Notice of AMH Policy Changes requiring modifications to Advanced Medical Home (AMH) Provider Contract Templates

Notice of Advanced Medical Home (AMH) Policy Changes

11/16/20

Overview

The Department of Health and Human Services (DHHS) is in the process of implementing a high-performing managed care program in which the Advanced Medical Home (AMH) program plays a key role. AMHs will be the foundational primary care component of North Carolina's Medicaid system following the transition to Medicaid Managed Care and are at the heart of our policy goal of providing local care management to high-need Medicaid beneficiaries.

DHHS is finalizing multiple changes to the AMH program that were under consideration at the time of managed care suspension in November 2019, including changes in response to feedback from both Prepaid Health Plans (PHPs) and providers. This communication conveys all changes that impact provider contracts and supersedes the previous November 8, 2019 communication ("Notice of PHP Contract Amendments: Advanced Medical Home Program"), which is now being removed from the DHHS website.

PHPs and AMH practices will be expected to complete contracting ahead of Standard Plan launch on July 1, 2021. The standard terms and conditions for AMH Tier 3 provider contracts contained in the Standard Plan Scope of Services[1] are unaltered. However, **to ensure AMH provider contracts reflect DHHS' updated requirements for the AMH program, PHPs will be required to update their AMH provider contract templates in the areas outlined below, to the extent that current contract terms and conditions conflict with updated requirements.**

Key Changes to AMH Program that may require Provider Contract Updates

The following items are changes to the AMH Program that are not currently reflected in the Standard Plan Scope of Services but will be included in a Standard Plan contract amendment by early 2021, falling into three categories:

1. Oversight within AMH Tier 3
2. AMH Tier 3 payment
3. Changes to Care Management Reporting Requirements in AMH Tier 3

1. Oversight within AMH Tier 3

[1] Standard Plan Scope of Services Section VII, Attachment M2. Advanced Medical Home Program Policy.

1.1 Prohibition in Year 1 of Managed Care on PHPs from conditioning Tier 3 contracts on audits or other monitoring activities that go beyond what is necessary for practices to meet the AMH Tier 3 standards.[2] AMHs should not be held to requirements that go over and above the AMH Tier 3 program requirements, including requirements that go over and above the AMH Tier 3 program requirements imposed as part of National Committee for Quality Assurance (NQA) pre-delegation auditing. While PHPs must monitor AMHs and CINs/Other Partners against AMH Tier 3 requirements, we are adding provisions to the PHP Contract that prohibit PHPs from conditioning AMH Tier 3 contracts on audits/other monitoring activities in year 1 that go beyond what is necessary for a practice to meet Tier 3 requirements. This provision will not preclude PHPs and AMHs from working together by mutual agreement to prepare for NCQA pre-delegation auditing or otherwise build care management capacity. DHHS is actively working with PHPs and NCQA to ensure that our AMH requirements do not impact the PHP's ability to achieve plan level accreditation by Year 3.

1.2 New guardrail around "downgrade" actions by PHPs[3]**:** PHPs are permitted to downgrade AMH Tier 3 practices if they determine that those practices are out of compliance with the AMH program requirements.[4] However, PHPs must allow Tier 3 AMHs and CINs/Other Partners at least 30 days for remediation of non-compliance with Tier 3 standards before pursuing a tier downgrade. PHPs must use a defined process for their "downgrade" actions.[5] This guardrail is intended to promote local care management by providing stability for both PHPs and providers. Practices will have the flexibility to work with PHPs on readiness and ramp-up during this period.[6] At any time, a provider may change their Tier status at the State using the guidance published in the NC Medicaid bulletin article, *Modified NCTracks AMH Tier Attestation Tool Available*.

AMH Practices should remember that changing their Tier Status at the state will impact the way they can contract with PHPs. The DHHS level tier represents that highest tier that the AMH may contract with any PHPs. Providers however are not required to contract at the highest tier level with every PHP.

1.3 Clarification of the Department's expectations for PHPs' oversight:[7] Many AMH practices are working with CINs/Other Partners to fulfill AMH program requirements, and in many such instances, the CIN/Other Partner contracts directly with the PHP. We are adding several provisions to the PHP Contract aimed at clarifying the responsibilities of PHPs in overseeing

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[2] This change had previously been published in the 11/9/19 Communication "Notice of PHP Contract Amendments: Advanced Medical Home Program."

[3] This change had previously been published in the 11/9/19 Communication "Notice of PHP Contract Amendments: Advanced Medical Home Program." However, please note that DHHS is not finalizing the policy forecasted at that time that there would be a 90 day "hold harmless" period for AMHs after launch.

[4] Standard Plan Scope of Services Section V.C.6.b.iv.d.4

[5] As a reminder, in the event of underperformance by an AMH practice, the PHP must send a notice of underperformance to the AMH practice and copy the Department.

6 As noted in the "Protocol for Changing Advanced Medical Home Tier Status" guidance, practices that attested into Tier 3 but do not have and are not actively seeking to obtain AMH Tier 3 capabilities can change their tier status to AMH Tier 2 with the DHHS directly. This action will change the practice's status across all PHPs.

7 This change had previously been published in the 11/9/19 Communication "Notice of PHP Contract Amendments: Advanced Medical Home Program."

CINs/Other Partners, providing transparency to practices working with CINs/Other Partners, and ensuring fidelity to the AMH model. These provisions are as follows:

- Within 90 days of contracting, each PHP must share with each AMH Tier 3 practice a description of the oversight process it will use to monitor practices' performance against specific AMH requirements, including the processes it will use to monitor the CIN/Other Partner with which the practice is affiliated.
- In the event of a compliance action against a CIN/Other Partner, the PHP must provide notice to each AMH Tier 3 practice affiliated with that CIN/Other Partner within 60 days.

2. AMH Tier 3 Payment

2.1 PHPs must pay the full negotiated care management fee amount to all contracted Tier 3 practices.[8] PHPs may not condition payment of a Tier 3 practices' care management fee, or a portion of the care management fee, on practices' performance, or otherwise put the care management fee at risk. Please note that the Department will not impose a rate floor on the care management fee. Care management fees that PHPs pay to AMHs will be set through negotiations between PHPs and Tier 3 practices. Guidance from July 24, 2019 on the capitation rate assumptions remains applicable. PHPs are still expected to contract with all AMH Tier 3 practices.

2.2 Requirement to use AMH Measure Set for AMH Performance Incentives (AMH Tier 3, and Tiers 1-2 if PHP is offering performance incentives in Tiers 1-2).[9] PHPs must offer performance incentive payments in all Tier 3 contracts. These payments must be additional to care management fees. These payments must be based only on the AMH measure set, and may not factor in performance on measures beyond those included in the AMH measure set. PHPs must also use the AMH measure set for any (optional) performance incentive arrangements made with AMH Tier 1 and 2 practices. PHPs are free to use other measures from the broader DHHS quality measure list for PHPs[10] for VBP arrangements other than AMH contracts. The final AMH Measure set is included in the Appendix.

3. Changes to Care Management Reporting Requirements in AMH Tier 3[11]

In order to reduce administrative burden, DHHS has worked with PHPs to streamlined care management reporting requirements for AMH oversight. To support this effort, DHHS has created standardized reports for sharing care management data with AMHs and for collecting information from AMHs.

Per current AMH program requirements, PHPs are required to share member-level risk stratification information with AMH Tier 3s. Per new AMH program requirements, PHPs are required to shared

[8] This change was previously discussed in the AMH Technical Advisory Group on 11/19/19 (slide 31).
[9] This change was previously discussed in the AMH Technical Advisory Group on 11/19/19 (slide 31). Please note that the final policy on this issue differs from the proposal under discussion at that time.
[10] Please see Quality Measure Technical Specifications
[11] These changes are new since the suspension of Managed Care launch.

monthly patient risk lists with AMHs. PHPs will transmit that list using a DHHS-standardized file called the ***Patient Risk List*** to AMH Tier 3 practices and/or CINs/Other Partners acting on their behalf on a monthly basis. The ***Patient Risk List*** will also be used to collect data on care management from AMHs (and their CINs/other Partners) for PHPs and DHHS.

PHPs will require AMHs/CINs/Partners to complete the ***Patient Risk List*** template on a weekly basis. The data on the Patient Risk List will be used by the PHPs to track care management activities in a standardized way and to report care management interactions to DHHS using a DHHS-standardized report called the ***Care Management Report*** on a quarterly basis. DHHS will use this ***Care Management Report*** to monitor the AMH program.

This exchange of standardized files will require both PHPs and AMH Tier practices to ensure that their systems are ready. AMH Tier 3 provider contracts should reflect agreements between PHPs and AMHs on reporting processes and formats that align with PHPs' requirement to file the Care Management Report with DHHS. To help explain these tools, DHHS will be offering a training walking through each report. High level information can be found here . Once the Patient Risk List template for the Care Management Report is finalized, it will be posted on the Advanced Medical Home Data Specification Guidance webpage.

Next Steps

PHPs are working with DHHS to update new AMH contract templates and current AMH contracts already in the field. There is a possibility that some current AMH contracts in the field may not be updated until after launch; nonetheless, the policies reflected here will be effective on July 1, 2021. The Department is working to finalize the AMH Provider Contract Attestation form and approval process to allow PHPs to get the updated provider contracts in the field.

We will continue to monitor the rollout of the AMH program on an ongoing basis to ensure robust provision of local care management. Additionally, we will continue to monitor PHPs and AMHs to ensure that the majority of Medicaid beneficiaries have access to local care management, regardless of assignment to an AMH practice. PHPs must ensure that they have adequate staffing and infrastructure to serve beneficiaries not served by AMH Tier 3s or Local Health Departments.

Appendix: AMH Measure Set for Year 1:

- Adolescent Well-Care Visit
- Childhood Immunization Status (Combination 10)
- Immunization for Adolescents (Combination 2)
- Screening for Depression and Follow-up Plan
- Well-Child Visits in the First 15 Months of Life
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
- Controlling High Blood Pressure
- Plan All Cause Readmission-Observed to Expected Ratio

PHPs will also be required to share total cost of care information with AMH practices. DHHS will publish additional guidance on sharing total cost of care information with practices, at a later date.