

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #44 (Conducted Virtually)

January 14, 2025

AMH TAG Attendees:

- Coastal Children’s Clinic
- 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 Health Physicians
- 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
Gwendolyn Sherrod	TCM Program Manager
Leonard Croom	VBP Operations Lead
Evelin Lazaro	AMH Program Specialist
Madison Shaffer	Quality Measurement Team Lead
Saheedat Olatinwo	AMH Program Lead

Agenda

- Welcome and Roll Call – 5 mins
- Future of TCM / AMH+ – 20 mins
- Data Access and Support for VBP Arrangements – 10 mins
- PHP Risk Stratification Communication Guidance – 5 mins
- Quality Measure Performance and Targets for the AMH Measure Set – 15 mins
- Wrap-up and Next Steps – 1 min

Future of TCM / AMH+

- DHHS provided an overview of the Tailored Care Management (TCM) program, and its value to managed care in North Carolina.
- AMH TAG member requested written guidance around TCM care managers' responsibility as part of the advanced medical home. The member noted that they have struggled to work with TCM care managers, since the Provider is unable to point to explicit TCM care managers' expectations.
 - DHHS clarified that TCM is under a health home model which provides specific guidelines around care manager expectations, some of which are highlighted below:
 - Assessment and care planning
 - Care Coordination (i.e.- linking members with services)
 - Health Promotion – (i.e.- educating members on their condition and self-management skills)
 - Comprehensive Transitional Care (i.e.- Following-up with the member before, during and after the transition of care)
 - Individual and Family Support (i.e.- providing information on rights and responsibilities, advocacy resources, and referral to community and social support services)
 - DHHS noted some specific tasks that the TCM care managers may conduct:
 - Help member get connected with doctors and specialists
 - Assist member with housing resources
 - Aid the member with food and nutrition, transportation to appointments, and connection with an EMT
 - Support the member's chronic conditions (ex: diabetes) by ensuring medication adherence and educating them on self-management tools
 - Identify support groups and community activities for the member
 - Help the member gather their prescriptions and medical supplies
 - Facilitate smooth hospital admissions, transfers and discharges
 - Serve as the point of contact for all Medicaid-related things
 - DHHS highlighted that TCM care managers are not expected to replace the Primary Care medical home. When TCM care managers are not an AMH+, they are expected to connect the member to primary care services and assist the member with navigating all parts of their care. Ultimately, TCM care managers support with the members' whole-person care.
 - The Tailored Care Management toolkit provides information that can be used to explain TCM to you, your staff and your patients.
<https://medicaid.ncdhhs.gov/tailored-care-management/toolkit>
- AMH TAG member pointed out various areas where TCM is going well for their organization and a suggestion for other CMAs.

- Areas that are going well for their organization:
 - Providing TCM to clinics that are participating in the AMH+ program ensures that the Providers are knowledgeable about Tailored Plan and their services.
 - Care managers are well trained, supervised and supported.
 - Care Management team and Providers all use the same Electronic Health Record (EHR) system, which allows for quick and smooth communication.
 - Care Managers have found much success with in-person visits, such as visiting members at the emergency department, hospital, primary care clinics, etc.
- Suggestion for other CMAs:
 - Consider how care managers communicate between the TCM agency and the Provider practices.
- AMH TAG member has not experienced the benefits of TCM. Their organization has received little support for their members, as care managers claim the requests fall outside their responsibilities. Consequently, the organization has taken on many tasks that should be handled by care managers.
- How do Primary Care Providers know about supports received by a patient? Can the PCP request needed supports for patients?
- DHHS summarized that while Providers understand the requirements, organizations are not receiving the necessary services and support for their members. The team will work internally to explore how DHHS can collaborate with plans and TCM teams to enhance communication and information sharing between Primary Care Providers (PCPs) and external / plan -based care management agencies.
- DHHS requests responses to the following questions be shared via email to Medicaid.TailoredCareMgmt@dhhs.nc.gov.
 - Share your perspective on how Tailored Care Management is going?
 - Have you seen progressive increases in engagement from members on your panel?
 - Do you have a better understanding of Tailored Care Management?
 - Suggestions to increase success of Tailored Care Management?
 - Suggestions on how to increase communication between PCPs and TCM care managers?
 - *Note: When there are challenges with connecting members to TCM services, please connect with the Plan first. If the Plan does not meet your needs, please submit a Medicaid ombudsman ticket and share your ticket number with our TCM email address.*

Data Access and Support for VBP Arrangements

- DHHS identified the key data elements for Provider success in VBP and requested feedback in identifying and closing gaps related to Provider data.
- DHHS posed the following question: Are there additional data-related challenges that should be addressed for provider success in VBP arrangements?
 - Multiple AMH TAG members noted that attribution is a foundational issue with accessing reasonable data and measuring cost. Has there been discussion about how a medical home can disenroll people on their panel who are not engaging?
 - DHHS highlighted that there is collaboration in-progress to identify and outline scenarios where it would and would not be appropriate to have members reassigned to a different provider.
 - AMH TAG member stated that many members appearing on the PHPs high-cost and high-utilizers list incorrectly assigned or have repeatedly refused care management services.
 - Multiple AMH TAG members stated that timeliness of data is a major issue. Some organizations have not received their final performance results for 2023, which makes it especially difficult to plan for 2025.
 - Multiple AMH TAG members noted that they do not receive detailed and digestible cost information or information around the coding for premium costs.
 - AMH TAG member noted that not all Standard Plans share their cost information.
 - AMH TAG member highlighted that cost data is important and necessary for VBP arrangements, since it helps networks to evaluate/identify
 - Buckets of utilization/services with the largest expenditures.
 - Trends or patterns of utilization impacting total cost of care for a population.
 - Opportunity sub-cohorts that could be influencing the total cost for a population, and where the network, with the right intervention/initiative, could have a positive impact.
 - Identify potential partners that are delivering care to network's members for high-value collaborations.
 - Identify trends in utilization of high-cost drugs vs benefits in terms of patient outcomes.
 - AMH TAG member pointed out that cost data on claims and financial reporting should be required to be provided to CINs and AMHs in downside risk years and the 1-2 years prior to accepting risk.
 - AMH TAG member suggested that an electronic signature on a change by PCP or change by plan form be accepted.
 - AMH TAG member added completeness and correctness of AMH data feeds, including member assignment and claims data, as an ongoing challenge.

- Note: The claims data needed to be cleaned-up. CINs and AMHs are unable to load NC Medicaid claims due to data quality issues.
 - Multiple AMH TAG members noted details on medication expenses.
 - AMH TAG Provider highlighted that the net costs after rebate for high dollar meds (ex: antipsychotics or biologicals) may be much lower than standard drug prices. The Preferred Drug List (PDL) results in extracting significant concessions in net price.
 - AMH TAG Plan clarified that PHPs do not get the rebates, have insight into the rebates the State receives nor receive any PDL savings. Plans pay the exact drug price established by DHB. DHB provides Plans with the State Maximum Allowable Cost (SMAC) and other rates to reimburse. No savings accrue to the health plans.
 - AMH TAG member suggests that Plans be held accountable for actual medication cost and not the irrelevant pre-rebate figure.
 - AMH TAG member suggested that every member phone number that a Plan has should be shared with Providers on the BA Files.
 - AMH TAG member highlighted that a working collaborative relationship is essential due to the lack of standard clinical data feeds.
 - AMH TAG member noted that it would be beneficial for all Plans to share Incurred But Not Reported (IBNR) data with total cost of care data reports.
- AMH TAG member suggested that the AMH TAG vote on a memorandum to DHHS that would encourage the state to mandate all Standard Plans to provide cost data. It is difficult to understand why Plans will not share this information when the standards within the VBP arrangements are directly tied to the cost analysis.
- DHHS requests AMH TAG members email written feedback or any additional information to the VBP discussion questions to Medicaid.Quality@dhhs.nc.gov by January 17th.
 - Are there additional data-related challenges that should be addressed for provider success in VBP arrangements?
 - Are the Health Plans you are contracted with sharing data across all these data categories?
 - What additional data elements would better support Provider success in VBP arrangements?
 - Are there any additional data elements, such as cost data, that would be essential to supporting shared savings arrangements?
 - What has worked well or not worked well in your data-sharing efforts with Health Plans?

PHP Risk Stratification Communication Standardization Guidance

- DHB notified the AMH TAG that the PHP Risk Stratification Communication Standardization Guidance has been successfully included in the PHP contract and published on the AMH website. It will be included in the next AMH Provider Manual update. The guidance highlights that PHPs are required to transmit a description of their risk stratification approach with AMH Tier 3 practices and CINs by March 1, 2025, and annually thereafter. Please refer to the link below for details on the required content, format, and distribution of PHPs' risk stratification approach.
 - Link: <https://medicaid.ncdhhs.gov/php-risk-stratification-communication-standardization-guidance/download?attachment>

Quality Measure Performance and Targets for the AMH Measure Set

- DHHS notified the AMH TAG of updated data available on the Advanced Medical Home (AMH) Measure Set, measures used by the department to monitor the performance of health plans across their populations and eligible for provider-level incentives by health plans. Purpose: To ensure delivery of high-quality care under the Managed Care delivery system.
- [The NC Medicaid Quality Measure Performance and Targets for the AMH measure set](#) provides baseline data and targets for health plans.
- These are plan-level targets for the AMH measures. NC Medicaid does NOT set targets for AMHs.
 - *Note: Baseline data and targets are shared as a reference for AMHs. An AMH practice (National Provider Identification (NPI) + location code) will have its own rate that may be above or below the baseline rates provided.*
- Link: <https://medicaid.ncdhhs.gov/nc-medicaid-quality-measure-performance-and-targets-amh-measure-set/download?attachment>
- Please send any questions related to the AMH measure set to Medicaid.Quality@dhhs.nc.gov.
- AMH TAG member asked if targets will be adjusted for immunizations when our new federal secretary of DHHS takes office.
- We currently have no plans to update immunization targets based specifically on the federal DHHS secretary appointment. However, 2025 withhold targets for Child Immunization Status (Combo 10) do use an alternative benchmarking approach to account for national declining trends in child immunizations. AMH TAG Member questioned how the combo 10 targets in the 2025 AMH measure tables related to the 2025 quality withhold program targets.
 - DHHS highlighted that the withhold methodology for 2025 plan level targets for combo 10 uses an adapted methodology to account for the fact that rates are

declining. However, the AMH tables provide targets for each AMH measure based on the same targeting methodology used for all the other measures and described in the Technical Specifications (105% relative improvement at the plan level). DHB will review changes that may be appropriate to the AMH targets given the updated benchmarking approach for 2025 Combo 10 withholds.

Walk-Ons / Questions from the Chat

- How do Primary Care Providers know about supports received by a patient? Can the PCP request needed supports for patients?
 - PCPs can request a copy of the Care Plan/ISP for a member on their panel who is receiving TCM from their care management agency. PCPs can use their Enrollee Reports to identify patients receiving TCM and their assigned care management agency. PCPs and their staff can work with TCM care manager and the patient/LRP to request needed supports.
 - [TCM Agencies Contact List](#)