

**North Carolina Department of Health and Human Services (DHHS)  
Tailored Care Management Technical Advisory Group (TAG) Meeting #30 (Conducted Virtually)  
May 21, 2024**

<b>Tailored Care Management TAG Members</b>	<b>Organization</b>
Erin Lewis	B&D Integrated Health Services
Julie Quisenberry (absent; represented by Darlene Webb)	Coastal Horizons Center
Billy West (absent)	Daymark
Denita Lassiter	Dixon Social Interactive Services
Luevelyn Tillman (absent)	Greater Vision Counseling and Consultants
Keischa Pruden (absent)	Integrated Family Services, PLLC
Haley Huff	Pinnacle Family Services
Sandy Feutz	RHA
Lisa Poteat	The Arc of NC
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health
Donna Stevenson	Alliance Health
Lynne Grey (absent; represented by Wyatt Bell)	Partners Health Management
Cindy Ehlers (absent; represented by Miriam Goodwin)	Trillium Health Resources
Chris Bishop (absent)	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar	N/A
Pamela Corbett (absent)	N/A
Jonathan Ellis (absent)	N/A
Alicia Jones (absent)	N/A
<b>NC DHHS Staff Members</b>	<b>Title</b>
Kristen Dubay	Chief Population Health Officer, NC Medicaid
Andrew Clendenin	Deputy Director of Population Health, NC Medicaid
Loul Alvarez	Associate Director, Population Health, NC Medicaid
Regina Manly	Senior Program Manager, Tailored Care Management, NC Medicaid, Quality and Population Health
Gwendolyn Sherrod	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Eumeka Dudley	Program Lead, Tailored Care Management, NC Medicaid, Quality and Population Health
Tierra Leach	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

## Agenda – Eumeka Dudley

- Welcome and Roll Call
- Tailored Care Management Payment Rate Update
- Tailored Plan Launch
- Launch of Healthy Opportunities Pilots for Tailored Care Management-Eligible Populations
- Additional Tailored Care Management Updates
  - TCL Update
  - Change of TAG Meeting Time
  - Newsletter Frequency Update
- NC Medicaid Ambassador Initiative
- Public Comments

## Tailored Care Management Payment Rate Update (slides 7-8) – Eumeka Dudley

The Department plans to extend the temporary payment rate increase of \$343.97 through December, 31, 2024. Effective January 1, 2025, the payment rate will be \$294.86 for each member with a qualifying contact. The Department noted it does not anticipate any additional extensions on the payment rate increase. As providers plan for the year ahead, providers should take into account the final payment rates and implications for their organizations.

## Tailored Plan Launch (slides 9-11) – Gwendolyn Sherrod

With Tailored Plans set to launch on July 1, 2024, the Department highlighted a toolkit of resources (e.g., flyer, set of social media contents, PowerPoint deck) that can be used by AMH+s/CMAs and other stakeholders to promote and educate members and the broader community about Tailored Plans. Please find a link to the toolkit [here](#).

The Department asked the TAG if there were specific questions or topics on Tailored Plan launch that they would like the Department to cover in future meetings. TAG members and other participants responded as follows:

- One participant requested an upcoming TAG meeting address how the launch of Tailored Plans may impact an individual continuing to receive care from their current primary care physician or specialist and how long an individual can continue receiving care from an out-of-network provider after Tailored Plan launch.
  - Partners shared that they have contracted with 95% of the primary care physicians in their region and are continuing to work towards contracting with the other 5%.

## Launch of Healthy Opportunities Pilots (HOP) for Tailored Care Management-Eligible Populations (slides 12-18) – Andrea Price-Stogsdill

On May 15, 2024, HOP officially launched in the three HOP regions for Tailored Care Management-eligible populations. Tailored Care Management providers interested in participating in HOP should contact their Tailored Plan to contract, then submit the [HOP Participation Form](#). Participation is voluntary, and providers who do choose to participate must provide a minimum 90-day advanced notice specifying their desired launch date and go through an onboarding process. There will be an additional HOP add-on payment paid from LME/MCOs to AMH+/CMAs for Tailored Care Management services rendered to HOP-enrolled members by delegated Care Management Entities (AMH+s/CMAs). Additional

information on Tailored Care Management providers participating in HOP and the HOP add-on payment is in the [Tailored Care Management Provider Manual Addendum: Healthy Opportunities Pilot Guidance for Providers for AMH+s/CMAs](#).

Additional information on an overview of HOP, the HOP eligibility criteria, provider participation in HOP, and how AMH+s/CMAs can bill for the HOP add-on payment are included in the [May TCM TAG Presentation](#) and additional information is outlined below.

Per the [TCM Provider Billing Guide](#), the HOP Add-on is billed for TCM Services rendered to Healthy Opportunities Pilot-enrolled members by delegated Care Management Entities (AMH+/CMA only). HOP enrollment shall be completed (with a referral executed) or confirmed through the NCCARE360 platform prior to billing this code. T1017 HA code must be billed on the same claim as the T1017 HT code on separate claim lines.

- T1017 HT – applies to all Tailored Care Management service claims
- T1017 HA – applies to Tailored Care Management service claims with the Healthy Opportunities (HOP) Add-on

Before billing the HOP add-on rate, Tailored Care Management providers should confirm the member is HOP enrolled. Members are considered Pilot enrolled when they are receiving at least one Pilot service (e.g., health plan has approved the authorization, unless it is a passthrough service, and the HSO has accepted the service). If the AMH+/CMA staff are unsure if the member is HOP-enrolled, they should check NCCARE360 using the steps below.

To verify the member is "Pilot-enrolled" (according to the definition above), the AMH+/CMA staff member should complete the following steps in NCCARE360:

1. Navigate to the member's Facesheet by utilizing the search bar or Clients' tab
2. From the Facesheet, click on the Profile tab and scroll to the Social Care Coverage section to verify the member has active Provisional or non-Provisional Social Care Coverage
3. Once confirmed, click on the Cases tab to confirm the member has at least one open case with an HSO providing a HOP service (Note: Authorizations pending the Health Plan's review, and referrals pending the HSO's acceptance will appear in the Referrals tab).

If a plan has already submitted the Tailored Care Management Service (T1017 HT) claim for a member enrolled in a PIHP and receiving TCM, and later in the month enrolls the member in HOP, they will need to do the following:

**For May 2024 only:**

Since the HOP TCM Add-on rate wasn't effective until 5/15/24, if a provider needs to bill the add-on in May for a member for whom they previously billed TCM (i.e., earlier in May), they will need to void and re-submit the claim instead of filing an adjustment. If providers were to instead file an adjustment for a claim where the DOS is prior to 5/15, the add-on claim line would deny because the rate wasn't effective on that earlier date.

**For All Other Months After May 2024:**

The AMH+/CMA can either: (1) file an adjustment on the claim and include the T1017 HA on the adjustment OR (2) void the claim and resubmit the entire claim with T1017 HT and T1017 HA lines. Best practice may be to hold TCM claims until late in the month to avoid filing adjustments or voids.

The TCM Provider Billing Guide and other TCM resources can be found on the [Tailored Care Management](#) landing page. Providers and care management entities may also want to bookmark the [Healthy Opportunities Pilot](#) web page.

**Additional Tailored Care Management Updates (slides 19-22) – Tierra Leach**

***TCL Update – Letter of Support***

As part of the designation process for AMH+s/CMAs to be qualified to serve Transitions to Community Living (TCL) participants, they must receive a letter of support from the LME/MCO(s) in the region(s) they seek to serve. The LME/MCOs have revised the Letter of Support process so that the letter must attest that the LME/MCO has reviewed at a minimum 5 and no more than 10 Person-Centered Plans from the AMH+/CMA per catchment (previously the LME/MCO was required to review a sample of 10 Person-Centered Plans per region/county).

***Change of TAG Meeting Time***

Moving forward, the Tailored Care Management TAG meeting will now be at 10:00am – 11:00am, every fourth Friday of the month, unless otherwise posted. The next TAG meeting will be on June 28, 2024.

***Newsletter Frequency Update***

The Tailored Care Management newsletter will change from monthly to quarterly, effective the month of May 2024. The next newsletter will be distributed in July 2024.

**NC Medicaid Ambassador Initiative (slides 23-36) – Monica Fuller Johnson, Engagement Manager, NC DHHS Medicaid Essentials Presenter Network**

Monica Fuller Johnson, an engagement manager for the Department’s Medicaid Essentials Presenter Network, presented on the NC Medicaid Ambassador Initiative. The Medicaid Ambassador Initiative is a network of organizations throughout the state to help individuals with the Medicaid application process. Further details on the development of the program, comparison with similar roles, the process to become an ambassador, current participation, and upcoming events are noted in the [May TAG slides](#).

One participant asked whether an individual could sign-up to be a Medicaid Ambassador.

- The Department responded that only organizations are eligible to enroll as Medicaid Ambassadors. Please find a link to the Medicaid Ambassador Questions and Answers site to find how an entity can become a Medicaid Ambassador [here](#).

## Public Comments (slides 37-39) – Tierra Leach

The Department opened up the meeting to the full group to provide feedback and ask questions. TAG members made the following comments:

- Multiple TAG members informed the Department that they are being assigned members who they are not certified to serve (e.g., a behavioral health certified provider assigned a member with an I/DD diagnosis) and expressed concerns that this may cause gaps in the member's care management.
- Multiple TAG members requested adding the population segment to the BA file to support AMH+s/CMAs in assigning members to specific care managers and identifying members the organization is not certified to serve.
  - The Department noted plans to add the population segment to the PRL file in the coming months.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov).