

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #42 (Conducted Virtually) September 10, 2024

AMH TAG Attendees:

- Coastal Children’s Clinic
- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners
- Carolina Medical Home Network
- CHES Health Solutions
- Duke Connected Care
- ECU MCAC Quality Committee Member
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- WellCare of North Carolina, Inc.
- Carolina Complete Health (CCH)
- United Healthcare
- Children First of North Carolina

NC DHHS Staff and Speakers Name	Title
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Leonard Croom	Program Lead
Evelin Lazaro	AMH Program Specialist

Agenda

- Welcome and Roll Call – 5 mins
- Proposed 2026 Standard Plan Withhold Measures – 15 mins
- Medicaid Expansion Population into Quality Incentive Programs – 5 mins
- Future Meeting Cadence – 5 mins
- Wrap-up and Next Steps – 1 min

Proposed 2026 Standard Plan Withhold Measures

- DHHS provided an overview of the Standard Plan Withhold Program and implications for providers, as well as a summary of the annual review process and an overview of the measures.
- DHHS shared the measure selection process and principles used to choose the proposed measures, as well as the proposed measure set, specifications, proposed scoring approach and rationale for each measure.
 - The group of possible measures includes:

- Well-Child Visits (W30)
 - Childhood Immunization Status (Combo 10); *current 2024 Standard Plan Withhold Program measure
 - Immunizations for Adolescents
 - EPSDT Preventive Screening
 - Prenatal and Postpartum Care (PPC); *current 2024 Standard Plan Withhold Program measure
 - Cervical Cancer Screening
 - Controlling High Blood Pressure
 - Pediatric Asthma Admission Rate
 - Screening for Health-Related Resource Needs (HRRN); *current 2024 Standard Plan Withhold Program measure
- DHHS noted that while the withheld payment is from plans, providers may see increased emphasis on the performance measures included in the Standard Plan Withhold Program (e.g., the inclusion of Withhold Program measures in quality incentive arrangements in provider contracts).
- DHHS requested feedback from AMH TAG members on the 2026 Standard Plan Withhold Program and proposed measures.
- AMH TAG members provided feedback on the Childhood Immunization Status (Combo 10) measure.
 - Multiple AMH TAG members raised concerns with the achievability of performance improvement benchmarks due to challenges with influenza vaccination. AMH TAG members cited challenges engaging vaccine hesitant communities, given influenza vaccination is not mandated.
 - DHHS stated that a goal of the Standard Plan Withhold Program is to focus on measures where the State is performing below national Medicaid averages, such as Combo 10.
 - DHHS noted they have discussed internally the challenges with the Combo 10 measure, are monitoring its performance closely as they receive new data and are considering adjustments to its scoring methodology in the Standard Plan Withhold Program.
 - An AMH TAG member asked if DHHS has considered excluding patients with documented vaccine refusal from Combo 10 measure calculations and cited that some measures in the CMS Quality Payment Program use codes to document patient refusal.
- AMH TAG members expressed concerns that Standard Plan Withhold Program measures may result in negative financial impacts for providers when they are included in their quality incentive arrangements with the plans.
 - DHHS clarified that practice-level quality incentive arrangements are not directed by DHHS and are unique to the arrangements established by each plan and provider.

- DHHS recognized that plan level incentives may flow downstream to providers, and it encourages plans and providers to account for what each party can control in their contracts.
- DHHS stated that a goal of the Standard Plan Withhold Program is for plans and providers to work collaboratively together on complex issues and for plans to also employ strategies beyond provider-level quality incentives to achieve improvements in targeted areas.
- An AMH TAG member expressed concerns with including Prenatal and Postpartum Care (PPC) as a Standard Plan Withhold Program measure, as many of the AMH providers are family physicians and pediatricians that do not provide prenatal or postpartum care.
 - DHHS encourages AMH incentive programs and contracts to balance the expectation of whole-person care with what providers can practically control. The most effective measures and incentive arrangements may vary by provider type, structure and level of experience.
 - DHHS mentioned that including PPC in the AMH quality measure set when it became a Standard Plan Withhold Program measure was intended to provide plans with an additional tool to drive improvement in this area
- An AMH TAG member mentioned that F Code requirements for providers to capture data on timely prenatal and postpartum care delivery has resulted in increased provider burden – an example of a downstream impact of including PPC as a Standard Plan Withhold Program measure.
 - DHHS clarified that requirements regarding F Codes are related to State clinical policy updates and are distinct from the Standard Plan Withhold Program.
- An AMH TAG member asked if the proposed Standard Plan Withhold Program measures will be part of the State’s new standardized primary care performance incentive arrangement, intended to align with Making Care Primary (MCP).
 - Multiple TAG members expressed a desire for strong measure alignment across the State’s quality initiatives (e.g. Standard Plan Withhold Program, AMH Incentive Program, standardized primary care performance incentives).
 - DHHS stated that it is a priority to align measures across quality programs whenever feasible; however, there may be instances when alignment is not practical.
- An AMH TAG member mentioned that sample sizes for the Pediatric Asthma Admission Rate measure will be too small to assess at the practice level.
- An AMH TAG member mentioned that data on the EPSDT measure is not yet available and expressed a desire to understand performance trends before it potentially appears in provider contracts with plans.
 - DHHS will continue to look at trends and collect feedback on the EPSDT measure.
 - DHHS stated that not all measures in the plan-level withhold program will be appropriate for inclusion in the AMH measure set or provider-level contracts

- An AMH TAG member mentioned that challenges with attribution make it difficult for providers to submit measures to plans with different reporting mechanisms.

Medicaid Expansion Population into Quality Incentive Programs

- DHHS acknowledged provider concerns that including the Expansion population in 2024 quality measure calculations may adversely affect quality measure performance by adding large numbers of enrollees that have not received regular care in the past and/or have limited data available on prior care.
- DHHS shared that 8 out of 13 measures in the AMH quality measure set are expected to include a significant number of Expansion members in 2024 performance rates.
- DHHS shared its temporary 2024 policy, which prohibits Standard Plans from refusing to issue incentive payments to AMHs for the eight “expansion sensitive” measures if the sole basis for a provider not meeting performance targets is due to the inclusion of Medicaid Expansion members.
 - DHHS stated that plans are required to submit information to North Carolina Medicaid on how they will operationalize this requirement.
- An AMH TAG member asked if this policy may be extended into future years.
 - DHHS confirmed that the policy is exclusively for the 2024 quality measurement year.
- An AMH TAG member asked about plan requirements for reporting quality rates including vs. excluding Medicaid Expansion members.
 - DHHS stated that plans will have some flexibility in implementing these requirements.

Future Meeting Cadence

- DHHS requested feedback from AMH TAG members on updating the TAG meeting cadence from monthly to bi-monthly (every other month).
- Multiple AMH TAG members expressed support for maintaining a monthly meeting cadence.
 - One AMH TAG member suggested keeping a monthly meeting cadence and cancelling meetings during months with insufficient agenda items.
- One AMH TAG member expressed support for a bi-monthly cadence.
- Multiple AMH TAG members suggested holding a limited number of in person meetings per year in addition to a regular monthly or bi-monthly cadence.
- An AMH TAG member asked if it was possible for seated members to suggest meeting topics.
 - DHHS confirmed that AMH TAG members are encouraged to reach out to them with suggestions for meeting topics to Medicaid.AdvancedMedicalHome@dhhs.nc.gov