



# Tailored Care Management Technical Advisory Group (TAG)

*Meeting #6: Acuity Tiering and Contact  
Monitoring*

March 25, 2022

# Agenda

- **Welcome and Roll Call (5 mins)**
- **Key Updates (5 mins)**
- **Acuity Tiering and Contact Monitoring (35 mins)**
- **Public Comments (10 mins)**
- **Next Steps (5 mins)**

# **Welcome and Roll Call**

# Department of Health and Human Services

<p><b>Kelly Crosbie, MSW, LCSW</b></p>	<p><b>Gwendolyn Sherrod, MBA, MHA</b></p>	<p><b>Eumeka Dudley, BS</b></p>	<p><b>Regina Manly, MSA</b></p>	<p><b>Keith McCoy, MD</b></p>
<p><b>Chief Quality Officer NC Medicaid, Quality and Population Health</b></p>	<p><b>Senior Program Manager for Quality of Life Programs, Population Health, NC Medicaid, Quality and Population Health</b></p>	<p><b>Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health</b></p>	<p><b>Tailored Care Management Program Manager, NC Medicaid, Quality and Population Health</b></p>	<p><b>Deputy CMO for Behavioral Health and IDD Community Systems, Chief Medical Office for Behavioral Health and IDD</b></p>

**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
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
Josh Walker	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.



# Key Updates

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## Tailored Care Management Provider Manual

The Department will release an updated Tailored Care Management Provider Manual, reflecting the following changes:

- As part of completing the care management comprehensive assessment, **the assigned care manager must ask for the member’s consent for participating in Tailored Care Management.** The Provider Manual will provide additional guidance, including specific requirements for the Innovations and TBI waiver populations.
- The Provider Manual will include **Standard Terms and Conditions** for Tailored Plan contracts with AMH+ practices and CMAs.

## Tailored Care Management Data Technical Assistance Forum

- The Department convened the first data technical assistance forum on March 10 and the second on March 17.
- Please reach out to the following email with any questions about participating in future data technical assistance forums:  
[Medicaid.TailoredCareMgmt@dhhs.nc.gov](mailto:Medicaid.TailoredCareMgmt@dhhs.nc.gov)



# **Acuity Tiering and Contact Monitoring**

# Acuity Tiering Overview

The Department will assign each member to an acuity tier (e.g., low, medium, high), which will determine the expected intensity of care management services needed and the level of payment an organization providing Tailored Care Management receives for the member.

## Methodology

The Department has worked with its actuaries to develop a methodology to determine the acuity tier for each member. The methodology will be run every six months and accounts for the following factors:

- Behavioral health (BH), 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.

The Department will send acuity tier information to the Tailored Plans, which will transmit that information to providers via the beneficiary assignment file.

# Acuity Tiering, Contact Requirements, and Payments

Members with higher acuity are expected to receive more intensive care management and a higher number of contacts; providers will be compensated accordingly to account for this higher level of workload.

Tailored Care Management Contact Requirements				
Acuity Tier	Members with Behavioral Health Needs		Members with an I/DD or TBI	
	Minimum Contacts	Final Rate (PMPM)	Minimum Contacts	Final Rate (PMPM)
High	At least 4 contacts per month, including at least 1 in-person contact	\$395.06	At least 3 per month, including 2 in-person contacts and 1 telephonic contact	\$395.06
Moderate	At least 3 contacts per month and at least 1 in-person contact quarterly	\$269.66	At least 3 contacts per month and at least 1 in-person contact quarterly	\$269.66
Low	At least 2 contacts per month and at least 2 in-person contacts per year, approximately 6 months apart	\$162.08	At least 1 contact per month and at least 2 in-person contacts per year, approximately 6 months apart	\$100.81

**Organizations providing Tailored Care Management will receive the appropriate care management per member per month (PMPM) payment for the first contact delivered to a member in a month but must still deliver the minimum required contacts for each member.**

# Contact Monitoring Overview

While only one contact is required to receive the Tailored Care Management PMPM payment, the Department will monitor organizations providing Tailored Care Management to ensure that members are receiving care management at the appropriate intensity level.

- **Levels of Oversight:** The Department will be responsible for overseeing Tailored Plan care management contacts, and Tailored Plans will be responsible for overseeing AMH+/CMA care management contacts.
- **Biannual Assessment:** The assessment of Tailored Care Management contacts will occur biannually (i.e., every six months).
- **Panel-Level Contact Monitoring:** The Department or Tailored Plan will monitor care management contacts at the panel level, rather than at the member level.
  - At the end of the monitoring period, the Department or Tailored Plan will calculate the “share of contacts met” for each organization as follows:

**Sum of All Completed Contacts\***

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**Sum of Minimum Required Contacts for Engaged Members**

**This approach gives organizations the flexibility to manage their panels while monitoring that they are delivering an appropriate number of contacts (on average) for engaged members and accounting for lags in the data used for acuity tier determinations.**

**\*NOTE:** To account for outliers and prevent gaming, the methodology will cap the number of contacts that may be included in the numerator at 200% of the minimum across all billed months (i.e., a maximum of 16 contacts for a high acuity BH member with two billed months).

# Contact Monitoring Overview (continued)

## Compliance Thresholds

- The Department has established the following compliance thresholds:
  - Fully compliant: 75 – 100% of contacts met.
  - Partially compliant: 50 – 74.99% of contacts met.
  - Noncompliant: 0 – 49.99% of contacts met.
- Partially compliant and noncompliant organizations will receive education and technical assistance from the Department and/or Tailored Plans; there will also be penalties for organizations that repeatedly demonstrate noncompliance.



### Entity Found to Be *Partially Compliant*:

- First Instance: Entity is notified of issue and receives education and technical assistance (TA).
- Second Instance: Entity must submit a corrective action plan (CAP) if issue has not been remediated.
- Third Instance: Tailored Plan subject to liquidated damages and other sanctions\*; AMH+/CMA decertified.



### Entity Found to Be *Noncompliant*:

- First Instance: Entity is notified of issue and receives education and technical assistance. Entity also required to submit a CAP.
- Second Instance: Tailored Plan subject to liquidated damages/other sanctions\*; AMH+/CMA decertified.

## Considerations

- The Department has emphasized flexibility in its monitoring approach by establishing compliance thresholds below 100% and providing several opportunities for organizations to remedy any identified issues.
- Panel-level monitoring also accounts for members whose care management needs change within a monitoring period (e.g., “low” acuity member experiences hospitalization, “high” acuity member responds to treatment and has fewer needs).

\* Tailored Plan is only subject to liquidated damages and other sanctions if it is the organization delivering Tailored Care Management.

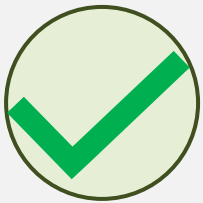
# Contact Monitoring Example: Fully Compliant

The provider below has been determined to be fully compliant. No further action is needed.

Provider's Panel During Monitoring Period (6 Months)			
Acuity Tier	Members with Behavioral Health Needs	Contacts Delivered for Each Acuity Tier	Minimum Required Contacts
High	Five members billed in each month	102	120 (5 members X 4 contacts per month X 6 months)
Moderate	Five members billed in each month	71	90 (5 members X 3 contacts per month X 6 months)
Low	Ten members billed in each month	91	120 (10 members X 2 contacts per month X 6 months)

Share of Contacts Met Calculation

$$\frac{\text{Sum of All Completed Contacts} = 102 + 71 + 91}{\text{Sum of Minimum Required Contacts for Engaged Members} = 120 + 90 + 120} = \frac{264}{330} = 80\%$$




Note: Full calculation will be done using member months to account for members who enroll/disenroll during the six-month monitoring period.

# Contact Monitoring Example: Partially Compliant

The provider below has been determined to be partially compliant. The Tailored Plan must notify the provider and provide education and technical assistance to remedy the identified issue(s).

Provider's Panel During Monitoring Period (6 Months)			
Acuity Tier	Members with BH Needs	Contacts Delivered for Each Acuity Tier	Minimum Required Contacts
High	Four members billed in each month	75	96 (4 members X 4 contacts per month X 6 months)
Moderate	Six members billed in each month	60	108 (6 members X 3 contacts per month X 6 months)
Low	Twelve members billed in each month	74	144 (12 members X 2 contacts per month X 6 months)

Share of Contacts Met Calculation

$$\frac{\text{Sum of All Completed Contacts} = 75 + 60 + 74}{\text{Sum of Minimum Required Contacts for Engaged Members} = 96 + 108 + 144} = \frac{209}{348} = 60\%$$


Note: Full calculation will be done using member months to account for members who enroll/disenroll during the six-month monitoring period.

# Discussion

The Department is considering several possible approaches for gathering data on Tailored Care Management contacts and seeks feedback from the Tailored Care Management TAG on the best approach.

*Options for gathering data on care management contacts delivered:*

- a. Providers submit a **claim for each individual care management contact**; payment would be issued upon completion of the first contact
- b. Providers submit a **claim only for the first care management contact of each month** – this would trigger payment; providers would track subsequent contacts through a **separate reporting process**

**Question: Do you have a preference on the Department's approach to monitoring care management contacts?**



# Public Comments

## Next Steps

# Next Steps

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## **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 April 22 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:*

April 22, May 27, 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](#))