

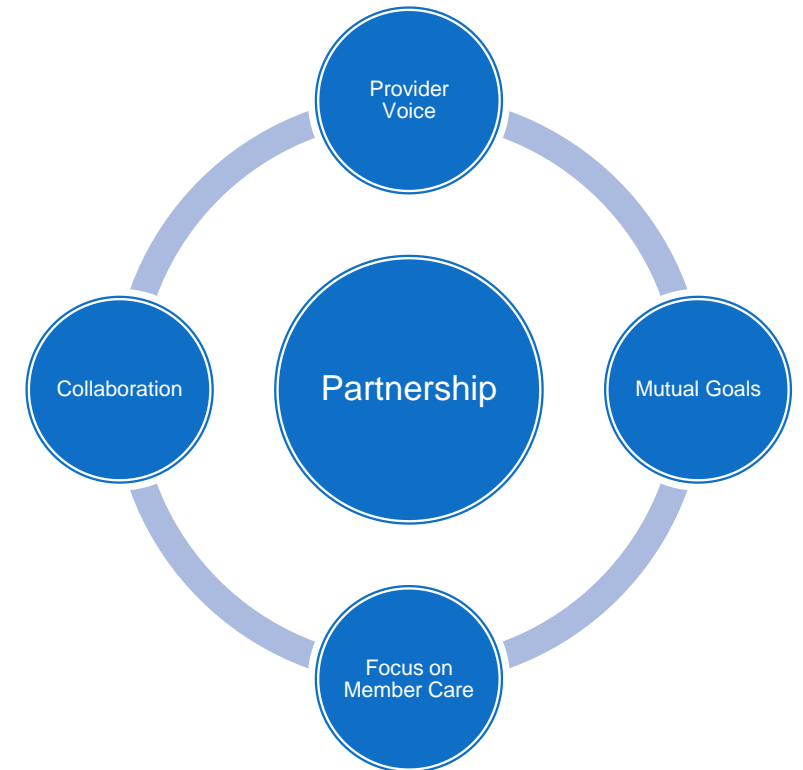


LME/MCOs, Tailored Plans, and Tailored Care Management An Update for Physical Health Providers

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Carolina Complete Health and Partners

- **Partners Health Management** and **Carolina Complete Health** bring a shared vision for true partnerships with all providers across the system of care, which is reflected in our network management model.
- As the only Provider-led Entity (PLE), **CCH** seeks out physician and clinician expertise in medical policy and aim to give providers a voice in how to best to care for their patients while reducing administrative burden.
- Since **Partners'** inception as a managed care organization, **Partners** has executed a strategy of collaboration with providers.
- Our mutual goals is to aid provider success as they offer accessible, robust and effective services for members.



We envision a world where all people live their fullest and happiest lives possible.



North Carolina LME/MCO Model

Partners is a Local Management Entity/Managed Care Organization (LME/MCO).

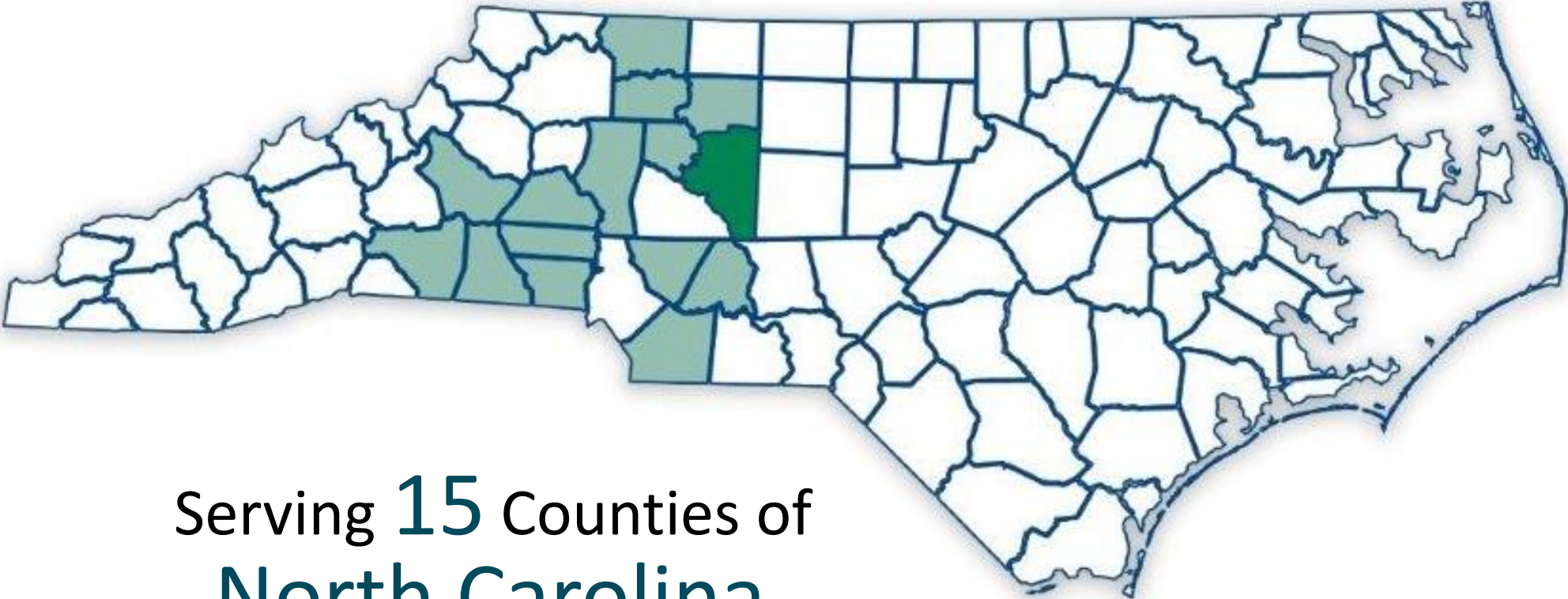
LME/MCOs are organizations that manage federal Medicaid, state and county funds through a contract with the North Carolina Department of Health and Human Services (NCDHHS).

There are currently **four** LME/MCOs across North Carolina to cover all 100 counties. (*Alliance, Partners, Trillium and Vaya*).

Eastpointe and Sandhills recently consolidated with Trillium.

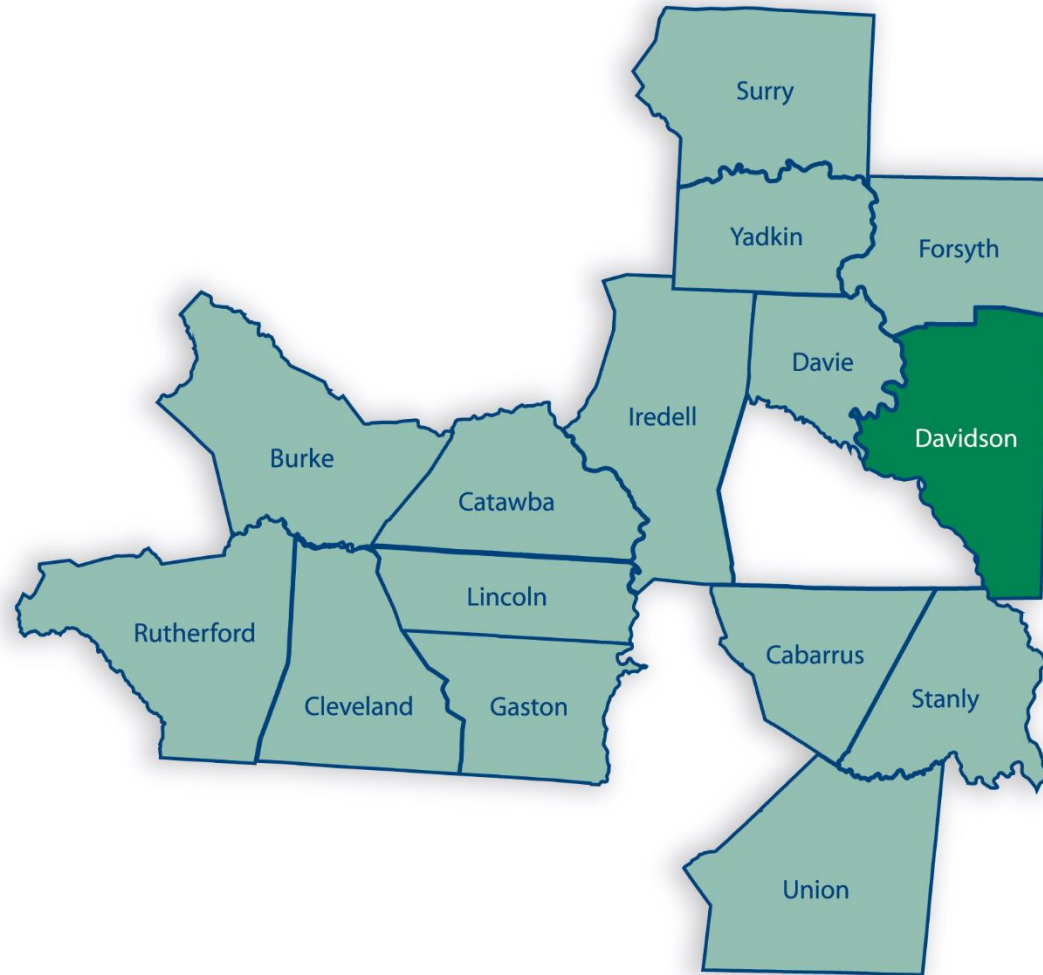


Partners Health Management Catchment Area



Serving **15** Counties of
North Carolina

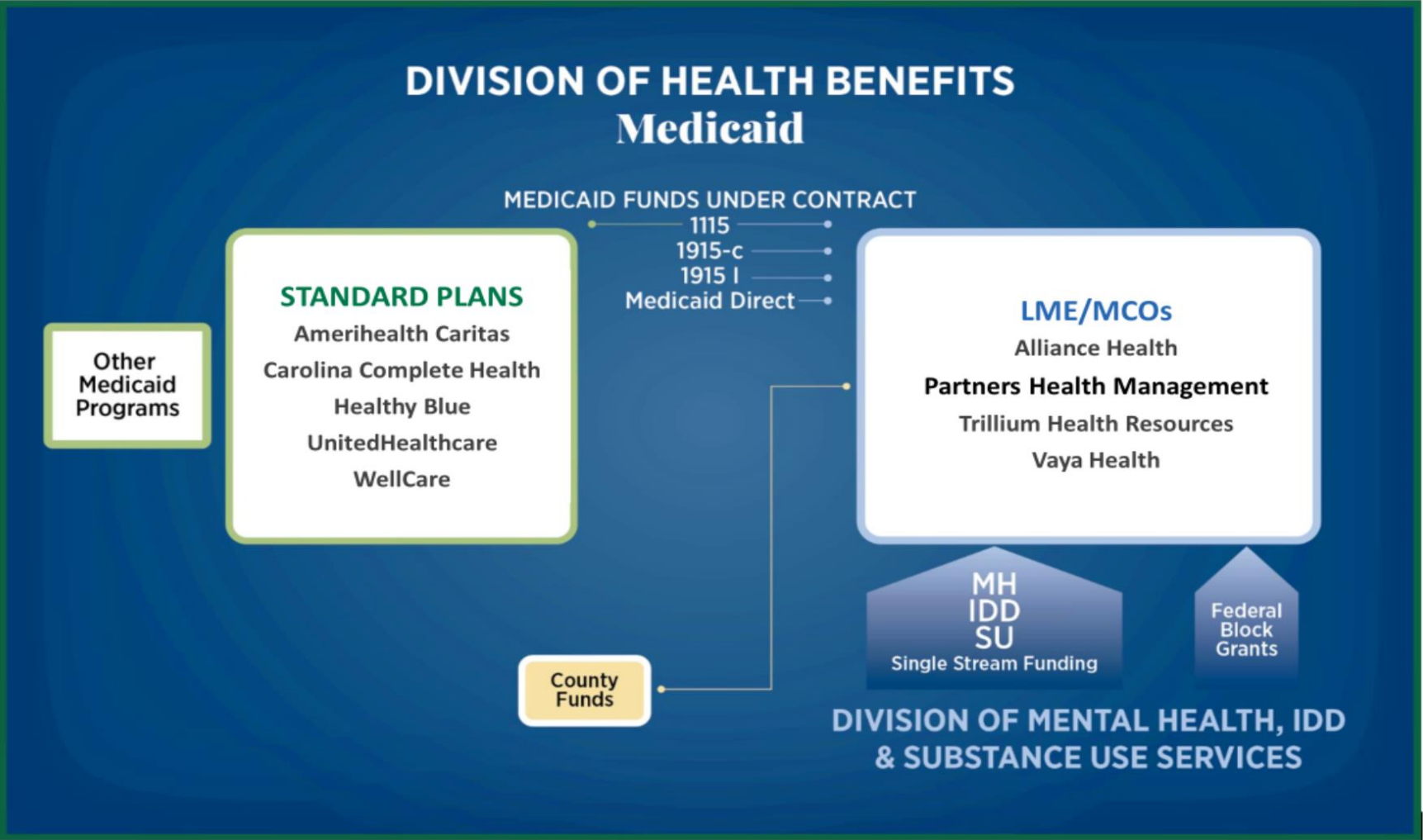
Serving 15 Counties of North Carolina



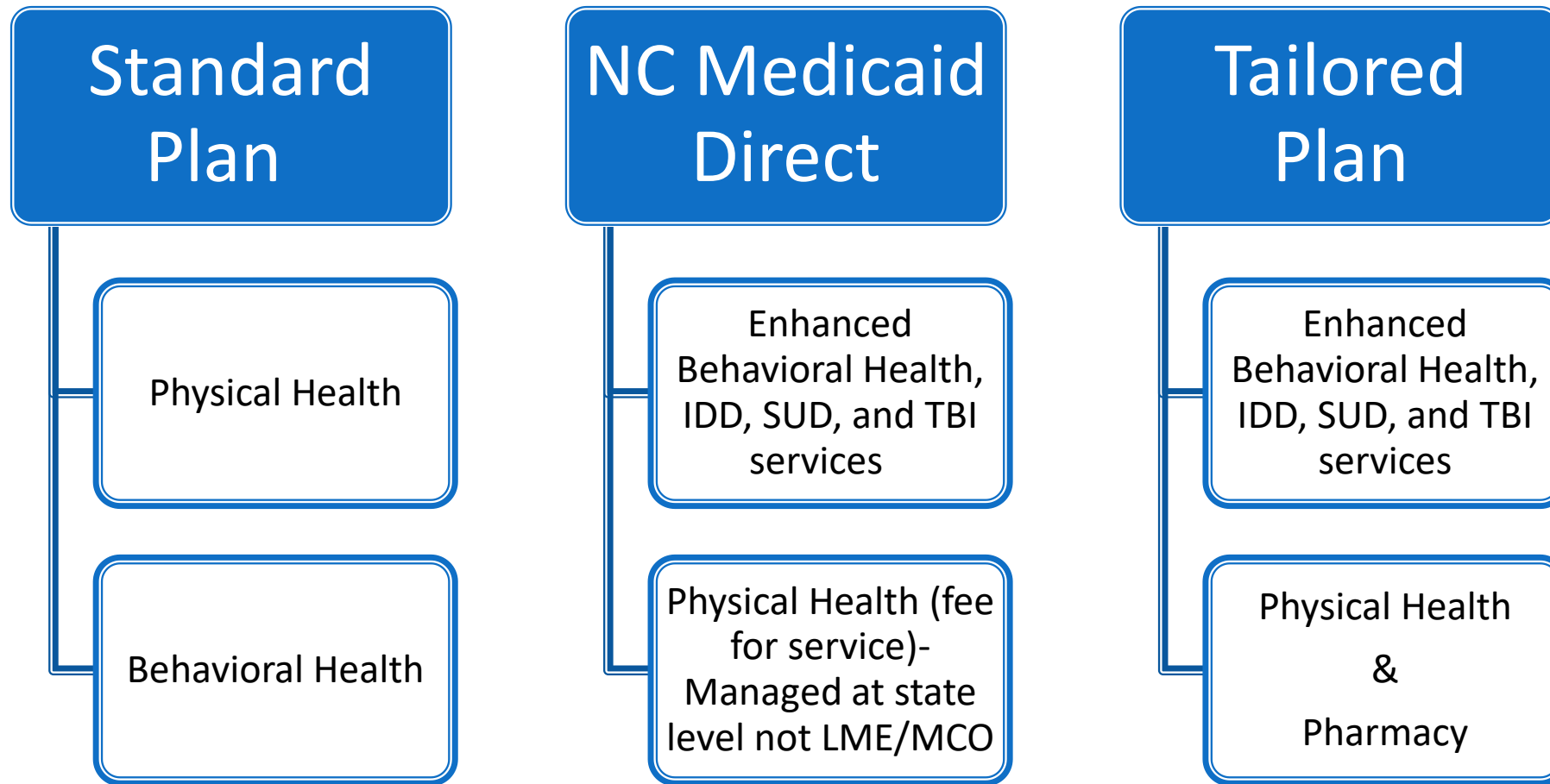
Partners Health Management

- Is a Managed Care Organization that operates a health insurance plan for Medicaid and other state and local funds that ensures access to care for people who need mental health (MH), substance use disorder (SUD), intellectual and/or developmental disability (I/DD) and traumatic brain injury (TBI) services.
- Manages a network of providers to deliver treatment and services.
- Provides Tailored Care Management (TCM) to members who are eligible and choose Partners for TCM.
- Provides education, advocacy and support for members receiving services in our area, through member engagement, community engagement, system of care training (GAST, CIT), PartnersACCESS call center.
- Staffs a 24/7 crisis call center for behavioral health concerns.
- Will add management of **Physical Health and Pharmacy Services** with the start of the Tailored Plans on July 1, 2024.

Medicaid Health Care in NC



NC Medicaid Transformation



NC Medicaid Direct Services

NC Medicaid Direct offers added services not otherwise available through Standard Plans

Some of these include:

- Residential treatment facility services for children and adolescents
- Child and adolescent day treatment services
- Intensive in-home services (IIH)
- Multi-systemic therapy services (MST)
- Psychiatric residential treatment facilities (PRTF)
- Assertive community treatment (ACT)
- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- Innovations Waiver Services (I/DD members)



Medicaid Direct Eligibility

To qualify for Medicaid Direct now (and future Tailored Plan) you must qualify financially for Medicaid AND

- Currently need (or have previously received) an enhanced BH/SUD/IDD service not available in SPs
- Have a diagnosis (from a list of specific ICD-10 codes on claims) of Serious Mental Illness, Serious Emotional Disturbance, Intellectual/Development Disorder or Traumatic Brain Injury (TBI) (diagnosis list available online)
- Have a diagnosis of Substance Use Disorder (ICD-10 on claims) AND need an enhanced service not available in SPs
- Have a history of two or more psychiatric admits or ED/crisis visits in the last 18 months
- One episode of involuntary commitment to a state facility
- Have had or currently have a prescription for Clozapine or a Long-Acting Injectable Antipsychotic (LAI)
- Have had or currently are receiving Electroconvulsive Therapy (ECT)
- <https://medicaid.ncdhhs.gov/appendix-b-behavioral-health-idd-tailored-plan-criteria-0/download?attachment> This link provides further details and includes the link to the Request to Move Form

Tailored Plans – coming July 1, 2024

The Tailored Plans are a specialized North Carolina Medicaid health plans serving most people with Intellectual/Developmental Disabilities (I/DD) Severe Persistent Mental Illness (SMI), Substance Use Disorders (SUD), or Traumatic Brain Injury. **They will manage physical health, behavioral health and pharmacy services.**

All four LME/MCOs will manage Tailored Plans across North Carolina with start date of July 1, 2024. The current BH services in Medicaid Direct will continue while adding the Physical Health and Pharmacy service management.

Tailored Plans will serve both uninsured and underinsured recipients who may be eligible for State-funded behavioral health services and supports.

Important Timelines for PCP Contracting to Serve TP Members

KEY DATES FOR TRANSITIONING TO TAILORED PLANS

Key Date	Event
March 15, 2024	Last day for Primary Care Providers (PCPs) to have fully executed contracts with Tailored Plans for inclusion at the start of the Beneficiary Choice Period.
April 13, 2024	Tailored Plan Auto-Enrollment begins.
April 15, 2024	Beneficiary Choice Period begins; Beneficiaries can choose a PCP by contacting their Tailored Plan
April 22, 2024	Enrollment Broker begins mailing transition notices to beneficiaries
May 15, 2024	Last day for beneficiaries to choose a PCP before PCP auto-assignment
May 16, 2024	PCP Auto-Assignment (by Tailored Plan) for beneficiaries who have not chosen a PCP
May 23- June 7, 2024	Tailored Plans begin mailing welcome packets and ID cards with PCP assignment beneficiaries
July 1, 2024	Tailored Plan launch

Source: <https://medicaid.ncdhhs.gov/what-providers-need-know-tailored-plan-launch/download?attachment>



Who Will Remain in NC Medicaid Direct?

- **Medicare Medicaid Dually Insured**
- Foster Care/Adoption population
- Health Insurance Premium Program (HIPP)
- CAP C
- CAP DA
- Long-term Skilled Nursing (SNF) patients
- Medically Needy Medicaid program
- Legal immigrants



What is Tailored Care Management?

Eligible members will have one selected care manager supported by a care team from different areas to provide whole-person care management to meet the member's health needs.

Tailored Care Management began as a soft launch on Dec. 1, 2022.



Why Tailored Care Management?

- ▶ On average someone with Severe Mental Illness (SMI) or I/DD dies **20-30 years earlier than general population**
- ▶ These early deaths are related to a higher incidence of **chronic illness** (often not diagnosed or well managed), lifestyle risk factors, and lack of preventive care
- ▶ **Social Drivers of Health (SDOH)** like homelessness, lack of support or payment, as well as trauma and anxiety around health issues, often prevent individuals with SMI from accessing appropriate care in our fragmented system
- ▶ Inherent **bias** and **stigma** create disparities in the quality of care provided
- ▶ Evidence shows integration of **behavioral and physical health** improves outcomes and saves money through increased **prevention interventions**, leading to decreased **Emergency Department (ED) visits and hospitalizations**



Role of Tailored Care Manager

Members in Tailored Care Management have one Care Manager responsible for coordinating all services and supports to include physical, behavioral, and social drivers of health.

Care Managers will:

Complete a Care Management Assessment (at least annually)

Develop a Care Plan

Maintain regular contact

Coordinate services to address the member's needs

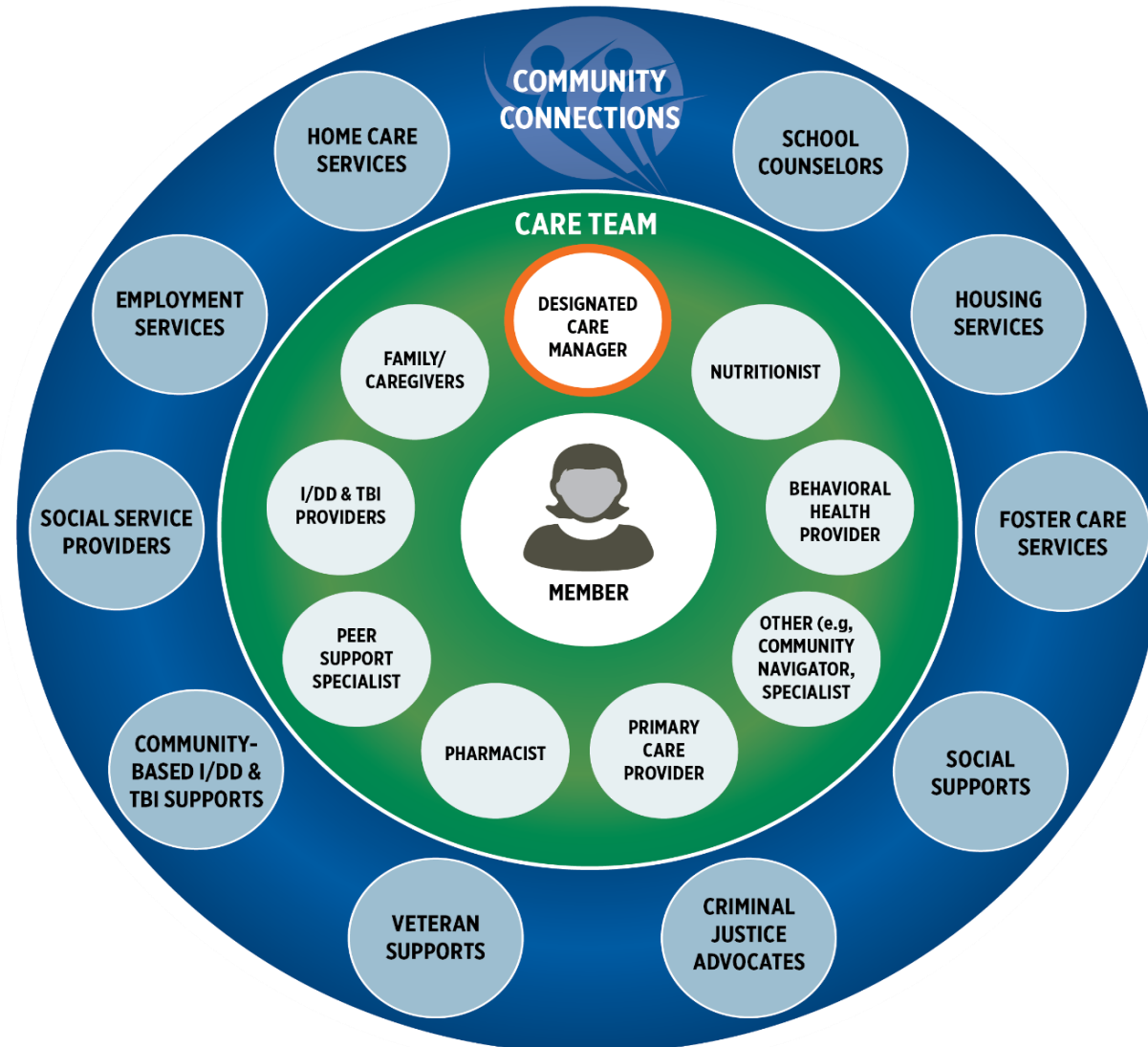
Be part of the multidisciplinary care team

Address unmet health-related resource needs by connecting members to local programs and services

Be available the entire time a member is enrolled in a Behavioral Health I/DD Tailored Plan



Tailored Care Management



Member Choice

Members choose (or are assigned) the agency that will provide their care management.



Tailored Plan (Partners Health Management)



Care Management Agency (CMA)



Advanced Medical Home Plus (AMH+)



Contact Partners for a list of agencies and the areas they serve.

TCM and the Primary Care Home

Connection

- TCM staff will be contacting practices to obtain info/provide info/assist with complex care needs
- HIPAA care coordination exception applies. ROIs are not required.
- Assigning individual Points of Contacts at practices may decrease confusion and admin burden

Coordination

- TCM staff recognize that primary care is the gateway to good health and are working to ensure these complex members get preventive care visits, referral follow ups, hospital discharge follow ups, med reconciliation, and education
- TCM requires assessment for SDOH needs and connections to resources to address these. Potential Medicaid reimbursement for certain SDOH related services for our members is on the way!
- TCM requires assessment of all service needs and can refer and advise on enhanced Behavioral Health services, IDD services (Innovations Waiver and others), SUD, and TBI supports and programs

TCM and the Primary Care Home

- **Support and Assistance**

- TCM is to be a resource not a burden for providers. Please alert us if there is abrasion, increased admin burden, or needs that are not being addressed
- 60% of our members are currently served by an outside Care Management Agency (CMA) or Advanced Medical Home (AMH+) not directly by Partners, but as a delegated authority
- Please ask your patients/LRP, who you believe may qualify, if they have an assigned TCM
- TCM assignment should be visible in NCTracks
- Reach out to Partners if TCM assignment or engagement is needed

Contracting with Partners Tailored Plan

- ▶ Physical Health Providers may enter a contract with Partners Tailored Plan through our physical health partner, Carolina Complete Health
- ▶ Please initiate your contract with the [Contract Request Form](#)
- ▶ You may also reach out to the Carolina Complete Health Network team via email at: networkrelations@cch-network.com

Note: Prior to contracting, providers must be credentialed with NC Medicaid. NCTracks is the system of record for provider enrollment data.

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