

**North Carolina Department of Health and Human Services (DHHS)**

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #30 (Conducted Virtually)

August 8, 2023, 4:00 PM ET

**AMH TAG Attendees:**

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Mission Health Partners
- Carolina Medical Home Network
- Emtiro Health
- Duke Population Health Management Office
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- North Carolina Area Health Education Centers (AHEC)
- WellCare of North Carolina, Inc.
- United Healthcare
- MCAC Quality Committee Member
- Coastal Children’s Clinic
- Community Care Physician Network
- Atrium Health
- Carolina Complete Health
- Dr. Keith McCoy, DHHS Division of Mental Health, Developmental Disabilities and Substance Use Services

**NC DHHS Staff and Speakers**

Name	Title
Elizabeth Kasper, MSPH	Acting Deputy Director, Population Health
Jess Kuhn, MPH	Quality Measurement Lead – Program Evaluation
Evelin Lazaro	AMH Program Specialist

**Agenda**

- Medicaid Expansion Preparation: Request for Feedback
- 2024 Standard Plan Quality Withhold Program and Bonus Pool
- Quality Measurement Update
  - a) 834 Workaround for Interim Care Gap Reporting
  - b) Mid-Year Technical Specifications Updates
- Wrap-up and Next Steps

**Medicaid Expansion Preparation: Request for Feedback**

- On July 26, NC DHHS announced that the anticipated launch date for Medicaid Expansion will be October 1<sup>st</sup>. To enact Expansion on this timeline, NC DHHS will still require action by the NC General Assembly – either through “de-coupling” expansion from the budget or through an enacted budget – by September 1<sup>st</sup>.
- More than 600,00 individuals are estimated to be covered under Medicaid Expansion by the end of the second year (*see slides for more information on this population*).
- The Department would like to support Prepaid Health Plans (PHPs), Clinically Integrated Networks (CINs) and Advanced Medical Homes (AMHs) in preparing for the addition of new Medicaid members through expansion. The Department requests written feedback on the following questions:
  1. What is your organization doing to prepare to serve new expansion members?
  2. Where are the biggest risks in preparing to serve new expansion members?
  3. How can the Department support your readiness?
- The Department requested TAG members to email responses to the above questions to Gigi Cloney ([giovanna.cloney\\_acn@dhhs.nc.gov](mailto:giovanna.cloney_acn@dhhs.nc.gov)) and Evelin Lazaro (Evelin.Lazaro@dhhs.nc.gov) by August 23<sup>rd</sup>. The Department will facilitate discussion based on these responses during the next AMH TAG meeting on September 12<sup>th</sup>.

#### **2024 Standard Plan Quality Withhold Program and Bonus Pool**

- The Department shared information on the proposed 2024 Withhold Program design. The information shared in the presentation is subject to final internal approval and actuarial review. Contract language and detailed program guidance will be released later this year.
- By implementing a withhold with the Standard Plan program, the Department, in collaboration with PHPs and their contracted providers, aims to increase measure performance and promote health equity.
- The Department will withhold payment from PHPs, not from providers. Providers may see increased emphasis by PHPs on the performance measures in the Withhold Program through Performance Improvement Projects (PIPs) or other quality incentive programs.
- The Department’s Withhold Program builds upon existing state guidance and other states’ withhold program design.
- The 2024 Withhold Program performance period is from January 2024 to December 2024. The performance measures are Childhood Immunization Status (Combo 10), Prenatal and Postpartum Care (PPC), and Screening for Unmet Health-Related Social Needs. *Please see slides for further details on measures and payment criteria for PHPs.*
- AMH TAG members provided feedback and asked questions about the Withhold Program design:
  - An AMH TAG member noted that performance improvement targets reward PHPs that start with a low baseline and penalize PHPs that start with high performance and do not have as much room to improve. The Department responded that each PHP has room to improve on the particular measures selected for the first performance period but would consider this concern while revisiting the design in Year 2 of the program.
  - AMH TAG members noted potential challenges with affecting flu vaccine rates, including lack of timely access to the flu vaccine through the Vaccines For Children (VFC) program each Fall and that children can receive flu vaccine from different places (e.g., pharmacy). The Department noted that it will utilize information from the vaccine registry, so the

measure will be agnostic to where the vaccine will be administered. Additionally, the Combo 10 measure in the Withholds program includes children up to age 2, who are not eligible to receive vaccines in pharmacies.

- An AMH TAG member suggested that the Department and PHPs not use the term “withhold” when communicating with providers and instead use the term “bonus measures”, given that providers are risk averse. The member flagged for the Department that providers should receive their quality measure incentive payments in a standardized and transparent way across PHPs.
- The Department requests AMH TAG members to please email [Elizabeth.Kasper@dhhs.nc.gov](mailto:Elizabeth.Kasper@dhhs.nc.gov) and [Cc Medicaid.Quality@dhhs.nc.gov](mailto:Medicaid.Quality@dhhs.nc.gov) with any questions.

### 834 Workaround for Interim Care Gap Reporting

- The Department discussed a proposed solution to issues within the 834 enrollment file that impact quality measurement. North Carolina’s 834 file provides enrollment period end dates that represent the end of the period for which the respective member’s Medicaid eligibility has been certified, which may exclude some members from consideration for quality measurement purposes. North Carolina’s quality measurement calculation software reads near-term end dates as termination dates and therefore removes the members from interim care gap reports that are sent to providers. This keeps providers from being able to receive incentives for closing care gaps.
- The Department, in partnership with the PHPs, have developed a systems-based solution to prevent exclusion of members from care gap reports for projected gaps in enrollment that are avoided due to subsequent renewal of eligibility. *See slides for details on the solution.*
- The Department clarified a few questions from AMH TAG members on the 834 Workaround:
  - An AMH TAG member asked if the 834 workaround will be applied to the Tailored Plan (LME/MCO) Tailored Care Management enrollment approach. The Department responded that this issue is not as relevant to the Tailored Care Management environment and is separately working on related issues related to panel management.
  - An AMH TAG member asked how population-level analysis (for CINs, for example) can be conducted if the data should not be aggregated as outlined in the proposed solution. The Department noted that, for larger providers, it will provide interim rates throughout the year in care gap reports. However, there are issues with the data, especially with smaller providers. The Department noted that data at the individual-level is a more stable and accurate way to examine the data.

### Mid-Year Tech Specifications Updates

- NC Medicaid is planning to issue guidance that dual commercial/Medicaid members are to be excluded from quality measurement reporting for Measurement Year 2023 (MY2023) and beyond, given that not all PHPs in North Carolina have commercial lines of business and data on commercial dual eligibles is not always complete.
  - An AMH TAG member noted that knowing the percentage of dual commercial/Medicaid members is very important and that third party liability (TPL) was a major denial reason

from PHPs for payment, which suggests that commercial insurance could be common. The Department will find out the percentage of dual commercial/Medicaid members. The Department responded that members with commercial insurance are included in the denominator but not in the numerator of measures, hence excluding these members from the quality measures seemed to be the most fair approach for PHPs and providers.

- An update to the MY2023 Tech Specs will be published in August that will include this information.
- The Department noted that in January 2023, the prenatal and postpartum (PPC) measure was added to the AMH Measure Set.

#### Follow-up Q&A

- The Department provided responses to questions by AMH TAG members from the 7/11 meeting on the topic of continuous coverage unwinding and changing plans (*see slides for questions and responses*).

#### Wrap-up and Next Steps

- The next AMH TAG meeting will take place on Tuesday, September 12, 2023 from 4:00-5:00pm EST.
- Potential upcoming AMH TAG topics:
  - Medicaid expansion preparation
  - Strategies to advance health equity
  - Strategies to address social determinants of health
  - Standardization of monitoring protocols/delegation protocols