

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #34 (Conducted Virtually) December 12, 2023, 4:00 PM ET

AMH TAG Attendees:

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Mission Health Partners
- Carolina Medical Home Network
- Entiro 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.
- Carolina Complete Health (CCH)
- United Healthcare
- MCAC Quality Committee Member
- Coastal Children’s Clinic
- Community Care Physician Network
- Atrium Health
- Children First of North Carolina

NC DHHS Staff and Speakers Name	Title
Amanda Van Vleet	Deputy Director of Population Health
Arianna Keil	Chief of Quality
Kristen Dubay	Chief of Population Health

Agenda

- Welcome and Roll Call (3 minutes)
- Healthy Opportunities Pilots (HOP) Value-Based Payment Period 3 Updates (15 minutes)
- Incorporating the Medicaid Expansion Population into Quality Measurement and Incentive Programs (15 minutes)
- Updates and Discussion (15 minutes)
- Wrap-up and Next Steps (2 minutes)

Healthy Opportunities Pilots (HOP) Value-Based Payment Period 3 Updates

- DHB shared an update on the HOP Value-Based Payment for Period 3, which was scheduled to begin on 12/1/2023 but is delayed to allow time for Standard Plan and local care management entity contracting.
 - DHB will inform CMS that is delaying the measurement and withhold period, and will provide the group with updates on new start dates.

- The measurement and withhold period will still run through 10/31/2024, which is the conclusion of the current 1115 Waiver period.
- DHHS will evaluate all HOP-participating entities' performance on VBP measures, including Standard Plans, HOP-participating local care management entities, Network Leads, and HSOs during this period and will make incentive payments to Standard Plans and their HOP-participating local care management entities for meeting performance targets.
 - In addition to incentive payments, DHHS will apply withholds to Standard Plans and HOP-participating Tier 3 AMHs/CINs tied to meeting minimum performance targets related to the percentage of HOP enrollees that received a service to address an unmet resource need. Local Health Departments are not subject to withholds.
- DHB shared incentive payment milestones and weights for Standard Plans and local care management entities, and shared the funding splits between these entities.
- DHB shared the methodology for the withholds, highlighting the percent of HOP payments to be withheld will be:
 - 1% of HOP administrative payments from Standard Plans.
 - 1% of HOP care management PMPM payment from local CM entities
- An AMH TAG member asked if HOP will be in the same region or expanding statewide.
 - DHB shared that during the current 1115 Waiver period (until October 2024), HOP will be in the same regions, but that DHHS requested that HOP be expanded statewide in its next 1115 Waiver request.
- An AMH TAG member asked if the slides shared during the meeting would be discussed during HOP Office Hours this week.
 - DHB will follow up with this member after confirming internally.

Incorporating the Medicaid Expansion Population into Quality Measurement and Incentive Programs

- Expansion members who meet continuous enrollment criteria in their Standard Plan for 2024 will be included in quality measure calculations.
- DHB has received feedback from providers that are concerned that including the Expansion population in their quality measure calculations for 2024 will adversely affect their performance.
 - Similarly, Standard Plans have asked if the Expansion population will be included in measurements for the Standard Plan withhold program.
- Research does not suggest that states that previously expanded experience systematic decreases in plan-level or safety-net hospital level quality performance.
- The Department shared its review of AMH measures and withhold measures, clarifying which measures will include Expansion members.

- To address provider and SP concerns, DHB is proposing a policy that aims to create a fair quality measurement methodology that does not disincentivize practices from serving Expansion members.
- The policy, which is currently going through internal governance review, will require PHPs in measurement year 2024 to:
 - Stratify the AMH measures that may include Expansion members to generate 2 performance rates : 1) including Expansion members; and 2) excluding Expansion members. In contracting with practices, PHPs will hold providers accountable for the performance rate of whichever stratum performs better.
 - For any VBP arrangement with providers, PHPs will use the better-performing stratum in reference to performance against AMH measure targets.
 - For the Standard Plan Withhold Program, performance will not be stratified for the Expansion population.
- An AMH TAG member asked when the colorectal and glycemic index measures were added to the AMH measure set.
 - DHB shared that the colorectal measure is being added in 2024, and won't be eligible for incentives until 2025. The glycemic index measure is replacing the A1c poor control measure.
- An AMG TAG member asked about members who were previously not part of the measurement denominator and now have Medicaid for CIS and WCV.
 - DHB responded that there will be almost no child beneficiaries in the Expansion population.
- An AMH TAG member asked if DHB intends to share this information at the PHP quality meeting and if there is opportunity for feedback.
 - DHB confirmed that they plan to share the information broadly with SP quality professionals once through DHB's internal governance process and that DHB has received feedback from SP Chief Medical Officers.
 - DHB further confirmed it will work with plans on how to stratify the two performance rate groups.
- An AMH TAG member asked if there is DHB would potentially apply withholds to providers in 2025 or beyond?
 - DHB confirmed that withholds are targeted to PHPs, not providers. Providers and PHPs may have value-based contracts, but these are different than the withholds between the DHB and the PHPs.

Updates and Discussion

- DHB hosted the first AMH Interface Timeline Standardization Workgroup meeting on 12/8/2023. DHB intends to move all plans to standard timing to provide data files to providers, and wants to understand the challenges for both parties to develop a policy that is meaningful for providers and most efficient for plans.

- DHB will collect information on constraints and opportunities for standardization through a survey that will go out soon.
- DHB shared initial feedback from the first two weeks of Medicaid Expansion and reminded providers to update panel limits directly with plans and in NC Tracks.
- DHB shared that Tailored Plans (TPs) are expected to launch on 7/1/2024, and encouraged providers to complete contracting with TPs in a timely manner to ensure member assignment.
- An AMH TAG member shared that assignment errors (adults being assigned to pediatric practices) remains an issue in Expansion.
- An AMH TAG member asked when the final details on LME-MCO mergers will be released, and expressed that it is a challenge to figuring out which entity to contract with for counties involved in the Sandhills-Trillium-Eastpointe merger.
 - DHB hopes to have more information on the merger soon, but is unable to share more publicly at this time.
- An AMH TAG member asked about PHPs that are requesting CINs provide care management for CMARC-eligible children.
 - DHB requested more information from this member be sent to the team via email.
- DHB shared that CMS gave the state permission to assume eligibility for children for an additional year during unwinding, beginning in December.
- An AMH TAG member asked if the AMH quality measure set applies to TPs in relation to AMH Tier 3 practices.
 - DHB confirmed the measure set is the same for SPs and TPs, and that AMH+ practices are considered AMH 3's for that purpose.