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

Meeting #43

December 10, 2024

Agenda

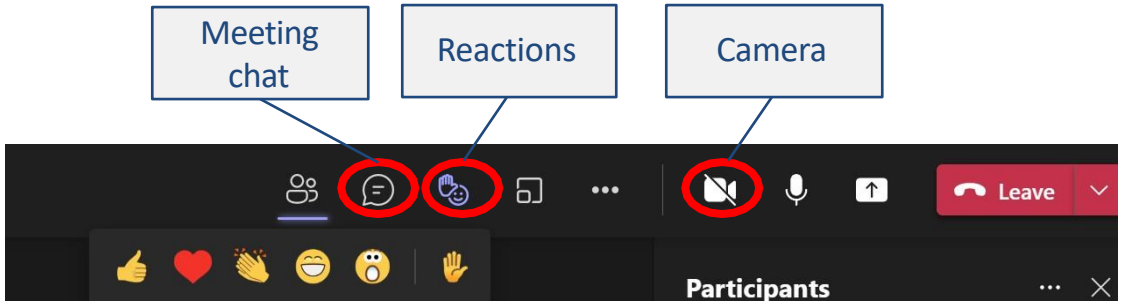
1. Welcome and Roll Call – 5 mins
2. Total Cost of Care (TCOC) Dashboard – 20 mins
3. 2025 Standard Plan Withhold Program Updates – 20 mins
4. Leveraging NC HealthConnex for Quality and Population Health – 15 mins
5. Wrap-up and Next Steps – 1 min

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; Kimberly Reed; and Blake Few	Representatives Cherokee Indian Hospital	Provider
Tommy Newton, 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)
Tammy Yount	Representative CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP, and Lawrence Greenblatt, M.D.	Associate Chief Nursing Officer Duke Connected Care	Provider (CIN)
Jason Foltz, DO	Chief Medical Officer ECU Physicians MCAC Quality Committee Member	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
Chris Weathington, MHA	Director, Practice Support NC Area Health Education Centers (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	United Healthcare	Health Plan
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 may 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/

TCOC Dashboard

Total Cost of Care (TCOC) Dashboard

Total cost of care is included in the AMH Measure Set. This measure assesses the costs and resources associated with providing care to patients. For a standardized TCOC tool, NC Medicaid and HSAG developed the TCOC Dashboard.

Background Information on the TCOC Dashboard

- The TCOC Dashboard is a web-based portal that uses the Tableau suite.
- Currently, the dashboard is accessible to three entities: DHB, Standard Plans, and AMHs.
- The TCOC Dashboard utilizes an open-source TCOC framework from HealthPartners, Inc.
- We present the data as indices relative to a statewide comparison group.
- The total cost index uses administrative claims for inpatient, outpatient, clinic, ancillary, pharmacy, and other types of services that are adjusted for member risk.

Total Cost of Care Index & Resource Use Index

Total cost of care index (TCI) and resource use index (RUI) are endorsed by the National Quality Forum.

Total Cost of Care Index

- NQF #1604
- Measure of a primary care provider's risk-adjusted cost effectiveness at managing the population they care for
- Includes all costs associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary, and behavioral health services

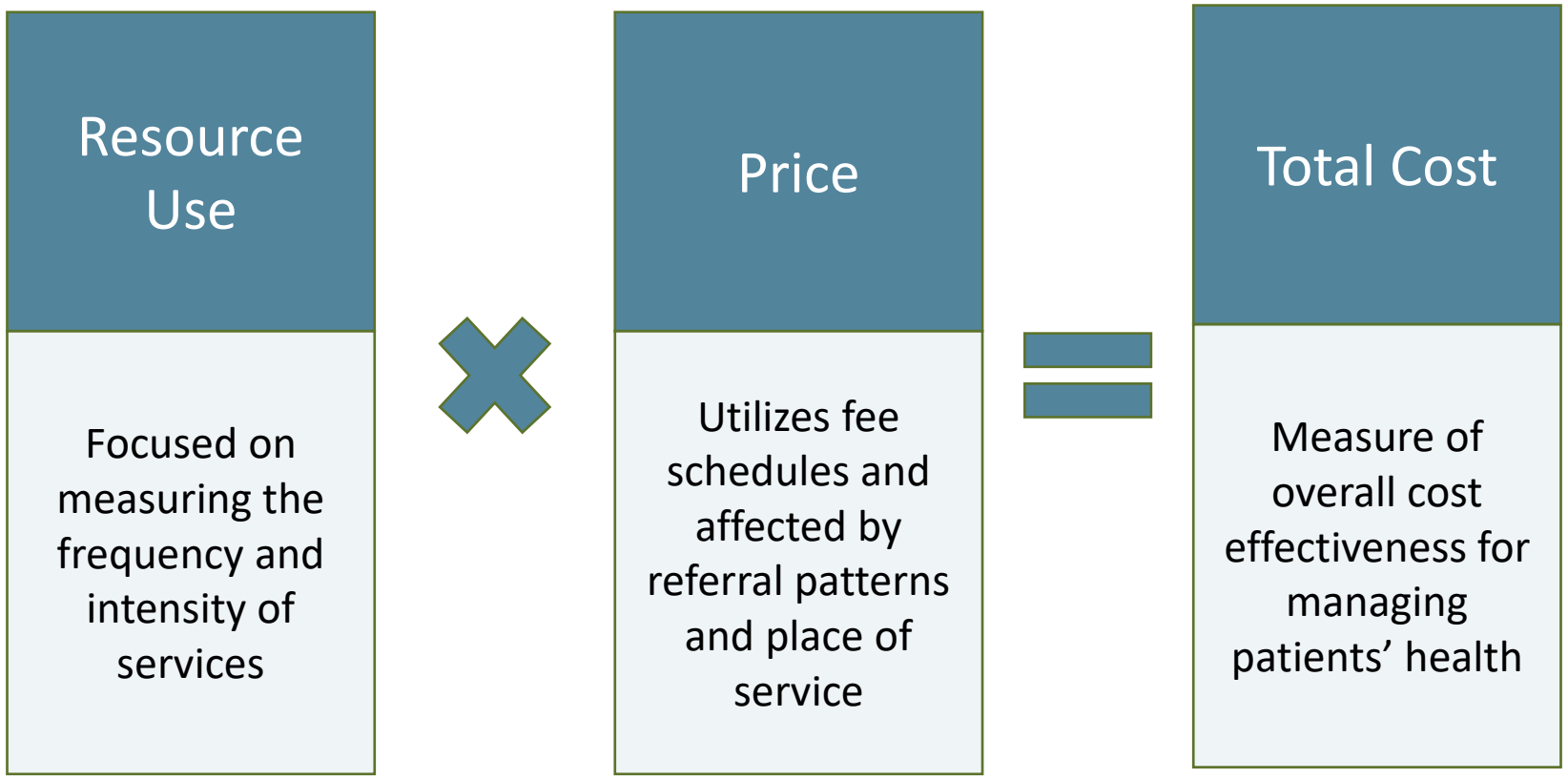
Resource Use Index

- NQF #1598
- Risk-adjusted measure of the frequency and intensity of services utilized to manage a provider group's patients
- Includes all resources associated with treating members including professional, facility inpatient and outpatient, pharmacy, lab, radiology, ancillary, and behavioral health services

Total Cost Relative Resource Values (TCRRV)

- Relative resource values are scaled linearly to evaluate resource use across all medical services, procedures and places of service.
- Assigns a number of resource units (weights) using a CMS based approach for components of care:
  - Inpatient: MS-DRG (Medicare Diagnosis-Related Grouper)
  - Outpatient: APC (Ambulatory Payment Classification)
  - Professional: RVU (Relative Value Units)
  - Pharmacy: NDC (National Drug Code) Average Wholesale Price
- Resource unit value for each component of care is calculated from a large national claims database.
- TCRRV = (# units) x (value per unit)
  - Re-prices all services to a standard value
  - Adjusted to actual cost distribution across components of care
  - TCRRVs are additive, as dollars are, across components of care.

Total Cost Overview



The total cost measure is designed to highlight potential cost-saving opportunities, as well as identifying inefficiencies or overuse of health care delivery.

TCOC Dashboard Insights

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.

TCOC Technical Specifications

- Population-based measure
- Total per capita costs and/or resources used
- Calculated as the average risk-adjusted costs for the health care of an attributed population
- Adjusted for the Medicaid population

What can the TCOC Dashboard tell us?

- Allows PHPs and AMHs to see whether particular conditions, categories of services, or demographics are driving costs or resource use
- Helps identify opportunities for quality improvement initiatives

What is the TCOC Dashboard *not* designed to tell us?

- Does not show member-level data or quality of care
- Not intended to inform care management, care delivery, or outreach to individual members

TCOC Dashboard Content

The TCOC Dashboard currently offers these functionalities. We're interested in customizing and tailoring the dashboard to AMHs' specific needs and use cases.

Summary Information

- Total members
- Average age
- Average risk score
- Raw per member per month
- Adjusted per member per month
- Total cost index
- Resource use index
- Price index

Stratifications

- Age bands
- Gender
- Race
- Ethnicity
- Condition

Prevalence Comparison

- Cancer
- Cardiovascular
- Central nervous system
- Diabetes
- Gastrointestinal
- Hematological
- HIV
- Psychiatric
- Pulmonary
- Substance use
- Renal

Other Features

- Trends in year-over-year changes, claims distribution, and inpatient setting
- Service category tab with inpatient services, professional services, outpatient services, and pharmacy services

Discussion Questions

1. Who are the primary users of the TCOC Dashboard for your AMH? How is your AMH using the TCOC Dashboard?
2. What features on the TCOC Dashboard have been the most useful for your AMH?
3. What are the less useful dashboard functionalities for your AMH?
4. What potential additions to the TCOC Dashboard would be beneficial to your AMH?
5. In its current state, has the TCOC Dashboard been a useful tool to inform the design of (or participation in) value-based arrangements with a cost component?
6. How has the TCOC Dashboard informed your quality improvement initiatives?

Next Steps

The Department requests additional feedback on the TCOC Dashboard by January 21, 2025.

Please send your feedback to Medicaid.Evaluation@dhhs.nc.gov.

Thank you!

2025 Standard Plan Withhold Program Updates

Standard Plan Withhold Program in North Carolina

In a withhold arrangement, **a portion of plans' expected capitation payment is withheld**. To earn back these withheld dollars, plans must meet targets, such as **quality performance targets** specified in their contract, to receive funds from the state at the end of the performance period.

By implementing a withhold within the Standard Plan program, the Department aims to **improve measure performance and promote health equity in partnership** with plans and their contracted providers.

The first Withhold Program "performance period" is running from January 2024 to December 2024 to align with the quality measurement year.

During 2024, the Department gave stakeholders advance notice of performance measures for the 2025 Standard Plan Withhold Program. The Department is sharing the final design for 2025 today. The 2025 withholds measurement year will begin January 1, 2025.

What the Withhold Program Means for Providers

The Withholds Program falls within the Department's overall priorities for quality improvement described in the Quality Strategy.

The Department withholds payment from Standard Plans, *not* from providers.

Withhold targets are calculated at the plan level. The Department does not set targets for provider-level arrangements. Providers and plans negotiate performance rates for provider-VBP contracts.

Providers may see increased emphasis by Standard Plans on the performance measures included in the Withhold Program. However, there are no requirements for Standard Plans to include Withhold Program measures or targets in provider incentive arrangements. The Department encourages plans to consider a broad range of performance improvement strategies to meet withhold targets.

Withhold Program Annual Review Process

Below is a summary of DHB's Standard Plan Withhold Program Annual Review Process.

Year 1 (2024)	DHB focused on a limited set of performance measures to direct Standard Plan and provider efforts toward priority improvement areas (i.e., maternal/child health) and maintain a manageable set of expectations for the first year.
Year 2 (2025)	**DHB is maintaining the same performance measures for Year 2.** This decision reflects DHB's awareness that population health improvement efforts typically require multiple years of implementation and DHB's commitment to (1) reviewing prior year performance data to inform the measure set; and (2) communicating tentative measures in the Technical Specifications before implementation in the Withhold Program. **DHB has changed the *scoring* of the Combo 10 measure in Year 2.**
Year 3 (2026)	DHB has implemented a standard, annual review and feedback process guiding consideration of new or existing performance measures in Year 3 and beyond. DHB is reviewing stakeholder feedback on an initial set of proposed 2026 Withhold Program measures. To balance providing advance notice of withhold measures with the need for sufficient time to consider input from plans and providers and alignment across Quality programs, DHB will communicate a final set of measures as soon as feasible during the first half of 2025.

Withhold Measures and Scoring for 2025

2025 Withhold Program: Quality Measures

DHB is maintaining the same quality measures as used in Year 1 (2024) of the Withhold Program.

Measure	Definition
Child Immunization Status (CIS) ("Combo 10")	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Prenatal and Postpartum Care (PPC) • *Timeliness of Prenatal Care* • *Postpartum Care*	The eligible population includes deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care: • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit between seven and 84 days after delivery.
Rate of Screening for Health-Related Resource Needs ("HRRN Screening")	The percentage of enrollees who received and completed a health-related resource needs screening using the NC DHHS Standardized SDOH Screening Questions within the calendar year (Jan 1 – Dec 31). This screening form includes four priority domains: food insecurity, housing/utilities instability, transportation needs, and being at risk of, or experiencing, interpersonal violence/toxic stress. **Includes only screenings performed by plans.**

Withhold Program Year 2: Measure Weighting

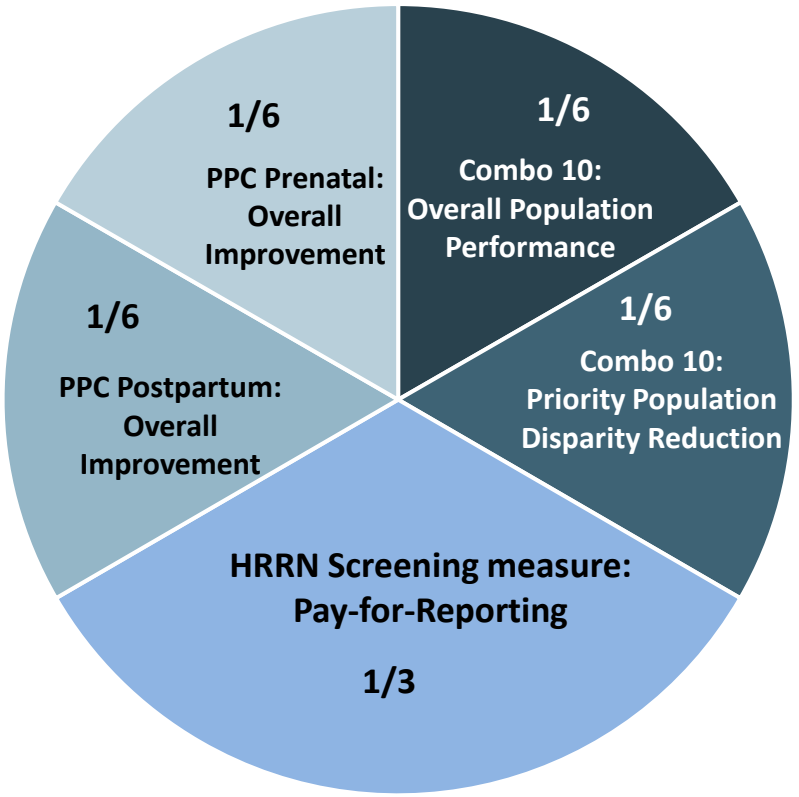
DHB is adjusting the measure weighting for 2025 to balance the three areas of focus in the withhold program.

Childhood Immunization Status (Combo 10):
- 1/6 for overall population performance
- 1/6 for priority population disparity reduction

Prenatal and Postpartum Care (PPC):
- 1/6 for Timeliness of Prenatal Care overall performance improvement
- 1/6 for Timeliness of Postpartum Care overall performance improvement

Rate of Screening for Health-Related Resource Needs (screening by Plans) ("HRRN Screening"): 1/3 for pay for reporting

Withhold: 1.5% of Capitation



2025 Withhold Program: Overview of Scoring

DHB is maintaining the same scoring approach for PPC and HRRN Screening and applying changes to Combo 10.

Measure	2024 Scoring	Proposed 2025 Scoring	Rationale
Prenatal and Postpartum Care (PPC) • *Timeliness of Prenatal Care* • *Timeliness of Postpartum Care*	• Overall Population: 5% relative improvement	• Overall Population: 5% relative improvement	A full year piloting the Withhold Program will offer valuable lessons learned. As data from the first year of the Withhold Program are not yet available, DHB is maintaining the 2024 PPC scoring approach for 2025.
Child Immunization Status (CIS) ("Combo 10")	• Overall Population: 5% relative Improvement • Priority Population: 10% relative improvement	• Overall Population: "Beat the trend": Relative change from MY2024 to MY2025 is better than the national Medicaid HMO median relative trend over the same time period by 60%. • Priority Population: Reduction in relative disparity between Black and Not-Black rates of 12%.	DHB is adapting quality measure performance targets to account for national (declining) vaccination trends.
Rate of Screening for Health-Related Resource Needs ("HRRN Screening") *(Screening by Plans)*	• Pay-for-reporting data validation check by the EQRO	• Pay-for-reporting data validation check by the EQRO	As DHB has recently modified the measure specification to streamline data collection, there is a lack of a valid baseline needed to make HRRN screening a pay-for-performance measure in 2025.

Indicates measure element has changes for 2025 withhold year.

Full details on the 2025 Standard Plan Withhold Program are included in the North Carolina Standard Plan Withhold Guidance.

PPC as a Withhold Measure in 2025

Given the importance of prenatal care to the state's quality aims related to maternal and infant health, DHB is retaining PPC in the 2025 Standard Plan Withhold Program.

DHB recognizes concerns expressed by providers regarding the application of PPC to primary care practices due to many patients receiving obstetrics care from specialists outside of primary care networks and requirements to implement new billing codes ("F" codes) for PPC measures.

Advanced Medical Homes are expected to have a broad role in encouraging whole-person centered and well-coordinated care across the continuum.

While plans and providers negotiate directly regarding incentive arrangements, DHB has shared with Standard Plans factors to consider in applying PPC to obstetric and primary care provider incentive arrangements.

- DHB has communicated expectations to Standard Plans to consider the expected scope of influence of providers on a given measure; one size does not fit all, and incentive arrangements may vary by provider type or structure.
- DHB expects Standard Plans to consider the role of all providers, not only primary care providers, in advancing population health goals through the Withhold Program.

Prenatal and Postpartum Care Scoring and Payout Schedule

DHB is maintaining the same scoring approach for the PPC measures used in 2024.

Design Parameter	Description	
Baseline	The baseline for 2025 will be the Plan's Line-of-Business performance from the 2023 calendar year.	
Overall Performance Improvement Payout Schedule	**Overall Performance Improvement** *(Relative to the Plan's 2023 Line-of-Business Performance)*	**Withhold Payout Amount**
	At or above 5%	100%
	Between 4%-4.99%	80%
	Between 3%-3.99%	60%
	Between 2%-2.99%	40%
	Between 1%-1.99%	20%
	Below .99%	0%

HRRN Screening Pay-for-Reporting (*Screening by Plans*)

For 2025, HRRN Screening measure will continue as a pay-for-reporting measure with payout based on data validation by the EQRO.

Modifications to HRRN Screening Measure Specification

DHB has recently made modifications to simplify the HRRN Screening measure specification. Modifications include:

- Removing 90-day enrollment criteria from the denominator given challenges determining members' exact enrollment dates and to promote screening of all members every year.
- Excluding "active declines" from criteria for successful HRRN screening to remove ambiguity from reporting successful screening attempts and to incentivize interactions where beneficiaries answer the screener.

Maintaining HRRN Screening as Pay-for-Reporting

- Given the updates to the measure specification and the lack of a valid baseline to calculate performance targets, DHB is maintaining HRRN Screening as a pay-for-reporting withhold measure in 2025.
- This measure remains a key health equity priority and DHB intends to make it a pay-for-performance measure in future years.

The HRRN Screening Measure for withholds is based on screenings performed by plans only. The rate does not include screenings by providers.

Combo 10 as a Withhold Measure in 2025

DHB is addressing plan and provider feedback regarding national vaccination trends by adapting the Withhold Program's scoring methodology for Combo 10.

Plans and providers have expressed concern regarding Combo 10 as a measure due to challenges with declining rates since the COVID pandemic; providers gave feedback on the achievability of targets in provider incentive arrangements informed by Standard Plan Withhold targets.

- Challenges have included general trends in vaccine hesitancy since the pandemic. The Medicaid HMO National Average on Combo 10 has dropped from 38.9% to 29.1% from 2020-2023.

North Carolina Standard Plans are still performing well below the 2023 national Medicaid Managed Care average on Combo 10, with steep racial disparities, and attention to vaccination is of continued importance in this context.

- The 2023 North Carolina Standard Plan Aggregate Combo 10 rate was 25.1% and disparities between Black and non-Black enrollees were >37% across plans.

Providers have given feedback that Combo 10 is particularly challenging because of the inconsistent acceptance of the influenza vaccination. However, flu-related deaths in children are at record levels, with younger children included in the Combo 10 measure at increased risk of flu complications.

Rather than remove Combo 10 from the Standard Plan Withhold Program, DHB is adapting Combo 10 performance targets to encourage continued focus in the context of national vaccination trends.

2025 Combo 10 Overall Performance Scoring & Payout Schedule

DHB is changing the scoring methodology for Combo 10 overall performance withhold payouts from a relative improvement approach based on prior year baselines to a 'beat the trend' approach compared to national trends during the same period.

Combo 10 Overall Performance 'Beat the Trend' Methodology

Plans will receive 50% withheld funds for Combo 10 overall performance if the relative change in Combo 10 performance from MY2024 to MY2025 is better than the National Medicaid HMO median trend from MY2024 to MY2025.

The remaining 50% of withheld funds for Combo 10 overall performance will be paid out for beating the national median trend by greater margins.

Design Parameter	Description	
Baseline	The baseline for 2025 will be 2024 Combo 10 overall performance rates	
Overall Performance Payout Schedule	**Performance**	**Payout**
	Relative improvement or decline is better than the national median relative trend by 60.00% or more	100%
	Relative improvement or decline is better than the national median relative trend by 40.00% to 59.99%	75%
	Relative improvement or decline is better than the national median relative trend by 0.01% to 39.99%	50%
	Relative improvement or decline is equal or worse than the national median relative trend	0%

This approach is responsive to stakeholder feedback that absolute improvement targets and baselines set based on prior years present additional challenges in the context of declining trends.

*Performance tiers and targets were developed based on an analysis of national trends and Standard Plan (SP) performance 2022-2023. Between 2022-2023, the Standard Plans beat the national trend at an aggregate-level. National Medicaid HMO Median will be based on NCQA Quality Compass.

2025 Combo 10 Priority Population Performance Scoring Methodology

DHB is changing the scoring methodology for Combo 10 priority population withhold payouts from a relative improvement approach to a disparity reduction approach, with targets based on an analysis of previous SP performance.

Combo 10 Priority Population Disparities Reduction Methodology

Plans will receive 100% of withheld funds for Combo 10 priority population performance if they reduce the relative disparity between Black and Not Black populations by 12% from MY2024 to MY2025.

Plans will be able to earn back a smaller portion of withheld funds for lower disparity reductions on a sliding scale.

As specified in the Technical Specifications, relative disparities are calculated using the following formula for measures where higher rates indicate better performance:

- (Reference Group Performance % -- Group of Interest Performance %) / Reference Group Performance %

Design Parameter	Description	
Baseline	The baseline for 2025 will be 2024 Combo 10 Black and Non-Black performance rates	
Priority Population Payout Schedule	**Performance**	**Payout**
	Relative disparity reduction between Black and Non-Black enrollees by 12.00% or more	100%
	Relative disparity reduction between Black and Non-Black enrollees between 9.00% and 11.99%	75%
	Relative disparity reduction between Black and Non-Black enrollees between 6.00% and 8.99%	50%
	Relative disparity reduction between Black and Non-Black enrollees between 3.00% and 5.99%	25%
	Relative disparity reduction between Black and Non-Black enrollees is below 3.00%	0%

Complementary Initiatives to Support Primary Care Providers

DHB is working on complementary initiatives to improve measure alignment, data completeness and increase consistency and effectiveness of incentives for primary care providers.

Multi-Payer Alignment

- DHB is working to strengthen primary care through engagement with CMS's Making Care Primary (MCP) primary care payment model.
- This includes efforts to enhance multi-payer alignment across priority areas such as payment reform, attribution, quality measure incentives, data sharing and learning systems.
- DHB is developing a standardized primary care incentive model to address challenges with disparate incentive models across Medicaid plans

Data Completeness

- DHB's Digital Quality Measurement (dQM) project aims improve data exchange and completeness across a range of quality measures.
- DHB is planning to conduct 1:1 engagement with providers to identify issues related to collection and recording of data used in NC HealthConnex to calculate dQM performance rates.
- DHB continues to address challenges in primary care member assignment and member data at the provider level.

Potential Adjustments Due to Hurricane Helene in 2024

- DHB is considering updates that may be needed to 2024 Standard Plan withhold measurement and criteria due to the impact of Hurricane Helene.
- DHB intends for any Helene adjustments to apply to both Combo 10 and PPC and to be targeted to Hurricane-affected areas.
- DHB expects that plans would also offer flexibility to affected providers on their VBP arrangements.
- DHB recognizes that hurricane recovery will take time. It will continue to monitor the impact for future adjustments to withholds or VBP arrangements that may be needed beyond 2024.

2025 Withholds Appendix

Combo 10 Overall Performance 'Beat The Trend' Payout Examples (2022-2023)

Overall Population	MY2022	MY2023	Relative Change (%)	Difference in relative change as a percentage of national trend	SP Trend Favorable Relative to National Trend?	Payout	Payout Rationale
National Medicaid HMO Median	30.90%	27.49%	-11.04%	N/A	N/A	N/A	N/A
Plan A	24.00%	21.00%	-12.50%	-13.27%	No	0%	Did not beat the national trend
Plan B	25.00%	23.00%	-8.00%	27.51%	Yes	50%	Relative change better than the national trend by 0.01%-39.99%
Plan C	27.00%	26.50%	-1.85%	83.22%	Yes	100%	Relative change better than the national trend by 60% or more

Plan C 'Beat the Trend' Calculations

Plan C relative change = [(.2650 - .2700) / (.2700)] * 100 = -1.85%

Plan C relative change as a percentage of national trend= [[(-.1104) – (0.0185)] / (-0.1104)] *100 = 83%

- Plan C relative change was 83% better than the national trend

Combo 10 Disparity Reduction Payout Examples (2022-2023)

Plan	MY2022 Black Combo 10 Rate	MY2022 Not-Black Combo 10 Rate	MY2023 Black Combo 10 Rate	MY2023 Not-Black Combo 10 Rate	MY2022 Relative Disparity	MY2023 Relative Disparity	% Difference in Disparity	Payout	Payout Rationale
Plan A	18.00%	25.00%	20.00%	25.00%	28.00%	20.00%	-28.57%	100%	Relative disparity reduction of 12% or more
Plan B	20.00%	32.00%	20.00%	40.00%	37.50%	50.00%	+33.33%	0%	Relative disparity increased
Plan C	21.00%	28.00%	24.00%	30.00%	25.00%	20.00%	-20.00%	100%	Relative disparity reduction of 12% or more
Plan D	17.00%	34.00%	18.00%	34.00%	50.00%	47.06%	-5.88%	25%	Relative disparity reduction between 3% and 5.99%

Plan D Relative Disparity Reduction Calculation

MY2023 Relative Disparity – MY2022 Relative Disparity = (47.06%) – (50.00%) = -2.94 percentage points
% Difference in Disparity = -2.94 / 50.00 = -5.88%

Leveraging NC HealthConnex for Quality and Population Health

Introduction

"One Solution"

NC HealthConnex
Powering Health Care Outcomes

"Three Use Cases"

- Health-Related Social Needs (HRSN)
- Digital Quality Measures (dQMs)
- Care Management Data

"Many Partners"

State Agencies
NCDHHS, NC HIEA

Federal Agencies
CMS

Medicaid Managed Care Plans
Standard Plans, Tailored Plans

Providers
Health systems, AMH practices, TCM providers, PCPs, CINs

Technology Partners
SAS Institute, IBM

Vision

Vision: Support North Carolina Medicaid's quality, population health, and care management efforts by improving data exchange.

Current Challenges….	…..Proposed Solutions
① **Limited, Fragmented Information**: In many instances, the needed data aren't available, or it takes too long to access them.	Increase the volume, types, completeness, and timeliness of data available to be exchanged.
② **Multiple Data Connections and Recipients**: Information resides in silos and/or requires exchanges between multiple entities and systems.	Expand existing capabilities and infrastructure to consolidate and exchange data
③ **Operational Complexity:** Data formats and specifications vary, so time and resources must be spent to translate and normalize.	Define and implement consistent, standardized data formats and specifications

Strategy: “One Solution, Three Use Cases”

Solution: Leverage NC HealthConnex’s statewide infrastructure to support high-value, Medicaid-focused use cases*

The Use Cases

Health-Related Social Needs (HRSN)	▪ Develop the capabilities to share HRSN screening questions and responses from and with: (1) providers; (2) Medicaid managed care plans; and (3) NC Medicaid.
Digital Quality Measures (dQMs)	▪ Develop the capabilities to calculate a set of high-priority quality measures combining both administrative data (i.e., claims and encounters) with clinical information from providers' EHRs for more frequent, accurate, and timely results.
Care Management Data	▪ Improve the ability to exchange: (1) encounter data between PHPs and local care management entities; (2) transitions of care information when members move PHPs; and (3) care management interaction details.

* Additional details on the HIE use cases are available in the December 3, 2024 AMH TAG Data Subcommittee presentation at the AMH TAG website.

Key Considerations

1. **A Long-term Endeavor**
   - Each use case has distinct stakeholders, data flows, and will take time to develop.
   - The use cases will evolve at different paces.

2. **Need for Near-term Investments and Prioritization**
   - To achieve the envisioned efficiencies, project partners will need to invest in the near term.
   - Prioritization is required to ensure scarce resources are allocated most efficiently and effectively.

3. **Funding Sources**
   - The project is being supported by CMS, which carries certain obligations and requirements.

Progress to Date and Next Steps

Progress to Date

CMS Support

- In October 2024, CMS approved $21 million in federal and state funds to support the design, development, and implementation of the HIE use cases.

DHB Leadership Support

- DHB's internal governance reviewed and approved the overall program approach for utilizing HIE's capabilities to support Medicaid priorities.

Stakeholder Engagement

- **Planning Efforts**: DHB initiated a workgroup to support planning for the dQM use case.
- **Pilot Projects**: In July 2024, NCDHHS and NC HIEA launched a SDOH-LOINC Pilot Project. Currently two hospital systems are transmitting HRSN screening information to NC HealthConnex where they can be accessed by authorized users.
- **External Briefings**: Detailed presentations on the HIE use cases were provided to the AMH TAG Data Subcommittee on May and December 2024.

Next Steps

Design and Development Process

- DHB setting up in-depth design meetings with stakeholders to develop requirements and technical specifications

AMH Review Process

- DHB plans to bring feedback received from the collaborative workgroup meetings to the AMH TAG for their review and guidance.

Provider Supports

- DHB and NC HIEA are developing programs to help providers participate in the HIE use cases, particularly the HRSN screening and dQM use cases.

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 2025 Meetings
Tuesday, January 14th, 2025 4-5PM
Tuesday, February 11th, 2025 4-5PM

Potential Upcoming AMH TAG Topics

- VBP Arrangements
- Quality Strategy
- Future of TCM/AMH+

** Please submit any topics to Medicaid.AdvancedMedicalHome@dhhs.nc.gov **