WEBVTT

1
00:00:29.340 --> 00:00:31.980
Mario Schiavi: Thank you for joining today's program will begin shortly.

2
00:01:27.960 --> 00:01:40.380
Mario Schiavi: hello, and welcome to today's webinar my name is Mario and i'll be in the background answering any technical questions if experience difficulties during this session, please type your question into the Q amp a section and a producer will respond.

3
00:01:41.820 --> 00:01:48.270
Mario Schiavi: We will be holding a Q amp a session during today's webinar we encourage you to submit written questions at any time, using the Q amp a panel.

4
00:01:48.780 --> 00:01:55.200
Mario Schiavi: located at the bottom of the zoom webinar viewer please type your questions in the text field and click send.

5
00:01:55.680 --> 00:02:03.450
Mario Schiavi: Should you wish to view closed captioning during the program please click CC at the bottom of your zoom window will enable or hide subtitles.

6
00:02:04.410 --> 00:02:11.730
Mario Schiavi: During today's event our participants remain in listen only mode and with that, like to get started, we hope you enjoyed today's presentation.

7
00:02:12.390 --> 00:02:24.750
Mario Schiavi: And down like two minutes per speaker for today crystal Hilton associate director for population health North Carolina medicaid quality and population health crystal now before.

8
00:02:26.940 --> 00:02:34.200
Krystal Hilton: Good afternoon, everyone and welcome to the third installment of our killer care management provider training series.

9
00:02:35.010 --> 00:02:47.520
Krystal Hilton: Today we have a focus on health information technology requirements and data sharing, but as you see, on the screen do have a wealth of instructional segments, that we will be offering in upcoming sessions.

10
00:02:48.720 --> 00:02:49.500
Krystal Hilton: Next slide please.

11
00:02:52.980 --> 00:02:57.450
Krystal Hilton: During the days session and time permitting next lot.

12
00:02:59.790 --> 00:03:09.930
Krystal Hilton: During today's session we will be holding a question answer session so that as Mario share before you'll be able to enter questions into the Q amp a box at the bottom of the screen.

13
00:03:11.250 --> 00:03:20.760
Krystal Hilton: And if you'd like information more information quantitative care management program you're able to utilize the medicaid caillat care management web webinar for questions.

14
00:03:21.270 --> 00:03:34.800
Krystal Hilton: i'm sorry that email box for questions that's listed here on the screen and you'll also be able to visit the key management website that the department hosts that link is also at the bottom of this slide next slide please.

15
00:03:37.260 --> 00:03:42.990
Krystal Hilton: Also, the tailored care management program is supported by a variety and a large number.

16
00:03:43.320 --> 00:03:52.980
Krystal Hilton: of staff and partners across the different divisions of the of the Department of Health and human services joining me today excellent centers.

17
00:03:53.280 --> 00:04:00.450
Krystal Hilton: Are Kelly crotty the chief quality officer for North Carolina medicaid within the quality and population health section.

18
00:04:01.230 --> 00:04:16.920
Krystal Hilton: When dylan Surat the senior program manager for special populations, also within the milk Atlanta medicaid quality and population health session and Chris wedding director of practice support for North Carolina a tech next slide please.

19
00:04:18.810 --> 00:04:27.420
Krystal Hilton: As I mentioned before today's segment is featuring health information technology requirements and data sharing strategies.

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00:04:27.990 --> 00:04:39.300
Krystal Hilton: But we will have a special emphasis on and we will talk through the day data strategy source document key provider health information technology requirements.

21
00:04:39.990 --> 00:04:46.140
Krystal Hilton: And data exchange requirements will talk through to the care management provider risk stratification.

22
00:04:46.590 --> 00:04:56.580
Krystal Hilton: and support and resources that are available to providers and, lastly, and most importantly, we will have a question and answer session will you be able to offer questions.

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00:04:56.880 --> 00:05:04.680
Krystal Hilton: And we can make sure that we are communicating the information, clearly, and you will have a clear understanding of what the requirements actually are.

24
00:05:05.490 --> 00:05:21.330
Krystal Hilton: Please note that we are having a focus today on the health information technology and data exchange requirements, we will be holding a future training on detailed data specifications for the tailor care management model next slide.

25
00:05:23.760 --> 00:05:33.210
Krystal Hilton: Okay, I will now turn over the presentation to Glen rock the senior program manager for special populations.

26
00:05:34.770 --> 00:05:35.850
Gwendolyn Sherrod: Thank you crystal.

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00:05:37.110 --> 00:05:46.050
Gwendolyn Sherrod: I want to talk a little bit about the Taylor career management data source documents biggest ready source documents next slide please.

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00:05:48.990 --> 00:05:50.250
Gwendolyn Sherrod: So we have.

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00:05:52.050 --> 00:06:15.300
Gwendolyn Sherrod: put all of our source documents on our Taylor care management web page, which is on the medicaid transformation website, and

so the Taylor care management provider manual is the primary source for a maze pleasant cma data exchange and HIV requirements.

30
00:06:16.590 --> 00:06:38.100
Gwendolyn Sherrod: The Taylor career management data strategy faq and care management data system guide may also be helpful, resources and we have added screenshots of the initial pages of these document, and these are all listed on our Taylor care management web page.

31
00:06:40.170 --> 00:06:44.940
Gwendolyn Sherrod: And we have included the link in the bottom, so when you.

32
00:06:46.410 --> 00:06:53.010
Gwendolyn Sherrod: say so you'll be able to access the documents directly next slide please.

33
00:06:55.980 --> 00:07:02.670
Gwendolyn Sherrod: i'm going to be handing it over to Kelly crosby to talk about the key.

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00:07:05.730 --> 00:07:08.310
Gwendolyn Sherrod: AMA AMA tati requirements.

35
00:07:14.610 --> 00:07:17.730
Kelly Crosbie: hello, and thank you so much hi everyone, this is Kelly crosby.

36
00:07:18.750 --> 00:07:34.950
Kelly Crosbie: And I am the chief quality officer here at North Carolina medicaid so as Glenn and crystal shared today we're going to talk about the health information technology requirements for advanced medical home classes and career management agencies next slide please.

37
00:07:37.440 --> 00:07:50.940
Kelly Crosbie: So everything i'm going to say tj has actually appeared already in our guidance, so, in the main goal that we shared in a technology paper that when shared in the faqs that Quinn shared.

38
00:07:51.750 --> 00:08:07.200
Kelly Crosbie: This is just walking through those documents so there's not a lot of new things here, but we are walking through those documents will want to do our best to unpack them for you and also TEE up some additional information that will be sharing in the later section so.

39
00:08:08.370 --> 00:08:15.630
Kelly Crosbie: H plus practices and care management agencies have to meet the following H I T requirements prior to tailored plan lunch.

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00:08:16.260 --> 00:08:25.470
Kelly Crosbie: So first just to be certified or just the fastest review his name H plus or cma you've got to have an electronic health record So hopefully folks know that by now.

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00:08:26.370 --> 00:08:36.420
Kelly Crosbie: In order to do Taylor care management, you also have to have a care management data system and once nc care 360 is certified as operational statewide.

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00:08:37.200 --> 00:08:45.570
Kelly Crosbie: Taylor care management agencies will also be required to use nc care 316 now, how does the cma or an H plus meet these requirements.

43
00:08:46.170 --> 00:08:51.600
Kelly Crosbie: You can implement your own system so that's fine and we're going to unpack these systems, a little bit more, you can implement your own system.

44
00:08:52.050 --> 00:08:57.210
Kelly Crosbie: You can actually partner with a clinically integrated network or another partner like a technology partner.

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00:08:57.720 --> 00:09:11.250
Kelly Crosbie: So you can just purchase technology for someone or you can join a system and use something like a consolidated platform a consolidated analytics or you can use the Taylor plans care management data system, so there were several options.

46
00:09:12.360 --> 00:09:14.670
Kelly Crosbie: To meet these requirements and we're fine with all three.

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00:09:15.900 --> 00:09:16.680
Kelly Crosbie: Next slide please.

48
00:09:18.600 --> 00:09:23.160
Kelly Crosbie: So what is the clinically integrated network or other partner, and how can they help so.

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00:09:24.060 --> 00:09:33.000
Kelly Crosbie: This is what it means for us so clinically integrated network or other partner is an organization with which an H plus practice or a care management agency can partner.

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00:09:33.360 --> 00:09:42.330
Kelly Crosbie: To help them meet tailored care management requirements Now let me flag there's going to be a later session in this series that breaks down clinically integrated network, a little bit more.

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00:09:42.750 --> 00:09:54.870
Kelly Crosbie: And, but I do want to touch on them today, because for most most agencies who are applying or have applied and a technology partner or a clinically integrated network is actually.

52
00:09:56.190 --> 00:10:03.540
Kelly Crosbie: fairly important for a lot of folks but not all folks who have applied some picture doing this themselves, so what on earth can it clinically integrated network do for you.

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00:10:03.870 --> 00:10:09.840
Kelly Crosbie: Well let's start with technology i'm going to go out of order on the bullets because today's session is actually about technology.

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00:10:10.440 --> 00:10:18.120
Kelly Crosbie: So one of the biggest ways that a clinically integrated network or other partner can help you is to meet the health information technology requirements.

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00:10:18.510 --> 00:10:25.290
Kelly Crosbie: And quite simply said they can do all your data exchanges for you, so all the data exchanges between you and the tailored.

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00:10:25.950 --> 00:10:31.200
Kelly Crosbie: plan, they can warehouse all the data that Taylor plans going to send you because it's going to be a lot of data.

57
00:10:31.710 --> 00:10:35.790
Kelly Crosbie: They can help you to your analytics for care management, they can host your care management platform.

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00:10:36.360 --> 00:10:42.090

Kelly Crosbie: we're going to talk about all of those things today, but a lot of times that's why people choose to partner with a clinically integrated network.

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00:10:42.570 --> 00:10:52.290
Kelly Crosbie: Now, something that we will talk about it earlier session are also some of the other functions so don't think of a clinically integrated network, just as your technology partner.

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00:10:52.800 --> 00:11:03.450
Kelly Crosbie: let's talk about the name clinically integrated network for a second it's a clinically integrated network, so the notion is, this is a network of other providers to to join live.

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00:11:04.500 --> 00:11:05.670
Kelly Crosbie: So you can actually.

62
00:11:06.690 --> 00:11:13.020
Kelly Crosbie: collaborate on patient care they can offer guidance or consultation in areas that are not your specialty.

63
00:11:14.010 --> 00:11:28.110
Kelly Crosbie: So it's actually it's a important group that you could use for consultation and support, and it could be the primary care practice that you want to coordinate with on before members assigned to you for Taylor care management so.

64
00:11:29.430 --> 00:11:44.190
Kelly Crosbie: They can provide pharmacy consultation psychiatry consultation primary care consultation so clinically integrated network can be used in many ways to help you meet the requirements to be a tailor to care management.

65
00:11:46.290 --> 00:11:46.860
Kelly Crosbie: agency.

66
00:11:48.300 --> 00:11:58.410
Kelly Crosbie: And there's a box in the bottom, because you know we always think about stewardship and technologies kind of like the biggest cost that most folks are going to.

67
00:11:58.980 --> 00:12:10.890
Kelly Crosbie: have to implement the tailor care management model so working with a clinic clinic network or working together as a clinically

integrated network with your with your partners with your clinical partners.

68
00:12:11.310 --> 00:12:23.310
Kelly Crosbie: Really allows you to leverage some really expensive technology and so that is one really good reason to actually partner, so you can work collectively and purchase technology collectively.

69
00:12:24.540 --> 00:12:25.080
Kelly Crosbie: Next slide.

70
00:12:27.510 --> 00:12:36.750
Kelly Crosbie: So who can be a ci n or other partner, so there are many forms clinically integrated network has just kind of a generic term is kind of a generic category so.

71
00:12:37.530 --> 00:12:42.840
Kelly Crosbie: Many of our hospital systems, probably all of our hospital systems are clinically integrated networks themselves.

72
00:12:43.350 --> 00:12:49.020
Kelly Crosbie: So they have primary care practices they thought specialist they thought behavioral health providers and.

73
00:12:49.500 --> 00:13:00.840
Kelly Crosbie: substance use providers that are all part of their network of care their network of positions and most of these network of physicians also have technology platforms and analytics and data warehouses.

74
00:13:01.440 --> 00:13:08.640
Kelly Crosbie: So there are lots of clinically integrated networks that are just part of hospital or healthcare delivery systems we have many of those North Carolina.

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00:13:10.200 --> 00:13:17.070
Kelly Crosbie: And some cases we just have Community lead integrated integrated delivery network so there's no hospital affiliation, but it's the very same thing.

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00:13:17.400 --> 00:13:24.780
Kelly Crosbie: it's a group of independent physicians and primary care practices and and obese and behavioral health providers and substance use providers.

77
00:13:25.050 --> 00:13:35.340
Kelly Crosbie: And ID and https providers who collectively work together within a community to support a group of Members and you share clinical information, you can float with one another.

78
00:13:35.700 --> 00:13:38.820
Kelly Crosbie: And so, that is a clinically integrated network as well.

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00:13:39.630 --> 00:13:54.030
Kelly Crosbie: We have different independent practice associations and managed service organization, some of you may actually apply for this, you may be part of an association and that association provide services and supports for you everything from technology support to lobbying to.

80
00:13:55.170 --> 00:14:10.590
Kelly Crosbie: process the port, so you made along to an entity like that or or provides like background functions like billing so that that counts, to you as a partner that you might want to work with, and it could just be technology vendor you might do the entire career management model yourself.

81
00:14:12.060 --> 00:14:22.530
Kelly Crosbie: Have contracts for consultants, they can help you but you do with a tech work with a technology vendor who supports the care management platform and supports your electronic health record so that just just enter their.

82
00:14:23.010 --> 00:14:33.240
Kelly Crosbie: person that could be a potential other partner, of course, want to emphasize, to the detailed plan could also be your partner for technology, so you can lease.

83
00:14:33.510 --> 00:14:41.250
Kelly Crosbie: or work on the tailored plans care management platform as well they're building the very same or they have the very same platforms in order to support Taylor care management.

84
00:14:42.090 --> 00:14:51.630
Kelly Crosbie: So when we were doing listening sessions earlier in the year, a lot of practices that we talked to a really interested in doing telecom management were wondering who on earth, they could partner with.

85
00:14:52.950 --> 00:15:00.360
Kelly Crosbie: To get this technology platform and these analytics and the data warehousing and all the data integration work done.

86
00:15:00.720 --> 00:15:11.790
Kelly Crosbie: And so we actually put out and open paper, hopefully, many folks on the on this call, remember that we put out an open call for any clinically integrated network or technology partner.

87
00:15:12.420 --> 00:15:20.400
Kelly Crosbie: To be able to send us information wasn't an application so much, but as a quest for information, we said hey clinically integrated network for technology group.

88
00:15:21.120 --> 00:15:26.760
Kelly Crosbie: If you can provide some services that would support or tailored care management providers, let us know.

89
00:15:27.060 --> 00:15:34.260
Kelly Crosbie: Give us your information, tell us what services and supports you offer, and we will publish those and on this slide you actually see the link for that, so we have.

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00:15:34.950 --> 00:15:43.440
Kelly Crosbie: We put it out for anyone, and all that is not an endorsement of any of those agencies, it is merely fix you raise their hand and said I see your model I feel like I can support your model.

91
00:15:43.740 --> 00:15:57.450
Kelly Crosbie: Here are the ways I can support your model, and all we did was published that information for PICs you raise their hand that's not an endorsement, but we were trying to help gather some information for folks who were ready and able to do this.

92
00:15:58.800 --> 00:16:06.450
Kelly Crosbie: prefix you are watching the standard plan system to We have lots of clinically integrated network North Carolina and.

93
00:16:07.620 --> 00:16:16.650
Kelly Crosbie: Summer affiliate with hospital systems and some art and the health information technology required to be an advanced medical home, for example, is quite similar.

94
00:16:17.580 --> 00:16:29.820
Kelly Crosbie: To the health information technology required to be a tailored care management provider, there are differences there are there are, and I would call them additional things that are needed to support members in a detailed plan.

95
00:16:30.510 --> 00:16:38.490
Kelly Crosbie: But the lot of the the the base requirements in the base file formats, are the same and we've done that very purposefully.

96
00:16:39.120 --> 00:16:48.870
Kelly Crosbie: we're going to talk a little bit more about those file formats and that really led technology stuff at a later session not today but i'll certainly allude to them i'll show you some places where those things are very standardized and again.

97
00:16:49.230 --> 00:17:00.000
Kelly Crosbie: they're not only standardized within this system, but their standardized across the system, so their standard us retailer plans in standard plans and advanced medical all right next slide please.

98
00:17:02.100 --> 00:17:09.330
Kelly Crosbie: So let's unpack a little bit the health information technology requirements there's three technology things that we talked about at the very beginning.

99
00:17:09.630 --> 00:17:20.610
Kelly Crosbie: So the first is in order to even apply and be certified to be a Taylor care Management Agency, you need a health and electronic health record, excuse me many folks do over the past.

100
00:17:21.390 --> 00:17:32.520
Kelly Crosbie: Probably the past decade, a lot of folks have been implementing clinical records, rather than paper records to do everything from record assessments and clinical notes.

101
00:17:34.800 --> 00:17:44.340
Kelly Crosbie: capture treatment plans so many of you had electronic health records it's just wonderful, but in order to be a Taylor care Management Agency you've just got to have an electronic health record next slide please.

102
00:17:47.640 --> 00:17:52.320
Kelly Crosbie: So, you also have to have a care management data system and we kind of use a really generic term for that.

103
00:17:53.220 --> 00:18:00.870
Kelly Crosbie: Some people's electronic health records will also serve and have all the functionality, you need to also be a care management system that's great right.

104
00:18:01.380 --> 00:18:10.170
Kelly Crosbie: You can manage your electronic health record already collects notes you already have assessments in it, in order to keep treatment plans in it.

105
00:18:10.950 --> 00:18:20.250
Kelly Crosbie: So, this would serve really well this your care management data system, it can also be a separate system that may be, hopefully, is integrated with your ehr or it could just be a separate system.

106
00:18:20.820 --> 00:18:25.470
Kelly Crosbie: So that care management system has to have the following functionality.

107
00:18:26.040 --> 00:18:37.380
Kelly Crosbie: So you have to be able to have a document and and house Members who are actually enrolled into killer care management in your system or we're going to talk some about some data that feeds that in a moment.

108
00:18:37.950 --> 00:18:45.900
Kelly Crosbie: So you have to be able to record all the terror Taylor care management interactions and all the Members and Taylor career management have to be able to be housed within their child care management system.

109
00:18:46.410 --> 00:18:53.580
Kelly Crosbie: It has to be able to electronically document and store comprehensive assessments, you have to be able to do your comprehensive assessment in it and store it.

110
00:18:54.060 --> 00:18:59.700
Kelly Crosbie: You have to be able to do your individual service plan or your care plan within it has to be stored there.

111
00:19:00.660 --> 00:19:13.740
Kelly Crosbie: It also has to have a warehouse, it has to be able to ingest and store all the claims and counter data Member eligibility information that you're going to get from a tailored plan that they're going to get from us, it has to be able to be warehouse and stored within your system.

112
00:19:15.120 --> 00:19:21.030

Kelly Crosbie: So, and it just has to be able to electronically share and access all the information that I just mentioned.

113
00:19:21.600 --> 00:19:27.780
Kelly Crosbie: So all that documentation, you might do like your management your care plan your care assessment those things must be in the care management system.

114
00:19:28.560 --> 00:19:40.110
Kelly Crosbie: Care managers have to be able to access that stuff you have to be able to access that stuff to pull data and reports to tailored plans to share like a care plan with the character number, so it has to be able to house all the information.

115
00:19:41.040 --> 00:19:47.010
Kelly Crosbie: You has to be something you can document in and then you have to be able to extract and level that information next slide.

116
00:19:49.500 --> 00:19:59.850
Kelly Crosbie: So the measurement like why why this is a bit of a why slide right, so the queue management system should allow managers to do things like identify risk factors for individual Members so.

117
00:20:00.420 --> 00:20:11.340
Kelly Crosbie: um and monitor and respond to changes in a members, health, so let me use that one for a second, so I mentioned, it has to warehouse a lot of information, it has to be able to document a care plan so.

118
00:20:12.030 --> 00:20:17.220
Kelly Crosbie: Something that the the information system should be able to do is a care manager, should be able to look up.

119
00:20:18.060 --> 00:20:28.770
Kelly Crosbie: Based on those claims and Members other health information he should be able to tell like Oh, the person had is receiving treatment for these things are going to another provider for these things.

120
00:20:29.310 --> 00:20:40.800
Kelly Crosbie: And it's time that they had this checkup or this immunization so that data is to help the care manager be more effective, with their job.

121
00:20:41.610 --> 00:20:50.040

Kelly Crosbie: We also have a little note that says, monitor and Members medication adherence so you'll get information as a career Management Agency on the medication someone is on.

122
00:20:50.370 --> 00:20:56.040
Kelly Crosbie: The phils every time they fill their medication, so you can help them Member understand the medications they're on.

123
00:20:56.400 --> 00:21:05.400
Kelly Crosbie: And you can help them if they missed picking up a medication, so you know, maybe that's a conversation with the Member, I noticed you didn't pick up his medication you've been on for a very long time.

124
00:21:05.760 --> 00:21:10.020
Kelly Crosbie: And that might be something you could help them with maybe there's a barrier to them picking up the medication, for example.

125
00:21:10.740 --> 00:21:16.020
Kelly Crosbie: So all that clinical information that you're going to get from claims it's actually really important that it's hard.

126
00:21:16.410 --> 00:21:30.600
Kelly Crosbie: And it's usable for care managers that's why you're getting it getting all that claims information to it's usable for a care manager so because of that that that data you're going to get that really should help inform how it came in as you're able to engage with a member.

127
00:21:31.620 --> 00:21:42.750
Kelly Crosbie: You also need a system, as I mentioned, should help you create actionable care plans back those care plans so track some more mundane things, if you will, like oh.

128
00:21:43.170 --> 00:21:47.730
Kelly Crosbie: it's actually time to update the care plan for example it's time for a team meeting.

129
00:21:48.630 --> 00:21:56.400
Kelly Crosbie: So your system should be able to help you know, and to do those things to update the update that the care plan um.

130
00:21:57.150 --> 00:22:05.610
Kelly Crosbie: If your your system should be able to help you track referrals like I made a care plan and I made referral somewhere Oh, and I noticed.

131
00:22:06.420 --> 00:22:16.710
Kelly Crosbie: That there's something missing here there's a gap or that's something happen so how's your how's your system allowing you to use the data that you're getting to track things like gaps in care.

132
00:22:18.060 --> 00:22:26.610
Kelly Crosbie: It should allow you to create reports, when you need to about the care records and again this can be processed reports or clinical reports right, so you get a process report of.

133
00:22:27.090 --> 00:22:32.490
Kelly Crosbie: Everybody that needs a care plan update this month right, so you know everyone who should get a care plan update this month.

134
00:22:32.880 --> 00:22:43.500
Kelly Crosbie: But also can help you keep a list of like all these things needed a well visit and in the next three months, how do I alert and help them remember to get to their their well visit with their primary care provider.

135
00:22:44.730 --> 00:22:52.290
Kelly Crosbie: All of this is really informed you see an Asterix there by data analytics right so again you're getting all of that data you gotta care management platform.

136
00:22:52.620 --> 00:22:57.840
Kelly Crosbie: How does your system use data analytics and reporting help inform the care management process.

137
00:22:58.290 --> 00:23:03.300
Kelly Crosbie: And finally, like all of this information, there will be reporting that you've got to do.

138
00:23:03.570 --> 00:23:09.780
Kelly Crosbie: you'll have to do reporting to the tailor plan we're going to standardize as much as as possible there's actually a lot of points of standardization there.

139
00:23:10.170 --> 00:23:20.580
Kelly Crosbie: So you'll be able to share things like the number of care management encounters that you had when a care plan was completed when a comprehensive assessment is completed, while the standardized way for sharing that information.

140
00:23:21.210 --> 00:23:30.420
Kelly Crosbie: In some cases, you might have to pull information out of your system for quality measure that's to be determined we try to have most of our quality measures.

141
00:23:32.580 --> 00:23:46.500
Kelly Crosbie: beat to be calculated from claims, but there might be instances where we pick a quality measure that has more to do with care management interaction, so we have to be able to get data out of your system, you have to be built to get data out of your system to be able to report this.

142
00:23:48.390 --> 00:23:49.170
Kelly Crosbie: Next slide please.

143
00:23:51.540 --> 00:23:57.510
Kelly Crosbie: So, the last thing is using nc Kathy 16 so and si K if you're 60 I hope you know it's really, really important.

144
00:23:58.920 --> 00:24:12.630
Kelly Crosbie: i'm ED is the number of users statewide is growing and growing, the number of resources and ncqa 360 and communities are growing and growing and it's really important for those of you that don't know and he can 360 is.

145
00:24:13.260 --> 00:24:19.860
Kelly Crosbie: it's a platform that you are able to make referrals and do warm handoff to entities.

146
00:24:20.550 --> 00:24:27.840
Kelly Crosbie: So you can help meet the needs of the people that you're supporting through care management that's food, housing resources.

147
00:24:28.140 --> 00:24:44.310
Kelly Crosbie: Inner personal safety resources transportation resources there's lots of wonderful Community resources and then seek your 362 Of course we want our care management agencies to be using nc carefree 60 so you'll be able to do referrals and track that those referrals were actually.

148
00:24:45.420 --> 00:24:47.190
Kelly Crosbie: captured they were captured.

149
00:24:48.390 --> 00:24:54.690

Kelly Crosbie: That loop was closed in the referral, and the Members actually getting the service that you referred them to so.

150
00:24:55.260 --> 00:25:01.890
Kelly Crosbie: Again, once that system is really well integrated statewide it's available statewide.

151
00:25:02.340 --> 00:25:13.290
Kelly Crosbie: We are going to require that all of our care management agencies in your tailor plan your standard plan you want everyone using nc CCO 360 so it will be the same requirement across all of our care management programs.

152
00:25:14.490 --> 00:25:15.300
Kelly Crosbie: Next slide please.

153
00:25:18.180 --> 00:25:33.540
Kelly Crosbie: So let's talk about key a major plus practice and cma data exchange requirements, so the first part was a lot about best systems, you have to have an ehr you have to have a care management system, which has a warehouse and should have some analytics.

154
00:25:34.560 --> 00:25:38.700
Kelly Crosbie: And then you if you have an unsecured through 60 available to you, please, start using it.

155
00:25:39.450 --> 00:25:51.150
Kelly Crosbie: And once it is available statewide we will say you must use it so those are kind of like the three buckets let's talk about the actual data exchanges, I mentioned them quite a bit in the preceding slides but let's unpack them a little bit right.

156
00:25:52.350 --> 00:26:03.420
Kelly Crosbie: So, within the the manual and and the data strategy documents and the FA cues that Glenn shared we talked about key pieces of information that.

157
00:26:04.440 --> 00:26:07.470
Kelly Crosbie: We think is kind of fundamental to doing care management.

158
00:26:09.090 --> 00:26:17.790
Kelly Crosbie: So we talked about Member assignment information Member claims and encounter data and acuity tearing and risk stratification data.

159
00:26:18.270 --> 00:26:25.950
Kelly Crosbie: there's a little one this if you can't see it you'll see it when you get the slide deck there's a little note there's a one note beside all of those.

160
00:26:26.850 --> 00:26:41.370
Kelly Crosbie: Those pieces of information start at DHS go to the tailored plan and then go to you as an agency, we use a standardized file format for sharing that information.

161
00:26:42.030 --> 00:26:48.540
Kelly Crosbie: will use this same standardized format for sharing that information that we do in our standard plan system in our advanced medical system.

162
00:26:49.380 --> 00:26:56.220
Kelly Crosbie: So when we say Member assignment information you'll get lots of information that we haven't medicaid right information we have.

163
00:26:56.790 --> 00:27:05.190
Kelly Crosbie: With a Member is with your medicaid ideas, all the contact information we have, if it's a child either guardian is will send you their primary care provider.

164
00:27:05.880 --> 00:27:17.760
Kelly Crosbie: He will also have things like the you know lots of date ranges for when they're eligible for medicaid and when they're eligible for their permit Cuba but we standardized I think that's The thing that I really want to buy this, it will be standardized.

165
00:27:18.720 --> 00:27:26.790
Kelly Crosbie: They can think claims and encounter data so in order to be really well informed and to do really good analytics we really want you to have a lot of claims data.

166
00:27:27.120 --> 00:27:33.870
Kelly Crosbie: We really think that helps a lot, because it can be really challenging to remember to remember all the care that they're getting everywhere at all the medications that they're getting everywhere.

167
00:27:34.260 --> 00:27:41.730
Kelly Crosbie: So first you'll get a bunch of historical data via lots of historical data and it won't just be behavioral health or substance use data or ID data.

168
00:27:42.180 --> 00:27:51.960
Kelly Crosbie: It will be pharmacy data and dental data and physical health data and hospitalization data, so they did we have we will share with the tailor plans and they will share them with you so you'll get.

169
00:27:53.220 --> 00:28:03.330
Kelly Crosbie: A lot of historical data that's the warehouse so you need a warehouse destroy this historical data and to start building the information that you want your care managers to have.

170
00:28:03.840 --> 00:28:16.830
Kelly Crosbie: and thereafter you'll get it with routine frequency um I think it's every month, I think he claims you don't quote me on that because we actually have a session, where we unpack with that, but again standardized file format for how you get this data.

171
00:28:18.420 --> 00:28:29.190
Kelly Crosbie: acuity taryn risk stratification we're going to talk a little bit more about risk stratification and leader side but acuity tearing We talked a lot about the qt cheering because acute attarian drives the number of contacts and also.

172
00:28:29.760 --> 00:28:39.960
Kelly Crosbie: drives the rate, so you need to understand the acuity tears we calculate the curators at the state, we send them to tailor plans and they will send them to you for your assigned numbers.

173
00:28:40.830 --> 00:28:52.620
Kelly Crosbie: Again, that will follow a standardized format for which you'll get the acuity tier of each member, so the thing I really want to emphasize is that you won't have to learn six different formats you'll have the same format.

174
00:28:54.000 --> 00:29:04.080
Kelly Crosbie: And we have started walking the tailor plants through those formats, we will be posting them when already shared some documents we push it we will post those standardized format.

175
00:29:04.860 --> 00:29:16.080
Kelly Crosbie: um and we will be providing additional training on those formats, but again, for those of you that are very familiar with the mh model or the standard plan model.

176
00:29:16.530 --> 00:29:25.230

Kelly Crosbie: Those formats for sharing Member information claims information they're the same acuity sharing something new that's really new to the table plan, but we are seeing.

177
00:30:02.520 --> 00:30:08.100
Bryant Torres: Everyone it looks like we may have lost Kelly let's see if we can get her dial back in.

178
00:31:35.100 --> 00:31:36.930
Kelly Crosbie: hi everyone Brian back.

179
00:31:38.400 --> 00:31:40.380
Bryant Torres: Great yes, thank you Kelly.

180
00:31:41.100 --> 00:31:41.730
Bryant Torres: We can hear ya.

181
00:31:43.470 --> 00:31:56.430
Kelly Crosbie: I don't know that was a that was an active intro everyone i'm i'm sorry for that to should I pick up where I left off on its own and take over my system shutdown um but I apologize That was really strange without warning.

182
00:31:56.730 --> 00:31:57.570
Kelly Crosbie: message and said she.

183
00:31:58.230 --> 00:31:59.160
Kelly Crosbie: went away so.

184
00:31:59.190 --> 00:32:03.060
Bryant Torres: You logged on right as you were going to take over so um it's.

185
00:32:03.120 --> 00:32:04.320
Bryant Torres: Okay yeah.

186
00:32:05.070 --> 00:32:15.630
Kelly Crosbie: audience I apologize That was really unfortunate and and unusual so sorry for that so so back to you, I was on acuity attarian rest stratification is that recall so again.

187
00:32:15.990 --> 00:32:25.620

Kelly Crosbie: we'll do the acuity team will share it with a plan so i'll share it with you in a standardized format, so the other Su quality measure performance and other data there's really no standardized way to share quality measure performance.

188
00:32:26.160 --> 00:32:32.730
Kelly Crosbie: For those of you that are tracking and I hope all of you are we haven't quite yet picked what the full quality measure set is going to be for Taylor K management.

189
00:32:32.940 --> 00:32:38.640
Kelly Crosbie: going to be a small set it's going to be a set we feel like Taylor care management can really impact right we all want that.

190
00:32:39.030 --> 00:32:44.280
Kelly Crosbie: don't want a million measures, what you can do with a million measures we really want really a couple key measure Shell focusing on.

191
00:32:44.790 --> 00:32:50.970
Kelly Crosbie: And in order for you to be effective, with this quality measures you'll need to understand how you're tracking on this quality measures, how you going.

192
00:32:51.360 --> 00:32:56.760
Kelly Crosbie: every quarter you doing well in that quality measure and annually, how did you do for the Members assigned to him that quality measure so.

193
00:32:57.150 --> 00:33:06.390
Kelly Crosbie: That kind of data will be shared with you, and once we determine them us, we will definitely have conversations about is there a way to standardize the way we share that quality information with you right.

194
00:33:06.960 --> 00:33:11.430
Kelly Crosbie: You know, be a small set of Members there's not really a good industry standard way to share quality measures.

195
00:33:11.850 --> 00:33:19.350
Kelly Crosbie: But is there a nice simple spreadsheet that we can use across all tailored plan so you can get a simple format about how your quality measures looking.

196
00:33:20.160 --> 00:33:25.560

Kelly Crosbie: Other didn't support Taylor care management there's not an industry standard for how you share care plans.

197
00:33:26.160 --> 00:33:34.740
Kelly Crosbie: Or if you're doing a warm handoff with Members right a Member was in career management with another agency or with a tailored plan and they did a warm handoff to use to they want to send you the care plan and the assessment.

198
00:33:35.190 --> 00:33:44.340
Kelly Crosbie: that's going to happen you're going to have to have secure ways to share that kind of information we're trying to avoid kind of that wholesale sharing of big things for which there is nothing standard I.

199
00:33:45.090 --> 00:33:48.930
Kelly Crosbie: don't need to be sharing a lot of pdfs or things like that it's terribly helpful so.

200
00:33:49.680 --> 00:33:55.770
Kelly Crosbie: we're trying very hard so that's kind of what's going on the tailored plan, down to the image practice let's talk about what comes back up.

201
00:33:56.370 --> 00:34:06.600
Kelly Crosbie: So of course tailored care management practices will have to share information with the tailored plan you'll have to share contacts right, we need to monitor contacts.

202
00:34:07.290 --> 00:34:17.670
Kelly Crosbie: But you know we're going to move away from that sometime in the future right, but for now we've got to monitor contacts and make sure folks are following the contacts we we collect context to for advanced medical homes just saying you know.

203
00:34:18.690 --> 00:34:26.220
Kelly Crosbie: Because it's actually quite important for us to to do things like check the rate make sure the rate is right actually the acuity cheering is right.

204
00:34:26.580 --> 00:34:34.080
Kelly Crosbie: Make sure we have a good sense of who's engaging and care management and on and how much it really helps us with evaluation purposes essentially regulatory function to.

205
00:34:34.500 --> 00:34:41.850

Kelly Crosbie: Put that tracking of care manager contacts will be done in a standardized way well actually utilize your report that we use utilize currently for advanced.

206
00:34:42.270 --> 00:34:46.950
Kelly Crosbie: homes and with senior plans to pull in care management contact information.

207
00:34:47.550 --> 00:34:58.620
Kelly Crosbie: Care management comprehensive assessments and care plans so right now i'm care plans needs to be made available right there's a lot of reasons that it's good, you need to make care plans available.

208
00:34:59.100 --> 00:35:04.170
Kelly Crosbie: killer diminishment to members of the care team to the Member themselves to their caregiver.

209
00:35:04.980 --> 00:35:13.980
Kelly Crosbie: So you need to be able to make those things available and you'll need to make them available to the tailored plan to but, again, we want to be sensible and we want them to be available.

210
00:35:14.670 --> 00:35:19.230
Kelly Crosbie: For treatment reasons, of course, for treatment or collaboration reasons, but sometimes for monitoring recently too.

211
00:35:20.250 --> 00:35:28.290
Kelly Crosbie: But we want to make sure that you have a way that they are available to be shared within your system currently the.

212
00:35:28.980 --> 00:35:37.470
Kelly Crosbie: Elements or that all care management agencies share their comprehensive assessment Taylor plans we got a lot of feedback about that, so I just want to highlight that one that we're looking at that.

213
00:35:38.070 --> 00:35:43.170
Kelly Crosbie: we're looking at the the sort of the rationale for sharing all comprehensive assessments, rather than.

214
00:35:43.530 --> 00:35:54.240
Kelly Crosbie: Making them something that is available to same thing available to the treatments available to the tailor plan available for collaborative that clinical collaboration is really important care management so.

215
00:35:54.660 --> 00:36:05.070
Kelly Crosbie: But put a pin in that one will come back to that one and the quality measure set so again we suspect that the quality measures we're going to align on are probably going to be more.

216
00:36:05.580 --> 00:36:12.000
Kelly Crosbie: things that we can just calculate through through claims or your Members getting there well visits just picking something quite generic right.

217
00:36:12.390 --> 00:36:21.750
Kelly Crosbie: Will calculate how to claims you won't need to send us any information so again we're trying to minimize the impact of reporting in the quality space.

218
00:36:23.310 --> 00:36:36.750
Kelly Crosbie: But that but that's tbd, but please know that notion of minimizing burden minimizing excessive reporting we're trying to be really mindful of these so again, that same goes across the bottom that Member Simon information.

219
00:36:38.070 --> 00:36:46.890
Kelly Crosbie: The Member claims and encounter data, the acuity teary Those are all things that will come through standardized data interfaces please look at that note on the bottom.

220
00:36:48.060 --> 00:36:49.500
Kelly Crosbie: there'll be posted.

221
00:36:51.270 --> 00:36:54.420
Kelly Crosbie: will be shared with the tps don't we shared with you will be posted.

222
00:36:55.200 --> 00:37:10.020
Kelly Crosbie: will walk through them with you you'll get your data folks on the phone and you'll analyze them and you ask questions about them and really smart data, people who are not me or go walk through all those fields and appointments with y'all and and but that goal, really is to.

223
00:37:11.520 --> 00:37:16.800
Kelly Crosbie: The goal really is to standardize use industry standard format for those things.

224
00:37:17.550 --> 00:37:23.220

Kelly Crosbie: We all share claims and Member information, we should all do it in the same way systems are set up to do things in the same way.

225
00:37:23.550 --> 00:37:39.540
Kelly Crosbie: We want to align as much as we can with all the data sharing, that we do with tps and SPS and they do with the field, so the goal is really to to standardize and minimize abrasion and minimize you know customized or complex technology interfaces okay next slide.

226
00:37:42.390 --> 00:37:50.520
Kelly Crosbie: So this is honestly I don't think I need to go through this again, but this is just another.

227
00:37:51.120 --> 00:38:02.340
Kelly Crosbie: Explanation of kind of those things I walked through already what is in the Member assignment information what is in the Member claims and encounter information what is in the acuity tearing information so.

228
00:38:04.650 --> 00:38:10.320
Kelly Crosbie: Again, this will be standardized formats and they will have specific fields.

229
00:38:11.400 --> 00:38:20.910
Kelly Crosbie: And you'll get fairly robust data in the Member data there's something really model code on the Member data, we do have a source of truth that we use for a Member data and some nails really important is.

230
00:38:21.360 --> 00:38:29.850
Kelly Crosbie: That does have lots of demographic information, as I mentioned, but also has information on race and ethnicity that's important because that's the data source that we use to.

231
00:38:30.270 --> 00:38:48.450
Kelly Crosbie: To stratify or quality measures by race and ethnicity so it's just want to highlight that, because the permission of health equity is incredibly important so that's a place you're going to find our standard source of race and ethnicity information so G information.

232
00:38:50.250 --> 00:38:54.540
Kelly Crosbie: And lots of lots of things in that Member assignment file but we'll walk you through that.

233
00:38:55.110 --> 00:39:04.380

Kelly Crosbie: And I think I hit all these claims and encounter acuity touring and restaurant will unpack that in a couple slides quality measure again that's really important for you.

234
00:39:04.950 --> 00:39:13.980
Kelly Crosbie: If you have a panel, or you have a group of however many 200 folks and care management and your quality measure happens to be.

235
00:39:14.790 --> 00:39:20.730
Kelly Crosbie: did all of the children that your care management get there well visit you need to know.

236
00:39:21.240 --> 00:39:31.350
Kelly Crosbie: You need your tailor plan to be giving you information on how how which children are missing, there was a switch children need a wealth is it so you can track and make sure you're talking to that quality measure.

237
00:39:32.820 --> 00:39:46.800
Kelly Crosbie: Okay um and I think i've talked about other information to you know sharing care plans and other clinical information as needed and as appropriate and also just again for total transparency members.

238
00:39:47.850 --> 00:39:55.170
Kelly Crosbie: it's truly important that Members in their kicker bus are very engaged half their care plans know their care plans and their care plans that they're very person centered so.

239
00:39:55.560 --> 00:40:06.030
Kelly Crosbie: I do want to highlight that that did it is paramount that we have ways for sharing sharing that with Member particular but also sharing them with care teams because hopefully we're having really great.

240
00:40:07.380 --> 00:40:09.690
Kelly Crosbie: Cross functional care teams next slide.

241
00:40:12.750 --> 00:40:19.950
Kelly Crosbie: So again, this this slide if I wanted to highlight anything on this slide when we talk about data acquisition and use.

242
00:40:20.640 --> 00:40:29.190
Kelly Crosbie: There is something new here on the exclamation point but just talking about the claims and encounter information, a bit I kind of give you some examples, but it just really important.

243
00:40:29.640 --> 00:40:38.610
Kelly Crosbie: That when we're sending you all this claim state, it is for recent want to make sure that you're in testing it and using it to help pop care alerts, for your Members.

244
00:40:39.900 --> 00:40:45.300
Kelly Crosbie: To really help you do really good care management and most good care management systems will do that for you.

245
00:40:45.780 --> 00:40:54.090
Kelly Crosbie: they'll take all they care management and they'll be able to highlight members, the issues for Members that you might want to talk with Members about.

246
00:40:54.930 --> 00:41:04.440
Kelly Crosbie: If they've missed a visit here there if they've missed a medication feel where they're if they're going to three different specialists and they they weren't able to articulate that to you.

247
00:41:05.340 --> 00:41:16.830
Kelly Crosbie: You can use that data to think about how you're helping them comprehensively with all of their needs things they might not know about, but the claims are going to help you understand this facets of the Members like.

248
00:41:17.640 --> 00:41:28.470
Kelly Crosbie: admission discharge and tria transfer information we didn't talk about this a bit yet, but this is incredibly important to So besides getting the clinical claims that data that the Taylor punch going to send you.

249
00:41:30.060 --> 00:41:37.650
Kelly Crosbie: You have to have a source of admission admission discharge and transfer information, it is exactly what it sounds like for people that don't know.

250
00:41:38.040 --> 00:41:47.610
Kelly Crosbie: This tells you information about your Members who are admitted to a hospital discharge and from a hospital for transferring between hospitals, why is that important.

251
00:41:48.120 --> 00:41:53.100
Kelly Crosbie: A super foundational part of all of our care management models and medicaid regardless of system that they're in.

252
00:41:53.580 --> 00:42:04.200
Kelly Crosbie: is helping Members with transitions know this is just one source i'm not saying there are plenty of other transitions that you won't find in an adt information right people like children.

253
00:42:04.680 --> 00:42:12.720
Kelly Crosbie: Children might move from a treatment foster care to back to Community and move into intensive in home that's an important transition and we want folks to have.

254
00:42:13.380 --> 00:42:25.170
Kelly Crosbie: Great care management and those transitions, but when folks are hospitalized in particular and that's that's huge that's a significant transition and it's a particular time of vulnerability, I know folks know this.

255
00:42:26.310 --> 00:42:33.570
Kelly Crosbie: But those are times we really want to make sure that the Members able to get back in the Community, get re engaged with their providers in a very timely fashion.

256
00:42:34.500 --> 00:42:42.090
Kelly Crosbie: get access and fill their medications get those medications maybe while they were in the hospital their electricity cook turned off or maybe.

257
00:42:43.110 --> 00:42:46.200
Kelly Crosbie: Part of the reason they were hospitalized was because of housing instability so.

258
00:42:47.640 --> 00:42:50.130
Kelly Crosbie: Information that tells you that someone is has been admitted.

259
00:42:50.640 --> 00:43:00.690
Kelly Crosbie: or they've been discharged it's really important to be able to catch a really high risk moment individual slave so we feel this is definitely requirement you've got to have an adp source.

260
00:43:01.620 --> 00:43:10.830
Kelly Crosbie: There are different adt sources that you can capitalize on within the state, you can get one, of course, through the north Carolina health information exchange that's.

261

00:43:11.250 --> 00:43:24.660
Kelly Crosbie: on earth kind of health connects there's, I believe, not only has adt information, but it also has alerts alerts for not just hospital, but other alerts to if someone's going to a specialist and things like that.

262
00:43:26.220 --> 00:43:33.750
Kelly Crosbie: There will never be a perfect at peace or so just let me, let me say that right, we often get, especially in the behavioral health space, a lot of feedback that.

263
00:43:34.260 --> 00:43:43.230
Kelly Crosbie: Will thanks for the adt information but that's really telling you when someone is being hospitalized for medical reason are hospitalized in a medical facility right um yeah.

264
00:43:44.160 --> 00:44:00.480
Kelly Crosbie: Okay, and that's awesome and I appreciate that adt information won't always be complete it's not going to tell you, information, maybe from every every psychiatric hospital in the state or or other other places where an individual might get discharged.

265
00:44:01.500 --> 00:44:09.630
Kelly Crosbie: agree agree it is not perfect, and I think folks are striving to make the data better and better and more comprehensive and recovery concept.

266
00:44:10.080 --> 00:44:15.600
Kelly Crosbie: But that doesn't mean that the data is not there isn't wonderful and full and rich and we really want you to use the data is there.

267
00:44:16.170 --> 00:44:20.130
Kelly Crosbie: And they don't want to never take the place of good old fashioned relationships right it won't.

268
00:44:20.550 --> 00:44:31.200
Kelly Crosbie: So there are still facilities within your communities that won't be part of a beauty feats and you will want to have a relationship with those facilities and know when your Members or admitted to a crisis unit somewhere.

269
00:44:31.830 --> 00:44:36.150
Kelly Crosbie: So you can help facilitate their discharge from a crisis unit, just to give one other example.

270
00:44:37.350 --> 00:44:38.070
Kelly Crosbie: All right next slide.

271
00:44:40.650 --> 00:44:48.600
Kelly Crosbie: So, again I sorry I didn't do a good job of flooding the slides unpack the information I kind of covered most of this too.

272
00:44:49.170 --> 00:44:58.620
Kelly Crosbie: So um again that last slide was information that Taylor plant will share with care management agencies or the last few slides and then how you might want to use that data.

273
00:44:58.980 --> 00:45:12.180
Kelly Crosbie: This slide is very much about what the tailor care Management Agency needs to send it back to the tailored plan so again the expectation she'll share care management contacts will have a standardized format for that again i'm.

274
00:45:13.410 --> 00:45:17.550
Kelly Crosbie: Just as part of Taylor career management you've got to do comprehensive assessment.

275
00:45:17.820 --> 00:45:24.030
Kelly Crosbie: Right now, the requirement is that all of this comprehensive assessments are shared back with a detailed plan again and there you have gotten a lot of feedback on.

276
00:45:24.450 --> 00:45:36.120
Kelly Crosbie: So we're looking at that requirement to stay tuned care plans and ISP this needs to be available, I think of stress that quite a bit, and if the Taylor plan needs to see them, you need to be able to show them.

277
00:45:37.260 --> 00:45:42.900
Kelly Crosbie: And if certainly again paramount importance that they are shareable with Members and their caregivers as appropriate.

278
00:45:44.280 --> 00:45:52.500
Kelly Crosbie: And then there might be times when you need to collect data for quality measurement and reporting, but again that's to be determined team will be able to give you more information about that.

279
00:45:54.090 --> 00:45:54.870
Kelly Crosbie: Next slide please.

280
00:45:57.300 --> 00:46:04.020
Kelly Crosbie: So, the last thing I just want to talk on before I turn this over to someone else is um risk stratification next slide.

281
00:46:06.840 --> 00:46:25.650
Kelly Crosbie: So acuity turning risk stratification and and just to make a slight differentiation between these terms, so we do a cutie tearing at the state it helps us determine rates and, as you know, someone's acuity tier also drives kind of their content, their contact requirements right.

282
00:46:26.820 --> 00:46:30.060
Kelly Crosbie: How many times they need it in person or telephone contact.

283
00:46:30.570 --> 00:46:42.300
Kelly Crosbie: i'm like yeah it's pretty structured right now, and our goal is to move away from it being so structured in the future, but it is the way that we're setting it up correctly, so you need to know the acuity tier obviously of your Members.

284
00:46:43.740 --> 00:46:49.680
Kelly Crosbie: will do those acuity tiers that we will send them to the two plans and a very specific passion.

285
00:46:50.430 --> 00:46:59.550
Kelly Crosbie: For specific data they transfer, they will also then share those with a Mitch pluses and cms so that will just tell you, if an individual is.

286
00:47:00.030 --> 00:47:06.000
Kelly Crosbie: behavioral health issue D high medium and low or idd high medium and low that's what's going to tell you.

287
00:47:06.390 --> 00:47:16.650
Kelly Crosbie: You need that see know what the rain is for the person and how many contacts that are to the SAP that's what that's what you need that information for but that also of course it's a sense of how.

288
00:47:18.060 --> 00:47:26.610
Kelly Crosbie: A very much we think of a kitty tearing it is assuming that acuity tier also stands as some indicator about the needs of the person.

289

00:47:27.060 --> 00:47:39.930
Kelly Crosbie: So, if someone is high acuity you know all the data that we've crunched says this person is quite complex so it's actually helpful for you and thinking about how you might deliver and support that Member who's actually very.

290
00:47:41.010 --> 00:47:47.520
Kelly Crosbie: Who comes to you a high acuity theory so it's not just about rates in the contacts, but it's telling you something clinical about the person.

291
00:47:47.970 --> 00:47:51.780
Kelly Crosbie: they're fairly complex based on all the data that the state that we have we have at the state.

292
00:47:52.740 --> 00:48:00.600
Kelly Crosbie: On top of that, the tailored plan might also choose to do risk stratification to be clear that doesn't change the future not at all.

293
00:48:01.200 --> 00:48:10.500
Kelly Crosbie: But just imagine a really specific scenario say you get 30 members and high acuity and 30 members and medium and 30 members and low.

294
00:48:11.400 --> 00:48:20.940
Kelly Crosbie: How do you prioritize and managed care within that 30 3032 group i'm just making it up, please don't think that's how every panel is going to get sent out i'm not saying that at all i'm just giving an example.

295
00:48:21.480 --> 00:48:30.270
Kelly Crosbie: To within the 30 high and 30 bd men 30 low there might be other bits of data information that the Taylor plan might use to help also.

296
00:48:30.600 --> 00:48:38.220
Kelly Crosbie: stratify folks within their security here so so potentially cutie here and it might be here some additional information that even within this high acuity.

297
00:48:38.730 --> 00:48:46.650
Kelly Crosbie: um you know, these people are particularly high risk, but these people lower risk within that acuity tier.

298
00:48:47.280 --> 00:48:51.870

Kelly Crosbie: tailored plans can do that and share that information with you and i'm not required to.

299
00:48:52.440 --> 00:49:05.370
Kelly Crosbie: And it's the same thing for us to tailor care management Maybe you can choose to do that as well, it can be terribly sophisticated, given the data that you have, but it can also just be really based on a care manager.

300
00:49:06.480 --> 00:49:19.440
Kelly Crosbie: And, and you get your books and a pencil assessment on all of them, you use your clinical judgment, you know folks within a particular acuity chair somewhere more complex than others, so you know again.

301
00:49:20.370 --> 00:49:27.720
Kelly Crosbie: data can only get you so far and that real clinical skill is in knowing folks even who have the same acuity tier.

302
00:49:28.050 --> 00:49:34.080
Kelly Crosbie: different levels of support and prioritization based on assessment and other information that you might have.

303
00:49:34.560 --> 00:49:42.720
Kelly Crosbie: But again, it could be tearing gives you our best sense of how complex the person's needs are will share that with you standardize fashion, on top of that.

304
00:49:43.200 --> 00:49:53.760
Kelly Crosbie: And may choose to do some additional recertification and I welcome in it to help right i'd always welcome that you may choose to do that to where your technology partner may support you with or you see if they support you with that as well.

305
00:49:54.930 --> 00:49:55.530
Kelly Crosbie: Next slide.

306
00:49:57.840 --> 00:50:00.960
Kelly Crosbie: Because I think that i'm actually going to turn this back over to when sure.

307
00:50:06.810 --> 00:50:07.890
Gwendolyn Sherrod: Okay, so.

308

00:50:09.150 --> 00:50:16.110
Gwendolyn Sherrod: Kelly has given quite a bit of information, I know you might be on overload but.

309
00:50:17.640 --> 00:50:23.430
Gwendolyn Sherrod: Our next segment we'll talk about support and resources available to AMA to the cma.

310
00:50:24.450 --> 00:50:34.320
Gwendolyn Sherrod: The Department wants providers to be successful in passing the initial certification, we want them to be successful in.

311
00:50:34.860 --> 00:50:49.080
Gwendolyn Sherrod: Being able to start up this new service and to be able to sustain the service long term so To that end we have contracted with North Carolina as heck to provide technical assistance to those.

312
00:50:50.490 --> 00:50:53.400
Gwendolyn Sherrod: agencies that are going through certification.

313
00:50:55.680 --> 00:51:07.020
Gwendolyn Sherrod: And we we've also have the department is also giving some capacity building funds to be able to support that effort also.

314
00:51:08.370 --> 00:51:17.310
Gwendolyn Sherrod: So I would like to introduce Chris worthington from North Carolina a hex to talk about the technical assistance part.

315
00:51:18.330 --> 00:51:20.910
Chris Weathington: Thank you, going next slide please.

316
00:51:22.350 --> 00:51:36.420
Chris Weathington: So the department is when mentioned is offering technical assistance program that will help providers become certified a major practices and care management agencies and really help them prepare to be successful, high quality providers of tailored care management.

317
00:51:37.200 --> 00:51:46.740
Chris Weathington: So in North Carolina medicaid contracted with us to provide education practice support services and technical assistance across all 100 North Carolina counties.

318
00:51:47.160 --> 00:51:55.620

Chris Weathington: And to the providers who applied for the am H plus practice or the cma certification and passed the desk Ruby with North Carolina medicaid.

319
00:51:56.580 --> 00:52:15.810
Chris Weathington: are tailored care management technical assistance will prepare a image plus practices and cma candidates for a successful site review and certification and help those organizations succeed before and after Taylor player Taylor playing go live, which occurs on July one of 2022.

320
00:52:16.920 --> 00:52:24.360
Chris Weathington: Our practice support coaches have expertise and behavioral health and idd and they provide this technical education.

321
00:52:24.960 --> 00:52:36.870
Chris Weathington: Technical assistance and education at no cost to the a major practices and cma candidates, we offer one to one coaching which is either virtual on or on site, and right now and it's virtual do that to the pandemic.

322
00:52:37.500 --> 00:52:57.210
Chris Weathington: Taylor care management gap analysis, which is a tool jointly developed by a heck in North Carolina medicaid and we will provide that gap analysis to all those organizations that were approved for the site review to occur, so that is a required functionality, the other.

323
00:52:58.320 --> 00:53:05.520
Chris Weathington: services that we provide are learning collaborative which provide a lot of information on tailored care management in your role within that.

324
00:53:06.630 --> 00:53:15.180
Chris Weathington: Within that ecosystem, but also it provides continuing education credits and the ability to learn from each other and to discuss.

325
00:53:15.870 --> 00:53:27.990
Chris Weathington: hot topics with each other, and also to network with each other and then, finally, we provide education modules which have an opportunity to earn continuing education credits for those organizations as well next slide.

326
00:53:31.050 --> 00:53:35.310

Chris Weathington: So this slide just kind of provides you a little bit of an overview of our additional resources.

327
00:53:36.000 --> 00:53:42.720
Chris Weathington: You can visit our website for information about a heck and North Carolina medicaid tailored care management educational programming.

328
00:53:43.170 --> 00:53:56.220
Chris Weathington: And then also you can email us if you need practice support services and that email address is practice support at ncaa heck.net practice support at ncaa heck not net, we will make sure to get you.

329
00:53:56.730 --> 00:54:05.130
Chris Weathington: directed to the appropriate practice support coach we have a lot of information that's posted on our ncaa heck website, and you can see that link here.

330
00:54:05.640 --> 00:54:15.450
Chris Weathington: I just want to quickly go over their list of services, while we provide the services, I mentioned in the other slide the additional services that we can help you pre and post go live.

331
00:54:16.110 --> 00:54:26.400
Chris Weathington: Is with medicaid managed care, education and issue resolution if you need help with clinical workflow redesign or process improvement, you need assistance with quality improvement.

332
00:54:27.090 --> 00:54:42.330
Chris Weathington: If you are wanting to figure out how to optimize your ehr into your workflows we can help you with that Tele health integration health information, training and optimization we can help you with social determinants of health workflows as well.

333
00:54:43.590 --> 00:54:53.910
Chris Weathington: Practice support at North Carolina a heck has been around for about 15 years with about 40 practice support support coaches located across nine regional a health centers.

334
00:54:54.210 --> 00:55:01.740
Chris Weathington: In North Carolina a heck has been around for about 50 years to basically train and retain the state's healthcare workforce.

335
00:55:02.790 --> 00:55:04.890

Chris Weathington: So i'll just turn this right back over to go in.

336
00:55:07.080 --> 00:55:16.290
Gwendolyn Sherrod: Thank you, Chris I wanted to make one announcement about the ta and, as Chris said the ta is.

337
00:55:18.000 --> 00:55:37.020
Gwendolyn Sherrod: For those that have passed the desk review portion and the purpose is to help you get ready for your site review and, as Chris mentioned about the gap analysis tool that was developed in collaboration with a heck and North Carolina medicaid.

338
00:55:38.040 --> 00:55:38.640
Gwendolyn Sherrod: That.

339
00:55:40.260 --> 00:55:58.500
Gwendolyn Sherrod: gap analysis is mandatory, but you are not required to engage with a heck for today, we would like you to we're offering it to you and we hope that you would take it big avail yourself and take advantage of the opportunity.

340
00:55:59.730 --> 00:56:09.750
Gwendolyn Sherrod: Next we're going to i'm going to turn it over to crystal to talk to us about capacity building the capacity building funds that are that the apartment is.

341
00:56:10.890 --> 00:56:12.900
Gwendolyn Sherrod: Allocating to assist providers.

342
00:56:15.900 --> 00:56:16.710
Krystal Hilton: Thank you Glenn.

343
00:56:18.270 --> 00:56:26.700
Krystal Hilton: and clear understanding that telecom management is a new service line and that current care management capabilities, need to be intense.

344
00:56:27.450 --> 00:56:45.330
Krystal Hilton: The department is committed to dispersing about $90 million in capacity building funds across the State in order to prepare at mini provider for launch and provision of Taylor care management services in the early years.

345
00:56:46.500 --> 00:56:59.190

Krystal Hilton: There are three key areas of investment that we have looked at prioritizing and they are care management health information technology infrastructure, of which you have heard a lot about today.

346
00:56:59.940 --> 00:57:14.520
Krystal Hilton: workforce development, which would include retention recruiting hiring and training of care managers, as well as operational readiness and that looks at the procedures workflows and policies that may need to be developed to support the services.

347
00:57:16.110 --> 00:57:30.930
Krystal Hilton: The telecare the capacity building program for tailored career management was actually built to meet federal requirements and with That being said, it is the federal requirements for managed care performance incentive of arrangements this.

348
00:57:31.950 --> 00:57:42.630
Krystal Hilton: This arrangement allows local and medicaid to obtain federal matching funds for capacity building activities under these federal regulations.

349
00:57:43.260 --> 00:57:59.160
Krystal Hilton: We must follow mandates that the money's must flow through the managed care plans and must be earned based on performance and that is that means where the plans will work to achieve milestones and targets that are set by by the state.

350
00:58:01.230 --> 00:58:09.390
Krystal Hilton: The throughout the development of capacity building programs that department was specific and wanted to be sure to take an equity lens.

351
00:58:09.630 --> 00:58:17.370
Krystal Hilton: At distributing the capacity building funds into this in its targeted investment to make sure that we were addressing and working.

352
00:58:18.210 --> 00:58:32.310
Krystal Hilton: Addressing the health disparities and working to improve the health and wellness of all medicaid Members wanted to ensure that we were looking at the needs of rural providers, as well as providers who have been historically underutilized.

353
00:58:33.390 --> 00:58:44.970
Krystal Hilton: And, lastly, to build a robust care management workforce and provide them networks that are representative of a diverse populations across the state next slide please.

354
00:58:49.080 --> 00:58:56.970
Krystal Hilton: What is it why walk a little bit more about the funds, the funds will flow through the capacity building program and excuse me.

355
00:58:59.310 --> 00:59:06.810
Krystal Hilton: on a quarterly basis the tentative plans are able to earn capacity building fund.

356
00:59:07.980 --> 00:59:15.300
Krystal Hilton: Through working, as I said, to meet targets and milestones, and these will be met with the partnership of the table care management.

357
00:59:16.890 --> 00:59:19.440
Krystal Hilton: providers with the tailored plan.

358
00:59:20.700 --> 00:59:23.160
Krystal Hilton: The first milestones address.

359
00:59:24.300 --> 00:59:34.350
Krystal Hilton: Are the development of a distribution plan, where the tailor plans work with the providers within their regions to do an assessment of the providers and the regional need.

360
00:59:34.890 --> 00:59:54.750
Krystal Hilton: The that assessment will support the collaboration of this tailored plan, which includes a budget for the proposed activities quarterly targets it details what those capacity needs are and in what segments of the regions that they would specifically focused towards.

361
00:59:55.890 --> 01:00:03.420
Krystal Hilton: And once the tenant plans and the Taylor care management providers collaborate on the development and the assessment of.

362
01:00:03.810 --> 01:00:12.450
Krystal Hilton: The regional needs which feeds the development of the distribution plans those plans are submitted to the department for review and approval.

363
01:00:13.110 --> 01:00:27.840
Krystal Hilton: And then the apartment will grant that approval and release initial thoughts to the tailor plans to support those early

capacity building activities that the plans and the say like a management private providers will initiate.

364
01:00:29.070 --> 01:00:45.960
Krystal Hilton: Then following on a quarterly basis the tillotson awardees will report on the progress that day, as well as the Taylor care management providers have made towards activities on that distribution plans, which will be achieving the milestones.

365
01:00:47.070 --> 01:00:58.410
Krystal Hilton: Ensuring that the allocated funds or the request that budgetary funds for those milestones are in order, in there and making any suggest revisions as necessary.

366
01:00:59.730 --> 01:01:04.560
Krystal Hilton: components of the distribution plan, and this is a of partition particular note.

367
01:01:05.310 --> 01:01:21.720
Krystal Hilton: We want to make sure that with that distribution plan that we are also making room and addressing the needs for those historically underutilized provided and rule provided supporting that diverse workforce, as well as addressing health disparities next slide please.

368
01:01:24.570 --> 01:01:31.530
Krystal Hilton: And I have to share a whole time we've been talking about these milestones I want to give you a little bit of information about the milestones.

369
01:01:32.400 --> 01:01:43.140
Krystal Hilton: As we did share earlier that first milestone is the development of that distribution plan, it is important, and that is why we are repeating it, it is done in a collaboration.

370
01:01:43.470 --> 01:01:52.830
Krystal Hilton: With the Taylor planes and the Taylor care management provider to do that assessment of the regional needs and develop that distribution plan.

371
01:01:54.450 --> 01:02:10.350
Krystal Hilton: The next milestone is looking at implementing a training curriculum for Taylor care management staff that may be employed by the tailor the tailor plans, as well as any contract it.

372

01:02:11.520 --> 01:02:17.070
Krystal Hilton: To the key management providers at that time and they will begin conducting some of those trainings.

373
01:02:18.360 --> 01:02:28.140
Krystal Hilton: The third milestone is to take a look at shoring up that health information infrastructure and different systems for the telecom management provider.

374
01:02:28.770 --> 01:02:49.470
Krystal Hilton: The fourth milestone addresses the hiring of new care managers and supervisors at the provider level the fifth milestones walks at moving towards training those additional care management care managers and supervisors that have been hired at that age, plus and cma practice level.

375
01:02:50.640 --> 01:03:00.450
Krystal Hilton: And the final milestone is addressing the other competencies that would link to the operational Taylor can operationalize sorry.

376
01:03:00.870 --> 01:03:11.730
Krystal Hilton: piano care management, and that is as we share before looking at developing policies and procedures and workflows and education and outreach to the different Taylor care management entities.

377
01:03:13.860 --> 01:03:29.250
Krystal Hilton: And just want to reiterate, on a quarterly basis the progress towards meeting these milestones are reported to the department and that triggers the release of subsequent funds for additional activities.

378
01:03:30.330 --> 01:03:38.940
Krystal Hilton: One one method of note one piece of information of note is that the milestones, although we did list them in order of one through six.

379
01:03:39.450 --> 01:03:52.410
Krystal Hilton: The first milestone must be accomplished, and that is, with the the development submission of the distribution plan, however, the other milestones may be timed based off of the need.

380
01:03:53.340 --> 01:04:00.330
Krystal Hilton: For example, we have milestone three as looking to address the health information infrastructure and system.

381
01:04:00.840 --> 01:04:10.590
Krystal Hilton: This milestone, maybe it veins based off of the needs of the region, because, as we know, launches in July, and if we need to help to support and sure up any.

382
01:04:11.430 --> 01:04:23.340
Krystal Hilton: health information infrastructure we may need to look to do that rather sooner than later, so the milestones although all have to be met in order to secure all of the capacity building funding.

383
01:04:23.790 --> 01:04:33.690
Krystal Hilton: Based off of the distribution plan and the timelines identified in the distribution place those milestones or the milestones order can be modified.

384
01:04:35.100 --> 01:04:35.700
Krystal Hilton: Next off.

385
01:04:38.070 --> 01:04:43.050
Krystal Hilton: Okay, I am nailed turn it over to Brian Torres if you have questions.

386
01:04:44.400 --> 01:04:45.660
Krystal Hilton: Oh sorry Kelly.

387
01:04:47.670 --> 01:05:05.370
Kelly Crosbie: know and I hi everyone, I did not realize they took all the time and technology so i'm sorry crystal that I made you hurry and i'm sorry we lost time for Q amp a so here's what we're going to say, and just as a reminder these supplies are posted we are.

388
01:05:06.420 --> 01:05:16.260
Kelly Crosbie: going to do Frequently Asked Questions after this session we will have additional sessions on ci end, we will have additional sessions on the data and technology requirements.

389
01:05:16.710 --> 01:05:23.280
Kelly Crosbie: If need be, we will we visit capacity building that crystal share with you today because we didn't get much time to talk about it so.

390
01:05:23.880 --> 01:05:31.650
Kelly Crosbie: i'm so sorry we didn't have time for q&a today and on this slide you'll see the next couple of sessions that are coming up one is.

391
01:05:32.010 --> 01:05:38.820
Kelly Crosbie: On clinically integrated network one is on delivery of the actual model will talk about transitional care management and Community inclusion activities.

392
01:05:39.120 --> 01:05:42.780
Kelly Crosbie: will talk about conflict free because that's really, really important prefix understand.

393
01:05:43.170 --> 01:05:48.240
Kelly Crosbie: we'll talk about the all important billing because everyone wants to know how acuity tearing and billing actually work together.

394
01:05:48.660 --> 01:05:53.310
Kelly Crosbie: And then of course we'll talk about oversight we'll talk about some of those reports we alluded to today that you have to share.

395
01:05:53.640 --> 01:05:59.790
Kelly Crosbie: And what the quality measures will be so we'll cover a lot of things and like I said we'll hit back on technology and we'll hit back.

396
01:06:00.600 --> 01:06:12.420
Kelly Crosbie: Building if we short changed today welcome your questions welcome your questions, after the fact, please visit our website and we look forward to seeing you all at the next session thanks everyone bye bye.

397
01:06:13.920 --> 01:06:15.990
Mario Schiavi: Thank you for joining you may now disconnect.