FEBRUARY 18, 2020

NC DHHS Transition of Care Policy Overview

TRANSCRIPT

0:05
Hello everyone. This is Trish Farnham. And the first thing I want to do is do a technical check Christina. Can you hear me? I can hear you Trish. Can you hear me? Great. Yep, we can hi everyone Hi everyone welcome. My name is Trish Farnham and I'm a senior health policy analyst and I'm very excited to be presenting to you an overview of the North Carolina Department of Health and Human Services transition of care draft policy.

0:35
I want to acknowledge my colleagues who are instrumental in helping with this. First of all Garrett Prokos who is our Accenture project manager and Christina Trovato who is managing our webinar and Christina. We can see your screen just to let you know we can see your emails.

0:56
Thank you very much. Yep. No the next one.

1:02
So we are hopefully providing you with important information today about our department intended Direction and design with transition of care activity. We have a number of goals that we are hoping to accomplish through today's session. First of all to make sure you all have an overview of our overarching transition of care design many of you all probably are familiar with our intended Direction, but we certainly want to make sure everyone on the call has an opportunity to learn about it.

1:32
Additionally, we want to provide attendees with a summary of our transition of care policy processes and requirements. So even though we won't be going line by line through the draft policy. We hope that to give you at least a good solid General overview of what's included and some of the directions within the policy and then finally our goal is to invite feedback on the transition of care policy content and where appropriate the general transition of care direction that the department is moving.

2:01
Forward with a few months a few notes of housekeeping. First of all, you all are on a global mute. So we really appreciate your joining and we invite you to listen and to take notes importantly Christina has uploaded the presentation in the handout section of the webinar. So if you haven't already discovered that please know that it is available there for you importantly.

2:28
We want questions on any part of the Care policy even the detail that we are not necessarily covering specifically in this overview, but we are also asking that those questions be submitted through the chat box function which is available to you again on

the webinar panel. We will be taking those questions offline cataloging them addition to the within in addition to the other questions. We receive through our comment opportunity and cataloging them and then providing written more organized response.

3:01
Answers to all questions received. So if you'd like to get a jump start on your questions, feel free to submit something through the chat box and we will take that back and incorporate it into the question-and-answer documents that will come out as a result of this public comment period next slide.

3:26
So the net for the next several slides, we just want to provide a little bit of a mental model for the framework that we of have worked to establish in developing our transition of care of processes and requirements and some of the found foundational principles and design elements that we hope our Advanced through that those processes so next slide.

3:52
So one of the things that I personally and I think our team is really excited about related to our transition of care work is that early in the process?

4:02
The Department's leadership team established a vision specific for transition of care and that Vision has guided all of our work toward in developing the transition of care policy and in the related requirements and that vision is written on the page and as as it's as beneficiaries beneficiaries moved between service Delivery Systems, the department intends to maintain continuity of care for each member and minimize the burden on providers during the transition. This Vision resulted in two key design priorities one is to ensure that service and provider continuity for transferring members remain safe guarded and to its to establish supports for providers during this transition.

4:52
It's also important to note as we kind of move into the more specific elements of our transition of care design to be clear on what we're talking about.

5:02
So those of us who have worked in the transition space before May tend to think of transitions as being when someone moves between settings and a transition between settings in this context transition of care is really about the migration between service Delivery Systems including Between health plans and between health plans and their fee for service programs. So it's important to know that when we talk about transition of care. We're really talking about the members migration between Service delivery system, even if they never change where they're located next slide.

5:45
So in order to effectuate this vision and to reflect that Vision in our transition of care design, we established a number of design priorities that really served as guard rails for our work and those design priorities are listed here and they include facilitating uninterrupted service coverage through transitions supporting continuity of care through effective data transfer ensuring that there was clear and organized communication between entities transitioning.

6:14
At ease and establishing additional safeguards for high engagement members recognizing that in the Medicaid in the Medicaid population. There are folks who may not require any additional support or assistance as they choose new plans and there will be other individuals who rely on the plans to provide additional supplemental support through that process. And finally, we recognize that none of this is truly appreciated or understood if members and providers are not well.

6:44
Well educated on these processes so part of our goal today and moving forward and impasse work is to ensure that those are member population and our provider population are informed on how these processes will work next slide.

7:03
So a bridge is often a metaphor for transition of care work, but in North Carolina, our reality is perhaps better conceptualize as at Ridge and this bridge accessed Ridge is a three-way bridge that actually exists in Midland Michigan and it recognizes that there are various Pathways transition of care Pathways that a North Carolina Medicaid beneficiary may experience.

7:28
So a member May enroll from Medicaid paid direct and enroll into a PHP and then and then subsequently enrolled in a different PHP that member of a then subsequently disenroll from a PHP back into Medicaid direct.

7:44
So it's important to know that there are various Pathways that a member may experience and as we develop a transition of care design, we have to be mindful of all of these next slide to continue the bridge metaphor. We this is an example of what we don't want. We don't want processes that are unclear or have gaps in the expectation that result in gaps in care for a member.

8:14
next slide so transition of care design is inherently interdisciplinary. I think most people kind of intuitively understand that that when a member transitions between service Delivery Systems, there are multiple dimensions and multiple disciplines at play. And so we just wanted to acknowledge that and to also recognize that as we have worked to develop our transition of care processes and expectations.

8:42
We have worked very closely with subject matter experts in other areas to ensure That the transition of care design it is aligned and informed by the priorities and the processes established in other areas and vice versa.

8:58
next slide so as we start getting into the weeds of the transition of care requirements, we want to again provide a little bit of clarification on some terms and also provide some clarification conceptually on how transition of care activities are being established and processes are being established. So when we talk about transition of care, we've already clarified that that means that we're talking in this context about transitions between service Delivery Systems yet.

9:30
We also need to identify and recognize Guys, even within that even within that Dynamic there are two timing distinctions that need to be noted. First of all when the North Carolina Medicaid Managed Care Program is reactivated and is a new launch date is established, which we'll talk about in a little bit.

9:50
There will be a large transition kind of a mass transfer of many Medicaid beneficiaries into a do type of Service delivery model and when that happens we talk about out the protections and the safeguards and the processes related to supporting members through that process as being part of the crossover experience. So when we talk about crossover we're talking about the time-limited safeguards that the state has established right at the time of the Medicaid Managed Care launch and so those processes and requirements while they harmonize and certainly should be aligned with ongoing transition of care requirements. They are specific and distinct and set up to be such for that.

10:32
I wanted to time around that launch date. Similarly. We have another Dynamic and timing called ongoing transition of care and this is anticipated to be the typical transition Dynamic that members will experience after the initial launch of the Managed Care Program. So this is when we talk about members transferring between one Health Plan and another or transferring back into fee-for-service.

11:00
These are the types of dynamics that are captured under the ongoing transition of care design work importantly for a number of reasons that we will touch on other transition of care requirements and other transition related requirements are also included in the transition of care policy. So it's important to note that even though this these are a little different than transferring between service Delivery Systems.

11:26
We want to acknowledge the member Dynamic and and the importance of other transitions that mmm May experience related to things like a change in provider or the required responsibilities related to Transitional Care Management, which is a subset of the overarching Care Management requirements.

11:47
next slide so we know that many folks on this call. In fact, this whole attended this entire attendee list is probably a very well-informed group. And so we know that some of these details that we're about to go over a probably well known at this point, but just to level set when we to make sure people are clear on what we're talking about when we say certain things. We wanted to do some terminology clarification.

12:15
So first of all, we have migrated as a state to referencing our current Medicaid Program to Called North Carolina Medicaid direct. So when you hear the term Medicaid direct it talking about the service delivery program that we currently have established our fee for service programs our local management entity Managed Care Organization programs

are LMU mcos. The PACE program. It is the packaging for all of those current Medicaid programs that exist prior to the Medicaid Managed Care launch.

12:49
Like I've alluded to already the North Carolina Medicare They'd Managed Care Program are those refers to those specific services and the and the service delivery model that will be in place when the five prepaid health plans often short-handed and referred to as php's or also called standard plans or the standard plan option. When those five Health Plans launched that will conceptualize North Carolina Medicaid Managed Care Program. And so it serves as a distinction between what we currently have.

13:22
Just Medicaid direct and the services that will be provided through those health plans and that will be under the umbrella term of Medicaid Managed Care importantly, we know that the tailored plan is a very important priority and a very important interest among many fake people. We want to make sure people are clear on what that term is and just to clarify that is going to be a network of specialized plans for members the significant Behavioral Health needs and or intellectual and developmental.

13:52
Abilities importantly in this conversation when we say a member is tailored plan eligible. We're referring to beneficiaries who are eligible for tailored plan enrollment, even if they are currently enrolled in the standard plan, so they potentially qualify to be enrolled in the tailored plan. Even if there's currently standard plan numbers, and finally we wanted to articulate the concept of an advanced Medical home or often short-handed as an AM H again.

14:22
This is a concept that many folks on.

14:24
This call are probably very familiar with but we just want to clarify the terms so importantly under the Medicaid transformation effort the Advanced Medical home model replaces our current Primary Care Care Management model for beneficiaries enrolled in a PHP and it's our effort as a state to ensure that PHP members experience coordinated local Care Management wherever appropriate And importantly while PHP remain responsible for oversight Care Management functions including transition of Care Care Management activities can be delegated to tier 3. Amh practices.

15:06
We're not going to go into detail on the amh design today. But if you are interested in additional information, please visit the Medicaid transformation website for additional context and materials.

15:19
next slide So we're now going to segue into going into the details of our transition of care draft policy and provide an overview of both its design background and also its content next slide.

15:42

so as you all may already appreciate the transition of care requirement has long been established in the request for proposals that served as the foundation of the contract with the awarded prepaid health plans or the php's the requirements that were established in that RFP really were generated from a variety of sources that inform transition of care practice so importantly Transition of care practice among Managed Care organizations is guided at the federal regulatory level for 42 CFR 4034 for 3862. So it's important that it's you know that Federal Regulation provides an important framework for all the transition of care requirements that we're going to be talking about today.

16:34
Additionally, the department solicited stakeholder input and experience and Incorporated stakeholder input and experience into shaping the design of those transition of care requirements that were originally established in the PHP RFP and finally using our are very very talented Consulting team. The department leaned on other states experience and again experience in our own state to identify transition of care.

17:04
best practice and integrate those best practices into the resulting RFP requirements after the RFP was released and then later awarded to our current five prepaid health plans. We went through an additional exercise and went through the process with our health plans and with additional internal and external stakeholders to really evaluate the high level requirement that were in the original RFP to ensure.

17:35
We had not missed anything and to ensure that we have we had examined and potentially and potentially That address any potential gaps in the original requirement, and we'll talk a little bit about some of the things we identified through that process, but just at a high level we noted that as we were establishing this transition of care policy that we wanted to fortify. The requirements related to care managed members and Care manage population, and we also wanted to fortify the requirements for members dissing rolling from all Managed Care programs.

18:12
We also recognize that we wanted to fortify and clarify the transition of care requirements around that time that I mentioned earlier called crossover. And finally we wanted to really flesh out and clarify some specific expectations related to supporting members who were tailored plan eligible.

18:36
So those are going to be the key areas that you may see a difference between the original P requirements and the subsequent transition of care policy next time so when we talk about the transition of care policy, it's important to understand the scope of the policy. So as you can appreciate from some of the earlier slides, there's going to be a lot of transition of care Dynamics at play when are prepaid health plans launched in the future. And so it's important to clarify that even though there are a number of entities that are going to be impacted and the contribute to a transition of care.

19:23

Design, the Department's transition of care policy right now is limited and focused on those requirements that apply to those prepaid health plans. So it's very important to note that at this point. The transition of care policy Works to establish. The requirements assigned to prepaid health plans in transition of care activities.

19:49
We have collaborated and worked with our other partners and other vendors related to Transition of care work to ensure that those requirements are related requirements aligned with these these requirements established in the policy, but it's very important to know the scope of the policy is focused on PHP transition of care activity.

20:10
Just provide an overview since we're not going to be going line by line through the policy when you do have an opportunity to review it. If you haven't already you will notice that there are a number of sections within the policy and we just wanted to give you an overview of those sections the policy starts out by providing a general transition of care overview require. Excuse me, a requirements related to all transitions of care. So General transitions of care.

20:39
Requirements that apply to all transitions we then provide additional information on safeguards for transitioning members who also receive Care Management and we'll talk a little bit about what those requirements look like.

20:53
We then provide a section on safeguards for transitioning members dissing rolling from North Carolina Medicaid Managed Care again recognizing that in some ways people will be moving back into a service delivery model that is not as coordinated as the They are leaving.

21:12
We then have a section in the policy that really articulates the state's expectations related to a change in provider.

21:22
And then we round out the policy by establishing the Transitional Care Management requirements.

21:30
Finally in the policy before we get to the appendix. We want to note that definitions may also be very helpful to review as you're reviewing the policy and those are obviously established in the policy as well.

21:42
And then finally, we have established to appendices in this transition of care policy. The first one is to articulate and to outline those requirements related to cross over again. These are going to be considered time-limited simply because crossover is a time-limited dynamic but we've really felt it was important to establish these requirements and then to publish them as part of the policy for feedback and finally like I've referenced several times. There is a second appendix.

22:11

Appendix B that outlines the additional considerations for supporting tailored plan eligible standard plan members. So again, as you are reviewing the transition of care policy draft and submitting your comments. We wanted you to have a general sense of how it was organized.

22:30
next slide so we want to acknowledge a very important Dynamic at play currently that I'm sure everyone on this call is well aware of as folks. Probably. Well. No the department suspended our Medicaid Managed Care activities last November due to a budget stalemate as a result the North Carolina Medicaid Managed Care Program did not go into effect on February 1st of this year.

23:05
Originally intended importantly. The department has not established a revised launch date. So we are still in a suspended status. Although I'm sure this group is well aware of this. We want to note that with North Carolina Medicaid Managed Care suspended the Medicaid Program will continue to operate in its current fee-for-service models administered by the department. Nothing will change for Medicaid.

23:35
Beneficiary they continue to get Services as they do today Behavioral Health Services will continue to be provided by the lme mcos as they are today and all Health Providers enrolled in Medicaid are still part of the program and will continue to build the state through and see tracks again. This is probably well-known and well-understood at this point, but we do we want to emphasize this point.

23:59
It's also important to note that during suspension. The department is continuing to work towards improving and fortifying its Medicaid Managed Care processes and requirements in order to use the time that suspension has afforded to really examine and fine-tune details to really create even a stronger program when the new launch date is established. It's important to know that we are doing this on a reduced.

24:29
Reduced scale and potentially a Time limited basis. So as we know more about the long-range trajectory of the budget Dynamics, we make decisions as a department about how to either continue planning or to Sunset planning until more information is known.

24:50
Final note that we wanted to make sure that stakeholders had an opportunity to review this transition of care policy despite suspension. It's important to know however, that even though we are releasing this policy for comment now this policy will not go into effect until a revised launch date is established. And until the Medicaid Managed Care Program is activated.

25:21
so as we go to the next slide we're going to segue into really starting to talk about how the transition of care processes that are intended to be reflected in the policy will look and so we're going to start with a diagram a simplified diagram that hopefully reflects the process from a members perspective of how the transition between php's will

typically look, It's important to remember as we talk about transition of care that many members most members. In fact enrolled in the PHP will require very little support or assistance through a transition because they are simply selecting a new health plan and much like any of us who select a new health plan at Open Enrollment their Medicaid serves the function of providing healthcare for the occasional annual visit or the well-child visit.

26:21
So it's important to know that for a large number of Medicaid members who are enrolled in the plan. The transition of care process is going to be very straightforward and frankly behind the scenes between the plan but we wanted to walk through that process in order to then build off that process to provide additional information for how the transition of care process will also work for perhaps members who require additional support So as you can see on this diagram we start at the top left.

26:51
remember wants to change from PHP one to PHP to the member has the opportunity to select PHP to through the enrollment broker during their open enrollment and redetermination phase both pH P 1 and P HP to are notified of the members change on an eligibility file called the 834. So when we talk about the 834 it is essentially an eligibility file that provides information to all of the plans about their enrolled members and newly enrolled members.

27:26
Within five business days of this 834 notification the PHP begin the transition of care processes.

27:35
and largely in a general transition of care requirement that's going to involve PHP one sending transition of care data and related files to PHP to those related files and those data are really reflected here. PHP one will send a record of the member services refers to as encounter data.

28:00
They will spend a record of current and recently closed prior authorizations references the PA file and they will also send a member specific transition file, which will go into detail in a minute.

28:14
PHP to then receives and processes the file information ingest it and then uses it for its own internal processing purposes, which we'll talk about in a minute and then remember the transitions to PHP to It's important to know that most enrollment changes will occur on the first of the month following the change request. There are some exceptions for tailored plan eligible members, but in general most enrollment changes or most PHP changes will occur on the 1st of the following month. So depending on the 8:34 notice date files may be transferred after the transition has occurred, but the timelines for those file transitions remains.

28:58
Very tight and will occur around that transition if not before.

29:04
next slide So this is again probably pretty well understood among this group.

29:15
But we wanted to provide some specific detail about why plans need encounter detail and Pa record detail for members who are transitioning into their into their plan and it's important to know that php's use a member service history and prior authorization detail to do a number of interventions and analyses that in Sure, that member is getting the supports that member needs and is and that the PHP remains responsive to those needs. So they use that detail to identify current Services used by the member to identify Trends in service use that may signal a need for additional supports including Care Management to assess whether the members current providers are in the PHP twos Network to confirm that the members primary care practice is in.

30:08
In network and transfer files as applicable and to help ensure that currently authorized Services continue without disruption where applicable so it's important to know that this data transfer provides essential foundational information for a lot of the other safeguards and protections that a member will experience through the transition.

30:31
next slide I also mention the member specific transition file and we wanted to provide additional detail about what we are proposing is included in this file. First of all, it's a member specific file including socio clinical information that's required to really ensure continuity of care. Minimally. This transition file is intended to include the most recent care needs screening results a list of the members current providers a list of them.

31:06
Is currently authorized Services a list of any open adverse benefit determination notices and in addition to those requirements if a member is care managed or if a member will be dissing rolling from this standard plan as a whole meaning all PHP is we are also looking for the plans to transfer a care plan if applicable a comprehensive assessment outcome as applicable.

31:36
And a summary of member clinical detail including medications active diagnosis known allergies and pre-scheduled appointments. Again, our goal is to ensure continuity of care for transitioning members and we filled this transition file advances that goal.

31:58
We're now going to segue to the next slide which outlines at a high level some of the additional protections that the transition of care policy intends to establish for members who receive Care Management and we're in transition. So at a very high level these additional safeguards essentially work to enhance and augment the communication between the two entities of a member who is care managed and is transferring between plans.

32:28
So the addition of the summary of the additional requirements are that there is a requirement that the plans have a warm handoff and a warm handoff is a time-sensitive member specific collaborative exchange between entities conversation.

32:44
We have also set an established additional safeguards to support the member and the communication between entities prior to the transition and then also establish safeguards that ensure follow-up to confirm service continuity between plans.

33:02
So to make sure that everything continued as intended and make sure that if there's any loose ends that need to be tied up that there's a protest process for doing so next slide as I noted at the beginning one of the areas that we have really worked to fortify in the transition of care policy from the original RFP requirements are related to those transition Dynamics will more vulnerable populations. We've talked about some of the transition perk of care protections for Care Management offers. We're now going to talk about some of the additional safeguards for members who are dissing rolling from managed care as you all probably well.

33:46
No legislative requirements exclude or Identified populations from participating in the standard plan and it's very possible. That is standard plan member may become ineligible or exempt for standard plan participation Upon A change in circumstance some of the circumstances that we anticipate most are listed here a Medicaid only standard plan member begins receiving Medicare and therefore becomes dually eligible a child enrolled in the standard plan becomes enrolled in North Carolina foster care.

34:19
Program a standard plan member requires Skilled Nursing Facility Services for longer than 90 days.

34:26
Or a standard plan member becomes eligible for tailored plan Services while this is not exhaustive this list reflects some of the transition dynamics that are that refer that members who are potentially the most vulnerable Medicaid beneficiaries may experience as they disenroll back into a different Service delivery model.

34:49
Importantly as we work to safeguard the members experience. We have established requirements that are reflected in the transition of care policy and related prayer related documents that disc that ensure disenroll in members receive enhanced coordination. Even if the member does not otherwise receive Care Management.

35:11
This includes preparation for the transition as applicable coordination coordinated communication among entities and coordination with necessary assessment entity's importantly providers of dissing rolling members will also received enhance the court to ensure that people are clearly understanding the pathway that their particular client or member is taking as they disenroll from the PHP back into a different Service delivery model.

35:41
next slide On this slide, we've reflected some of the Dynamics that we anticipate will occur when a member has to disenroll from the standard plan option as a whole and disenroll from the medic Medicaid Managed Care Program. We are working because

we recognize that the disenrollment Dynamics for each of these populations is a little nuanced and it's different and the needs of Those Distant rolling population really depend on the population itself.

36:17
So, We're in the process of establishing high level protocols to assist the plans and knowing in a certain scenario who they need to work. With. Who do they need to contact? What are the additional considerations for those dis enrolling members and making sure that they have very concrete information about how to support that particular member through the disenrollment process.

36:43
next slide as you all may have already appreciated in the transition of care policy. There are a number of additional continuity of care protections within the policy that apply to all members. And so we wanted to summarize them here importantly. The member will be held harmless by providers or cost of medically necessary covered Services except for applicable cost sharing a member can complete an existing clinically indicated authorization period established by there.

37:19
HP el-amin CEO or fee-for-service entity for services covered by the PHP.

37:24
So transitioning members will be able to complete existing clinically indicated authorization established by their prior PHP additional provider continuity protections exist for members who are in an ongoing course of treatment or have an ongoing special condition and those are both defined in the transition of care policy definition and in North A general statute 58 6788 this includes a minimal 90-day transitional period and longer for certain clinical circumstances including pregnancy scheduled Surgery organ transplantation in patient care and terminal illness. It's important to note that the goal of plans is to establish as a robust provider network is possible. However, it's also important to note that in the event. Hopefully an unlikely event that it members provider.

38:19
Is not part of the members new PHP Network. There are Protections in place to support members who are transitioning in a nun who have an ongoing course of treatment or have an ongoing special condition. Notably pregnant women may also continue to see Behavioral Health Providers without prior authorization.

38:43
next slide we're now going to segue into the transition of care safeguards for a change in provider. So again, these are dynamics that and these are will process these requirements that are established for when those circumstances where a member changes providers, even if they do not change PHP. So we wanted to identify those and summarize them here. First of all, it's important to know like I mentioned earlier that the plans will work to build a robust.

39:16
Our Network and must meet the Department's Network adequacy standards the safeguards to ensure that they have a robust network of the appropriate providers.

However, in the event that a provider leaves the PHP Network additional safeguards to preserve continuity apply to members who are in an ongoing course of treatment or have an ongoing special condition, like I mentioned on the last slide php's must provide notice to all members of Provider terminations.

39:46
The notice to all members who have received services within 60 days of that termination.

39:53
That notice must be executed within 15 days. If the provider termination is for an on a Mac or PC p and the notice must be within 7 days. If a termination is for an AM H and PCP importantly plans are also required to ensure that members have support in choosing an alternative provider and alternative PCP.

40:21
Importantly, the member will be held harmless for any cost associated in the transition of providers including copying medical records for treatment plans.

40:35
We're going to go to the next one.

40:39
We're now going to segue to talk a bit about Transitional Care Management and some of the requirements that the policy advances related to this function. So the transition it's important to know that Transitional Care Management is part of the broader Care Management function. And so if you are interested in having a better appreciation for how the department intends to conceptualize the Care Management function under Medicaid managed care, we encourage you to see earlier train.

41:09
Material that we can provide links to later in this in this presentation. It's also important to know that this is one area where the transition of care policy expands its scope of it. The transition of care policy in most Dynamics has been focused on when a member transfers between service Delivery Systems or between providers but may not have any change in the location of where they are in this.

41:39
This situation the Transitional Care Management requirements are broader and apply to those Dynamics where a member does transition between setting it's important to note that just like the transition of care requirements. We've already talked about there are there's a federal framework related to Transitional Care Management established in 42 CFR 438 208.

42:05
And so the transition of Transitional Care Management Germans again work to align and to build off of those Federal expectations It's important to also note that the national transitions of Care Coalition and other entities that have identified Transitional Care Management and Care transitions as being pivotal pivotal areas where members needs support have long identified key structural and process indicators of quality Care Transitions, and they're listed here again for this group on the phone.

42:39
These are probably pretty well-known and common sense but importantly Indicator such as ensuring an accountable provider entity at all points of a transition the use of a plan of care the use of a chai tea the use of a care team ensuring communication between providers and ensuring that there is a protocol of shared accountability and effective transfer of information and finally really leveraging patient education and engagement. We have worked to to to honor these expectations.

43:15
stations or these indicators in the design of the Transitional Care Management function next slide So as this group again is probably well aware. We wanted to make sure their everyone was familiar with a term of care Transitions and Care transitions really it becomes a key a key a key to key definition as we talked about Transitional Care Management care transitions are the processes of as testing a member to transition to a different care setting or through a live stage that results in or requires a modification.

44:00
Services, so it's important to know that the department has established that in addition to transferring between settings kind of the hospital to home or the facilities to home model. We're also acknowledging that members who are school-aged and phase out of school age Services also experience a transition that really does necessitate additional support and attention.

44:25
php's have developed methodologies for identifying members who are at risk of readmissions and other poor outcomes and that those methodologies integrate factors such as the patient severity of condition medication risk or the frequency duration and Acuity of facility admissions discharges from identified high-need populations of identified high-need populations such as from Behavioral Health Facilities or needed natal intensive care units and also considering the level of post-discharge Engagement may vary based on the circumstances.

45:05
So it's important to know that the department has long established requirements for how how plans identify members who may be particularly vulnerable through a care transition in order to identify those members and provide rapid response to those members through the transition.

45:26
next slide So this slide really works out. It works out outline the specific function that the Transitional Care Management will assume in supporting identified members through the transition process importantly the level of Engagement. Like I mentioned earlier will vary depending on the member circumstance and Care Transitions and carrot Transitional Care Management activities will be prioritized on those members who are most vulnerable.

46:00
To having adverse outcomes if not better supported through the care transition.

46:06

So this transition functions include ensuring that a care manager is assigned to the transition ensuring that there is Outreach to the members. Amh or PCP and other medical providers.

46:19
Working to facilitate clinical handoffs ensuring that a discharge plan is obtained and ensure review is and that is reviewed with the member and the facility ensure follow-up of outpatient and and or home visits is scheduled within clinically appropriate time window.

46:37
looking to assist in medication management rapid follow-up after discharge and that a comprehensive assessment or reassessment occurs importantly plans are also responsible for accessing admission discharge and transfer often short-handed as ATT data in in real or near real-time and implementing a systemic clinically appropriate process with designated Staffing for is responding to certain high-risk ADT alerts. So it's important to know that the functionality to recognize inpatient admissions has to be established by the PHP in order to provide rapid response and follow-up for those members who would benefit from Care Management Services.

47:30
next slide I want to highlight we're going to segue and move into an overview of appendix a at a very very high level because as I may have mentioned earlier in the presentation, we have worked with our colleagues over the course of the past year to release and conduct a number of trainings related to our crossover design. And so for time we are not going to be addressed.

48:03
Crossover specifically in this session. However, we do want to make sure people are aware of what's in the transition of care policy appendix a and to also direct you to additional trainings that may be helpful. So we want to recognize that the crossover Dynamic again the time limited period right at the Managed Care launch date.

48:29
Has various dynamics that need to be established and addressed and have been in this appendix a topics that we have included include data transfer requirements.

48:43
Management of high-need members supports and services, so we have developed a set of protections for high-need members, and those are defined in the crossover section.

48:56
How to navigate non-emergency medical transportation needs that high-need members experience.

49:04
prior authorization processing at crossover reimbursement for identified services special considerations for adverse determinations and appeals that are in effect at crossover requirements related to member education and a number of other requirements that again we encourage you to review and to provide feedback on As I'll mention later we

anticipate having another round of presentations and educational opportunities as more is known about our revised Medicaid Managed Care launch date, but if you were interested in did not attend any of our sessions provided last fall, we wanted to provide a link to you for one of those sessions here in the notes.

49:55
next slide the final substantive section that we're going to provide an overview on today is appendix B of the transition of care policy and in appendix B, we have established a special considerations for supporting members who may meet tailored plan criteria. So as we have mentioned several times earlier in this session, and as this group probably well knows if a member is identified as tailored plan eligible.

50:29
They have the option of transitioning back to the tailored plan or prior to the tailored plan launch back to the lme and Co Service delivery Network importantly, there are a number of processes to make sure that those members experienced con service continuity as they are transitioning back into the Managed Care back into the Medicaid direct program. Appendix B.

50:59
Be reinforces and clarifies those expectations and establishes and references those other documents that the Taylor Clan design has developed in order to ensure that there is an effective and coherent crosswalking of information between the tailored plan design work and standard plan transition of care design work importantly appendix B, also establishes tailored plan eligible members.

51:29
Remain in or return to the standard plan be identified and designated as a priority population for Care Management.

51:37
So it's important to know that any individual who is tailored plan eligible and elects to remain in or return to the standard plan will be determined to be caracara manage priority population and received Care Management as you all well know there have been a number of Of trainings and publications related to our tailored plan design work and we encourage you to review those trainings if you are interested and they are available in the North Carolina Medicaid provider Playbook and the link is provided here for you.

52:20
We are coming in to our conclusion for today's session. And so I'm going to go to the next slide.

52:34
And really reiterate our invitation for public comment on everything that has been summarized today and the specifics with in the transition of care policy draft that is posted on our transition of care website. It's important to know that the Department's transition of care policy is considered a draft and will likely be refined based on feedback received prior to revise, North Carolina Medicare lunch.

53:04

Eight said beings that set. So please we do actively encourage you to review it and to ask questions questions and insides only make this process stronger and we really do invite invite feedback on all parts of the policy. Just as a reminder. The policy is posted on our transition of care web page. The link is provided here and was also provided in the announcement related to this webinar.

53:31
We appreciate if you would provide specific feedback on a couple of things one if the policy requirements align with the Department's transition of care vision and design priorities of establishing safeguards of service and provider continuity for transferring members and establishing supports providers during the transition. If there are active there are components of the policy that you support. It's important for us to know those two. So we appreciate feedback on where those design the design alive.

54:03
With the vision and if there are areas or recommendations for improving the alignment.

54:09
We also request your feedback on areas that require additional clarification or development often times. The language that is reflected in the transition of care policy has been carried over from earlier are the earlier RFP and there may be opportunities to realign the language to be to be more adjustable. So we invite you to provide feedback on the format and on the on the content.

54:35
We welcome feedback on the policy by submitting an email to the link provided the Medicaid transformation at DHS Dot N c-- dot gov email and if you could please do so by March 6 that will ensure that we organic we accept your feedback and your comments as we're synthesizing all of the comments and re-examining policy components.

54:59
Again, we want to advertise our transition of care web page again.

55:02
The link is provided here that will become an increasingly populated source of information about transition of care activities, and we encourage you to bookmark it if you haven't already At this point we want to provide to pause to invite people to submit questions through the chat box.

55:25
That we can then take offline and catalog as part of our comments.

55:31
justices We will leave the chat box open until three o'clock, but at this point we are completely finished with our presentation today, and this concludes the presentation. Again. Thank you for your attention and your engagement and for your commitment to supporting quality transition of care practices in the Medicaid Managed Care program. Thank you and have a good afternoon.