

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #39 (Conducted Virtually) June 11, 2024

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
- Carolina Medical Home Network
- Duke Population Health Management Office
- MCAC Quality Committee Member
- 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
- Children First of North Carolina

| NC DHHS Staff and Speakers Name | Title |
|--|---|
| Liz Kasper | Care Delivery and Payment Reform Senior Advisor |
| Madison Schaffer | Quality Measurement Evaluator |
| Deanna Williams | Survey Evaluator |

Agenda

- Making Care Primary
- Care Management Rates Update
- Withhold Measure Nominations
- Prenatal and Postpartum Care (F-Codes)
- Provider Survey Participation

Making Care Primary

- DHHS shared information on proposed initial alignment with the Making Care Primary (MCP) model, including:
 - Background on the Medicare MCP model and North Carolina’s selection as a participating state in 2023
 - Information on existing alignment between NC Medicaid’s primary care programs, including the Advanced Medical Home (AMH) program, and the Medicare MCP model

- Community partner feedback on NC Medicaid alignment with the Medicare MCP model
- DHHS shared that its initial step to aligning with MCP will be through a standardized AMH incentive model, addressing variation in value-based payment (VBP) models that providers are offered in health plan contracts.
- DHHS confirmed that the Medicare MCP model launches on July 1, 2024, but NC Medicaid's initial aligned approach will launch no earlier than July 2025.
- AMH TAG members expressed support for the idea of an aligned incentives model across health plans, noting challenges providers face in managing varied care goals across VBP models.
- AMH TAG members shared that foundational challenges with assignment persist, which will affect attribution for an incentive model.
 - DHHS recognized these challenges persist, and noted efforts to address assignment are ongoing.
- An AMH TAG member asked if the State Transformation Collaborative (STC) will influence the targets and incentives.
 - DHHS confirm that the STC multi-payer alignment efforts will be considered in designing the AMH incentives model.
- An AMH TAG member suggested that DHHS consider how commercial duals are counted in numerators and denominators for the purposes of calculating performance.
 - DHHS shared that the aligned AMH incentive model will be prescriptive about attribution for the purposes of calculating performance.
- An AMH TAG member suggested DHHS develop simplified materials to support provider education on new policies such as MCP alignment.

Care Management Rates Update

- DHHS published an updated [care management rate memo](#). In SFY 2025 capitation rates, a \$10.66 per member per month payment is built in for care management staffing needs.
 - DHHS reminded the group that the care management rate is not required in contracts between Standard Plans (SPs) and AMH Tier 3 practices, but rather that the care management fee is negotiated between these providers and SPs.
 - The updated memo does not distinguish between rates for Medicaid Expansion and non-Expansion members, as the previous memo did.
 - With additional adults through Medicaid Expansion members, the Department assumes an increased percentage (23%) of beneficiaries will receive care management. A small increase from the previous assumption of 22%.

Withhold Measure Nominations

- DHHS reminded the group it is seeking nominations for withhold measures for Year 3 of the SP withhold program (2026), and that the deadline for nominations is June 21st.
 - DHHS shared the [submission form](#) for nominations.

- In the Fall, DHHS will discuss potential measures with stakeholders, and in January 2025 the new measures for Year 3 (2026) will be published in the annual quality technical specifications manual.

Prenatal and Postpartum Care (F-Codes)

- DHHS added two new F codes to the NC Medicaid clinical policy in an effort to address historical underperformance on prenatal and postpartum care quality measures.
 - DHHS analyzed performance and found that in many instances, prenatal and postpartum care were not being captured in claims and encounter data when global billing codes were used.
- The new billing requirements to use F codes for these services will go into effect July 1, 2025.
 - Beginning July 1, 2025, delivery charges will be denied if the 0500F code is not billed.
- DHHS will be sharing information on the new F code policy at stakeholder convenings throughout the Summer and Fall; and will publish a fact sheet and FAQs on the topic.
- The policy has been published for Medicaid Direct claims, and the Health Plan billing guide will be updated in advance of July 1, 2025.
- An AMH TAG member asked how S codes for pregnancy risk screening and postpartum assessment, which are incentivized through the Pregnancy Management Program, intersect with the new F codes.
 - DHHS clarified that the S and F codes are for separate activities. The S codes will continue to be incentivized through the Pregnancy Management Program, while the F codes will be required to capture the dates of service for prenatal and postpartum care. For example, during a postpartum visit, a provider should bill both the F and S codes (assuming those services are delivered).

Provider Survey Participation

- DHHS reminded the group that the provider survey has been sent to all primary care and OBGYN practices via email and physical mail. For larger organizations, the survey was sent to the central office.
- The survey has been extended until June 30th. Providers who would like to participate but have not received an invitation can email csrl@unc.edu.
- DHHS expressed their appreciation for providers that participate in the survey, and emphasized the survey's importance in understanding provider experiences.
- An AMH TAG member asked if the survey results will be shared, and if results from the 2023 survey are published.

DHHS confirmed the results will be shared online. The 2023 survey results are published here: <https://medicaid.ncdhhs.gov/documents/reports/providerexperiencesurveywave3report/download?attachment>

- An AMH TAG member asked if administrators can participate in the survey.
 - DHHS indicated that practice administrators have been eligible for past surveys. DHHS recommended contacting csrl@unc.edu for eligibility confirmation.

Open Discussion

- AMH TAG members shared that Tailored Plan provider change forms are not streamlined across the Tailored Plans. They noted when SPs launched, there was an effort to standardize these forms across plans to limit provider administrative burden. Providers are not seeing a streamlined approach among Tailored Plans and want to raise this as a challenge they are facing with Tailored Plan launch.
 - DHHS noted these challenges and will review existing efforts to standardize these forms.