

Tailored Care Management Technical Advisory Group (TAG)

Meeting #7:

*Tailored Care Management Readiness &
Data Testing*

Member Choice & Member Auto Assignment

June 3, 2022

Agenda

- **Welcome and Roll Call (5 min)**
- **TAG Survey Results (5 min)**
- **Key Updates (35 min)**
 - Timeline Review
 - AMH+/CMA Readiness Reviews
 - Tailored Care Management Data Testing
 - Tailored Care Management Assignment and Member Choice
- **Public Comments (10 min)**
- **Next Steps (5 min)**

Welcome and Roll Call

Department of Health and Human Services Staff

- Kelly Crosbie, MSW, LCSW, Chief Quality Officer (Medicaid)
- Loul Alvarez, MPA, Associate Director, Population Health (Medicaid)
- Gwen Sherrod, MBA, MHA, Senior Program Manager, Tailored Care Management (Medicaid)
- Eumeka Dudley, Program Manager, Tailored Care Management (Medicaid)
- Regina Manly, MSA, Program Manager, Tailored Care Management (Medicaid)
- Keith McCoy, MD, Deputy CMO for BH and IDD Community Systems (DHHS, CMO for BH and IDD)



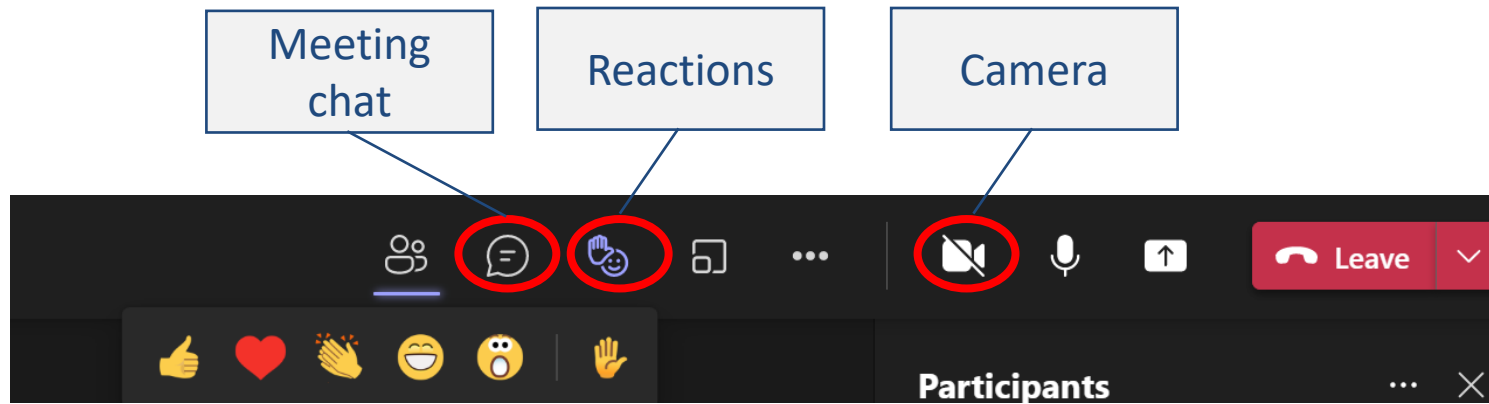
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Tailored Care Management TAG Membership

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

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.

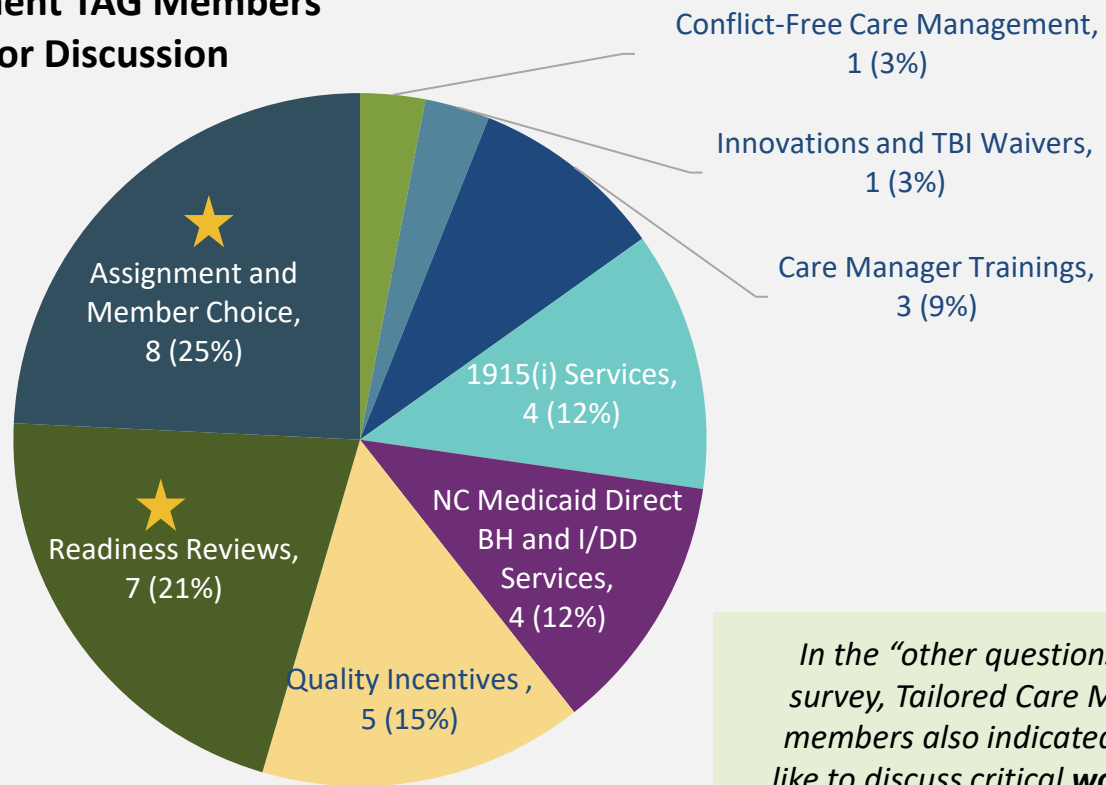


Tailored Care Management TAG Survey Results

Tailored Care Management TAG Survey

In April 2022, the Department asked for Tailored Care Management TAG members' feedback on their top three topics that would be helpful to discuss during TAG meetings. The eleven TAG members who responded were most interested in assignment/member choice and readiness reviews.

Tailored Care Management TAG Members' Preferred Topics for Discussion



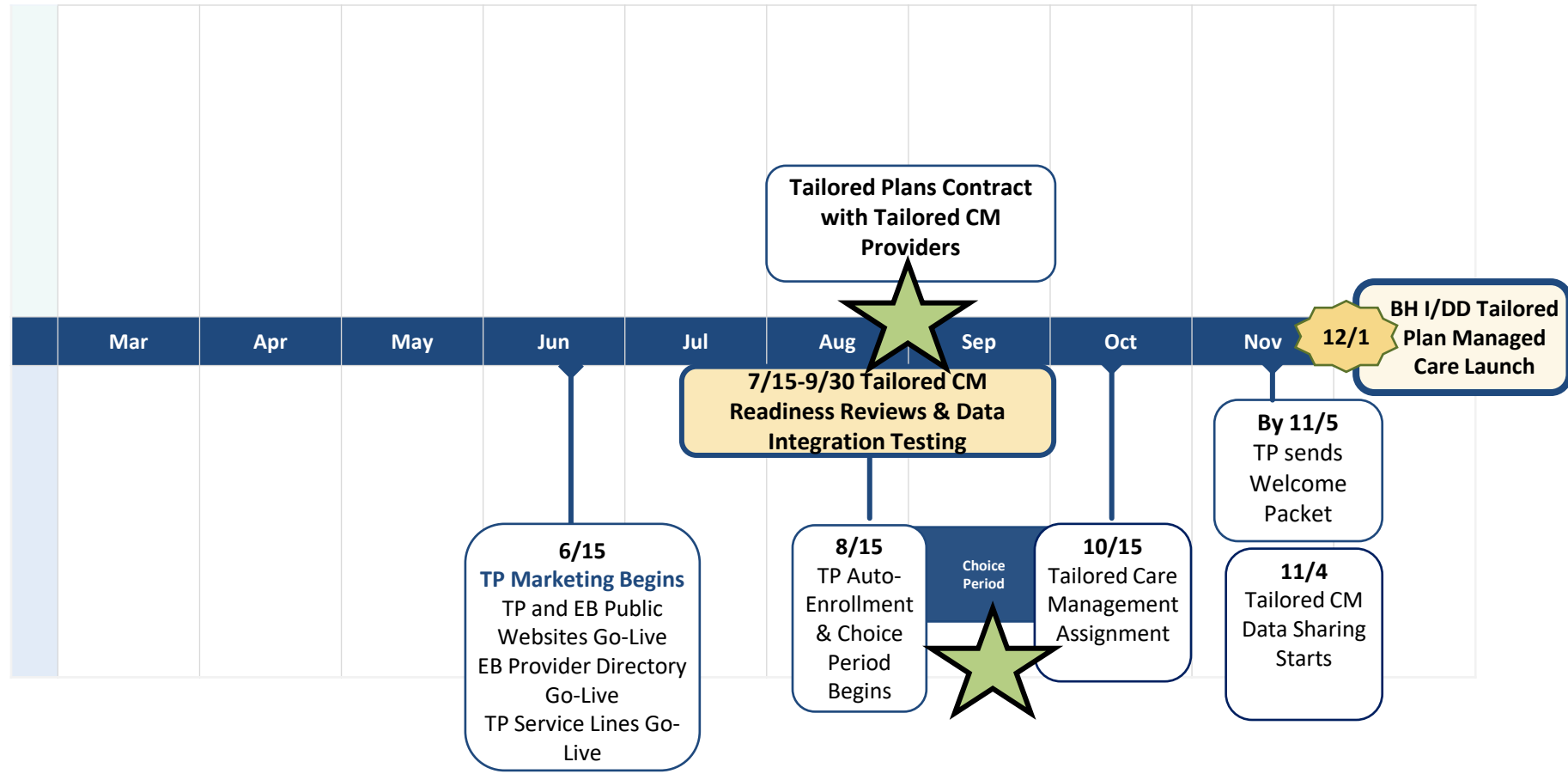
★ Today's discussion will focus on these topics.

In the "other questions" section of the survey, Tailored Care Management TAG members also indicated that they would like to discuss critical **workforce** concerns.

Key Updates: Timelines

Tailored Care Management Timelines

Below are key Tailored Care Management 2022 dates, including timelines for AMH+/CMA readiness reviews and Tailored Plan member enrollment, choice period, and assignment.



Tailored CM = Tailored Care Management EB = Enrollment Broker TP = Tailored Plan

Tailored Plan & Tailored Care Management Resources on the Medicaid Website

- [Tailored Plan Information for Beneficiaries](#)
- [Tailored Plan Fact Sheet for Providers](#)
- [Medicaid Fact Sheet: Contracting with Tailored Plans](#)
- [Tailored Plan Contracting Deadlines: Q & A](#)
- [Contract Deadlines for Providers & TPs for Inclusion in Beneficiary Choice and Auto Assignment](#)

Key Highlights: Tailored Care Management Contacting Deadlines for Member Choice Period and Member Auto Assignment

Beneficiary Choice Period for Tailored Care Management

Beneficiary choice period—where they can choose an AMH+, CMA, or Tailored Plan for Tailored Care Management— is Aug. 15, 2022-Oct. 14, 2022.

- **Tailored Care Management Contracting deadline for Providers is July 16, 2022 for inclusion in the initial beneficiary choice period.**
- NOTE: TPs update their network files daily; therefore, if contracting does not occur by July 16, 2022, **providers still have the ability to appear in future directories for member choice.**
- NOTE: Tailored Care Management Providers will still be assigned patients as long as they meet contracting deadlines for Tailored Care Management Auto Assignment (Next Slide)
- After beneficiary choice period closes, beneficiaries who have not chosen a Tailored Care Management provider will be automatically assigned one around October 15.
- WHY? Tailored Care Management auto-assignment must be completed before the health plans mail Medicaid ID cards, which must be mailed to members by Nov. 5, 2022.

Beneficiary Auto Assignment for Tailored Care Management

- **Tailored Care Management Contracting Deadline for Providers is Sept. 30, 2022** for inclusion in Tailored Care Management inclusion in auto-assignment.
- SO WHAT IF A TAILORED CARE MANAGEMENT PROVIDER IS NOT CONTRACTED BY 9/30/22? At the point at which Tailored Care Management providers can complete readiness reviews and finalize contracts with a TP, they become in-network providers with that TP.
- Member choice: Once contracted, Tailored Care Management providers in the TP network can be available for members' choice.
 - Beneficiaries can change their Tailored Care Management provider twice a year without cause and anytime with cause. Beneficiaries will be able to call their health plan and select a Tailored Care Management different from the one they received during auto-assignment.
- Member Auto Assignment: Once contracted, Tailored Care Management providers in the TP network can be assigned members according to their panel limit agreements with TPs.

**Key Updates:
Tailored Care Management Readiness Reviews**

AMH+/CMA Readiness Reviews

The National Committee for Quality Assurance (NCQA) will facilitate readiness reviews in collaboration with Tailored Plans to verify that each certified AMH+ and CMA is ready to perform the required Tailored Care Management functions ahead of launch.

The Department is currently working with Tailored Plans and NCQA to finalize the design of this process. Key goals of the process include:

- **Ensure that providers are ready from a staffing, workflow, and technology perspective** to deliver high-quality Tailored Care Management
- **Create consistency** in the process across the state and Tailored Plans through use of standardized checklists, scoring tools, and document submission processes
- **Minimize provider burden** in completing readiness reviews, recognizing that many providers have multiple sites and/or contract with multiple Tailored Plans

**Key Updates:
Tailored Care Management Data Integration
Testing**

Tailored Care Management: Required Data & Testing

October 2021: Tailored Care Management 103 HIT Requirements Training

<https://medicaid.ncdhhs.gov/media/10299/download?attachment>

December 2021: Tailored Care Management 108 Deep Dive on Tailored Care Management Data Specifications

<https://medicaid.ncdhhs.gov/media/10520/download?attachment>

March 2013: Tailored Care Management Technical Support Educational Series

<https://medicaid.ncdhhs.gov/tailored-care-management-technical-support-education-series-march-10-2022/download?attachment>

<https://medicaid.ncdhhs.gov/tailored-care-management-technical-support-education-series-march-17-2022/download?attachment>

Tailored Care Management Data Specifications Guidance

<https://medicaid.ncdhhs.gov/tailored-care-management/tailored-care-management-data-specifications-guidance#previous-guidance>

Testing Expectations for all TPs & Tailored Care Management Providers & their CINs/Data Partners

- Tailored Plans and their contracted AMH+/CMA Providers or their affiliated CINs/data partners are expected to do data integration testing prior to the Tailored Care Management provider joining the TP network.
- The Department will be tracking testing between TPs and Tailored Care Management providers through a weekly report that each TP must submit to the Department.
- Testing should be complete by 9/30 for providers (contracting deadline) for initial round of auto assignment (on 10/15).
- After 9/30, as providers complete readiness reviews, they will need to do data integration testing as well. Then they can contract with TPs and be available for member choice and member auto assignment.

End to End (E2E) Testing Supported by DHHS

What is DHHS managed End-to-End (E2E) Testing?

- E2E testing—tracking data from DHHS to TP to Tailored Care Management providers/CIN/Data partners and back up through TP to DHHS
- As part of testing between DHHS and the TPs, DHHS has included a small subset of Tailored Care Management providers and their CINs/Data Partners to participate in E2E testing.
- Only those groups are expected to be ready to test by July 1, 2022.
- DHHS will communicate to Providers directly who are selected to participate in E2E testing. They will also need to sign a Data Use Agreement (DUA) for participation with DHHS.
- If providers do not participate in DHHS-led testing or are not ready for E2E testing on July 1, 2022, **THAT IS OK (see previous slide)**.
- On 6/1/22—DHHS met with TPs and a small group of testing partners to explain the testing schedule and get feedback.

**Key Updates:
Tailored Care Management Auto Assignment**


Member Choice for Tailored Care Management Assignments

Tailored Plan members will be able to choose to obtain Tailored Care Management through an AMH+, CMA, or Tailored Plan.

- **Tailored Plans will provide information to members on the three different care management approaches** so that members can select an AMH+, CMA, or Tailored Plan for Tailored Care Management
- **Members will indicate their choice** of an AMH+, CMA, or Tailored Plan to provide Tailored Care Management by contacting the Tailored Plan
- **Members who do not express a preference will be assigned to an organization** that provides Tailored Care Management; the organization assigned for providing Tailored Care Management (AMH+, CMA, or Tailored Plan) will assign a care manager
- **Tailored Plans will send future Tailored Plan members a welcome packet**, which will include information about Tailored Care Management assignments
- **Members can change the organization they are assigned to** for Tailored Care Management and/or change care managers twice per year without cause and any time with cause

Care Management Assignment Process

Members who do not choose an organization for Tailored Care Management will receive an assignment based on the following factors:

- Member's **existing primary care provider (PCP) assignment to an AMH+ practice or an existing treatment relationship with a CMA** within the Tailored Plan's network
- Member's **existing relationship with an LME/MCO Innovations waiver care coordinator**
- Member's **exceptional physical health and/or behavioral health needs** – examples include:
 - Members receiving cancer treatment or with end stage organ failure/organ transplant will be prioritized for AMH+ or Tailored Plan-based Tailored Care Management
 - Members in child behavioral health residential services will be prioritized for CMA or Tailored Plan-based Tailored Care Management
 - Members with both exceptional physical and exceptional behavioral health needs, or those in certain institutional settings will be prioritized for Tailored Plan-based Tailored Care Management
- Member's **geographic location**
- AMH+ practice's or CMA's care management **panel size capacity** 
- Federal **conflict-free** case management requirements for people using home and community-based services (HCBS), which prohibit a provider organization from delivering HCBS and care management to one individual

Public Comments

Next Steps

Next Steps

Tailored Care Management TAG Members

- Share today's discussion key takeaways with your networks

Department

- Discuss feedback received during today's Tailored Care Management TAG meeting
- Prepare for June 24 Tailored Care Management TAG session

Tailored Care Management TAG Meeting Cadence

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

Upcoming 2022 Meetings:

June 24, July 22, August 26, September 23

Previous Meetings:

- **Meeting #1:** Friday, October 29, 2021. 3:00 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #2:** Friday, November 19, 2021, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #3:** Friday, December 17, 2021, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #4:** Friday, January 28, 2022, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #5:** Friday, February 25, 2022, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))
- **Meeting #6:** Friday, March 25, 2022, 3:30 – 4:30 pm ET ([presentation](#), [minutes](#))