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

## *Meeting #18:*

- **AMH Attribution Methodology for Quality Measurement**
- **Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools**

*May 10, 2022*

# Agenda

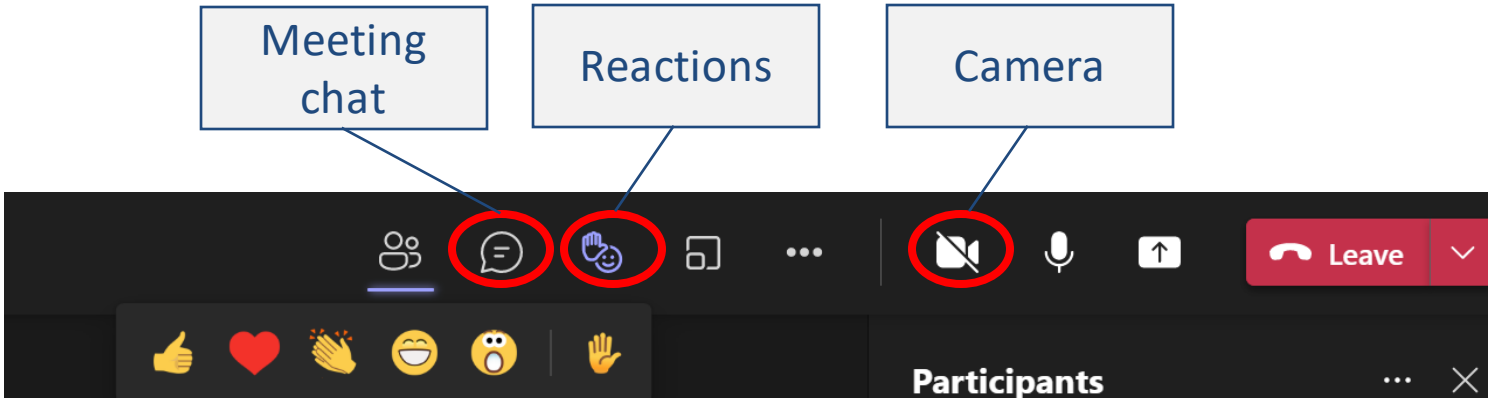
1. Welcome and Roll Call (5 minutes)
2. AMH Attribution Methodology for Quality Measurement (30 minutes)
3. Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools (20 minutes)
4. Wrap-Up and Next Steps (5 minutes)

# AMH TAG Member Welcome and Roll Call

| Name | Organization | Stakeholder |
|---|---|---|
| **C. Marston Crawford, MD, MBA** | Pediatrician<br>Coastal Children's Clinic – New Bern, Coastal Children's | Provider (Independent) |
| **David Rinehart, MD** | President-Elect of NC Family Physicians<br>North Carolina Academy of Family Physicians | Provider (Independent) |
| **Rick Bunio, MD** | Executive Clinical Director,<br>Cherokee Indian Hospital | Provider |
| **Gregory Adams, MD** | Member of CCPN Board of Managers<br>Community Care Physician Network (CCPN) | Provider (CIN) |
| **Jennifer Houlihan, MSP, MA** | Vice President Value-Based Care & Population Health<br>Atrium Health Wake Forest Baptist | Provider (CIN) |
| **Amy Russell, MD** | Medical Director<br>Mission Health Partners | Provider (CIN) |
| **Kristen Dubay, MPP** | Director<br>Carolina Medical Home Network | Provider (CIN) |
| **Joy Key, MBA** | Director of Provider Services<br>Emtiro Health | Provider (CIN) |
| **Tara Kinard, RN, MSN, MBA, CCM, CENP** | Associate Chief Nursing Officer<br>Duke Population Health Management Office | Provider (CIN) |
| **George Cheely, MD, MBA** | Chief Medical Officer<br>AmeriHealth Caritas North Carolina, Inc. | Health Plan |
| **Michael Ogden, MD** | Chief Medical Officer<br>Blue Cross and Blue Shield of North Carolina | Health Plan |
| **Michelle Bucknor, MD, MBA** | Chief Medical Officer<br>UnitedHealthcare of North Carolina, Inc. | Health Plan |
| **Eugenie Komives, MD** | Chief Medical Officer<br>WellCare of North Carolina, Inc. | Health Plan |
| **William Lawrence, MD** | Chief Medical Officer<br>Carolina Complete Health, Inc. | Health Plan |
| **Jason Foltz, DO** | Medical Director, ECU Physicians<br>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 |

# 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.



# DHHS Updates

**For Future Discussion**

- Assignment issues, including adult patients attributed to pediatric providers
- State Transformation Collaborative
- Evolving the AMH TAG to advance future strategic priorities and planning
- TAG Refresh & potential survey

# Agenda

1. Welcome and Roll Call
2. AMH Attribution Methodology for Quality Measurement
3. Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools
4. Wrap-Up and Next Steps

# Objectives of AMH Quality Measurement

The Department seeks to ensure that quality measurement within the AMH program achieves the following goals:

Provides incentives for the AMH (all Tiers) to proactively conduct outreach to their assigned members to engage them in care and improve the quality of their care;

Ensures AMH performance incentive payments reflect all of the care they provide or are expected to provide; and

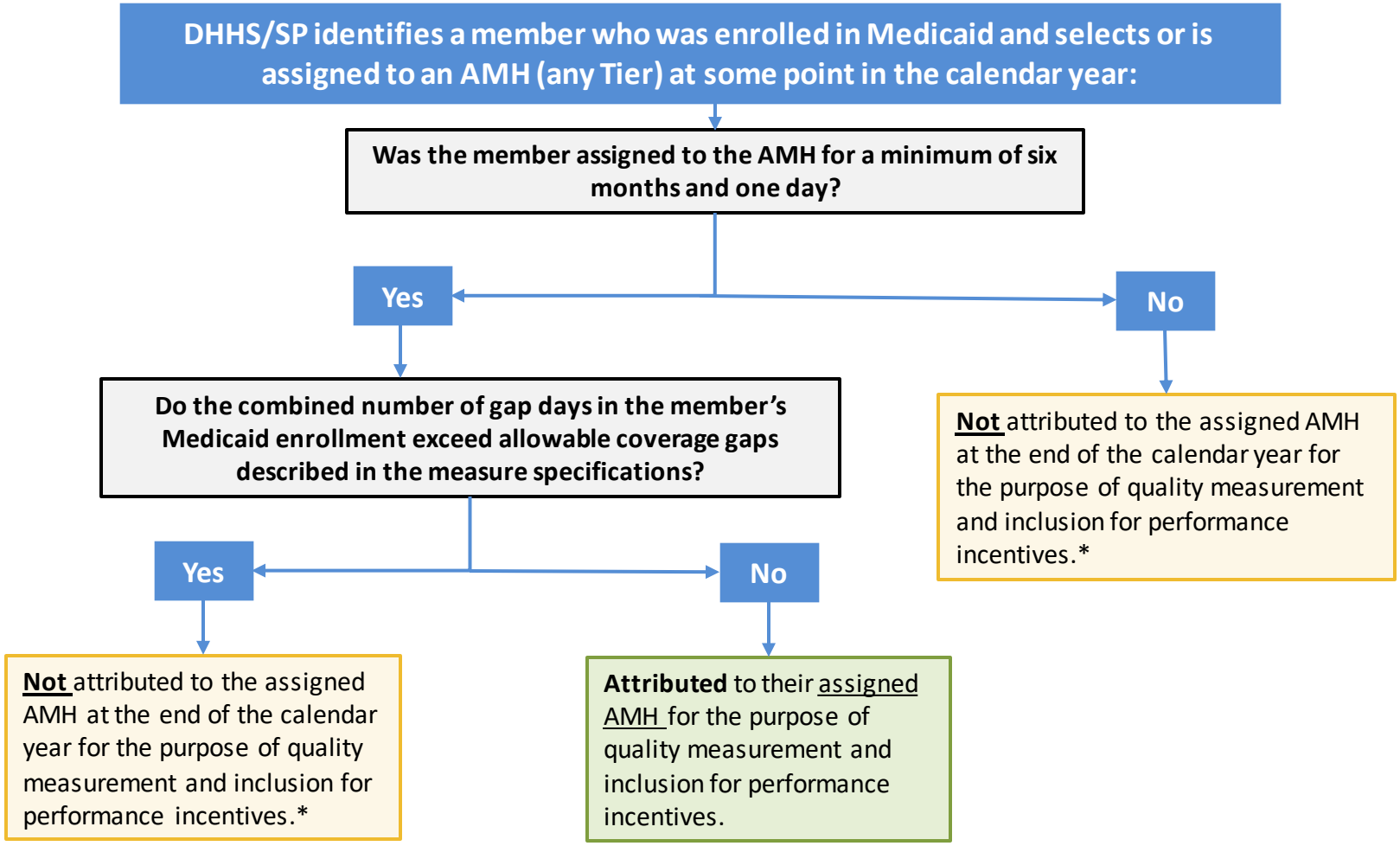
Aligns with the Department's goal that AMHs (all Tiers) are accountable for all assigned members.

# Context for Development of AMH Attribution for Quality Measurement Method

AMHs (all Tiers) will be held accountable and paid performance incentive payments based on their assigned member's care and quality outcomes.

- Each AMH measure's technical specifications outline guidelines for which patients should be included or excluded in a denominator of a measure (e.g., patients with more than a maximum allowable gap in Medicaid enrollment).
- AMH quality performance should be measured using a population for whom the AMH has had a meaningful opportunity to build a care relationship and effect needed interventions.
- AMHs are responsible for:
  - Conducting outreach to members assigned to the practice at the beginning of the calendar year;
  - Ensuring the accuracy of their member list; and
  - Working with the member's PHP and other AMH practices to re-assign members who indicate their preference for re-assignment.

# PHPs will be required to use the following process to attribute members for the purpose of 1) quality measurement and 2) inclusion for performance incentives:




***Repeat process for any other AMH practices to which the member has been assigned at some point in the calendar year, until all the AMH practices to which the member has been assigned have been considered.**

# Common Scenarios

| Scenario | Resolution |
| --- | --- |
| **The assigned AMH has not yet seen the member.** | The AMH should conduct outreach to establish contact with the member. If outreach is unsuccessful, the AMH should contact the PHP to determine if the member has selected another AMH and needs to be re-assigned. If the member has not established a care relationship with another AMH, the initially-assigned AMH will continue to be accountable. |
| **A Medicaid member is included in an AMH practice's EHR records and identifies the practice as their medical home but does not appear on their assigned member panel.** | The AMH should contact the member's Standard Plan to work with the member to confirm that they intend to use the AMH as their medical home (and switch their assignment accordingly). |

# FAQs

| Question | Answer |
|---|---|
| **What is assignment versus attribution?** | Attribution is the method by which a beneficiary is included in a practice's denominator for the purpose of quality measurement. While a member may be assigned to one or many practices over the course of a year, they will only be attributed to a practice to which they have been assigned to for the majority of the year. This is meant to assure that practices are assessed based on members for whom they have had the greatest opportunity to affect care and outcomes. |
| **Why is the Department implementing this policy?** | The Department's long-term goal is to promote two-sided risk-based contracting and it is electing to implement this policy now, to avoid confusion as plans and AMHs move toward downside risk in future years. This methodology will ensure that AMHs are not penalized for measure performance reflecting the experience of individuals who have not been assigned to their AMH for less than 6 months. |
| **Is the "6-month and a day assignment requirement" at group level, NPI, Practice level or NPI location combination?** | Enrollment is at the NPI plus location code level. |
| **Are PHPs required to offer performance payments to all AMH practices?** | All AMH practices will be eligible to earn negotiated Performance Incentive Payments, however, payments are optional for Tier 1 and 2 AMHs. PHPs are required to offer opportunities for such payments to Tier 3 AMHs. |
| **Are AMHs accountable for care gaps or costs of care that predate assignment to the AMH?** | Yes, the AMH is responsible and should work closely with the member to address their ongoing needs. |

# Agenda

1. Welcome and Roll Call
2. AMH Attribution Methodology for Quality Measurement
3. Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools
4. Wrap-Up and Next Steps

# NC Medicaid is Seeking Early Feedback as the Department Develops Design Questions

## Today's TAG Discussion

- ✓ This is a "big picture" discussion. The Department is early in its thinking on the future of these topics and is engaging the TAG to understand your perspective as to the priorities and questions we should consider.
- ✓ We expect to follow up with the TAG in the future as the Department continues to evolve its thinking and plan for next steps.

# Medicaid Transformation Goals and Tools

DHHS is **seeking TAG input on using delivery reform and value-based payment** in three key priority areas, in line with the larger strategic goal of ensuring equitable whole person care: **primary care, behavioral health/physical health integration, and maternity care.**

**Key Medicaid Transformation Goal**

**Improve the health** of North Carolinians through an innovative, **whole-person centered**, and well-coordinated system of care and measurement of quality, which **addresses both medical and non-medical drivers of health**.

*Quality Management and Improvement*

**NC Medicaid Tools to Advance Whole Person Care**

- **Delivery Reform**
- Data Strategy
- Quality Measurement and transparent reporting
- **Value based payment**
- Oversight and accountability
- Technical assistance and supporting learning and improvement collaboratives

Today's conversation will focus on the NC Medicaid tools in **bold**.

# Primary Care and Maternity Care

Supporting high quality, person-centered primary care is central to the Department's strategic goal of whole person care, and the Department also continues to be interested in evolving and supporting the primary care and maternity care landscapes.

- For primary care in North Carolina, what are the biggest barriers to health?
  - Access to care? The quality of care received? Coordination of services? Integration of care?
- What changes in the way primary care is delivered or paid for could potentially improve these issues?
- Thinking about maternity and infant health, what are the biggest barriers to health?
- Are there specific considerations regarding using payment or delivery reform to promote equity and address disparities in these areas?

**Are there other areas (besides primary care/maternity and infant health) that are in need of better aligned care delivery and/or payment incentives?**

# Integrated Physical and Behavioral Health

North Carolina seeks to improve health outcomes and enhance whole person care, including access to behavioral health care, by promoting greater integration in the delivery of physical health and behavioral health services.

- How can North Carolina further advance physical/behavioral health integration in the near-term and long-term?
- What are the barriers to integration that need to be addressed?
- What patient outcomes should be prioritized to measure if physical/behavioral health integration is successful at improving health?
- Are there specific considerations regarding using physical/behavioral health integration to promote equity and address disparities?

1. The IMPACT trial was a large randomized clinical trial that provided evidence for the collaborative care model, including improved outcomes and decreased costs. See here for more details.

# Agenda

1. Welcome and Roll Call
2. AMH Attribution Methodology for Quality Measurement
3. Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools
4. Wrap-Up and Next Steps

# AMH TAG Meeting Cadence

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

| Upcoming 2022 Meetings |
| --- |
| Tuesday, June 14, 2022<br>4:00-5:00 PM |
| Tuesday, July 12, 2022<br>4:00-5:00 PM |
| Tuesday, August 9, 2022<br>4:00-5:00 PM |
| Tuesday September 13, 2022<br>4:00-5:00 PM |

**Potential Upcoming AMH TAG Topics**

- Strategies to advance health equity
- Community health workers
- Strategies to address social determinants of health
- Cost data
- Review member demographic information in the member file
- Standardization of monitoring protocols/delegation protocols
- PHP Accreditation timeline and timing of AMH delegation audits

# Next Steps

**AMH TAG Members**

- Share further feedback on today's discussion topics with DHB
- Share recommendations for future AMH TAG meetings with DHB

loul.alvarez@dhhs.nc.gov; jahaziel.zavaleta@dhhs.nc.gov

**Department**

- Review feedback from today's discussion and share with Department leadership
- Consider feedback from today's discussion in AMH program updates
- Prepare for June 14 AMH TAG session