

Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #37

April 9, 2024

Agenda

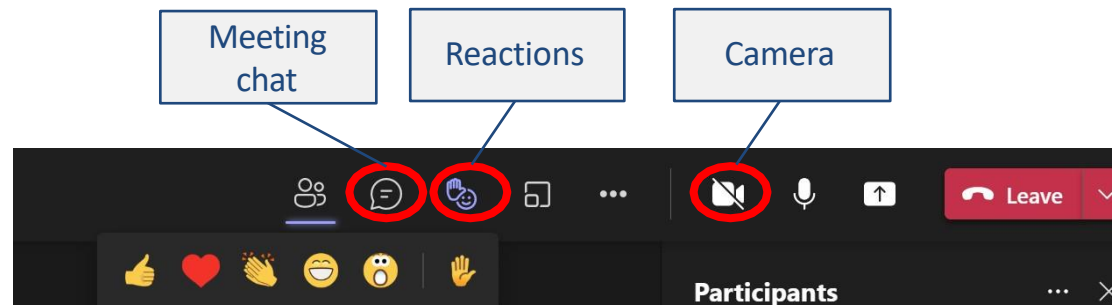
- 1 Welcome and Roll Call – 5 mins
- 2 Sheps Interim Evaluation Report – 10 mins
- 3 Tailored Plan Launch – 15 mins
- 4 HOP Engagements with Expansion Members – 20 mins
- 5 Wrap-up and Next Steps – 5 min

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amanda Gerlach	Vice President Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network	Provider (CIN)
Jordan Barnes	Director of Client Transformation CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
Diego Martinez	Interim Chief Executive Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC Area Health Education Center (NC AHEC)	AHEC
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Robert Rich, MD, and Atha Gurganus	United	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS
Chris Magryta, MD	Chairman Children First of North Carolina	Provider

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Reminders

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: <https://security.ncdhhs.gov/>

Sheps Interim Evaluation Report

Managed Care Interim Evaluation Report

NC Medicaid is required to evaluate the AMH Tier 3 model's impact on care quality and outcomes as part of its Section 1115 Medicaid Reform Demonstration. The evaluation found no statistically significant differences in the patterns of care and health outcomes for members based on AMH Tier.

Key Takeaways

- The Managed Care Interim Evaluation Report (IER) analyzed the effects of the AMH Program on care quality, processes, and outcomes for the period from November 2019 to February 2023.
- There was a significant increase in the number of practices that attested to being a Tier 3 AMH, likely related to increased payments for care management activities.
- Following SP launch in July of 2021, there was a significant increase across all AMH Tiers in the percentage of members who received care management services, with the biggest increase among those in Tier 3 AMHs.
- Although AMH Tier 3s were associated with greater access to care management, statistically significant differences in quality measure performance were not observed compared to AMH Tier 1s and 2s.

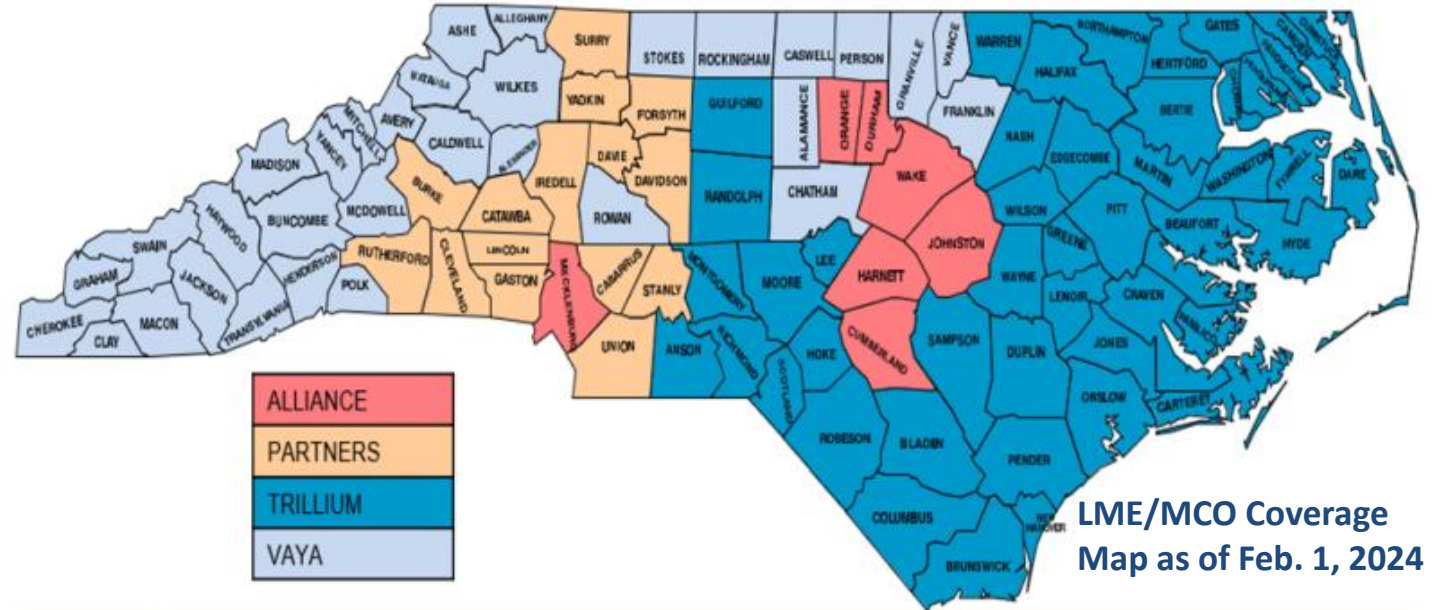
Tailored Plans Launch

Tailored Plans Launch

- Tailored Plans (Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health) will launch **July 1, 2024**.
- A Tailored Plan is an integrated health plan for individuals with mental health, substance use disorders, I/DD and traumatic brain injury (TBI).
- Qualifying beneficiaries will be assigned to one of the four Tailored Plans based on their administrative county, special population considerations, and if it is determined the beneficiary needs certain services only offered by Tailored Plans.
- Tailored Plan Services

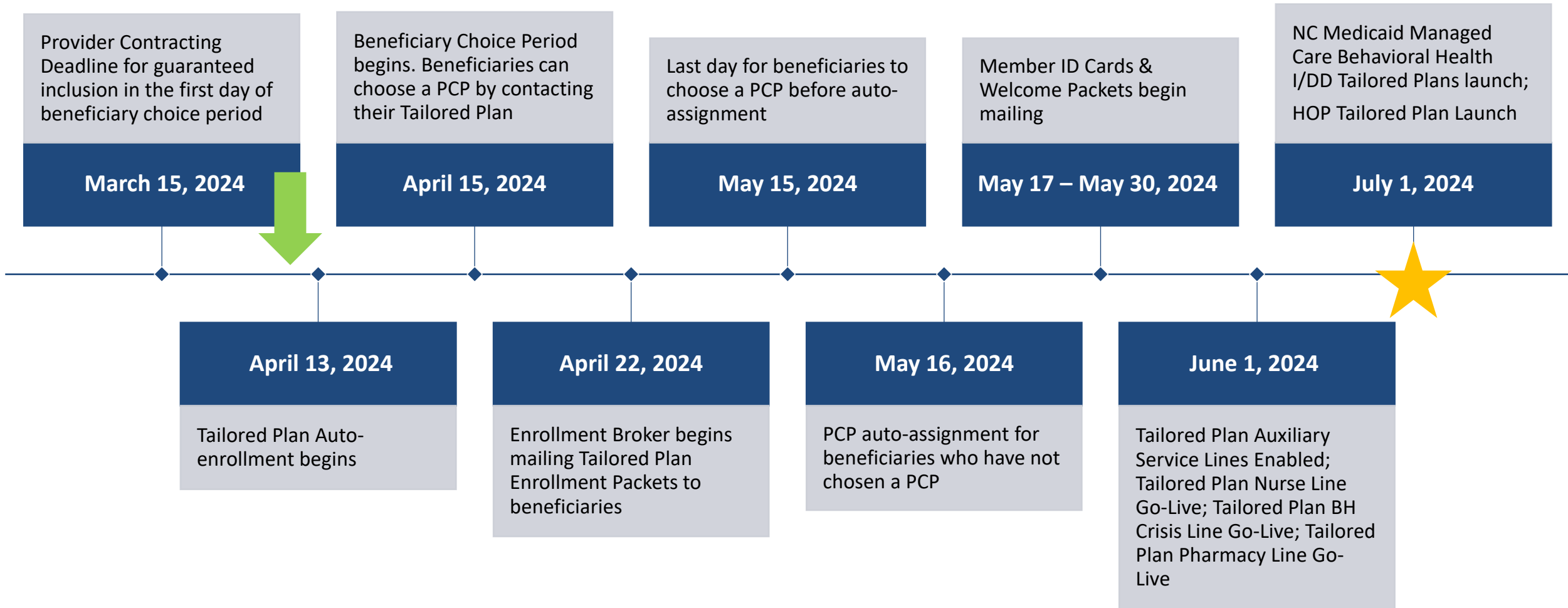
AMH Contracting with Tailored Plan

- Beneficiaries will be allowed to choose a primary care provider (PCP).
- Beneficiaries can select only in-network providers during the beneficiary choice period and will only be auto-assigned to in-network providers with their Tailored Plan.
- Providers are encouraged to contract with each Tailored Plan in their service area. Tailored Plan contracting contact information can be found on the [NC Medicaid Health Plans webpage](https://www.ncmedicaid.org/health-plans).



LME/MCO	Counties in LME/MCO Catchment Area
Trillium	Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson
Alliance	Cumberland, Durham, Harnett, Johnston, Mecklenburg, Orange, Wake
Partners	Burke, Cabarrus, Catawba, Cleveland, Davie, Davidson, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union, Yadkin
Vaya	Alamance, Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Caswell, Chatham, Cherokee, Clay, Franklin, Graham, Granville, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Person, Polk, Rockingham, Rowan, Stokes, Swain, Transylvania, Vance, Watauga, Wilkes, Yancey

Timeline for Tailored Plan Launch



Tailored Plans and Tailored Care Management

- TCM is NC's specialized care management model targeted toward individuals with a behavioral health condition (including both mental health and substance use disorders), intellectual/developmental disability (I/DD), or traumatic brain injury (TBI).
- Local Management Entities/Managed Care Organizations (LME/MCOs) and Tailored Care Management (TCM) providers began providing TCM on Dec. 1, 2022, to eligible NC Medicaid beneficiaries in Medicaid Direct.
- On April 1, 2023, LME/MCOs and TCM providers began providing TCM to additional eligible NC Medicaid beneficiaries: children under the age of 3, legal immigrants, or individuals previously enrolled in NC Health Choice.

TCM Providers

- TCM providers include:
 - Care Management Agencies (CMAs) that deliver mental health, substance use, and/ or intellectual and developmental disability services and care management; or
 - Advanced Medical Homes Plus (AMH+) that deliver both primary care services and TCM services.
 - NOTE: Only AMH tier 3 practices are eligible to become AMH+ practices and participate in the TCM program.
 - LME-MCO under the PIHP contract
 - Tailored Plans

Tailored Plan Contracting Responsibilities with Standard Plans

- Tailored Plans may contract with Standard Plans to facilitate access for their members to services covered under the Standard Plan contract.
- Tailored Plans may leverage all or part of their Standard Plan partner's provider network and provider contracts.
- They may also leverage their Standard Plan partner to help with operational and administrative duties.

Tailored Plan Contracting Responsibilities with Providers

- NC Medicaid expects Tailored Plans to negotiate with any willing physical health or pharmacy services provider in good faith.
- If the Tailored Plan's partnership with a Standard Plan includes leveraging the Standard Plan's existing provider network, then the provider will receive a referral to the Standard Plan partner to discuss participation.
- Tailored Plans may exclude eligible and/or qualified providers from their network if these providers refuse to accept network rates
- Providers who want to participate in a Tailored Plans network or want to check on the status of a contract should contact the Tailored Plans directly regarding contracting with the Tailored Plans. Contracting contacts for Tailored Plans are on the [NC Medicaid Health Plans webpage](#).

Payments to Advanced Medical Homes Serving TP Population

- Tailored Plans will be required to pay Medical Home Fees of \$5.00 PMPM for all Tailored Plan members assigned to all AMH practices contracted with them for PCP services.
- AMH+ practices that deliver both primary care services and TCM will receive Medical Home Fees in the same way as other Tier 3 practices in recognition of their role as PCPs and will receive care management payments under the Tailored Care Management model.
- Providers' participation as an AMH+ or CMA does not impact fee-for-service payments for clinical services, nor does it affect payment of Medical Home Fees to primary care practices.

Incentive Payments to Advanced Medical Homes

- Tailored Plans will be required to offer performance incentive payments to contracted AMH Tier 3 and AMH+s serving as a PCP to beneficiaries enrolled with a Tailored Plan, utilizing the already established AMH Measure Set (primary care measures)
- These incentive programs are optional for plans to offer to Tier 1 and 2 AMHs
- Consistent with requirements for Standard Plans.

HOP Engagements with Expansion Members

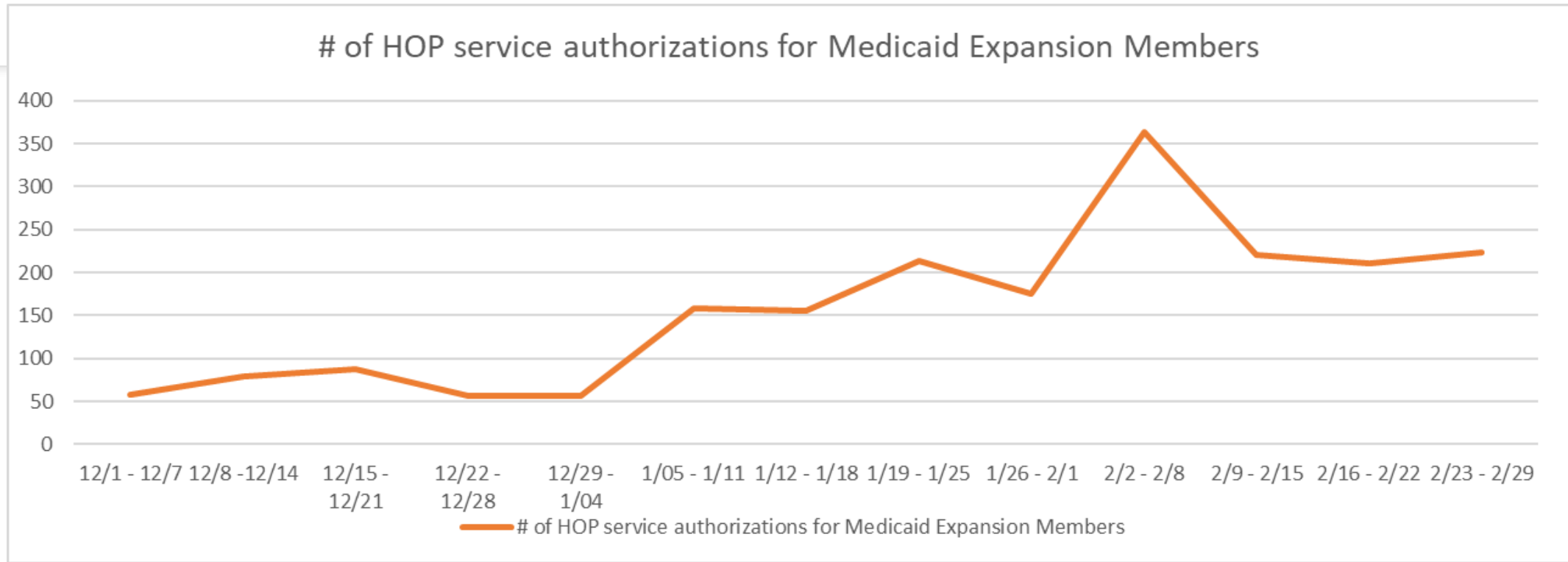
Why Do We Need the Healthy Opportunities Pilots?

The Healthy Opportunities Pilots (the Pilots) present an unprecedented opportunity to provide selected evidence-based, non-medical interventions to Medicaid enrollees to address social needs within Medicaid managed care.

- Access to high-quality medical care is critical, but research shows up to 80 percent of a person's health is determined by social and environmental factors and the behaviors that emerge as a result.
- Pilot entities—including PHPs, Care Management Teams, Network Leads, and Human Service Organizations—will all play coordinated but distinct roles to provide “whole person care” to Pilot enrollees.
- The Pilots will test the impact of offering non-medical services on health outcomes and costs, with the ultimate goal of making them statewide offerings of the Medicaid managed care program



HOP Engagements with Expansion Members: Service Authorizations



Data self-reported by the five Standard Plans

Questions

Wrap-Up

AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2024 Meetings

Tuesday, May 14, 2024
4:00-5:00 PM

Tuesday, June 11, 2024
4:00-5:00 PM

Tuesday, July 9, 2024
4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- BCM051 Care Management Interaction Data Analysis
- Provider Experience Survey Results
- NC Medicaid Approach to CMS' Making Care Primary
- Standard Plan Withhold Measure
- Tailored Plan Value-Based Arrangements for Primary Care Providers