

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Meeting #16 (Conducted Virtually)

March 24, 2023

Tailored Care Management TAG Members	Organization
Erin Lewis	B&D Integrated Health Services
Lauren Clark (absent)	Coastal Horizons Center
Denita Lassiter	Dixon Social Interactive Services
Jason Foltz, D.O. (absent)	ECU Physicians
Natasha Holley	Integrated Family Services, PLLC
DeVault Clevenger	Pinnacle Family Services
Lisa Poteat	The Arc of NC
John Gilmore, M.D. (absent)	UNC Center for Excellence in Community Mental Health
Sean Schreiber (represented by Donna Stevenson)	Alliance Health
Beverly Gray (represented by Donetta Wilson and Lou Ann Simmons)	Eastpointe
Lynne Grey (absent)	Partners Health Management
Sabrina Russell	Sandhills Center
Cindy Ehlers (represented by Megan Roberson)	Trillium Health Resources
Rhonda Cox (absent)	Vaya Health
Cindy Lambert (absent)	Cherokee Indian Hospital Authority
Jessica Aguilar	Consumer Representative
Pamela Corbett	Consumer Representative
Alicia Jones (absent)	Consumer Representative
Cheryl Powell (absent)	Consumer Representative
NC DHHS Staff Members	Title
Kristen Dubay	Chief of Population Health, 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
Tenille Lewis	Program Specialist, Tailored Care Management, NC Medicaid, Quality and Population Health

Agenda

- Welcome and Roll Call
- Tailored Care Management Implementation Updates
- Frequently Asked Questions
- Public Comments and Next Steps

Welcome and Roll Call (slides 3-6) – Tierra Leach and Lauryn Walker

Lauryn Walker announced her departure from the Department in mid-April and introduced the new Chief of Population Health – Kristen Dubay.

Tailored Care Management Implementation Updates (slides 7-19) – Tierra Leach and Lauryn Walker

The Department reviewed various Tailored Care Management implementation updates (please see [TAG slides for more information](#)).

Delay in Tailored Plan Launch

The Department noted that Tailored Plan launch has been delayed from April 1 to October 1, 2023. Tailored Care Management continues to support eligible beneficiaries. The Department is delaying the implementation of the Health Home State Plan Amendment for Tailored Care Management until July 1, 2023, to focus on stabilizing the Tailored Care Management program before federal requirements apply to the program.

Launch of Acuity Tiers

Effective April 1, 2023, the Department is implementing acuity-based contact requirements. The Department is continuing the single, blended Tailored Care Management rate (\$269.66) through June 30, 2023. Payments based on acuity tier will begin on July 1, 2023. The Department provided a brief overview of acuity tiers and reminded organizations delivering Tailored Care Management that they should use their clinical judgment and assessment of member needs to determine the intensity of care management and the number of contacts a member needs.

A TAG member asked how providers can contribute data for the Department to use to determine member acuity tiers, particularly for members who are dually eligible for Medicare and Medicaid. The Department responded that providers should submit feedback if they are seeing systematic issues that affect these members related to acuity tier assignments across the group as a whole. Because acuity tier assignments are retrospective, it is expected that individual members will have care management needs that do not always match their assigned acuity tier at a given point in time; however, these differences are anticipated to even-out across beneficiary subpopulations and TCM panels.

Contact Requirements and Compliance

The Department announced that the first compliance measurement period for acuity tier-based contacts will be for the period between April 1 and June 30, 2023. In September, the Department will inform providers of the results from this measurement period. The Department emphasized that

provider compliance will be assessed at the panel level (not on a per-member basis) to provide flexibility for organizations to tailor the intensity of care management according to clinical judgment. The Department has established three compliance thresholds for contact monitoring – fully compliant (i.e., 75 – 100% of contacts met), partially compliant (i.e., 50 – 74.99 % of contacts met), and noncompliant (i.e., less than 50% of contacts met) – and noted that partially compliant and noncompliant organizations will receive technical assistance from the Department and/or the LME/MCOs. The Department also reviewed the penalties for entities found to be partially compliant and noncompliant and presented an example of a provider that is fully compliant with the acuity-based contact requirements.

TAG members asked the following questions and provided the following feedback on contact requirements and compliance.

- A TAG member asked if attempts to contact a member will be included in the share of contacts met calculation to determine compliance with contact monitoring requirements.
 - The Department responded that no, only successful contact attempts will be included in care management reporting (i.e., patient risk list and BCM051 reports) and be assessed for compliance. The Department will also only look at months in which a successful contact was made (i.e., months where the member received no contacts will not be included in compliance monitoring).
- A TAG member requested that the Department revisit whether to allow for billing of collateral contacts (i.e., contacts between providers and other entities that do not involve the member), especially for members with an I/DD. Providers also want to know the data the Department would need to consider this request.
 - The Department responded that it recognizes that unproductive time is an important issue; however, based on federal rules, the Department is only permitted to pay for months in which there was a direct contact with a member. The Tailored Care Management rates also include assumptions around the time associated with administrative activities. The Department appreciates the offer to collaborate with providers to obtain standardized data on unproductive time. The Department will consider this feedback internally and will provide an update in the future.
- A TAG member agreed that collateral contacts are important for care management and stated that some members do not want to be contacted monthly.
 - The Department acknowledged this feedback and asked for TAG members and other stakeholders to submit additional information on any systematic issues that they are encountering. The Department recognizes that the Tailored Care Management model will be tested over time and intends to progressively improve it based on the experience on the ground.
- A TAG member asked if there is any information that is publicly available on the methodology and data used to determine acuity tiers.
 - The [Tailored Care Management Provider Manual](#) notes that acuity tiers account for a range of member characteristics, including behavioral health, I/DD, or TBI-related needs,

chronic physical health conditions, pharmacy utilization, service utilization (e.g., emergency department), non-health related resource needs, and other factors (see page 47 of manual).

- A TAG member asked for confirmation that a contact requires a member to consent to participating in Tailored Care Management.
 - The Department confirmed that this is correct. The organization providing Tailored Care Management must also document this consent before engaging the member and delivering contacts.
- A TAG member described challenges with incorrect or missing member contact information, working with CINS, and removing members who have opted out from their panel. The TAG member asked if providers will be held accountable for these issues that are largely outside of their control when the Department monitors for compliance with contact requirements starting April 1, 2023.
 - The Department responded that it is working with its partners to address the data issues and acknowledges that some members will be difficult to contact. Providers should contact their LME/MCO or the Provider Ombudsman to report these types of concerns. The Department also noted that further delaying the implementation of the Health Home SPA past July 1 will have significant financial implications for the State because the Health Home option permits the State to obtain enhanced federal matching funds for the Tailored Care Management program. The Department has built in flexibility in its monitoring approach and welcomes additional information on challenges that providers are experiencing.

Round 3 Certification

To stabilize current Tailored Care Management providers and ensure Round 3 providers are successful, the Department is delaying Round 3 certification for 3-6 months, with some exceptions for providers that would fill a current gap (e.g., in geography). The Department discussed the implication of this delay for Round 3 applicants.

A TAG member asked if there will be additional capacity building funds available to Round 3 applicants. The Department responded that there are no additional capacity building funds in the State budget for Round 3 applicants.

Office Hours and TAG Membership Refresh

The Department announced the launch of Tailored Care Management office hours for providers to ask questions and share feedback on their experience implementing the model. Office hours will generally be held on the third Wednesday of the month, with the next session on April 19, 2023.

The Department also plans to begin a process in April to refresh the Tailored Care Management TAG membership, which will allow current members to rotate off the TAG and new members to join. The Department will announce more details in the coming weeks.

TAG Data Subcommittee

The Department will launch a Data Subcommittee later this spring as a forum to discuss and address issues that Tailored Care Management providers and other users of data are experiencing in the field. The Department will seek nominations for Data Subcommittee members and presented an overview of the role, background, and expectations for Data Subcommittee membership.

Frequently Asked Questions (slides 20-30) – Tierra Leach, Tenille Lewis, and Lauryn Walker

The Department presented responses to a series of frequently asked questions regarding capacity building funds, member acuity tiers, members with immediate needs, telehealth policies, incorrect/missing member contact information, and 1915(i) services.

TAG members asked the following questions and provided the following feedback.

- A TAG member asked if providers can bill for collateral contacts (i.e., contacts between providers and other entities that do not involve the member).
 - The Department responded that contacts must be between the care manager/extender and the member to be eligible to be billed for Tailored Care Management. The one exception is for members with an I/DD or a TBI who have a guardian and for children/adolescents with a parent/guardian, where telephonic contact may be with a guardian in lieu of the member, only where appropriate or necessary. All required in-person contacts must still involve the member.
- A TAG member asked if the Department is considering increasing funding for state-funded services given that the draft [service definition for state-funded assertive engagement posted for public comment](#) allows providers to use this state-funded service for Medicaid enrollees one month concurrent with Tailored Care Management.
 - The DMHDDSUS appreciates the TAG member raising this question and intends to release additional guidance to the field to provide clarification on the relationship between the assertive engagement definition and Tailored Care Management.
- A TAG member stated that they are hearing from the community that there are still delays in primary care providers (PCPs) contracting with Tailored Plans.
 - The Department is analyzing this issue and noted that the delay in Tailored Plan launch will give Tailored Plans and PCPs more time to contract.

Public Comments and Next Steps (slides 31-34) – Tierra Leach

The Department noted for TAG members and other stakeholders to review the latest updates on the [Tailored Care Management web page](#). The Department will also discuss the feedback received during today's Tailored Care Management TAG meeting.

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