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

Meeting #38

May 14, 2024

Agenda

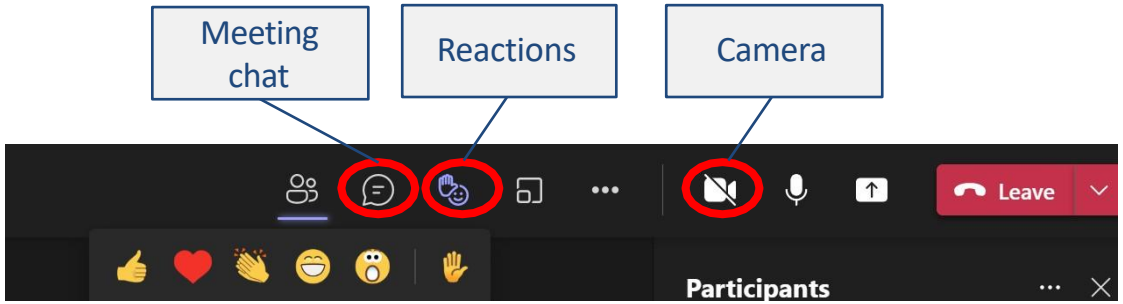
1. Welcome and Roll Call – 4 mins
2. HOP Interim Evaluation, VBP Withholds and Upcoming TP Launch– 15 mins
3. Quality Withholds Update and Request for Input – 15 mins
4. Making Care Primary – 5 mins
5. Care Management Rate Information – 5mins
6. Panel Management - 5 mins
7. Wrap-up and Next Steps – 1 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)
Jordan Barnes	Director of Client Transformation CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP, and Lawrence Greenblatt, M.D.	Associate Chief Nursing Officer Duke Connected Care	Provider (CIN)
Jason Foltz, DO	Chief Medical Officer ECU Physicians MCAC Quality Committee Member	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
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.



Reminders

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.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

HOP VBP Withholds, Upcoming PIHP/TP Launch, and HOP Interim Evaluation

HOP VBP Withholds

Pilot VBP Period 3 Incentive Payment and Withhold	
#	**Incentive Payment Performance Targets**
1	**Meet or exceed a total Pilot enrollment target for the performance period, as set by the Department for each Standard Plan for at least 3 months (months do not have to be consecutive) during VBP Period 3.** • All SPs have already met their VBP performance targets. • Designated CME portion is 60% (40% SP)

2	**20% increase in service referrals generated and sent within non-food domains from a baseline period of 4/1/2023 – 10/31/2023.**
	• Goal: To incentivize SPs and CMEs to increase referrals to Pilot services within underutilized Pilot domains.
	• CMs have raised concerns about network adequacy in non-food domains. We are addressing these concerns in a few ways:
	  • Working with NLs on addressing network adequacy.
	  • Unite Us now permits HSO onboarding on a rolling basis, helping expedite HSO onboarding.
	  • The Department is currently tracking enhancements for improved CM visibility to available services in NCCARE360, including visibility regarding the counties where HSOs offering relevant services, improving the description of services offered, and signaling CMs when HSOs stop accepting referrals in certain counties.*
	• Designated CME portion is 60% (40% SP)

3	**90% of Pilot enrollees are re-assessed for their ongoing Pilot eligibility and service needs within 6 months of Pilot enrollment.** • Goal: to incentivize SPs and DCMEs to conduct Pilot enrollee re-assessments timely and to support Pilot evaluation. • Designated CME portion is 60% (40% SP).

NC HOP
Medicaid Healthy Opportunities

HOP VBP Withholds

Pilot VBP Period 3 Incentive Payment and Withhold
Performance target: Increase by 5% the overall percentage of Pilot enrollees that received at least one Pilot service to address an unmet resource need from a baseline period of 4/1/2023 – 10/31/2023. • Goal: To incentivize Standard Plans and Designated Pilot CMEs to address enrollees' unmet health-related resource needs. • SPs' first payment to delegated CMEs included the 1% withhold starting April 2024.

Upcoming PIHP/TP HOP Launch

HOP services for PIHP eligible populations will go live on May 15, 2024.

Interim Evaluation Report (IER): Overview

Healthy Opportunities Pilots (HOP)

- Nation's first comprehensive program to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees
- Operates in three regions of the state over five years through October 2024 with up to $650 million in federal and state Medicaid funding *
    - Regions selected include rural communities, and communities in which members experience health inequities.

Interim Evaluation Report (IER)

- The submission of an Interim Evaluation Report to the Centers for Medicare & Medicaid Services (CMS) is required for HOP to receive federal funding.
- The report, developed by the Cecil G. Sheps Center for Health Services Research at the University of North Carolina (the Sheps Center):
    - Examines the program's impact to assessing whether North Carolina's health goals have been achieved
    - Summarizes early program findings from program launch through November 30, 2023
    - Informs the approach for HOP service delivery and programmatic adjustments in the future
- The interim report assesses the first 18 months of service delivery. A summative evaluation will be conducted at the conclusion of the current waiver period and additional analyses will be conducted at that time.

*NC DHHS has submitted a request to renew and expand on the its initial 1115 waiver demonstration including for HOP

Interim Evaluation Report (IER): Early Findings

The IER results, which examined several health, utilization, and cost indicators, show that the HOP concept—investing in housing, nutrition and other services to buy health—*works.* Receiving services provided through HOP has reduced social need, utilization and total cost of care for the studied population.

HOP participation results in:

- Significantly lower health care expenditures with $85 less per beneficiary per month, after accounting for HOP service delivery spending[1]
- Decreased hospital utilization, including:
  - Decreased emergency department utilization relative to non-HOP beneficiaries.
  - Decreased inpatient hospitalization for non-pregnant adults relative to non-HOP beneficiaries.
- Reduced risks of food, housing and transportation needs

HOP Engagement as of November 30, 2023:

- 50,585 beneficiaries (9.1% of total population) in Pilot Regions screened for qualifying needs
- 13,271 unique individuals enrolled
- 198,291 services delivered
- 89% of HOP Members with an unmet need received at least one HOP service

[1] This finding is based on interrupted time series and difference-in-difference analysis and highlights lower health care expenditures relative to what would have occurred in the absence of the Pilot.

Interim Evaluation Report (IER): Findings in Context

IER findings are promising and support further investment in the HOP initiative and plans to scale-up over time.

Note: Current findings are limited to a small sample of HOP participants. The state will find out more about these effects and whether they remain consistent as we expand HOP to a broader and more diverse population.

	Services Delivered Effectively	Associated with Improved Social Needs
Findings	• Nearly 200,000 services have been delivered by 147 community-based organizations/social services agencies • Through a multi-sector collaboration between the state, PHPs, healthcare systems, and HSOs, 89% of members enrolled in HOP have received at least one service • Food services represent more than 85% of all services delivered	• Participation reduced enrollees' total number of social needs across the housing, food and transportation domains • Longer participation is associated with greater reduction in needs
Findings in Context	• The state has completed ongoing efforts in infrastructure development and capacity building activities to enable the necessary infrastructure workforce, and data systems for service delivery. • Food insecurity was the most reported need and the infrastructure to address food needs is more robust, relative to other domains	• Impact of Pilot participation on total needs was greater at 12 months than at 6 months • Additional time is required to study the impact of IPV services, given the delay in their launch and the complexity of screening for and providing sensitive services

Interim Evaluation Report (IER): Findings in Context, cont.

	Impacted Health Care Utilization	Lowered Total Cost of Care
Findings	• Participation decreased emergency department utilization (an estimated reduction of six visits per 1,000 member months) • Participation decreased hospitalizations for non-pregnant adults (two fewer admissions per 1,000 beneficiary-months)	• Service spending (which includes spending for medical care and HOP services), was, on average, $85 dollars less per HOP participant per month

Findings in Context	• Participants were likely to enroll in HOP during a period of rising risk for adverse health care utilization and spending
	• Results are relative to what would have occurred in absence of Pilot intervention
	• For the full population, there was a non-statistically significant reduction in hospitalizations and there was heterogeneity among populations (e.g., pregnant women and children)
		• Expenditures are relative to what would have occurred without HOP participation
		• Service spending is including spending on medical care and HOP services, not capacity building or administrative costs
		  ○ Capacity building was not included as it is a one-time initial investment compared to an ongoing cost; capacity building investments are made at an organization level and are not readily comparable to individual-level cost
		  ○ These community investments have been critical to standing up the Network Leads and high-performing HSO networks within the regions

HOP Interim Evaluation

What's next for HOP?

- The State is currently seeking federal approval to renew, extend and make key changes to HOP for another five-year period.
- These new changes include extending HOP to operate statewide and expanding eligibility criteria and service offerings.
- Findings from the HOP Interim Evaluation Report will be essential for paving the road ahead.

NC HOP
Medicaid Healthy Opportunities

Quality Withholds Future Planning

Withhold Program Description and Purpose in North Carolina

In a withhold arrangement, **a portion of plans' expected capitation payment is withheld**. To earn back these withheld dollars, plans must meet targets, such as **quality performance targets** specified in their contract, to receive funds from the state at the end of the performance period.

By implementing a withhold within the Standard Plan program, the Department aims to **improve measure performance and promote health equity in partnership** with plans and their contracted providers.

The Department is withholding **1.5 percent of capitation** from Standard Plans in 2024. For the first year of the withhold program, the Department is focused primarily on rewarding quality measure performance improvement, although operational performance measures may be added in future years.

The Withholds Program is currently in place for Standard Plans.
We anticipate launching withholds for Tailored Plans no sooner than 2027.

What the Withhold Program Means for Providers

The Withholds Program falls within the Department's overall priorities for quality improvement described in the Quality Strategy.

The Department withholds payment from PHPs, *not* from providers.

Providers may see increased emphasis by PHPs on the performance measures included in the Withhold Program, for example through quality incentive programs.

Planned Evolution of the Withhold Program

Below is a summary of the planned evolution of the Standard Plan Withhold Program.

Year 1 (2024)	NC Medicaid focused on a limited set of performance measures in order to direct Standard Plan and provider efforts toward priority improvement areas (i.e., maternal/child health) and maintain a manageable set of expectations for the first year.
Year 2 (2025)	NC Medicaid plans to maintain the same performance measures for Year 2. This decision reflects our commitment to (1) reviewing prior year performance data to inform decision-making related to the measure set; and (2) communicating new measures in the Technical Specifications one year before implementation in the Withhold Program.
Year 3 (2026)	NC Medicaid intends to implement a standard, annual review process guiding potential changes to the program and consideration of new or existing performance measures in Year 3 and beyond, to promote systematic and transparent decision-making.

We intend to release the withhold measure set for Year 3 (2026) in the January 2025 Quality Technical Specifications. Selection of Year 3 measures will be based in part on the nomination process described today.

Withhold Measures and Scoring: Year 1 (2024)

Childhood Immunization Status (Combo 10):

- 50% overall
  - 15% of the overall rate for performance improvement.
  - 35% of the overall rate for reducing disparities.

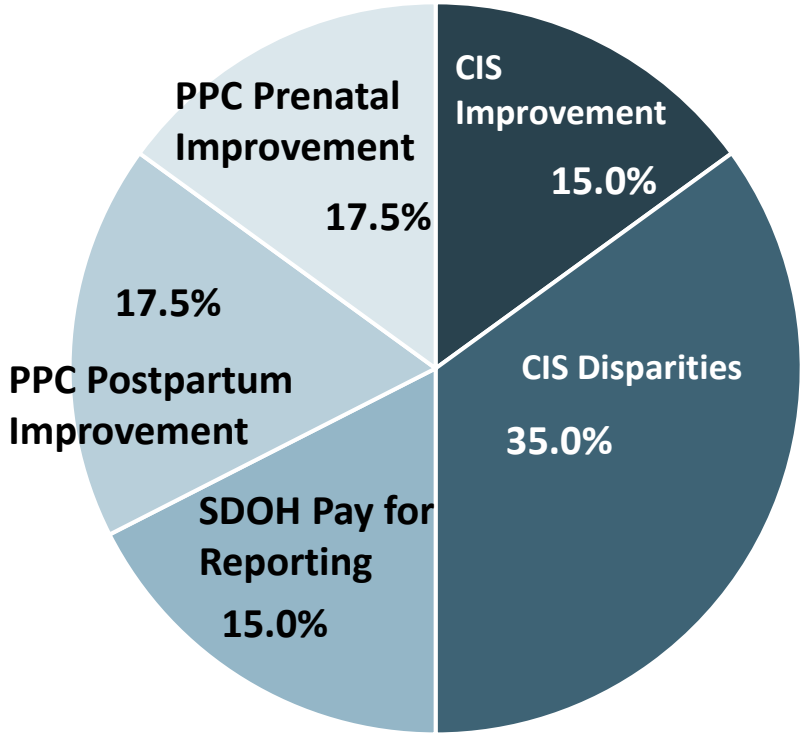
Prenatal and Postpartum Care:

- 35% overall
  - 17.5% of the overall rate for Timeliness of Prenatal Care performance improvement.
  - 17.5% of the overall rate for Timeliness of Postpartum Care performance improvement.
  - No payout at this time for disparities reduction. 2021 performance data do not show a disparity of greater than 10% per DHHS' definition

Rate of Screening for Unmet Resource Needs:

- 15% pay for reporting measure

Withhold: 1.5% of Capitation



The measures will remain the same for Year 2 (2025). Weighting, targets and percent of capitation may change. These details will be finalized in Fall 2024.

Year 3 (2026) and Beyond: Structured Annual Review Process

The Standard Plan Withhold Program Annual Review Process will:

- ✓ Engage stakeholders (including providers) to solicit nominations for new performance measures
- ✓ Review available performance data
- ✓ Use a transparent set of criteria (the Withhold Measure Selection Rubric) to guide selection or retirement of measures annually.

Withhold Measure Selection Criteria

A proposed withhold measure (new or existing) will be evaluated according to a set of criteria.

Measure Criteria:

All measures must meet these criteria:

- Data Collection & Validation Standards
- Sufficient Denominator Size
- Measured Processes or Outcomes are Impactable
- Aligns with North Carolina's Quality-related Priorities
- Has Existing Precedent for Measurement in the Medicaid Managed Care Program
- Addresses Area for Measure Improvement (Potential Pay-for-Improvement Measures Only)

Additional criterion on the measure criteria listed on this slide can be found in the Withhold Measure Selection Rubric.

*In the unusual case that there are overriding reasons for the inclusion of a specific measure, the Department has the discretion to do so.

Withhold Measure Selection Criteria

A proposed withhold measure (new or existing) will be evaluated according to a set of criteria.

Measure Criteria:

A measure will also be evaluated on whether it:

- Promotes Health Equity by Targeting Priority Population
- Serves as New Financial Incentive for Quality Improvement
- Measured has Received Endorsement From a National Body with a Formal Method
- Aligns with Other Department Improvement Efforts
- Promotes Increased Value
- Has Transformative Potential

Additional criterion on the measure criteria listed on this slide can be found in the Withhold Measure Selection Rubric.

*In the unusual case that there are overriding reasons for the inclusion of a specific measure, the Department has the discretion to do so.

Withhold Measure Nominations

The Department is soliciting nominations for new Withhold measures for Year 3, to be implemented starting January 2026.

Types of Questions in the Measure Nomination Form:

- *Description of performance measure*
- *Further specifications of measure (e.g., numerator, denominator, population)*
- *Whether and why the measure meets criteria described in the rubric*
- *Whether measures that don't meet certain criteria could meet them with modifications or additional data*

Withhold Measure Nominations

Here's how to submit your Withhold measure nominations for Year 3 (2026)

- The Department invites stakeholders, including PHPs, providers, and internal NC DHHS stakeholders, to submit nominations for each new measure for consideration through the nomination form by **June 21, 2024**
  - New measures for the 2026 Withhold Program will be included in the annual Quality Technical Specifications document in January 2025

Withhold Measure Nomination Form

Submit Withhold Measure Nominations here!

NC Medicaid Standard Plan Withholds Nomination Form

North Carolina Medicaid is currently soliciting nominations for new Standard Plan Withhold Program performance measures for potential implementation during the 2026 Withhold performance period (January to December 2026). Withhold programs are one mechanism to encourage performance improvement in a variety of domains and have been implemented in other state Medicaid managed care programs. In a withhold arrangement, a portion of health plans' expected capitation payment is withheld, and plans must meet targets (e.g., quality measure performance targets) to receive withheld funds from the Department once performance is known at the end of the performance period.

NC Medicaid seeks a broad range of candidate measures to consider as we develop future years of Withhold design. NC Medicaid is soliciting nominations for withhold measures from a variety of partners, including Standard Plans, Medicaid providers, and internal Medicaid staff. If there are measures you believe are appropriate for inclusion in the Withhold Program, we request that you complete the form below to indicate your nominations for NC Medicaid's consideration. Nominated measures may include quality or operational measures. **Please complete one form per measure nominated.** Measure nominations will be accepted via this form until June 21, 2024.

Measure selection will be guided by the Standard Plan Withhold Program Measure Set Decision-Making Rubric (right-click the link and open the document in a new window), a framework to inform selection of new performance measures and review of existing measures.

Further information on the 2024 Withhold Program is included in the North Carolina Medicaid Standard Plan Withhold Program Guidance (right-click the link and open the document in a new window).

If you have further questions about the Withhold Program or the process of submitting candidate measures, please contact Medicaid.Quality@dhhs.nc.gov with the subject line "Withhold Measure Nominations."

Next

Submit Withhold Measure Nominations by scanning the barcode below!

Discussion Questions: Withholds

- What factors should the Department consider in its withhold program design or measure set for Standard Plans?

- Have providers experienced a change in incentives or emphasis by plans on the performance measures included in the Withhold Program in 2024?

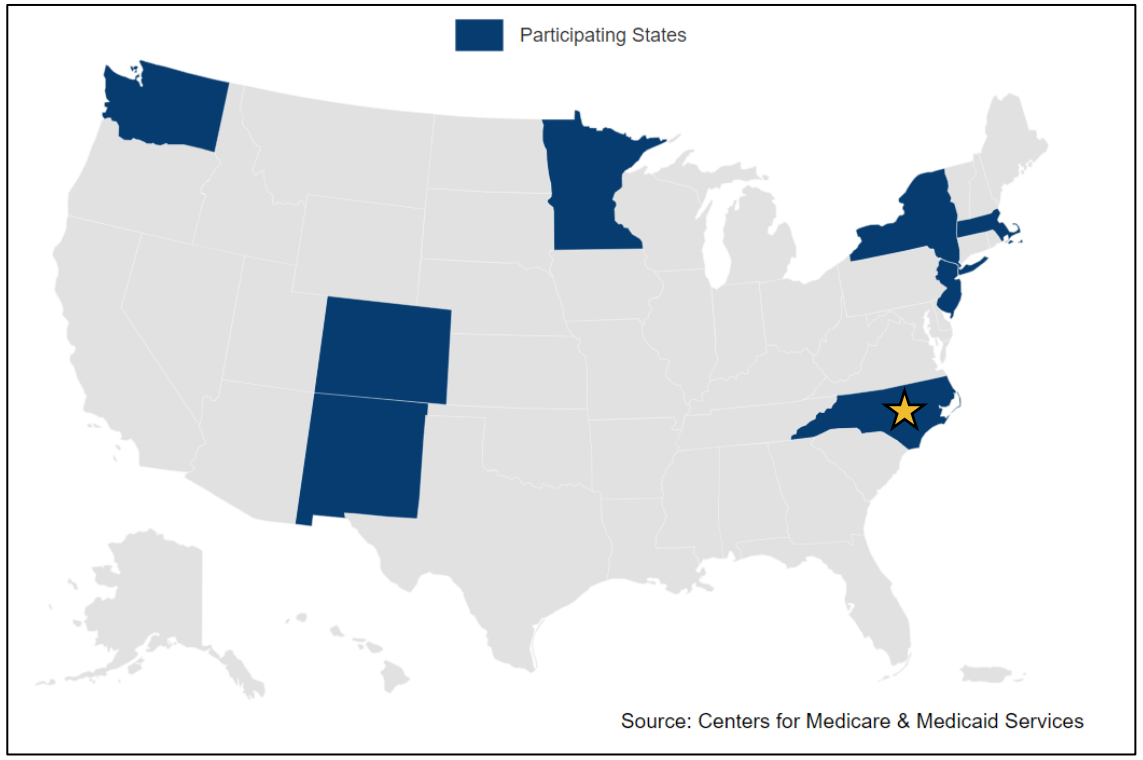
Contact Us

If you have any questions regarding Withhold Measure Nomination submissions or the Standard Plan Withhold Program, please send them to Medicaid.Quality@dhhs.nc.gov.

Making Care Primary

Overview of Making Care Primary (MCP)

In 2023, CMS selected North Carolina as one of 8 states to launch the MCP model – a voluntary primary care model focused on (1) ensuring integrated, coordinated, person-centered, and accountable care; (2) creating a pathway for primary care organizations to enter higher level value-based payment (VBP) arrangements; and (3) improving quality of care while reducing expenditures. NC Medicaid is already broadly aligned with Medicare on MCP's goals and has flexibility in how it may further adapt the model to the Medicaid landscape.



Selection of North Carolina is a recognition of our innovations and leadership in primary care, care management and addressing health-related social needs, and that NC Medicaid's existing population health priorities align with the goals of MCP

Additional information on the MCP Medicare Model can be found on the CMMI website.

NC Medicaid Alignment with MCP

The MCP model aims to create multi-payer alignment across several priority areas including payment reform, quality measures and incentives, data sharing, and learning systems. The Advanced Medical Home (AMH) program is already well aligned with Medicare MCP.

The **AMH program is the core primary care medical home model** for over 2 million NC Medicaid members, and NC Medicaid has made **strong primary care investments** through this program.

The **AMH model already aligns with Medicare MCP in several ways**, including linking payments to outcomes through **performance incentive payments**, providing **local care management**, utilizing a **standard quality measure set**, and screening and referring members to **services for unmet social needs.**

NC Medicaid is considering ways to further align with MCP, and **any changes to payment, measurement, and care delivery requirements will be part of a broader evolution of the AMH program.**

Community Partner Feedback on MCP Alignment in Medicaid

NC Medicaid received feedback from community partners in Fall 2023 on how NC Medicaid could best support providers and improve member care while driving alignment with elements of the Medicare MCP model.

1. **NC Medicaid should use MCP alignment to address administrative burden and increase provider flexibility.** There was strong support for efforts to streamline and standardize requirements across health plans and increase provider flexibility in caring for members.

2. **Rather than creating a new model, NC Medicaid should build upon existing primary care reforms, including the Advanced Medical Home (AMH) program.**

3. **Consider the unique features of the NC Medicaid program and population.** There are important differences between the Medicaid population and populations served by other payers. Specific considerations include deciding which quality measures are most appropriate for a Medicaid population and how enrollment churn could impact payment models that are tied to assignment.

4. **Invest in provider readiness if / when NC Medicaid considers prospective primary care payment.** Community partners stressed that implementing a prospective payment model would be challenging without new investments in primary care.

Next Steps

Timeline and Next Steps

- We are planning to release a public update soon with more details on a proposed approach to further aligning NC Medicaid with the MCP model.
- We will be requesting written stakeholder feedback on our proposal via the public update and engaging the AMH TAG and others on the design as we move forward.
- NC Medicaid will continue to meet and collaborate with community partners and CMS throughout any design and implementation process, including leveraging the State Transformation Collaborative and other shared learning forums

Care Management Rate Information

Care Management Rate Update

Background

- The Department has previously provided public information on the care management components of the Standard Plan capitation rates, to inform negotiations between plans and Advanced Medical Homes serving as delegated care management providers (Tier 3 AMHs)
- Previous releases of this information have occurred after the start of the rate year (state fiscal year), due to delays in the rates being finalized and other factors

Care Management Rate Update

SFY 2025 Memo Release

- Our goal for this upcoming fiscal year and future years is to release this information as part of the rate setting process ahead of the start of the year on July 1
- **We expect to release an updated care management rate memo for SFY 2025 at the end of May**, as soon as the rates are finalized and approximately one month before the start of the rate year to which it applies (July 1, 2024-June 30, 2025)

Care Management Rate Update

What About Expansion Members?

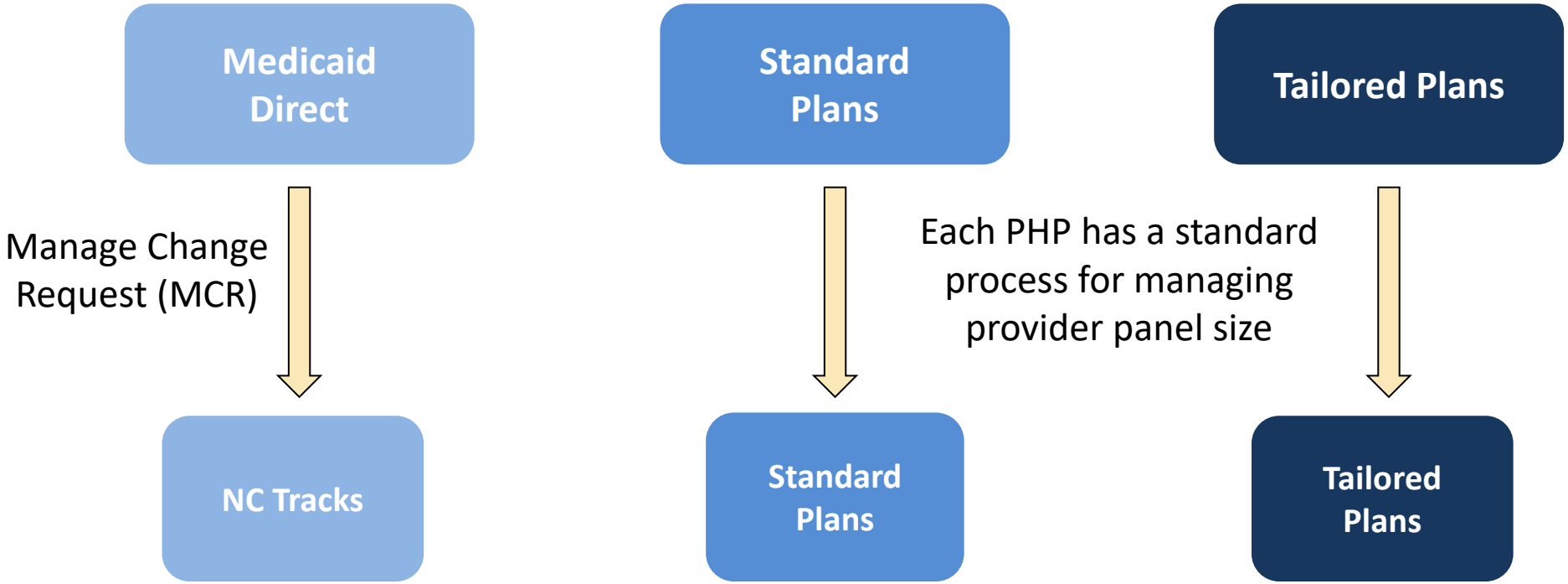
The forthcoming memo will not distinguish between rates for expansion and non-expansion members.

- While we previously released separate expansion rates for the partial FY in which expansion members were added (due to non-expansion rates already being set), in this memo (and going forward) they will be included in the overall rate.
- While some intermediate results may illustrate differences between the non-Expansion and Expansion population, these two population groups are not thought of separately within the model and are aggregated together as part of the development of the overall, Standard Plan care management loads.
- This need for consistency is required by CMS rate development guidelines.

Panel Management

Panel Management

Providers may update the panel size, after the initial enrollment application through different processes for NC Medicaid Direct, Standard Plan, and Tailored Plan members.



Please Reference: Panel Management For Primary Care Providers (PCPs) Factsheet (FEB 2024)

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, June 11, 2024 4:00-5:00 PM
Tuesday, July 9, 2024 4:00-5:00 PM
Tuesday, August 13, 2024 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Provider Experience Survey Results
- VBP Arrangements
- AMH Interim Evaluation Results
- PDM/CVO Updates
- Making Care Primary
- Prenatal and Postpartum Care (F Codes)