

**North Carolina Department of Health and Human Services (DHHS)  
Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #14 (Conducted Virtually)  
October 12, 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>NC DHHS Staff and Speakers</b>	<b>Title</b>
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Officer for Behavioral Health and I/DD
Kelly Crosbie, MSW, LCSW	Director of Quality & Population Health
Krystal Hilton, MPH	Associate Director of Population Health
Taylor Zublena, RN, MSN, CCM, CPHQ	Program Manager – Quality Measurement

## Agenda

- Welcome and Roll Call (all TAG Members present with the exception of C. Marston Crawford and Gregory Adams)
  - Introduced new TAG Member Dr. Keith McCoy
- Implementation Experience: Quality Deep Dive
- Revisiting Priority Issues for AMH TAG
- Wrap-Up and Next Steps

## Implementation Experience: Quality Deep Dive (slides 4-21) – Kelly Crosbie and Taylor Zublena

### **Key Takeaways**

- The Department presented early AMH data to the TAG, including information on member enrollment, contracting, AMH Glide Path payments, CIN affiliation, member reassignment, transitions for high-need members, and preliminary care management penetration.
- The Department also reviewed a proposed new prospective AMH quality measure attribution methodology in order to collect TAG Member feedback, particularly concerning the timeframe and process for prospective assignment.

### **Discussion/Feedback from AMH TAG Members on Attribution Proposal**

- The Department proposes to send AMH practices their prospectively-assigned beneficiaries at the beginning of the calendar year and have PHPs reconcile AMHs' prospective panels at the end of calendar year by determining whether the beneficiaries have been attributed to the practice for six or more months and whether the beneficiaries have met the technical requirements of the measure (i.e., the continuous enrollment and allowable gap in coverage criteria).
- TAG members asked the following questions:
  - Does the AMH quality measure attribution methodology align with the HEDIS timeframe?
    - *Response:* Yes, the methodology is on a calendar year timeframe.
  - Will the attribution methodology start in calendar year 2022?
    - *Response:* Yes.
  - The field is still seeing system issues related to attribution and panels, which should be resolved before AMHs have to reconcile panels on their own.
    - *Response:* The Department has noted these concerns, some of which are from legacy NC Medicaid Direct, and is working to address these issues.
  - How will this work from a network perspective?
    - *Response:* The attribution methodology is at the AMH level, so it should work at the network level as well.
  - When is the date that the prospective attribution list will be available to AMHs and CINs?
    - *Response:* PHPs should have this currently, recognizing that the panels may have errors that need to be corrected. Every month, AMHs and CINs should receive a panel roster from the PHP. While the month-to-month variation is currently high (~5-6%), the goal is to have steady attribution and patient panels by January, with known panel issues resolved and variation closer to normal (~3-4%).

- Will a member who is no longer with the PHP at the end of the year be counted in the attribution methodology?
  - *Response:* No, members no longer with a PHP at the end of the year will not be counted in the attribution methodology.
- For measures where the value of the last month matters most (e.g., controlling high blood pressure and A1C), what happens if a member switches to another AMH before that final month?
  - *Response:* The AMH with six months or more of engagement will have that patient included in calculations for the quality measure.
- Multiple TAG members expressed support for a prospective attribution model.

## Revisiting Priority Issues for AMH TAG (slides 22-29) – Kelly Crosbie

### **Key Takeaways**

- The Department provided an overview of the five areas originally identified in the first AMH TAG meeting (April 2019) to revisit the questions initially posed for each area, present key developments since the first meeting, and consider potential issues to discuss in future AMH TAG meetings.

### **Discussion/Feedback from AMH TAG Members**

- Certification and Contracting
  - TAG members seeking a standardized process for auditing and monitoring across all plans.
  - The alignment with NCQA standards is beneficial, but requiring NCQA accreditation is too costly for many AMHs and CINs.
    - *Response:* Knowing plans will be NCQA accredited and AMHs are considered delegated entities, what can the Department do to better standardize the delegation process? (question for future discussion)
- Data Sharing
  - Some care managers are spending over two hours asking all of the questions in the comprehensive assessment. Is there any consideration to reviewing all of the key AMH Tier 3 elements?
  - If a CIN is being held to cost measures, then we need cost data. Currently, data sharing has been varied and inconsistent (e.g., different frequencies, different file sizes, etc.), so TAG members seeking better fidelity to data specifications to avoid spending lots of time sorting through data.
  - Data standardization is crucial due to small data teams in certain AMHs. Different attributions lead to excess workload, which slows down operations.
  - TAG members seeking a better pathway for CINs to access North Carolina HIE.
  - TAG members interested in a standard calendar for when files are sent.
  - Receiving race and ethnicity information from the State for claims data would be beneficial to assess disparities.
- Quality
  - Some plans provide care gap data through portals, but these data are often not accessible at the CIN level. CINs requesting these data rolled-up.
  - TAG members indicate they have not received quality data from plans yet.
  - Limiting contracting to the AMH measure set was immensely helpful for aligning measures across PHPs.

- Program Oversight and Evaluation
  - TAG members request that the care management reporting data in outbound risk files to plans is representative of what is actually happening and goes beyond the comprehensive assessment and development of the care plan. There should be an analysis of what the data say versus what the system displays.
    - *Response:* Marrying member-level data with care management penetration is a key task for the Department. The Department is working on dashboards and evaluation plans, but these efforts need to be discussed with the AMH TAG.
- Program Design
  - The Department should minimize the number of changes to alleviate workload at the AMH level because many practices are dealing with staffing shortages. TAG members indicated concern about burnout among the workforce.
- Short-Term and Medium-Term Priorities
  - In the short-term, TAG members request completing the standard reconciliation reports of PMPM payments and ensure PHPs get all assigned AMHs in network.

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

- The Department will reflect the feedback from the meeting to identify any missing questions or issues to discuss in the future.
- The Department will also revisit the question of short-term and medium-term priorities.

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.