

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #29 (Conducted Virtually)

July 11, 2023, 4:00 PM ET

Attendees:

Name	Organization
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital
Amy Russell, MD	Medical Director Mission Health Partners
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network
Tammy Yount (for Joy Key, MBA)	Director of Provider Services Entiro Health
Tara Kinard, RN, MSN, MBA, CCM, CENP)	Associate Chief Nursing Officer Duke Population Health Management Office
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
Carol Stanley, MS, CPHQ	Director, Center for Quality Improvement and Practice Support
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.
Robert Rich, MD, and Atha Gurganus	United
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member
Chris Magryta, MD	Chairman Children First of North Carolina
NCDHHS Staff and Speakers	Title
Dr. Shannon Dowler, MD, FAAFP, CPE	Chief Medical Officer, NC Medicaid

Agenda

- Welcome and Roll Call
- Tailored Plan Update
- NCQA Health Plan Accreditation Update
- TCM for Non-TCM Providers
- TCM Resources
- Q&A
- Wrap-up and Next Steps

Tailored Plan Update

- Tailored Plan launch is being delayed and the press release went out earlier today. Timing challenges are due to budget delay and concerns around network adequacy.
- July is the first month where enrollees are losing coverage due to the continuous coverage unwinding. Many members have not responded and the concern is that they may not fully understand the implications. All teams should work to ensure that enrollees update their information, keep an eye out for letters and follow-up to avoid losing coverage.
- An overview will be shared on the Center for Medicare & Medicaid Innovation (CMMI) Making Care Primary (MCP) model next week during the Back Porch Chat.
- NC is hosting a congenital syphilis care summit, which will be a multi-payer collaborative across southeastern states to address growing cases in the region.

NCQA Health Plan Accreditation Update

- DHHS shared a planned solution for discussion related to a conflict in requirements between the National Committee for Quality Assurance's (NCQA) Health Plan Accreditation for Standard Plans ("PHPs" and delegated care management programs).
- DHHS required PHPs to perform or delegate care management functions. In addition, DHHS requires PHPs to achieve NCQA's Health Plan Accreditation by PHP Contract Year 4 (2025).
- In certain cases, PHPs must delegate required functions, such as care management, to providers that are not required to follow NCQA standards. Instead, the Department requires these providers to implement different care management processes tailored to local needs.
- The Department has worked with NCQA to develop a policy whereby NCQA will deem Population Health Management activities related to oversight of care management performed by delegated entities 'not applicable' for select functions. This policy will be in place until SP accreditation is complete in 2025.
- NCQA will only review PHM activities for eligible members where the PHP directly (rather than through a delegated entity) identified the need for complex care management *and* directly oversaw the member's care management through the end of the year.

- North Carolina will release guidance prohibiting PHPs from performing audits or other monitoring activities of entities to which they delegate care management functions for requirements enumerated in the NCQA PHM 5 module (in previous slides) as part of Health Plan Accreditation.
- Standard Plans may continue to monitor delegated entities' care management activities against other care management or program requirements (e.g., Advanced Medical Home care management requirements).
- This approach will be implemented by a contract update during the next available amendment (January 2024) as well as communication in writing to plans and providers prior to the amendment.
- *Discussion on NCQA Update*
 - An AMH TAG member inquired whether PHPs been given direction around auditing and evaluation of AMH Tier 3 entities that are vs are not NCQA certified. The Department will continue to think about how to support plans and providers without additional burden.
 - AMH TAG members inquired about the frequency of audits and the Department will have additional conversations with the plans about it.
- Please contact Giovanna Cloney (giovanna.cloney_acn@dhhs.nc.gov) and Anna Wadhvani (anna.wadhvani@dhhs.nc.gov) with any follow-up comments or questions about NCQA Health Plan Accreditation.

TCM for Non-TCM Providers and TCM Resources

- Tailored Care Management is built around the 6 core Health Home services: Comprehensive care management, care coordination, health promotion, comprehensive transitional care/follow-up, individual & family support, and referral to community and social support services.
- Care managers serve individuals enrolled in NC Medicaid Direct who would otherwise be eligible for a Tailored Plan if not for belonging to a group delayed or excluded from managed care. They also serve all LME/MCO members eligible for Tailored Plans including individuals enrolled in the 1915(c) Innovations and TBI waivers.
- Tailored plan beneficiaries can choose among three approaches for delivery of Tailored Care Management. The approaches are: 1) "AMH+" Primary Care Practice - practices must be certified by the Department to provide TCM; 2) Care Management Agency (CMA) - organizations eligible for certification by the Department as CMAs include those that provide BH or I/DD services; or 3) Tailored Plan-Based Care Manager
- The Tailored Plan will act as the Health Home and be responsible for meeting federal Health Home requirements.
- Under TCM, members will have a single care manager who will be equipped to manage all of members' needs, spanning physical health, behavioral health, I/DD, TBI, pharmacy, LTSS, and unmet health-related resource needs.
- Tailored Care Managers may be an Advance Medical Home Plus (AMH+), Care Management Agency (CMA), or provided through the beneficiary's health plan.
- All Tailored Plan Members are eligible for Tailored Care Management, including individuals enrolled in the 1915(c) Innovations and TBI waivers. Individuals enrolled in Medicaid fee-for-

service (e.g. dual eligibles) will also have access to TCM, if they otherwise would be eligible for Tailored Plan if not for belonging to a group delayed or excluded from managed care.

- The following services are duplicative of TCM and an individual will not be allowed to receive both simultaneously: Case management provided through Assertive Community Treatment (ACT), Case management provided through Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IIDs), Care management provided through the High-Fidelity Wraparound program, and Care Management for At-Risk Children (CMARC).
- The Advanced Medical Home NC Medicaid Direct/NC Medicaid Managed Care Primary Care Provider Enrollee Report contains information on members assigned to Primary Care Providers (PCPs) in Medicaid Direct and Managed Care. The Enrollee Report has been updated to include members assigned to TCM providers and it allows PCPs to know their assigned member list. The Enrollee Report is delivered each month to the NC Tracks Secure Provider Portal Message Inbox.
- *Discussion*
 - AMH TAG members discussed outreach from Tailored Care Managers and their engagement with them:
 - Some pediatric practices have attempted to engage with their patient's assigned Tailored Care Manager and have encountered barriers. Examples include lack of response by TCM entity or request for HIPAA waivers to receive information.
 - Some PCPs have attempted to make referrals to the LME/MCO and have been told they are not doing Tailored Care Management at this time.
 - In some cases, TCM providers have tried to reach out to PCPs and have found out that PCPs are not aware of them or will not speak to them.
 - The Department is looking for strategies to help bridge the gap between Tailored Care Management teams and PCPs. The Department requests AMH TAG members to submit examples and strategies to the Ombudsman.

Q&A, Wrap-up and Next Steps

- Q&A
 - AMH TAG members noted that the process for PCPs and health plans to move patients across Standard Plans to better fit patient needs is currently time-consuming and cumbersome. Challenges include that only members can initiate plan changes and all the family members are not on a single form.
 - AMH TAG members noted that questions have come up from AMHs regarding technical specifications on the redetermination process. There were also questions on beneficiary coverage and avoiding disruption to finances. Carol Stanley will send the Department questions about unwinding to prepare for a future discussion where AMHs can learn more.
- The next AMH TAG meeting will take place on Tuesday, August 8, 2023 from 4:00-5:00pm EST.
- Potential upcoming AMH TAG Topics
 - Updates to Quality Measure Technical Specifications
 - Standard Plan Workaround for Interim Care Gap Reporting
 - Standard Plan Withholds Program