North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #35 (Conducted Virtually) January 9, 2024, 4:00 PM ET

AMH TAG Members in Attendance:

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Mission Health Partners
- Carolina Medical Home Network
- Emtiro 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
- Community Care Physician Network
- Atrium Health
- Children First of North Carolina

Speakers	Title
Daniel Kimberg	Interim Managing Director, NC Integrated Care for Kids (NC InCK)
Elizabeth Kasper	Senior Advisor, Care Delivery and Payment Reform
Kristen Dubay	Chief of Population Health
Sarah Gregosky	Chief Operating Officer

Agenda

- Welcome and Roll Call (5 minutes)
- InCK Housing Strategy (15 minutes)
- Care Management Rate for Expansion Members (5 minutes)
- Performance Targets for AMH Measure Set (5 minutes)
- Downside Risk Contracts (5 minutes)
- Updates/Discussion- Medicaid Expansion (10 minutes)
- Updates/Discussion- LME/MCO Consolidation (15 minutes)
- Wrap-Up and Next Steps (5 minutes)

InCK Housing Strategy

- NC InCK provided an overview of the program's housing strategy, including the development of a workflow to foster collaboration between PHP housing specialists and InCK care managers and the use of a housing instability screening measure in the alternative payment methodology.
- NC InCK shared lessons learned from the referral process to PHP housing specialists, including:
  - Housing specialists have strained capacity
  - Housing specialists are most helpful to families when they are able to provide local context and detailed information on housing resources
  - Involvement of care managers made it easier for PHP housing specialists to reach referred families, compared to families that self-refer to PHP housing specialists

Care Management Rate for Expansion Members

- DHB shared that new guidance has been released with updated information about the care management component of capitation payments to Standard Plans (SPs) that includes consideration for Medicaid Expansion members.
  - For the Expansion population, on average, $13.65 per member per month (PMPM) is the assumed cost of delivering care management in accordance with DHHS's requirements, compared to $10.17 for non-Expansion populations for State Fiscal Year 2024 (July 1, 2023-June 30, 2024)
  - The assumed cost is higher for Expansion members because the population is expected to be higher acuity, and many children (lower acuity / cost) are in the non-Expansion population
- These rates are not required by DHHS; there are no minimum care management fees and DHHS expects SPs and providers to negotiate care management fees.
- DHB developed two separate rates (one for Expansion and one for non-Expansion members) due to the variation in the number of Expansion members a provider may serve, but SPs may implement this as a single rate change.
- An AMH TAG member asked how DHB is tracking attribution between Expansion and non-Expansion members.
  - DHB shared the series of eligibility codes that associate with the expansion population:
    - MXPNN – Adult Medicaid Expansion, Categorically Needy
    - MXPGN – Adult Medicaid Expansion, Categorically Needy Qualified Alien
- An AMG TAG member shared that the full care management assumed cost is not often passed along to providers through care management fees, and that negotiating with SPs is leading to administrative burden.
- An AMH TAG member suggested that attribution of children and families should be done at the provider level, and if the provider no longer contracts with their SP, the family should be able to stay with their provider instead of staying with their health

plan. They also suggested that some PHPs are not appropriately paying providers in rural communities for care management.
    - DHB noted that plan-level assignment is part of the managed care system, and shared that they will work with plans to review and monitor how state investments are being used in an effort to improve outcomes for members
- An AMH TAG member shared that it may be challenging to renegotiate new care management fees with PHPs because the updated cost assumptions were released off-cycle from the contracts.
    - DHB shared that they intend to move to a regular cadence of sharing care management rate schedules in the future
- An AMH TAG member asked how DHB is monitoring and reporting on network adequacy.
- An AMH TAG member shared that PHP financial reconciliation reports are critical for providers managing care management fees and quality incentive payments and suggested quarterly reports be shared with providers.
- An AMH TAG member shared their concerns that PHPs are not attributing properly and that CINs are not receiving full care management fees, and asked if there is an audit process to make sure their lists are aligned.
    - DHB is engaging their EQRO to conduct this audit process

Performance Targets for AMH Measure Set

- DHB shared the new AMH measure set that includes performance targets for PHPs (these are not targets for AMHs).
- DHB expects that AMH targets will be negotiated between the PHP and AMH.

Downside Risk Contracts

- DHB confirmed that providers are not required to participate in risk-based contracts as part of the AMH program.
- DHB also reiterated that AMH Tier 3 care management PMPM fees cannot be placed at risk
- There are no requirements for the percent of PHP contracts with providers that must be in downside risk arrangements.
- An AMH TAG member asked if there is a summary environmental scan of current VBP arrangements used by PHPs that can be shared. The member also asked if DHB plans to publish reports about the MLR performance of each PHP.
    - DHB will look into what can be shared at a summary level on VBP arrangements across plans and will get back regarding whether or not there is a report with MLR information.

Updates/Discussion- Medicaid Expansion

- DHB shared that over 300,000 beneficiaries have been enrolled through Medicaid Expansion, and that the e14 Waiver extending child eligibility for 12 months went into effect in December.
- DHB shared the Medicaid Expansion dashboard.
- An AMH TAG member asked how long the e14 Waiver will last; DHB shared that it will continue through the end of December 2024.
- An AMH TAG member shared feedback that Medicaid Expansion has largely gone smoothly, and providers are happy to be seeing entire families rather than just children, but noted some pediatric practices continue to be assigned Expansion members up to age 24.

Updates/Discussion- LME/MCO Consolidation

- DHB shared an overview of the LME-MCO consolidation, updating the group that the approved consolidation of Eastpointe and Trillium will go into effect on February 1, 2024.
- LME-MCOs are working on provider outreach and expanding their Tailored Plan (TP) networks in advance of the July 1, 2024, launch.
- DHB has implemented policy flexibilities to ensure out of network providers can continue to offer services, similar to flexibilities offered at the launch of SPs.
- An AMH TAG member asked how network adequacy will be assessed for the merger, noting that there is a short timeframe for practices to sign new contracts. They also asked whether prior authorizations apply to pre-approved EPSDT services. DHB agreed to follow up on questions related to EPSDT services through Trillium.