North Carolina Department of Health and Human Services (DHHS) Advanced Medical Home Technical Advisory Group (AMH TAG) In-Person Meeting #3 May 29, 2019

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

Agenda

• Review: Contracting and Oversight Guidance

Discussion: Risk Stratification

Break

Discussion: Charter and Issues for the AMH TAG Data Subcommittee

Public Comments

Next Steps

Please refer to the May 29 AMH TAG Meeting #3 slide deck available here.

Review: Contracting and Oversight Guidance (slides 4 – 10)

Dr. Nancy Henley of North Carolina DHHS convened the meeting at 12:00 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 the Edith Stowe and Sharon Woda of Manatt Health Strategies to lead a discussion on contracting and oversight of AMH contracts. Ms. Stowe reviewed the slides 4 – 10 of the AMH TAG slide deck as well as the "Contracting with AMH Practices" webinar that was released on May 30, 2019 and can be found here.

Ms. Stowe began by reviewing the discussion on contracting and oversight from the AMH TAG Meeting #2 on May 3, 2019 (slide 7). Following the recap, Ms. Stowe reviewed the upcoming webinar slide deck.

- (Webinar slides 20 21) TAG members appreciated the clarification of upcoming timelines and requested additional specificity regarding the upcoming milestones. Kelly Crosbie of North Carolina DHHS clarified the upcoming dates and planned to follow up with DHHS contracting teams to determine the status of state approval of standard Prepaid Health Plan (PHP) contracts. Ms. Crosbie and Dr. Henley also clarified the process for PHP and AMH auto assignment (webinar slide 27). Ms. Crosbie recommended that teams from DHHS Contracting and Provider Network Development join an upcoming AMH TAG meeting to further clarify intricacies of network development.
- (Webinar slide 6) TAG members also identified areas under the AMH model to clarify when care management components (i.e., comprehensive assessment) are necessary for certain patient populations. DHHS agreed with the change and updated the webinar accordingly.

Ms. Stowe then turned to Ms. Woda to lead a discussion on PHP oversight and surveyed interest in streamlining activities across PHPs. In particular, Ms. Woda detailed the two of the three "buckets of oversight methods on slide 10.

- Corrective action plans (CAPs), Tier reassignment: TAG members gave the feedback that DHHS
 should establish some basic "reasonableness" expectations for CAPs across PHPs including a
 clear expectation that providers will have a chance to correct issues. One TAG member said that
 this is clear in commercial/MA contracts but not in Medicaid PHP contract language.
- AMH/CIN to PHP reporting requirements: CIN TAG members said that one or more PHPs has
 proposed weekly, monthly and quarterly reporting requirements, which will be burdensome.
 TAG members suggested DHHS review current reporting requirements (including frequency of
 reporting) and avoid duplicate efforts (e.g., DHHS should consider PHP NCQA reporting
 requirements).

Ms. Woda then asked Ms. Crosbie to lead the discussion the AMH TAG Data Subcommittee Charter and issues for the upcoming meetings.

Discussion: Charter and Issues for the AMH TAG Data Subcommittee (slides 19 - 28)

First, Ms. Crosbie recapped the discussion on North Carolina's data strategy from the second AMH TAG meeting on May 3 (slide 21). Ms. Crosbie also highlighted that DHHS has reached out to several CINs to better understand readiness to receive and use beneficiary assignment and encounter information. Ms. Crosbie stressed that DHHS is working to finalize beneficiary assignment information and encounter data standard minimum formats by mid-June, at the latest. Ms. Crosbie then asked Lammot du Pont to discuss the AMH TAG Data Subcommittee charter and key issues.

Mr. du Pont reviewed the Data Subcommittee charter, expectations, and Meeting #1. Mr. du Pont stressed the importance of the technical expertise of members for achieving the Subcommittee's goals. After a discussion of the agenda for the upcoming kickoff meeting, Mr. du Pont opened the floor for questions.

 TAG members identified an interested in discussing additional secondary priority data sharing topics. These topics included the use of and integration of information from NCCARE360, as well as the role of the State's health information exchange (HIE), NC HealthConnex, in support of care management.

Discussion: Risk Stratification (slides 11 – 17)

Finally, Mr. du Pont turned the floor to Ms. Stowe to discuss a strategy for clarifying and providing practices examples of risk stratification.

- TAG members stressed that North Carolina providers will have many methods of risk stratification in the market. Members suggested DHHS could develop several examples that mimic the examples provided in the pre-read materials.¹ The TAG noted that examples should represent methods from out-of-state providers and can present a range of experiences. TAG members also requested that the examples represent different contracting arrangements between an AMH/CIN/PHP.
- Consensus point: DHHS will develop and highlight out-of-state examples of risk stratification for distribution to the North Carolina market.

Next Steps

After opening the floor for public comment (of which there were none), Ms. Crosbie asked Ms. Woda to highlight next steps:

DHHS:

 Finalize and share pre-read materials for upcoming sessions of AMH TAG and TAG Data Subcommittee

• Members:

 Continue to share key Subcommittee information with organization members for AMH TAG Data Subcommittee

 Share discussion key takeaways with stakeholders and probe on pressing issues related to upcoming topics

¹ Comprehensive Primary Care Practice Spotlight, CMS: https://innovation.cms.gov/files/x/cpcipsl-sama.pdf; How Accountable Care Organizations Use Population Segmentation to Care for High-Need, High-Cost Patients, Commonwealth Fund: https://www.commonwealthfund.org/sites/default/files/2019-01/OMalley ACOs segmentation high need high cost ib.pdf

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

The meeting adjourned at 3:00 pm.