

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #38 (Conducted Virtually) May 14, 2024

AMH TAG Attendees:

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners
- Carolina Medical Home Network
- CHES Health Solutions
- 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
Andrea Price-Stogsdill	Healthy Opportunities Pilot Program Manager
Liz Kasper	Care Delivery and Payment Reform Senior Advisor
Saheedat Olatinwo	Population Health Specialist

Agenda

- Welcome and Roll Call – 4 mins
- HOP Interim Evaluation, VBP Withholds and Upcoming TP Launch – 15 mins
- Quality Withholds Update and Request for Input – 15 mins
- Making Care Primary – 5 mins
- Care Management Rate Information – 5 mins
- Panel Management - 5 mins
- Wrap-up and Next Steps – 1 min

HOP Interim Evaluation, HOP VBP Withholds and Upcoming TP Launch

- DHHS shared an overview of the HOP VBP Withholds program, including the specific incentive payment performance targets.
- DHHS reminded AMH TAG members that HOP services for Prepaid Inpatient Health Plan (PIHP) eligible populations will go live on May 15, 2024. Those not participating in

Tailored Care Management (TCM) who are Tailored Plan (TP) eligible will be able to begin receiving HOP services on July 1, 2024.

- DHHS clarified that AMH practices referring TP-eligible patients for HOP services should submit a referral through NCCARE360 or a care manager, or direct members to call the number on the Medicaid ID card.
- DHHS shared findings from the HOP Interim Evaluation Report (IER) that assessed the first 18 months of service delivery. Highlights from the report included:
 - HOP participation resulted in lower health care expenditures, decreased hospital utilization, and reduced risks of food, housing, and transportation needs.
 - As of November 30, 2023:
 - Over 50,000 beneficiaries in Pilot Regions were screened for qualifying needs.
 - Over 13,000 beneficiaries were enrolled in HOP.
 - Nearly 200,000 services were delivered by 147 community-based organizations or social service agencies.
 - Food service represented more than 85% of all services delivered.
- DHHS shared that they are currently seeking federal approval to renew, extend and make key changes to HOP, including extending the Pilots to operate statewide and expanding eligibility criteria and service offerings.
- An AMH TAG member asked overlap exists between SNAP benefits and HOP nutrition services.
 - DHHS shared that HOP services should not duplicate other state or federally funded benefits. Care managers should ask members if they are receiving SNAP or WIC benefits, and first connect them to these services if they are not already connected. If the member is receiving benefits, but are still food insecure, the care manager should connect them to HOP services.

Quality Withholds Update and Request for Input

- DHHS provided a description of NC Medicaid's withhold program, including reminding the group that the Department is withholding 1.5% of capitation from Standard Plans, not providers, in 2024 (Year 1 of the withhold program).
 - However, the withhold program may have implications for providers, as PHPs may emphasize performance measures included in the withhold program (e.g., creating provider quality incentive programs using the same performance measures).
- DHHS shared the current measures and weighting for the 2024 withhold and shared the planned evolution of the withhold program.
 - In 2025 (Year 2) DHHS will maintain the same performance measures as Year 1.
 - In 2026 (Year 3) and beyond, DHHS will use a structured annual review process to solicit nominations for new performance measures, review available data, and use a transparent set of criteria to guide selection or retirement of withhold measures on an annual basis.

- DHHS shared the measure selection criteria, which can be found in the [Withhold Measure Selection Rubric](#).
- DHHS shared they are currently soliciting nominations for new withhold measures for Year 3. Nominations can be submitted through a [nomination form](#) by June 21, 2024.
- An AMH TAG member shared that the withhold program does greatly impact providers, in addition to payers (e.g., through the mandatory use of PPC CPTII codes).
 - DHHS recognizes that in setting standards and emphasizing measures at the plan level, it has implications for providers. This is why DHB is requesting provider feedback on withhold measure selection.
 - For Year 3 and beyond, DHHS will consider measures that related to plan administration and operations, in addition to provider quality measures.
- An AMH TAG member shared that providers have a hard time understanding when there are changes in what is being incentivized, and that plans offer incentives that vary among providers. They shared challenges accessing transparent information on what incentives plans offer to providers because it is considered proprietary information.
 - An AMH TAG member agreed previous comments on this topic. They highlighted the importance of quality bonuses to the AMH Tier 3 program and noted that withhold measures have implications for Tier 3 practices. They suggested ensuring that withhold measures are ones which primary care providers (PCPs) have control over, noting an example that prenatal and postpartum care is not provided by most PCPs.
 - Another AMH TAG member maintained that prenatal and postpartum care measures have implications for the entire system of care, not just for providers of prenatal/postpartum care. They suggested that PCPs are on the front lines of awareness of a pregnancy diagnosis and can make important referrals for prenatal care or other counseling.
 - DHHS agreed that withhold measures are focused on the whole system of care and noted their plan to maintain the existing withhold measures for Year 2 to monitor performance on existing measures before making any changes.

Making Care Primary

- DHHS shared an overview of NC's selection to participate in the Making Care Primary (MCP) model and highlighted existing alignment between NC Medicaid and the Medicare MCP model.
- DHHS plans to release a public update soon about the proposed approach to alignment with Medicare MCP.
- An AMH TAG member noted that the model will take place over 10 years, and asked if NC Medicaid was on a shorter timeline to reach alignment.
 - DHHS clarified they aim to work towards alignment with the Medicare model in phases. The forthcoming update will describe DHHS's first step towards

alignment but will not be the only MCP alignment effort over the 10+ year model.

Care Management Rate Information

- DHHS shared that for future years, care management rate information will be released prior to the start of the rate year.
 - Previous releases had occurred after the start of the rate year due to delays in finalization.
- The next version of the care management rate memo will not distinguish between Expansion and non-Expansion members, and going forward Expansion members will be considered as part of the overall rate, consistent with CMS rate development guidelines.

Panel Management

- DHHS shared an update on how providers should update their panel size.
 - For Medicaid Direct members: through NC Tracks
 - For SP and TP members: through the health plans
- DHHS is updating a fact sheet for TP panel management.
- An AMH TAG member shared that they hear many concerns about inaccurate panel assignment and appreciate the focus on this topic.
 - DHHS recognized that panel assignment has been a pain point for providers and are working on improvement efforts. DHHS is tracking whether ongoing efforts are resulting in improvements and hopes to share more soon.
- An AMH TAG member commented they continue to hear from pediatric practices that adults over 25 years old are being added to their panel.

Open Discussion

- An AMH TAG member asked if PHPs are required to calculate quality measures two ways—including Expansion members and excluding Expansion members, and if this is to be done only at the end of the year.
 - DHHS shared that this policy is not yet finalized, but there is a pending update to plans that they must not penalize providers in incentive arrangements if the reason for poor performance is inclusion of Expansion members. This update would only apply for 2024, with the intent that going forward Expansion members are included in the entire population.