Key Takeaways and Notes from Advanced Medical Home Technical Advisory Group (AMH TAG)
Meeting #1
April 1, 2019

Meeting Participants

- **North Carolina DHHS**
  - Kelly Crosbie, MSW, LCSW
  - Nancy Henley, MPH, MD, FACP
  - Jaimica Wilkins, MBA, CPHQ

- **Advisor to the State**
  - Aaron McKethan, PhD

- **TAG Membership**
  - Sheryl Gravelle-Camelo, MD (phone)
  - David Rinehart, MD
  - Gregory Adams, MD
  - Zeev Neuwirth, MD
  - Calvin Tomkins, MD, MHA (absent)
  - Peter Freeman, MPH (phone)
  - Jan Hutchins
  - Glenn Hamilton, MD
  - Vincent Pantone, MD
  - Thomas Newton, MD
  - William Lawrence (phone)
  - Michelle Bucknor, MD
  - Eugenie Komives, MD

- **Manatt**
  - Melinda Dutton, JD
  - Sharon Woda, MBA
  - Edith Stowe, MPA
  - Bardia Nabet, MPH (phone)

Review AMH Program (slides 6 – 13)

- DHHS reviewed the key features of the AMH program.
- DHHS clarified issues in response to questions from TAG members:
  - **Risk stratification:** DHHS reiterated the requirements for risk stratification to identify specific "priority populations", but noted that it does not require a standard methodology across PHPs or CINs/AMH practices. CINs supporting Tier 3s are required to support practice-level risk stratification in addition; thus, risk scoring will happen at the PHP level and then will be refined at the CIN/AMH level.
  - **Meaning of Tier 3 attestation:** Attestation signaled practice "intent" to meet the AMH tier requirements by November 2019, i.e., some practices are not yet be ready at this time.

Issues for the TAG (slides 19 – 23)

- The TAG agreed on the importance of the topics suggested on slide 22. Comments on these topics included:
    - **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:** Members noted that there are some practices that are ready for the next step beyond Tier 3.
- Suggestions for additional topics for the AMH TAG to discuss:
    - **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.

Briefing on Issues for Meeting #2: Contracting (slides 25 – 32)

- The group identified the following issues as challenging and/or in need of further discussion:
    - **Practice "demotions" by PHPs:**
        - Under what circumstances could all AMH practices associated with a single CIN be "demoted" by a PHP?
        - Will DHHS issue more guidance on expectations for corrective action plans?
        - Will DHHS issue more guidance to practices on the appeals process (to PHPs)?
    - **Further clarification of the contracting requirement on PHPs for Tier 3 (80 vs 100%):** DHHS clarified that the expectation is essentially 100% (with defined exceptions).
    - **Care management market pricing:**
        - Some practices are well aware of the $10.86 PMPM representing the payment to PHPs from the state for all care management activities (not just AMH); note, this amount excludes Medical Home fees. Other practices are not, and many independent practices are challenged to know how to price Tier 3 care management. Should DHHS communicate any additional information on pricing? Any additional DHHS messaging to practices would need to avoid raising antitrust concerns.
        - Will DHHS publish any information on care management fees based on reporting from PHPs?
    - **CIN/other partner options for practices:**
        - Should DHHS consider publishing a practice-facing checklist or guide to assist practices in understanding their options? Such guidance could set out the possibility of hybrids between full delegation to a CIN and full "independence"

(e.g., delegation of data functions to a third party coupled with in-house care management staff).

- **Continued education for practices:**
  - Should DHHS consider updated messaging to practices at different stages of AMH adoption (e.g., practices that attested but have not done anything? Practices that have not attested yet; practices that are on the pathway to achieving Tier 3 capabilities, but will not be ready)?

Next Steps

- ***DHHS:***
  - Circulate list of all AMH TAG members, titles and contact details
  - Publish AMH measure set on AMH web page
  - Publish TAG materials on AMH TAG page (completed)
- ***Members:***
  - Share discussion key takeaways with internal stakeholders; contact DHHS leads with suggestions for TAG topics as they arise