitalization rate will include a an amount that is built in for administration of Taylor care management at the plan level.

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00:48:14.340 --> 00:48:23.970

Mindy Lipson: Taylor plans when they're contracting with a major pluses and care management agencies and paying them for tailored career management, they're not going to be permitted to take a cut of that amount.

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00:48:24.030 --> 00:48:34.050

Mindy Lipson: For tailored care management so they'll be compensated through the capitalization rate but have to pass down the full amount for Taylor care management to the image, plus our care management agency.

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00:48:36.060 --> 00:48:45.780

Kelly Crosbie: Thank you so much. Mindy and Lisa because I bought that we will make sure that we have a very clear FAQ on that with the correct information from Monday. So thank you for that Monday.

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00:48:47.070 --> 00:48:51.540

Kelly Crosbie: All right, on looking on time and we have about five minutes left.

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00:48:52.620 --> 00:49:03.180

Kelly Crosbie: Ben is a really interesting question. How will you ensure sustainability for providers that only 30% of the population in the first year. And again, I welcome other panelists to jump in on this one.

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00:49:03.900 --> 00:49:16.200

Kelly Crosbie: I'll give my thoughts and then again please others, I think, great question, then I think the 30% is a target where we want at least 30% of care management to be delivered in the field.

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00:49:17.730 --> 00:49:26.250

Kelly Crosbie: I don't think it is the case that if there were ready and willing providers that could

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00:49:27.240 --> 00:49:45.300

Kelly Crosbie: provide care management and be ready on day one that we would have any problem with a tailor plan saying, hey, I'm ready to have 70% of my career management field based in the in the providers in your one but Mindy, Keith, anything you would correct about what I said.

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00:49:49.380 --> 00:49:54.300

Mindy Lipson: Yes, right. Kelly 30% is the minimum and it's not a hard cap on the ceiling.

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00:49:55.080 --> 00:50:04.230

Keith McCoy: That's right in their incentives for the tailor and plans to build out this approach because of our desire for it to be a higher percent later on.

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00:50:05.250 --> 00:50:14.580

Keith McCoy: And then to use the capacity building funds in order to build that out. So I wouldn't think that excess capacity would be unused

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00:50:16.290 --> 00:50:17.310

Kelly Crosbie: Thank you guys so much.

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00:50:18.480 --> 00:50:26.220

Kelly Crosbie: So I'm going to hit a couple of using ones providers that have previously submitted applications for CMA certification, will they have to submit a new application.

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00:50:26.820 --> 00:50:37.890

Kelly Crosbie: You will, unfortunately. So we do know that a group of providers submitted originally the application has been updated somewhat in response to feedback, actually, for many of you,

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00:50:39.120 --> 00:50:42.390

Kelly Crosbie: It does allow for cis to complete a portion of the application.

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00:50:43.590 --> 00:50:49.890

Kelly Crosbie: So yes, it is updated and we will need individuals to submit or organizations, excuse me to submit a new application.

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00:50:51.450 --> 00:51:03.450

Kelly Crosbie: Another kind of easy one. If you already have a Tier three isn't a major we have to resubmit your tier with NC tracks, you do not, if you're a Tier three tier three that's that's the base.

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00:51:04.500 --> 00:51:10.440

Kelly Crosbie: But again, that plus part is really important. So, your application will really be about the plus part

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00:51:10.860 --> 00:51:21.330

Kelly Crosbie: You RNA MH Tier three already in tracks. You don't need to change that. But you'll need to do the application for all the additional requirements for the tailored plan to your management components.

315

00:51:22.920 --> 00:51:33.300

Kelly Crosbie: So what is a CMA versus an H plus, not sure of the difference in who would qualify. Now that's a wonderful question. So probably the fundamental difference

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00:51:33.780 --> 00:51:43.020

Kelly Crosbie: The H plus is someone that is already in advanced medical home in our system that has an extensive set of requirements to be an advanced medical home.

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00:51:43.860 --> 00:51:55.890

Kelly Crosbie: It pretty much start with you being a primary care provider in North Carolina for us that usually means you're a pediatrician, you're an internal medicine, your family practice.

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00:51:58.110 --> 00:52:03.420

Kelly Crosbie: And you agree to a whole complement of primary and preventive services.

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00:52:05.340 --> 00:52:08.760

Kelly Crosbie: And then there are additional layers for for care management.

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00:52:10.470 --> 00:52:17.970

Kelly Crosbie: That like get layered on to that to be an AMA care management agency. If you go back to the slide, which is way clear to me.

321

00:52:18.270 --> 00:52:32.280

Kelly Crosbie: That care management agency and your pre primary purposes, providing behavioral health or ID or TBI or said services and you're going to provide a care management. So really, it makes the big difference is your primary care provider.

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00:52:32.760 --> 00:52:41.100

Kelly Crosbie: And not everyone is or wants to be a primary care provider and that's wonderful. But again, that slide I think hopefully describes it a bit better.

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00:52:42.870 --> 00:52:49.440

Kelly Crosbie: Okay, I'm going to team. We have one minute left. Is there a question that's really popping for you that we should hit before we go.

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00:52:56.250 --> 00:52:57.720

Kelly Crosbie: Wow, there's so many good questions.

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00:53:06.090 --> 00:53:14.820

Kelly Crosbie: All right, thank you. Let me just say thank you to the panelists. Those who spoke on those who didn't really appreciate everyone being here today. Appreciate the team, very much.

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00:53:15.150 --> 00:53:31.620

Kelly Crosbie: Appreciate the audience for tuning in and asking so many good questions. I really do think the questions help us better refined trainings help us better refined Q and A's, and it is our commitment to go back and to answer these because we want. Again, we really want folks to apply.

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00:53:33.690 --> 00:53:41.250

Kelly Crosbie: And we're very excited about ways to support providers who are interested in becoming see amazing image blesses so thank you so much for tuning in today.

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00:53:41.730 --> 00:53:50.670

Kelly Crosbie: We will respond to all of your questions and really thank you for your patience sitting through a very dense deck. So, all right. Thank you all very much.

329

00:53:54.060 --> 00:53:56.040

Sam Rollins: Thank you for joining. You may now disconnect