North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) In-Person Meeting #2
May 3, 2019

Meeting Attendees	Organization
TAG Members, North Carolina DHHS, and Manatt Project Team	
Sheryl Gravelle-Camelo, MD (*by phone*)	KidzCare in Macon County
David Rinehart, MD	North Carolina Academy of Family Physicians
Gregory Adams, MD	Community Care Physician Network (CCPN)
Zeev Neuwirth, MD	Carolinas Physician Alliance (Atrium)
Calvin Tomkins, MD, MHA (*by phone*)	Mission Health Partners
Peter Freeman, MPH	Carolina Medical Home Network
Jan Hutchins, RN	UNC Population Health Services
Joy Key, MBA	Emtiro Health
Glenn Hamilton, MD	AmeriHealth Caritas North Carolina, Inc
Vincent Pantone, MD (*by phone*)	Blue Cross and Blue Shield of North Carolina
Michelle Bucknor, MD	UnitedHealthcare of North Carolina, Inc
Lorraine MacDonald in place of Thomas Newton, MD (*by phone*)	WellCare of North Carolina, Inc
Eugenie Komives, MD	MCAC Quality Committee Member
Aaron McKethan, PhD	Advisor to the State
Kelly Crosbie, MSW, LCSW	DHHS
Nancy Henley, MPH, MD, FACP	DHHS
Kelsi Knick, LCSW	DHHS
Jaimica Wilkins, MBA, CPHQ	DHHS
Jonah Frohlich, MPH	Manatt Health Strategies
Edith Stowe, MPA	Manatt Health Strategies
Bardia Nabet, MPH	Manatt Health Strategies
William Lawrence, MD (*absent*)	Carolina Complete Health, Inc
Public Attendees	
Ryan Jury	Advance Community Health

Agenda

- Re-Introductions
- Recap AMH TAG Meeting #1
- Discussion: Contracting and Oversight
- Break
- Briefing on Issues for Meeting #3: Data Strategy
- Public Comments
- Next Steps

Please refer to the May 3 AMH TAG Meeting #2 slide deck available [here](#).

Recap AMH TAG Meeting #1 (slides 6 – 9)

Dr. Nancy Henley of North Carolina DHHS convened the meeting at 1:00 pm and welcomed meeting attendees. Dr. Henley asked attendees, including those participating by phone, to introduce themselves to the group. Dr. Henley then turned the floor over to Jonah Frohlich and Edith Stowe of Manatt Health Strategies to provide a review of the previous meeting and introduce the topics of the day's meeting discussion. Ms. Stowe briefly recapped comments on the initial topics from the previous AMH TAG meeting, and members agreed with the summation provided. Ms. Stowe then asked Mr. Frohlich to lead the discussion on contracting and oversight.

Discussion: Contracting and Oversight (slides 10 – 17)

Mr. Frohlich began by reviewing the goals for the meeting related to contracting and oversight, which included:
- Sharing information on the Department's next phase of practice-facing contracting guidance
  - Seeking AMH TAG feedback to hone key messages
- Discussing PHP oversight of AMHs and potential streamlining of activities across PHPs

Mr. Frohlich then reviewed the AMH program timeline and led a discussion on the AMH program accountability structure.
- **Slide 13:** TAG members sought clarification as to whether AMHs or PHPs held ultimate responsibility for care management. Mr. Frohlich reiterated that the ultimate responsibility lies with the PHPs, which must meet the responsibilities outlined by the State. And while PHPs must be accountable for meeting those responsibilities, they may delegate care management responsibilities to AMHs, and AMHs may choose to have their care management operations supported by CINs or other partners.

Mr. Frohlich also reviewed the standard terms and conditions that must be included in each AMH contract (**slide 14**). Several TAG members asked about the state's concept of risk stratification within the Tier 3 requirements.
- TAG members sought clarification about risk scoring information that PHPs must share with AMHs. DHHS clarified that the requirement is to share the risk scores, not the entire methodology. However, PHPs are encouraged to include some explanation of their risk scoring methodology to help AMHs reconcile multiple PHP risk scores with their practice-wide approaches. Several TAG members expressed the view that while it is not necessary to know the specific details of each risk-scoring algorithm, practices need to know what the algorithm risk scoring outputs mean, so that they are actionable and reconcilable and can enable effective outreach.
- TAG members asked whether practices are accountable for sharing the results of their risk stratification methodology (i.e., their panel, with risk stratification indicated) back with PHPs. Some TAG members reported hearing that at least one PHP required this type of reporting. DHHS clarified that there is no State requirement that AMHs report risk stratification results back to PHPs. In fact, this type of requirement may increase the risk of HIPAA violations, since information could inadvertently be reported to the "wrong" PHP for a particular patient.
- TAG members noted that independent AMH practices may have difficulty performing practice-level risk stratification without the support of a CIN.
- DHHS expressed that the AMH practice risk-stratification requirement is deliberately flexible and should not require sophisticated analytic capability. Practices must however have *a consistent risk-stratification and scoping method* that includes incorporating clinical judgment.

- *Consensus point*: DHHS should develop and publish example cases illustrating how practices can perform risk stratification, using multiple PHP scoring systems while incorporating their own data and clinical judgement.

Next, Mr. Frohlich led a discussion on upcoming practice-facing guidance that will ensure practices understand how AMH contracting guardrails apply to them (**slide 15**).
- TAG members discussed a case whereby a practice was notified that it could be in violation of an existing affiliation agreement with a Medicare or commercial ACO by joining with a different CIN for Medicaid business. The State responded that while it can't directly address the legalities of business agreements outside of the Medicaid context, it will reinforce that AMHs can choose which CINs they wish to partner with, and recognized that the messaging needs to be nuanced.
- The TAG noted the urgency from the PHP perspective for AMHs to make final decisions on CIN affiliation, since provider directories will be published in June and network adequacy will be assessed in September. However, providers are also able to enter networks at any time. Rather than message "reasonable time," DHHS should message the key dates for practices to be aware of as part of the May 30 webinar for practices.

Mr. Frohlich led a discussion on PHP oversight and key messages to date (**slides 16 and 17**).
- TAG members expressed an interest in developing some standardized audit processes for PHPs as they review AMHs. DHHS emphasized that the State has heard similar interest in a unifying structure from the PHPs. However, there was agreement that it would not be appropriate for PHPs to share the results of audits with other PHPs.
- *Consensus point*: The AMH TAG should revisit oversight and corrective action plans at the next AMH TAG meeting.

Mr. Frohlich then turned to Dr. Aaron McKethan to lead a discussion on the AMH data strategy.

Briefing on Issues for Meeting #3: Data Strategy (slides 19 – 25)
Dr. McKethan reiterated the purpose of the materials that have been published on AMH data strategy to date (2018 Data Strategy paper; Jan 2019 webinar) and the guiding principles contained within. Dr. McKethan then walked through each of the AMH data flows (**slide 22**) and forecast that additional work will be needed to specify data exchange requirements with involvement of stakeholder data subject matter experts (SMEs) external to DHHS. DHHS is proposing to convene a TAG Subcommittee of data SMEs that would be charged with reviewing draft data flows and formulating recommendations for consideration by the TAG and DHHS. DHHS expressed an interest in developing additional data flow "edge cases" where practices and CINs may face additional challenges when receiving and processing data. For each case, the subcommittee will review data flows, proposed standards and specifications and recommend whether and to what degree the State should require standardization of data specifications, file formats, constraints, transmission and other standards when data are exchanged between the State, PHPs and AMHs. The following represent an initial set of data flows that will be drafted and reviewed by the Subcommittee:

- **Beneficiary assignment information from PHPs:**
  - This will include information contained in ANSI X12 834 files (including name, address, gender, race, ethnicity and other fields).
  - CIN representatives expressed the view "the more standardization the better."
- **Initial care needs screening:**

- o   DHHS expressed a view that PHPs must share what they have.
- **Risk scoring data:** (see discussion above)
  - o   The TAG noted that it can be difficult to integrate PHP generated scores into CINs' own systems if the information is contained within a PDF.
  - o   TAG members said that the PHP risk scores will be most useful at AMH launch as practices will not enough historical data in order to make their own risk calculations.
- **Common quality measure performance information from PHPs:**
  - o   CIN members stated that their systems are capable of performing care gap analyses based on claims data (when timely claims data are available), which renders payer-developed care gap reports less important.

Dr. McKethan and Mr. Frohlich then led a discussion of priorities within the list of data flows:
- The TAG agreed that the highest priority items include beneficiary assignment information and encounter data. TAG Committee members noted that quality scores are an important secondary priority.
- *Consensus point*: DHHS should move swiftly to launch a process for external feedback on beneficiary assignment and claims data.

Next Steps
After opening the floor for public comment (of which there was none), Dr. Henley asked Ms. Stowe to highlight next steps:
- ***DHHS:***
  - o   Confirm schedule of upcoming meetings and topics
- ***Members:***
  - o   Begin considering potential organization members for AMH TAG Data Subcommittee (DHHS will send out a call for membership by email)
  - o   Share TAG Committee key takeaways with stakeholders and request their input on pressing issues related to upcoming TAG committee topics

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

The meeting adjourned at 4:00 pm.