Introduction to Advanced Medical Homes

IT and Data Sharing

January 10, 2019
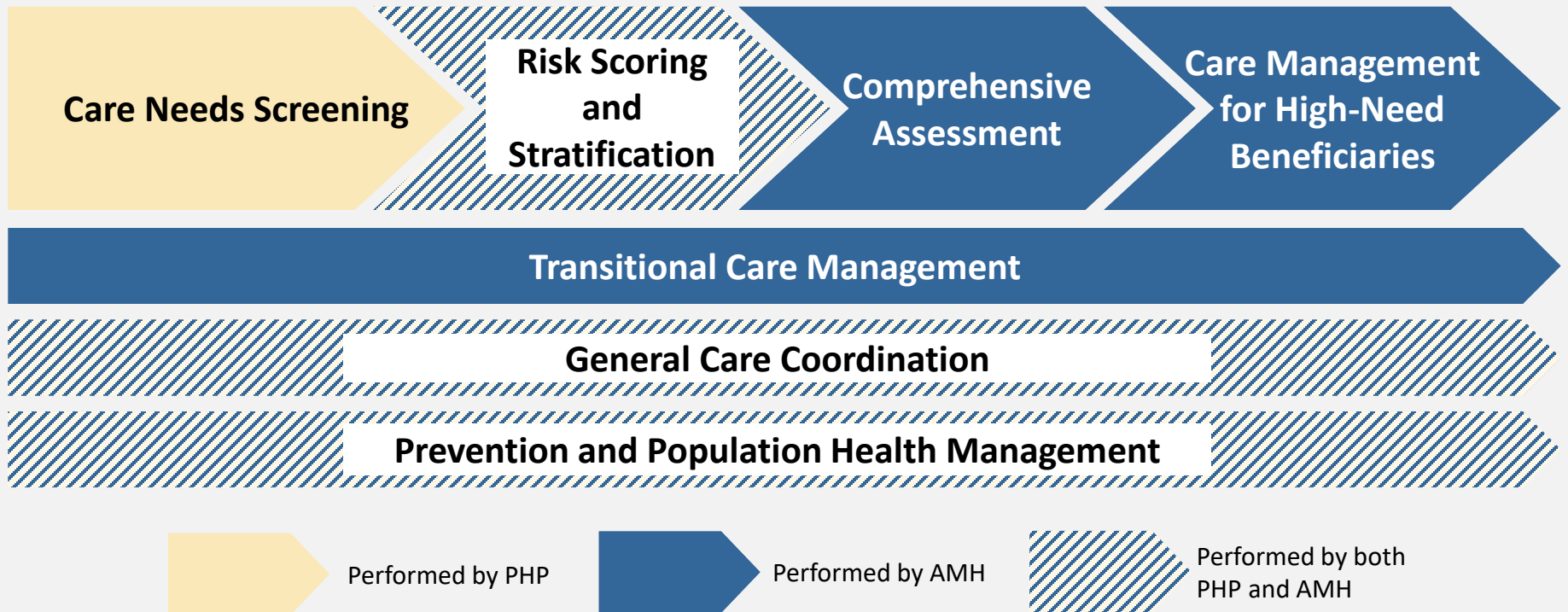
Contents

Part I:
Overview of AMH Requirements

Recap: Care Management Approach: Tier 3

Tier 3 AMH practices are responsible for a range of local care management functions; CINs/other partners can assist practices in fulfilling some of these responsibilities*

Care Needs Screening → Risk Scoring and Stratification → Comprehensive Assessment → Care Management for High-Need Beneficiaries

Transitional Care Management

General Care Coordination

Prevention and Population Health Management

Performed by PHP | Performed by AMH | Performed by both PHP and AMH

AMH Tier 3 practices have flexibility to determine how CINs/other partners can help meet Tier 3 requirements

Data Flows by AMH Tier

AMH practices will use multiple types of data from PHPs and other sources to carry out care management functions and assume responsibility for population health

- Under managed care, PHPs will each track and maintain their own population health data and be responsible for sharing that data with AMH practices

- Required data flows to **all AMHs***:
    - Beneficiary assignment information from PHPs
    - Initial Care Needs Screening information from PHPs
    - Risk scoring data from PHPs
    - Common quality measure performance information from PHPs

- Required data flows to **Tier 3 AMHs***:
    - Encounter data from PHPs
    - ADT information from NC HealthConnex or other source

- Additional data all AMHs are **encouraged to access**:
    - Clinical information for population health/care management processes from NC HealthConnex or other source
    - Data about available local human services accessed via NCCARE360

> **Note:** PHPs and AMHs will be responsible for complying with all federal and State privacy and security requirements regarding the collection, storage, transmission, use, and destruction of data

* Or their designated CIN/other partner(s)

Recap: Clinically Integrated Network (CIN)/Other Partner Support

CINs/other partners can support AMH practices by managing data, supporting analytics, and delivering advanced care coordination and care management*

Types of Practices

- Employed physician groups – employed directly by health system or faculty practice plan

- Independent group practices – single or multi-specialty group practices, community clinics, and Federally Qualified Health Centers (FQHCs)

- Local health departments (LHDs)

Practices, particularly those in Tier 3, must consider whether their in-house capabilities are sufficient to meet AMH requirements and how CINs/other partners may support them

Types of CINs/Other Partners

- Hospitals, health systems, integrated delivery networks, Independent Practice Associations (IPAs) and other provider-based networks and associations

- Care management organizations and technology vendors

---

* Regardless of whether such organizations meet federal standards for clinical integration.

Part II:
AMH Data Strategy

DHHS's AMH Data Strategy Guiding Principles

Data sharing between PHPs, AMHs, and patients should:

1 Ensure AMH professionals have timely access to relevant, individual-level information

2 Equip AMH Tier 3 (and eventually Tier 4) practices to seamlessly manage care across their PHP populations

3 Minimize administrative and cost burdens on AMHs and PHPs wherever possible

4 Engage beneficiaries in their own health and health care decisions by encouraging the secure and more widespread sharing of health information with beneficiaries

AMHs' Health IT Infrastructure

Electronic Health Record (EHR) Technology

- AMH practices are encouraged, but not required, to use Certified EHR Technology for the AMH program

Care Management System

- AMH Tier 3 practices <u>must</u> have a process to document and store care plans in a clinical system of record

- AMH Tier 3 practices <u>may</u>, but are not required to, purchase risk stratification, population health platforms, or other business analytics tools

Health Information Exchange (HIE) Connections

- North Carolina law requires that hospitals and practitioners who provide Medicaid services (and have an EHR system) connect with NC HealthConnex

- AMHs are free to access data and other information (including admission, discharge, and transfer-based alerts) from any HIE that meets their needs

AMH Data Flows: Key Stakeholders

AMH practices will share and exchange data with multiple entities
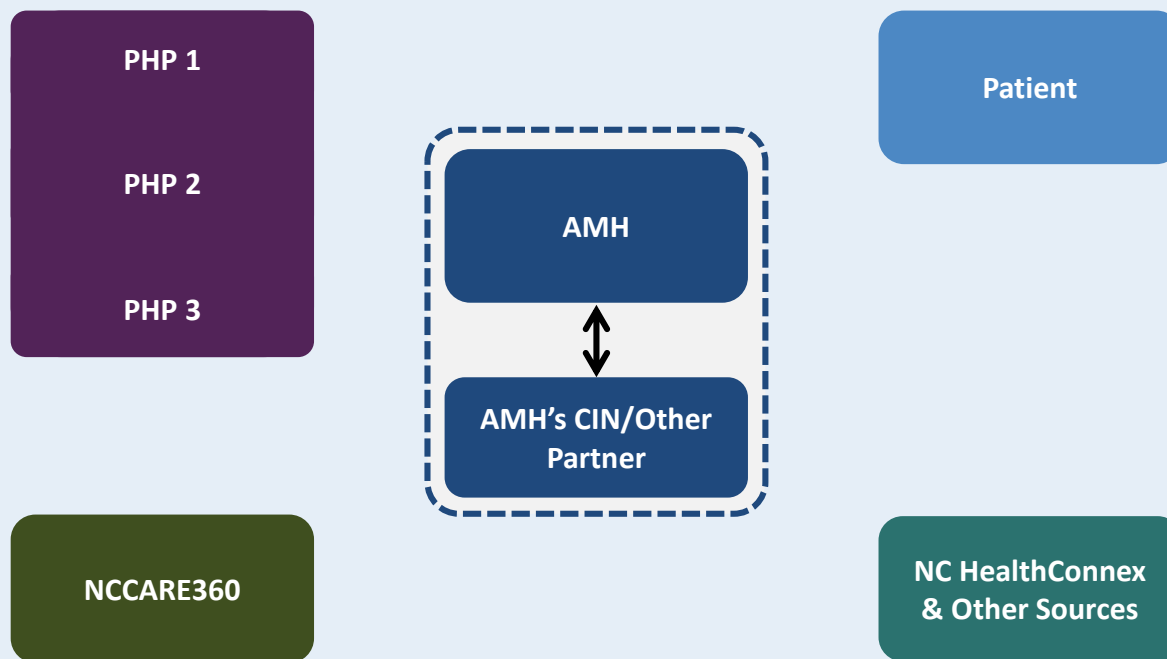
AMH Data Strategy
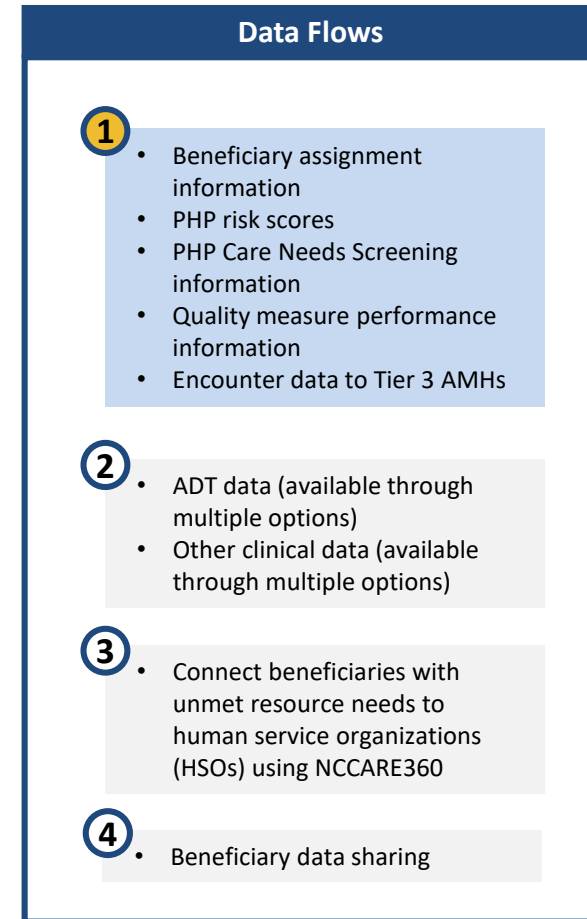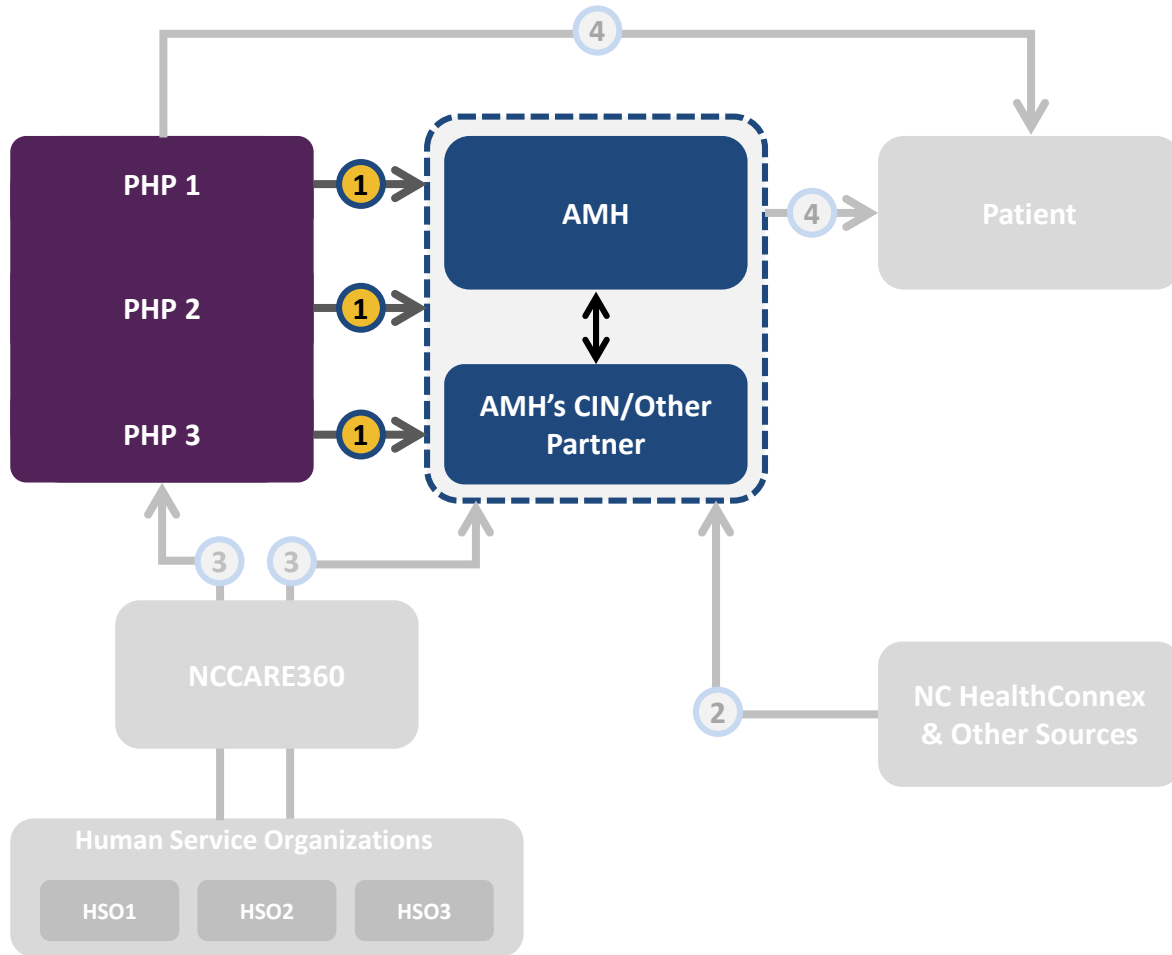
- **Align with national standards where possible**

- **Provide technical reference guides and implementation specifications**

- **Support end-to-end testing and training for exchange of key data elements**

- **Work with the AMH Technical Advisory Group to identify opportunities for consistent approaches to data content, format, and transmission methods**

Part III:
AMH Data Flows

AMH Data Flows: AMH and PHP Data Exchanges

Data Flows

1
- Beneficiary assignment information
- PHP risk scores
- PHP Care Needs Screening information
- Quality measure performance information
- Encounter data to Tier 3 AMHs

2
- ADT data (available through multiple options)
- Other clinical data (available through multiple options)

3
- Connect beneficiaries with unmet resource needs to human service organizations (HSOs) using NCCARE360

4
- Beneficiary data sharing

Diagram elements: PHP 1, PHP 2, PHP 3, AMH, AMH's CIN/Other Partner, Patient, NCCARE360, NC HealthConnex & Other Sources, Human Service Organizations (HSO1, HSO2, HSO3)

* This high-level data flow depiction does not characterize or illustrate all data flows pertaining to Medicaid Managed Care. It is an illustrative depiction of a hypothetical AMH Tier 3 scenario.

Beneficiary Assignment Information

PHPs will be required to send AMHs the list of beneficiaries assigned to them

How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?

• **Identify beneficiaries in care management**
 	
• **Determine AMH payments**
 	
• **Support Tier 3 AMH requirements**
	• **Timing**
	   o Point-in-time assignment list at least monthly
	
	   o Projected assignment list for the following month
	
	   o Information on newly-enrolled or assignment beneficiaries (7 days)
	
	   o Ad hoc assignment changes (7 days)
		• Collect and organize beneficiary assignment information on behalf of AMHs to help reconcile patient lists
		
		• Generate and transmit lists of beneficiaries that can be shared with external organizations

PHP Risk Scores

PHPs will be required to share risk scores for assigned beneficiaries with AMHs

How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?
• **Inform care management** • **Support Tier 3 AMHs' risk stratification requirements**	• **Trigger**: PHPs must notify AMHs when beneficiaries fall into priority population categories. • **Content**: PHPs must share risk scoring results with AMH practices for assigned beneficiaries. • **Risk Score Methodologies**: PHPs are encouraged to share an explanation of their risk scoring methodologies but are permitted to use their own proprietary risk scoring algorithms.	• Normalize risk status for each assigned beneficiary based on risk scoring data from multiple PHPs. • Incorporate into the risk stratification calculation relevant information including gaps-in-care data, clinical data, or social determinants. • Provide analytics to develop detailed risk assessments and customized care management approaches.

PHP Care Needs Screening Information

PHPs will be required to conduct and share initial screening results (i.e., "Care Needs Screening")

How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?

• **Inform care management**	• **Timing**: PHPs must share the Care Needs Screening results with AMH within 7 calendar days of screening.
	
	• **Content**: The care needs screening tool must identify (at a minimum):
	  o Chronic or acute conditions
	  o Chronic pain
	  o Behavioral health needs
	  o Medications
	  o Other factors or conditions to inform available interventions
	  o Unmet health-related needs for housing, food, transportation, & interpersonal safety
		• Compile or parse specific elements from the screening to inform care management functions.
		
		• Aggregate beneficiaries' Care Needs Screening results to identify patterns and inform the AMHs' performance.

Quality Measure Performance Information

PHPs will be required to provide regular performance feedback to AMHs on quality measures*

How will the data be used?

- **Inform care management**

- **Provide insights into Performance Incentive Payments**

What are the requirements?

- **Content**: PHPs must provide feedback on quality scoring results to each AMH practice

- **Timing**: Feedback must be provided on both an annual and an interim basis for selected measures

- **Format**: The Department will set more detailed requirements based on Technical Advisory Group and stakeholder input after PHP procurement

How can a CIN/other partner provide support?

- Compute quality performance information across PHPs to identify and resolve any discrepancies in PHP-calculated performance.

- Aggregate performance data at the practice level to provide dashboards on quality measures.

- Assess performance of specific interventions, identify gaps in care, and/or ascertain opportunities to target resources more efficiently.

* See AMH 103 Webinar, slide 18 for more information on quality measures and Performance Incentive Payments

Encounter Data

PHPs will be required to share encounter data* for attributed beneficiaries on a timely basis with Tier 3 AMHs

| How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?
• **Inform care management** • **Provide insight into total cost of care**	• **Content**: PHPs will compile adjudicated claims from providers and transmit attributed beneficiaries' encounter data to the Tier 3 AMHs or their designated CINs and other partners. • **Timing**: Department will set timing requirements based on feedback from the AMH Technical Advisory Group and stakeholder input. • **Format**: The Department will provide detailed specifications and a companion guide with technical details that will align with national standards.	• Collect and organize encounter (medical and pharmacy) data from multiple PHP sources

* Encounter data are all claims received and adjudicated by the PHP.

AMH Data Flows: Access to Clinical Information
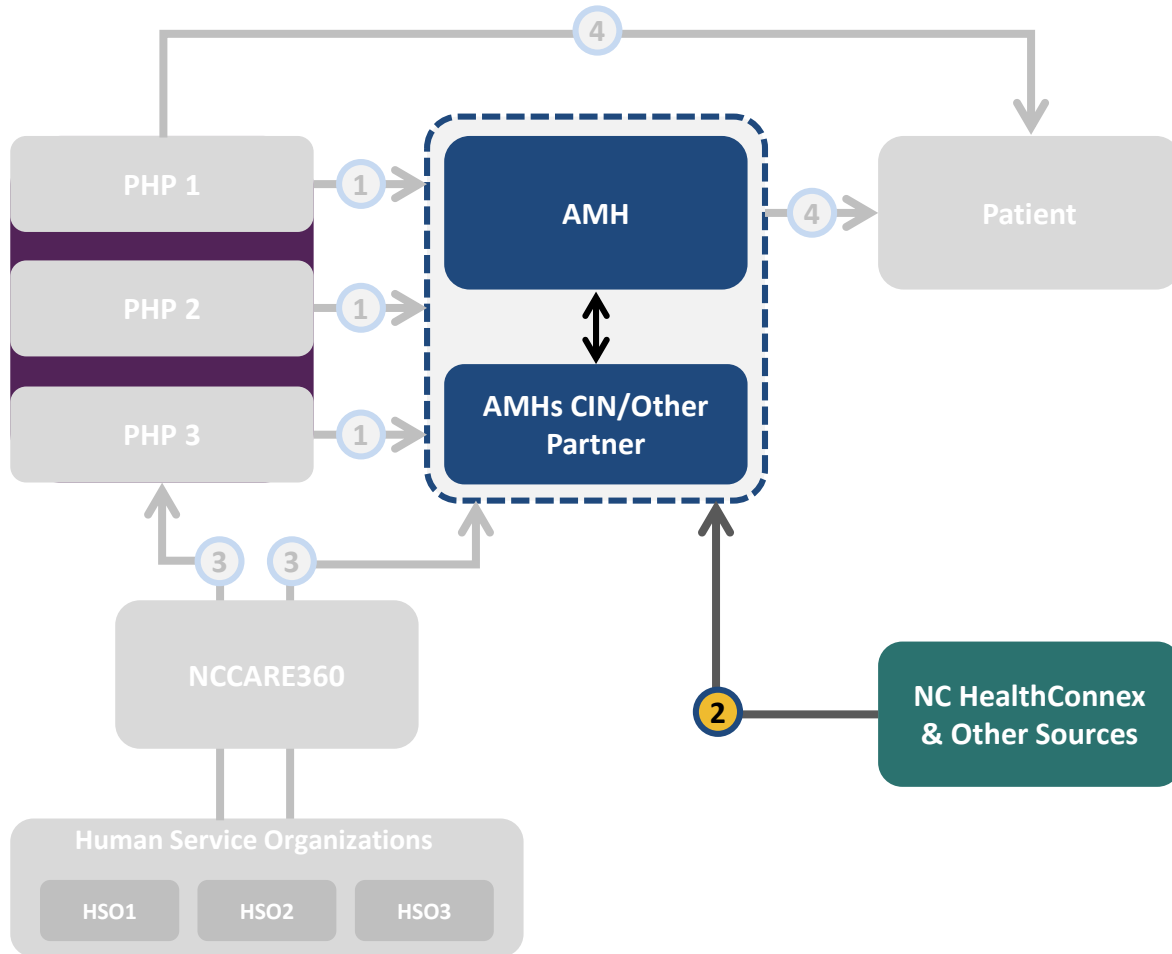
Data Flows

1
- Beneficiary assignment information
- PHP risk scores
- PHP Care Needs Screening information
- Quality measure performance information
- Encounter data to Tier 3 AMHs

2
- ADT data (available through multiple options)
- Other clinical data (available through multiple options)

3
- Connect beneficiaries with unmet resource needs to human service organizations (HSOs) using NCCARE360

4
- Beneficiary data sharing

Diagram labels: PHP 1, PHP 2, PHP 3, AMH, AMHs CIN/Other Partner, Patient, NCCARE360, NC HealthConnex & Other Sources, Human Service Organizations, HSO1, HSO2, HSO3

* This high-level data flow depiction does not characterize or illustrate all data flows pertaining to Medicaid Managed Care. It is an illustrative depiction of a hypothetical AMH Tier 3 scenario.

Admission Discharge Transfer (ADT) Data

Tracking empaneled patients' utilization data in local EDs and hospitals through active access to an ADT feed

How will the data be used?

- **Inform care management**

- **Response to ADT-based alerts**

What are the requirements?

- Tier 3 AMHs must have **active access to an ADT source** that correctly identifies specific empaneled patients' discharges or transfers to/from an ED or inpatient setting in real time or near real time
- North Carolina law requires that hospitals and practitioners who provide Medicaid services connect with NC HealthConnex, which will include connection to ADT feeds
- Other services also provide connection to ADT feeds, and AMHs are free to use those

How can a CIN/other partner provide support?

- Compile beneficiary information from multiple ADT sources.

- Develop processes to respond to certain high-risk ADT alerts received in real time or near real time.

- Use daily batched ADT information to facilitate patient prioritization.

- Identify patterns and trends to inform care delivery practice-level population health efforts.

Other Clinical Data

AMHs will need timely access to clinical information including patients' test results, select lab values, and immunization data and gaps
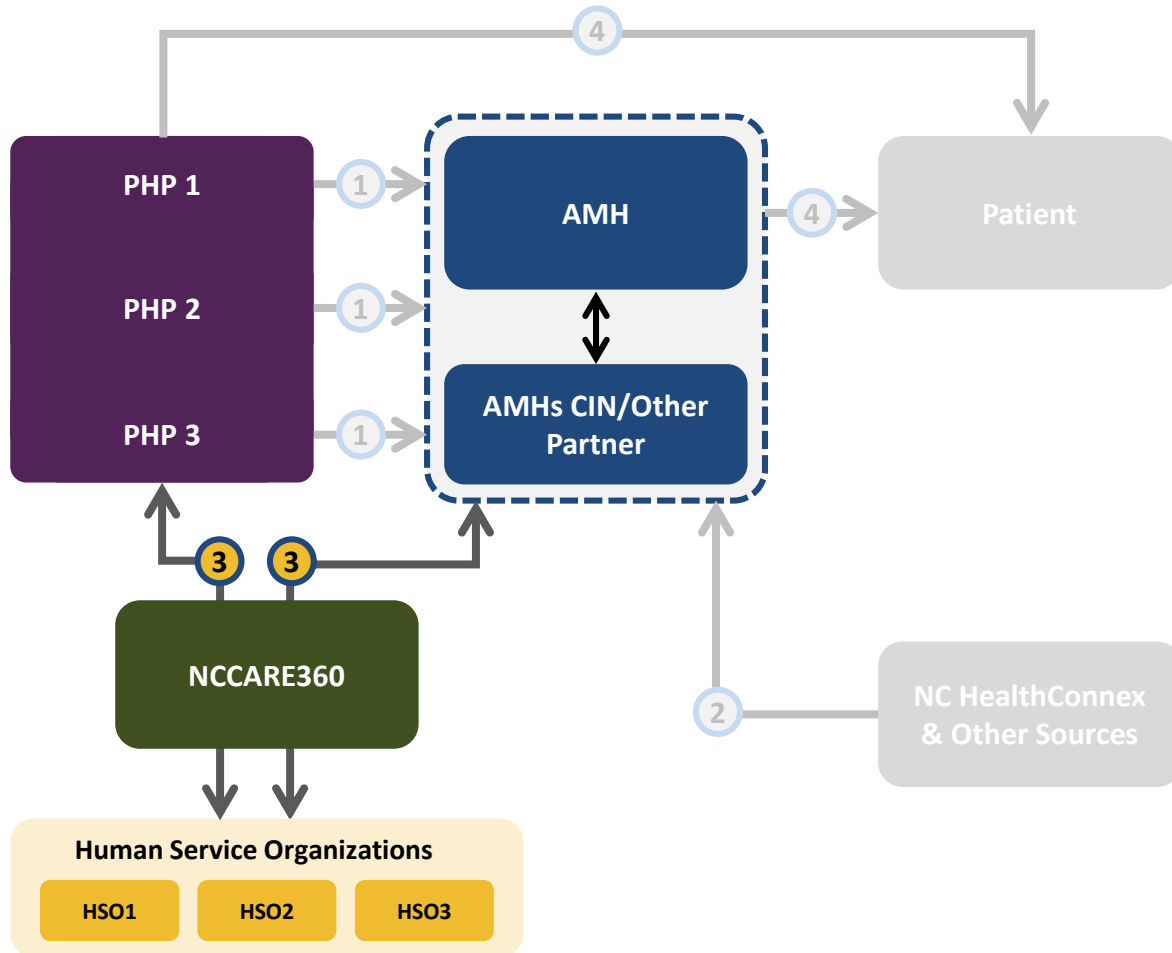
How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?
• **Inform care management**	• **Options to Access Data**: AMHs have several choices for accessing clinical data.* ○ **Practices affiliated with a health system** may have access to clinical data for other providers affiliated with the same system in the health system's EHR software. ○ **For access to clinical information from non-affiliated practices, immunization data, and information on prescriptions for controlled substances,** AMHs are encouraged to work with NC HealthConnex or other data sources to assess data sharing opportunities and establish data-sharing agreements.	• Collect, parse, and organize clinical data from multiple sources. • Integrate clinical data into the practice's system of record.

* North Carolina law requires that hospitals and practitioners who provide Medicaid services (and have an EHR system) connect with NC HealthConnex.

AMH Data Flows: Social Determinants of Health

Data Flows

1
- Beneficiary assignment information
- PHP risk scores
- PHP Care Needs Screening information
- Quality measure performance information
- Encounter data to Tier 3 AMHs

2
- ADT data (available through multiple options)
- Other clinical data (available through multiple options)

3
- Connect beneficiaries with unmet resource needs to human service organizations (HSOs) using NCCARE360

4
- Beneficiary data sharing

Diagram elements:
- PHP 1, PHP 2, PHP 3
- AMH
- AMHs CIN/Other Partner
- Patient
- NCCARE360
- NC HealthConnex & Other Sources
- Human Service Organizations: HSO1, HSO2, HSO3

* This high-level data flow depiction does not characterize or illustrate all data flows pertaining to Medicaid Managed Care. It is an illustrative depiction of a hypothetical AMH Tier 3 scenario.

Social Determinants of Health (SDOH) Data

Tier 3 AMHs will receive information on beneficiaries' "unmet resource needs" and address these needs by connecting beneficiaries to available community-based resources.

How will the data be used?

- **Inform care management**

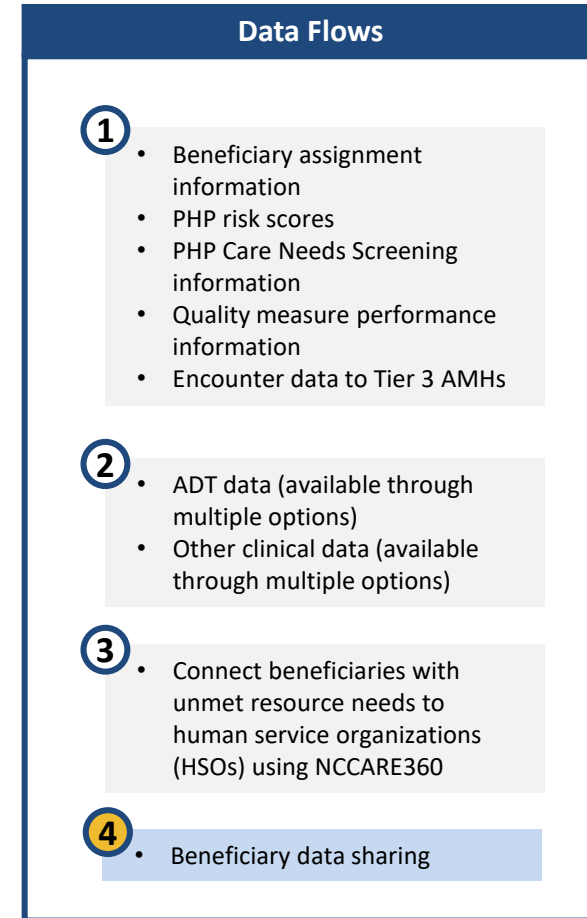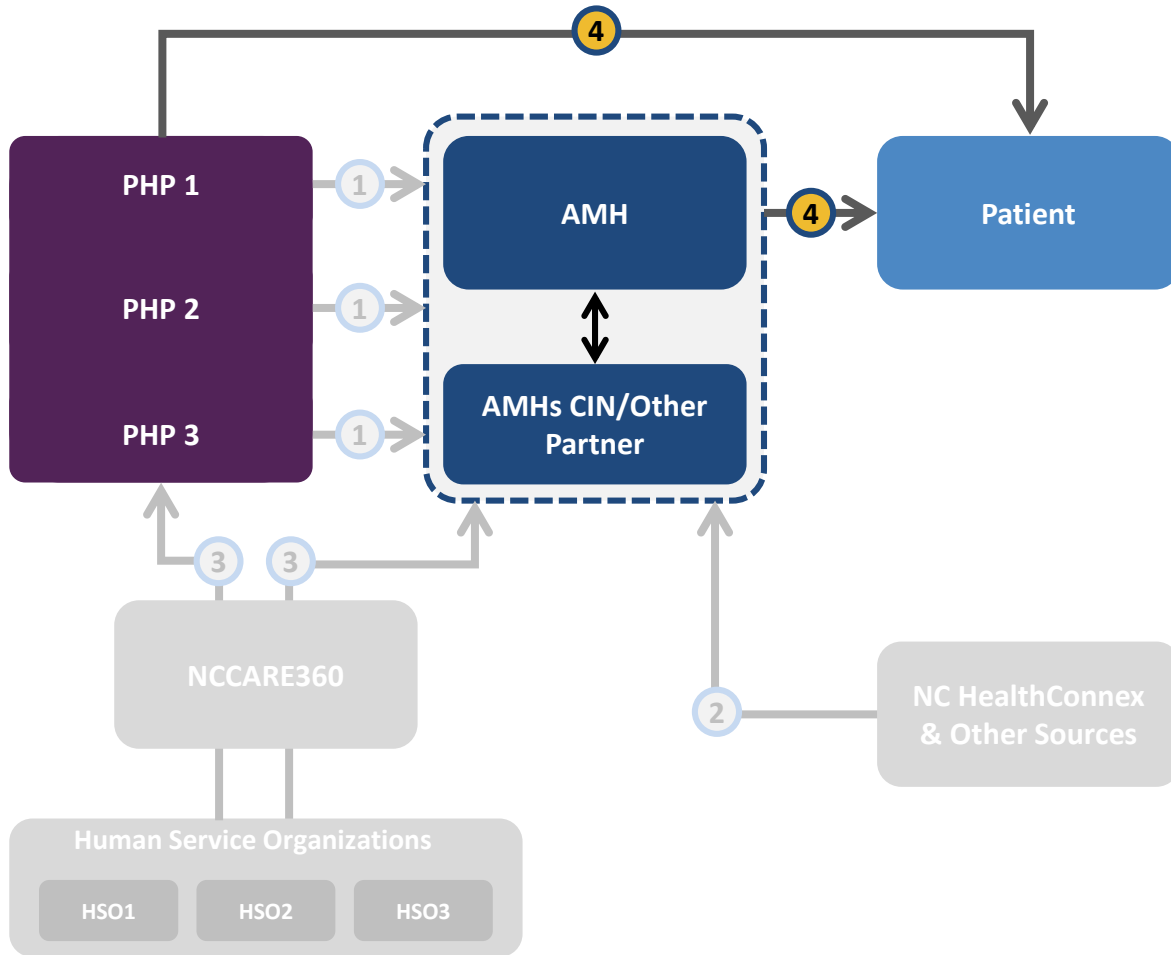- **Support connections to community-based resources**

What are the requirements?

- **No direct requirement to use NCCARE360 at start of program**

- **In the future, and once certified by the State as being fully functional, PHPs and Tier 3 AMHs will all be encouraged to use NCCARE360**

How can a CIN/other partner provide support?

- Review information on beneficiaries' unmet resource needs and provide actionable information to care managers based on identified needs

- Manage referrals to human service organizations and resources

AMH Data Flows: Engaging Beneficiaries

Data Flows

1
- Beneficiary assignment information
- PHP risk scores
- PHP Care Needs Screening information
- Quality measure performance information
- Encounter data to Tier 3 AMHs

2
- ADT data (available through multiple options)
- Other clinical data (available through multiple options)

3
- Connect beneficiaries with unmet resource needs to human service organizations (HSOs) using NCCARE360

4
- Beneficiary data sharing

* This high-level data flow depiction does not characterize or illustrate all data flows pertaining to Medicaid Managed Care. It is an illustrative depiction of a hypothetical AMH Tier 3 scenario.

Beneficiary Data Sharing

AMHs are strongly encouraged to engage patients in their own health by making secure information sharing with patients easier and more widespread

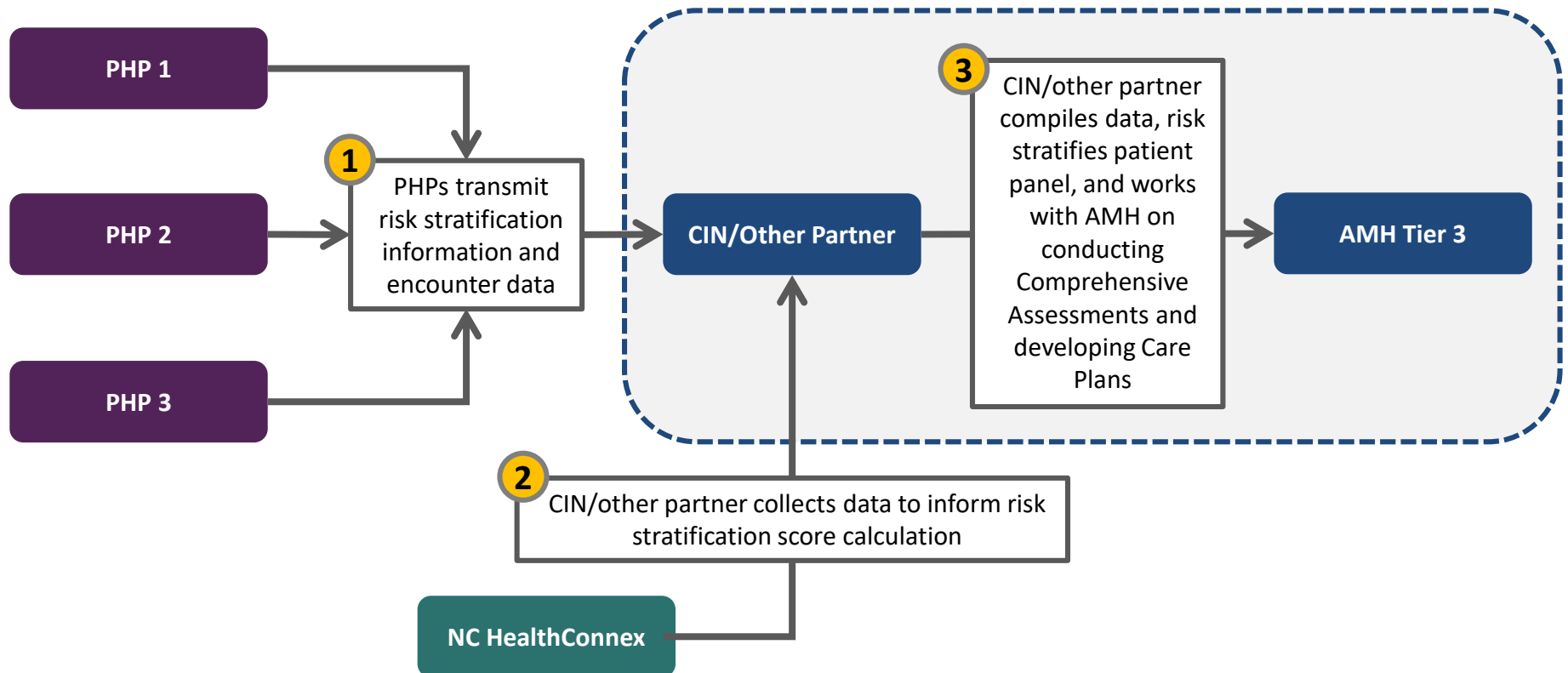| How will the data be used?	What are the requirements?	How can a CIN/other partner provide support?

• **Inform care management**	• **Options to Engage Patients**:
	    ○ Use of patient portals offered through EHRs or other systems.
	    ○ Innovative strategies for secure sharing of information that allow beneficiaries to control how their data is utilized.
		• Develop a means of secure data transfer or reports to beneficiaries as needed (i.e., CINs/other partners can develop workflows responding to certain events and share specific information with patients at those times)

Part V:
Data Use Cases

Use Case #1: Risk Stratification

Scenario: Tier 3 practice partners with CIN/other partner to compile risk stratification scores, encounter data, SDOH information, and other clinical data to inform the care management processes

PHP 1

PHP 2

PHP 3

1 PHPs transmit risk stratification information and encounter data

CIN/Other Partner

3 CIN/other partner compiles data, risk stratifies patient panel, and works with AMH on conducting Comprehensive Assessments and developing Care Plans

AMH Tier 3

2 CIN/other partner collects data to inform risk stratification score calculation

NC HealthConnex

Use Case #2: ADT Alert

***Scenario*:** Patient enrolled in a Tier 3 AMH is admitted to a local hospital and requires transitional care management and access to community-based services
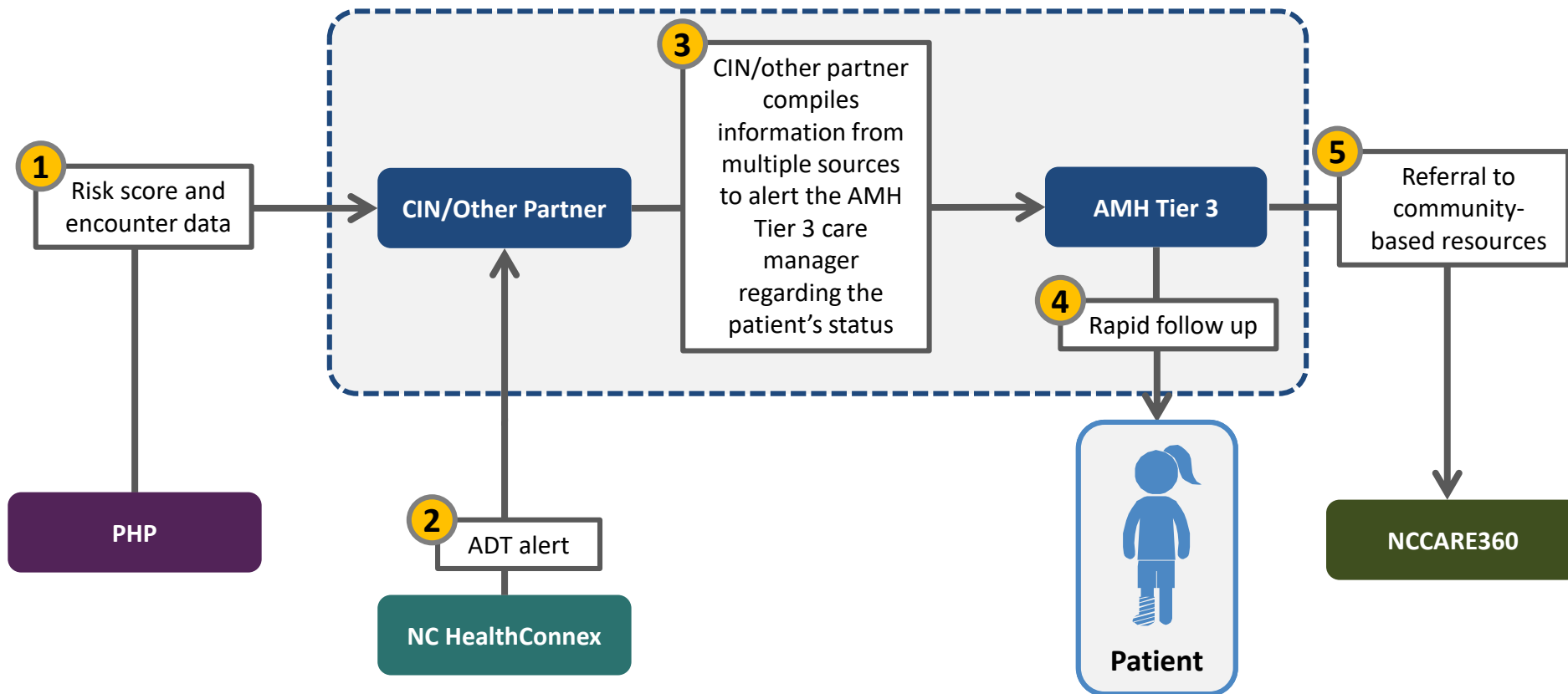
Part VI:
Q & A

Part V:
Additional Information

Additional Information

- **Email:** Medicaid.Transformation@dhhs.nc.gov

- **U.S. Mail:** Dept. of Health and Human Services, Division of Health Benefits
  1950 Mail Service Center
  Raleigh NC 27699-1950

Web Resources

- https://medicaid.ncdhhs.gov/advanced-medical-home

- https://medicaid.ncdhhs.gov/amh-training

- https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/nc-resource-platform

White Papers, Manuals, FAQs, and Guidance

- UPDATED: NC DHHS, North Carolina AMH Program Frequently Asked Questions, December 21, 2018

- NC DHHS, Programmatic Guidance on PHP Contracting Requirements for Tier 3 AMH Practices, December 17, 2018

- North Carolina AMH Program Data Strategy in Support of Care Management, October 4, 2018

- NC DHHS, Becoming Certified as an Advanced Medical Home: A Manual for Primary Care Providers, August 28, 2018

- NC DHHS, "Data Strategy to Support the Advanced Medical Home Program in North Carolina," July 20, 2018

- NC DHHS, "North Carolina's Care Management Strategy under Managed Care," March 9, 2018

- NC DHHS, "North Carolina's Proposed Program Design for Medicaid Managed Care," August 2017