

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

JAY LUDLAM • Deputy Secretary, NC Medicaid

Tailored Care Management Program Updates June 13, 2023

Tailored Care Management rates are separate from the health plans' risk-based managed care capitation rates. Health Home providers—LME-MCOs, AMH+ practices, and CMAs—will be paid a retrospective monthly rate of \$269.66 for each member enrolled in Tailored Care Management that obtained a qualifying Health Home contact in the month. A qualifying Health Home contact is the delivery of one or more of the six core health home services through phone/video/in-person with the member/guardian. The state will add \$78.94 to the monthly rates for individuals enrolled in the Innovations or TBI waivers and for members obtaining 1915(i) services to reflect additional care coordination responsibilities required for these HCBS programs. For members receiving provider-based Tailored Care Management, LME-MCOs will be required to pass the full amount of the monthly payment down to the provider delivering Tailored Care Management.

North Carolina will make payments to LME-MCOs on a retrospective, monthly basis for Health Home services delivered by the LME-MCO as well as those delivered by AMH+ practices and CMAs. To access the payment for any given member, the LME-MCO must demonstrate that one core Health Home service was delivered to the member during the previous month. For members obtaining Health Home services through AMH+ practices and CMAs, LME-MCOs will make payments to their providers for those months when a core Health Home service was delivered, passing down 100% of the payments. For each member assigned to them who has received a Health Home service that month, AMH+ practices and CMAs will be required to submit a claim to the LME-MCO demonstrating that they delivered a Health Home core service. LME-MCOs may retain the entirety of the payment for members receiving Health Home services through a plan-based care manager.

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