

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #40 (Conducted Virtually) July 9, 2024

AMH TAG Attendees:

- Coastal Children’s Clinic
- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners
- Carolina Medical Home Network
- Duke Connected Care
- ECU MCAC Quality Committee Member
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- North Carolina Area Health Education Centers (AHEC)
- WellCare of North Carolina, Inc.
- Carolina Complete Health (CCH)
- United Healthcare
- Children First of North Carolina

NC DHHS Staff and Speakers Name	Title
Jess Kuhn, MPH	Quality Measurement Lead
Evelin Lazaro	AMH Program Specialist
Marisa E. Domino, PhD	Professor and Co-Director, NC Medicaid Waiver Evaluation at UNC-CH

Agenda

- TP Measure Target Timing
- AMH Provider Manual Update
- AMH Interim Evaluation Results

TP Measure Target Timing

- DHHS reminded AMH TAG members that the Department shares Medicaid-wide and Standard Plan baseline data and targets for the AMH Measure Set annually.
 - DHHS notified AMH TAG members that the Department anticipates releasing Tailored Plan aggregate targets in January 2026 based on measurement year 2024 performance.
 - Due to the mid-2024 launch, Tailored Plans are not reporting quality measures until measurement year 2025.
 - DHHS shared that Tailored Plan-specific data and targets will be available in January 2027 based on measurement year 2025, and annually thereafter.

- An AMH TAG member asked when Tailored Plans will be required to offer Alternative Payment Models (APMs) to Tailored Care Management (TCM) providers.
 - DHHS clarified that it is optional for TPs to offer performance incentive programs/APMs to TCM providers until the Department establishes a standard TCM measure set.

AMH Provider Manual Update

- DHHS shared that the [AMH Provider Manual](#) was updated on May 16, 2024, and can be found on the [AMH Website](#).
- DHHS requested questions about the AMH Provider Manual to be submitted to: Medicaid.AdvancedMedicalHome@dhhs.nc.gov.

AMH Interim Evaluation Results

- The NC Medicaid Waiver Evaluation team shared results from the Interim Evaluation report about AMH program performance.
 - The presenter reminded the group that the Interim Evaluation report is currently under review at CMS and the findings presented are preliminary, and offered background information about Medicaid Transformation in NC, the goals of the 1115 Waiver, and the AMH program.
- The NC Medicaid Waiver Evaluation team shared trends in the number of practices across AMH tiers.
 - An AMH TAG member asked if it was accurate to say the drop in Tier 3 and increase in Tier 2 AMHs was a trend.
 - The NC Medicaid Waiver Evaluation team shared that it is not clear whether the number of Tier 3 AMHs would continue to decrease or if the number would level out.
 - An AMH TAG member shared their experience that some AMH Tier 3s chose to move to Tier 2 due to the level of effort in the data ingestion requirements, and other AMH Tier 3s chose to move to Tier 2 after the go-live of incentive payments.
 - An AMH TAG member asked for the definition of an AMH0.
 - The NC Medicaid Waiver Evaluation team clarified that AMH0s were primary care practices contracting with a health plan, but not listed in AMH file from DHB.
- The NC Medicaid Waiver Evaluation team shared the research team’s evaluation hypothesis: “The implementation of Advanced Medical Homes (AMHs) will increase the delivery of care management services and will improve quality of care and health outcomes.”

- The NC Medicaid Waiver Evaluation team reviewed the difference-in-differences methodology used in the evaluation, which analyzes trends for AMH Tier 3 and AMH Tiers 1-2 practices compared to non-AMHs as the control group.
 - This analysis accounted for comorbidities and demographics.
 - The control group ensures that the analysis controls for COVID-19 effects.
- The NC Medicaid Waiver Evaluation team shared the results of the interim analysis, including:
 - Compared to non-AMH practices, there was a 1% point increase in Access to Care Management by all beneficiaries attributed to AMH Tier 3 practices. The reverse is true for AMH1-2 group, where care management trends showed a 1% point decrease relative to non-AMHs.
 - The analysis did not show any other evidence of differences in quality of care and health outcomes for Tier 1-2 AMHs and Tier 3 AMHs compared to non-AMHs, aside from a small increase by AMH1-2 in cervical cancer screening over non-AMH practices.
- An AMH TAG member asked for a definition of the "Access to Care Management Services" measure.
 - The NC Medicaid Waiver Evaluation team clarified that the measure means use of care management services in that month.
 - An AMH TAG member commented that the definition and measurement of care management changed with the introduction of managed care and cautioned against saying that members received more care management.
 - The NC Medicaid Waiver Evaluation team discussed limitations of the analysis, such as a small sample size for non-AMHs, the potential impact of COVID-19 on trends, and the validity of the control group.
- An AMH TAG member suggested annotating when COVID started and when the federal and state disaster declarations ended. The member said that the data suggests lower engagement in care management during the height of the pandemic.
- An AMH TAG member commented that there was a small number of practices that chose to not be an AMH at all. This number was significantly lower than what was shown on the slide. Those were practices who did not want any member assignment.
- An AMH TAG member commented that non-AMH practices might be better resourced, as they seem to care for few Medicaid recipients, serve a generally commercially insured population and thus might be able to afford more staff or more highly trained staff.
 - An AMH TAG member recommended that DHHS investigate who the approximately 20% of non-AMH practices are to better explain the results.
- An AMH TAG member asked why all the measures of interest for this evaluation were not taken from the AMH measure set.

- The NC Medicaid Waiver Evaluation team responded that they assessed over 100 metrics and came to this set, which has some overlap with the AMH measure set.
- The NC Medicaid Waiver Evaluation team also invited members to let the evaluations team know which outcomes are most important to them. Some changes in measures might be possible for the next evaluation.
- An AMH TAG member asked why utilization measures (ED and readmissions) and cost differences measures were not included in the analysis.
 - The NC Medicaid Waiver Evaluation team responded that they had a fixed budget and prioritized other measures.
- An AMH TAG member asked why Well Child Visits and Immunization measures were not included in the measure set.
 - The NC Medicaid Waiver Evaluation team shared that immunization data was not available at the time of the evaluation but was recently received and will be included in the final report. Well Child Visits will also be included in the final report.
- An AMH TAG member asked about the source of attribution for the analysis.
 - The NC Medicaid Waiver Evaluation team explained that member attribution was included in the DHHS file.
- An AMH TAG member commented that the Patient Risk List (PRL) takes time for practices to correctly report, and that the standardization of care management might not be correctly understood across practice groups.
- An AMH TAG member asked about the standardization of the timing of the Beneficiary Assignment (BA) files and PRL files and suggested that the timing of these two files match to address data challenges.
 - DHHS shared that the go-live date the Department and the AMH Interface Standardization workgroup members agreed to for implementing AMH interface standardization is Feb 2025. This timeline will account for feedback from the workgroup members, Department's governance process, development and production, and testing.
- An AMH TAG member asked for clarification on how duals were counted in the numerator and denominator of the measures, recognizing that duals represent a large population and could affect performance if counted in the numerator but not in the denominator.
 - The NC Medicaid Waiver Evaluation team confirmed that this is not an issue in the evaluation.