

**North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) In-Person Meeting #6
September 18, 2019**

AMH TAG Members	Organization
<i>AMH TAG Members, North Carolina DHHS, and Manatt Project Team</i>	
Paul Rubinton, MD (<i>absent</i>)	AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD (<i>in-person</i>)	Blue Cross and Blue Shield of North Carolina
William Lawrence, MD (<i>absent; sent two delegates</i>)	Carolina Complete Health Network
Kristen Dubay (<i>in-person</i>)	Carolina Medical Home Network
Zeev Neuwirth, MD (<i>absent</i>)	Carolinas Physician Alliance (Atrium)
C. Marston Crawford, MD, MBA (<i>by phone</i>)	Coastal Children's Clinic – New Bern, Coastal Children's
Gregory Adams, MD (<i>in-person</i>)	Community Care Physician Network (CCPN)
Tara Kinard, RN, MSN, MBA, CCM, CENP (<i>in-person</i>)	Duke Population Health Management Office
Jason Foltz, DO (<i>in-person</i>)	ECU Physicians MCAC Quality Committee Member
Joy Key, MBA (<i>in-person</i>)	Emtiro Health
Amy Russell, MD (<i>in-person</i>)	Mission Health Partners
David Rinehart, MD (<i>in-person</i>)	North Carolina Academy of Family Physicians
Jan Hutchins, RN (<i>in-person</i>)	UNC Population Health Services
Michelle Bucknor, MD (<i>in-person</i>)	UnitedHealthcare of North Carolina, Inc.
Thomas Newton, MD (<i>by phone</i>)	WellCare of North Carolina, Inc.
Aaron McKethan, PhD (<i>absent</i>)	Duke
Shannon Dowler, MD (<i>in-person</i>)	DHHS
Kelly Crosbie, MSW, LCSW (<i>in-person</i>)	DHHS
Kelsi Knick, MSW, LCSW (<i>in-person</i>)	DHHS
Sarah Gregosky, MSPH (<i>in-person</i>)	DHHS
Amanda Van Vleet, MPH (<i>in-person</i>)	DHHS
Beth McDermott (<i>by phone</i>)	DHHS
<i>Public Attendees</i>	
Peter Bird, delegate for William Lawrence (<i>in-person</i>)	Carolina Complete Health Network
Donetta Godwin, delegate for William Lawrence (<i>in-person</i>)	Carolina Complete Health Network
Atha Gurganus (<i>by phone</i>)	UnitedHealth Group
Tameka Bates (<i>by phone</i>)	My Health
Katherine Knox (<i>by phone</i>)	UNC Health Care
Donald Reuss (<i>by phone</i>)	Vaya Health
Steve Bentsen (<i>by phone</i>)	Anthem/AmeriGroup

Manatt Health Strategies Facilitators:

- Jonah Frohlich (*by phone*)
- Sharon Woda (*by phone*)

- Lammot du Pont (*by phone*)
- Edith Stowe (*in-person*)
- Adam Striar (*in-person*)
- Bardia Nabet (*by phone*)
- Alexa Picciotto (*in-person*)

Agenda

- Recap: AMH TAG Meeting #5
- Discussion: AMH Managed Care Timeline
- Discussion: Prepaid Health Plan (PHP) Oversight of AMH Program
- Break
- Update: Data Subcommittee Progress
- Public Comments
- Next Steps

Please refer to the September 18 AMH TAG Meeting #6 slide deck available [here](#).

Recap: AMH TAG Meeting #5 (slide 5)

Kelly Crosbie of North Carolina DHHS convened the meeting at 10:00 am and welcomed meeting attendees. Ms. Crosbie asked attendees, including those participating by phone, to introduce themselves to the group. Ms. Crosbie then recapped the key agenda items from Meeting #5, and highlighted the following topics (**slide 5**):

- PHP-Facing Guidance on AMH and CIN Oversight
- Risk Stratification Guidance
- Quality Framework and Vision of Care
- Data Subcommittee Progress Report

More information on the discussion from the previous AMH TAG meeting can be found [here](#). Ms. Crosbie then turned to Edith Stowe of Manatt Health Strategies to provide an overview and lead a discussion on the updated Managed Care timeline.

Discussion: AMH Managed Care Timeline (slides 7 – 11)

Ms. Stowe began the discussion by revisiting the AMH TAG Charter with the group, which charges the committee to weigh in on strategic policy issues around the AMH program for North Carolina. She then moved into a review of the updated Managed Care Timeline; the Department recently moved from rolling out Managed Care in two phases to a single statewide transition on February 1, 2020 (**slide 8**). Ms. Stowe reinforced that although the timing of Managed Care launch has been extended, PHPs and AMHs are still actively working to prepare for beneficiary assignment. She highlighted that provider contracts must be signed by mid-November in order for providers to be included in PCP auto-assignment.

Ms. Stowe then reviewed the draft provider-facing guidance to be issued by the Department that contains general messaging regarding contracting with PHPs. She highlighted several key time periods between now and the launch of Managed Care (**slide 11**). On the PHP side, Ms. Stowe highlighted that the process of PHPs loading AMH/PCP contracts into their provider management and claims payment systems requires two to three weeks' time. Therefore, to ensure inclusion in auto-assignment, she noted

again that provider contracts must be executed no later than mid-November 2019. Moreover, Ms. Stowe noted that PHPs are responsible for auto-assigning beneficiaries to PCPs, and that this process must be completed in advance of January 9, 2020, whereby members must be issued their ID cards. Key discussion points included the following:

- Members sought guidance on communications to patients in the timeframe between contracting and the launch of Managed Care, particularly around questions related to whether patients' current PCPs will be covered by their new PHP network. The Department noted that PHPs should communicate that they are working with the State's enrollment broker on a daily basis, and that beneficiaries should continue to check in on a weekly basis to determine if a specific provider is not listed in-network, since contracting is an ongoing process and is being updated continuously. The Department added that from a provider perspective, providers should seek out the PHPs of their current Medicaid patient panel and clarify their intentions to contract and remain in network. Furthermore, the Department noted that that PHPs and providers should communicate to beneficiaries that while open enrollment ends December 13, 2019, Managed Care does not launch until February 1, 2020, and beneficiaries will have opportunities to change their PHP and PCP after this date. Beneficiaries will have 90 days after PHP enrollment to switch PHPs "without cause." After 90 days, beneficiaries may switch PHPs "with cause" at any time or at annual redetermination. Beneficiaries will also have a 30-day "grace period" after notification of their PCP assignment to change their PCP without cause and up to one additional time every 12 months.
- PHP representatives raised the question as to whether health plans are required to contract with all AMHs, as opposed to the 80% noted in the provider manual (**slide 10**). The Department responded that PHPs are expected to contract with all AMH Tier 3 practices unless the practice is not willing to accept network rates or fails to meet objective quality standards. Ms. Crosbie also noted that the Department may need to be more explicit with the word "all" and that there may be amendments made to this language.
- Members sought guidance on when AMH Tier 3 practices are expected to be to be fully "ready" with the necessary care management capabilities in place; the Department answered that the expectation is that this capacity should be in place by February 1, 2020 when Managed Care launches. Members made the point that some providers are having difficulty negotiating Care Management Fees with PHPs when they do not yet have all capabilities and functions in place (even if they plan to be ready by Managed Care launch). Provider representatives said that before they can invest in the care management technology, staff, and infrastructure necessary to participate in Tier 3, they need to know the Care Management Fees they will receive in order to determine the feasibility of these investments. Currently, there is no DHHS-prescribed rate floor; PHPs and AMH practices are required to negotiate rates with one another directly.
- Members noted that some practices are wishing to opt to become Tier 2 practices instead of Tier 3, since they worry that Tier 3 will be overly complex and burdensome. Some practice office managers are saying they prefer to avoid the complexity of care management and simply receive the extra revenue from the Tier 2 Medical Home Fee, particularly if they anticipate that few of their patients are likely to require intensive care management.
- Ms. Stowe noted that members' questions primarily surrounded readiness and rates, not necessarily the contracting timeline itself. She also noted that the Department is working to develop guidance on Tier 2 practices.

Ms. Stowe then turned to Adam Striar for a discussion on the Department's draft of the PHP Oversight of the AMH Program.

Discussion: PHP Oversight of AMH Program (slides 13 – 16)

Mr. Striar began by reviewing the purpose of the Oversight Guidance: to help PHPs ensure care management is being delivered in accordance with AMH program requirements. He noted that even when care management is delivered at the practice level, PHPs retain ultimate responsibility under the model for ensuring that beneficiaries receive required services. The Oversight Guidance, last reviewed with the AMH TAG on July 22nd at Meeting #5, was developed in order to provide guidance on oversight responsibilities for PHPs, clinically integrated networks (CINs) and other partners, and practices in scenarios where an AMH practice contracts directly with a CIN (instead of with a PHP). The guidance specifies the responsibilities of PHPs with respect to overseeing CINs (slides 14-15).

Mr. Striar noted several key changes made to the Oversight Guidance since AMH TAG Meeting #5. First, the document was updated to include specific timeframes for PHPs to deliver CIN/other partner oversight policies and the results of CIN/other partner-level audits to practices. Second, the guidance was updated to require that remediation policies be specified in written corrective action plans (CAPs). Finally, Mr. Striar discussed the process for practices to voluntarily revert from Tier 3 to Tier 2. This process requires AMHs to notify the Department directly or PHPs to provide documentation that the practice wishes to revert to Tier 2. Ms. Crosbie noted that the Department is preparing guidance for PHPs and AMHs on reverting from Tier 3 to Tier 2.

- AMH TAG Members requested clarification on the time frame in which PHPs are required to evaluate and deliver notice to AMH practices and CINs in the event of lapses in requirements. The Department responded that this notice should be delivered within 90 days of the contract signing between the AMH and PHP (or PHP and CIN).
- AMH TAG Members sought clarification on the party responsible for communicating to AMH practices and CINs with regard to the oversight process. The Department responded that this is the PHP's responsibility.
- The Department highlighted that for AMH practices working with CINs, these practices should be equipped with information on how the CIN is performing so they are aware of whether requirements are being met or not. Ms. Crosbie said that the Department does not have regulatory authority over CINs, and that its oversight levers are focused only on PHPs and AMHs. This guidance is intended to provide clarity on how PHPs and AMHs should ensure their contractual requirements are being fulfilled through arrangements with CINs/other partners.
- Members noted that unless a PHP has a contract with the CIN directly, oversight of these entities may prove to be challenging. The Department responded that they will provide additional clarity on these types of contracting arrangements in the next iteration of the guidance.
- Members requested that the Department add guidance around the expected duration of the CAPs.
- Members requested clarification on responsibilities for ensuring continuity of care management if a CIN/other partner or AMH is found to be out of compliance. The Department responded that is the responsibility of PHPs to ensure that beneficiaries continue to receive all required services but that PHPs should provide an opportunity for CINs/other partners and AMHs to remediate any identified deficiencies.

Mr. Striar then turned to Ms. Crosbie and Mr. Lammot du Pont for an update on the AMH Data Subcommittee.

Update: Data Subcommittee Progress (slides 19 – 22)

Ms. Crosbie began by reviewing the key topics of the Data Subcommittee meeting that took place on August 21, 2019, which included the Department's AMH Data Governance process, data specification modifications process, and an update on the request to require PHPs include payment amount information in the encounter file specifications. Ms. Crosbie noted that the Department's AMH Data Governance approach is to listen to stakeholders' experiences, identify and define the challenges, and discuss the value, options, considerations, and costs of standardization of the data, and monitor implementation and compliance with an eye toward continuous improvement (**slide 19**). In some instances, the Department has developed AMH data exchange specifications that align with national standards. In cases where data elements lack national standards, the Department gathers input from the Data Subcommittee and others in the field to determine: 1) if the development of more detailed formats or transmission methods would improve data transfer and care management efforts, and 2) if so, when and how should standardization efforts proceed.

- Members discussed whether the Department expected the Data Subcommittee to address the standardization of transmittal of initial care needs screenings and other data elements by February 1, 2020. Ms. Crosbie noted that data standardization will be an ongoing process.
- Members expressed an interest in considering the standardization of the transmittal and format of risk stratification results. The Department sought feedback on how Members anticipate AMHs using PHP risk stratification results to inform care management processes.

Ms. Crosbie then briefly highlighted the process to update and modify Data Specifications (**slide 20**). For minor modifications (for example a correction to a misspelling of a file name), the Department will communicate changes through email to the applicable parties and provide an update via a FAQ posted on the DHHS website. For significant modifications (for example a modification of a required field, format, or valid values), the Department will revise the existing specification guidance, transmit the revised guidance via email to the affected parties and Data Subcommittee, and post the revised guidance on the DHHS website. Based on feedback from the Data Subcommittee, the Department will ensure that any updated specifications are posted online prior to being shared with PHPs and subsequently distributed to AMHs and CINs. Finally, to ensure that PHPs, AMHs, and CINs are prepared for Managed Care launch, the Department does not expect any changes to the file specifications, layouts or transmissions.

Ms. Crosbie then reviewed the Data Subcommittee's request to require PHPs to include payment amount information in the encounter data they transmit to AMH Tier 3 practices (**slide 21**). Ms. Crosbie stressed that currently the State does not mandate or prohibit the sharing of payment amount information. Ms. Crosbie emphasized the Department's intent to ensure that providers have the appropriate and actionable financial information in support of care management. Moreover, Ms. Crosbie stressed that the Department is laying the groundwork to help AMHs and CINs prepare for value-based payment (VBP), but wants to proceed deliberately and assess the options and implications of making financial information available in support of risk stratification, care management, and VBP. Ms. Crosbie and Mr. du Pont highlighted that the Department is in the process of collecting information from PHPs and CINs about their current and planned uses of financial information in support of care management and future VBP arrangements. Ms. Crosbie noted that the Data Subcommittee will discuss findings and preliminary recommendations during the next meeting on October 3, 2019.

Next Steps

The session concluded with the Data Subcommittee section and because the discussion ended several minutes past 1:00 pm, there was no time for public comments.

- **DHHS:**
 - Finalize and share pre-read materials for upcoming sessions of TAG Data Subcommittee (October 3; 10:00 am – 1:00 pm) and AMH TAG (October 16; 11:30 am – 2:30 pm).
- **Members:**
 - AMH TAG Members to share discussion key takeaways with stakeholders and probe on pressing issues related to Managed Care launch.
 - AMH TAG Members to continue communication with DHHS AMH TAG leads to identify topics for discussion in meetings resuming in October.
 - AMH TAG Members to share feedback on Oversight Guidance with the Department by October 4, 2019.

AMH TAG Members are encouraged to send any additional feedback or suggestions to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov) of DHHS.

The meeting adjourned at 1:10 pm.