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# North Carolina Medicaid Care Delivery Model

Advance Medical Home Tier 3 Care Management Delegation

June 2022

# What is Managed Care?

- Health plan run by government vs. members enrolled in a health plan run by a Prepaid Health Plan (PHP)
- Most services will remain same with exception of members choice of health plan that meets their personal situation
- Department of Health & Human Services (DHHS) defined six regions covering North Carolina
- Carolina Complete Health (CCH) is the only Provider Led Entity (PLE)
- CCH was awarded 3 of the six regions (regions 3, 4 & 5)



# Department of Health & Human Services (DHHS) Vision for NC

- Seamless Coordination
- Patient Centered Care
- Move from Volume to Value
- Progression of High-Value Care
- Engages and Supports Providers
- Improvement of Population Health
- Advancement of Program Sustainability
- More Accurate and Responsible Cost Management



# DHHS' Overall Goal for the State of North Carolina

Department of Health and Human Services' goal is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care, which addresses both medical and non-medical drivers of health.



Source: North Carolina's Proposed Program Design for Medicaid Managed Care | August 2017



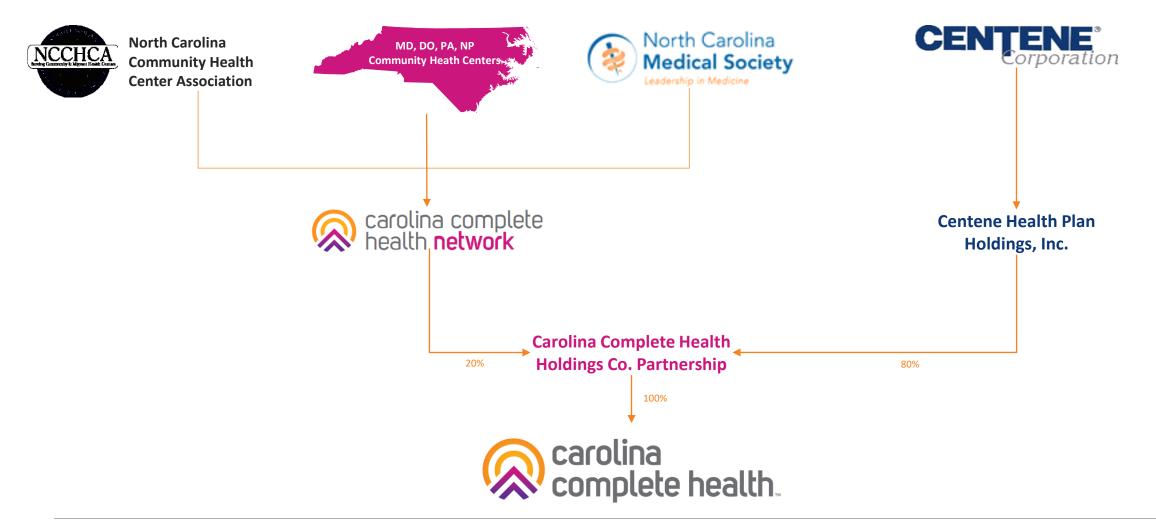
# Carolina Complete Health Network (CCHN)

# Founding Partners

North Carolina Medical Society	North Carolina Community Health Center Association	Centene Corporation
<ul> <li>Almost 10,000 members</li> <li>Leading health policy in North Carolina</li> <li>Engaged in practice transformation and provider recruitment strategies</li> <li>Advocating for medically underserved and rural populations</li> </ul>	<ul> <li>42 health center grantees and look-alike organizations</li> <li>Serving over 631,000 underinsured and uninsured</li> <li>300 clinical sites across 84 North Carolina counties</li> </ul>	<ul> <li>Fortune 50 (#26) company with over 35 years' Medicaid experience</li> <li>Operates health plans in 50 states</li> <li>Over 26.2M members in Medicaid, Medicare, and ACA Marketplace</li> <li>Building new East Coast Headquarters in Charlotte</li> </ul>
North Carolina Medical Society Leadership in Medicine	Serving Community & Migrant Health Centers	<b>CENTENE</b> <i>Corporation</i>



# Locally Owned and Operated



# Provider Relations Team – Provider Support

- First line of defense
- Provider Support Triage
- Claims, Billing, and Payment Questions/Denials
- Contracting Questions
- Schedule C Updates
- Provider Directory
- Prior Authorization (PA) & Coverage Questions

- General Questions
- Joint Operating Committee (JOC) collaboration/support
- Collaboration/Partnership with Provider Engagement (PE) Team
- Provider Payment Inquiries (Payspan)

## Provider Engagement Team – Corporate Connections/Independents

- Boots on the ground visits
- Provider Education
- Provider Orientation
- Provider Portal Questions
- Care Gap Closure
- Pay for Performance (P4P) & Value Based Payment (VBP)
- Innovation & Transformation
- Performance, Data and Reporting
- Quality/HEDIS
- AMH Oversight Partnership

- Coding & Best Practices
- Practice Support
- JOC Meetings
- Stakeholder Meetings
- Collaboration with Community Partners (SOCs, AHEC, Specialty Societies, etc.)
- Medical Policy Advisory work
- CIN/ACO Support
- Provider-led customized Analytics



# Carolina Complete Health (CCH)

Why we're in business	OUR PURPOSE			
Transforming the health of the community, one person at a time				
What we do OUR MISSION				
Better health outcomes at lower costs				
What we represent OUR PILLARS				
Focus on the Individual + 🐼 Whole Health + Kore Local Involvement				
What drives our activity OUR BELIEFS				
We believe healthier individuals create more vibrant families and communities.	We believe treating people with kindness, respect and dignity empowers healthy decisions.	We believe we have a responsibility to remove barriers and make it simple to get well, stay well, and be well.	We believe in treating the whole person, not just the physical body.	We believe local partnerships enable meaningful, accessible healthcare.

# North Carolina's Only Physician-Led Medicaid Plan

A joint venture between **Centene Corporation**, the **North Carolina Medical Society (NCMS)**, the **North Carolina Community Health Center Association (NCCHCA)** and the shareholders in the **CCH Network** to collaborate on a patient-focused, provider-led approach to Medicaid Transformation.



#### A first-of-its-kind partnership

Carolina Complete Health is the result of a collaboration between the North Carolina Medical Society, the North Carolina Community Health Center Association, and Centene Corporation.



#### **Provider-led**

We give doctors and FQHCs (Federally Qualified Health Centers) a voice in key policymaking. We believe providers are essential to Medicaid Transformation and are committed to helping providers remain strong and viable, especially important during the pandemic.

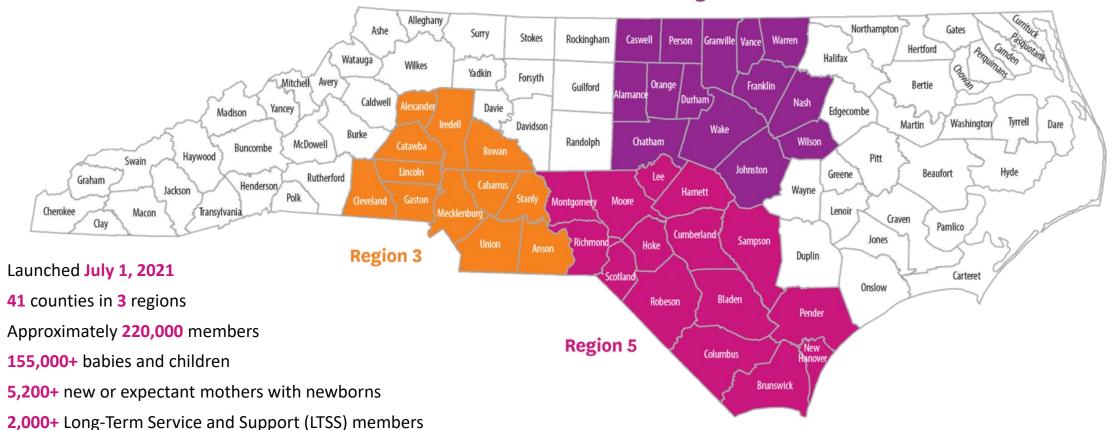


#### **Patient-centered**

Carolina Complete Health helps patients get the care they need, when they need it, through local, regional and community-based resources.



# **Our Commitment to North Carolina**



**Region 4** 

- **9,000+** Providers in Network
- Corporate office in Charlotte with regional offices in Durham and Wilmington

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# AMH Tier 3 CM Delegation Oversight

# What is an AMH?

### The Advance Medical Home (AMH) is intended as a minimum initial framework for which PHP's and practices innovate around payment and delivery models to support local care management.



# Alignment from Carolina Access to Tiers

Tier	Practice Requirements	Care Management Responsibility
1	Same as for Carolina Access	Heath Plan (PHP)
2	Same as for Carolina Access	Health Plan (PHP)
3	Tier 1 and 2 requirements and additional Tier 3 care management responsibilities	Practices responsible; AMH practices may arrange for care management to be performed by CIN/other partner at their discretion

• AMH Program designed to support increased provider responsibility for overall population health and total cost of care

### **Tier Structure**

- AMH Tier 1 & 2 Care Management responsibilities remain the primary responsibility of the Health Plan
- AMH Tier 3 Care Management responsibilities lies with the provider or through the partnership of a Clinically Integrated Network (CIN) or other care management entity

# **Delegated Care Management Distinct Requirements**

- AMH Tier 3
- Management of Total Attributed Members
- Ability to Receive Claims Data Feeds
- Development of Patient Centered Care Plans
- Local Health Department Strategies
- Care Management Penetration Rates
- Care Management Engagement
- Active Care Management

Source: NC DHHS Advance Medical Home Manual

# Local Health Departments (LHD)

- LHD administer Care Management for High-Risk Pregnancies (CMHRP) and Care Management for At-Risk Children (CMARC) birth up to their 5th birthday
- Performance Measures:

#### Penetration Rate (by LHD)

- Monthly & annual utilization (penetration) rate by LHD tracked against a state target
- 1.23% CMHRP
- 1.85% CMARC
- 22% AMH Tier 3's including LHD rates

### LHD Process Requirements

- All Health Plan referrals have 3 outreach attempts within 7 days
- All care management members have completed assessment/care plan within 15 days (CMHRP) and 30 days (CMARC)

Source: Care Management of High-Risk Pregnancies and At-Risk Children



# **Care Manager Transformation Team**

# Meet the Care Manager Transformation (CMT) Team

- Team of Nurses
  - Clinical Auditors
  - Clinical Nurse Liaisons
- Provide Care Management Oversight & Monitoring
- Supports those Providers and Local Health Departments (LHDs) as they advance along the Advance Medical Home (AMH) and Value Based Payments (VBP) continuum



# **Clinical Nurse Auditor**

Lead	Initiate	Oversight	Perform	Identify
Lead, monitor and evaluate the performance of statewide delegated providers according to state requirements	Initiate and Complete Tier 3/LHD Audits	Oversight, monitoring and follow-up support for practices, CIN's, LHD's and other partners	Perform a pre- delegated audit with provider to determine readiness and ability to meet state requirements and contracted services	Identify process gaps and deficiencies and communicate audit observations, recommendations, and process improvement opportunities

# Meet the Carolina Complete Health CMT Team



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# **Clinical Nurse Liaison**

Acting	Serving	Providing	Working
Acting as the liaison between CCH and the CM entity regarding management of shared members	Serving as a subject matter expert on delegated case management	Providing support in the form of interventions or education to the CM entity in order to meet requirements set by NC DHHS for case management	Working in partnership with CM entities to resolve barriers to care to improve outcomes

# Meet the Carolina Complete Health CMT Team



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# Questions?

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### Valuable Resources

- NC DHHS AMH Provider Manual
- <u>NC DHHS CMARC/CMHRP Program Guide</u>
- <u>NC DHHS Quality Strategy</u>
- <u>Carolina Complete Health Network Provider Resources</u>
- <u>Carolina Complete Health Provider Portal</u>
- <u>Carolina Complete Health Delegated Oversite Email</u>
- <u>Carolina Complete Health Website</u>

