

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

## *Meeting #31*

**September 12, 2023**

# AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
<b>C. Marston Crawford, MD, MBA</b>	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
<b>David Rinehart, MD</b>	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
<b>Rick Bunio, MD</b>	Executive Clinical Director, Cherokee Indian Hospital	Provider
<b>Gregory Adams, MD</b>	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
<b>Jennifer Houlihan, MSP, MA</b>	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
<b>Amy Russell, MD</b>	Medical Director Mission Health Partners (MHP)	Provider (CIN)
<b>Lauren Lowery, MPH</b>	Director of Operations Carolina Medical Home Network	Provider (CIN)
<b>Joy Key, MBA</b>	Director of Provider Services Emtiro Health	Provider (CIN)
<b>Tara Kinard, RN, MSN, MBA, CCM, CENP</b>	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
<b>Bryan Smith, MD, MBA</b>	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
<b>Michael Ogden, MD</b>	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
<b>Carol Stanley, MS, CPHQ</b>	Medicaid Transformation Manager NC Area Health Education Center (NCAHEC)	AHEC
<b>Eugenie Komives, MD, Keith Caldwell, and Zach Mathew</b>	WellCare of North Carolina, Inc.	Health Plan
<b>William Lawrence, MD</b>	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
<b>Robert Rich, MD, and Atha Gurganus</b>	United	Health Plan
<b>Jason Foltz, DO</b>	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
<b>Keith McCoy, MD</b>	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS
<b>Chris Magryta, MD</b>	Chairman Children First of North Carolina	Provider

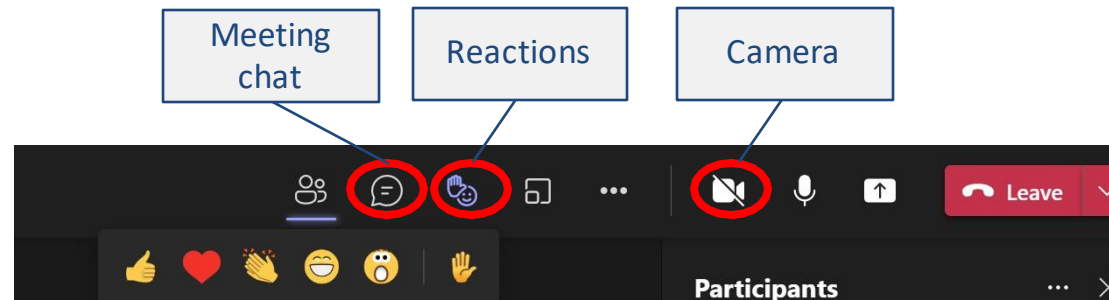
# Table of Contents

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- **Welcome and Roll Call (5 mins)**
- **Care Management Capitation Rate Update (5 mins)**
- **NC InCK: Food Strategy (15 mins)**
- **Medicaid Expansion (30 mins)**
- **Wrap Up and Future Meeting Topics (2 mins)**

# 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.



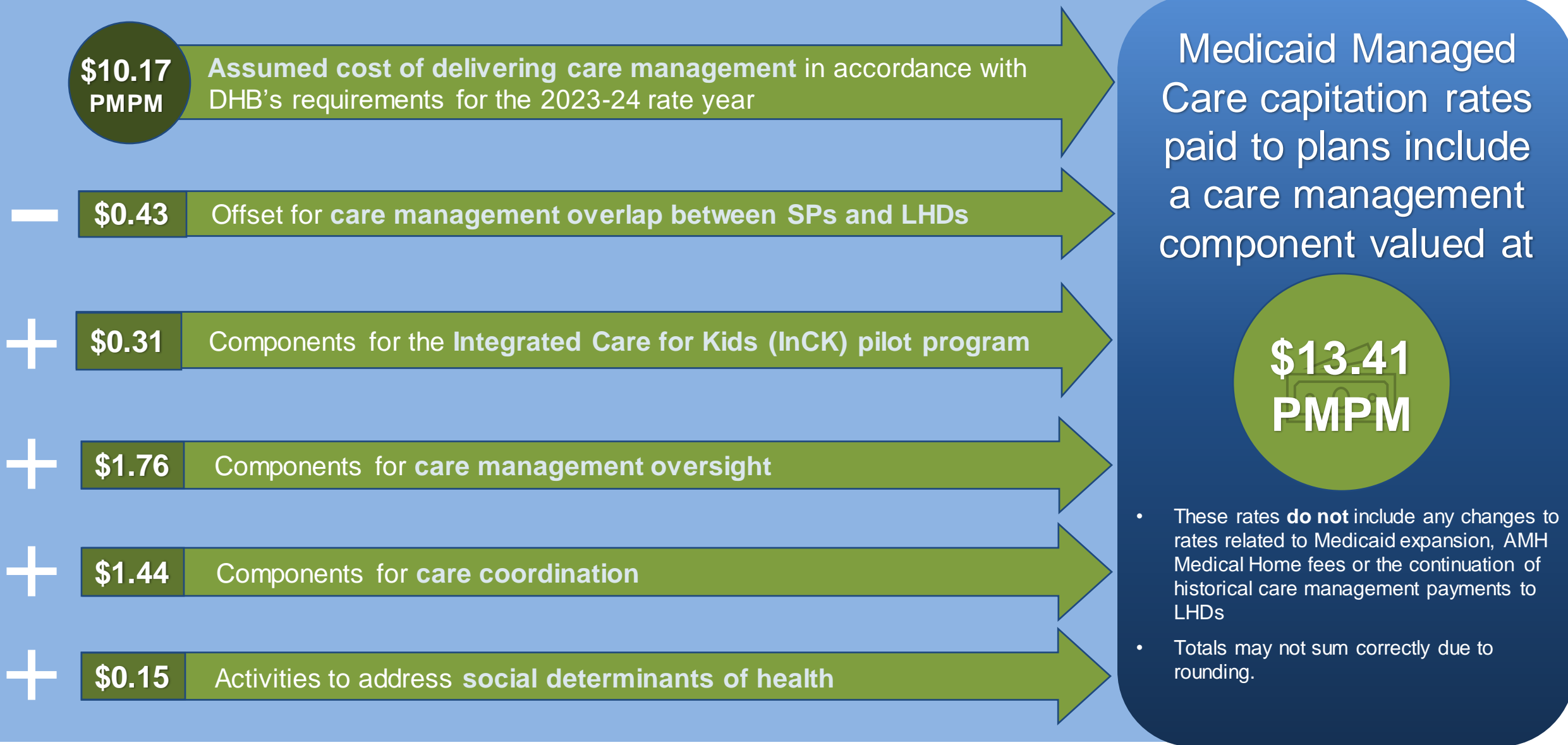
# Care Management Rate Assumptions Update

# Care Management Capitation Rate Assumptions Update

DHB released a memo on NC managed care capitation rates for 2023-24 to provide additional information on the assumptions underlying the care management component of capitation payments to Standard Plans.

- While DHHS has declined to establish minimum care management fees to date, the expectation underlying the AMH Tier 3 model is that SPs and practices will **arrive at mutually agreeable rates that are commensurate with the intensity and breadth of the care management being provided.**
- Moving forward, DHB intends to release care management rate assumptions on an **annual basis** ahead of each state fiscal year (~June).
  - *Timing may vary based on when this element of capitation is finalized*

# Care Management Capitation Rate Assumptions Update: 2023-2024 rates



See [here](#) for full details.

## Important: These rates are not required

- These rates reflect the assumptions built into plan capitation rates and are NOT required by the Department
- The rate buildup is based on a set of assumptions about care manager staffing ratios and qualifications, which should be understood as averages rather than policies about how each care team must be constructed.
- By providing additional information on the assumptions used to develop components of the rate, Standard Plans and AMH Tier 3 practices will be better positioned to enter into care management contracts that enable all parties to meet the Department's expectations in the execution of care management responsibilities and achievement of improved health outcomes.



# NC InCK: Food Strategy

# NC InCK: Food Strategy



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES



# The Problem of Food Insecurity

In 2022:

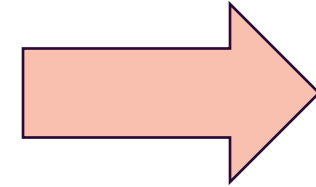
- North Carolina had the 9th highest food insecurity rate in the nation.
- In North Carolina 1 in 5 children is food insecure.
- In 20 NC counties, more than 1 in 4 children is food insecure.

# Key Tools for Reducing Food Insecurity

**SNAP**  
(Supplemental Nutrition Assistance Program)

**WIC**  
(Supplemental Nutrition Program for Women Infants and Children)

**School Meals**  
Breakfast and Lunch

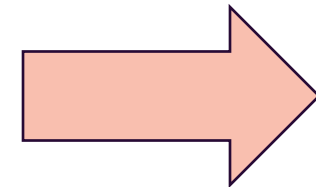


Federal Benefits with state enrollment

**Emergency Assistance**  
Food banks, pantries, churches, clinics

**Summer Meals**  
Open to all children

**PHP Food Benefits**  
Plan-dependent



Community Based Temporary Resources

*Outside of supports directed at food: Wages, economic supports, tax credits, etc.*

# Focus: SNAP and WIC Enrollment

69%

of eligible individuals participated  
in NC's SNAP Program in 2022

## *Children and Families receiving SNAP:*

- ✓ Experience improved health outcomes and lower health care costs.
- ✓ Adults: Report positive self-assessment of their health; miss fewer days of work due to illness, make fewer PCP visits, and have a reduced likelihood of experiencing psychological distress.
- ✓ Children: Report better health status than children who are not SNAP participants. Their households are less likely to have to sacrifice health care to pay for other necessary expenses.

56%

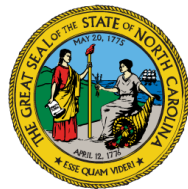
of eligible moms and  
children participated in NC's  
WIC Program in 2022

## *Children and Moms receiving WIC:*

- ✓ Give birth to healthier babies who are more likely to survive infancy.
- ✓ Buy and eat more fruits, vegetables, whole grains, and low-fat dairy.
- ✓ Are just as likely to be immunized as more affluent children.
- ✓ Are more likely to receive preventive medical care than other low-income children.

# Linking NC InCK's Food Strategy with Medicaid's

InCK hopes to be a model for **testing approaches to reducing food and nutrition insecurity**. We aim to integrate the lessons we learn into NC Medicaid's statewide strategy to improve food security for children and families.



**NCDHHS**  
NC Medicaid  
Division of Health Benefits



# Medicaid & InCK's Infrastructure to Address Food Insecurity

**Data:** Increased PHP and clinic screening with NC Medicaid HOP screening requirements.

NC Medicaid linking SNAP, WIC and Medicaid data.

**Care Managers:** NC Medicaid care management contracts focus PHP and AMH3 care managers on referrals for SNAP and WIC.

**PCP Clinics:** Alternative Payment Model links payments to food insecurity screening and follow up.

NC Medicaid piloting new billing codes.



# NC InCK Care Manager Role in Supporting Food Security

- 1) Meet acute food and nutrition needs of families through emergency resources
- 2) Enroll families in the federal food and nutrition resources for which they are eligible

## Care Managers Serving Medicaid Beneficiaries Need Training To:

Understand what food insecurity is and how to talk to families about their food and nutrition needs

Develop basic knowledge of food and nutrition benefit programs and eligibility criteria

Feel comfortable talking to families about the benefits of enrollment in food and nutrition programs

Identify community-based organizations that support family enrollment in programs

Play an active role in connecting families to benefit enrollment support



# NC InCK Training on Food Supports

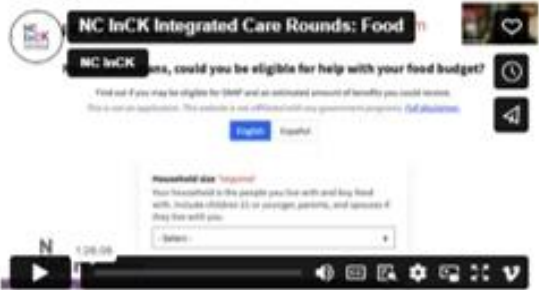
HOME ABOUT US HEALTH CARE PROVIDERS FAMILIES FAMILY NAVIGATORS GET INVOLVED RESOURCES

## FOOD INTEGRATED CARE ROUNDS

### Description

The June 2022 Food Integrated Care Rounds event shares information on Food & Nutrition Support and other helpful resources. NC InCK and our guests discussed food insecurity and how Family Navigators can help address food insecurity for children and families.

### Video



### Key Takeaways

- In NC InCK's five counties, approximately 20% of households with children are food insecure.
- Food insecurity impacts all aspects of a child's health. Children who experience food insecurity at any age are at risk for poor health outcomes that can continue into adulthood.
- Family Navigators can address food insecurity by understanding common barriers for accessing food and nutrition support, creating safe spaces to ask about food needs, and connecting families with federal nutrition support programs and insurance provider benefits.

### Resources

- [NC InCK Food Resources for Schools and Partners](#): A two-page guide with information on accessing SNAP, WIC, and school meals
- [WIC Referral Form](#): A DHHS referral form for the Women's Infants and Children program to receive outreach from a child's local health department on the program
- [How to apply for SNAP](#): DHHS site with information on the three ways to apply for SNAP benefits
- [More in My Basket](#): A center based at NC State University which can support families in completing their applications for SNAP
- [Summer Meals](#): Information on how to access a summer meals site near you (June-August)



## InCK Core Child Services



[Physical and Behavioral Health](#)



[Early care & education](#)



[Housing](#)



[Food](#)



[Schools](#)



[Title V- Maternal and Child Health](#)



[Child welfare](#)



[Mobile Crisis Response Services](#)

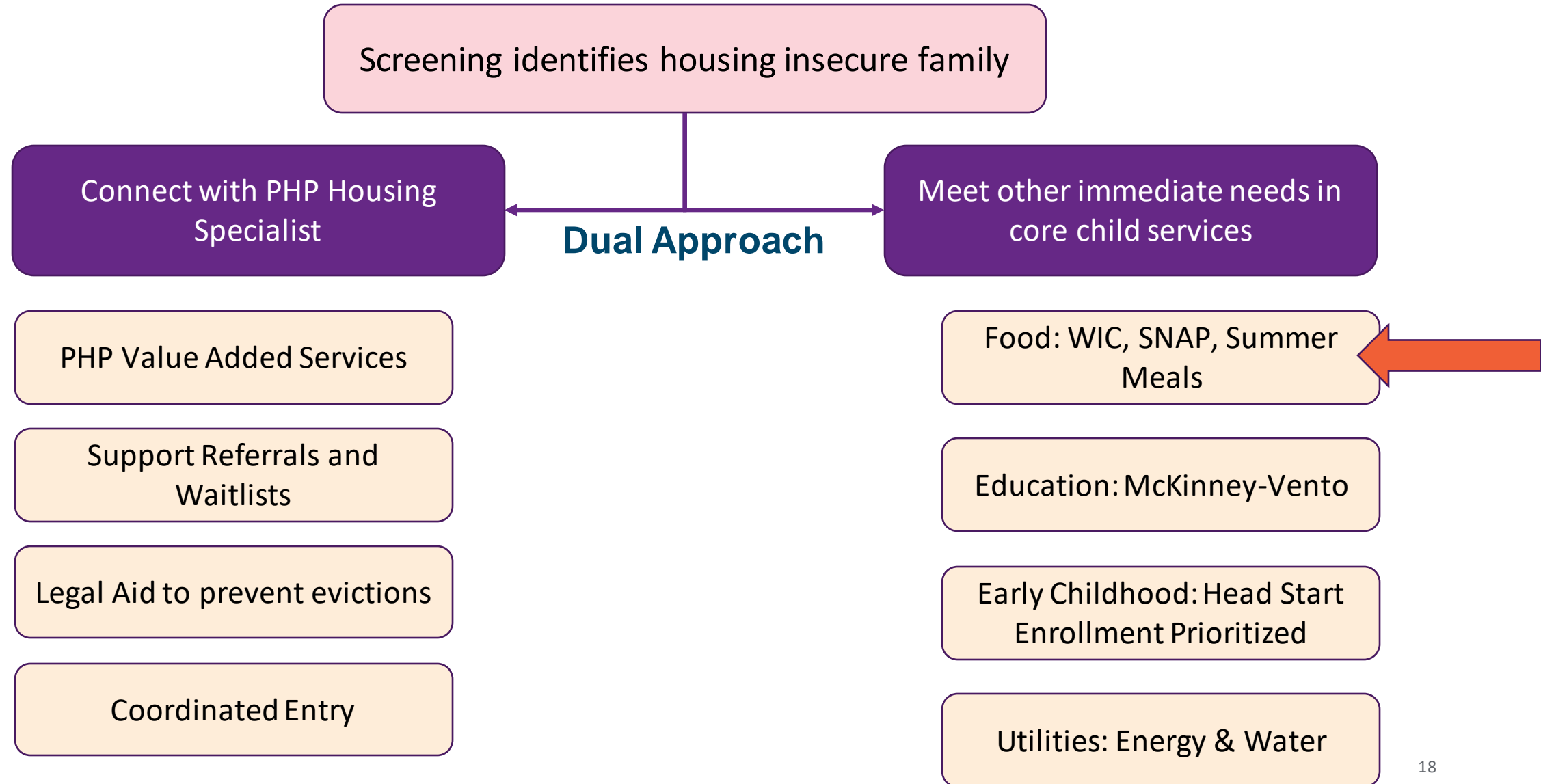


[Juvenile Justice](#)



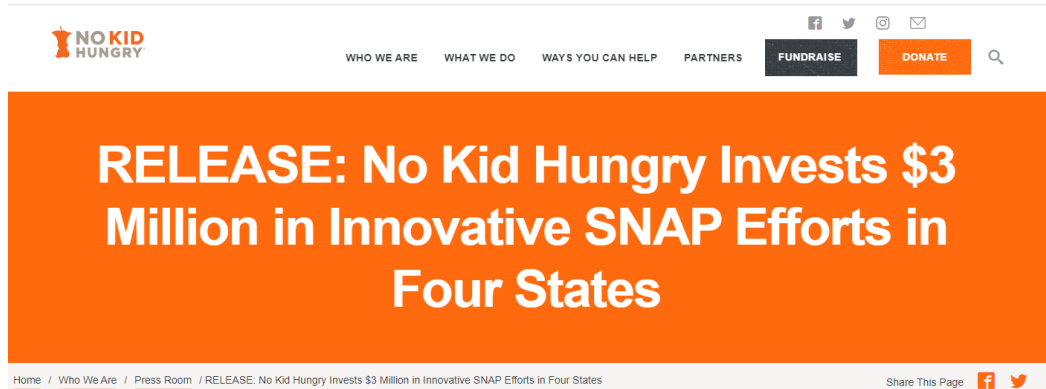
[Legal Services](#)

# Addressing Food Insecurity as Part of Housing Strategy



# No Kid Hungry Award and Nutrition Insecurity Cross Enrollment (NICE) Pilot

**Partnership between NC InCK, Meals4Families and NC DHHS received \$750,000 to design strategies to increase SNAP enrollment in 2022.**



## NC Medicaid's NICE Pilot

- Data: WIC and SNAP Enrollment sent to PHPs and Duke Health on Medicaid members.
- Goals: For Duke's Care Management
  1. Develop WIC/SNAP outreach strategy and streamline support
  2. Train care managers on hands on approach to WIC and SNAP enrollment
  3. Improve coordination between Duke, DSS and Health Dept, with the goal of streamlining referrals

# NC InCK Alternative Payment Model

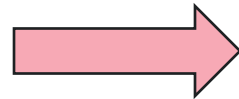
Performance Measure	Tier 1 (50% quality payment)	Tier 2 (75% quality payment)	Tier 3 (100% quality payment)
<b>K-Readiness Promotion Bundle</b>	Screened 20% panel	Screened 40% panel	Screened 60% or more panel
<b>Screening &amp; Follow Up for Food and Housing Security</b>	Screened and Follow Up 20% panel	Screened and Follow Up 40% panel	Screened and Follow Up 60% or more panel
<b>Shared Action Plan for children in SIL-2 and SIL-3</b>	Plan documented for 5% SIL 2 and 10% SIL3	Plan documented for 10% SIL 2 and 20% SIL3	Plan documented for 10% SIL 2 and 30% SIL3
<b>Screening for Clinical Depression &amp; Follow-Up Plan</b>	Screened 20% panel	Screened 40% panel	Screened 60% or more panel
<b>Ambulatory Care: ED visits</b>	Stable compared to 2-yr historical baseline	2.5% lower than 2-yr historical baseline	5% lower than 2-yr historical baseline
<b>Well-Child Visits in First 15 Months (Disparity Measure)</b>	Increase Black/African American rate by 5% x 1 year and overall rate is stable (+/- 1%) or improving	Increase Black/African American rate by 10% x 1 year and overall rate is stable (+/- 1%) or improving	Increase Black/African American rate by 15% x 1 year and overall rate is stable (+/- 1%) or improving

**Service Integration Level (SIL) 2** – Children experiencing multiple health, SDOH, education or guardian risks.  
**Service Integration Level (SIL) 3** – Children who are out-of-home or have high risk of out-out-home placement.

# NC InCK APM Tests how PCPs can Address Food Insecurity

For PCPs: Steps to take to help children connect to SNAP, WIC, school meals, and emergency food resources

**Ask these 5 questions to provide extra food support.**



**InCK Tips:** Questions PCPs can ask families who screen positive for food insecurity

1. Is the family receiving the maximum monthly SNAP benefit?
2. Are K-12 students in the family receiving free meals at school?
3. Is the family enrolled in WIC?
4. Is the family enrolled in insurer-provided food benefits?
5. Does the family need emergency food resources?

# Provider Resources to Support Food Security

- **After Visit Summary** phrases with links and QR codes to support family connection to benefits
- **Comprehensive guide for clinic staff** to actively support family enrollment in benefits

Figure: AMH3 After Visit Summary Text

**After Visit Summary to Support Food Security**

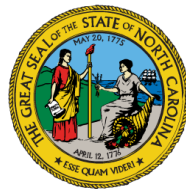
**WIC:** WIC is a supplemental nutrition program for pregnant, breastfeeding and postpartum women, and infants and children until age 5. To enroll in WIC, enter information fields in the WIC referral form and you will be contacted by your local WIC clinic Health Department for enrollment support. Referral link: <https://www.ncdhhs.gov/ncwicreferral>

**FNS/SNAP:** To assess your eligibility for FNS/SNAP, use this screening tool: <https://www.snapscreener.com/>. For support enrolling in FNS/SNAP benefits, contact More In My Basket, by completing contact information on their website (<https://www.morefood.org/contact-us-2/>) or by calling 1-855-240-1451 or 1-888-382-7105 (para ayuda en español). You can also apply for SNAP benefits online at [epass.nc.gov](https://epass.nc.gov), or by going to your local Department of Social Services.

**School Meals for K-12 students:** Children insured by Medicaid should automatically be enrolled in the free school meals program. If you are interested but your child is not participating in free school meals, contact the district office and ask to speak with the nutrition team enrollment specialist.

# What's Next: Learning Together

NC Medicaid and InCK will evaluate impact of approaches to reducing food and nutrition insecurity, sharing lessons learned to support NC Medicaid's statewide strategy to improve food security for children and families.



**NCDHHS**  
NC Medicaid  
Division of Health Benefits



# Medicaid Expansion



# Medicaid Expansion Delay

- Medicaid expansion will no longer launch October 1 as the North Carolina General Assembly did not pass the budget or authorize NCDHHS to launch Medicaid expansion without a budget.
- With continued uncertainty around when final authority will be granted to NCDHHS, the Department is unable to set a new launch date at this point. A new launch date will be announced following the needed legislative action.
- The Department remains committed to working together to support our partners to ensure we can leverage Medicaid expansion to increase access to care across the state.

# AMH TAG Response to Medicaid Expansion Questions

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**What is your organization doing to prepare to serve new expansion members?**

1. Staffing: Monitoring need and will increase staffing as needed for expansion
2. Partnering with practices to outreach new members
3. Educating new members
4. Provider education

# AMH TAG Response to Medicaid Expansion Questions

## Where are the biggest risks in preparing to serve new expansion members?

1. Practices' ability to manage influx in patient population
2. Exacerbating existing assignment accuracy issues
3. Inclusion of unengaged members in quality measures
4. Potential increase in dollar amount associated with denied claims
5. Ability to contact new members due to lack of current contact information

# AMH TAG Response to Medicaid Expansion Questions

## How can the Department support your readiness?

1. Adjust quality measures benchmarks in 2024 to account for the new expansion population
2. Assist practice and CINs with new member education and outreach
3. Invest in statewide or PHP technology to improve contact information and share data with CINs and AMHs
4. Support payment for care innovations
5. Ensure Enrollment Broker has accurate provider information
6. Continue Department support around accuracy of attribution

# Medicaid Expansion: Quality Measurement

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If Medicaid expansion is implemented before the end of 2023:

- The expansion population would be ineligible for inclusion in 2023 annual quality measurement based on HEDIS continuous enrollment criteria, due to joining late in the year
- PHPs would have latitude to include expansion members in gap reports to AMHs

2024 and beyond:

- The Department is considering how the expansion population may impact quality measurement and if any modifications to measures or criteria are needed

# Medicaid Expansion: Assignment

DHB recognizes the ongoing challenges with beneficiary auto-assignment and is actively working to resolve identified issues with Plans.

## Current areas of work related to PCP Assignment:

### Evaluation & Feedback

- Audit of current PHP assignment process
- Auto-assignment policy recommendations from Duke-Margolis
- DHB's analysis of member churn

### Ongoing Changes

- Align PHP contract requirements with assignment expectations
- Adjusting quality gap reporting to account for eligibility timing
- Document provider-network relationships
- Monitor PHP assignment updates
- Leverage updated provider data system

### Provider Engagement

- Engage with providers to ensure accurate panel limits

Auto-assignment algorithm will remain as it is currently for Medicaid Expansion members

# Medicaid Expansion: Questions & Answers

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Q1: When is the next potential launch date?

Q2: What is the outreach plan to promote Medicaid Expansion?

Q3: Will there be a file that will flag expansion members?

Q4: What are the differences between Medicaid expansion coverage and getting coverage through Standard Plan, Tailored Plan, Tribal Option or Medicaid Direct?

Q5: For Marketplace consumers earning 100-138% FPL, will they be auto identified by HC.gov at expansion implementation and automatically moved to Medicaid? Or will the process look different for these consumers? Will these consumers be able to finish their plan year with their Marketplace plan and then apply for Medicaid for coverage beginning the following plan year?

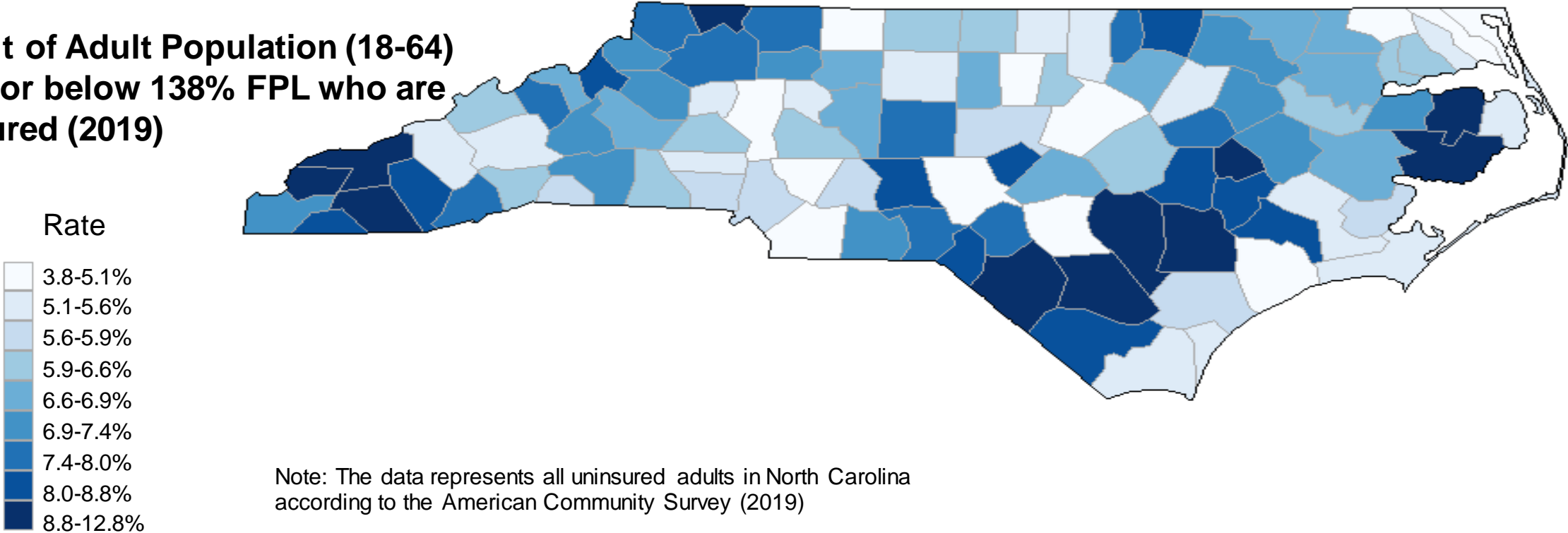
Q6: Does the assignment list indicate when a member first enrolled in Medicaid? This may be used to readily identify them. Or is there a better way?

Q7: Is there a way to get the county-level estimates of number of people who would be eligible for Medicaid under expansion?

# Medicaid Expansion: Population

A higher percentage of people in rural areas who experience health disparities would be eligible for Medicaid expansion

Percent of Adult Population (18-64) and at or below 138% FPL who are Uninsured (2019)





# 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 2023 Meetings

Tuesday, October 10, 2023  
4:00-5:00 PM

Tuesday, November 14, 2023  
4:00-5:00 PM

Tuesday, December 12, 2023  
4:00-5:00 PM

## Potential Upcoming AMH TAG Topics

- Potential NC Medicaid alignment with CMMI's Making Care Primary (MCP) Model
- Additional Medicaid expansion preparation
- PHP/TP Guidance for Provider Patient Termination
- Standardization of monitoring protocols/delegation protocols

# Appendix

# Overview: New Food & Housing Codes

## HCPCS G Codes

3 new codes to capture screening activities

## ICD-10 Z Codes

4 new codes to capture rates of housing- and food-related needs

- All G and Z codes are billable but non-reimbursable
- Z codes cannot be used as a primary diagnosis code

# Needs Assessment: NC HOP Screening Questions

Testing a New Approach to Risk Stratification:  
NC Medicaid & InCK use answers from HOP questions  
in the risk stratification for care management.

Food
Within the past 12 months, did you worry that your food would run out before you got money to buy more?
Within the past 12 months, did the food you bought just not last and you didn't have money to get more?



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**In the future:** NC InCK would like to use current Medicaid pilot to link Medicaid, SNAP, and WIC data to share data on enrollment gaps alongside risk stratification.