# Tailored Care Management Technical Advisory Group (TAG)

*Meeting #2: Data Strategy and Addressing Program Misconceptions*

November 19, 2021

# Agenda

- **Welcome and Roll Call (3 mins)**
- **Key Updates (10 mins)**
- **Data Strategy Overview (20 mins)**
  - Key Requirements
  - Available Resources
  - Data Subcommittee
- **Tailored Care Management TAG Misconceptions (15 mins)**
- **Public Comments (10 mins)**
- **Next Steps (2 mins)**

# Welcome and Roll Call

# Department of Health and Human Services

| Kelly Crosbie, MSW, LCSW | Krystal M. Hilton, MPH | Gwendolyn Sherrod, MBA, MHA | Keith McCoy, MD | Mya W. Lewis, MHA |
|---|---|---|---|---|
| Chief Quality Officer<br>NC Medicaid, Quality and Population Health | Associate Director of Population Health,<br>NC Medicaid, Quality and Population Health | Senior Program Manager for Population Health,<br>NC Medicaid, Quality and Population Health | Deputy CMO for Behavioral Health and IDD Community Systems,<br>Chief Medical Office for Behavioral Health and IDD | IDD and TBI Section Chief,<br>Division of Mental Health, Developmental Disabilities and, Substance Abuse Services |

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Tailored Care Management TAG Membership

| Name | Organization | Stakeholder |
|---|---|---|
| Doug Finley | A Small Miracle | Provider Representative |
| Erin Lewis | B&D Integrated Health Services | Provider Representative |
| Lauren Clark | Coastal Horizons Center | Provider Representative |
| Denita Lassiter | Dixon Social Interactive Services | Provider Representative |
| Jason Foltz, D.O. | ECU Physicians | Provider Representative |
| Natasha Holley | Integrated Family Services, PLLC | Provider Representative |
| Lisa Poteat | The Arc of NC | Provider Representative |
| Austin Hall, M.D. | UNC Center for Excellence in Community Mental Health | Provider Representative |
| Sean Schreiber | Alliance Health | Tailored Plan Awardee |
| Josh Walker | Eastpointe | Tailored Plan Awardee |
| Lynne Grey | Partners Health Management | Tailored Plan Awardee |
| Sabrina Russell | Sandhills Center | Tailored Plan Awardee |
| Cindy Ehlers | Trillium Health Resources | Tailored Plan Awardee |
| Rhonda Cox | Vaya Health | Tailored Plan Awardee |
| Cindy Lambert | Cherokee Indian Hospital Authority | Tribal Option Representative |
| Jessica Aguilar | N/A | Consumer Representative |
| Pamela Corbett | N/A | Consumer Representative |
| Alicia Jones | N/A | Consumer Representative |
| Cheryl Powell | N/A | Consumer Representative |

# Key Updates

# Behavioral Health I/DD Tailored Plans: Updated Launch

**The NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will now launch on December 1, 2022. The original launch date had been planned for July 1, 2022.**

- The Department's goal remains to **ensure a seamless and successful experience** for beneficiaries, their families and advocates, providers, and other stakeholders committed to improving the health of North Carolinians.
- These additional five months will provide **the Department and Tailored Plan awardees** with the necessary time to ensure this transition addresses the complexities of a high-quality behavioral health and I/DD system.
- The new launch date will allow **providers** more time to prepare for the transition to Tailored Plans (e.g., submitting and completing contracts with Tailored Plans, installing care management model technology, testing care management processes, and ensuring care management staff are trained).
- **Beneficiaries** who are in NC Medicaid Direct or EBCI Tribal Option and receive enhanced behavioral health, I/DD, or TBI services from a current LME/MCO will continue to receive care in the same way until the Tailored Plans launch on December 1, 2022.

For more details regarding this date change, please see the Behavioral Health I/DD Tailored Plans: Updated Launch Fact Sheet.

# Updated Launch Implications for Tailored Care Management

**AMH+/CMA certification activities and capacity building activities will remain the same.**

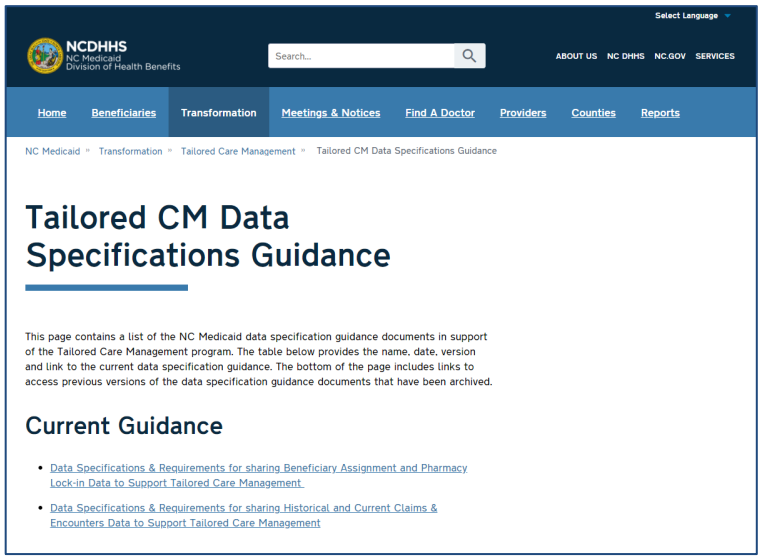
- **AMH+/CMA certification activities** will continue as planned, but certified providers will begin delivering Tailored Care Management on December 1, 2022:
  - Round two desk reviews are expected to be completed by mid-December 2021.
  - More information on round one site reviews is expected to be available this month.
- Via its partnership with AHEC, the Department will continue to make **technical assistance** available for all providers who have passed the desk review.
- **Capacity building** activities will continue as planned:
  - Future Tailored Plans should continue working with AMH+/CMA certification candidates to assess their capacity building needs.
  - Future Tailored Plans' distribution plans are due November 30, 2021.
  - The Department intends to begin releasing capacity building funds in early 2022.

# Recently Released Resources

**Since the October 29 Tailored Care Management TAG meeting, the Department has released the following important guidance documents in support of Tailored Care Management.**

**Tailored Care Management Capacity Building Program Launch LME/MCO (future Tailored Plans) Guidance[1]**


**Tailored Care Management Data Specifications Guidance[2]**




*1. https://medicaid.ncdhhs.gov/transformation/tailored-care-management/tailored-care-management-capacity-building-program*
*2. https://medicaid.ncdhhs.gov/transformation/tailored-care-management/tailored-cm-data-specifications-guidance*

# Data Strategy Overview

# Data Strategy Overview

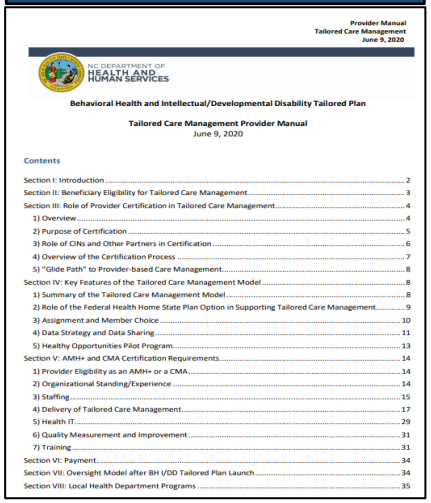
## Objectives

- Review key data requirements for Tailored Care Management.
- Ensure awareness of newly released data guidance and the upcoming deep dive webinar.
- Seek input from the Tailored Care Management TAG on the establishment of a Data Subcommittee, as well as specific topics for consideration.

# Data Strategy Source Documents

**The Tailored Care Management Provider Manual and the Tailored Plan contract are the source documents for the Tailored Care Management data requirements and dataflows. The Tailored Care Management Data Strategy FAQ and Care Management Data System Guidance also discuss the data exchange and HIT requirements.**

**Tailored Care Management Provider Manual[1]**



Provider Manual
Tailored Care Management
June 9, 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Behavioral Health and Intellectual/Developmental Disability Tailored Plan

Tailored Care Management Provider Manual
June 9, 2020

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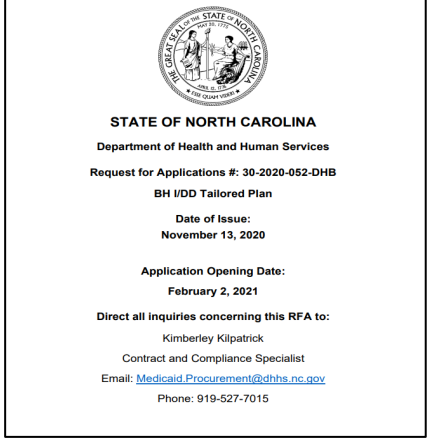
**Tailored Plan Contract[2]**



STATE OF NORTH CAROLINA

Department of Health and Human Services

Request for Applications #: 30-2020-052-DHB

BH I/DD Tailored Plan

Date of Issue:
November 13, 2020

Application Opening Date:
February 2, 2021

Direct all inquiries concerning this RFA to:

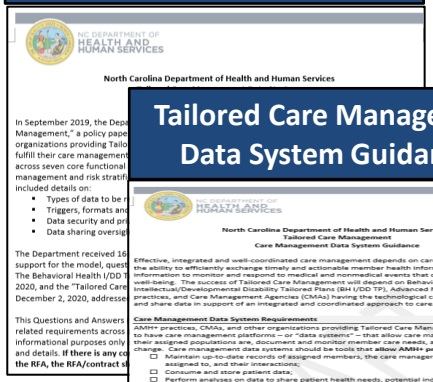
Kimberley Kilpatrick

Contract and Compliance Specialist

Email: Medicaid.Procurement@dhhs.nc.gov

Phone: 919-527-7015

**Tailored Care Management Data Strategy FAQ[3]**



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina Department of Health and Human Services

In September 2019, the Depa
Management," a policy pape
organizations providing Tailo
fulfill their care management
across seven core functional
management and risk stratifi
included details on:

- Types of data to be r
- Triggers, formats an
- Data security and pr
- Data sharing oversig

The Department received 16
support for the model, quest
The Behavioral Health I/DD T
2020, and the "Tailored Care
December 2, 2020, addresse

This Questions and Answers
related requirements across
informational purposes only
and details. **If there is any co**
**the RFA, the RFA/contract sh**

**Tailored Care Management Data System Guidance[4]**



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

North Carolina Department of Health and Human Services
Tailored Care Management
Care Management Data System Guidance

Effective, integrated and well-coordinated care management depends on care team members having the ability to efficiently exchange timely and actionable member health information and use that information to monitor and respond to medical and nonmedical events that could impact a member's well-being. The success of Tailored Care Management will depend on Behavioral Health and Intellectual/Developmental Disability Tailored Plans (BH I/DD TP), Advanced Medical Home Plus (AMH+) practices, and Care Management Agencies (CMAs) having the technological capabilities to collect, use and share data in support of an integrated and coordinated approach to care.

**Care Management Data System Requirements**

AMH+ practices, CMAs, and other organizations providing Tailored Care Management will be expected to have care management platforms – or "data systems" – that allow care managers to understand who their assigned populations are, document and monitor member care needs, and respond as those needs change. Care management data systems should be tools that **allow AMH+ practices and CMAs** to:

- ☐ Maintain up-to-date records of assigned members, the care managers those members are assigned to, and their interactions;
- ☐ Consume and store patient data;
- ☐ Perform analyses on data to share patient health needs, potential indicators of changing needs (e.g., new visits with specialists, new medications) and potential care gaps (e.g., missed appointments, flagging outdated assessments or care plans, gaps in medication adherence);
- ☐ Maintain care management documentation (e.g., assessments, care plans, care manager interaction notes);
- ☐ Reporting on care management performance, both internally (e.g. supervisor reporting) and externally (e.g., encounter data with BH I/DD TPs, quality reporting with BH I/DD TPs).
- ☐ Transmitting a practice's care management data to another selected system, if needed; and
- ☐ Provide access to - and electronically share, if requested - member records (e.g., assessments, care plans, summary of care documentation) with the member's care team to support coordinated care management, as well as the member.'

Care management data systems may be part of - or separate from - an organization's Electronic Health Record (EHR) or clinical system of record, or other analytic and reporting tools. However, the most effective care management data systems will be integrated with an organization's EHR or clinical system of record to support responsive and informed care delivery; they may also link to Admission, Discharge, and Transfer (ADT) data sources to help care managers centrally track unexpected service needs.

**The Department will provide additional information about technical data standards in the future.**

*1. https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf*
*2. https://www.ips.state.nc.us/IPS/AGENCY/PDF/13929701.pdf*
*3. https://medicaid.ncdhhs.gov/media/9912/download?attachment*
*4. https://medicaid.ncdhhs.gov/media/9913/download?attachment*

# Key Tailored Plan HIT System and Use Requirements

**Have the IT infrastructure and data analytic capabilities to**:

- Consume and use physical health, BH, I/DD and TBI claims, pharmacy and encounter data, clinical data, ADT data, risk stratification information and/or Unmet Health-Related Resource Needs data.
- Share and transmit data with AMH+ practices and CMAs.

- **Use a <u>single</u> care management data system**, with functionality across Medicaid and State-funded Services.
- Ensure that contracted AMH+ practices and CMAs are using a care management data system with the required functionality.

- **Use NCCARE360** once certified as fully functional statewide to identify community-based resources and connect members to such resources.
- Ensure AMH+ practices and CMAs are using NCCARE360.

North Carolina's Behavioral Health I/DD Tailored Plan Contract. Section V.B.3.ii.xv. Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. https://medicaid.ncdhhs.gov/media/8017/download

# Key Tailored Care Management Systems Requirements

**AMH+ practices and CMAs must meet the following HIT requirements prior to Tailored Plan launch.**

Use an electronic health record (EHR) or clinical system of record*

Use a care management data system


Use NCCARE360 (once operational)

**AMH+ practices/CMAs may meet the HIT requirements by:**

(1) Implementing or using their own systems;
(2) Partnering with a Clinically Integrated Network (CIN) or Other Partner; or
(3) Using the Tailored Plan's care management data system

* Use of an EHR or clinical system of record is required to apply for and become certified as an AMH+ practice/CMA.
See the Tailored Care Management Provider Manual for additional detail on the HIT requirements for AMH+ practices and CMAs.

# NC DHHS, Tailored Plan, and AMH+/CMA Data Exchange

**Care management will require the structured exchange of standardized information between the Department, Tailored Plans, and AMH+ practices/CMAs. Most of the data will be shared through standardized file formats and transmission methods.**

## NC DHHS to Tailored Plan

1. Member enrollment & reconciliation data (standard file)
2. Historical member claims & encounters (standard file)
3. Acuity tiering information (standard file)

## Tailored Plan to AMH+ Practices/CMAs

1. Member assignment information (BA File)
2. Member claims/encounter data (Claims File)
3. Acuity tiering and risk stratification data (Patient Risk List)
4. Quality measure performance information

**101 Webinar and Tailored Care Management TAG Session on Quality Measures Coming Soon**

NC DHHS

Tailored Plan

AMH+ Practices/CMAs

## Tailored Plan to NC DHHS

1. Encounter data (standard format)
2. AMH+ practice/CMA assignment data (standard file)
3. PCP assignment data (standard file)
4. Provider network data (standard file)
5. Care Management Data (standard report)

## AMH+ Practices/CMAs to Tailored Plan

1. Care manager contacts (Patient Risk List)
2. Information on outreach, care management comprehensive assessment, care plans (Patient Risk List)

North Carolina's "Tailored Care Management Provider Manual". December 2, 2020. Available here: https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf.
North Carolina's Behavioral Health I/DD Tailored Plan Contract. Section V.B.3.ii.xv. Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. https://medicaid.ncdhhs.gov/media/8017/download

# Updated Data Guidance Recently Released

**The Department has released standardized specifications for sharing Member Data, Claims, Acuity/Risk Data, and Care Management Data.**

### Specification for Sharing Beneficiary Data and Pharmacy Lock-in Data

NC Medicaid Managed Care

Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management

### Specifications for Sharing Claims & Encounters Data

NC Medicaid Managed Care

Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management

**SAVE THE DATE FOR 12/3 WEBINAR**

### Specifications for Sharing Patient Risk Data & Care Management Data

NC Medicaid Managed Care

Data Specifications & Requirements for sharing Patient Risk Data to Support Tailored Care Management

These documents contain detailed specifications regarding the layout, data elements, and sharing of standardized file formats that Tailored Plans and AMH+ practices/CMAs will use to exchange information in support of Tailored Care Management.

# Potential Tailored Care Management TAG Data Subcommittee

**The Department is seeking input from the Tailored Care Management TAG as to whether a Data Subcommittee should be established to support making informed recommendations on critical care management data issues.**

## What is a Data Subcommittee?

- An **advisory body** chaired by DHHS that consists of care management data and information system subject matter experts from participating Tailored Care Management TAG member organizations
- The Data Subcommittee would respond to requests from the Department and the Tailored Care Management TAG to provide input, identify opportunities, risks and challenges and formulate **recommendations** to the Tailored Care Management TAG and DHHS regarding data and information sharing issues
- A Subcommittee also provides a forum to raise and resolve technical questions.

**For Reference:** The AMH Data Subcommittee was established in conjunction with the AMH TAG and had focused agendas to address strategic and technical questions.

**The AMH Data Subcommittee informed Requirements for:**

1. Sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support AMHs
2. Sharing Encounters and Historical Claim Data to Support AMHs
3. Sharing Patient Risk List to Support AMHs

# Potential Role of the Tailored Care Management Data Subcommittee

**A Data Subcommittee may be charged to formulate recommendations on technical standards and priorities to be communicated to North Carolina Medicaid.**

**North Carolina Medicaid**

**Tailored Care Management TAG**

***Members:***
- *Provider and consumer representatives, Tailored Plan awardees*

***Role:***
- *Establish key data priorities*
- *Charter and charge Data Subcommittee to develop technical standards recommendations and priorities*

**Tailored Care Management TAG Data Subcommittee (Early 2022)**

***Members:***
- *Data SMEs*

***Role:***
- *Identification of data issues/priorities*
- *Lead analysis of data issues/priorities*
- *Transmittal of recommendations to Tailored Care Management TAG and subsequently NC Medicaid*

# Tailored Care Management TAG Data Subcommittee

**For Discussion**

1. Does the Tailored Care Management TAG recommend the establishment of a Data Subcommittee?

2. If so, what specific topics should a new Tailored Care Management TAG Data Subcommittee consider (e.g., identification and prioritization of data exchanges for standardization, additional education and technical assistance for data exchange implementation)?

# Tailored Care Management Misconceptions

# Misconceptions from the Field

**The Department understands there may be areas of confusion about the Tailored Care Management model and would like to use this venue to:**

- Address and provide clarification on areas of confusion it has directly heard from stakeholders
- Ask the Tailored Care Management TAG to identify additional misconceptions TAG members are hearing in their networks and elevate them to the Department

# Misconception #1: EHR Certification

***Incorrect:***
AMH+ practices and CMAs need to have electronic health records (EHR) that meet the Office of the National Coordinator for Health Information Technology's criteria for certified EHR technology.[1]

***Correction:***

- **The Department does not presently require EHRs to be certified for the purposes of Tailored Care Management.**

- Providers' EHRs or clinical systems of record are required to have the capability to electronically record, store, and transmit member clinical information.

*1. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Certification*

# Misconception #2: Relationship Between AMH+/CMA Certification and Billing for Other Medicaid Services

***Incorrect:***
Organizations providing behavioral health or I/DD services must be certified as an AMH+ or CMA in order to continue billing Medicaid for these services.

***Correction:***

- Providers do **not** need to be certified as an AMH+ practice or CMA to bill for Medicaid-covered behavioral health, I/DD, or TBI services.
- **Only providers interested in delivering the new Tailored Care Management service line must undergo the AMH+/CMA certification process.**
- When Tailored Plans launch, to continue providing Medicaid services beyond Tailored Care Management or State-funded behavioral health, I/DD, or TBI services, providers must be in-network with a Tailored Plan.
  - *Example: A provider does not need to obtain AMH+/CMA certification to provide substance abuse comprehensive outpatient treatment (SACOT) services.*

# Misconception #3: Care Manager Caseloads

***Incorrect:***
Organizations providing Tailored Care Management—AMH+ practices, CMAs, and Tailored Plans—must maintain specific care manager-to-member caseloads.

***Correction:***

- The Department has not established care manager-to-member caseloads that AMH+ practices, CMAs, and Tailored Plans must maintain.
- **Providers have flexibility to build care teams as they see fit** (e.g., using extenders, adjusting caseloads, etc.), assuming they meet a certain set of programmatic requirements, including:
  - Establish a multidisciplinary care team with a care manager, supervising care manager, primary care provider, behavioral health provider, I/DD and/or TBI providers, as applicable, and other specialists and individuals identified in the Provider Manual and RFA
  - Ensure regular communication and information sharing across care team members
  - Meet the care manager-to-supervisor ratio of no more than 8:1
- At the request of providers, the Department released information about the caseload assumptions that were used to inform the rates, but these caseload assumptions are **not** programmatic requirements.
- More details on caseload assumptions informing the rate development process are available here: https://files.nc.gov/ncdma/Updated-Guidance-on-Tailored-Care-Management-vF.pdf

# Misconception #4: Care Management Comprehensive Assessments

***Incorrect:***
The Tailored Care Management comprehensive assessment is the same as the comprehensive clinical assessment.

***Correction:***

- The **Tailored Care Management comprehensive assessment is a person-centered assessment** of a member's healthcare needs, functional and accessibility needs, strengths and supports, goals, and other characteristics that will inform the care plan or Individual Support Plan (ISP) and treatment.
  - The member's **care manager** performs this assessment.

- The **comprehensive clinical assessment is a clinical evaluation** that provides the necessary and relevant clinical data and recommendations that are used when developing the person-centered plan or service plan with the individual.
  - A **licensed professional or associate level licensed professional** performs this assessment.
  - Information from the comprehensive clinical assessment may be used as an input or otherwise inform the Tailored Care Management comprehensive assessment.

# Misconception #5: Conflict-Free Care Management

***Incorrect:***
To meet conflict-free requirements, CMAs can set up "firewalls" that separate home and community-based service (HCBS) delivery and Tailored Care Management (e.g., having separate reporting structures for Tailored Care Management and service delivery, separating the care plan development function from the direct service provider function).

***Correction:***

- The Department explored allowing HCBS providers/CMAs to develop firewalls between Tailored Care Management and service delivery; however, CMS informed the State that such an approach is not compliant with federal conflict-free rules.
- **To comply with conflict-free rules, a behavioral health, I/DD, or TBI provider cannot deliver both Tailored Care Management (in their capacity as a CMA) and 1915(c) Innovation/TBI or 1915(i) HCBS to the same individual.**
- Since AMH+ practices and Tailored Plans do not deliver HCBS, conflict-free case management rules are not applicable.
- The Department is planning to connect with CMS to determine its approach for conflict-free care management for individuals in the Tribal Option, including the extent to firewalls can be used.

# Misconception #6: Capacity Building Estimates

***Incorrect:***
AMH+ practices and CMAs will be held to the estimates of members that will be served and staffing submitted in their initial capacity building needs assessments.

*Note: The Department expects to address capacity building in detail during the December Tailored Care Management TAG meeting.*

***Correction:***

- The Department recognizes that AMH+ practices and CMAs have limited data on the number of members they will be serving and their staffing needs. The Department also understands that providers are still exploring making HIT investments.
- **AMH+ practices and CMAs will have the opportunity to submit updated estimates as they obtain additional data.**
- As estimates are refined, Tailored Plans can update their distribution plans and submit them to the Department for approval.

# Misconception #7: Capacity Building Reimbursement

***Incorrect:***
AMH+ practices and CMAs must spend funds in order to be reimbursed with capacity building dollars.

*Note: The Department expects to address capacity building in detail during the December Tailored Care Management TAG meeting.*

***Correction:***

- The Department designed the capacity building program to **allow providers to receive some funding from future Tailored Plans in advance of spending**, to ensure "start-up" funding for important capacity building activities.
- Following the approval of their distribution plans, future Tailored Plans will receive their first capacity building payment from the Department; future Tailored Plans can use these funds to provide start-up funding to AMH+ practices and CMAs.
- To access funds, providers must participate in a capacity building needs assessment administered by future Tailored Plans and, on an ongoing basis, meet a series of targets demonstrating progress towards achieving specific capacity building milestones.
- Providers will receive their first distribution of capacity building funds only once they are certified as an AMH+ practice or CMA.
- More details on the capacity building program are available here: https://medicaid.ncdhhs.gov/transformation/tailored-care-management/tailored-care-management-capacity-building-program

# Tailored Care Management Misconceptions

**For Discussion**

1. What other misconceptions are you hearing from consumers/families, providers, future Tailored Plan colleagues, or other stakeholders about the Tailored Care Management model?

2. What questions do you have about the Tailored Care Management model?

# Public Comments

# Next Steps

# Next Steps

**Tailored Care Management TAG Members**

- Share today's discussion key takeaways with your networks
- Begin considering potential organization members for Tailored Care Management TAG Data Subcommittee

**Department**

- Discuss feedback received during today's Tailored Care Management TAG meeting
- Prepare for December 17th Tailored Care Management TAG session

# Tailored Care Management TAG Meeting Cadence

**Tailored Care Management TAG meetings will generally take place the last Friday of every month from 3-4 pm ET, with an exception due to the holidays in December.**

***Upcoming 2021 Meetings***

Friday, December 17
3:30 – 4:30 pm ET

***2022 Meetings, through End of Tailored Care Management TAG Year One***

January 28, February 25, March 25, April 22, May 27, June 24, July 22, August 26, September 23