

**North Carolina Department of Health and Human Services (DHHS)  
Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #15 (Conducted Virtually)  
November 16, 2021, 4:00 PM ET**

**Attendees:**

<b>AMH TAG Members</b>	<b>Organization</b>
<b>C. Marston Crawford, MD, MBA</b>	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's
<b>David Rinehart, MD</b>	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
<b>Rick Bunio, MD</b>	Executive Clinical Director, Cherokee Indian Hospital
<b>Gregory Adams, MD</b>	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
<b>Ruth Krystopolski, MBA</b>	Senior Vice President of Population Health Atrium Health
<b>Amy Russell, MD</b>	Medical Director Mission Health Partners
<b>Kristen Dubay, MPP</b>	Director Carolina Medical Home Network
<b>Joy Key, MBA</b>	Director of Provider Services Emtiro Health
<b>Tara Kinard, RN, MSN, MBA, CCM, CENP</b>	Associate Chief Nursing Officer Duke Population Health Management Office
<b>George Cheely, MD, MBA</b>	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
<b>Michael Ogden, MD</b>	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
<b>Michelle Bucknor, MD, MBA</b>	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.
<b>Eugenie Komives, MD</b>	Chief Medical Officer WellCare of North Carolina, Inc.
<b>William Lawrence, MD</b>	Chief Medical Officer Carolina Complete Health, Inc.
<b>Jason Foltz, DO</b>	Medical Director, ECU Physicians MCAC Quality Committee Member
<b>Keith McCoy, MD</b>	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
<b>NC DHHS Staff and Speakers</b>	<b>Title</b>
Kelly Crosbie, MSW, LCSW	Director of Quality & Population Health
Krystal Hilton, MPH	Associate Director of Population Health

## Agenda

- Welcome and Roll Call (all TAG Members present with the exception of C. Marston Crawford, Rick Bunio, Ruth Krystopolski, and Keith McCoy)
  - The Department noted that the NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans will now launch on Dec. 1, 2022. The original launch date had been planned for July 1, 2022.
  - The Department noted that the rest of the Tailored Plan process will remain on schedule, including the distribution of the Capacity Building funds, the on-site review process for providers, and system testing.
  - The Department encouraged TAG members to read the recently released [Fact Sheet](#) for more information.
- Recap Feedback Received in October Meeting
- Revisiting Priority Issues for AMH TAG
- Wrap-Up and Next Steps

## Recap Feedback Received in October Meeting (slides 4-11) – Kelly Crosbie

### *Key Takeaways*

- The Department reviewed the key member feedback received at the previous AMH TAG meeting on October 12.
- The Department also collected additional feedback from TAG members.

### *Discussion/Feedback from AMH TAG Members on Feedback Received in October Meeting*

- TAG members provided the following additional feedback on the certification and contracting process:
  - As we move towards value-based agreements in the future, will the TAG be involved in reviewing standard contracts with AMHs?
    - *Response:* The Department will discuss similar program design issues later in this meeting.
- TAG members provided the following additional feedback on the data sharing topic:
  - There were previous robust conversations on using cost data, but the Department ultimately did not require the sharing of cost data.
    - TAG members would be interested in reopening this conversation, particularly how to use cost data for risk adjustment.
    - One TAG member indicated that sharing Medicaid cost data, without divulging sensitive contracting information, was more straightforward than for Commercial information.
    - TAG members emphasized the importance of accurate data, especially cost data, for cost-sharing, utilization management, and population health management purposes – particularly in support of value-based purchasing efforts.
    - One TAG member said there may be an avenue to do this for higher AMH practice tiers as part of agreements on higher APMs.
  - Will the Data Subcommittee address feedback on the HIE?
    - *Response:* The Department has not reconvened the Data Subcommittee from last year. Is there enough of an agenda to reconvene this subcommittee?

- Multiple TAG members expressed support for reconvening the Data Subcommittee to improve functionality and share lessons learned regarding the HIE, the roles of CINs, and cost and quality data issues.
- TAG members provided the following additional feedback on the quality topic:
  - TAG members want a refresher on what is included in the member file, as many TAG members were not aware race and ethnicity data were included and would like to use that information for stratification purposes.
- TAG members provided the following additional feedback on the Department's program oversight and evaluation:
  - Multiple TAG members were interested in looking at the design of the evaluation that the Department plans to conduct with UNC on the AMH program.
    - *Response:* The Department committed to reviewing the evaluation plan with the AMH TAG, as it wants the TAG to be a venue to identify the model components that are driving improved outcomes and for sharing best practices from the evaluation.

### Revisiting Priority Issues for AMH TAG (slides 12-14) – Kelly Crosbie

#### **Key Takeaways**

- The Department acknowledged the feedback received on program design and TAG members' preference to avoid too many changes in the short-term.
- Recognizing that the program is evolving and there are areas the TAG has identified as important areas to improve in the short term, the Department asked about and will continue to consider key design questions for 2021-22 to collect feedback from TAG members.

#### **Discussion/Feedback from AMH TAG Members on Program Design**

- TAG members provided the following feedback on their current work with the CINs:
  - TAG members stated that the relationship between AMH practices and CINs is growing closer together and moving from understanding roles and responsibilities and ramping up data collection to instituting structured case conferences and care management sessions.
  - Multiple TAG members brought up panel attribution issues among the AMH practices and the need for systematic mechanisms to work alongside the PHPs to correct them.
    - *Response:* The Department is interested in exploring whether there are operational efficiencies regarding panel management and how to collaborate to resolve these issues.
    - TAG members believe full-time staff are needed to proactively manage panels and patients.
- TAG members provided the following feedback on formalizing the definition, roles, and responsibilities of a CIN in Medicaid:
  - Some TAG members see value in further defining the roles and responsibilities of a CIN, though not all CINs are the same and they provide a variety of different functions on behalf of AMH practices. These TAG members noted the limited workforce and time issues that some practices face, particularly smaller practices and those in rural areas, may be hindering their capacity to focus on Medicaid transformation efforts, as they are very much focused on the day-to-day operations.
  - Other TAG members were hesitant to have a more prescriptive definition of a CIN and their roles since one of the purposes, they see, of the AMH program is to equip practices to accept more risk and value-based arrangements. While additional flexibilities for CINs

to access more information could be warranted, the program should not spend too much time on process and checklists.

- TAG members noted there are largely three different pathways for a CIN to become involved with an AMH practice (i.e., contracting on behalf of an AMH practice, contracting directly with an AMH practice as its own entity, and a relationship where the AMH sub-delegates to the CIN). Each pathway has different implications for information sharing across the program.
  - *Response:* The Department is interested in exploring and identifying areas of the CIN role that require more clarity.
- TAG members provided the following feedback on driving towards higher levels of APMs and how the TAG should be involved in considering models like a Medicaid ACO:
  - TAG members believe that being too prescriptive is not the right approach as the program could sacrifice innovation for the goal of simplification. A better path forward would be having a framework and guardrails that advance the program’s goals (“flexible structures”) where the Department might balance a certain structure for PHPs with flexibility for practices.
  - TAG members were also interested in how the measure set will evolve to support capability development.

#### **Wrap-Up and Next Steps – Kelly Crosbie**

- The Department will revisit the short-term priorities identified in today’s meeting, including reconvening the Data Subcommittee, reviewing the evaluation design, and examining systematic solutions to existing issues with panel management.
- In the longer-term, the Department will monitor the evolution of the model and how the AMH TAG can be used to update the model.
  - The Department will examine how the model can be structured in a flexible manner to encourage innovation.

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

The meeting adjourned at 5:00 pm.