

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #43 (Conducted Virtually)

December 10, 2024

AMH TAG Attendees:

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners (MHP)
- Carolina Medical Home Network (CMHN)
- CHES Health Solutions
- Duke Connected Care
- ECU MCAC Quality Committee Member
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- NC Area Health Education Centers (NC AHEC)
- WellCare of North Carolina, Inc.
- Carolina Complete Health, Inc. (CCH)
- United Healthcare
- Children First of North Carolina

NC DHHS Staff and Speakers Name	Title
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Larry Mull	Deputy Director, Program Evaluation
Saheedat Olatinwo	AMH Program Lead

Agenda

- Welcome and Roll Call – 5 mins
- Total Cost of Care (TCOC) Dashboard – 20 mins
- 2025 Standard Plan Withhold Program Updates – 20 mins
- Leveraging NC HealthConnex for Quality and Population Health – 15 mins
- Wrap-up and Next Steps – 1 min

Total Cost of Care (TCOC) Dashboard

- DHHS provided an overview of the Total Cost of Care (TCOC) Dashboard, which is a web-based portal accessible to DHB, Standard Plans, and AMHs, that utilizes an open-source TCOC framework from HealthPartners, Inc.

- The TCOC Dashboard is live. Please email Medicaid.Evaluation@dhhs.nc.gov if you would like to set up access.
- DHHS noted that the total cost measure is designed to highlight potential cost-saving opportunities, as well as to identify inefficiencies or overuse of health care delivery.
- DHHS highlighted that the TCOC Dashboard does not imply that lower costs are always better. Rather, the dashboard is a tool that encourages entities to better understand their resource use and how it impacts their costs.
- AMH TAG member raised a concern about using the Average Wholesale Price (AWP) to estimate pharmacy costs, since Medicaid heavily negotiates pharmacy prices and often prefers the brand-name medications over generic medications.
 - DHHS clarified that the Average Wholesale Price (AWP) is used as a relative amount to risk adjust and compare with the actual paid costs. The AWP is primarily used for the Total Cost Relative Resource Values (TCRRV).
 - DHHS noted that the dollars presented in the dashboard across all services are the costs that Plans have paid. They are not estimations.
- AMH TAG member asked the following question: Are facility charges included in ambulatory costs?
 - HSAG confirmed that facility charges are included in ambulatory costs. It provides insight into the variance of member's use of different facilities.
 - AMH TAG member emphasized that some communities do not have access to low-cost specialists; therefore, members may only be able to access a specialist that charges facility fees.
- AMH TAG member asked the following question: How is the Department building the dashboard at the CIN level?
 - HSAG noted that CINs can be dashboard administrators for the AMHs in their CIN; however, there is not currently a way to aggregate the AMHs together at the CIN level due to DHHS contractual barriers.
- AMH TAG member asked the following questions: Is there a formal close out timeline on a particular performance year? When will the close out data from the 2024 performance year be visible?
 - HSAG responded that the TCOC Dashboard is updated every six months; therefore, the current data visible is for calendar year 2023. The next update will be completed in March 2025 to include state fiscal year 2024. There is a six-month lag/data runout period due to the delayed claims completion.
 - Calendar year 2024 data will tentatively be available in Fall 2025.
- DHHS would like to understand how AMH TAG members are using the TCOC Dashboard and requested feedback on the tool and potential enhancements.
 - AMH TAG member flagged mixed feedback from their organization:
 - TCOC Dashboard provides a snapshot in time and raises additional questions as they delve deeper into the details.

- TCOC Dashboard requires significant training due to its numerous features.
- TCOC Dashboard could offer more comprehensive information.
- TCOC Dashboard should focus on patients that the Providers have seen and less on the members attributed to their practice.
 - DHHS responded that they have considered the approach to only include patients seen by practices; however, the Department has not identified a defensible proxy to identify which members have been seen and their respective cost utilization.
- DHHS requests additional feedback on the TCOC Dashboard be sent to Medicaid.Evaluation@dhhs.nc.gov by January 21, 2025.

2025 Standard Plan Withhold Program Updates

- DHHS provided an overview of the Standard Plan Withhold Program in North Carolina and its purpose to improve measure performance and promote health equity in partnership with plans and their contracted providers.
 - The full document outlining the 2025 Withhold Program can be found at the following link: <https://medicaid.ncdhhs.gov/2025-north-carolina-medicaid-standard-plan-withhold-program-guidance/download?attachment>
- DHHS highlighted that the first Withhold Program “performance period” is running from January 2024 to December 2024. The 2025 Withhold program will begin January 1, 2025.
- The same withhold quality measures will be maintained for 2025, with an adjusted scoring approach for Combo 10 and adjusted weights for each measure within the total withhold, to weight each measure domain equally.
 - DHHS flagged the main effect of readjusting the measure weights for 2025 is that Health-Related Resource Needs (HRRN) will be weighted more heavily and combo 10 relatively less.
- AMH TAG members asked the following questions:
 - Are the proposed measures put out by DHB a few months ago for a Making Care Primary (MCP) model the same withhold measures for Measure Year (MY) 2026?
 - The 2026 withhold measures and Medicaid MCP measures have not yet been finalized. We intend to finalize MY 2026 withhold measures in the first half of 2025. DHHS emphasized that they are closely considering alignment with other programs, including MCP, while setting the MY 2026 withhold measures.
 - Will the Department publish an updated quality measure performance and targets document for the Advanced Medical Home program measures? The document currently has 2024 targets.

- DHHS noted that they are in the process of finalizing that document and anticipate a January 2025 publishing date. Communications will be provided when the updated document is published.
 - When will the combo 10 performance target be released with Health Plans and Providers?
 - Since DHHS is aligning performance targets with the national trends from the same time period, DHHS is unable to provide the performance target in advance. In lieu of this, DHHS has shared a worksheet with Plans that can be used to calculate the targets when data are available.
- AMH TAG members provided the following feedback on the 2025 Standard Plan Withhold Program updates:
 - DHB's clinical policy change to mandate prenatal and postpartum care F codes on claims from providers to PHPs and inclusion of PPC in the withhold program has increased provider administrative burden.
 - During the COVID-19 vaccine rollout, Medicaid reimbursed for vaccine counseling regardless of outcome. Assuming this can be done across any vaccine, perhaps this can be emphasized to AMHs so that performance rates can increase or at least help the PCP feel like a partner in this effort, in addition to the quality incentives awarded.
 - DHHS should consider using regional averages (ex: southeast) instead of national averages for combo 10, since the trend in vaccine hesitancy is greater in certain regions compared to others.
 - DHHS responded that the Department benchmarks to the national median to encourage meaningful improvement. In the case of Combo 10, the South Atlantic region (of which NC is a part) performed better than national rates in 2022, and only slightly lower in 2023.

HealthConnex

- DHB highlighted the purpose and background for using NC Health Connex across quality, population health and care management teams to improve data exchange.
- AMH TAG member noted that HIEA data may also help in instances of Coordination of Benefits / Third Party Liability (COP/TPL), especially for Value Based Payments (VBP), when PHPs may not have a paid claim for a service provided.

Walk-Ons

- DHHS highlighted that CMS has approved the 1115 waiver renewal request.
- DHHS appreciates everyone's comments and help in getting this across the finish line.
- DHHS is finalizing additional materials and plans to share more information once it becomes available.