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

Meeting #2: Contracting, Oversight, and Data Strategy

May 3, 2019, 1:00 – 4:00 pm

Kirby Building, 1985 Umstead Drive, Raleigh, CR 297

Agenda

1	**Re-Introductions**	**1:00 pm – 1:05 pm**
2	**Recap AMH TAG Meeting #1**	**1:05 pm – 1:15 pm**
3	**Discussion: Contracting and Oversight**	**1:15 pm – 2:15 pm**
4	**Break**	**2:15 pm – 2:30 pm**
5	**Briefing on Issues for Meeting #3: Data Strategy**	**2:30 pm – 3:45 pm**
6	**Public Comments**	**3:45 pm – 3:55 pm**
7	**Next Steps**	**3:55 pm – 4:00 pm**
8	**Appendix:** Detailed AMH Data Flows	

Agenda

1. **Re-Introductions** — 1:00 pm – 1:05 pm
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

Initial AMH TAG Membership

Name	Organization	Stakeholder
Sheryl Gravelle-Camelo, MD	Pediatrician KidzCare in Macon County	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)
Calvin Tomkins, MD, MHA	Assistant 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
Vincent Pantone, MD	Regional Vice President and 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
Eugenie Komives, MD	Senior Medical Director for Duke Connected Care MCAC Quality Committee Member	MCAC Quality Committee Member

Department of Health and Human Services (DHHS) and Facilitators

Kelly Crosbie, MSW, LCSW

Kelly Crosbie currently serves as the Deputy Director of Quality and Population Health. She has more than 20 years of public healthcare experience. During this time, she has served eight years in NC Medicaid. Previously she has overseen the success of and implemented various care models, such as PCCM and behavioral health MCO programs.

Nancy Henley, MPH, MD, FACP

Dr. Henley currently serves as the CMO for North Carolina Medicaid. She has more than 25 years of executive management experience with integrated delivery systems and large public and private insurers. She is an expert at convening and coaching change teams charged to address organizational imperatives and produce measurable results.

Advisor to the State

- **Aaron McKethan, PhD**

Facilitators

- **Jonah Frohlich, MPH – Managing Director, Manatt Health Strategies**
- **Edith Stowe, MPA – Senior Manager, Manatt Health Strategies**
- **Bardia Nabet, MPH – Consultant, Manatt Health Strategies**

Agenda

1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1** — **1:05 pm – 1:15 pm**
3. **Discussion: Contracting and Oversight**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

Recap: Issues for AMH TAG

Comments on Initial Topics

- **Data Sharing**: Members identified a need to discuss the specifics of the formats and timeframes for data that AMHs will receive from PHPs.
- **Quality:** DHHS is moving in the direction of allowing/encouraging hybrid measures rather than taking an administrative-only approach.
- **Program Oversight and Evaluation:** Provider members raised concerns about the Department collecting encounter-level tracking of care management on the grounds that it would be burdensome and potentially duplicative of information practices will need to provide to PHPs.
- **Value-Based Payment (VBP):** Members noted that there are some practices that are ready for the next step beyond Tier 3.

Recap: Issues for AMH TAG

Additional Topic Suggestions

- **Healthy Opportunities:** Input on policy changes and intersection between Pilots and AMH program; interest in discussing how practices will use NCCARE360 and what they will do with the information; suggestion of a dedicated subcommittee.
- **Special Populations/Programs:** Focus on the integration of AMH with legacy programs (e.g., CC4C).
- **Behavioral Health:** Further definition on what expectations are for AMH Tier 3 practices with regards to behavioral health.
- **Practice Support:** For practices who attested into Tier 3 that are "on the road" to Tier 3 capacity but are not yet there.
- **Beneficiary Experience of AMH:** DHHS noted that beneficiary input is built into the MCAC structure.

Recap: Planned TAG Topics, March – June 2019

For each topic, DHHS will *brief* the TAG and then through a *discussion,* solicit recommendations from a range of options

Meeting #1
4/1, 9 am – 12 pm

1. TAG Overview

- ✓ ***Discussion:*** Introductions and Overview of TAG; discussion on pressing AMH issues

2. AMH Attestation and Contracting

- ✓ ***Briefing:*** Review of guidance to date
- ✓ ***Discussion:*** Identification of most pressing contracting issues

Meeting #2
5/3, 1 pm – 4 pm

1. AMH Contracting and Oversight

- ***Discussion:*** TAG recommendations for further DHHS market guidance/ education

2. Data Strategy

- ***Briefing:*** DHHS data strategy to support AMH success
- ***Discussion:*** Identification of most pressing data issues

Meeting #3
5/29, 12 pm – 3 pm

1. Data Strategy

- ***Discussion:*** Discussion of key issues in data

2. Quality *(tentative)*

- ***Briefing:*** DHHS direction on Quality
- ***Discussion:*** Identification of deeper dive topics for discussion on 6/25

Meeting #4, 6/25, 1 – 4 pm: Discussion Topics TBD

Agenda

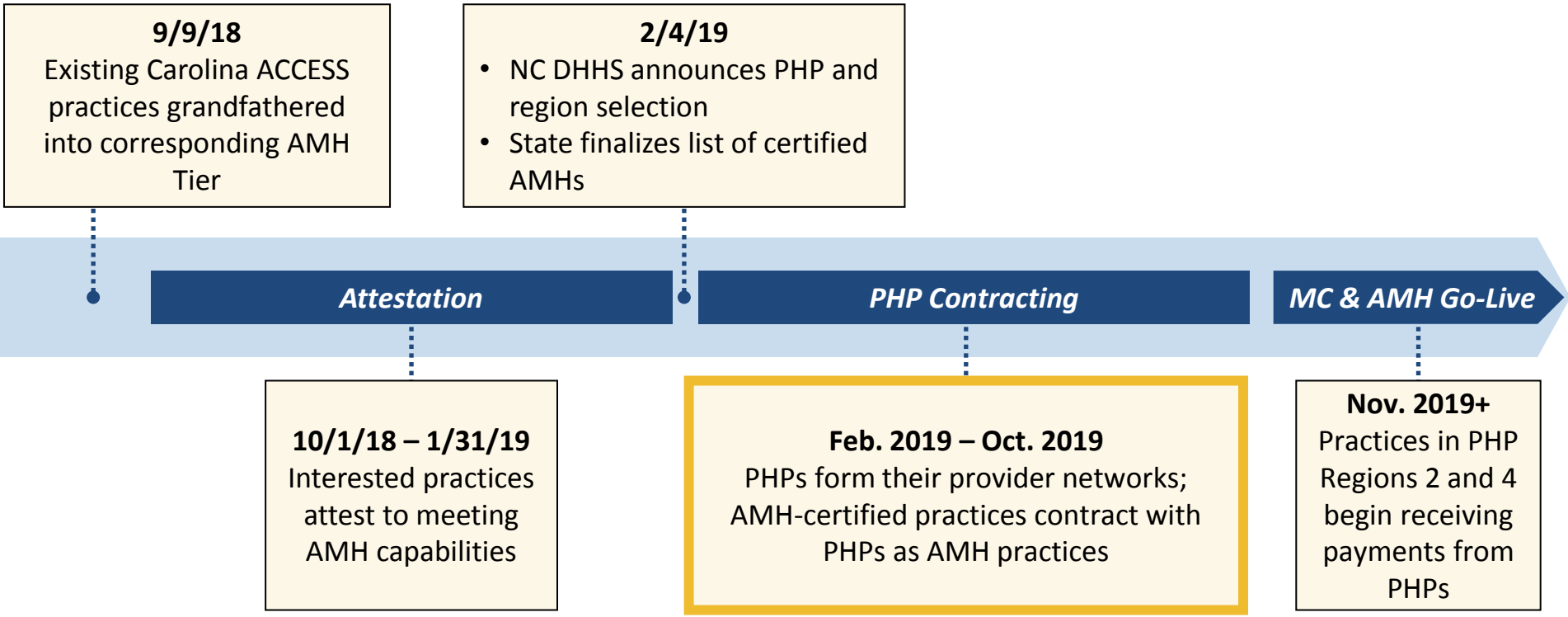
1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight** **1:15 pm – 2:15 pm**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

Goals of Today's Discussion on Contracting

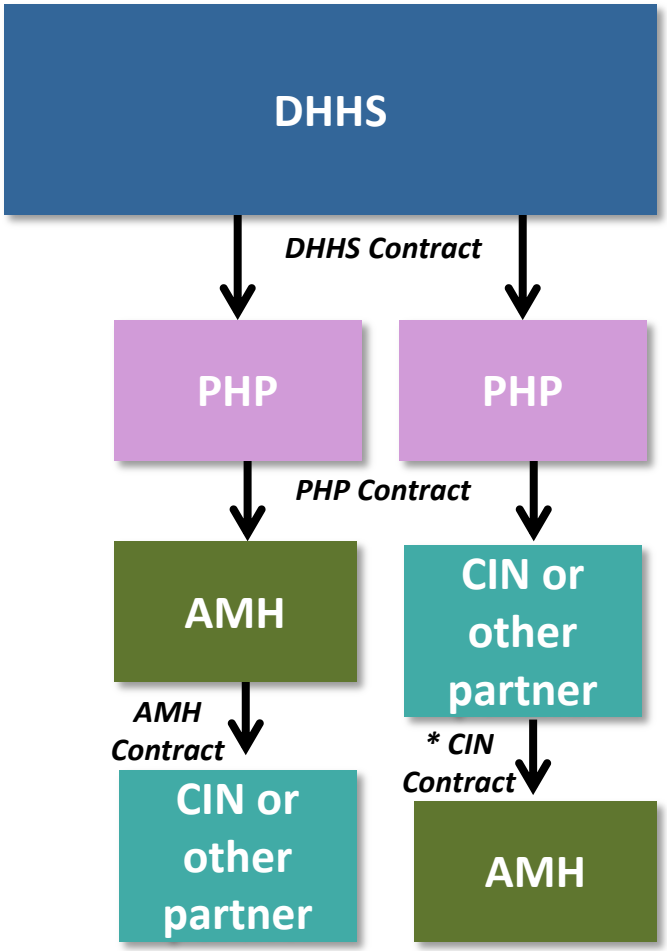
- ***Share information on Department's next phase of practice-facing contracting guidance***
  - ***Seek AMH TAG feedback to hone key messages***
- ***Discuss PHP oversight of AMHs and potential streamlining of activities across PHPs***

Timeline of AMH Program Launch

AMHs, CINs, and PHPs have entered into the contracting phase for PHP Regions 2 and 4



AMH Accountability Structure



DHHS
- Incorporates care management requirements in PHP contracts
- Oversees and monitors PHPs
- Certifies AMH practices
- Requires specific terms/conditions in PHPs' contracts with AMHs

PHPs
- Establishes specific terms/conditions in contracts with AMHs
- Oversees and monitors AMHs

AMHs
- Attests to specific AMH tier to DHHS
- As necessary, contracts with CIN/other partner to support PHP contracting, care management and other support

CINs or Other Partner
- Provides ongoing support to AMHs around clinical operations, data requirements and other activities
- Assists AMHs in negotiating and executing contracts with PHPs

DHHS does not place direct requirements on CINs/other partners or have an attestation/certification process for CINs/other partners, but expects any contracting led by CINs to have fidelity to model

** Note: CINs and other partners may arrange with PHPs that funds be paid directly to the CIN and other partners with the consent of the AMH practice. CINs and other partners may also negotiate directly with PHPs on behalf of AMH practices.*

State Oversight of AMH Contracts

PHPs are responsible for oversight of both practices they contract with directly and those supported by a CIN

Summary of Terms for all AMHs*

- Maintain a unified patient medical record for each Member
- Review and use Member utilization and cost reports
- Review and use monthly enrollment report provided by the PHP for PHP/practice-based population health or care management activities
- Provide or arrange for Primary Care coverage for services, consultation or referral, and treatment for emergency medical conditions 24/7
- Provide direct patient care a minimum of 30 office hours per week

Summary of Terms for Tier 3 AMHs*

- Must be able to risk stratify all empaneled patients
- Define the process and frequency of risk score review and validation
- Use a documented Care Plan for each high-need patient receiving care management
- Periodically evaluate the care management services provided to high-risk, high-need patients, and refine care management services as necessary
- Track empaneled patients' utilization in other venues
- Implement a systematic, clinically appropriate care management process
- Provide short-term transitional care management
- Use electronic data to promote care management

**Full terms for AMHs can be found in the NC RFP Contract Performance: https://files.nc.gov/ncdhhs/30-19029-DHB-2.pdf#page=99.*

Upcoming Practice Facing Guidance

The Department is planning additional guidance to ensure practices understand how AMH contracting guardrails apply to them

1. The State is making **significant new investments** in care management at the system-level that raise the bar for North Carolina in terms of the number of beneficiaries receiving care management and the nature of those services. Tier 3 AMH **practices should see these changes reflected in their contracts with** PHPs and CINs/other partners
2. Tier 3 AMHs should now **be focused on ensuring they are prepared to meet the AMH Tier 3 standards, and have choices in doing so**
   - Practices are not locked into the CINs they documented during their attestation and can "comparison shop" or directly contract with PHPs at the Tier 3 level
   - Practices considering **direct contracting with PHPs for Tier 3** must be prepared to meet all Tier 3 requirements (including hiring sufficient care management staff)
   - Practices prepared to meet Tier 3 AMH standards may negotiate PMPM Care Management Fees directly with PHPs. If they make that request, PHPs must provide them with an offer.
3. CINs/other partners and PHPs should **ensure practices have reasonable time** to evaluate all options that will help them achieve Tier 3 care management functions

- ***The State will emphasize these messages in a practice-facing webinar and Q & A in May***
- ***The State has also engaged with PHPs and CINs to address contracting issues***

PHP Oversight: Key Messages of DHHS Guidance to Date

PHPs will be responsible for ongoing oversight of contracted Tier 3 AMHs

- PHPs may assess AMHs/CINs by performing **on-site reviews, telephone consultations, documentation reviews, and other virtual/off-site reviews**
- Even if contracting through a CIN/other partner, **AMHs are ultimately accountable to the PHP** for fulling **contractual obligations** and achieving quality outcomes
- If an AMH is unable to perform activities associated with its assigned tier, **PHPs may re-classify the practice (to Tier 2) and cease AMH payments** (PHPs must send notices of cancellation of Medical Home Fees to both the State and the AMH)
- **AMH practices have the right to appeal reclassifications** for underperformance through each PHPs appeal process
- **State and PHP do not directly regulate CINs** – they will not maintain lists of CINs/other partners, validate their authenticity, etc.
- Practices will have broad flexibility to use CINs/other partners and **may wish to utilize them to help negotiate AMH contracts with PHPs**
- **PHPs may not:**
  - Lower the tier level of all AMH practice locations associated with the same organizational NPI or TIN without an assessment of each individual practice location
  - Lower the tier level of an AMH practice location based on a different PHP's findings and reclassification

PHP Oversight: Discussion Questions

Should DHHS create a streamlined process for PHPs to conduct performance monitoring and oversight of AMHs?

- *If DHHS creates a streamlined process, what tools would be helpful? E.g.*
  - *Unified timelines*
  - *Standard content of review*
  - *Standard corrective action plans*
  - *Other?*
- *Should DHHS issue guidance about how PHPs should oversee practices within one CIN or remain agnostic?*
- *Should there be a process for sharing corrective action plans (and other processes) between PHPs?*
- *How can the State, PHPs and providers work together to ensure the integrity of the AMH program?*

Agenda

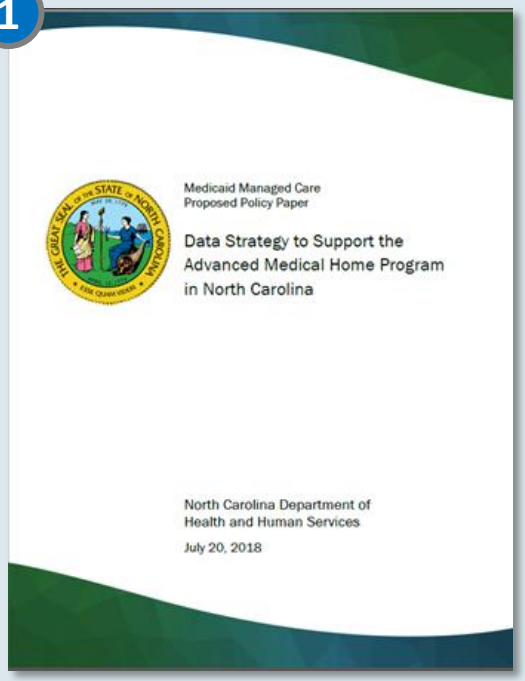
1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight**
4. **Break** — **2:15 pm – 2:30 pm**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

Agenda

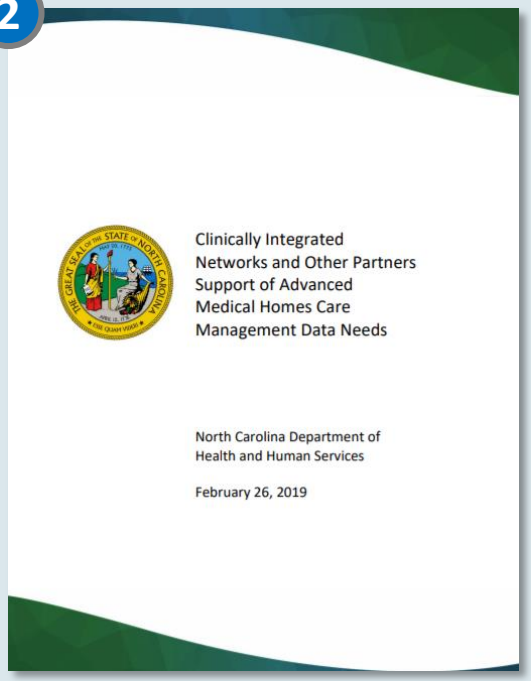
1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy** **2:30 pm – 3:45 pm**
6. **Public Comments**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

AMH Data Strategy Materials to Date

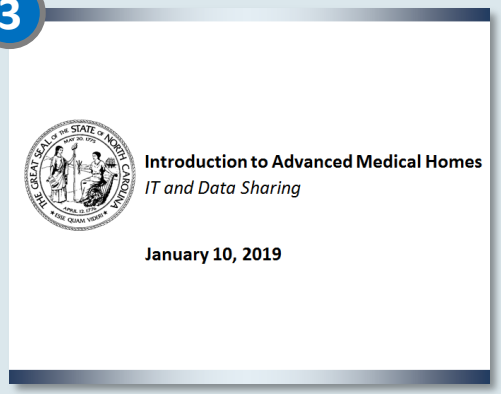
1



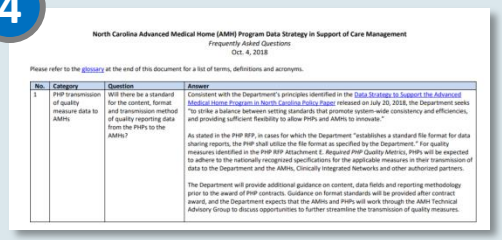
2



3



4



1. ***Data Strategy to Support the Advanced Medical Home Program in North Carolina (link)***
2. ***Clinically Integrated Networks and Other Partners Support of Advanced Medical Homes Cares Management Data Needs (link)***
3. ***Introduction to Advanced Medical Homes: IT and Data Sharing (link)***
4. ***North Carolina AMH Program Data Strategy in Support of Care Management Frequently Asked Questions (link)***

Recap: DHHS AMH Data Strategy Guiding Principles

Data sharing between PHPs, AMHs, and patients should:

1. **Ensure AMH professionals have timely access to relevant information**
2. **Equip AMH Tier 3 practices to seamlessly manage care across their PHP populations**
3. **Minimize administrative and cost burdens on AMHs and PHPs wherever possible**
4. **Engage beneficiaries in their own health and health care decisions**

Data Strategy to Support the Advanced Medical Home Program in North Carolina: https://files.nc.gov/ncdhhs/AMH-Data-PolicyPaper_FINAL_2018720.pdf.

Recap: Data Flows by AMH Tier

AMH practices must have access to multiple types of data from PHPs and other sources to carry out care management functions and assume responsibility for population health

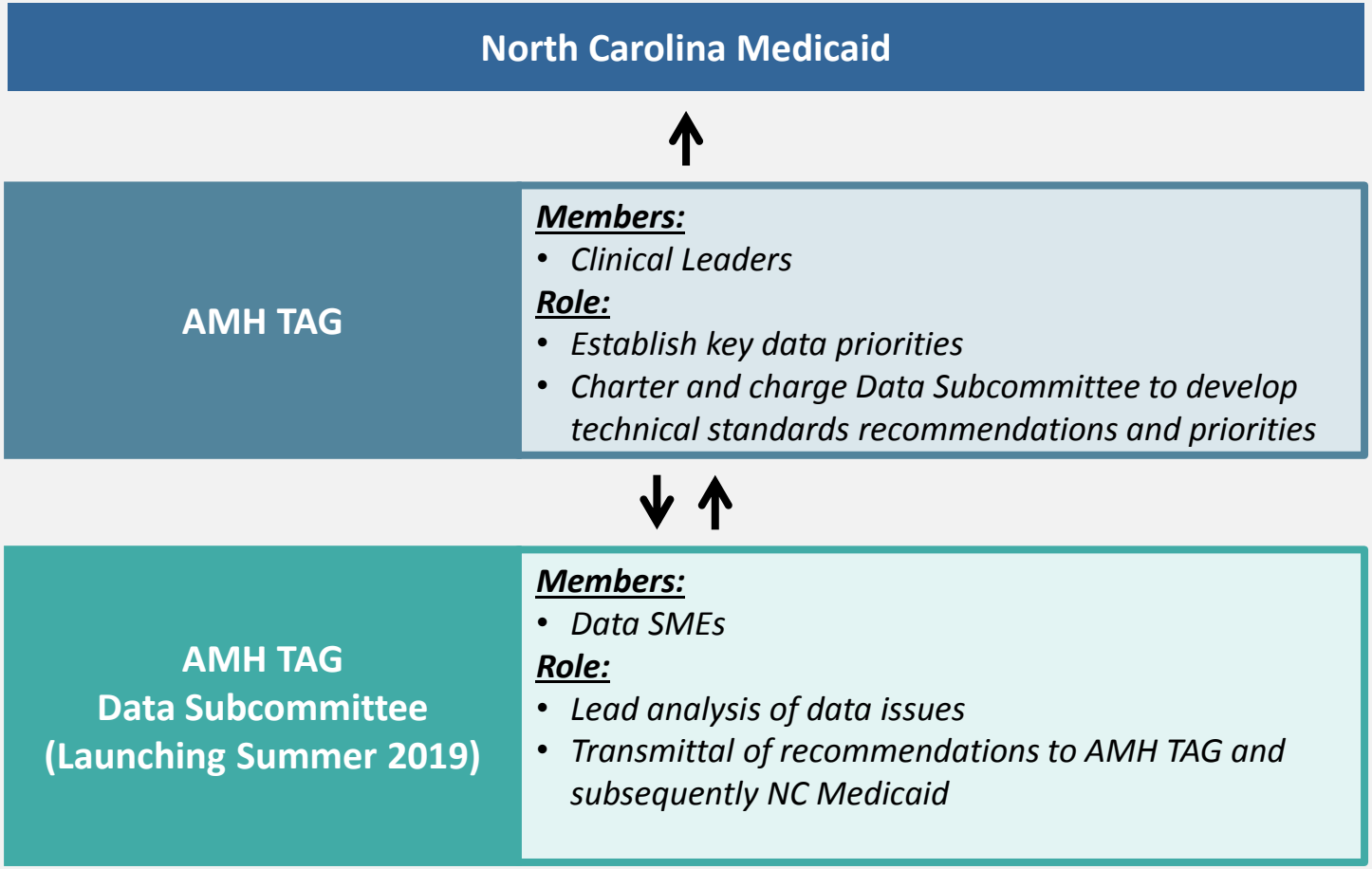
- Required data flows to **all AMHs***:
  - Beneficiary assignment information from PHPs
  - Initial Care Needs Screening information from PHPs
  - Risk scoring data from PHPs
  - Common quality measure performance information from PHPs
- Required data flows to **Tier 3 AMHs***:
  - Encounter data from PHPs
  - ADT information from NC HealthConnex or other source
- Additional data all AMHs are **encouraged to access**:
  - Clinical information for population health/care management processes from NC HealthConnex or other source
  - Data about available local human services accessed via NCCARE360
  - Data sharing with consumers

Note: PHPs and AMHs will be responsible for complying with all federal and State privacy and security requirements regarding the collection, storage, transmission, use, and destruction of data

** Or their designated CIN/other partner(s)*

Role of AMH TAG and Data Subcommittee

The Data Subcommittee will be charged to formulate technical standards recommendations and priorities to be communicated to North Carolina Medicaid



Proposed Key Issues for the Data Subcommittee

Data subcommittee will have focused agendas to address strategic and technical questions

Example Issues and Key Questions

1. *What are the best approaches for facilitating the exchange of beneficiary attribution and initial care needs files?*

2. *Risk models and quality measure reporting: how should the State balance standardization versus flexibility?*

3. *The State expects PHPs to share standard claims/encounter data feeds with AMHs using the same formats that PHPs share with the State. What are the potential implementation challenges to mitigate?*

4. *Are stakeholders experiencing difficulty getting timely ADT notifications and data feeds? If so, what can the State do to improve access to ADT feeds?*

5. *What are processes the State will use to enforce/oversee if PHPs not meeting their data-sharing obligations?*

Agenda

1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments** **3:45 pm – 3:55 pm**
7. **Next Steps**
8. **Appendix:** Detailed AMH Data Flows

Agenda

1. **Re-Introductions**
2. **Recap AMH TAG Meeting #1**
3. **Discussion: Contracting and Oversight**
4. **Break**
5. **Briefing on Issues for Meeting #3: Data Strategy**
6. **Public Comments**
7. **Next Steps** — **3:55 pm – 4:00 pm**
8. **Appendix:** Detailed AMH Data Flows

Next Steps

1. TAG Members to begin considering potential organization members for AMH TAG Data Subcommittee
2. TAG Members to share discussion key takeaways with stakeholders and probe on pressing issues related to upcoming topics
3. DHHS to finalize and share pre-read materials for upcoming session

Agenda

1	**Re-Introductions**	**1:00 pm – 1:10 pm**
2	**Recap AMH TAG Meeting #1**	**1:10 pm – 1:20 pm**
3	**Discussion: Contracting and Oversight**	**1:20 pm – 2:00 pm**
4	**Break**	**2:00 pm – 2:15 pm**
5	**Briefing on Issues for Meeting #3: Data Strategy**	**2:15 pm – 3:45 pm**
6	**Public Comments**	**3:45 pm – 3:55 pm**
7	**Next Steps**	**3:55 pm – 4:00 pm**
8	**Appendix:** Detailed AMH Data Flows	

Beneficiary Assignment Information

PHPs will be required to send AMHs the list of beneficiaries assigned to them

How will the data be used?

- **Identify beneficiaries in care management**
- **Determine AMH payments**
- **Support Tier 3 AMH requirements**

What are the requirements?

- **Timing**
  - Point-in-time assignment list at least monthly
  - Projected assignment list for the following month
  - Information on newly-enrolled or assignment beneficiaries (7 days)
  - Ad hoc assignment changes (7 days)

How can a CIN/other partner provide support?

- Collect and organize beneficiary assignment information on behalf of AMHs to help reconcile patient lists
- Generate and transmit lists of beneficiaries that can be shared with external organizations

PHP Risk Scores

PHPs will be required to share risk scores for assigned beneficiaries with AMHs

How will the data be used?

- **Inform care management**
- **Support Tier 3 AMHs' risk stratification requirements**

What are the requirements?

- **Trigger**: PHPs must notify AMHs when beneficiaries fall into priority population categories.
- **Content**: PHPs must share risk scoring results with AMH practices for assigned beneficiaries.
- **Risk Score Methodologies**: PHPs are encouraged to share an explanation of their risk scoring methodologies but are permitted to use their own proprietary risk scoring algorithms.

How can a CIN/other partner provide support?

- Normalize risk status for each assigned beneficiary based on risk scoring data from multiple PHPs.
- Incorporate into the risk stratification calculation relevant information including gaps-in-care data, clinical data, or social determinants.
- Provide analytics to develop detailed risk assessments and customized care management approaches.

PHP Care Needs Screening Information

PHPs will be required to conduct and share initial screening results (i.e., "Care Needs Screening")

How will the data be used?

- **Inform care management**

What are the requirements?

- **Timing**: PHPs must share the Care Needs Screening results with AMH within 7 calendar days of screening.
- **Content**: The care needs screening tool must identify (at a minimum):
  - Chronic or acute conditions
  - Chronic pain
  - Behavioral health needs
  - Medications
  - Other factors or conditions to inform available interventions
  - Unmet health-related needs for housing, food, transportation, & interpersonal safety

How can a CIN/other partner provide support?

- Compile or parse specific elements from the screening to inform care management functions.
- Aggregate beneficiaries' Care Needs Screening results to identify patterns and inform the AMHs' performance.

Quality Measure Performance Information

PHPs will be required to provide regular performance feedback to AMHs on quality measures*

How will the data be used?

- **Inform care management**
- **Provide insights into Performance Incentive Payments**

What are the requirements?

- **Content**: PHPs must provide feedback on quality scoring results to each AMH practice
- **Timing**: Feedback must be provided on both an annual and an interim basis for selected measures
- **Format**: The Department will set more detailed requirements based on Technical Advisory Group and stakeholder input after PHP procurement

How can a CIN/other partner provide support?

- Compute quality performance information across PHPs to identify and resolve any discrepancies in PHP-calculated performance.
- Aggregate performance data at the practice level to provide dashboards on quality measures.
- Assess performance of specific interventions, identify gaps in care, and/or ascertain opportunities to target resources more efficiently.

* See AMH 103 Webinar, slide 18 for more information on quality measures and Performance Incentive Payments

Encounter Data

PHPs will be required to share encounter data* for attributed beneficiaries on a timely basis with Tier 3 AMHs

How will the data be used?

- **Inform care management**
- **Provide insight into total cost of care**

What are the requirements?

- **Content**: PHPs will compile adjudicated claims from providers and transmit attributed beneficiaries' encounter data to the Tier 3 AMHs or their designated CINs and other partners.
- **Timing**: Department will set timing requirements based on feedback from the AMH Technical Advisory Group and stakeholder input.
- **Format**: The Department will provide detailed specifications and a companion guide with technical details that will align with national standards.

How can a CIN/other partner provide support?

- Collect and organize encounter (medical and pharmacy) data from multiple PHP sources

* Encounter data are all claims received and adjudicated by the PHP.

Admission Discharge Transfer (ADT) Data

Tracking empaneled patients' utilization data in local EDs and hospitals through active access to an ADT feed

How will the data be used?

- **Inform care management**
- **Response to ADT-based alerts**

What are the requirements?

- Tier 3 AMHs must have **active access to an ADT source** that correctly identifies specific empaneled patients' discharges or transfers to/from an ED or inpatient setting in real time or near real time
- North Carolina law requires that hospitals and practitioners who provide Medicaid services connect with NC HealthConnex, which will include connection to ADT feeds
- Other services also provide connection to ADT feeds, and AMHs are free to use those

How can a CIN/other partner provide support?

- Compile beneficiary information from multiple ADT sources.
- Develop processes to respond to certain high-risk ADT alerts received in real time or near real time.
- Use daily batched ADT information to facilitate patient prioritization.
- Identify patterns and trends to inform care delivery practice-level population health efforts.

Other Clinical Data

AMHs will need timely access to clinical information including patients' test results, select lab values, and immunization data and gaps

How will the data be used?

- **Inform care management**

What are the requirements?

- **Options to Access Data**: AMHs have several choices for accessing clinical data.*
  - **Practices affiliated with a health system** may have access to clinical data for other providers affiliated with the same system in the health system's EHR software.
  - **For access to clinical information from non-affiliated practices, immunization data, and information on prescriptions for controlled substances,** AMHs are encouraged to work with NC HealthConnex or other data sources to assess data sharing opportunities and establish data-sharing agreements.

How can a CIN/other partner provide support?

- Collect, parse, and organize clinical data from multiple sources.
- Integrate clinical data into the practice's system of record.

* North Carolina law requires that hospitals and practitioners who provide Medicaid services (and have an EHR system) connect with NC HealthConnex.

Social Determinants of Health (SDOH) Data

Tier 3 AMHs will receive information on beneficiaries' "unmet resource needs" and address these needs by connecting beneficiaries to available community-based resources.

How will the data be used?

- **Inform care management**
- **Support connections to community-based resources**

What are the requirements?

- **No direct requirement to use NCCARE360 at start of program**
- **In the future, and once certified by the State as being fully functional, PHPs and Tier 3 AMHs will all be encouraged to use NCCARE360**

How can a CIN/other partner provide support?

- Review information on beneficiaries' unmet resource needs and provide actionable information to care managers based on identified needs
- Manage referrals to human service organizations and resources

Beneficiary Data Sharing

AMHs are strongly encouraged to engage patients in their own health by making secure information sharing with patients easier and more widespread

How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?

• **Inform care management**	• **Options to Engage Patients**:
	  ○ Use of patient portals offered through EHRs or other systems.
	  ○ Innovative strategies for secure sharing of information that allow beneficiaries to control how their data is utilized.
		• Develop a means of secure data transfer or reports to beneficiaries as needed (i.e., CINs/other partners can develop workflows responding to certain events and share specific information with patients at those times)