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

Meeting #41

August 13, 2024

Agenda

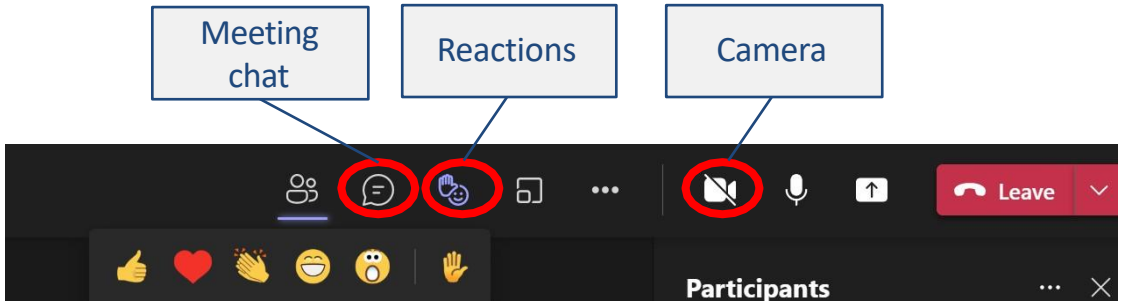
1. Welcome and Roll Call – 4 mins
2. Provider Experience Survey Results – 25 mins
3. PPC F Codes – 10 mins
4. Proposed Measure Set for MCP Aligned AMH Incentive Model – 15 mins
5. Wrap-up and Next Steps – 1 min

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
Chris Weathington, MHA	Director, Practice Support NC Area Health Education Centers (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/

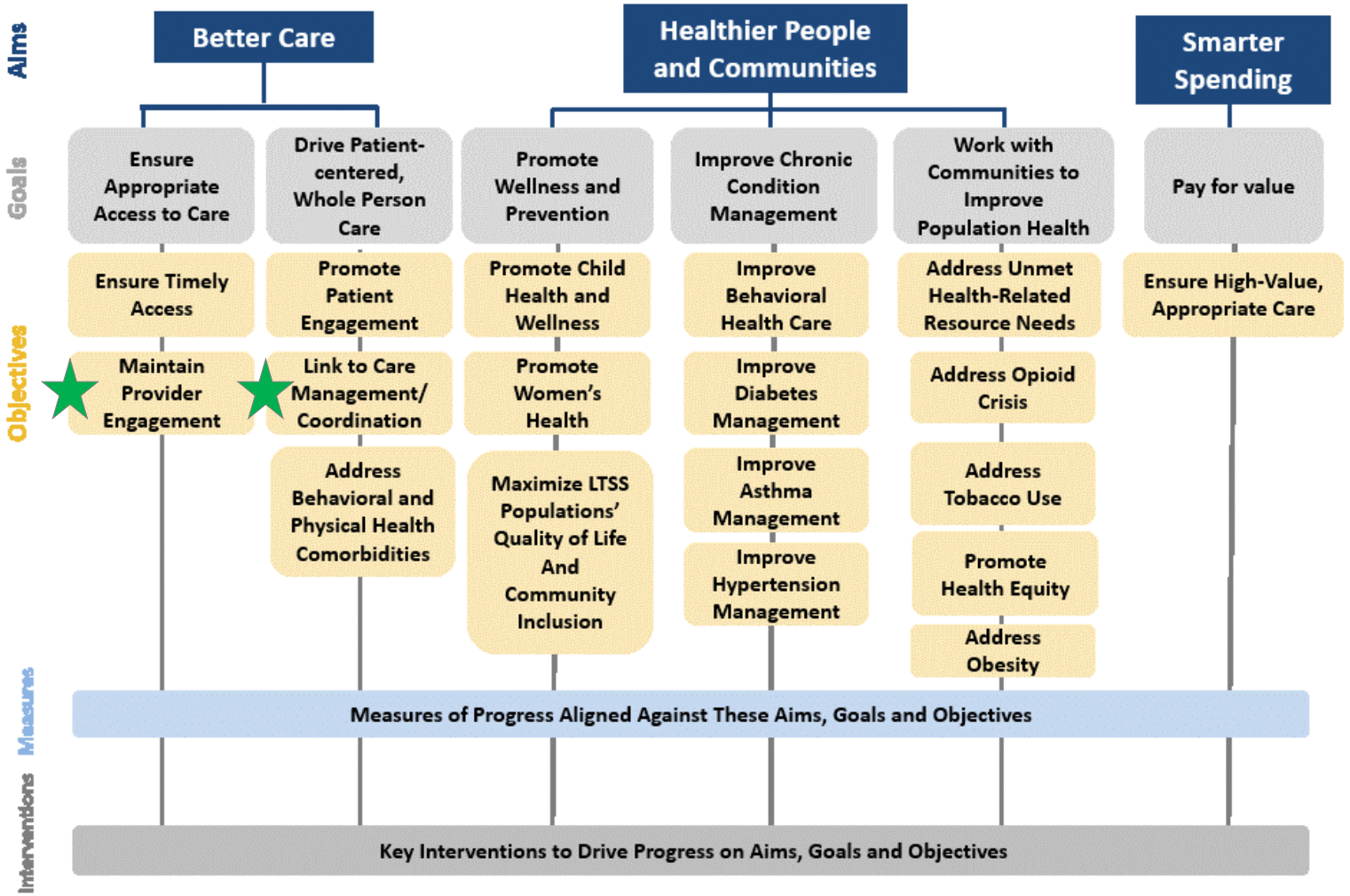
Provider Experience Survey Results

AMH TAG: 2023 PCP & ObGyn Provider Experience Survey Results

Hannah Fletcher, Survey Team Lead – Program Evaluation

August 13, 2024

DHB Quality Strategy



Overview

- DHB contracts with the Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill for the survey administration and reporting of results annually
- Developed to evaluate the influence of NC Medicaid Transformation on primary care and obstetrics/gynecology (Ob/Gyn) practices that contract with Medicaid.
- Administered across all North Carolina independent primary care practices, medical groups, and health care systems that provide primary care or Ob/Gyn care.
- The 2023 results present provider experience at the end of the 2nd year of Managed Care in NC

2023 Provider Experience Survey (PCP & ObGyn) Administration

- The most recent survey was fielded from March 27 to July 12, 2023, representing experience with the SPs from the second year of Medicaid managed care
- The final response rate for 2023 was **60.8%** (total n=346 respondents)

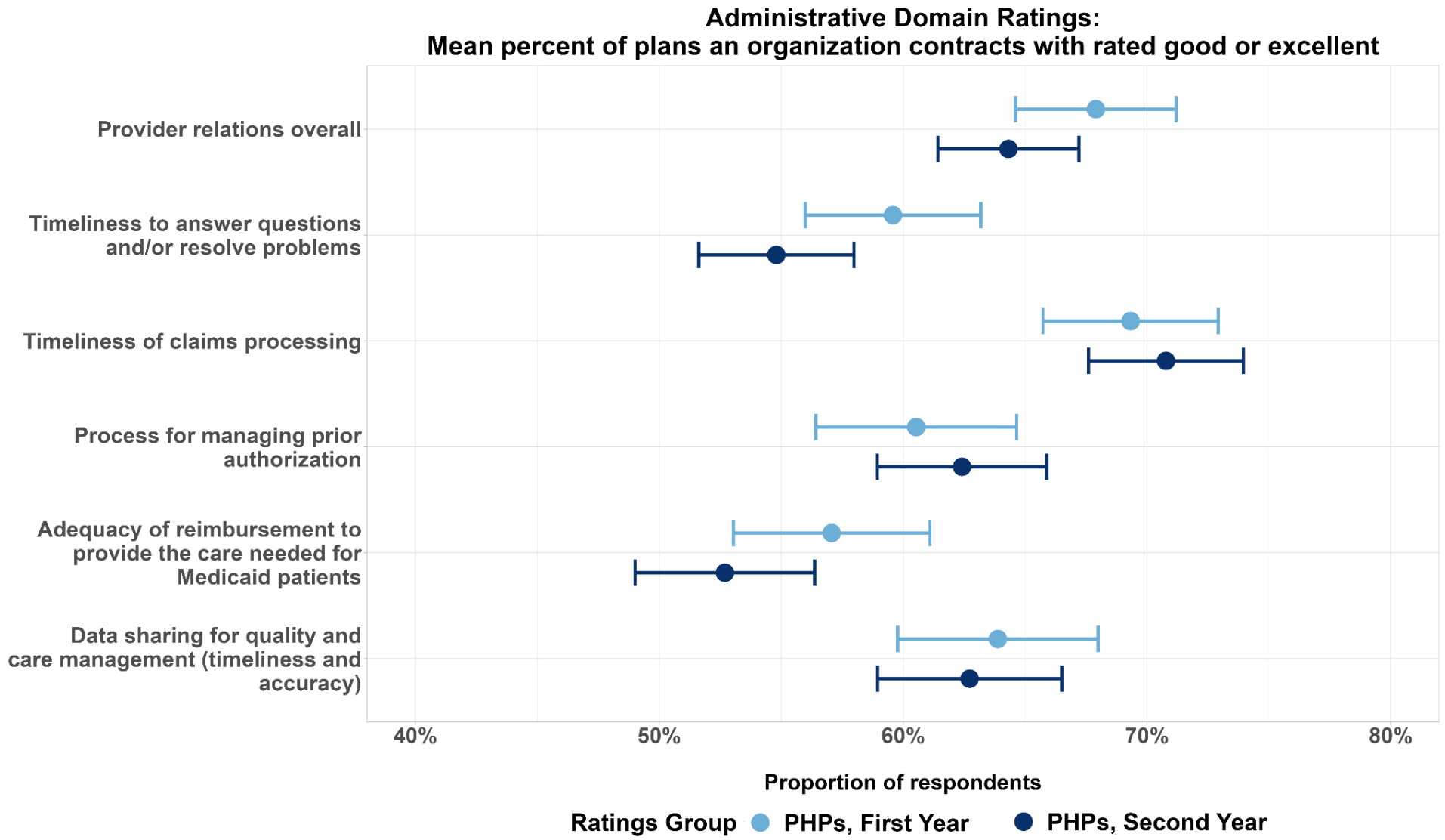
2023 Health System and Practice Characteristics	Self-Identified Health Systems (N = 16)	Self-Identified Medical Groups and Independent Practices (N = 330)
Services Provided for Patients with Medicaid		
Primary Care	15 (93.8%)	323 (97.9%)
Prenatal/Postnatal Care	14 (87.5%)	37 (11.2%)
Inpatient Obstetrics Care	15 (93.8%)	15 (4.5%)
Number of Providers (IQVIA-sourced)		
1-2 providers	0 (0.0%)	136 (41.2%)
3-9 providers	0 (0.0%)	148 (44.8%)
10 or more providers	16 (100.0%)	46 (13.9%)
Geography		
No Rural Practice Sites	2 (12.5%)	152 (46.1%)
Any Rural Practice Sites	14 (87.5%)	178 (53.9%)

2023 Provider Experience Survey (PCP & ObGyn) Measures

Domain Description	Category
Provider relations overall	Administrative
Timeliness to answer questions and/or resolve problems	Administrative
Timeliness of claims processing	Administrative
Process for managing prior authorizations	Administrative
Adequacy of reimbursement to provide the care needed for Medicaid patients	Administrative
Data sharing for quality and care management (timeliness and accuracy)	Administrative
Access to medical specialists for Medicaid patients	Clinical
Access to behavioral health prescribers for Medicaid patients	Clinical
Access to behavioral health therapists for Medicaid patients	Clinical
Access to needed drugs for Medicaid patients (formulary)	Clinical
Care/Case management for patients	Clinical
Customer/Member support services for patients	Clinical
Support for addressing social determinants of health	Clinical

Respondents answered questions in these domains using a scale from “poor” (equivalent to 1 numerically) to “excellent” (equivalent to 4)

Experience With Administrative Domains



Administrative Domain Performance Rating Change

	Ameri Health Caritas	BCBSNC Healthy Blue	United Healthcare	WellCare	Carolina Complete Health
Provider relations overall	↓	↓	↓	↓	↑
Timeliness to answer questions and/or resolve problems	↓	↓	↓	↓	↓
Timeliness of claims processing	↓	↑	↑	↓	↑
Process for managing prior authorizations	↑	↑	↑	↑	↑
Adequacy of reimbursement to provide the care needed for Medicaid patients	↓	↓	↓	↓	↓
Data sharing for quality and care management (timeliness and accuracy)	↓	↓	↑	↓	↑

Legend

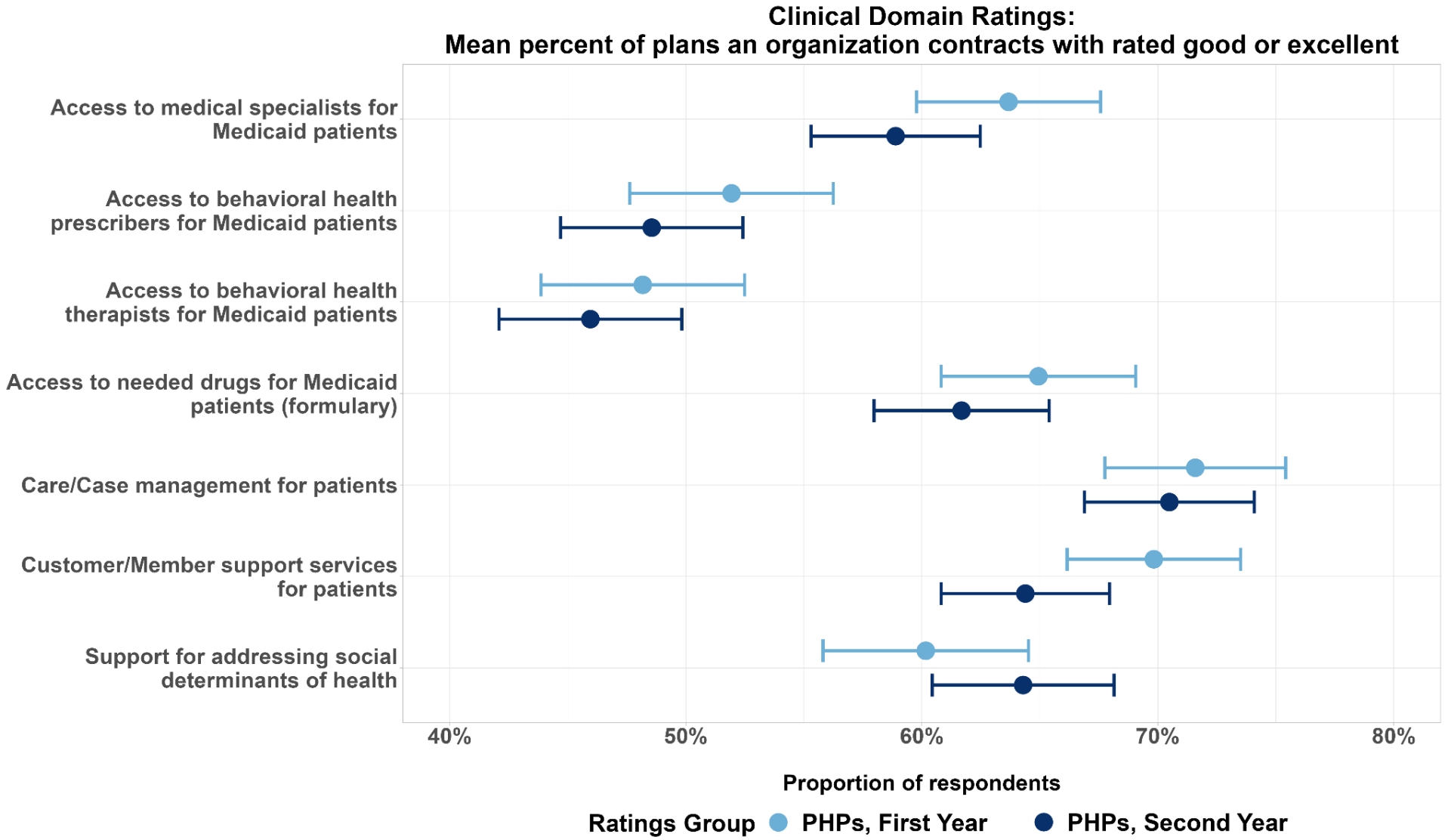
↓ : Significant worsening

↓ : Marginal worsening

↑ : Significant improvement

↑ : Marginal improvement

Experience With Clinical Domains



Clinical Domain Performance Rating Change

	Ameri Health Caritas	BCBSNC Healthy Blue	United Healthcare	WellCare	Carolina Complete Health
Access to medical specialists for Medicaid patients	↓	↓	↓	↓	↓
Access to behavioral health prescribers for Medicaid patients	↓	↓	↓	↓	↓
Access to behavioral health therapists for Medicaid patients	↓	↓	↓	↓	↓
Access to needed drugs for Medicaid patients (formulary)	↓	↓	↓	↓	↓
Care/Case management for patients	↓	↑	↑	↑	↑
Customer/Member support services for patients	↓	↓	↓	↓	↓
Support for addressing social determinants of health	↑	↑	↑	↑	↑

Legend

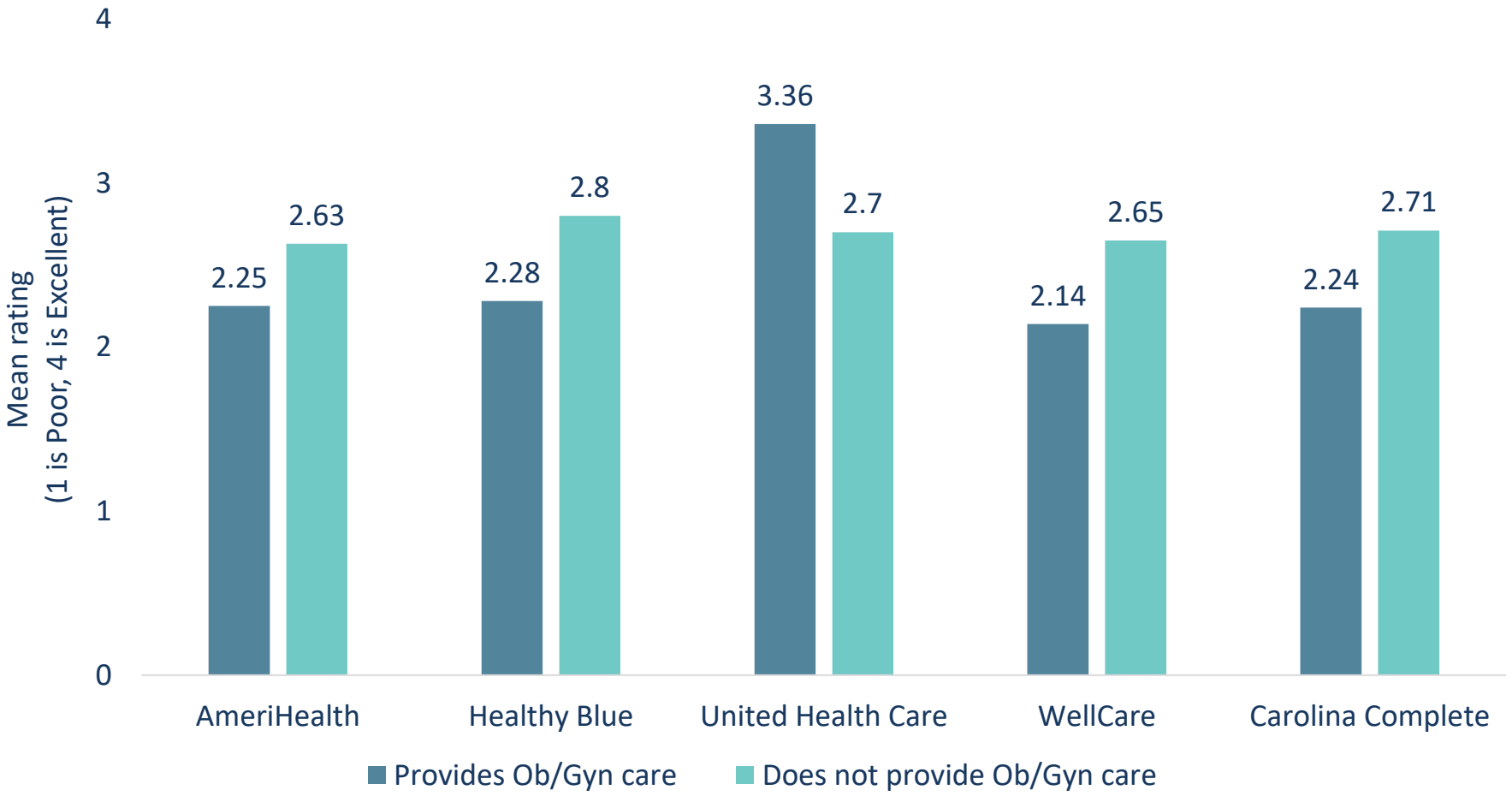
↓ : Significant worsening

↓ : Marginal worsening

↑ : Significant improvement

↑ : Marginal improvement

Overall ratings of Plans by Provision of Ob/Gyn Care



- This figure is representative of clinical and administrative domains.
- While all clinical domains also showed a lower mean rating, the largest disparities were seen in the administrative domain.

Major Themes: Experiences Working with Plans

- **Patient Attribution**
  - Many provider organizations report incorrect patient attribution and the process to correct attribution lists is difficult and an administrative burden. Reportedly, issues with attribution are impacting providers' ability to process claims and to report on required quality measures.
- **Claims denials and processes for resolution**
  - Many provider organizations report overall dissatisfaction with the claims process. A commonly reported issue is resolving denied claims.
- **Administrative burden of working with many Health Plans**
  - Provider organizations cited issues with different billing processes, incentive programs, and quality measures across Plans.

2023 Provider Experience Survey (PCP & ObGyn) Key Findings

- Rates of contracting with each of the five available Health Plans ranged from **73.3% to 97.2%**, and the organizations contracted with an **average of 4.3 plans**.
- Overall, providers rated their experience with plans on clinical domains (e.g., access to specialists) **slightly worse** than on administrative domains (e.g., claims processing).
- **Small but meaningful differences** were found in provider experience with Plans overall compared with the first year of managed care.
  - Plans in the second year had higher experience ratings than the first year on the timeliness of claims processing domain, an important factor considered when contracting with PHPs.
  - Plans in the second year performed worse than in the first year on timeliness to answer questions and/or resolve problems, and customer/member support services for patients.
- Open-ended comments revealed notable **administrative burden** in sustaining multiple Plan relationships
  - Financial strain on provider organizations, harmed patient access to care, and has imposed stress on the healthcare system more broadly.

Provider Experience Survey Activity Status

- Most recent published report: 2023 Medicaid Provider Experience Survey
- The 2024 Survey was administered between April to June 2024
  - Updates to 2024 Survey Instrument:
    - Respondents asked to describe their overall experience with administrative and clinical domains for their largest commercial payor contract
    - New questions added:
      - Experience with the process and accuracy of patient assignment to practice
      - Experience thus far with Medicaid Expansion
      - Contracting with organizations to pursue an alternative payment model or ACO-like contract
- New Behavioral Health Provider Experience Survey in development with DHB and UNC Sheps Center

Questions/Comments?

For additional information, please reach out to Hannah.Fletcher@dhhs.nc.gov

PPC F Codes

Background: The Problem

- NC Medicaid has historically underperformed on the NCQA HEDIS® *Prenatal and Postpartum Care (PPC)* quality measure
- PPC services are often recorded using global billing codes that are not billed until the end of the pregnancy

Figure 1. Comparison of Timeliness of Prenatal Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.

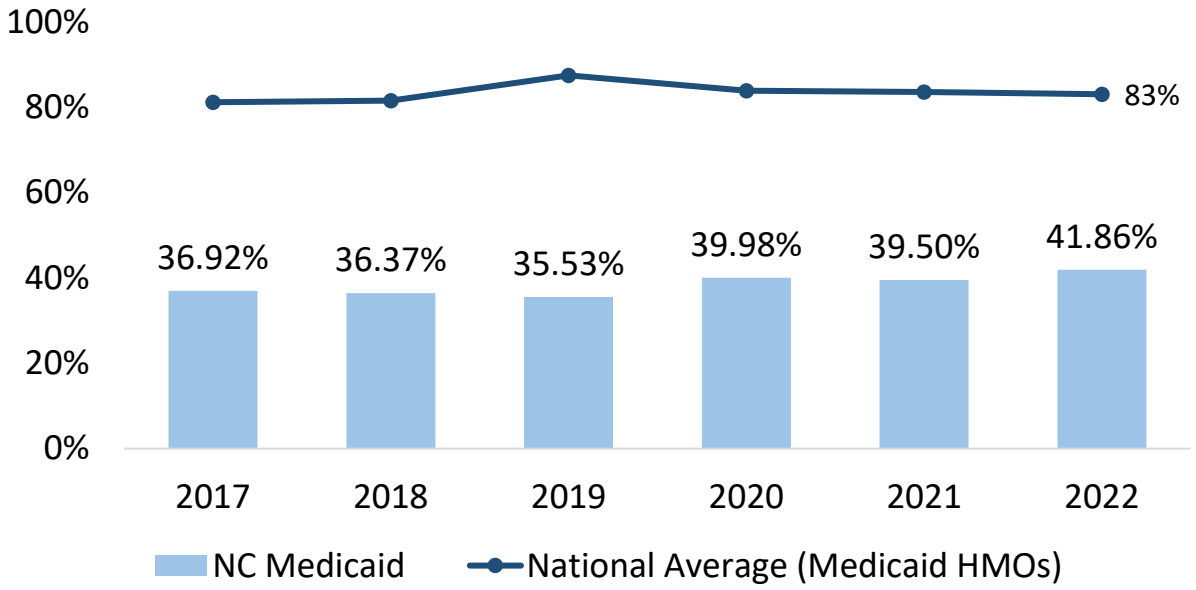
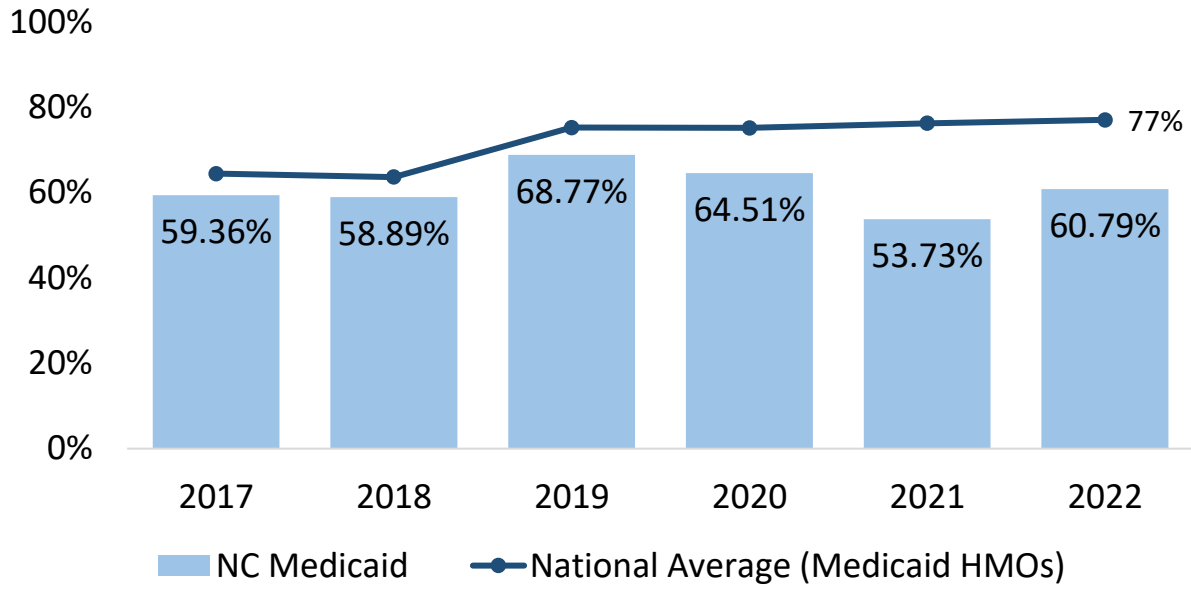


Figure 2. Comparison of Postpartum Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.



The Solution

Two new F codes have been added to NC Medicaid's clinical policy:

- **0500F** for Initial Prenatal Visits and
- **0503F** for Postpartum Care Visits

Both codes are defined in the NCQA HEDIS® value sets and are meant to support more accurate and complete data collection.

*NC Medicaid urges providers and practices to begin using the new codes as soon as possible. After **July 1, 2025**, Medicaid claims for delivery will deny if 0500F is not in the patient's history.

Table 1: F Codes for Capturing Prenatal and Postpartum Care Added to NC Medicaid's Clinical Policy

CPT Code	Type	Description	Physician/NPP/LHD Services Guidelines
0500F	Individual	Initial Prenatal Care Visit*	Code reported to identify initiation of prenatal care. Report at first prenatal encounter with an obstetrical provider or other prenatal care practitioner. Report date of visit and in a separate field the date of the last menstrual period (LMP).
0503F	Individual	Postpartum Care Visit	Code reported to identify the comprehensive postpartum care visit. Postpartum visit can be to an obstetrical provider or other postpartum care practitioner, or primary care provider (PCP). Do not include postpartum care provided in an acute inpatient setting or other urgent/emergency room setting.

*NOTE: Primary care providers who do not perform prenatal care should not submit claims for 0500F.

PPC F Codes Fact Sheet and FAQ

NC Medicaid has released two new documents to give providers and practices more information about these new F codes, why they are important, and how they should be used. These documents are published on NC Medicaid's Quality Management and Improvement webpage.

PPC F Codes Fact Sheet

PPC F Codes FAQ Document

Proposed Measure Set for MCP Aligned AMH Incentive Model

Background & Today's Discussion

Background

- In 2023, North Carolina was selected by CMS as one of eight states to participate in Making Care Primary (MCP), a multi-payer primary care model
- In May 2024, DHHS published its proposed approach to initial alignment with MCP through a standardized AMH performance incentive model
- DHHS has been reviewing community partner feedback on the proposed approach, and has begun designing the aligned AMH incentive model, beginning with selecting proposed measures that will be linked to incentive payments under the model

Stakeholder Input Requested

- In these slides, DHHS outlines its process for creating a proposed, narrowed measure set to link to aligned AMH incentive payments, and is **seeking feedback from stakeholders on the measures by August 16.**
  - **Written feedback may be sent to Medicaid.Quality@dhhs.nc.gov**

Reminder: Goals for AMH Program Alignment with Making Care Primary (MCP)

The next stage of primary care reforms in the AMH program should address gaps in the system and leverage opportunities to further improve the health of North Carolinians through an equitable, innovative, whole-person centered and well-coordinated system of care, which addresses both medical and non-medical drivers of health.

Goals for Primary Care Reforms in the AMH Program in Alignment with MCP
Improve quality outcomes, equitably
Maintain strong access to primary care and member engagement
Further integrate behavioral health and health-related resource needs in primary care
Increase provider flexibility and transparency and lower administrative burden
Support continued investments in primary care

Reminder: Proposed Initial Approach to AMH VBP Reforms in Alignment with MCP

Require Standard Plans and Tailored Plans to offer a **standardized, aligned performance incentive program** to primary care providers to provide consistency between NC Medicaid prepaid health plans and to the Making Care Primary model.

Future State

Standard Plans and Tailored Plans are required to offer a standardized, aligned performance incentive to primary care providers

Providers may choose to participate in other VBP arrangements offered by the health plan, as appropriate.

Aligned performance incentive arrangements will include:

1. One aligned, targeted subset of key quality measures across health plans
2. Aligned approach to attributing members to providers for the purposes of calculating quality performance
3. Consistent measure targets/benchmarks
4. A consistent methodology for calculating incentives; not contingent on meeting cost goals or shared savings
5. A standard, transparent dollar amount of potential incentives to be earned *(depending on the value of the incentives, more funding may be needed)*

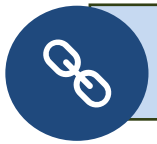
AMH Provider is focused on actionable quality improvement, with lower administrative burden

Selecting Measures for Aligned AMH Incentive Model

As the first step in designing an aligned AMH performance incentive model, DHHS has developed principles for selecting measures to link to payment under the model and has selected a narrowed list of measures for consideration.

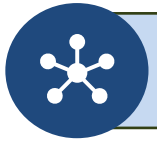
Principles for Aligned AMH Incentive Model Measure Selection

Measures are primary care sensitive



Measures are aligned with other measure sets, especially MCP

Measures advance improvement or close disparities



Measures are applicable to all AMH practices, including AMH Tier 2 and AMH+ practices

Avoid measures with significant data quality challenges or measures with small denominators

Measure Selection Process

DHB considered more than 50 potential measures and narrowed the list based on the selection principles.

Measure Sets

- AMH Measures
- Medicare MCP
- Universal Foundations
- Medicaid Core
- Withhold
- State Transformation Collaborative

- Plan All-Cause Readmissions (PCR)
- Prenatal and Postpartum Care (PPC)5
- Child and Adolescent Well-Care Visits (WCV)1
- Chlamydia Screening in Women (CHL)
- Cervical Cancer Screening (CCS)
- Total Cost of Care
- Depression Remission at 12 months
- Screening for Social Drivers of Health
- Total Per Capita Cost Continuous Improvement
- ED Utilization
- Care Management Penetration
- Comprehensive Assessment Completion
- Care Plan Completion
- Face to Face Care Management
- Care Management after ED visit/hospitalization
- PCP Visits
- Inpatient Admissions
- Initiation and Engagement of SUD Treatment
- Access to Care Management Services
- BMI Percentile Documentation
- Counseling for Nutrition for Children/Adolescents
- Counseling for Physical Activity for Children/Adolescents
- Antidepressant Medication Management: Acute Phase Retention
- Antidepressant Medication Management: Continuation Phase
- Follow-up After Hospitalization for Mental Illness (7 days)
- Follow-up After ED Visit for Substance Use
- Use of First-Line Psychosocial Care for Children on Antipsychotics
- Follow-up Care for Children Prescribed ADHD Medicine
- Oral Evaluation, dental services (children and adolescents)
- Asthma Medication Ratio
- Consumer Assessment of Health Providers and Systems (CAHPS)

+ More

DHB has so far identified **10 measures for potential inclusion in the AMH incentive payment** model (see next slide), divided into a **child set and an adult set**, and could narrow these measures further based on stakeholder feedback.

DHB would ensure that any measures selected for inclusion in the AMH incentive model would also be included in the AMH measure set and the Standard Plan and Tailored Plan measure sets for future years.

Child and Adult Measures Under Consideration for AMH Incentive Model

DHHS proposes creating an **adult and child measure set** for the aligned AMH incentive model, **each with 3-5 measures**. Based on data quality challenges, **measures in the blue box are being considered for inclusion as pay-for-reporting measures or for future model years** (once data quality challenges are more resolved). This measure set could be narrowed further based on stakeholder input.

	Adult	Child
Proposed Pay-for-Performance Measures:	• Adults' Access to Preventive/Ambulatory Health Services • Colorectal Cancer Screening • Breast Cancer Screening • Person-Centered Primary Care Survey *(new Medicare MCP measure – see appendix)*	• Immunizations for Adolescents- Comb. 2 • Well-child Visits in First 30 Months of Life • Childhood Immunization Status (CIS) – Comb. 10
Future Measures *or* Pay-For-Reporting Only:	• Screening for Depression & Follow Up • Controlling High Blood Pressure • Hemoglobin A1c Control for Patients with Diabetes	• Screening for Depression & Follow Up

For stakeholder input: Should practices have the option to select between Screening for Depression and Follow-up and another behavioral health measure (e.g. Follow Up after Mental Health Hospitalization or ED Visit) that is more appropriate for the Tailored Plan population?

DHHS is in the process of selecting withhold measures for 2026; **DHHS will consider including on this list any new 2026 withhold measures that are provider-driven and primary care sensitive**

Discussion and Next Steps

Discussion Questions:

1. What is your reaction to these measures? Are there other measures DHHS should consider?
2. Do you see foresee any operational challenges to using these measures? If so, how should DHHS address those challenges?

Next Steps:

- DHHS requests PHP feedback on proposed measures by **August 16th;** please **email** Medicaid.Quality@dhhs.nc.gov
- Based on feedback on the proposed measures, DHHS will finalize the working measure set and begin developing the model methodology including technical specifications, target-setting, attribution, and payment approach
- NC Medicaid proposes implementing an aligned AMH incentives model no sooner than July 2025 in PHP contracts, for January 2026 quality measurement year
- DHHS will continue to engage plans and providers throughout this process

Appendix

Person-Centered Primary Care Measure

Person-Centered Primary Care Measure (PCPCM) is a new MIPS patient-reported outcome-based performance measure, administered via survey, that is included in Medicare's Making Care Primary model.

What is the measure?

- **11 question survey** that captures a range of functions of primary care
  - PCPCM is not the same as CAHPS/Press Ganey measures, although some questions are similar
- More details on the measure specifications can be found on the CMS website

Inclusion in Medicare MCP:

- PCPCM is the **only patient-reported outcome measure** included in the Medicare MCP model
- **Practices will not need to collect their own data or report their own outcomes in the Medicare MCP model:**
  - CMMI will fund and manage the administration of the PCPCM survey for Track 1 participants in Years 2 and 3
  - Track 2 and 3 participants will administer the survey through an approved third-party intermediary
- CMMI will establish a benchmark for PCPCM and **begin tying payment to the measure in Year 3** of the model (2027)

Person-Centered Primary Care Measure Survey Questions

Patients are asked to assess their primary care experience on the below statements, with 4 responses: 1) Not at all 2) Somewhat 3) Mostly 4) Definitely

1. My practice makes it easy for me to get care.
2. My practice is able to provide most of my care.
3. In caring for me, my doctor considers all factors that affect my health.
4. My practice coordinates the care I get from multiple places.
5. My doctor or practice knows me as a person.
6. My doctor and I have been through a lot together.
7. My doctor or practice stands up for me.
8. The care I get takes into account knowledge of my family.
9. The care I get in this practice is informed by knowledge of my community.
10. Over time, my practice helps me to stay healthy.
11. Over time, my practice helps me to meet my goals.

Measure Set Cross-Walk (1/2)

Cross-Walk of Measure Sets						
Measures	AMH	Withhold (2025)	MCP Medicare	STC	Medicaid Core	Universal Foundations
Controlling High Blood Pressure (CBP)	X		X	X	X	X
Hemoglobin A1c Control for Patients with Diabetes (HBD)	X		X	X	X	X
Childhood Immunization Status (CIS) -- Combination 10	X	X		X	X	
Plan All-Cause Readmissions (PCR)	X				X	X
Prenatal and Postpartum Care (PPC)5	X	X			X	
Screening for Depression and Follow-Up Plan (CDF)	X		X		X	X
Child and Adolescent Well-Care Visits (WCV)1	X				X	X
Chlamydia Screening in Women (CHL)	X				X	
Immunizations for Adolescents (IMA) -- Combination 2	X				X	X
Cervical Cancer Screening (CCS)	X				X	
Total Cost of Care	X		X*			
Well-Child Visits in the First 30 Months of Life (W30)	X				X	X
Colorectal Cancer Screening			X		X	X
Depression Remission at 12 months			X			
Person-Centered Primary Care Measure (PCPCM)			X			
Screening for Social Drivers of Health						X
Total Per Capita Cost Continuous Improvement			X			
ED Utilization			X			
Care Management Penetration						
Comprehensive Assessment Completion						
Care Plan Completion						
Face to Face Care Management						

Measure Set Cross-Walk (2/2)

Cross-Walk of Measure Sets						
Measures	AMH	Withhold (2025)	MCP Medicare	STC	Medicaid Core	Universal Foundations
Number of Care Management Interactions						
Care Management after ED visit/hospitalization						
PCP Visits						
Inpatient Admissions						
Breast Cancer Screening						X
Initiation and Engagement of SUD Treatment						X
Consumer Assessment of Health Providers and Systems (CAHPS)						X
Oral Evaluation, dental services (children and adolescents)						X
Asthma Medication Ratio						X
Access to Care Management Services						
Access to Preventive/Ambulatory Health Services (AAP)						
BMI Percentile Documentation						
Counseling for Nutrition for Children/Adolescents						X
Counseling for Physical Activity for Children/Adolescents						
Antidepressant Medication Management: Acute Phase Retention						
Antidepressant Medication Management: Continuation Phase						
Follow-up After Hospitalization for Mental Illness (7 days)						X
Follow-up After Hospitalization for Mental Illness (30 days)						
Follow-up After ED Visit for Substance Use						X
Use of First-Line Psychosocial Care for Children on Antipsychotics						X
Follow-up Care for Children Prescribed ADHD Medicine						X

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, September 10, 2024 4:00-5:00 PM
Tuesday, October 8, 2024 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- VBP Arrangements
- Medicaid Expansion Population into Quality Incentive Programs
- Care Management Outreach Process Refresher