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

Meeting #44

January 14, 2025

Agenda

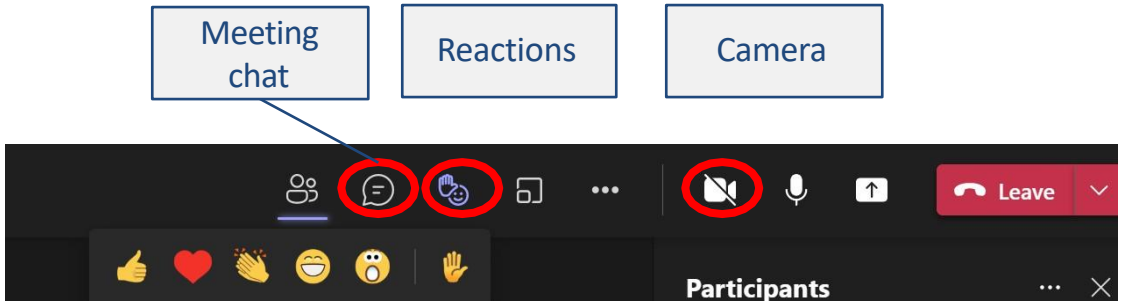
1. Welcome and Roll Call – 5 mins
2. Future of TCM / AMH+ – 20 mins
3. Data Access & Support for VBP Arrangements – 10 mins
4. PHP Risk Stratification Communication Guidance – 5 mins
5. Quality Measure Performance and Targets for the Advanced Medical Home (AMH) Measure Set – 15 mins
6. Wrap-up and Next Steps – 1 min

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
Charles Crawford, MD, MBA	*Pediatrician*, Coastal Children's Clinic	Provider (Independent)
David Rinehart, MD	*Past President,* North Carolina Academy of Family Physicians	Provider (Independent)
Richard Bunio, MD; Kimberly Reed, and Blake Few	*Representatives,* Cherokee Indian Hospital	Provider
Tommy Newton, MD, FAAFP	*Regional Medical Director,* Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer A Houlihan	*Vice President Enterprise Population Health,* Atrium Health Wake Forest Baptist	Provider (CIN)
Karen Roby and Ramin Sadeghian	*Representatives,* Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	*Director of Operations,* Carolina Medical Home Network	Provider (CIN)
Shannon Parrish	*Representative,* CHESS Health Solutions	Provider (CIN)
Tara Kinard, DNP, RN, and Lawrence Greenblatt, MD	*Representatives,* Duke Connected Care	Provider (CIN)
Jason Foltz, DO	*Chief Medical Officer,* ECU Health Physicians	Provider (CIN)
Dr. Steve Spalding	*Chief Medical 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 of Practice Support,* NC Area Health Education Centers (NC AHEC)	AHEC
Eugenie Komives, MD	*Chief Medical Officer,* WellCare of North Carolina, Inc.	Health Plan
William Lawrence Jr., MD	*Chief Medical Officer,* Carolina Complete Health, Inc.	Health Plan
Dr. Derrick Hoover	*Chief Medical Officer,* United Healthcare	Health Plan
Keith McCoy, MD	*Chief Medical Office for Behavioral Health and I/DD,* DHHS	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/

Future of TCM / AMH+

Phased Launch of Tailored Care Management Demonstrating Success

Tailored Care Management launched in December 2022 when Tailored Plan launch was delayed.

Years 1-2 (December 2022 – June 2024): Start Up and Problem Solving

The Tailored Care Management service was rolled out 19 months before launch of the Tailored Plans which significantly impacted early success of the service and provider capacity. During this initial period, TCM was challenged with:

- Confusion in the field due to the pivot from Tailored Plan launch to Tailored Care Management launch as a service
- Resolving technical assignment issues
- Poor contact information and reticence of members to engage with this new program

Years 3-4 (July 2024 – June 2026): Making the Connection to Whole-Person Care

With the launch of Tailored Plans, there is new energy and success being reported:

- Plans and CMA/AMH+ are more focused on meeting members' physical health needs in addition to their BH/IDD/TBI/SDOH needs
- There is opportunity to facilitate better coordination between TCM providers and physical health providers
- Members are more willing to engage with TCM providers – they are making the connection between TCM and TP

Tailored Care Management is Making a Real Difference for Members

Many beneficiaries receiving Tailored Care Management services have high intensity needs. The service is extremely valuable and engaged members are receiving ongoing support. On average, TCM providers are billing 4 claims across a 9-month period (October 2023 – June 2024) for members receiving services.

In future phases of work, the Tailored Care Management program will:

- Gather data to evaluate the impact of services on health needs and outcomes
- Effectively survey beneficiaries to understand member experiences
- Strengthen Tailored Care Management provider experience to deliver services most effectively and efficiently
- Understand potential workforce capacity constraints

The Department will be working with Plan partners to:

- More closely align assignment panels with community-based TCM workforce capacity
- Explore engagement strategies the Plans and community-based TCM providers can use to outreach members who have been difficult to engage
- Identify high performing community-based TCM providers and lessons learned they can share with others

Patient Story

A patient with IDD recently gave birth to her fourth child. The child was born with a genetic disorder, and the mother needs extensive help as she learns to manage her infant's needs as well as caring for the other children. Without Tailored Care Management, the care coordination services provided by Plans would be insufficient and leave her without adequate support.

Tailored Care Management is Increasing Community-Based Provider Experience and Preparedness for Value-Based Care Opportunities

Tailored Care Management is providing important investments in community-based training, capacity, and data-driven experience.

- BH and IDD providers who may have had limited experience addressing physical heath care gaps will have the opportunity for knowledge transfer and experience in supporting members to meet their health outcome goals.
- Care Management Agencies (CMA) and Advanced Medical Home Plus (AMH+) are learning to utilize population health tools, receive member claims and assignment files, risk stratify members, and support care needs.
- CMA/AMH+ providers are creating new connections with other community partners and medical providers to support members.
- Some CMA/AMH+ providers will have the opportunity to participate in incentive arrangements that reward them for effective outcomes, in addition to payments for billable services. This will increase their readiness to engage in contract arrangements further along the value-based care continuum.

Other Steps the Department is Taking to Mitigate Challenges with Tailored Care Management Model

The Department is working with Tailored Care Management providers, Plans, and AHEC to mitigate challenges to improve the effectiveness and delivery of TCM services.

Challenge: Engagement

- Conducted TCM Town Halls to share effective strategies.
- Released new TCM Toolkit for providers and members to explain the service in plain language
- Tailored Plan launch and Expansion are improving engagement and contact information for members
- Technical Assistance is being provided to primary care providers regarding Tailored Plans and TCM

Challenge: New care management teams

- Plans implementing monitoring tool and providing training/support where CMA/AMH+ need to improve
- Some plans offering new trainings for CMAs around physical health complex care management
- AHEC developing standardized chronic condition series training for BH/IDD-focused care management agencies (CMAs)

Challenge: Assignments

- The Department is developing proposed guidance to improve flexibility for Plans to make assignments to best fit CMA/AMH+ providers. Implementation expected in Q1 of CY25
- The Department is working with Plans to consider taking back members the CMA/AMH+ not successful in reaching

Challenge: Payment model

- The Department is providing guidance to Plans which will address a current gap in payment when CMA/AMH+ are serving members but a misassignment to the Plan has occurred
- Improving engagement will support existing payment model

Tailored Care Management Toolkit: https://medicaid.ncdhhs.gov/tailored-care-management/toolkit

What Trends Do the Engagement Data Show Us?

The Department is reviewing the engagement data to better understand TCM provider types that are working well, variations by Payer, and differences by population groups served.

- **No single care management model is performing significantly better than the others.** There is wide variability in engagement rates among each TCM provider type: Plan, CMA and AMH+
- **Care Management Agencies (CMAs) with the smallest assignment panels seem to perform slightly better than those with larger assignment panels**.
- **As we would expect, providers serving Innovations Waiver members have the highest engagement rates**. However, across the other population segments, we see wide variation in successful engagement rates.

Working Toward Successful Tailored Care Management

The Department is committed to the success of Tailored Care Management services to meet beneficiary needs. Our ongoing priorities to meet that goal include:

a) **Measuring the Impact of TCM on Beneficiary Utilization and Outcomes**

b) **Increasing Awareness of TCM Services among Beneficiaries and Providers**

- Developed plain language materials for members, guardians, families, and providers.
- Presenting to and engaging with provider organizations

c) **Implementing Standardized Oversight of Provider and Plan-based TCM**

Temporary TCM Payment Rate Extension

The continued temporary rate increase reflects the level of effort required by providers, based on available data on provider time and effort to date, to implement the Tailored Care Management model.

The Department will continue the current Tailored Care Management temporary payment rate of **$343.97** statewide t**hrough June 30, 2025**. Effective **July 1, 2025**, the payment rate will be **$294.86**.

The Department is not making any other changes to the payment methodology.

Tailored Care Management: How is it going?

The Department is committed to the success of Tailored Care Management services to meet beneficiary needs and to minimize provider abrasion.

Discussion:

- 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?

Please share written feedback via email to Medicaid.TailoredCareMgmt@dhhs.nc.gov.

Thank you for your Feedback!

Data Access and Support for VBP Arrangements

Identifying Key Data Elements for Provider Success in VBP

Objective: The Department is looking to identify and close gaps in the data providers have available to them to support their participation in value-based payment (VBP) arrangements, including downside-risk models.

Background Context:

- As the Department and Health Plans continue to implement VBP models, including downside risk arrangements, the ability of providers to manage care, improve outcomes, and assume financial accountability depends heavily on access to timely, actionable data.

Data Access is Critical for Provider Success in VBP

Ensuring consistent and timely access to actionable data empowers providers to improve care delivery, meet performance targets, and succeed in VBP arrangements.

Current State:

Plans are required to share certain member data with AMHs as part of the AMH program:

- Member Assignment Data
- Claims and Encounter Data
- Risk Stratification Data (Tier 3 Only)
- Initial Care Needs Screening Data
- Quality Measure Performance Data

Issue/Challenge:

- There are no standardized data-sharing requirements for non-AMH providers, or for AMH providers specific to their participation in VBP arrangements.
- This lack of standardization can hinder providers' ability to effectively meet performance targets.

Categories of Critical Data Elements

Data is needed to drive success in value-based payment arrangements.

	The What (Data)	…and Why it Matters?	Required Through Participation in AMH Program (Yes/No)
1	Member Assignment Data	Accurate member assignment data allows providers to identify and track their patient population, focus efforts on assigned members, and proactively address gaps in care.	Yes
2	Quality Measure Performance Data (including Care Gap Reports)	Providers need visibility into their performance on critical quality measures to prioritize interventions, achieve benchmarks, and earn incentives.	Yes
3	Claims and Encounter Data (Utilization)	Timely utilization data enables providers to identify high-cost, high-need patients, prevent avoidable hospitalizations, and optimize care coordination.	Yes
4	Admission Discharge and transfer (ADT) Data	Admission, Discharge, and Transfer data provide real-time insights into patient transitions across care settings, enabling providers to promptly coordinate follow-up care, reduce readmissions, and improve outcomes in value-based payment models.	Yes
5	Risk Stratification Data	Risk stratification data enables providers to identify high-risk patients, prioritize care management efforts, and target interventions to improve health outcomes and reduce costs in value-based payment arrangements.	Yes
6	Cost & Trend Data • Total cost of care by attributed population • Trend data	Cost and trend data provide providers with insights into total cost of care and spending patterns, helping them manage financial risk, identify cost-saving opportunities, and sustain success in value-based payment models.	No

Identifying Key Data elements for Provider Success in VBP

Current Challenges:

1. **Data Gaps:** Providers often report insufficient access to key data elements, such as member attribution, quality performance metrics, and cost trend analyses. This limits their ability to manage care effectively and meet performance targets.

2. **Limited Risk Management Insights:** In downside risk and other advanced VBP arrangements, providers need detailed cost and risk stratification data to accurately forecast financial implications and target high-need populations.

Discussion Question:

- Are there additional data-related challenges that should be addressed for provider success in VBP arrangements?

Discussion Questions for the AMH TAG

Key Data Categories:

1. Beneficiary Assignment Data
2. Quality Performance Data (including Care Gap Reports)
3. Beneficiary Claims and Utilization Data
4. Admission Discharge and transfer (ADT) Data
5. Cost and Risk Data
   - Total cost of care by attributed population
   - Risk stratification details and trend data

Discussion Questions:

1. Are the Health Plans you are contracted with sharing data across all these data categories?
2. What additional data elements would better support Provider success in VBP arrangements?
3. Are there any additional data elements, such as cost data, that would be essential to supporting shared savings arrangements?
4. What has worked well or not worked well in your data-sharing efforts with Health Plans?

Written Feedback

Please email your written feedback or any additional information to the VBP discussion questions to Medicaid.Quality@dhhs.nc.gov by January 17th.

PHP Risk Stratification Communication Guidance

PHP Risk Stratification Communication Guidance

Issue Description

Standard Plans and AMH/CINs reported difficulty interpreting and using risk stratification data they receive due to:

1. Variability in risk categorization (e.g., differing approaches for what qualifies as “high risk”)
2. Lack of information on how to interpret the risk categorization

Resolution Approach

The Department developed the Risk Stratification Communication Guidance to require PHPs to share descriptions of their risk stratification approaches with AMH/CINs in a standard format and manner.

Current Status

The Guidance has been successfully included in the PHP contract. The Department has published the Guidance on the AMH Website and will include it in the next update of the AMH Provider Manual. Standard Plans are required to transmit a description of their risk stratification approach with AMH/CINs by March 1, 2025, and annually thereafter.

PHP Risk Stratification Communication Requirements

Under the Risk Stratification Communication Guidance, Standard Plans are required to develop and share descriptions of their risk stratification approaches. Standard Plans would:

- ✓ Provide their descriptions to AMH/CINs (a) on an annual basis and (b) in a standard format and manner.
- ✓ As part of their descriptions:
  - Provide information on data inputs, sources, and methodology for risk stratification;
  - Explain differences in risk stratification by sub-population; and
  - Provide sufficient detail to inform AMH/CINs interpretation of risk stratification data.
- × NOT be required to standardize how they conduct risk stratification.
- × NOT be required to share proprietary or confidential information.

AMH/CINs are encouraged but not required to share descriptions of their risk stratification approaches with Standard Plans, using the same format.

Please refer to the PHP Risk Stratification Communication Guidance for the template.

Quality Measure Performance and Targets for the Advanced Medical Home (AMH) Measure Set

(MY2023 Performance & MY2025 Targets)

Updated AMH Measure Set Tables

To ensure delivery of high-quality care under the Managed Care delivery system, the Department has identified the Advanced Medical Home (AMH) Measure Set, of which measures are used by the department to monitor the performance of health plans across their populations. Health plans may use the set to monitor AMH performance and calculate incentive payments.

- ✓ The NC Medicaid Quality Measure Performance and Targets for the AMH measure set provides baseline data and targets for health plans.
- ✓ NC Medicaid does NOT set targets for AMHs.

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.

https://medicaid.ncdhhs.gov/nc-medicaid-quality-measure-performance-and-targets-amh-measure-set/download?attachment

(Same Link as Prior Years)

Please send any questions to Medicaid.Quality@dhhs.nc.gov.

High Level Takeaways – Total NC Medicaid MY2023 Performance

AMH Measure	MY2023 Change for Total NC Medicaid Performance
Cervical Cancer Screening (CCS)	+4.20%
Childhood Immunization Status (CIS) Combo 10	-4.11%
Child and Adolescent Well-Care Visits (WCV)	+3.02%
Chlamydia Screening (CHL) Total	+2.89%
Controlling High Blood Pressure (CBP)	+9.49%
Immunizations in Adolescents (IMA) combo 2	+0.10%
Plan all Cause Readmissions (PCR)	
Timeliness of Prenatal Care (PPC)	+2.06%
Postpartum Care (PPC)	-0.08%
Well-Child visits in the First 15 Months (W30)	+1.98%
Well-Child visits in 15-30 Months (W30)	+2.23%

Performance Improved from MY2022 ***Performance Remained the Same*** ***Performance Worsened from MY2022***

Note: Measures CDF, HBD, and TCOC excluded from this table due to lack of reliable/complete data

High Level Takeaways – SP Aggregate Medicaid Performance

AMH Measure	MY2023 Change for Total NC Medicaid Performance
Cervical Cancer Screening (CCS)	+4.63%
Childhood Immunization Status (CIS) Combo 10	-1.33%
Child and Adolescent Well-Care Visits (WCV)	+3.17%
Chlamydia Screening (CHL) Total	+3.28%
*Controlling High Blood Pressure (CBP)**	+11.72%*
Immunizations in Adolescents (IMA) combo 2	+0.60%
Plan all Cause Readmissions (PCR)	-0.02
Timeliness of Prenatal Care (PPC)	+1.25%
Postpartum Care (PPC)	+1.66%
Well-Child visits in the First 15 Months (W30)	+3.42%
Well-Child visits in 15-30 Months (W30)	+1.71%

Performance Improved from MY2022 ***Performance Remained the Same*** ***Performance Worsened from MY2022***

***This rate is an administrative calculation, but this measure requires clinical data in the form of blood pressure values. While substantial progress has been made in collecting more complete data, administrative data used to calculate this measure is not complete and therefore this measure may not be an accurate representation of overall performance.

Note: Measures CDF, HBD, and TCOC excluded from this table due to lack of reliable/complete data

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, February 11th, 2025 4-5PM
Tuesday, March 11th, 2025 4-5PM

Potential Upcoming AMH TAG Topics

- VBP Arrangements
- Quality Strategy
- Withhold Program Updates

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