North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #41 (Conducted Virtually) August 13, 2024

AMH TAG Attendees:

- Coastal Children's Clinic
- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners
- Carolina Medical Home Network
- Duke Connected Care
- ECU MCAC Quality Committee Member
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- North Carolina Area Health Education Centers (AHEC)
- WellCare of North Carolina, Inc.
- Carolina Complete Health (CCH)
- United Healthcare
- Dr. Keith McCoy
- Children First of North Carolina

NC DHHS Staff and Speakers Name	Title
Hannah Fletcher	Survey Team Lead, Program Evaluation
Grace Ruffin	Quality Measurement Evaluator
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor

Agenda

- Provider Experience Survey Results
- PPC F Codes
- Proposed Measure Set for MCP Aligned AMH Incentive Model

Provider Experience Survey Results

- DHHS provided an overview of results from the 2023 Primary Care Provider and OBGYN Provider Experience Survey.
    - The survey is administered by the Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill and measures provider experience at the end of the second year of Managed Care.
    - The survey was developed to evaluate the influence of Medicaid Transformation on primary care and OBGYN practices and is administered across independent practices and health care systems.

- Notable results from the 2023 survey include:
  - Rates of contracting with each of the five Standard Plans (SPs) ranged from 73% to 97%; provider organizations contracted with an average of 4.3 SPs.
  - Providers rated their experience with SPs on clinical domains (e.g., access to specialists) slightly worse than administrative claims (e.g., claims processing).
  - There were some small, but meaningful differences in provider experience compared to the first year of Managed Care, with most providers reporting lower experience scores on most administrative and clinical domains in the second year.
    - All SPs performed worse on timeliness to answer questions, while there was improvement across all SPs in provider experience with prior authorization processes.
    - Access to medical specialists and customer/member support services saw the greatest decline in provider experience.
    - Addressing social drivers of health saw the greatest increase in provider experience.
  - There was no difference in provider experience when stratified by rurality of the practice.
  - OBGYN practices had lower provider experience scores compared with non-OBGYN practices, with low administrative domain scores driving this trend.
  - In the open-ended portion of the provider survey, several themes emerged from provider responses:
    - Challenges with patient assignment and attribution impacting providers' ability to process claims and report on quality measures.
    - Dissatisfaction with the claims process and issues resolving denied claims.
    - Administrative burden of working with many SPs on different billing processes, incentive programs, and quality measures.
- An AMH TAG member asked if the report includes information on how each of the SPs performed across provider experience members.
  - DHHS confirmed the full report includes information on individual SP performance.
- An AMH TAG member asked if DHHS knows the percentage of patients that are mis-attributed.
  - DHHS shared that there is no available data on the percentage of members who are mis-assigned, but DHHS is working on ways to better monitor and improve the assignment process to prevent mis-assignment in the future.
- An AMH TAG member asked if DHHS plans to require plans to conduct reassignment every 12 months, based on claims history.
  - DHHS shared they are looking into several ways to improve the assignment process, including updating assignment based on claims data.
- An AMH TAG member asked if DHHS is taking any action based on the results of the Provider Experience Survey.
  - DHHS has discussed the results with internal leadership and SP leadership and is considering ways to address provider experience issues.

- An AMH TAG member asked if DHHS has a target percentage for acceptable levels of mis-assignment.
  - DHHS does not have a target number and wants to ensure providers have relevant assignment within their panel limits to support provider confidence that their assigned members are ones they are able to appropriately care for.
- The full survey can be found here: https://medicaid.ncdhhs.gov/documents/reports/providerexperiencesurveywave3report/download?attachment

PPC F Codes

- DHHS shared background information on the inclusion of two new F codes for prenatal and postpartum care to improve data accuracy and performance on the Prenatal and Postpartum Care quality measure.
- DHHS encouraged providers to begin using the new F codes as soon as possible.
  - After July 1, 2025, Medicaid claims for delivery will be denied if the 0500F code is not in a patient's history.
- An AMH TAG member asked if other State Medicaid programs require this stand-alone prenatal visit code on inpatient delivery.
  - While DHHS is unsure of other states' billing practices, commercial payers in NC have been using this stand-alone prenatal visit code for years.
- An AMH TAG member shared an NC AHEC webinar on PPC F codes as a resource to the group: https://public.3.basecamp.com/p/7GRpu6B5rKxMM33RciQ37bfS
- DHHS has released a PPC F Codes Fact Sheet and FAQ document, which can be found here:
  - Fact Sheet: https://medicaid.ncdhhs.gov/ppc-f-codes-fact-sheet/download?attachment
  - FAQ: https://medicaid.ncdhhs.gov/ppc-f-codes-faq-document/download?attachment

Proposed Measure Set for MCP Aligned AMH Incentive Model

- DHHS shared a proposed measure set for a standardized AMH performance incentive model, as part of the Department's initial alignment with the CMMI Making Care Primary (MCP) model.
  - DHHS reminded the group of the goals for AMH program alignment with MCP and DHHS's proposed approach to align performance incentive arrangements across AMHs.
  - DHHS shared the measure selection process and principles used to choose the proposed measures in the adult and child measure sets.
- AMH TAG members provided feedback on the proposed measures, including:
  - Asking if there is a specific level at which DHHS considers data quality to be sufficient, for example at the state level or practice level.

- Asking if the state intends to have a separate measure set for Tailored Plans.
- Encouraging DHHS to prioritize MCP quality measures and use only eCQMs to minimize administrative burden and support alignment for Medicare MCP participants.
- Noting that primary care providers experience challenges with the breast cancer screening measure, as this screening is often performed by OBGYNs.
- Noting that breast cancer screening and colorectal cancer screening measures are challenging without high quality data exchange.
- Asking how the person-centered primary care measure will be financed and administered, given its relative newness.
- Noting that there is minimal overlap between the proposed measures and Medicare MCP measures.
    - DHHS shared they conducted a crosswalk of MCP measures and other measure sets to select the proposed measures, taking into account there are fundamental differences between Medicare and Medicaid populations that DHHS tried to account for.
- Asking if the denominator for the rate calculation will be linked to primary care assignment, given the existing challenges with assignment many providers are facing.
    - DHHS is exploring different attribution approaches as part of the design process.
- Noting that the AMH aligned incentive model is built on top of the fee for service payment chassis, rather than transitioning to new payment models (e.g., capitation), suggesting that DHHS develop a glidepath to higher levels of VBP.
    - DHHS confirmed that alignment with Medicare MCP will be a stepwise process across the 10-year model, and that a standardized AMH incentive model is the first step towards alignment. Additionally, DHHS is prioritizing addressing foundational challenges, such as assignment and attribution, before moving to a capitation or total cost of care model.
- Sharing that inpatient psychiatric utilization and emergency department utilization for behavioral health could be a relevant measure across TP and SP populations, and that depression screening is also important for all populations.
- Suggesting including measures that encourage practices to provide enhanced care delivery in primary care offices, such as behavioral health integration that includes treatment for substance use disorders.

- DHHS requested written feedback from community partners on the proposed measures by August 16th.