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

Meeting #40

July 9, 2024

Agenda

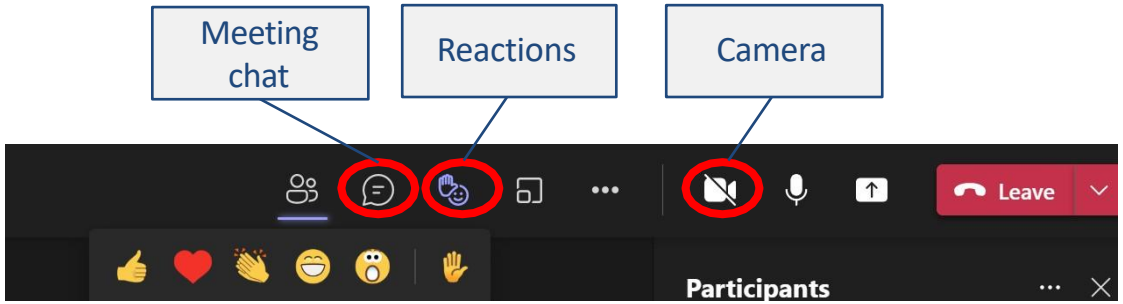
1. Welcome and Roll Call – 4 mins
2. TP Measure Target Timing – 5 mins
3. AMH Provider Manual Update – 2 mins
4. AMH Interim Evaluation Results – 20 mins
5. Wrap-up and Next Steps – 1 min

AMH TAG Member Welcome and Roll Call

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)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Tommy Newton, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amanda Gerlach	Vice President Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network	Provider (CIN)
Jordan Barnes	Director of Client Transformation CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP, and Lawrence Greenblatt, M.D.	Associate Chief Nursing Officer Duke Connected Care	Provider (CIN)
Jason Foltz, DO	Chief Medical Officer ECU Physicians MCAC Quality Committee Member	Provider (CIN)
Diego Martinez	Interim Chief Executive Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC Area Health Education Center (NC AHEC)	AHEC
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Robert Rich, MD, and Atha Gurganus	United	Health Plan
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS
Chris Magryta, MD	Chairman Children First of North Carolina	Provider

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Reminders

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

TP Measure Target Timing

When Will Tailored Plan Quality Measure Targets be Available?

- The Department currently shares Medicaid-wide and Standard Plan baseline data and targets for the AMH Measure Set annually
  - See: https://medicaid.ncdhhs.gov/nc-medicaid-quality-measure-performance-and-targets-amh-measure-set/download?attachment

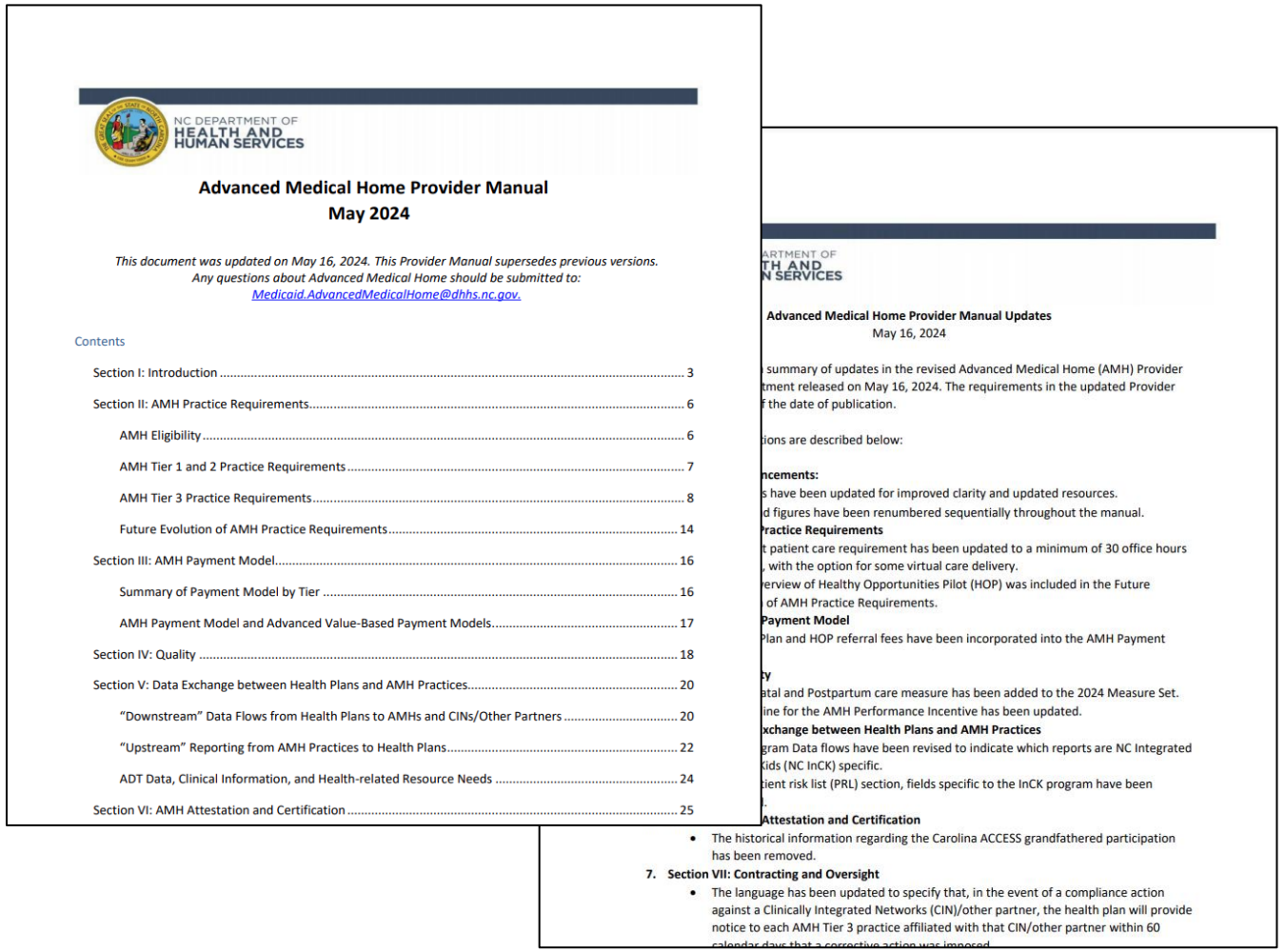
- We anticipate releasing Tailored Plan aggregate targets in **January 2026** based on measurement year 2024 performance
  - Due to the mid-2024 launch, Tailored Plans are not being asked to report quality measures until measurement year 2025. Therefore, these initial targets will be calculated using internal data

- Tailored Plan-specific data and targets (i.e., plan-by-plan results using Tailored Plan data as the baseline) will be available in **January 2027** based on measurement year 2025, and annually thereafter

AMH Provider Manual Update

AMH Provider Manual May 2024 Released

- This document was updated on May 16, 2024.
- This AMH Provider Manual supersedes previous versions.
- The AMH Provider Manual Updates document provides a summary of updates in the latest AMH Provider Manual, which the Department released on May 16, 2024.
- Any questions related to AMH should be submitted to: Medicaid.AdvancedMedicalHome@dhhs.nc.gov



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advanced Medical Home Provider Manual
May 2024

This document was updated on May 16, 2024. This Provider Manual supersedes previous versions.
Any questions about Advanced Medical Home should be submitted to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov.

Contents

Advanced Medical Home Provider Manual Updates
May 16, 2024

summary of updates in the revised Advanced Medical Home (AMH) Provider
tment released on May 16, 2024. The requirements in the updated Provider
f the date of publication.

ions are described below:

ncements:
s have been updated for improved clarity and updated resources.
d figures have been renumbered sequentially throughout the manual.
ractice Requirements
t patient care requirement has been updated to a minimum of 30 office hours
, with the option for some virtual care delivery.
erview of Healthy Opportunities Pilot (HOP) was included in the Future
of AMH Practice Requirements.
Payment Model
lan and HOP referral fees have been incorporated into the AMH Payment

y
atal and Postpartum care measure has been added to the 2024 Measure Set.
ine for the AMH Performance Incentive has been updated.
xchange between Health Plans and AMH Practices
gram Data flows have been revised to indicate which reports are NC Integrated
Kids (NC InCK) specific.
ient risk list (PRL) section, fields specific to the InCK program have been
.
Attestation and Certification
- The historical information regarding the Carolina ACCESS grandfathered participation has been removed.

7. **Section VII: Contracting and Oversight**
   - The language has been updated to specify that, in the event of a compliance action against a Clinically Integrated Networks (CIN)/other partner, the health plan will provide notice to each AMH Tier 3 practice affiliated with that CIN/other partner within 60 calendar days that a corrective action was imposed

Please see AMH Provider Manual Bulletin here

AMH Interim Evaluation Results

UNC | THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

The Managed Care Interim Evaluation Report (MC IER)

Impact of the Advanced Medical Home (AMH) program

Presenters: ***Aniyar Izguttinov****, MPH*
PhD candidate in Health Policy and Management at UNC-CH
Research assistant, NC Medicaid Waiver Evaluation at UNC-CH

Marisa E. Domino, *PhD*
Professor and Director, Center for Health Information and Research at Arizona State University
Co-Director, NC Medicaid Waiver Evaluation at UNC-CH

Agenda

- Introduction
- Hypothesis and Methodology
- Results
- Conclusions

Acknowledgements

We are two members of an incredible team based at the Cecil G. Sheps Center for Health Services Research at UNC-CH. We are grateful for the many contributions of team members in pulling together the MC Interim Evaluation Report and the support and wisdom of our colleagues at DHB.

Disclaimers

- This presentation includes updated Interim Evaluation report results
- The Interim Evaluation report is currently under review at CMS and the findings presented today are preliminary

Introduction

North Carolina's Medicaid Transformation

- Managed care delivery system implemented on July 1, 2021, under the 1115 Waiver.
- Aims:
  - Improve beneficiary health outcomes,
  - Reduce the burden from substance use disorders,
  - Enhance the sustainability of NC Medicaid by maximizing receipt of high-value care.

Advanced Medical Home (AMH) Program

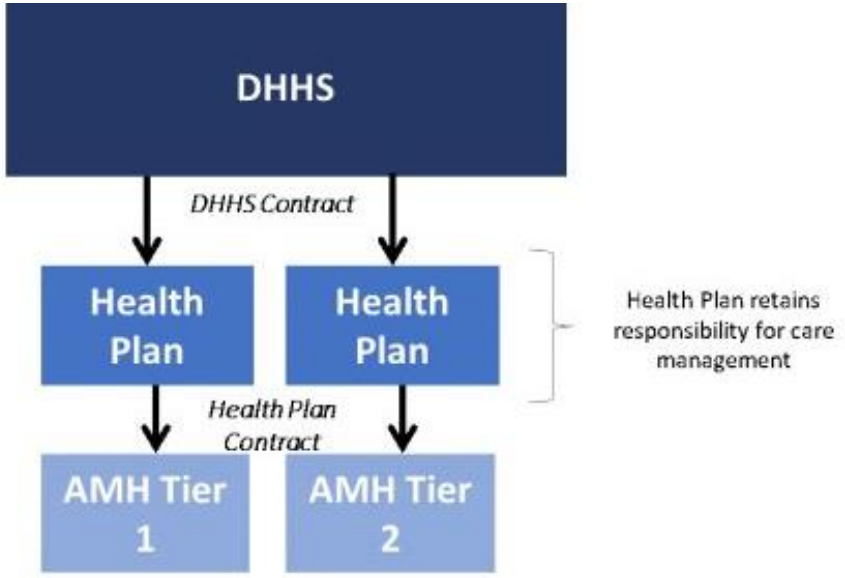
- Implemented on **July 1, 2021**, as part of the transition to managed care
  - Practices started registering as AMHs in **late 2018**
- Aims:
  - The primary vehicle for delivering care management services
  - Improve population health
- Three-tiered program:
  - **Tiers 1-2:** Health plans retain primary responsibility for providing care management
  - **Tier 3:** Practices have primary responsibility for care management
- **Carolina Access I and II / CCNC** practices transitioned into **AMH tiers 1 and 2**, respectively unless they registered as **AMH tier 3**

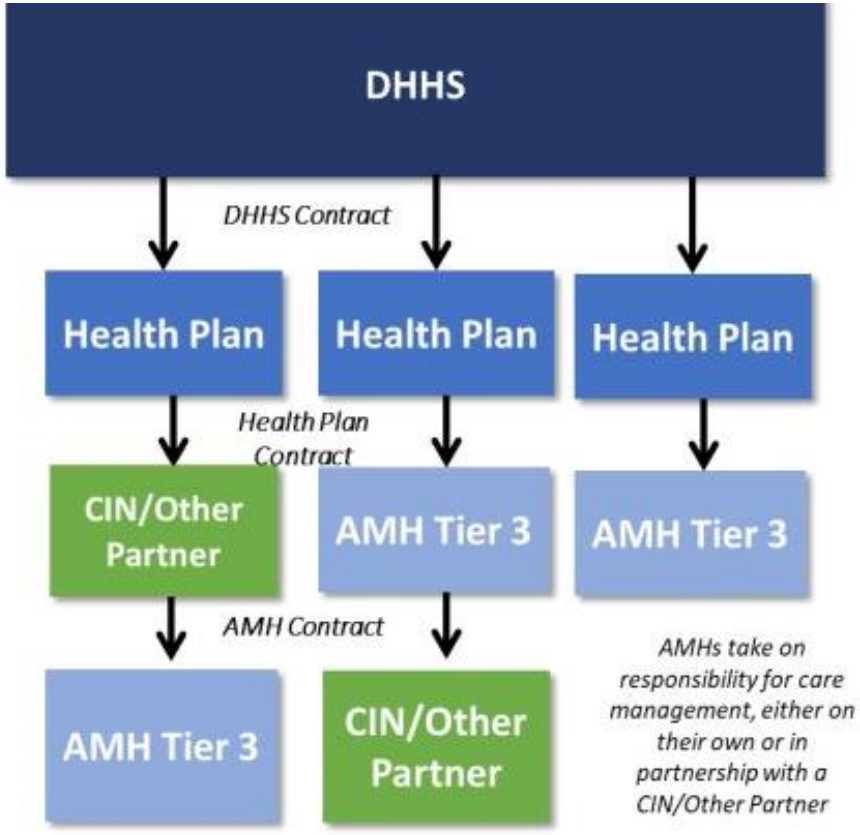
Advanced Medical Home (AMH) Program

An **AMH** is a primary care practice which agrees to:

- Accept a patient panel of Medicaid beneficiaries
- Provide primary and preventative care according to program guidelines
- Have a certain amount of access and availability for Medicaid/CHIP patients
- Coordinate primary and specialty care for their patient panel
- Provide age- and condition-appropriate screenings, immunizations and interventions

Advanced Medical Home (AMH) Program

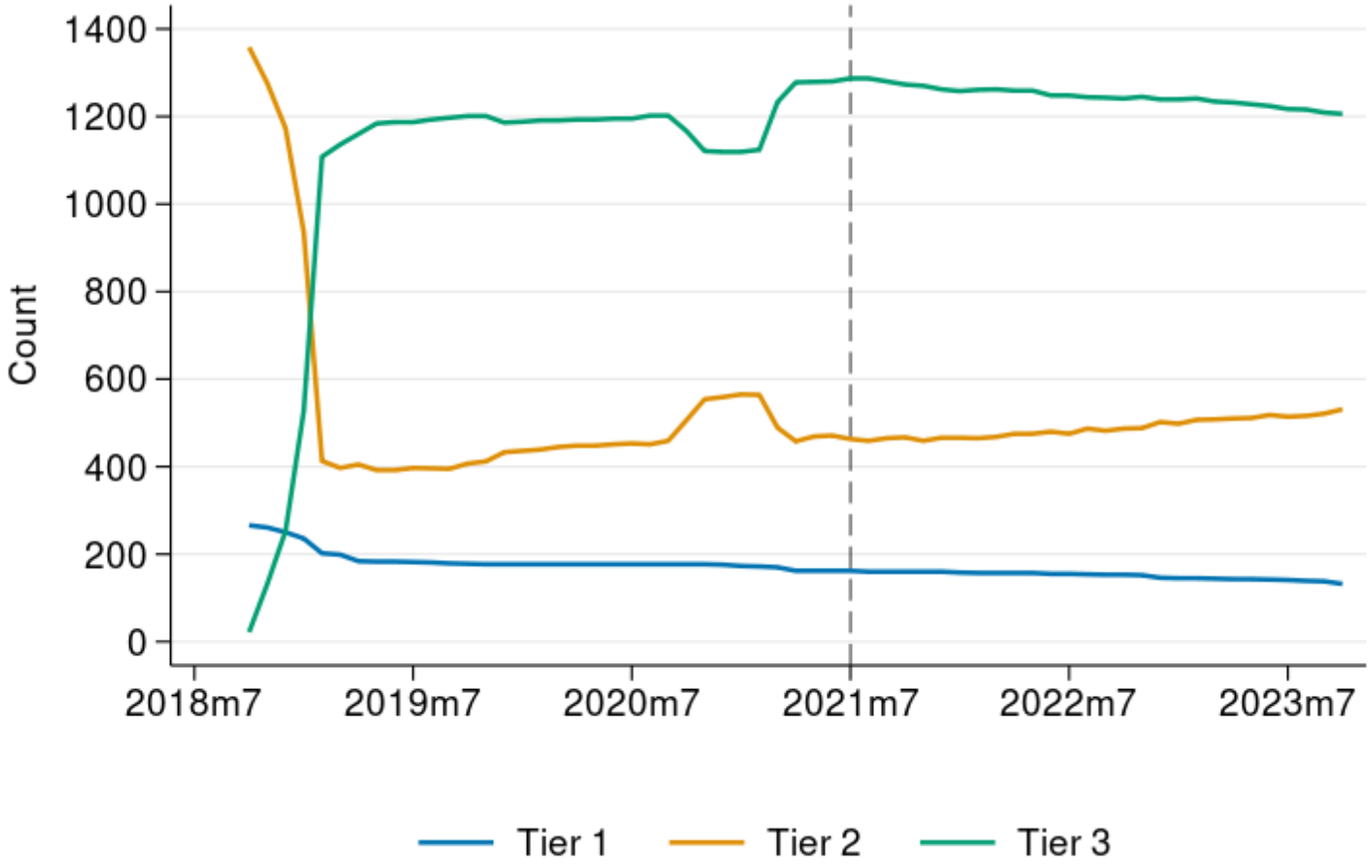




Advanced Medical Home (AMH) Program

AMH Tier	Medical Home Fees[11]	Care Management Fees	Performance Incentive Payments
Tier 1	$2.50 (most Members) or $5.00 (Members in the aged, Blind, and disabled [ABD] eligibility group)	None	None required, but Health Plans are encouraged to begin offering performance incentive payments based on AMH measures
Tier 2	$2.50 (most Members) or $5.00 (Members in the ABD eligibility group)	None	
Tier 3	$2.50 (most Members) or $5.00 (Members in the ABD eligibility group)	Negotiated between practices (or CINs/Other Partners on behalf of practices) and Health Plan	Health Plans must pay performance incentive payments to practices if practices meet performance thresholds on AMH measures

Number of Practices Across AMH Tiers



Number of Beneficiaries Across AMH Tiers

	Frequency	Percent
Non-AMH (Tier 0)	414,734	16.90
AMH Tier 1	20,604	0.84
AMH Tier 2	254,062	10.35
AMH Tier 3	1,764,162	71.90

Evaluation Hypothesis

Hypothesis 1.4:

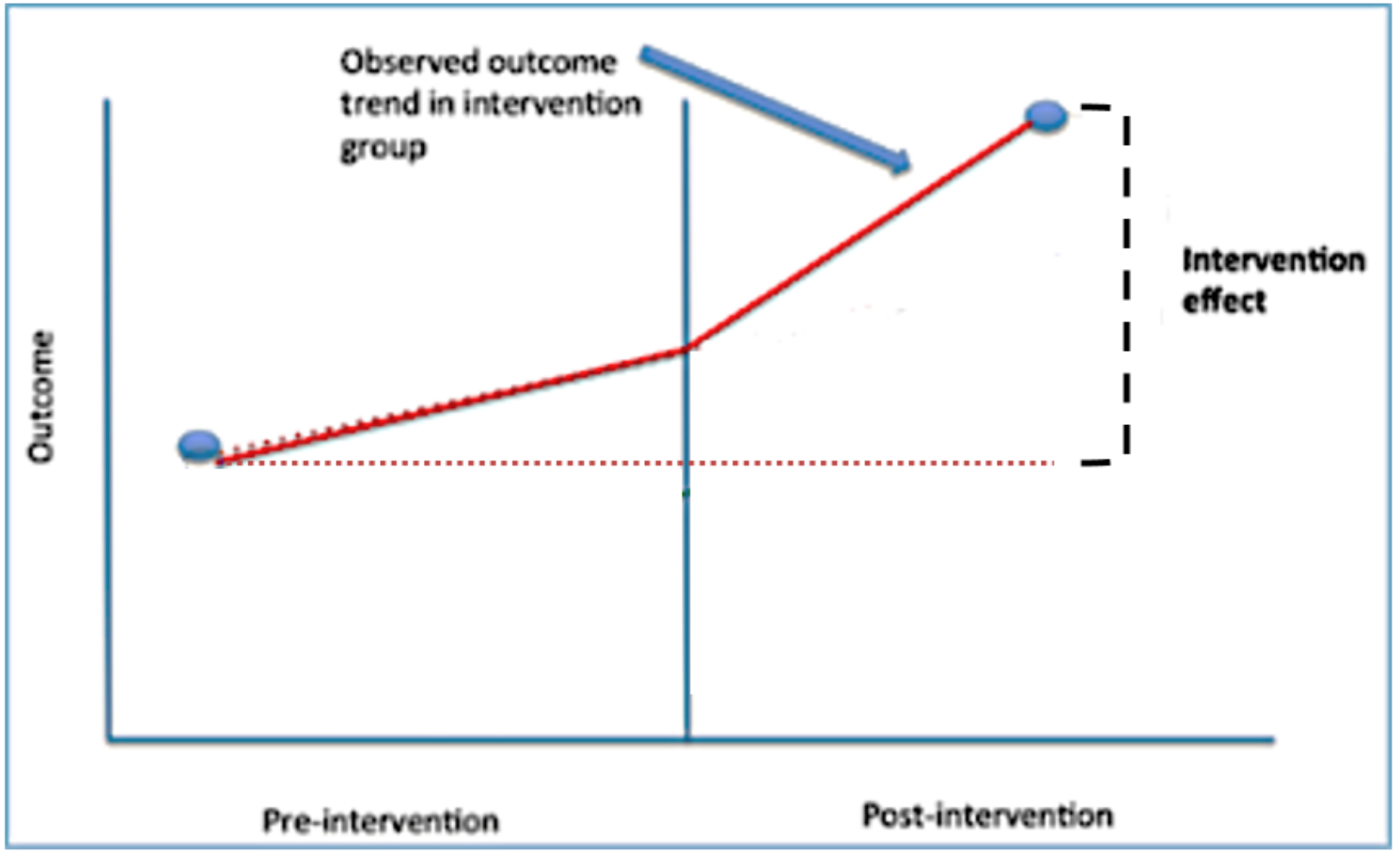
The implementation of Advanced Medical Homes (AMHs) will increase the delivery of care management services and will improve quality of care and health outcomes.

Methodology

Methodology

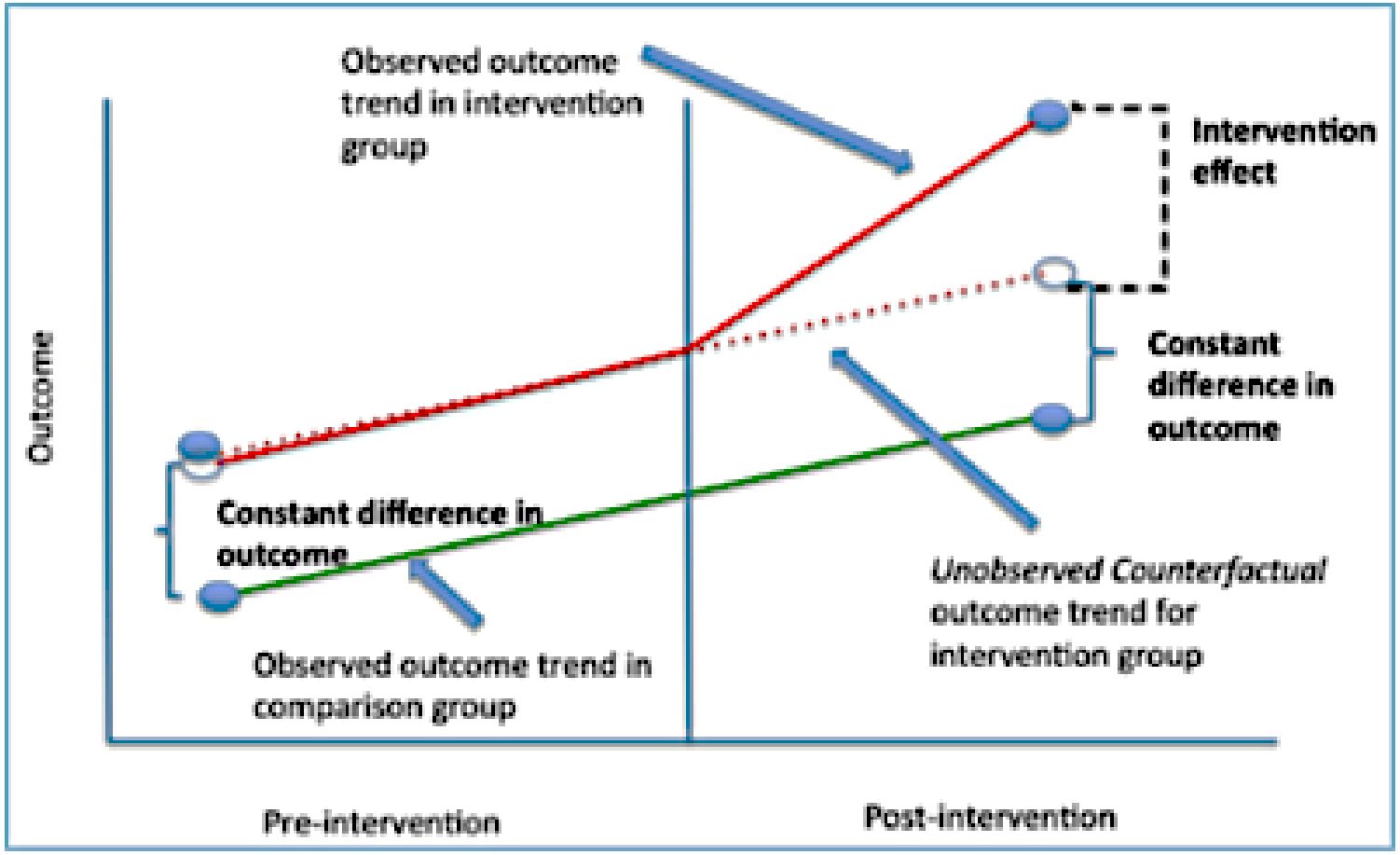
- **Design:** Difference-in-differences
    - Trends for AMH3 and AMH1-2 practices compared to non-AMHs
    - COVID-19 PHE may have changed patterns of care during the study period, but the comparison group allows us to remove this effect
- **Control variables:** Comorbidities, demographic factors, practice-level characteristics
- **Timeline:** September 2018 – July 2023
- **Population:** Medicaid beneficiaries eligible or enrolled in Standard Plans
- **Data:** NC Medicaid claims and encounters; BCM051 (care management data)

Difference-in-Differences Methodology



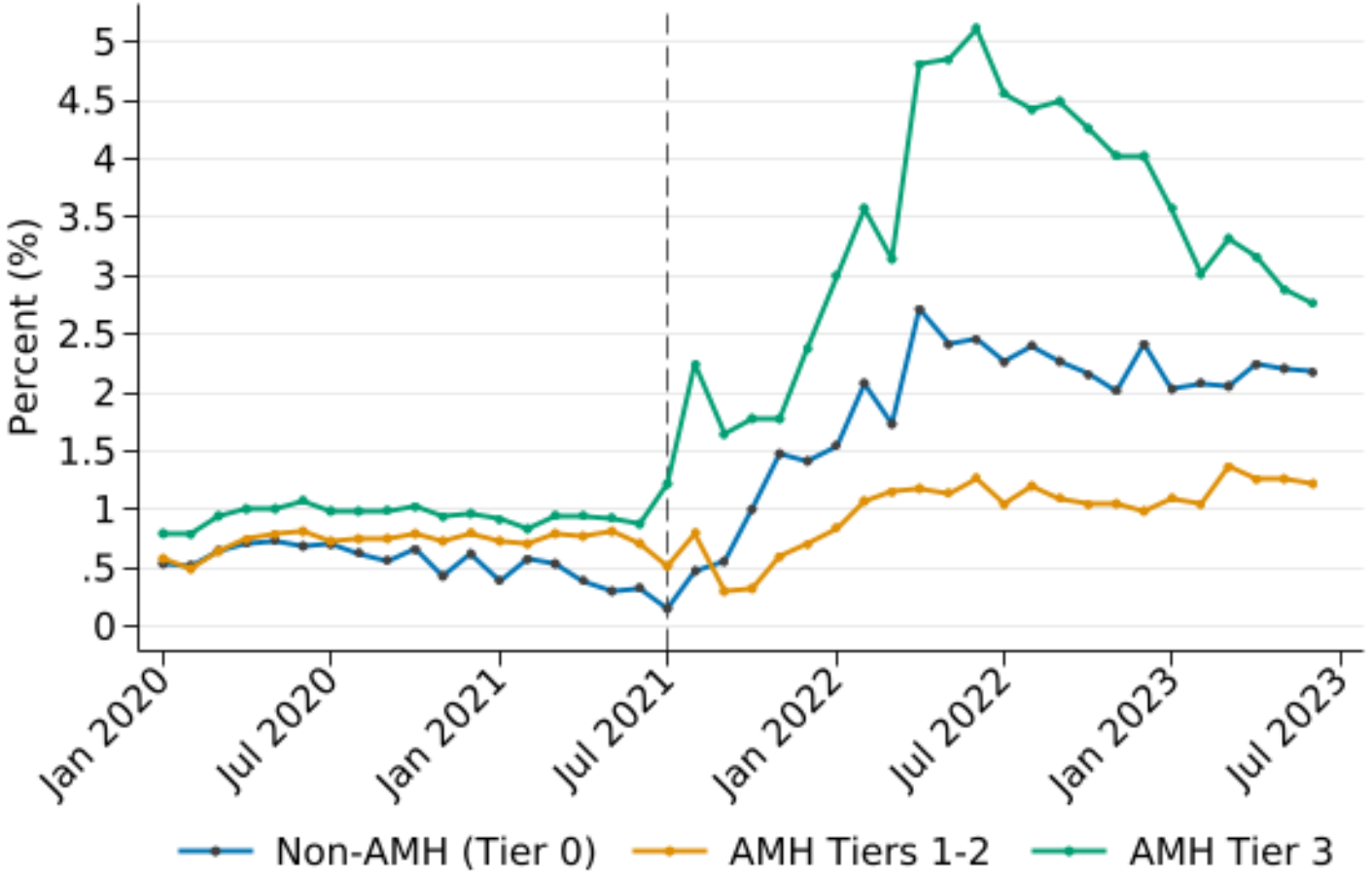
What's wrong?

Difference-in-Differences Methodology



Results

Access to Care Management Services



1.09% p. **

-1.05% p. ***

** p-value < 0.01 *** p-value < 0.001

Access to Preventative/Ambulatory Health Services (AAP)

ND

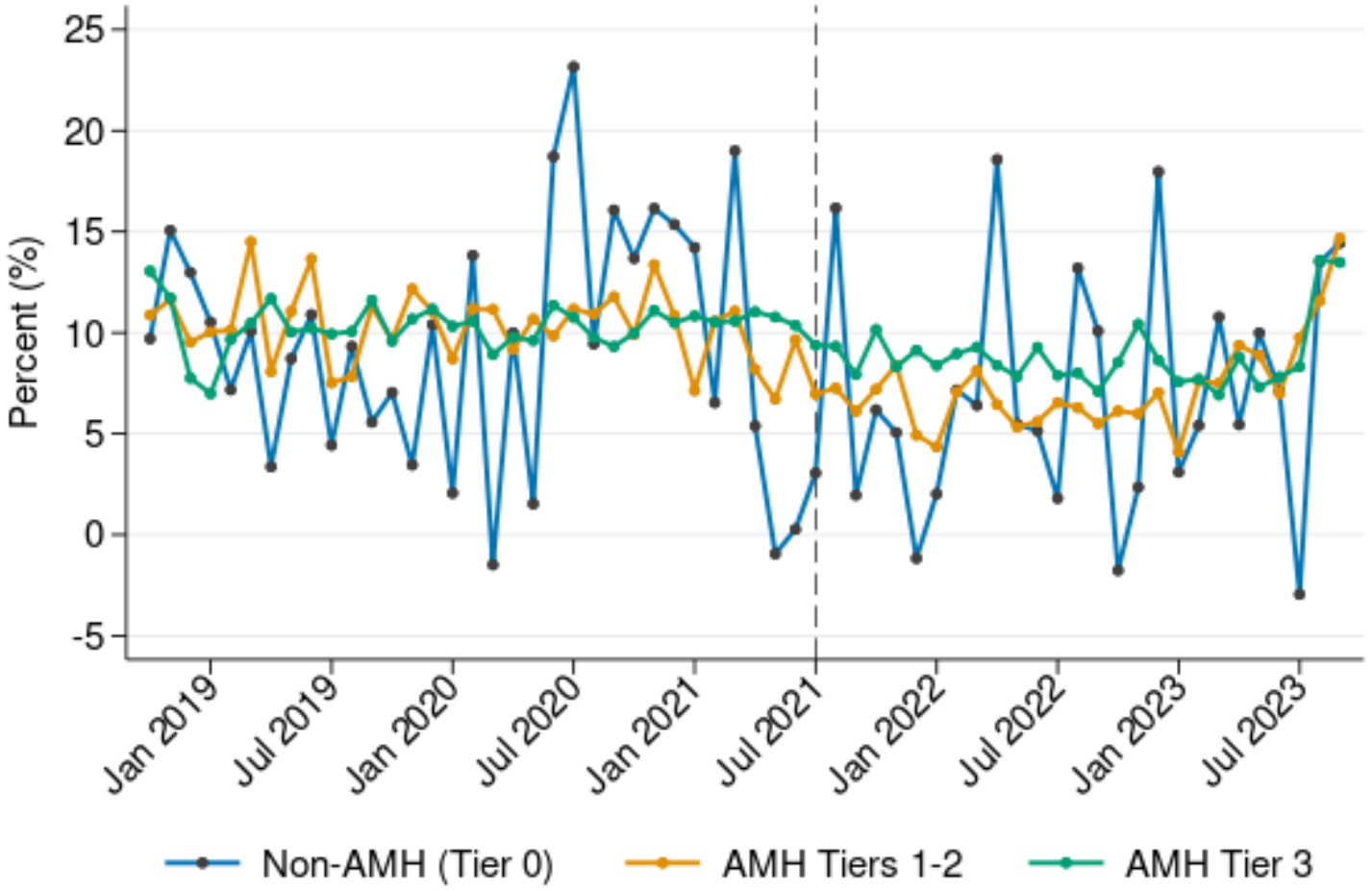
ND

Note: Pre-trends do not pass the parallel trends test

ND = No Differential Effect

** AMH Measure Set*

Plan All-Cause Readmissions (PCR) *



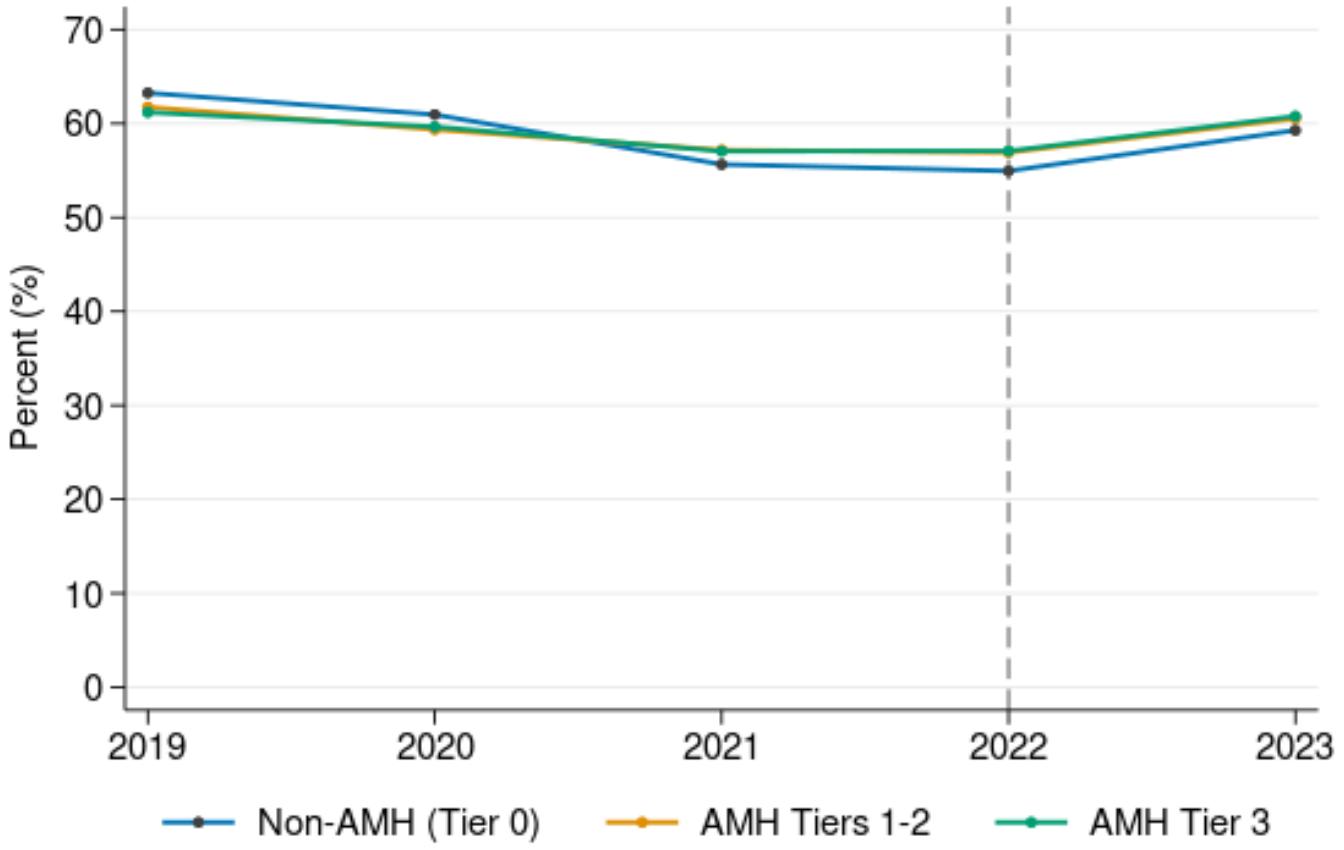
ND

ND

ND = No Differential Effect

** AMH Measure Set*

Chlamydia Screening in Women (CHL) *



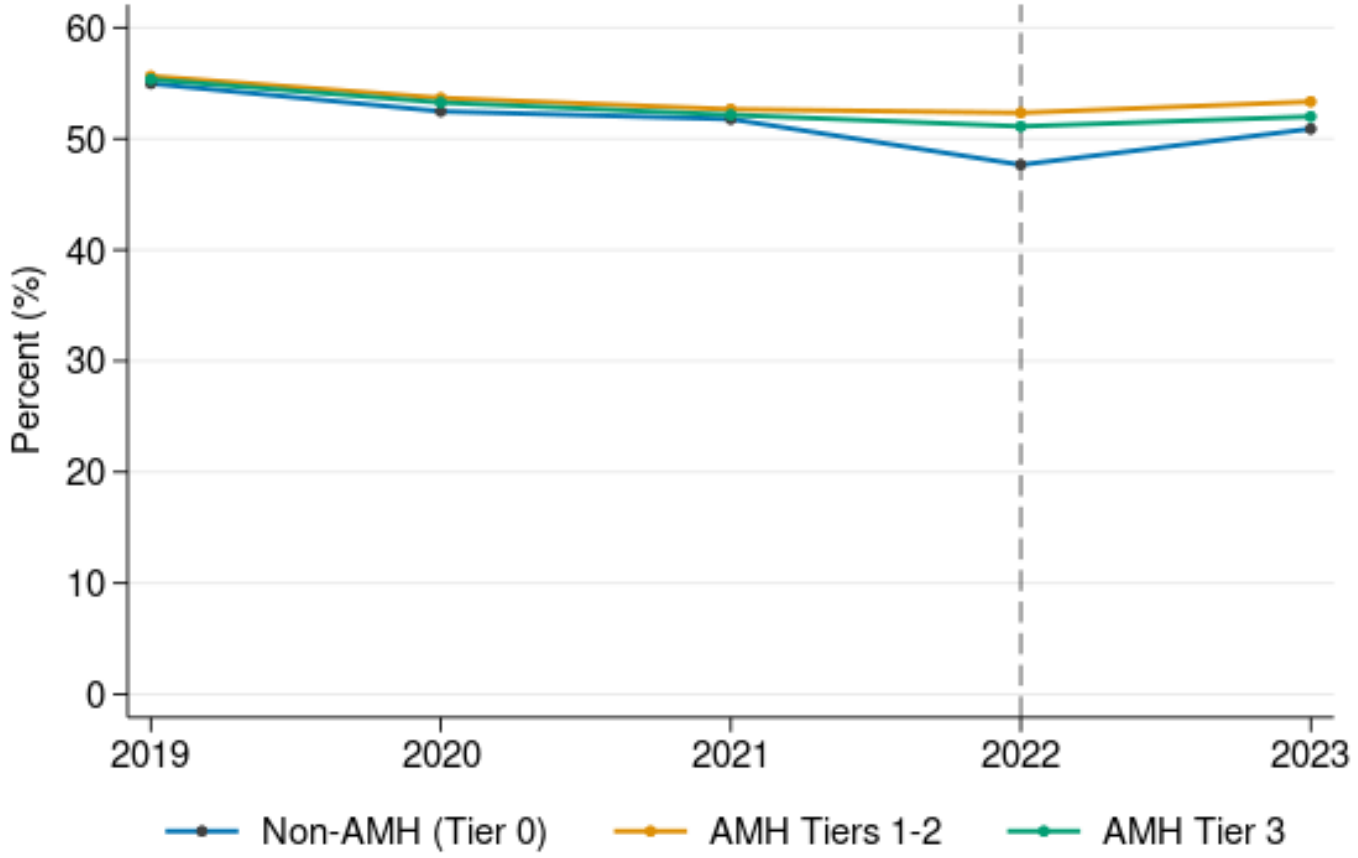
ND

ND

ND = No Differential Effect

** AMH Measure Set*

Cervical Cancer Screening (CCS) *



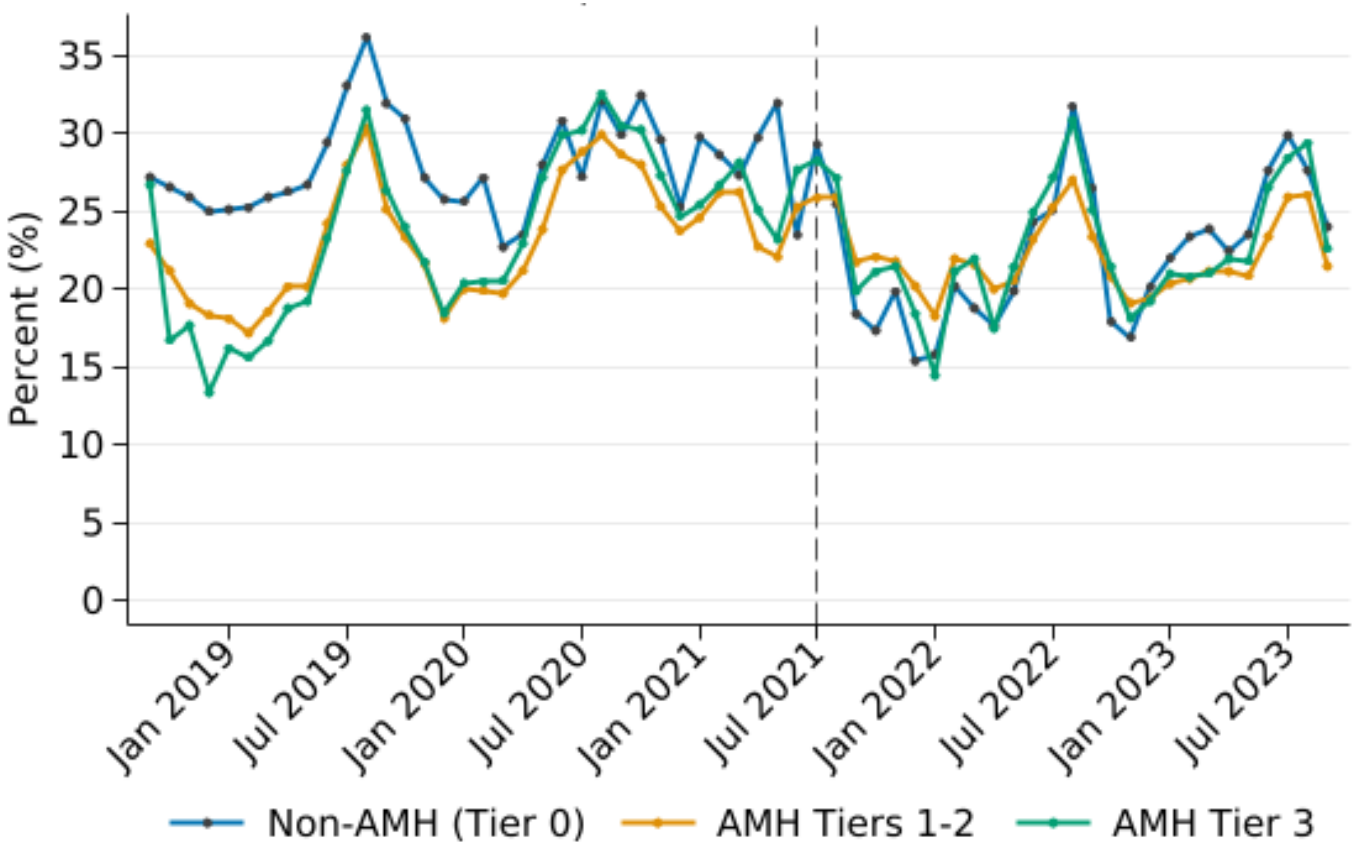
2.46% p. **

ND

*** p-value < 0.01*

ND = No Differential Effect

BMI Percentile Documentation (WCC)



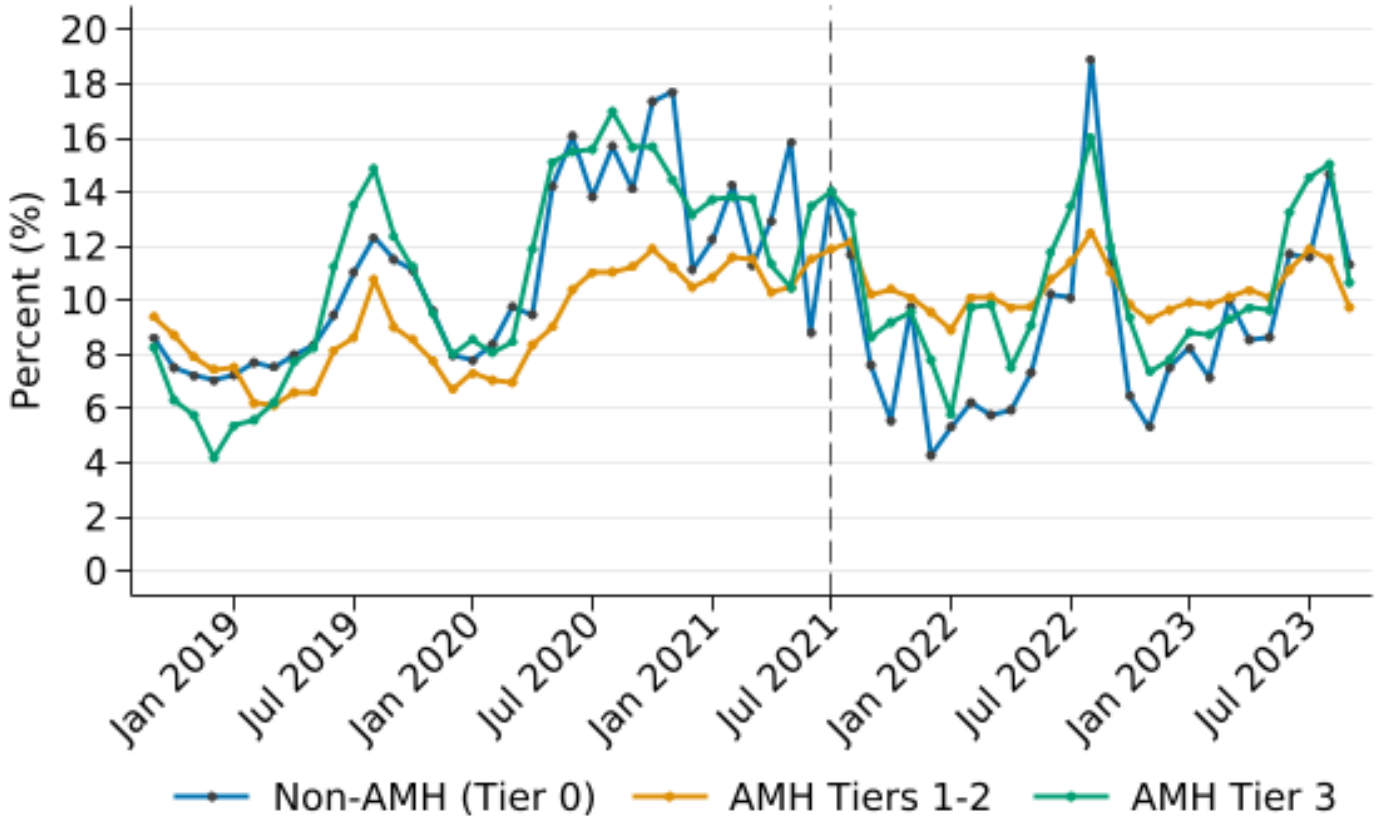
ND

ND

Note: Pre-trends do not pass the parallel trends test

ND = No Differential Effect

Counseling for Nutrition for Children/Adolescents (WCC)

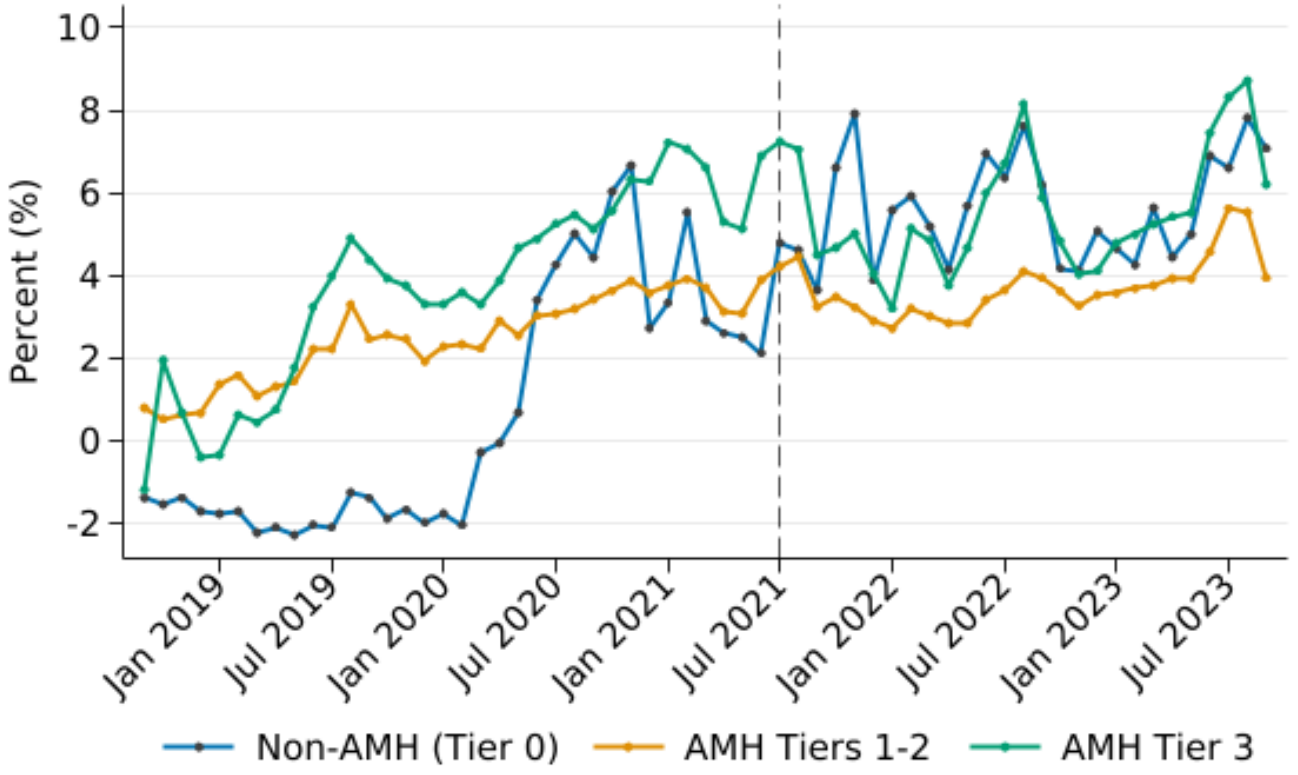


ND

ND

ND = No Differential Effect

Counseling for Physical Activity for Children/Adolescents (WCC)

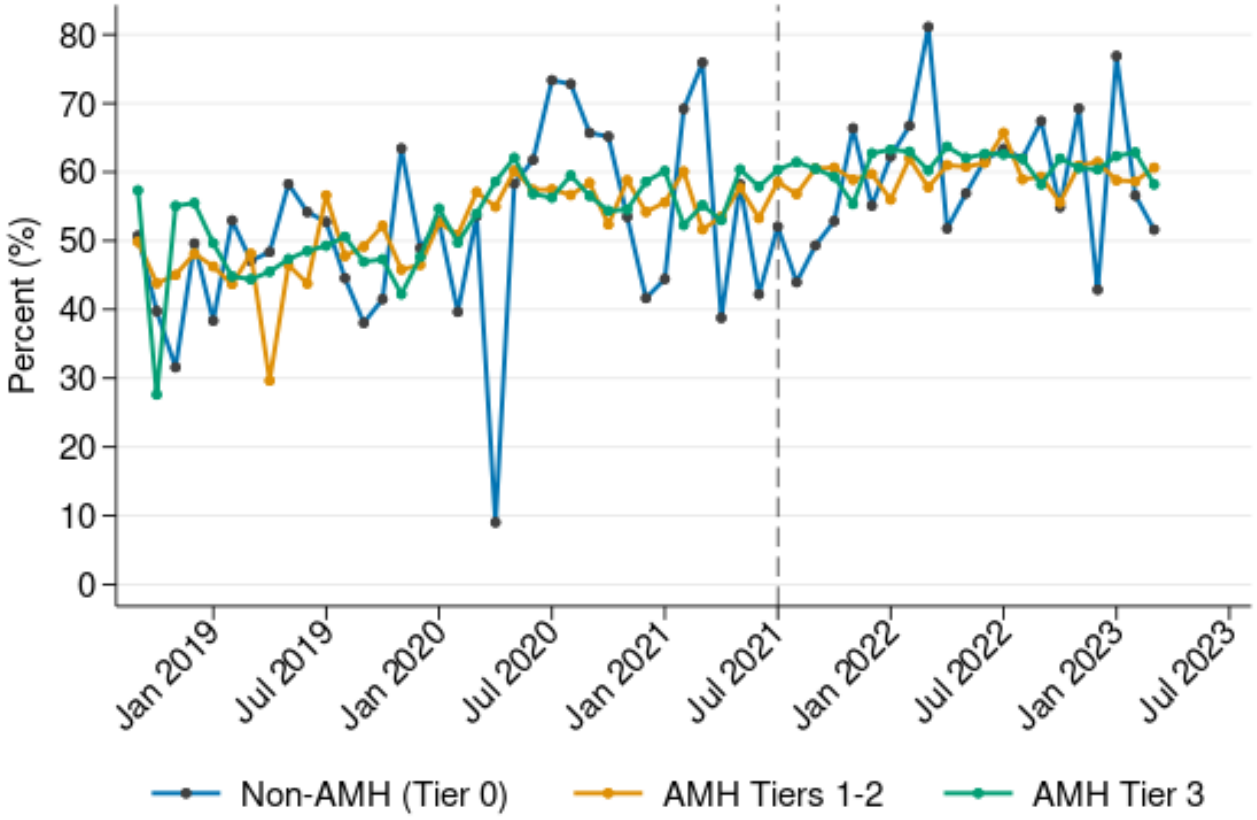


ND

ND

ND = No Differential Effect

Antidepressant Medication Management (AMM): Acute Phase Retention

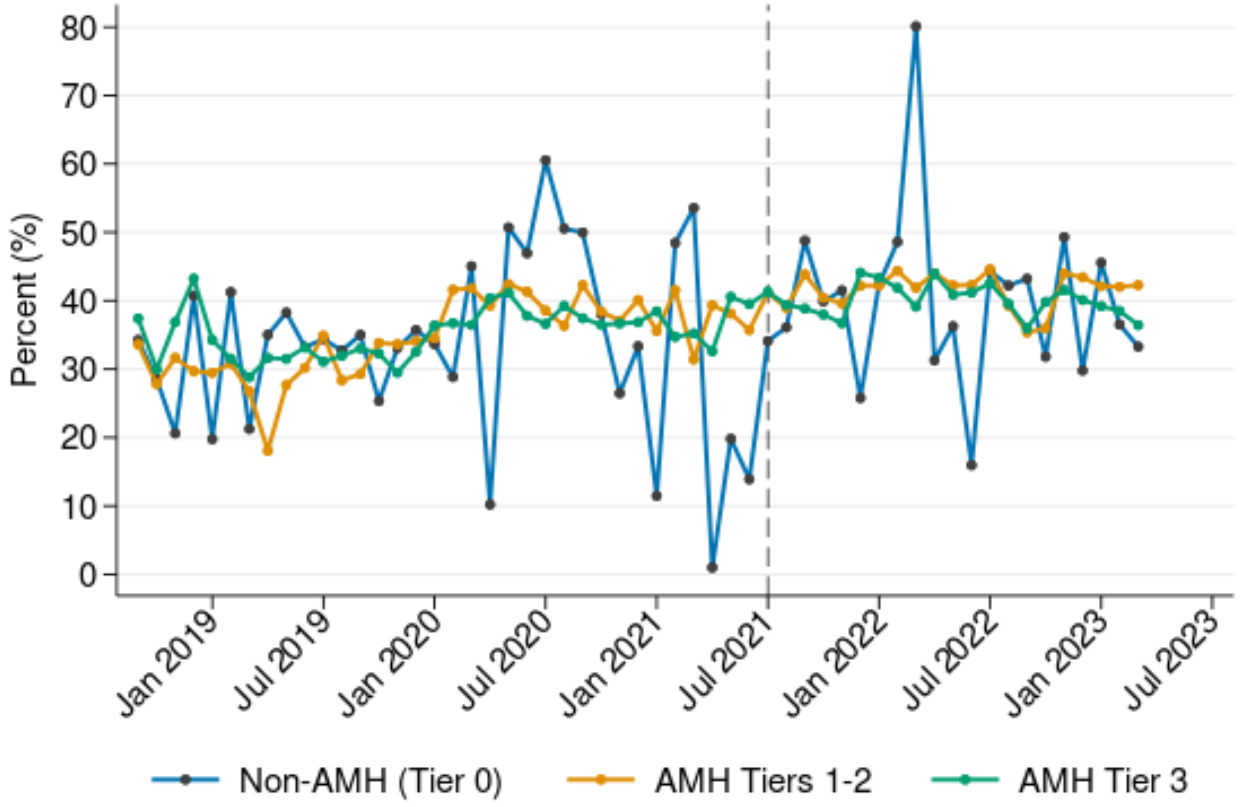


ND

ND

ND = No Differential Effect

Antidepressant Medication Management (AMM): Continuation Phase Retention



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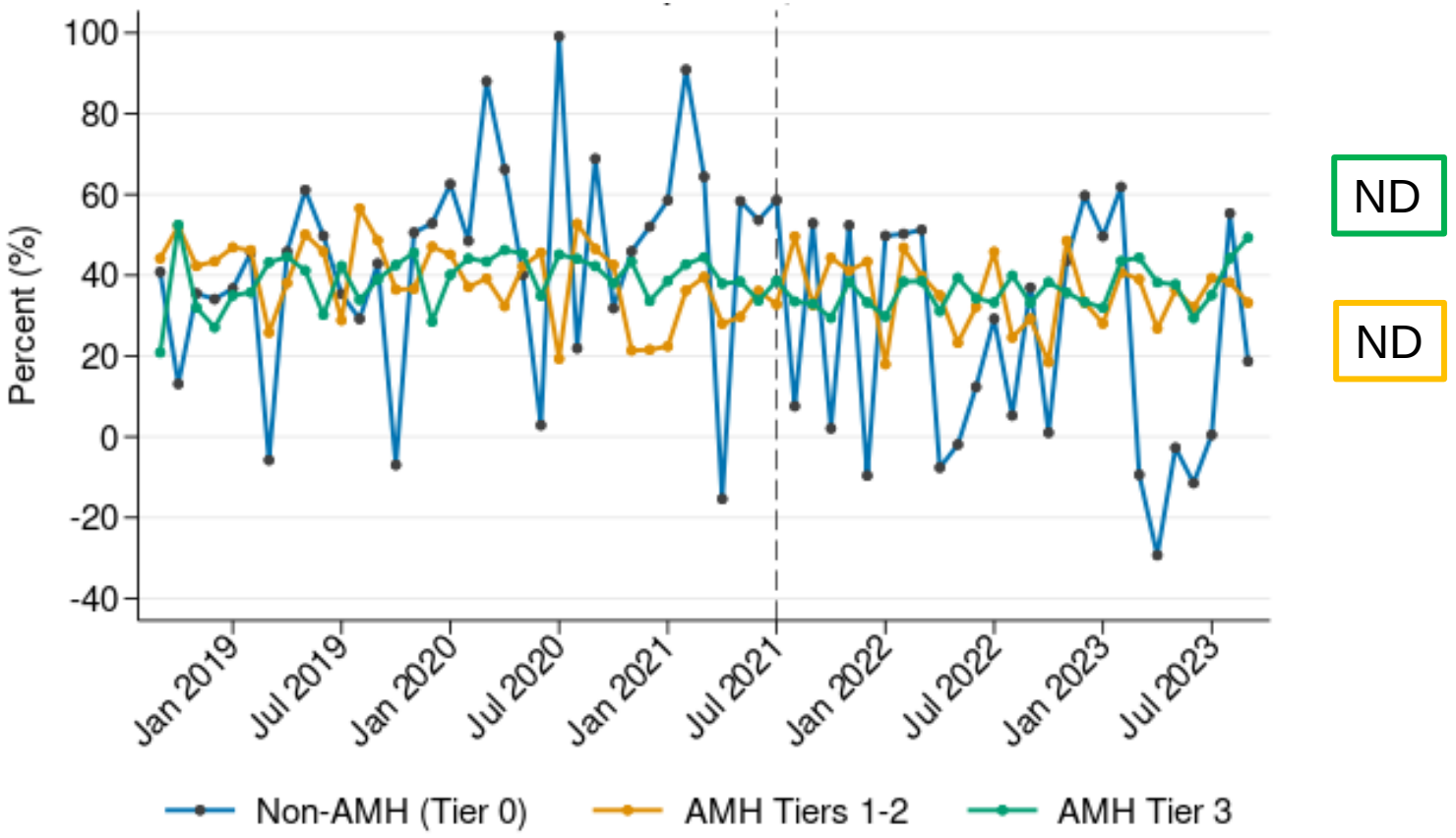
ND

ND = No Differential Effect

Follow-up After Hospitalization for Mental Illness (FUH): 7 days after discharge



ND

ND

ND = No Differential Effect

Follow-up After Hospitalization for Mental Illness (FUH): 30 days after discharge

ND

ND

ND = No Differential Effect

Limitations

Limitations

- Non-AMHs may not be a valid control group for some of the outcomes that had very different trends before MC launch
- Sample size issues for non-AMHs
- COVID-19 PHE may have affected the trends, but the comparison group should help control for that

Conclusions

Key Takeaways

- Delivery of care management services increased
- We found a small increase by AMH1-2 in cervical cancer screening over non-AMH practices, but no difference between AMH3s and non-AMHs
- We have not found any other evidence of differences in quality of care and health outcomes for Tier 1-2 AMHs and Tier 3 AMHs compared non-AMHs

Thank you for your attention!

Questions?

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Questions

Wrap-Up

AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2024 Meetings
Tuesday, August 13, 2024 4:00-5:00 PM
Tuesday, September 10, 2024 4:00-5:00 PM
Tuesday, October 8, 2024 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Provider Experience Survey Results
- Care Management Outreach Process Refresher