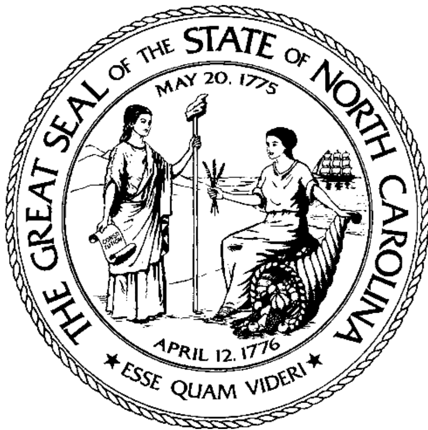

Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #5: AMH Oversight, Risk Stratification, Quality, and Data Subcommittee Updates

July 22, 2019, 11:30 am – 2:30 pm

Williams Building, 1800 Umstead Drive, Room 123B

AMH TAG Membership Introductions and Rollcall

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Zeev Neuwirth, MD	Senior Medical Director of Population Health Carolinas Physician Alliance (Atrium)	Provider (CIN)
Amy Russell, MD	Medical Director Mission Health Partners	Provider (CIN)
Peter Freeman, MPH	Vice-President/Executive Director Carolina Medical Home Network	Provider (CIN)
Jan Hutchins, RN	Executive Director of Population Health Services UNC Population Health Services	Provider (CIN)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Glenn Hamilton, MD	Vice President of Corporate Medical Policy AmeriHealth Caritas North Carolina, Inc	PHP
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	PHP
Michelle Bucknor, MD	Chief Medical Officer UnitedHealthcare of North Carolina, Inc	PHP
Thomas Newton, MD	Medical Director WellCare of North Carolina, Inc	PHP
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc	PHP
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member

Agenda

1	Recap: AMH TAG Meeting #4	11:30 am – 11:40 am
2	Overview and Discussion: AMH Oversight	11:40 am – 12:40 pm
3	Discussion: Risk Stratification Examples	12:40 pm – 1:00 pm
4	Break	1:00 pm – 1:15 pm
5	Briefing and Discussion on Quality	1:15 pm – 2:00 pm
6	Update: Data Subcommittee Progress	2:00 pm – 2:15 pm
7	Public Comments	2:15 pm – 2:25 pm
8	Next Steps	2:25 pm – 2:30 pm

Agenda

1. Recap: AMH TAG Meeting #4 — 11:30 am – 11:40 am
2. Overview and Discussion: AMH Oversight
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Recap: AMH TAG Meeting #4

Tailored Plan Care Management

Value-Based Payment (VBP) in Managed Care

Accountable Care Organization (ACO) Model Design

Agenda

1. Recap: AMH TAG Meeting #4
2. **Overview and Discussion: AMH Oversight** 11:40 am – 12:40 pm
3. Discussion: Risk Stratification Examples
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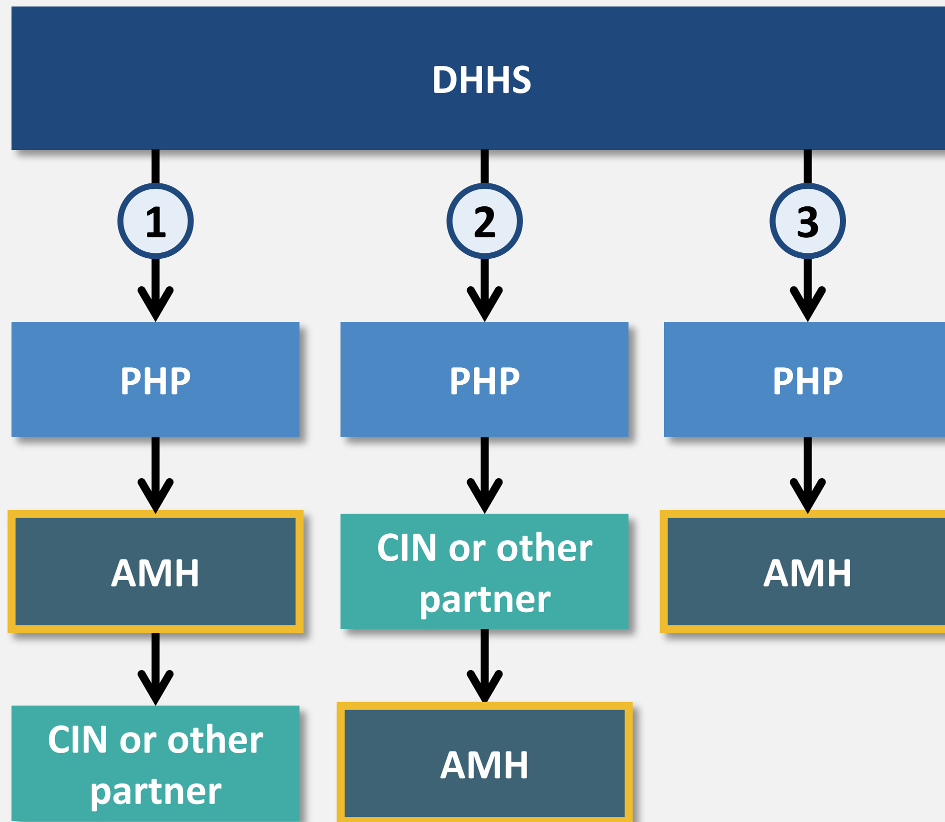
Goals of Today's Discussion on Oversight

- ❑ ***Review PHP-facing guidance on oversight of AMHs and CINs/other partners***

Overview: PHP Oversight of AMH Practices and CINs/Other Partners

PHPs will be responsible for overseeing care management delivered by both individual AMHs and CINs/other partners

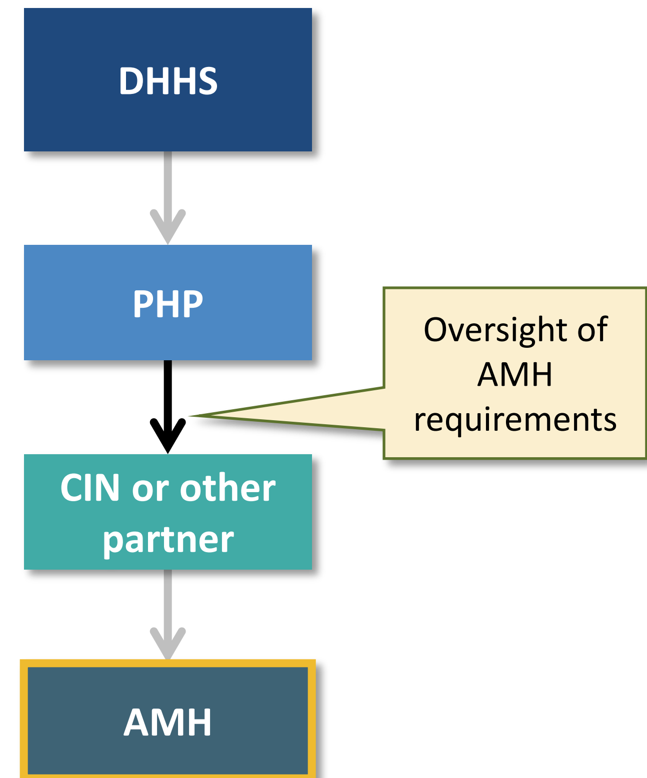


- State policy to-date has focused on oversight of individual AMHs
- The TAG and other stakeholders have identified the need for more guidance around oversight of CINs/other partners
- In response to this feedback, the Department developed PHP-facing guidance that clarifies expectations around oversight of CINs/other partners

Oversight of CINs/Other Partners

The Department recognizes that many CINs/other partners in the market are contracting directly with PHPs on behalf of AMHs and are therefore the PHPs' delegates for care management functions

- In scenarios where CINs/other partners contract on behalf of one or more AMHs and are primarily responsible for delivering care management services, **PHPs should conduct oversight of CINs/other partners directly**
- PHPs must ensure they are not only monitoring against NCQA requirements, but also **AMH program-specific requirements**



Transparency into Oversight Activities

The Department seeks to ensure that AMH practices have transparency into the oversight process for contracted CINs/other partners.

The Department will require PHPs to do the following:

- Provide direct notification to each AMH practice describing the CIN/other partner oversight process
- Provide direct notification to each AMH practice with results of CIN/other partner-level audits

Corrective Action Plans (CAPs) and Expected Remediation Periods

The Department will specify minimum timelines to ensure that AMHs and CINs/Other Partners will have adequate time to remediate compliance issues identified by PHPs

- PHPs will provide care management delegates with the opportunity to remediate any identified issues through a defined process ("Corrective Action Plan" (CAP) or similar nomenclature).
- The Department will require PHPs to provide AMHs and CIN/other partners with a **minimum of thirty (30) days** to remediate any identified issues.
- PHPs and their care management delegates may establish longer remediation periods by mutual agreement.

Tier Re-Classification

The PHP RFP permits PHPs to "re-classify" AMHs into a lower tier if the practice is not complying with program requirements; there is currently no analogous process for CINs/other partners

CIN/other partner-level corrective measures

- The Department expects PHPs to establish defined policies around **CIN/other partner-level CAPs**
- PHPs should clearly define measures that can be taken by the PHP if a CIN/other partner does not comply with a CAP
- Policies should specify the impact of CIN/other partner-level compliance actions on AMHs

AMH options in case of CIN/other partner noncompliance

In the event of compliance actions against a CIN/other partner, individual contracted AMHs will be provided with the choice of the following:

1. Contract directly with the PHP as an AMH Tier 3 provider (assuming the practice has the required capabilities);
2. Contract with another CIN/other partner to fulfill Tier 3 requirements; or
3. Revert to AMH Tier 2

Oversight of AMHs and CINs/other Partners: Discussion Questions

- *Does this guidance clarify how oversight of AMH practices should occur, particularly when contracted via a CIN/other partner?*
- *Will the requirement to provide transparency to individual AMH practices help them understand how CIN-level oversight works?*

Agenda

1. Recap: AMH TAG Meeting #4
2. Overview and Discussion: AMH Oversight
3. Discussion: Risk Stratification Examples — 12:40 pm – 1:00 pm
4. Break
5. Briefing and Discussion on Quality
6. Update: Data Subcommittee Progress
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Goals of Today's Discussion on Risk Stratification

- ❑ ***Recap risk stratification requirements and considerations for PHPs, CINs/other partners, and AMH practices***
- ❑ ***Review and discuss DHHS guidance on risk stratification for AMH Tier 3 practices***

Recap: PHP level Risk Scoring

PHPs will use a combination of claims, clinical screening information and other data to assign each enrollee a risk score

PHP Risk Scoring Requirements

- PHPs will be responsible for using their plan-specific risk scoring methodologies to **identify members of "priority populations" and assign risk scores to all PHP members;** priority populations include:
  - Enrollees with Long-Term Services and Supports (LTSS) needs
  - Adults and children with "special health care needs," a category that includes enrollees with HIV/AIDS
  - Enrollees at rising risk
  - Enrollees with high unmet resource needs related to social determinants of health
  - Any other priority groups identified by the PHP
- The State will monitor scoring methodologies to ensure that the PHP methodologies **adequately identify priority populations**
- PHPs will share risk scoring results and information on priority populations with all AMHs
- AMH Tier 3 practices must use the risk score to stratify their patient panels and inform decisions about which patients would benefit from care management
- PHP risk scoring methodologies must have, at least, the following:
  - Incorporate Care Needs Screening results
  - Claims history and analysis
  - Pharmacy data
  - Immunizations
  - Lab results
  - ADT feed information
  - Provider, social service, member and self-referrals
  - Member's zip code
  - Member's race and ethnicity

Recap: Risk Stratification Requirements for AMH Tier 3 practices

AMH Tier 3 practices must risk stratify empaneled patients to identify those who may benefit from care management

AMH Risk Stratification Requirements

- Use a consistent method to **assign and adjust** risk status
  - AMHs may integrate the PHP's risk scoring results with their own
- Use a consistent method to **combine risk scoring information** received from PHPs with clinical information to score and stratify their patient panel
- Identify **priority populations**
- Ensure entire care team **understands the basis of the risk scoring** methodology
- Define the process of **risk score review and validation**

Recap: Working with CIN/other Partners on Risk Stratification

CINs/other partners can assist AMH Tier 3 practices with Risk Stratification

AMH Risk Scoring Requirements

- **Compile risk scoring results from multiple PHPs** and combine them into a single, actionable risk stratification score
- Incorporate risk scoring/stratification findings **into the Care Plan**, once a risk level has been assigned to an enrollee
- Use analytics to develop more **detailed risk assessments and customized care management** approaches

Risk Stratification: Discussion Questions

What is the AMH TAG's feedback on the programmatic guidance*?

- *Will the guidance help AMHs understand what the practice/CIN level risk stratification is?*
- *Are the examples realistic enough? What would improve them?*

** Proposed Programmatic Guidance on Risk Stratification for AMH Tier 3 Practices was shared with AMH TAG members as pre-reading prior to the meeting.*

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4. **Break** 1:00 pm – 1:15 pm
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6. Update: Data Subcommittee Progress
7. Public Comments
8. Next Steps

Agenda

1. Recap: AMH TAG Meeting #4
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5. **Briefing and Discussion on Quality** — 1:15 pm – 2:00 pm
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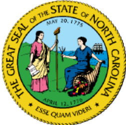
AMH Quality Materials to Date

1



Medicaid Managed Care
Proposed Concept Paper

Provider Health Plan Quality
Performance and Accountability

North Carolina Department of
Health and Human Services

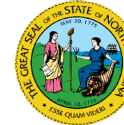
March 20, 2018

2

North Carolina's Medicaid
Managed Care Quality Strategy

April 18, 2019

3



North Carolina's Medicaid Managed
Care Quality Measurement Technical
Specifications Manual

North Carolina Department of
Health and Human Services

April 18, 2019

1. ***Quality and Accountability White Paper provides high-level, preliminary overview of DHHS goals for quality assessment (link)***
2. ***Quality Strategy provides more in-depth review of priorities and approach (link)***
3. ***Technical Specifications discuss specific quality measures required of PHPs (link)***

Note: Additional guidance will be forthcoming for selected measures.

North Carolina Medicaid Quality Approach

Secretary Cohen's Charge for Medicaid Transformation

1. Robust measure set and measure reporting that allow NC to track progress against quality priorities at a stratified level
2. Accountability for quality from Day 1
3. Immediate attention to improving public health priorities, including low birth weight, and promoting health equity

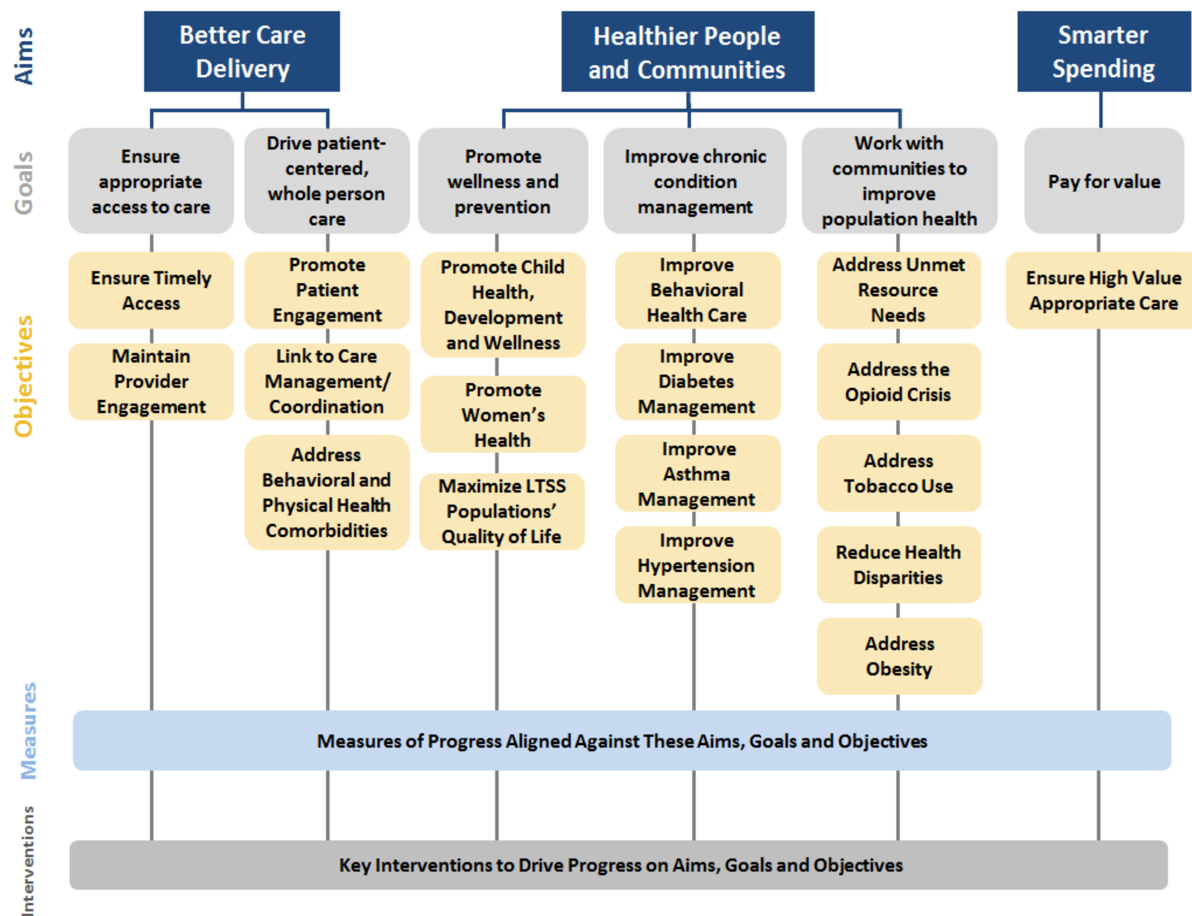
Other Factors Shaping Quality Approach

- DHHS expects providers will require time to update documentation and coding processes for managed care environment
- Public health priorities (particularly low birth weight) require new approach for managed care

Note: Legislative requirements prevent the use of withholds until Contract Year 3.

North Carolina Medicaid Quality Framework

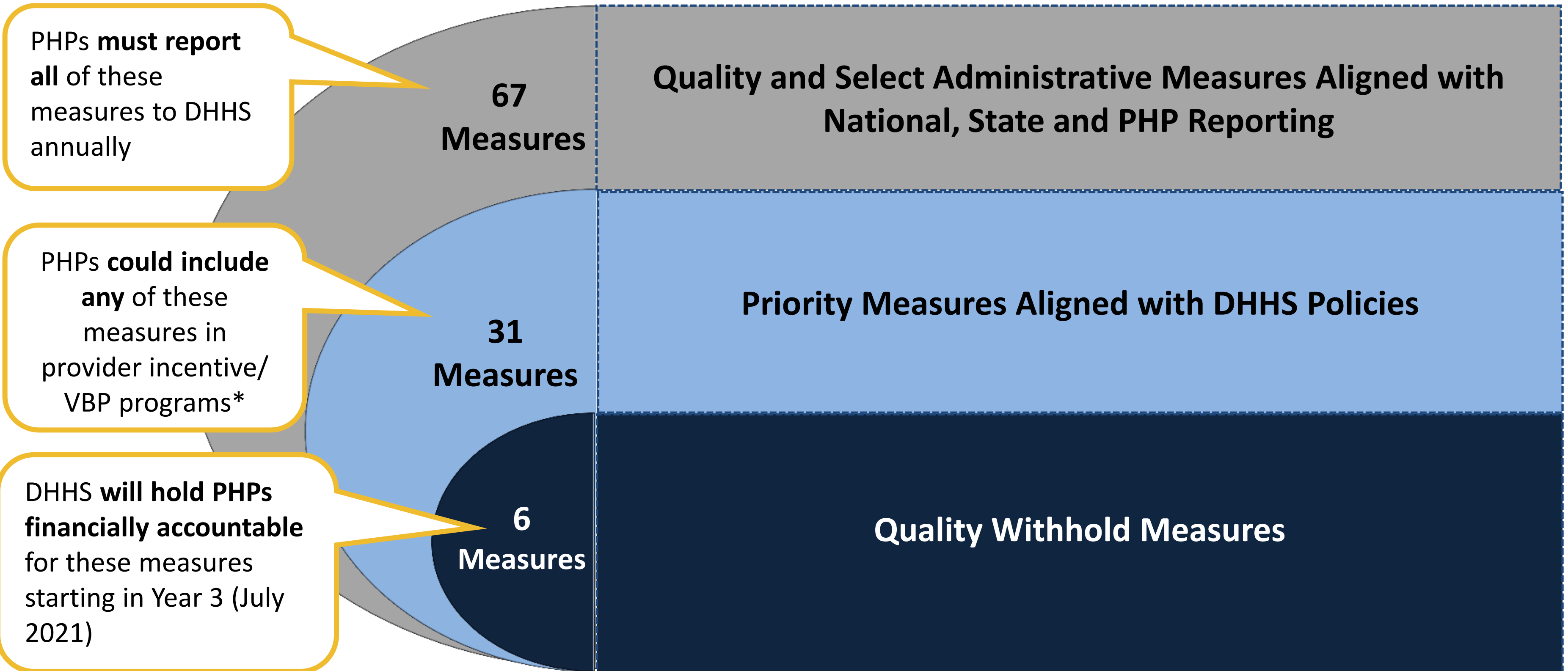
The Quality Framework defines and drives the overall vision for advancing the quality of care provided to Medicaid beneficiaries in North Carolina.



Source: North Carolina Medicaid Managed Care Quality Strategy

Overview: North Carolina Medicaid Quality Measures

PHPs will be required to report on a robust measure set, but must focus on narrower subset of measures reflecting DHHS priorities in contracting with providers. DHHS expects PHPs will incorporate these measures into their contracting and other engagement with practices.



The slides that follow provide further detail on select measures from these lists. For a full list of quality measures, please see here.

**AMH performance incentive programs must be based on a subset of the priority measures- to be discussed later*

Measures to Assess Advanced Medical Home Performance

PHPs will use a subset of priority measures, selected for their relevance to primary care and care coordination, to assess AMH performance and calculate performance-based payments

The state has selected this smaller group of measures to standardize the metrics PHPs uses to assess AMHs. PHPs are not required to use all measures listed, but all AMH measures PHPs select must come from this list.

Measures for PHP Assessment of AMH Practice Quality			
NQF#	Measure Title	Relevant Population	
		Adult	Pediatric
0038	Cervical Cancer Screening	X	
0032	Childhood Immunization Status (Combination 10)		X
0059	Comprehensive Diabetes Care: HbA1c poor control (>9.0%)	X	*
1800	Asthma Medication Ratio	X	*
0576	Follow-up After Hospitalization for Mental Illness	X	X
0027	Medical Assistance With Smoking and Tobacco Use Cessation	X	*
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		X
1407	Immunization for Adolescents		X
0024	Weight Assessment and Counselling for Children and Adolescents		X
0018	Controlling High Blood Pressure	X	*
N/A	Total Cost of Care		
N/A (NYU/ Billings)	Avoidable/Preventable ED Utilization	X	X
N/A (AHRQ)	Avoidable/Preventable Inpatient Utilization	X	*
1768	Readmission Rates	X	*

** Likely low rate for pediatric-only practices*

Interim and Gap Reporting

To facilitate quality improvement throughout the year, PHPs will be required to share interim and gap reports with AMH providers on select quality measures

Interim Reports

Interim reports provide information on quality measure performance trends throughout the year

Providers can use these reports to assess performance throughout the year and identify areas for improvement.

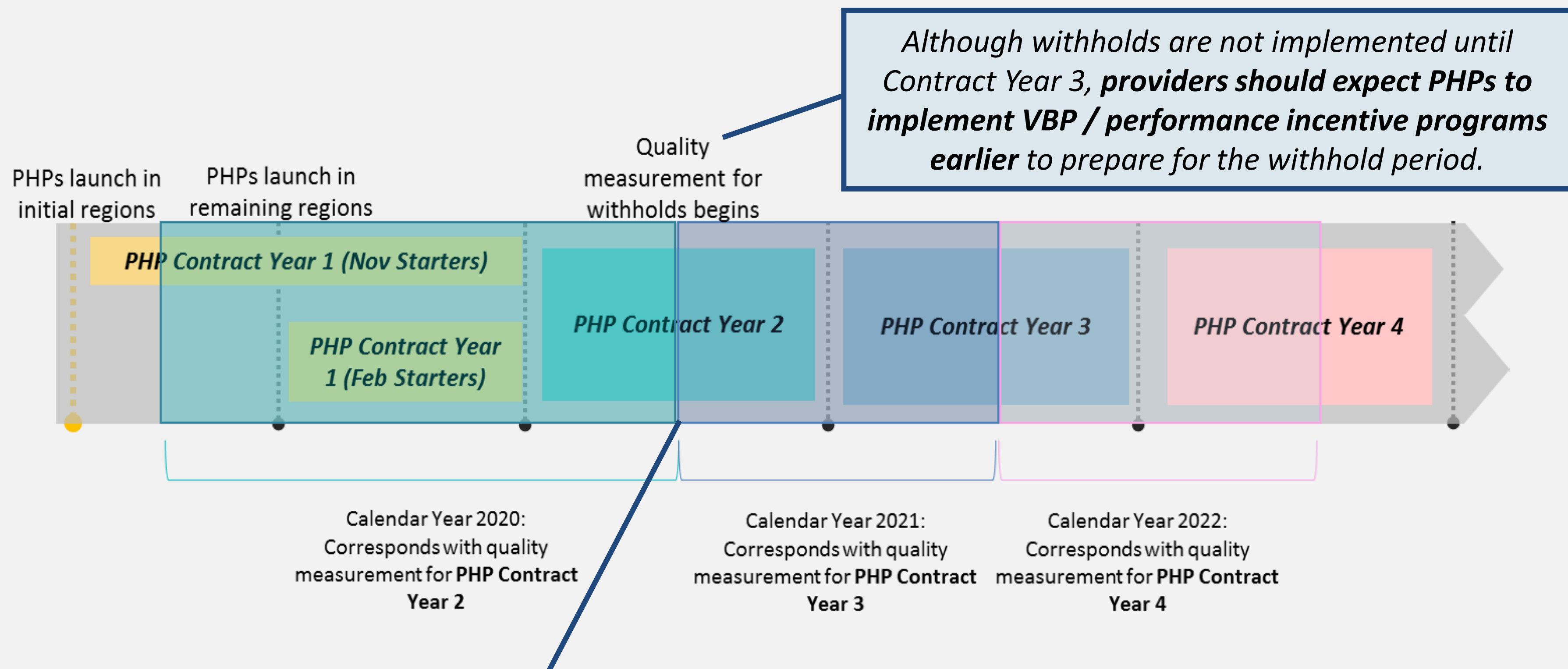
Gap Reports

Gap reports identify specific members who are not listed as receiving recommended care based on PHP records. PHPs will deliver these reports to AMH practices, as appropriate.

Providers can use these reports to support care planning for listed individuals, population health management efforts, and changes in documentation practices

Timeline for Quality Measurement and Contracting

Quality measure reporting will begin with the launch of managed care. For each contract year, PHPs will submit quality performance data measured during the *calendar* year that began in the January before the beginning of that *contract* year.



AMH Quality: Discussion Questions

What future AMH TAG topics can support quality implementation efforts across Year 1 of managed care and AMH implementation?

Options include:

- *Hybrid reporting and QA processes*
- *Approaches to reporting clinical data*
- *Capturing feedback on measures to streamline measure set for future years*
- *Streamlining/Standardizing aspects of Pay-for-Performance programs to focus efforts*
- *Other suggestions?*

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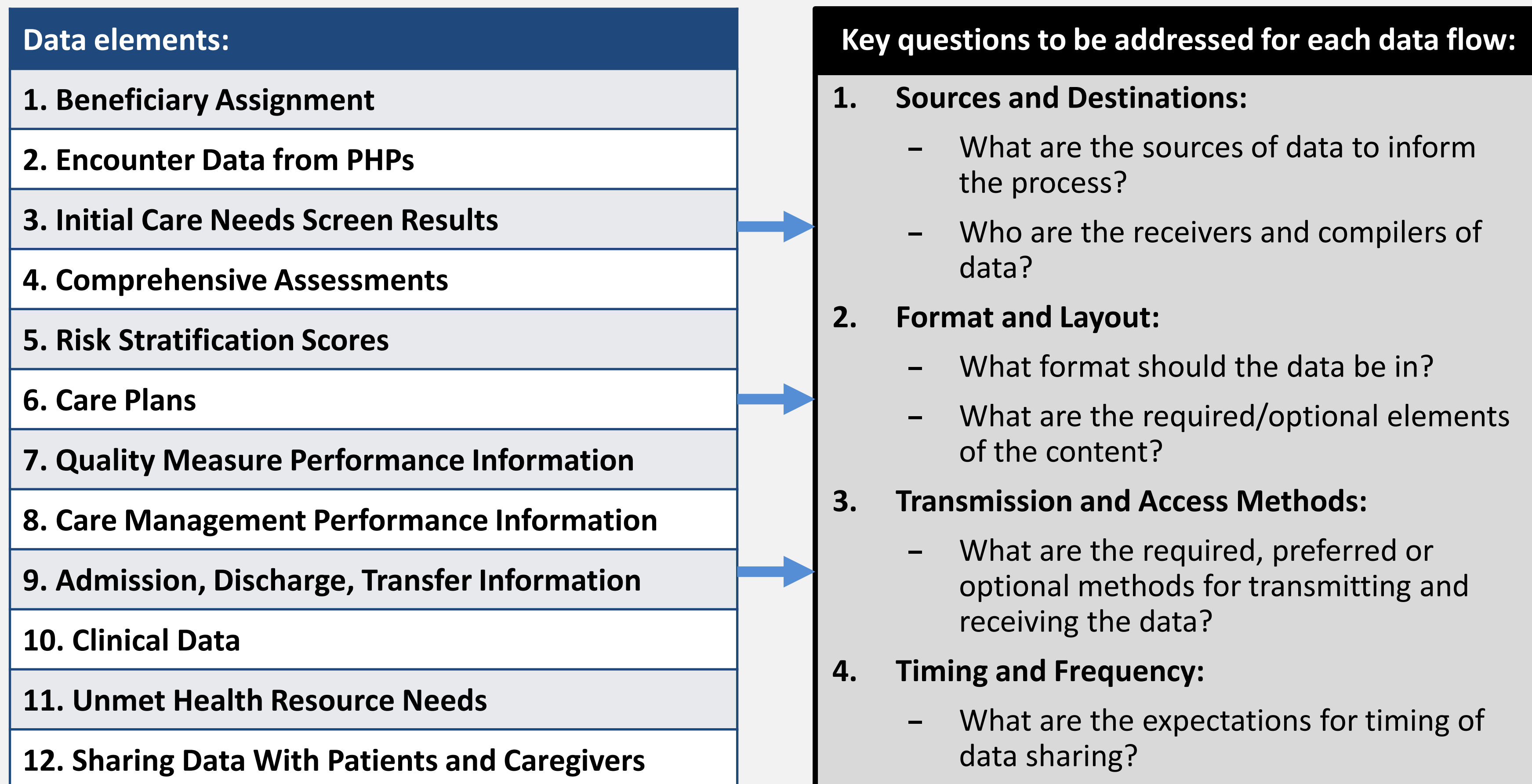
AMH Data Elements: Specification Process

The Department is continuing to take an active role on aligning details of data sharing across PHPs where alignment is critical to population health management at the practice/CIN level



Data Elements detailed here: https://files.nc.gov/ncdhhs/AMH-Data-PolicyPaper_FINAL_2018720.pdf.

AMH Data Elements: High Priority Elements to Standardize

AMHs, CINs, and PHPs indicated the most critical data element to address are the PHP's transmission of beneficiary assignment files and encounter data to AMHs/CINs

Data Element
1. Beneficiary Assignment
2. Encounter Data from PHPs
3. Initial Care Needs Screen Results
4. Comprehensive Assessments
5. Risk Stratification Scores
6. Care Plans
7. Quality Measure Performance Information
8. Care Management Performance Information
9. Admission, Discharge, Transfer Information
10. Clinical Data
11. Unmet Health Resource Needs
12. Sharing Data With Patients and Caregivers

Focus of Data Subcommittee Meeting #1

AMH Data Elements: Specification Development

1. **Development of Specifications**: Based upon an agreement that standardization would be helpful for data exchange, the Department worked with AMHs, CINs, and PHPs to develop guidelines and required specifications

2. **Finalization of Specifications**: The Data Subcommittee reviewed draft specifications for PHPs transmission of beneficiary assignment, pharmacy lock-in, and encounter data and made the following recommendations:

Beneficiary assignment, pharmacy lock-in

- Use of pipe delimited files matching the entire set of applicable 834 data fields
- Send of two years of history and claims data
- Add a data element for ethnicity, and contain data elements for both Department IDs and plan IDs
- Social Security numbers were removed from the proposed beneficiary assignment specifications
- Pharmacy lock-in information should be sent in a separate file

Encounter data

- Medical:
  - PHPs should transmit paid and denied claims
  - PHPs should transmit all 837 file fields in a flat file
  - Continue to collect feedback on the transmission of payment information
- Pharmacy:
  - All fields in NCPDP file format
  - Considerations for required and optional fields will be aligned with the NCPDP Companion Guide

AMH Data Elements: Specification Maintenance & Monitoring

1. **Communication of Final Specifications**: Department will communicate the required specifications to the field via: (1) email transmission to Data Subcommittee and Tiger Team representatives and (2) posting of the specification guidance on the NC AMH website. Any revisions or updates will be communicated in the same manner.

2. **Conformance to Specifications**: The Department expects PHPs, AMHs, and CINs to adhere to the required specifications.

   An entity may deviate from the required specifications if both the data source and target mutually agree in writing to the proposed changes. Although the Department does not need to review or approve the proposed mutually-agreed-upon changes, the Department expects the parties to: (1) document the specifications that have been changed and the effective date of the changes, and (2) transmit the documented changes to the Department.

Proposed Timeline for Finalizing, Implementation, & Testing

Beneficiary Assignment and Encounter Data Specifications

#	Task(s)	Completion Date
Beneficiary Assignment and Pharmacy Lock-In Specifications		
1	Solution Design - File layout and specifications	6/28/2019
2	PHP & AMH/CIN Development	7/12/2019
3	PHP & AMH/CIN System Integration Testing*	8/2/2019
4	End-to-end Testing	8/16/2019
5	DHHS transmits 834 to PHPs	8/26/2019
6	Production release – Delivery of 1st files to AMHs/CINs	9/2/2019
Encounter Data (Medical & Pharmacy) Specifications		
1	Finalize File layouts	7/19/2019
2	PHP & AMH/CIN Development & Unit Testing	8/9/2019
3	PHP & AMH/CIN Integration Testing*	8/23/2019
4	Historical Claims Performance & Integration Testing: Scope includes performance and integration testing between the Department, PHPs and their identified AMHs/CINs - DHHS sends historical claims files to PHPs, PHPS ingest that data and sends this information downstream to AMHs & CINs	9/20/2019
5	Production release – Delivery of 1st Historical Claims files to AMHs/CINs	10/4/2019
6	Production release – Delivery of 1st Managed Care Encounters files to AMHs/CINs	11/15/2019

** PHPs must demonstrate successful end-to-end testing of beneficiary assignment data with AMHs and CINs and other partners prior to the launch of managed care. To meet this requirement, they are required to identify at least two CINs and one AMH Tier 3 provider to participate in E2E testing of beneficiary assignment data.*

AMH Data Elements to Examine in Data Subcommittee Meeting

The Department is examining the topics for discussions surrounding the following AMH data elements and will continue to update the AMH TAG on the Subcommittee's progress

Data Element
1. Beneficiary Assignment
2. Encounter Data from PHPs
3. Initial Care Needs Screen Results
4. Comprehensive Assessments
5. Risk Stratification Scores
6. Care Plans
7. Quality Measure Performance Information
8. Care Management Performance Information
9. Admission, Discharge, Transfer Information
10. Clinical Data
11. Unmet Health Resource Needs
12. Sharing Data With Patients and Caregivers

Data Elements to be considered for standardization and discussed at next Data Subcommittee Meeting (*August 21, 10 am – 1 pm*)

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4. Break
5. Briefing and Discussion on Quality
6. Update: Data Subcommittee Progress
7. Public Comments — 2:15 pm – 2:25 pm
8. Next Steps

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8. **Next Steps** 2:25 pm – 2:30 pm

Next Steps

1. **TAG Members to share discussion key takeaways with stakeholders and probe on pressing issues related to managed care launch**
2. **TAG Members to continue communication with DHHS TAG leads to identify topics for discussion in meetings resuming in September**
3. **DHHS to finalize and share pre-read materials for upcoming sessions of TAG Data Subcommittee (August 21; 11:30 am – 2:30 pm) and AMH TAG (September 18; 10 am – 1 pm)**

Appendix

Beneficiary Assignment

Final Specifications

Data Layout and File Type

- Pipe Delimited, Double Quote Qualified PSV File

Transmission/Access Method

- sFTP

Transmission Frequency

- Incremental File: Daily
- Full File: Weekly

Required Fields

- **Entire set of applicable 834 data fields**
- **Considerations for required and optional fields will be aligned with the *834 Companion Guide*.**
- **Data fields discussed at Data Subcommittee #1:**
  - ✓ Historical Enrollment (prior to Nov 1, 2019)
  - ✓ Race (and ethnicity)
  - ✓ Multiple ID numbers
  - × Social Security Number (removed)
  - ✓ Pharmacy lock-in (separate file)
  - ✓ AMH and PHP Dates