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

Meeting #35

January 9, 2024

Agenda

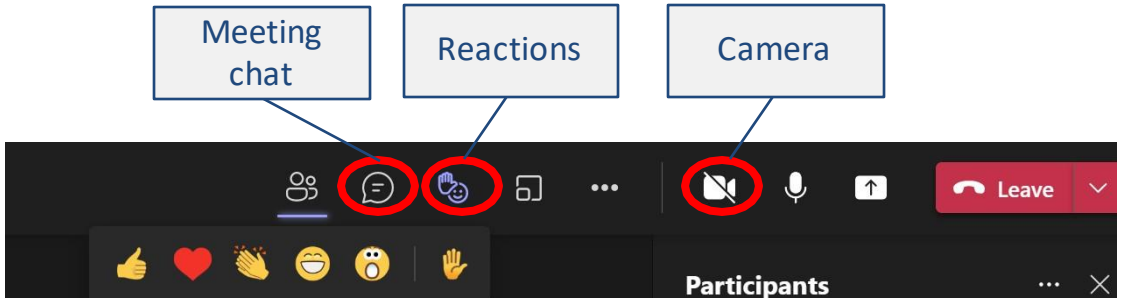
1. Welcome and Roll Call - 5 min
2. NC InCK Housing Strategy - 15 min
3. AMH Program Updates and Reminders - 10 min
4. Medicaid Expansion Updates - 10 min
5. LME/MCO Consolidation Updates - 15 min
6. Wrap-up and Next Steps - 5 min

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	Executive Clinical Director, Cherokee Indian Hospital	Provider
Gregory Adams, 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)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	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
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC Area Health Education Center (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, and Atha Gurganus	United	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
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.



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 need to support these AI tools.
Thank you for your cooperation.

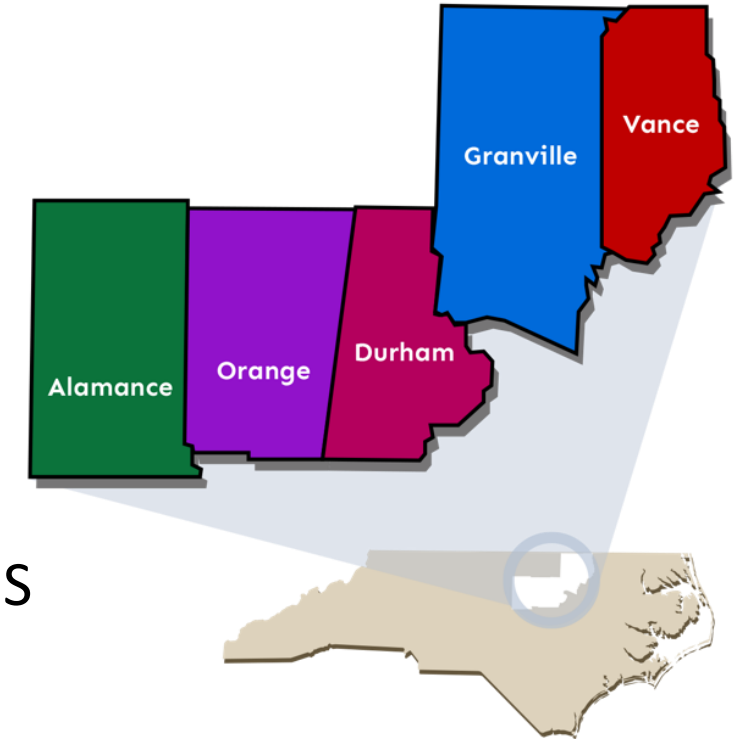
NC InCK Housing Strategy

Lessons Learned from NC InCK Referrals to PHP Housing Specialists

NC InCK
NC INTEGRATED CARE FOR KIDS

NC InCK: A General Overview

- One of 7 CMS InCK model awardees
  - $17M, 7-year demonstration grant
- **NC InCK**
  - ✓ Medicaid-insured children
  - ✓Birth through 20 years
  - ✓5 NC counties (N~100,000 children)
- **Lead organizations**: Duke, UNC, NC DHHS
- **Three key components:**
  - Risk stratification to identify needs
  - Care management model
  - Alternative payment model



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www.ncinck.org | @NC_InCK

InCK Core Child Services

- Physical and Behavioral Health
- Early care & education
- Housing
- Food
- Schools
- Title V- Maternal and Child Health
- Child welfare
- Mobile Crisis Response Services
- Juvenile Justice
- Legal Services

The Housing Instability Crisis

- Housing instability has increased across North Carolina since the end of the COVID public health emergency. There are insufficient resources to address this critical need
- Cross-sector partners frequently report housing instability negatively impacts the health and well-being of the children they serve
- An estimated **10-20% of InCK-eligible families face housing instability yearly**. This instability exacerbates issues like food insecurity, educational instability, physical & mental health issues, and child welfare involvement

Navigating the housing resource landscape to assist housing-insecure families requires time, expertise, and local knowledge

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Effective Strategies to Address Housing Instability

Effective Strategy		NC Medicaid's Incorporation of Strategy
Understanding Need: screening for housing instability[1]	→	PHPs are asked to screen beneficiaries for housing instability.
Intensive Case Management: support in housing search, application completion, legal and financial resources[2]	→	Each PHP is required to employ a Housing Specialist to assist members who are homeless in securing housing.
Direct Funds to Support Housing Expenses: rental assistance, security deposit, utilities[3,4,5]	→	PHPs have flexibility to provide funds for housing-related needs.
Access to Legal Support: eviction prevention, foreclosure avoidance, and repairs to housing[6]	→	Contract language encourages PHPs to develop Medical-Legal Partnerships (MLPs) to support beneficiaries.

CIN Care Manager Referral Pathway to PHP Housing Specialists

- PHP Housing Specialists cannot provide intensive case management directly but can provide valuable resource information to care managers working with families
- In collaboration with Housing Specialists, NC InCK designed a referral form for CIN-based InCK care managers to connect families to PHP Housing Specialists
- A Housing Workflow for InCK Care Managers was also developed to foster collaboration between InCK CMs and Specialists
- 46 referrals have been made to date since launch in June ‘23

Note: The InCK APM includes a measure to screen for housing instability. Participating providers are interested in piloting the referral process for all families who screen positive for housing instability. Housing Specialist capacity limitations are a barrier to opening the referral process to providers beyond InCK care managers.

Lessons Learned from Referral Process

- Referral form connects families & non-PHP care managers to HSs much more quickly and easily than calls to Member Benefits
- Involvement of InCK care managers makes it easier for HSs to reach referred families by phone compared to calling families who self-refer via Member Services
- Housing Specialists work extremely hard to address all referrals timely, but housing resource landscape is challenging (esp. post-COVID PHE)
- Families receive unequal housing support depending on assigned PHP
  - Families insured by WellCare or Healthy Blue can receive funds to support needs like rent and utilities
  - Families insured by the three other PHPs do not have access to funds

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Lessons Learned from Referral Process

- Significant capacity constraints due to 1-2 Specialists serving entire state
  - Some HSs also have other roles w/in PHP, e.g. serving as SDOH Coordinator
- Capacity limitations prevent most HSs from researching/sharing the local housing resources that care managers/families need most
  - Resources shared by HSs are often repetitive of what CMs have already shared
  - Other PHP team members, e.g. CHWs, may have capacity to assist; coordination is easier if referring CM is internal to PHP, however
- Available resources are often reactive, not proactive. Even these are very limited!
  - Resources to PREVENT homelessness (esp. rent assistance) and address unsafe housing conditions (e.g. mold, pest issues) are insufficient or completely absent
  - Many resources are only available to families after losing housing…but evictions affect families' credit ratings and rental history, making it even harder for them to get re-housed

Addressing Housing Need: A Real-World Example

An InCK care manager identified a family's housing need during initial intake. Mom reported that she and her three kids were **at risk of eviction** due to their landlord raising the rent beyond the amount of their current housing choice voucher agreement. Mom had recently lost her job and **could not afford the rent increase**; she was also **behind about $1000 on her electricity bill**. Mom was also experiencing **mental health challenges**, and the family was suffering from **food insecurity** due to reduced SNAP benefits.

The care manager referred the family to a CCH Housing Specialist for assistance. The HS provided a **list of emergency resources** for the family to contact to find help paying for utilities and other essentials. The care manager also worked to **connect mom to Legal Aid** to assist with potential eviction proceedings. While the **emergency resources from CCH did not resolve the housing need, they helped reduce other financial stressors**. Additionally, having valuable resources to offer to the family **helped the care manager build trust and rapport with them.**

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Opportunities to Increase Housing Specialists' Effectiveness

Area 1: Increase the number of Housing Specialists at every PHP so Housing Specialists can provide robust support and understand local housing resources and infrastructure.

Area 2: Offer cash-based VABs that directly support **maintenance of existing housing**, e.g. funds to cover rental payments, security deposits, and utility bills. VABs should be available to all members **or their caregiver or guardian** if member is a minor.

Area 3: Collaborate with NC DHHS and NC 2-1-1 to **improve quality & quantity of local housing resources in NCCARE360** (and/or establish **cross-PHP collaboration** to collect and share high-quality local housing info). Prioritize info about housing complexes, application processes/fees, waiting lists, and landlord contact name/numbers. Info about landlords who are less strict about credit/criminal history is also helpful.

Area 4: Upon increasing number of Housing Specialists, designate one at each plan to **serve HOP regions.** Following a referral pathway and workflow similar to InCK's, the HOP Care Manager will have access to a housing expert for support and the Housing Specialist's work can strengthen the health plan's connections with HSOs serving members.

References

1. Anderst A, Hunter K, Andersen M, Walker N, Coombes J, Raman S, Moore M, Ryan L, Jersky M, Mackenzie A, Stephensen J, Williams C, Timbery L, Doyle K, Lingam R, Zwi K, Sheppard-Law S, Erskine C, Clapham K, Woolfenden S. Screening and social prescribing in healthcare and social services to address housing issues among children and families: a systematic review. BMJ Open. 2022 Apr 29;12(4):e054338. doi: 10.1136/bmjopen-2021-054338. PMID: 35487725; PMCID: PMC9058796.

2. Bovell-Ammon A, Mansilla C, Poblacion A, Rateau L, Heeren T, Cook JT, Zhang T, de Cuba SE, Sandel MT. Housing Intervention For Medically Complex Families Associated With Improved Family Health: Pilot Randomized Trial. Health Aff (Millwood). 2020 Apr;39(4):613-621. doi: 10.1377/hlthaff.2019.01569. PMID: 32250672.

3. Fischer, W., Rice, D., Mazzara, A. Research Shows Rental Assistance Reduces Hardship and Provides Platform to Expand Opportunity for Low-Income Families. Center on Budget and Policy Priorities. December 2019. Found at: https://www.cbpp.org/research/housing/research-shows-rental-assistance-reduces-hardship-and-provides-platform-to-expand

4. Williamson ,A. (2021). Security deposits are a barrier to affordable housing: what can be done? Shelterforce June 1. https://shelterforce.org/2021/06/01/security-deposits-are-a-barrier-to-affordable-housing-what-can-be-done/

5. Airgood-Obrycki, W., The Short Term Benefits of Emergency Rental Assistance. June 2022. https://www.jchs.harvard.edu/sites/default/files/research/files/harvard_jchs_short_term_era_benefits_airgood-obrycki_2022.pdf

6. Mary M. O'Sullivan, Julie Brandfield, Sumedh S. Hoskote, Shiri N. Segal, Luis Chug, Ariel Modrykamien & Edward Eden (2012) Environmental Improvements Brought by the Legal Interventions in the Homes of Poorly Controlled Inner-city Adult Asthmatic Patients: A Proof-of-Concept Study, Journal of Asthma, 49:9, 911-917, DOI: 10.3109/02770903.2012.724131

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AMH Program Updates and Reminders

Care Management Rate for Expansion Members

Care Management Rate for Expansion Members

NC Medicaid is releasing updated information about the care management component of capitation payments to Standard Plans, to include consideration for Medicaid Expansion.

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).

Why?

- Expansion population is assumed to be a higher acuity population.
- Non-Expansion population is comprised of a large population of lower acuity TANF children compared to Expansion, which is limited to people aged 19-64

Care Management Rate for Expansion Members

Important: These rates are not required

- These rates reflect the assumptions built into plan capitation rates and are NOT required by the Department.
- This information is based on a set of assumptions about care manager staffing ratios by care management need level and qualifications. Care teams will vary in how they are staffed according to the needs of individual members and assigned panels.
- The Department has not established minimum care management fees and maintains the expectation that Standard Plans and practices will arrive at mutually agreeable rates that are commensurate with the intensity and breadth of the care management being provided.

Care Management Rate for Expansion Members

- AMH Tier 3 practices are expected to comply with the requirements outlined in the Department's Advanced Medical Home Manual
- The Department expects Standard Plans to monitor AMHs against program requirements and work with them to improve care management access and services for members
- The Department is exploring ways to further improve monitoring and stewardship of care management program funds in coordination with Standard Plans

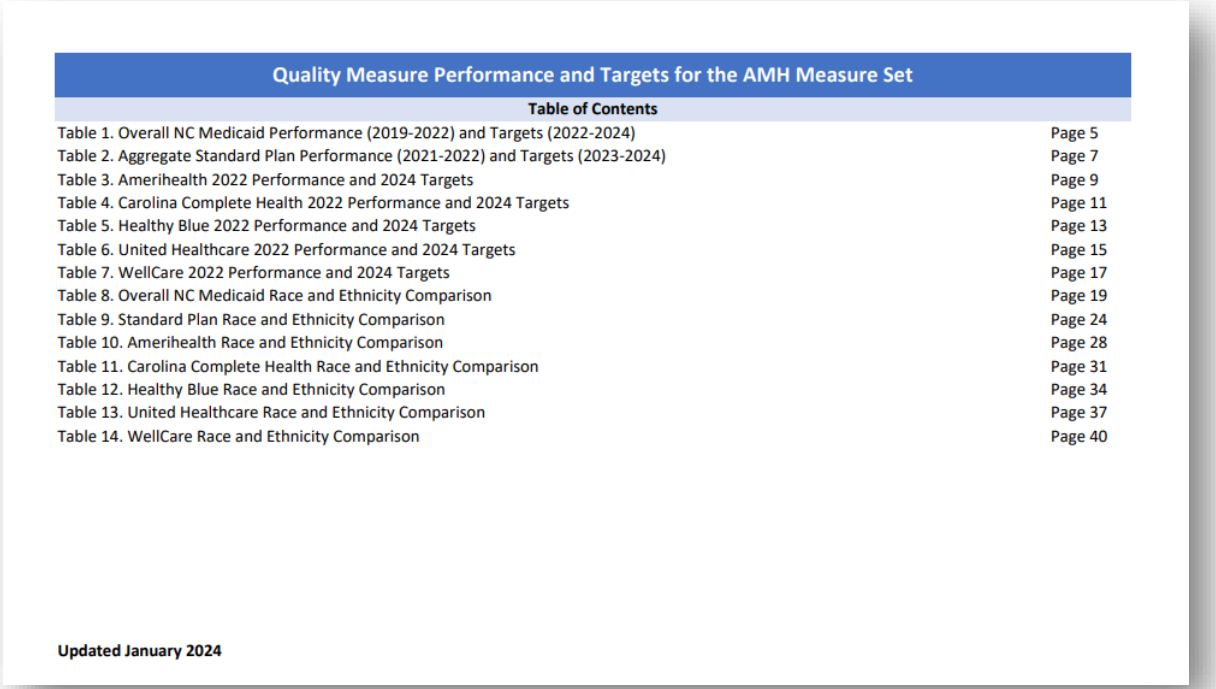
Care Management Rate for Expansion Members

- The Department is providing information on two separate rates (expansion and non-expansion) due to expected wide variation in the number of expansion members served by providers
- PHPs may choose to implement care management payments as a single blended rate
- An updated memo with further details will be posted to the AMH webpage and released publicly in the coming days
- The memo and rate assumption details have also been shared with Standard Plans

Quality Measure Performance and Targets for the AMH Measure Set

Performance and Targets for the AMH Measure Set

- An updated *Quality Measure Performance and Targets for the AMH Measure Set* document has been published online, available here: https://medicaid.ncdhhs.gov/nc-medicaid-quality-measure-performance-and-targets-amh-measure-set/download?attachment
- This document provides baseline data for measures in the AMH Measure Set and targets for health plans



Quality Measure Performance and Targets for the AMH Measure Set

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Updated January 2024

<u>REMINDER</u>: NC Medicaid does NOT set targets for AMHs. An AMH practice (National Provider Identifier (NPI) + location code) will have its own rate that may be above or below the baseline rates provided. AMHs should negotiate target performance rates with Health Plans directly.

Additional context and reference to the document can be found on the NCDHHS Advanced Medical Home Webpage and the NCDHHS Quality Management and Improvement Webpage

Downside Risk Contracts

Downside Risk Contracts from PHPs

The Department has heard confusion from providers about requirements to engage in risk-based arrangements with Medicaid PHPs

<u>As a reminder:</u>

- Providers are not required to participate in risk-based contracts as part of the Advanced Medical Home program
- The AMH 3 care management PMPM payment cannot be placed at risk
- There are no current contractual requirements from the Department for the percent of each Standard Plan's contracts with providers that must be in downside risk arrangements.

The Department has urged PHPs to communicate this to providers when offering contracts with risk-based components

Further information on the AMH Program can be found at:
https://medicaid.ncdhhs.gov/advanced-medical-home

Medicaid Expansion Updates

Medicaid Expansion

- **As of Thursday, January 4, 2024:**
  - **304,727 beneficiaries** are enrolled in Medicaid Expansion
  - e14 waiver extending child eligibility for 12 months began in December, allowing counties to focus on Adult recertifications and new applications for Medicaid
  - Call volumes at all call centers have stabilized

Visit **Medicaid.nc.gov** to learn more

NC Medicaid Expansion Enrollment Dashboard

Last Update on December 1, 2023
Updated Monthly

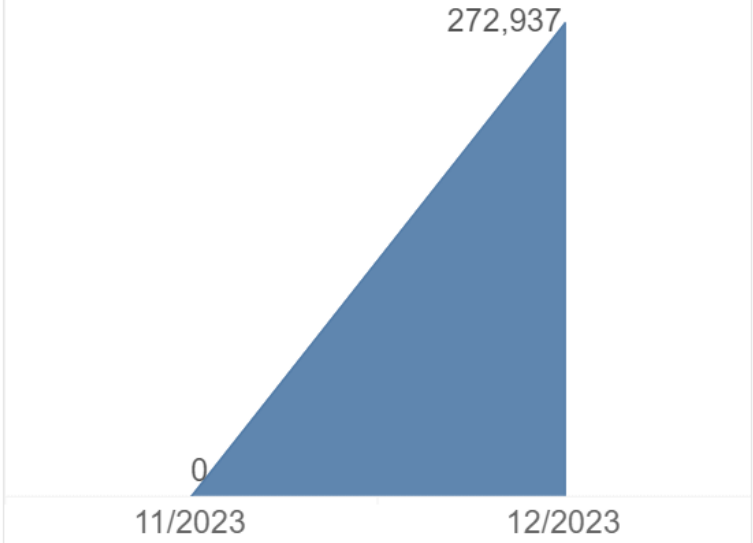
NC Medicaid Expansion Enrollment as of December 1, 2023: **272,937**

Note: Enrollments processed after December 1st are not reflected in this dashboard.

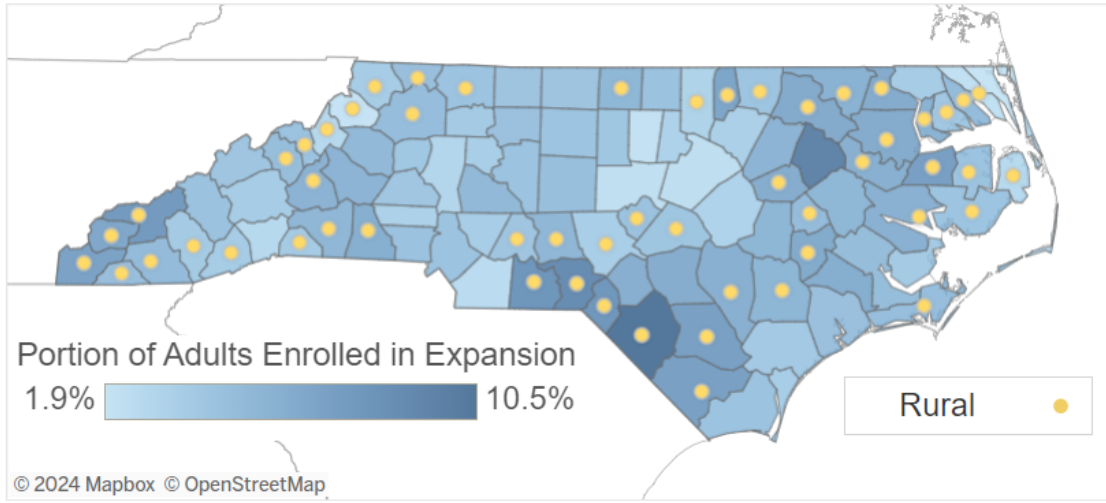
This dashboard shows the number of people eligible for NC Medicaid only through expansion coverage.
The charts can be viewed by health plan, demographics, and/or county by using the filters below.
Note: For privacy reasons, categories and/or charts with counts less than 11 will not display.

Health Plan	Age Group	Sex	Ethnicity	Race	Rurality	County
(All)	(All)	(All)	(All)	(All)	(All)	(All)

NC Medicaid Expansion Enrollment Trend



Portion of Adults (19-64) by County Enrolled in NC Medicaid Expansion



The OSBM determination of rural and urban is used for reporting. Fifty-four NC counties are classified as rural, and forty-six NC counties are classified as urban.
https://www.osbm.nc.gov/facts-figures/population-demographics/state-demographer/countystate-

NC Medicaid Expansion Enrollment Dashboard, January 2024

LME/MCO Consolidation Updates

LME/MCO Consolidation

Guiding Principles

1. What is best for the people we serve and for the providers who deliver services?
2. What will promote the value of whole-person care and move us to tailored plans faster?
3. What will reduce complexity, create less disruption, and make things easier for everyone involved?

Secretary's Directive (11/1)

- Sandhills Center will be dissolved and Eastpointe will be the surviving entity with all counties in the Sandhills Center catchment area aligned to Eastpointe except as follows: Davidson counties will align with Partners Health Management; Harnett County will align with Alliance Health; and Rockingham County will align with Vaya Health.
- Eastpointe shall consolidate with Trillium Health Resources. DHHS has approved the consolidation agreement between the 2 entities.
- Consolidation is effective on 2/1/2024.

DHHS has released FAQs on consolidation for providers and beneficiaries

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 2024 Meetings
Tuesday, February 13, 2024 4:00-5:00 PM
Tuesday, March 12, 2024 4:00-5:00 PM
Tuesday, April 9, 2024 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- NC Medicaid Quality Fact Sheet Series
- NC Medicaid alignment with CMMI's Making Care Primary (MCP) Model
- PHP/TP Guidance for Provider Patient Termination