

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

Meeting #17:

- **Data Subcommittee Update**
- **Discussion of Dedicated AMH/PHP Feedback Loop (20 minutes)**
- **Discussion of Field-Based Care Management (20 minutes)**

April 5, 2022

Agenda

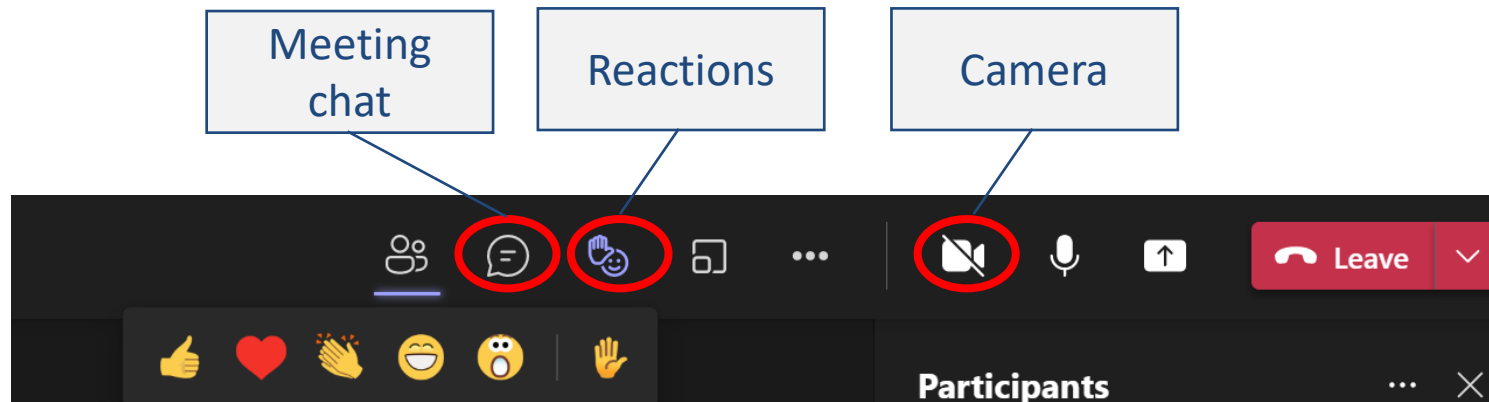
- 1 Welcome and Roll Call (5 minutes)**
- 2 Report-out from February 8 and April 1 AMH TAG Data-Subcommittee Meeting (10 minutes)**
- 3 Discussion of Dedicated AMH/PHP Feedback Loop (15 minutes)**
- 4 Discussion of Local Care Management (25 minutes)**
- 5 Wrap-Up and Next Steps (5 minutes)**

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)
Amy Russell, MD	Medical Director Mission Health Partners	Provider (CIN)
Kristen Dubay, MPP	Director Carolina Medical Home Network	Provider (CIN)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
George Cheely, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.	Health Plan
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians 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.



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Launch of AMH TAG Data Subcommittee

The AMH TAG Data Subcommittee was relaunched on 2/8/22 to review and provide recommendations on critical AMH data exchange requirements and concerns.

2/8 Meeting Summary

- **The Data Subcommittee reviewed known data concerns and discussed two issues in detail:**
 - PHP and AMH data transmission timing
 - CIN-AMH relationship tracking
- **Data Subcommittee feedback included:**
 - **Addressing Data Quality:** Data Subcommittee members recommended additional training to help address data inconsistencies found in several files, particularly the patient risk list.
 - **Improving Alignment of Transmission Timing:** PHPs noted that aligning their transmission schedules is complicated by the timing of their receipt of “upstream” information from multiple sources.
 - **Documenting CIN-AMH Relationships:** Subcommittee members agreed upon the value of a single source of truth for CIN and AMH relationships and recommended the establishment of clear expectations on the sequence and timing of updates to the CIN-AMH relationships.

Data Topics Survey

To inform the prioritization of additional data-related topics, Data Subcommittee members provided feedback for seven data issues with respect to the issues' (1) impact, (2) urgency for resolution, and (3) potential solutions.

Data Issues	
1. PHP & AMH Data Transmission Timing	5. Care Needs Screening
2. Tracking CIN-AMH Relationships	6. Claims Files
3. Beneficiary Assignment	7. Quality Measures
4. Patient Risk List	

Survey Goals and Structure

The survey prompted respondents to:

- A. Validate the list of issues
- B. Identify any additional issues
- C. Comment on the nature, impact, urgency of the issue and/or potential solutions
- D. Prioritize the issues across two dimensions:

1. Impact on Critical Operations

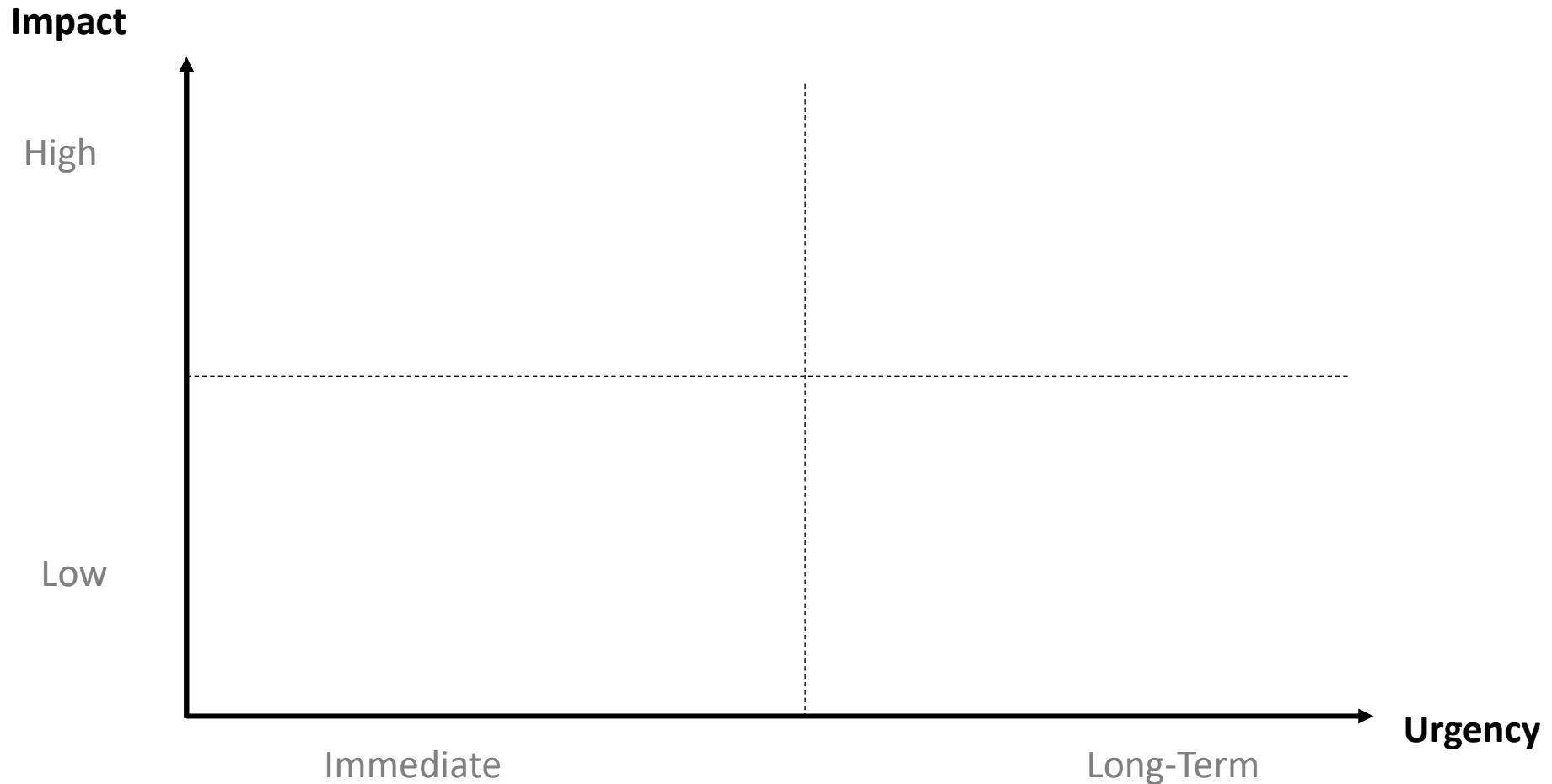
- **High** (*significant impact*)
- **Medium** (*moderate impact*)
- **Low** (*minimal impact*)

2. Urgency for Resolution (i.e., solution timing)

- **Immediate** (*within next 6 months*)
- **Near term** (*between 6-9 months*)
- **Long term** (*after 9 months*)

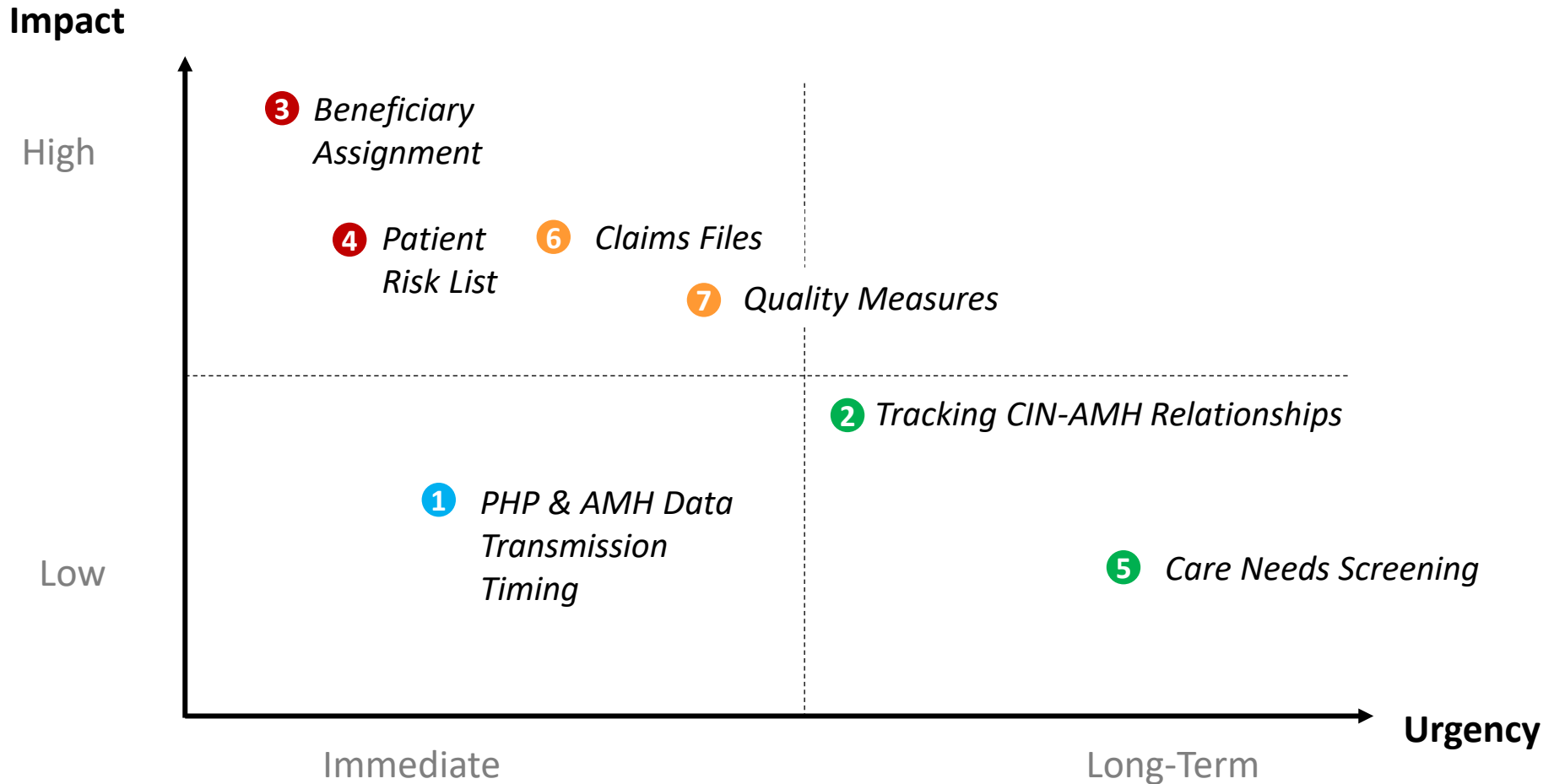
Data Topic Prioritization

For each data topic, Data Subcommittee members evaluated the impact on critical operations and the urgency for resolution.



Data Topic Prioritization

Beneficiary Assignment and Patient Risk List were identified as having the highest impact on operations and the most immediate urgency.



Second AMH TAG Data Subcommittee

The second AMH TAG Data Subcommittee meeting included focused discussions to (1) further define high-priority data topics identified from the survey and (2) provide feedback on potential solutions to address the previously discussed CIN-AMH relationship tracking issues.

4/1 Meeting Summary

- **The Data Subcommittee reviewed the Data Topics Survey results and provided additional perspective on the current status, operational implications, and next steps for two high-priority data topics:**
 - Beneficiary Assignment
 - Patient Risk List (PRL)
- **In addition, the Data Subcommittee reviewed known data concerns with tracking CIN-AMH relationships and provided feedback on a proposed approach to develop a single source of truth for CIN-AMH relationships.** Under the potential solution, the Department would:
 - Determine the location for the source of truth for CIN-AMH relationships, and
 - Create a standardized process to document, maintain, and update CIN-AMH relationships.

The next AMH TAG Data Subcommittee meeting is scheduled for Friday, 6/10.

Reminder: AMH TAG Data Subcommittee

The name of each organization's lead representative is in **bold**.

Memberships

Stakeholder	Organization	Representative(s)
Health Plan	AmeriHealth Caritas North Carolina, Inc.	Hazen Weber
Health Plan	Blue Cross and Blue Shield of North Carolina	Ebony Gilbert Seth Morris Carla Slack
Health Plan	Carolina Complete Health, Inc.	Sharon Greer Matthew Lastrina
Health Plan	UnitedHealthcare of North Carolina, Inc.	Russ Graham Atha C Gurganus
Health Plan	WellCare of North Carolina, Inc.	Nathan Barbur
Provider (CIN)	Atrium Health Wake Forest Baptist	Misty Hoffman
Provider (CIN)	Carolina Medical Home Network	Chris Scarboro
Provider (CIN)	Community Care Physician Network (CCPN)	Gregory Adams Anna Boone Carlos Jackson Trista Pfeiffenberger
Provider (CIN)	Emtiro Health	Brad Horling Alexander Lindsay
Provider (CIN)	Duke University Health System	Mary Schilder
Provider (CIN)	Mission Health Partners	Cynthia Reese
Provider (CIN)	UNC Health System	Shaun McDonald
Provider (Independent)	Sandhills Pediatrics/CCPN	Christoph Dasio
Provider (Independent)	Blue Ridge Pediatrics/CCPN	Gregory Adams
Tribal Option Representative	Cherokee Indian Hospital Authority	Sarah Wachacha
MCAC Quality Committee Member	ECU Physicians / Vidant Health	Debra Roper

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Discussion of Dedicated AMH/PHP Feedback Loop

Scenario: PHPs make direct referrals to AMH 3s/CINs for urgent cases, for HO Pilots outside of the PRL. PHPs don't always have a consistent phone number, email address to make those referrals. They also don't always get confirmation that the referral was received and follow-up on. AMH 3s have noted similar issues.

For Discussion: What should be the expectation/new requirements for AMH 3s/CINs to have a:

- Standard contact line/email for referrals (live or voicemail/email)
- Standard expectation for response/confirmation of receipt and follow-up (time standard, method of response)
- Standard contact line/email for referrals from AMH 3s (live or voicemail/email)
- Standard expectation for response/confirmation of receipt and follow-up for providers (time standard, method of response)
- Method for publishing/sharing the contact number & expectations for follow-up

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Discussion of Local Care Management

Scenario: As we continue to move into the endemic phase of the COVID-19 Public Health Emergency, DHB would like to align with PHPs and AMH 3s on expectation for “local care management.”

Background: SP Contract, pages 120-122, Local Care Management and Related Programs

1. The Department seeks a Contractor that has the ability to provide a robust system of local care management—***care management that is performed at the site of care, in the home or in the community where face-to-face interaction is possible***. Local care management is the preferred approach to care management. The PHP shall have an established system of care management through Advanced Medical Home (AMH), and defined in Attachment M.
2. The Department’s AMH framework, is intended to be a minimum initial framework laying out basic requirements on top of which PHPs and AMHs are encouraged to innovate around payment and delivery models according to their strategies, capabilities, and preferences – and, most importantly, the needs and preferences of Medicaid beneficiaries.
 - i. General Requirements for Local Care Management
 - a) *The PHP shall ensure that **the majority of its high-need Members in each Region** receive care Management services through local care management, which includes care management provided by AMHs or LHDs as well as care management provided by the PHP that is delivered locally.*

Local Care Management: Care management that is performed at the site of care, in the home or in the community where face-to-face interaction is possible (*SP contract, Definitions*).

Discussion of Local Care Management

- **Which members:**
 - Are we all aligned on what a “High Need Member” is?
 - (*DHB-SP contract refers to “high needs” members: Identified by CNS, Identified by and needing an assessment; needing a care plan; needing provision of care management*)
- **What percent during what time?**
 - How should we define “***the majority of its high-need Members in each Region***” standard?
- **What is ‘face to face?’**
 - Does telehealth (video) count as ‘*local care management?*’
- **Timing**
 - What is the timing to initiate return to ‘local care management’

Local Care Management: Care management that is performed at the site of care, in the home or in the community where face-to-face interaction is possible (*SP contract, Definitions*).

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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, May 10, 2022
4:00-5:00 PM

Tuesday, June 14, 2022
4:00-5:00 PM

Tuesday, July 12, 2022
4:00-5:00 PM

Tuesday, August 9, 2022
4:00-5:00 PM

Tuesday September 13, 2022
4:00-5:00 PM

Proposed May 10 AMH TAG Agenda

- Update on State Transformation Collaborative
- Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools
 - Delivery Reform: Integrated Physical and Behavioral Health
 - Value Based Payment
 - Data Strategy

Potential Upcoming Topics for AMH TAG

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
- AMH Quality Measures Attribution Model

Next Steps

AMH TAG Members

- Share report out from data-subcommittee with stakeholders at your organizations
- 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

- Continue sharing updates from data-subcommittee
- Review feedback from today's discussion and share with Department leadership
- Consider feedback from today's discussion in AMH program updates
- Prepare for May 10 AMH TAG session