

# Tailored Care Management Technical Advisory Group (TAG)

*Meeting #25*

*Year in Review and Provider Rate  
Survey Results*

December 15, 2023

# Announcement

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**Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call.**

**DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI Tools.**

**Thank you for your cooperation.**

# Agenda

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- **Welcome and Roll Call**
- **Year-End Retrospective and Plan for the Upcoming Year**
- **Deep Dive: Provider Rate Survey – Key Takeaways**
- **Public Comments**

# **Welcome and Roll Call**

# Department of Health and Human Services

<b>Kristen Dubay, MPP</b>	<b>Loul Alvarez, MPA</b>	<b>Regina Manly, MSA</b>	<b>Eumeka Dudley, MHS</b>	<b>Gwendolyn Sherrod, MBA, MHA</b>	<b>Tierra Leach, MS, LCMHC-A, NCC</b>
<b>Chief Population Health Officer</b>	<b>Associate Director, Population Health</b>	<b>Senior Program Manager, Tailored Care Management</b>	<b>Program Lead, Tailored Care Management</b>	<b>Program Lead, Tailored Care Management</b>	<b>Program Specialist, Tailored Care Management</b>

**Contact: [Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov)**



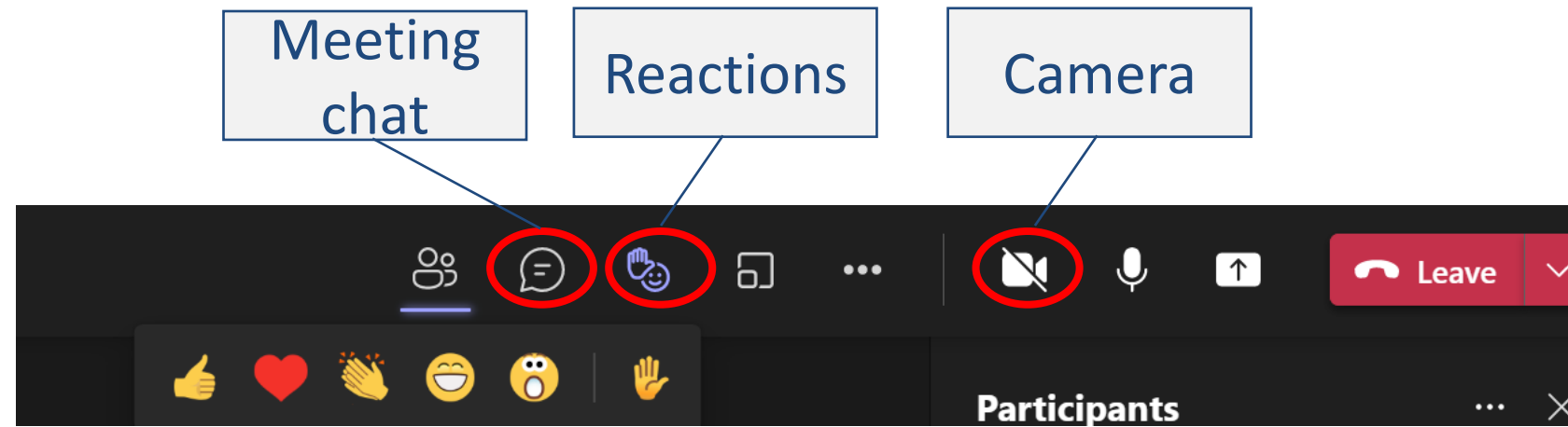
**NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES**

# Tailored Care Management TAG Membership

Name	Organization	Stakeholder
Erin Lewis	B&D Integrated Health Services	Provider Representative
Julie Quisenberry	Coastal Horizons Center	Provider Representative
Billy West	Daymark	Provider Representative
Denita Lassiter	Dixon Social Interactive Services	Provider Representative
Ruth Craig	ECU Physicians	Provider Representative
Luevelyn Tillman	Greater Vision Counseling and Consultants	Provider Representative
Keischa Pruden	Integrated Family Services, PLLC	Provider Representative
Haley Huff	Pinnacle Family Services	Provider Representative
Sandy Feutz	RHA	Provider Representative
Lisa Poteat	The Arc of NC	Provider Representative
Eleana McMurry, LCSW	UNC Center for Excellence in Community Mental Health	Provider Representative
Donna Stevenson	Alliance Health	Tailored Plan Awardee
Donetta Wilson	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
Chris Bishop	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
Jonathan Ellis	N/A	Consumer Representative
Alicia Jones	N/A	Consumer Representative

# Increasing Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# **Year-End Retrospective**



# 2023 Achievements

## Supported Provider Capacity Building and Stabilization

- **\$87M in funding distributed** to AMH+s/CMAs to support implementation and provider sustainability
- \$76M in round 1 (2022-2023) and an additional \$11M in round 2 (2023)

## Increased Provider-Based Care Management

- **32 AMH+s/CMAs in the 2023 Round 3** certification process
- 71 AMH+s/CMAs certified in previous years

## Improved TCM Auto Assignment Process

- Identified strategies to **minimize reassignments and disruptions in care management**
- Transitioned responsibility from the Department to LME/MCOs

## CMS Approved Health Home State Plan Amendment (SPA)

- CMS approval (June 28, 2023) has enabled the state to receive **additional federal Medicaid matching funds** to support the program

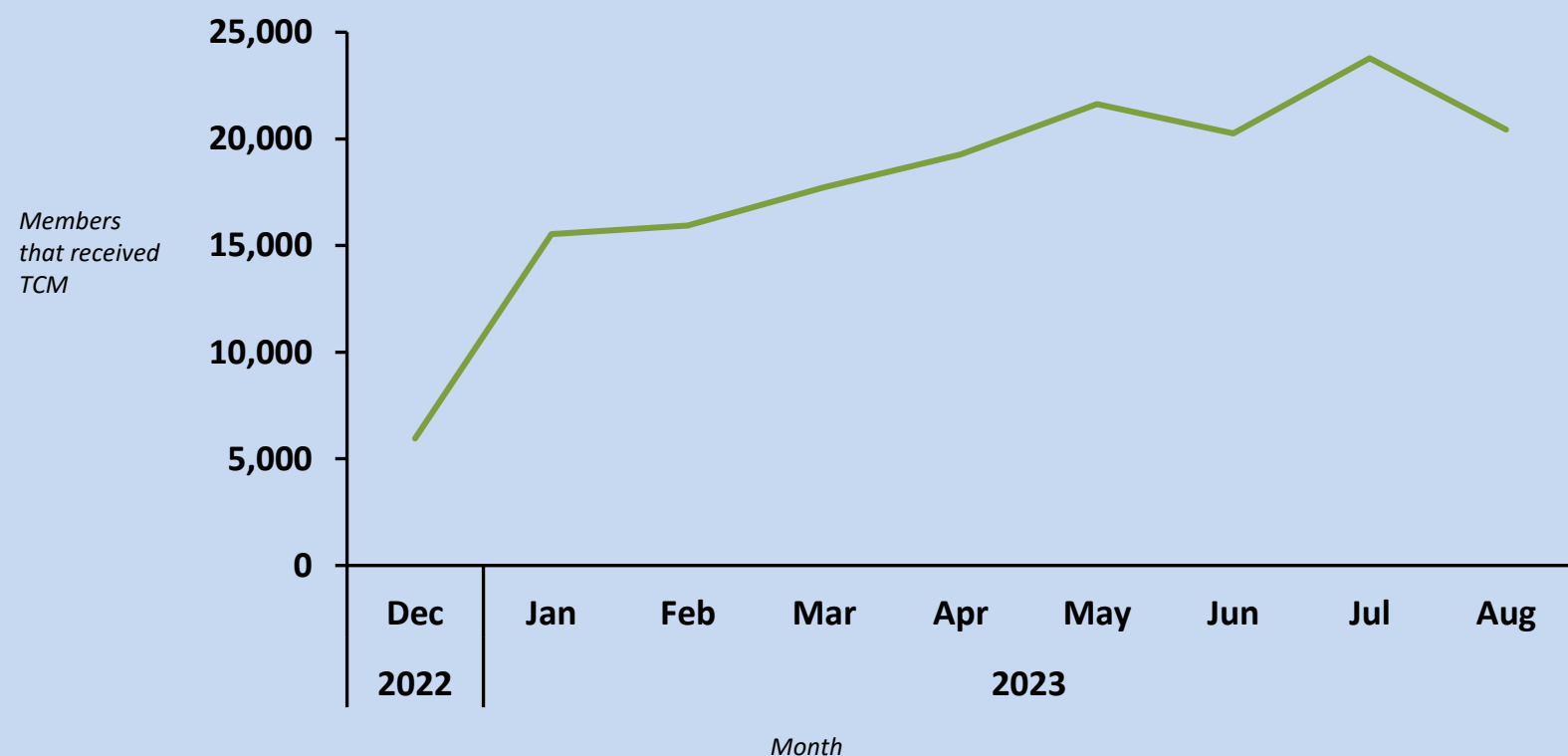
## Refined Model

- **Implemented temporary and permanent flexibilities** to simplify and improve model

# Current State of Tailored Care Management

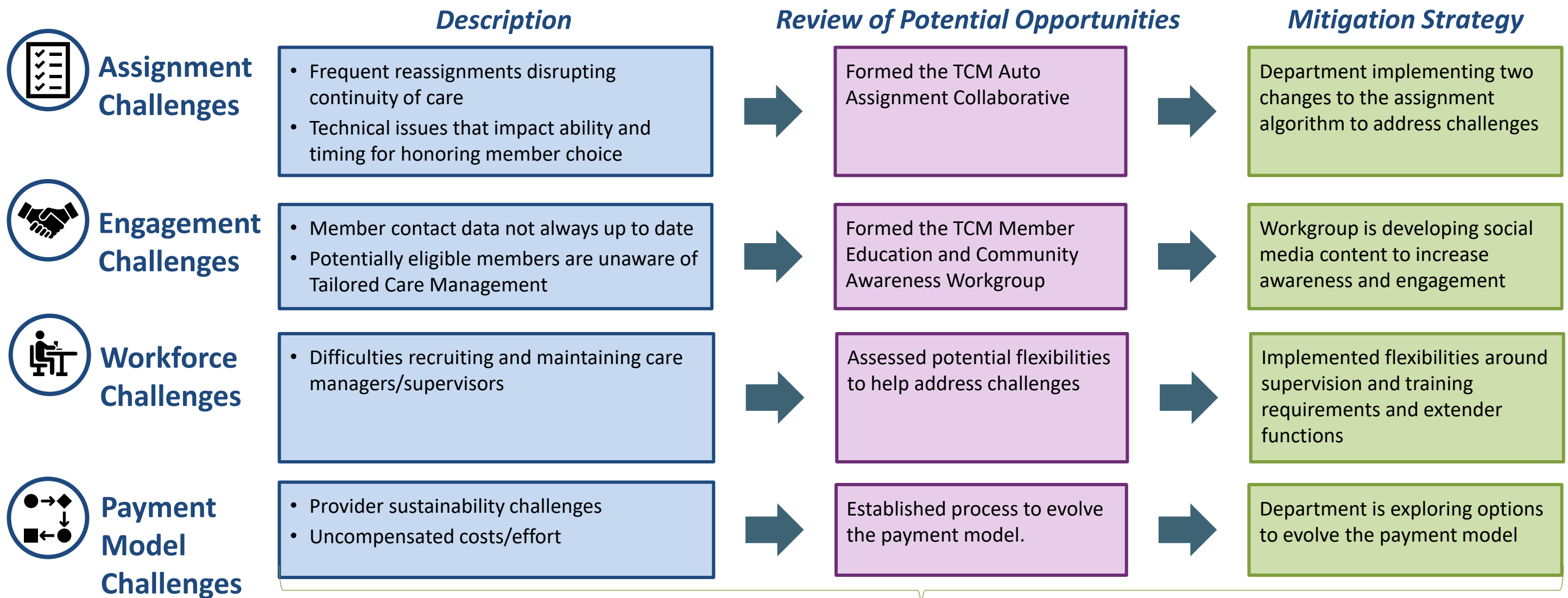
December 2023 marks the 1-year anniversary of Tailored Care Management launch. Thank you AMH+s/CMAs, LME/MCOs, members, and other stakeholders for your partnership in implementing this critical benefit.

The number of members receiving care management in a given month is increasing over time.



# Opportunities for Improvement

The Department met with providers and plans throughout the year to identify and begin to address challenges and opportunities for improvement, including:



See following slides for more details on payment model challenges, potential opportunities, and mitigation strategies.

# Challenges with Current Payment Model

Providers and plans have cited the below challenges with the current payment model.

- **Uncompensated Costs/Effort.** Providers are paid retrospectively based on the first contact delivered per month. AMH+s/CMAs and LME/MCOs have indicated that there may be months where the care manager is coordinating care with the care team but because contact is not made with the member, they are not compensated for these efforts.
- **Insufficient Ongoing Funding for Member Engagement/Outreach.** The Department's intent was for capacity building funding to cover engagement activities as the model was starting up. Currently, we are seeing engagement activities continue to be higher than anticipated a year into the program.
- **Unpredictable Funds Flow.** Given challenges with engaging members, total payment may vary from month to month. At the same time, providers have fixed costs that they need to pay (e.g., salaries, technology platforms) regardless of engagement level.
- **Required Documentation and Administrative Requirements.** AMH+s/CMAs and LME/MCOs feel they are spending extensive time and effort to meet the non-member-facing program requirements including required documentation for all assigned members. The Department recently released a survey to help understand the true costs/time spent in delivering the model.

# Payment Challenges Mitigation Strategy

Given the various challenges with the current payment model, the Department has kicked off a process to evolve the payment model. The process included gathering information to inform the development of potential solutions.

## *Information Gathering*



Collected stakeholder feedback on payment challenges, including 19 focus groups with 62 providers



Conducted provider rate assumption survey



Researched payment approaches taken in other Health Home states



## *Solutioning*

Developed guiding principles for evolving payment model



Identifying options for evolving the payment model



**Additional details on following slides**

# Tailored Care Management Payment Model Evolution Guiding Principles

- Promote **fidelity** to the core principle of Tailored Care Management being a member-facing, community-based model
- Promote **value**—state is paying for effective care management that leads to improvements in member health and member experience
- Ensure **model is sustainable** for providers and plans
- **Minimize complexity and potential disruption/destabilization** for providers, plans, members, and the Department, including new onerous data requirements
- Ensure model is **compliant with CMS Health Home payment requirements**

## FOR DISCUSSION

Are there any questions with these principles?

Are there others the department should consider?

## Next Steps on Payment Model Evolution

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- The Department is currently working to identify potential options for evolving the payment model.
- In Q1 of 2024, we will update the TAG on which option(s) the Department is exploring.
- The final option will depend on budget constraints and implementation feasibility.

***See next section of TAG deck for key findings from provider survey responses that will inform development of payment model updates***

# Where We Are Headed in 2024

## Launch of Tailored Plans

- **Tailored Plans launch on July 1, 2024**, providing integrated managed care to members

## Healthy Opportunities Pilots (HOP)

- **Approx. 30 AMH+s/CMAs** are set to participate in the HOP launch for TCM-eligible populations
- HOP will provide services that **address social drivers of health**

## Increase in Eligibility of Tailored Care Management

- **Over 23,000 enrolled Medicaid expansion individuals** are eligible for Tailored Care Management

## Launch of Revised Payment Model

- Based on the payment model options (noted on the prior slide), the Department will move forward with launching a **revised payment model** in the first half of 2024

## Expanding Choice Options for TCL Members

- Implementing **process for providers to obtain TCL designation** to serve TCL members
- Collaborating with LME/MCOs and AHEC on standardization of policies and procedures and training for TCM care managers



# Provider Rate Survey

# Provider Rate Survey Overview

In the fall, the Department released a survey to collect information on providers' actual time and costs associated with the delivery of Tailored Care Management. The survey results are being used to inform ongoing discussion about potential modifications to payment approach.

- Sixty-three organizations responded to the survey
  - All 6 LME/MCOs
  - Of the 71 AMH+s/CMAs, 57 responded, which is an 83% response rate

Thank you to all those that participated!

- Key takeaways from each of the survey section will be covered in the following slides:

<b>Time Spent</b>	<b>Contact</b>	<b>Engagement</b>	<b>Panel</b>	<b>Expenses</b>	<b>Staffing</b>
Time spent with members/guardians	In-person and telephonic contacts	Time spent to successfully engage members	Experience with panel by member acuity and over time	Experience with model-related expenses	Experience with care management teams

# Key Takeaways: Non-Member-Facing Activities

Survey results provide insight on how much time care manager spend per member each month on non-member facing activities (e.g., following up with providers, paperwork).

## Non-Member-Facing Activities

- The majority of respondents reported spending **between 1 – 3 hours on non-member/guardian-facing** tasks per month.

# Key Takeaways: Contacts

Survey validated that care manager-to-care team contacts (“collateral contacts”) are an important part of care management.

## Types of Contacts

- **In-Person Contact.** The majority of respondents reported being “successful” at making initial TCM in-person contact with members.
- **Telephonic Contact.** During that same month, a third of respondents reported an average of 0-5 telephonic contacts with engaged members.
- **Collateral Contact.** Approximately a third of respondents also reported that they have 6-10 collateral contacts across engaged members in a given month.

### FOR DISCUSSION

As the Department explores potential updates to the payment approach, it would be helpful to hear about the role of collateral contacts in a member’s care management: **How long does each collateral contact typically last? Please provide examples of how collateral contacts support a member’s care management (e.g., scheduling appointments, discussing the care plan and member’s course of treatment).**

# Key Takeaways: Engagement

Survey results indicate that care managers have difficulty in conducting the initial engagement.

## Engagement

- Half of respondents reported making an **average of 4-6 engagement attempts** before a member consents.
- Survey data suggests at least half of respondents feel a **caseload of 20 or less is appropriate** for nearly all population segments.
- **The Department's intent was for capacity building to build up the TCM Program.**

### FOR DISCUSSION

Through the Community Awareness workgroup, we are working to increase engagement (e.g., social media campaign, digital and printed material).

**For members that providers have consented/engaged, what are providers experiences in keeping that member engaged?**

**Does the TAG have other suggestions to increase engagement?**

# Key Takeaways: Panel

Survey results provide insights on provider experience across their panel.

## Provider and LME/MCO Communication on Panel

- Most respondents *affirmatively* reported that
  - They have communicated with their LME/MCO about being able to accept additional members on their panel and
  - This outreach led to being assigned additional members

## Provider Relationships

- Most respondents reported **25% or less** of their panel within the mental health/SUD, I/DD/TBI, and co-occurring population group/segments are known to their agency based on a historical relationship or service.
- Respondents shared that **over 50%** of the members on their panel have a primary care provider.

# Key Takeaways: Staffing

Survey results suggest higher turnover rate among care managers compared to supervisors and extenders.

## Staff

- Most respondents indicated having between 0-5 supervisors, care managers, and extenders in each position.
- The greatest turnover rate was among care managers, but still over half of respondents noted a care manager turnover rate of less than 10%.
- Around two-thirds of respondents reported a turnover rate of less than 5% for extenders and supervisors.
- Results indicate that providers are planning to keep staffed a similar number of employees as in the past year.

## FOR DISCUSSION

Providers have also shared challenges with recruiting staff.

**Which positions are most challenging to recruit?**

**How can the role of extender be better utilized to support care managers/supervisors?**

**Are there other staffing challenges and potential solutions the TAG would like the Department to consider?**

# Key Takeaways: Expenses

Survey data suggests expenses are highly variable across providers.

## Example of Expenses

- **Care management software expenses.** 34.7% of respondents reported spending between an \$3,001-\$8,000 per month, while 36.7% reported less than \$3,000 and 28.8% reported more than \$8,000.
- **Clinical consultant.** 22.6% of respondents reported a monthly estimate of their clinical consultation fees to be between \$100-\$500, 20.8% reported less than \$100, and 15.1% reported more than \$5,000
- **Language interpreter services.** 52.8 % of respondents reported a monthly estimate of their language interpreter services to be \$500 or less.



## Next Steps

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**Survey data is being used to help inform updates to the Tailored Care Management payment model.**

**Questions?**



# Public Comments

# Tailored Care Management TAG Meeting Cadence

Tailored Care Management TAG meetings will generally take place the fourth Friday of every month from 3:30-4:30 pm ET.

## *Upcoming 2024 Meetings:*

*January 26, February 23, March 22*

## *Previous Meetings:*

- **Meeting #1:** Friday, October 29, 2021 ([presentation](#), [minutes](#))
- **Meeting #2:** Friday, November 19, 2021 ([presentation](#), [minutes](#))
- **Meeting #3:** Friday, December 17, 2021 ([presentation](#), [minutes](#))
- **Meeting #4:** Friday, January 28, 2022 ([presentation](#), [minutes](#))
- **Meeting #5:** Friday, February 25, 2022 ([presentation](#), [minutes](#))
- **Meeting #6:** Friday, March 25, 2022 ([presentation](#), [minutes](#))
- **Meeting #7:** Friday, June 3, 2022 ([presentation](#), [minutes](#))
- **Meeting #8:** Friday, June 24, 2022 ([presentation](#), [minutes](#))
- **Meeting #9:** Friday, July 22, 2022 ([presentation](#), [minutes](#))
- **Meeting #10:** Friday, August 26, 2022 ([presentation](#), [minutes](#))
- **Meeting #11:** Friday, September 23, 2022 ([presentation](#), [minutes](#))
- **Meeting #12:** Thursday, October 27, 2022 ([presentation](#), [minutes](#))
- **Meeting #13:** Friday, November 18, 2022 ([presentation](#), [minutes](#))
- **Meeting #14:** Friday, December 16, 2022 ([presentation](#), [minutes](#))
- **Meeting #15:** Friday, February 24, 2023 ([presentation](#), [minutes](#))
- **Meeting #16:** Friday, March 24, 2023 ([presentation](#), [minutes](#))
- **Meeting #17:** Friday, April 28, 2023 ([presentation](#), [minutes](#))
- **Meeting #18:** Friday, May 26, 2023 ([presentation](#), [minutes](#))
- **Meeting #19:** Friday, June 23, 2023 ([presentation](#), [minutes](#))
- **Meeting #20:** Friday, July 28, 2023 ([presentation](#), [minutes](#))
- **Meeting #21:** Friday, August 25, 2023 ([presentation](#), [minutes](#))
- **Meeting #22:** Friday, September 22, 2023 ([presentation](#), [minutes](#))
- **Meeting #23:** Friday, October 27, 2023 ([presentation](#), [minutes](#))
- **Meeting #24:** Friday, November 17, 2023 ([presentation](#), [minutes](#))