

**North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Meeting #26 (Conducted Virtually)
January 26, 2024**

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

Agenda

- Welcome and Roll Call
- Update on Tailored Care Management Payment Rate
- Additional NC Medicaid and Tailored Care Management Updates
- Overview of Qualifying Contacts
- Qualifying Contacts Scenarios
- Tailored Care Management Data Interfaces Consolidation
- Discussion

Update on Tailored Care Management Payment Rate (slides 7-9) – Kristen Dubay

The Department announced upcoming payment rate increases, based on the feedback from the provider rate survey and other forums and considering currently available budget. The payment rate increases are as follows:

- Effective February 1, 2024, through June 30, 2024, the Department will temporarily increase the payment rate from \$269.66 to \$343.97 (a 28% increase) for each member with a qualifying contact in the month.
- Effective July 1, 2024, the payment rate will be \$294.86 for each member with a qualifying contact in the month—a 9% payment rate increase.
- The add-on for Innovations and TBI waiver participants and for members obtaining 1915(i) services will be \$79.73 starting on February 1, 2024.

Note that payment rate increases will apply to qualifying contracts delivered on or after these specified dates.

TAG members made the following public comments regarding the payment rate increase:

- Multiple TAG members thanked the Department for increasing the rates. However, providers expressed continued concerns that the rates may limit long term sustainability. They requested additional details on the rate build up to understand what workforce and level of effort assumptions went into the rates.
- One TAG member stated that they continue to have concerns regarding workforce, including care manager burnout due to challenges in deploying the model.
 - The Department would like to hear more about these challenges and would appreciate provider proposed solutions.

Additional NC Medicaid and Tailored Care Management Updates (slides 10-16) – Eumeka Dudley, Gwendolyn Sherrod, Tierra Leach

LME/MCO Consolidation

The Department provided additional detail on the LME/MCO consolidation (slides 11-14 of the [January TAG](#)). The Department has released FAQs on consolidation for [providers](#) and [beneficiaries](#) with additional information.

Launch of Provider-Based Tailored Care Management for Transitions to Community Living (TCL)

Participants

To ensure TCL participants have choice of care management approach, the Department is establishing a process to allow TCL members to choose to obtain Tailored Care Management (but not TCL functions) from an AMH+ practice or CMA designated by NCQA to provide Tailored Care Management to TCL participants. The Department is seeking to designate AMH+s/CMAs as qualified to serve TCL participants, with an aim to launch on April 1, 2024. The Department shared details on key dates related to the launch process and reviewed the set of objective criteria against which providers will be evaluated by NCQA for designation. The LME/MCO are still responsible for all TCL functions.

Overview of Qualifying Contacts (slides 17-23) – Gwendolyn Sherrod

The Department provided a refresher on what counts as a qualifying contact. A qualifying contact is defined as a member-facing interaction (telephone call, two-way real time video, or in-person) that includes the member and/or legally responsible person/guardian, as indicated, that fulfills one or more of the six core Health Home services. Plans/providers receive payment for the first qualifying contact delivered. A non-member-facing Health Home activity does not count as a qualifying contact (e.g., care manager to PCP contact). To bill for the Tailored Care Management monthly payment rate, at least one successful qualifying contact either in-person or through two-way real time phone/video.

Additional detail regarding the difference between a member-facing and an in-person contact, who can provide qualifying contacts to the member, and how to report these contacts are included in the [January TAG](#).

Qualifying Contacts Scenarios (slides 24-32) – Tierra Leach

The Department walked through illustrative scenarios that aimed to clarify questions and confusions amongst plans and providers on what qualifies as a contact. These scenarios indicate when a contact is a qualifying contact, when the contact should be reported on PRL/BCM051, and when the contact should be submitted as a claim. To note, all contacts with a member—if they are qualifying contacts or not—should be documented in the care management platform. The five scenarios the Department walked through can be found on slides 26-30 of the [January TAG](#) slide deck.

Tailored Care Management Data Interfaces Consolidation (slides 33-38) – Sachin Chintawar and Madhuram Patel

Over the last few months and based on feedback from Tailored Care Management providers, the Department has been exploring the idea of combining the Prepaid Inpatient Health Plan (PIHP) and Tailored Plan versions of the Tailored Care Management (TCM) Data Interfaces. The Department shared the proposed solution and proposed timeline of the TCM Data Interfaces consolidation to gather feedback from providers and/or their CINs/Data Partners on if the consolidation would be beneficial to their operations. Feedback on the consolidation should be shared with the Department by February 2, 2024.

Public Comments (slides 39-41) – Eumeka Dudley

There were no additional questions asked by TAG members.

Tailored Care Management TAG members are encouraged to send any feedback or suggestions to Medicaid.TailoredCareMgmt@dhhs.nc.gov.