

## **AMH 101 Webinar**

### **Kelly Crosby**

(Slide 1) Good Afternoon. My name is Kelly Crosby and I'm a senior program manager with North Carolina Medicaid in the North Carolina Department of Health and Human services. Thank you for joining today's webinar entitled AMH 101: Introduction to the Advanced Medical Home Program. This is the first in our series of trainings focusing on the advance medical home or AMH Program, which will launch when North Carolina transitions its Medicaid program from a fee for service structure to managed care beginning in November 2019. AMH is the primary care medical home program intended to build on the Carolina Access Program, which has been in place in Medicaid fee for service since the 1990s. The state has undertaken a number of steps to ensure that the process for practices to enroll in the AMH program would be as seamless as possible. Including by establishing a grandfathering process for practices that are already participating in Carolina Access. That said, it is critical that practices fully understand new requirements on practices, implications for payment, AMH enrollment processes and other issues related to the program prior to launch. We strongly encourage you to visit the AMH webpage which is listed in the back of the slide deck for today, for additional resources on the AMH program, including provider training manuals and information about future trainings. The web page also contains registration information for our next webinar, entitled AMH 102, which will take place on Tuesday, August 28<sup>th</sup> from 12:30 pm to 1:30 pm. It also contains registration information for our in person trainings. These will take place in 6 locations across the state beginning with Wilmington on August 30<sup>th</sup>, and we will include: Greensboro, Greenville, Asheville, Huntersville, and Raleigh over the course of September and early October. We thank you for your active engagement in this important effort. Primary care providers are a cornerstone of the AMH program, and we hope this series of trainings will make the transitions to managed care and AMH as seamless as possible, and will ensure that practices are able to focus on providing the best care possible to our beneficiaries.

I'm now going to turn this over to Jonah Frohlich who will walk through the remainder of the presentation. Jonah is a managing director with Manatt Health. Manatt is providing technical assistance to the state as we launch the AMH program. Thanks very much everyone.

### **Jonah Frohlich**

Thank you Kelly, and thank you to all the attendees who made time in their busy schedules today to attend this webinar.

(Slide 2) So as Kelly mentioned, this is the first in a series of education sessions and modules that the department will be supporting over the next several months. We will post dates and times of future webinars and education sessions and post copies of these materials along with the recording of this webinar and future webinars on the AMH training website. This is the same website you use to access and register for this webinar, but for today's session we'll introduce North Carolina's Medicaid transformation initiative, we'll provide an overview of the advanced medical home program, transition from Carolina Access to the AMH program and discuss the series of next steps. In the document that is reviewed today, we will also post it and it includes a series of Appendices. Appendix A has an AMH prevention and ancillary service requirement

description. Appendix B has standard terms from PHP Contracts with AMHs. Those will be terms that PHPs must include in contracts they initiate with AMHs. Then another appendix will have AMH Tier 3 Attestation requirements, and we will be hosting a series of webinars on those requirements to provide an in-depth overview of what those are.

(Slide 3) So let's begin with Part 1: North Carolina's Medicaid Transformation. On September of 2015 the general assembly of North Carolina, an active legislation, directed the transition of Medicaid from a fee for service program as it is today to managed care. The transition to managed care aims to advance high value care, improve population health, engage in support providers and establish a sustainable program. Under managed care approximately 8 out of 10...

(Slide 4) Under managed care approximately 8 out of 10 North Carolina Medicaid beneficiaries will receive health coverage through Prepaid Health Plans. North Carolina Medicaid providers will need to contract with PHPs, and will be reimbursed by PHPs, rather than by the state directly for those enrolled in managed care. Now there will be 2 types of prepaid health plans. First, are commercial plans. These will be operated by commercial insurance carriers on a state wide basis. The second are provider-led entities. These are state licensed entities and have a primary business purpose of owning or operating one or more Medicaid or North Carolina health choice providers or have a majority of the providers in a governing body composed of physicians or other providers, and these can be state wide or regional. There will also be 2 types of products offered. Standard plans for most beneficiaries are scheduled to launch in November of 2019, and tailored plans for high need populations, and these will include enrollees diagnosed with a serious mental illness or substance use disorder or intellectual/developmental disability and those enrolled in the state's traumatic brain injury waiver. These are tentatively scheduled to be launched in July of 2021, and please notice we mentioned certain populations will continue to receive care under the fee for service program on an ongoing basis.

(Slide 5) Now if the department was developing the AMH program and a care management approach, it developed a series of guiding principles for care management under the North Carolina Medicaid managed care arrangement. Those are as follows:

First, is that Medicaid enrollees should have access to appropriate high quality care management services. The second is that care management should involve multiple multidisciplinary teams, with provision of that care. The third is that wherever possible local care management is the preferred approach or that care managers will have access to timely and complete enrollee-level information. That includes information such as admissions, discharge and transfers from facilities and other information that is necessary for the provision of high quality care and care management to exist. Enrollees will have access to programs and services that address unmet health-related resource needs, and that care management will align with statewide priorities for achieving quality outcomes and value. AMHs are designed to serve really as a nexus, and/or a vehicle for executing on this approach in the managed care context.

(Slide 6) Now the state is building upon the existing care management infrastructure and in the new managed care environment will support a pathway for providers to transition to new care management programs. Currently under fee for service there are the following programs: Carolina Access, Care Coordination for Children or CC4C and Obstetric Care Management or OBCM. Carolina Access is North Carolina's current primary care case management program or

PCCM, that's existed since the 1990s. CC4C and OBCM are the state's care management programs for At-Risk Children and High-Risk pregnancies respectively. These are delivered by local health departments with the support from the department of social services and community care of North Carolina or CCNC. These care management programs will remain in place and serve the population that remain in fee for service coverage after the transition to managed care. Under managed care, these programs will transition to three new programs: the Advanced Medical Home or AMH, Care Management for At-Risk Children, and Care Management for High-Risk Pregnancies. Note here, that local health departments that provide primary care services will be encouraged to participate in the AMH program and in the provision of these care management services.

(Slide 7) Next let's turn to Part II. Now this is an overview of the AMH program. So as the state was developing the program it created a vision for the Advanced Medical Home in managed care; and that vision is as follows:

(Slide 8) To build upon the Carolina Access program to serve broad access to primary care services for Medicaid enrollees and strengthen the role of primary care in care management, care coordination and quality improvement as the state transitions to managed care. Now practices will have options under the AMH program. Current Carolina Access practices may continue into AMH with few changes. Practices ready to take on more advance care management functions may be eligible for additional payments; and we'll discuss those later on. Practices may rely on in house care management capacity or they may contract the clinically integrated network or other care management partner or vendor of their choice. Unlike in Carolina Access, practices will not be required to contract with community care of North Carolina or CCNC to participate in AMH, so they may choose to do so.

(Slide 9) Now the AMH will have multiple tiers. In tiers 1 and 2 the prepaid health plans will retain primary responsibility for care management. Practice requirements for tier 1 and 2 AMHs are the same for those Carolina Access 1 and 2 providers. In tiers 1 and 2 providers will need to coordinate across multiple plans. They'll need to interface with multiple PHPs in the care management platforms that they've established. PHPs may employ different approaches to care management which those providers will need work with. Now here AMH payments are those payments paid by those prepaid health plans or practices will be on an approval per month basis and they'll be the same as Carolina Access, and they'll be non-negotiable. In tier 3, for those providers qualifying for tier 3 of the AMH program, prepaid health plan will delegate primary responsibilities for delivering care management to the practices. Practice requirements for tier 3, include those from tier 1 and 2, plus additional tier 3 care management responsibilities. We'll go into those at high level in this webinar and in future webinars in more detail. Tier 3 AMHs enable and support a single consistent care management platform that practices will be able to provide in house or for contracted CIN or other party. In terms of AMH payments, there will be PNP and medical home payments made by PHP practices that are the same as Carolina Access and are non-negotiable. However, additional care management payments can be negotiated and should be negotiated between PHPs and practices. Tier 4 AMH program will be launched at a later date. More information will be provided later.

(Slide 10) In terms of the AMH payment structures to provide more details here, practices will continue as we mentioned to receive medical home payments for signed members and may earn

additional care management fees. So, for Tier 1 or 2 AMH, practice requirements are the same as Carolina Access I and II. In this case, PHPs will have primary responsibility for care management. PHPs will pay practices directly for clinical services that they provide. PNP medical home payments are as follows: For Tier 1 practices \$1 pmpm will be made to those practices for enrolled beneficiaries signed to those practices, and for Tier 2 AMHs will receive \$2.50 pmpm for most enrollees or \$5 for members of the age, blind and disabled eligibility group. There are no required care management fees that will be paid by PHPs. However, when the PHP performance incentive practices, while none are required, PHPs are encouraged to begin offering performance payments based on AMH payments that will be determined at a later date. For Tier 3 AMHs, practice requirements include as we mentioned Tier 1 and 2 requirements plus additional Tier 3 responsibilities. The primary responsibility in this case for care management rests with the practice. As we mentioned those practices may range for care management functions to be performed by CIN or other care management partner or vendor at their discretion. PNP medical home payments will be the same as those for Tier 2 with \$2.50 per member per month for most enrollees \$5 for members of the age, blind, disabled, eligibility group. Care management fees however will be negotiated between PHPs and practices where the CINs may negotiate those on behalf of practices. PHPs must also pay performance incentive payments to practices if practices meet performance thresholds on standard AMH measures, which may include total cost of care, other quality process and outcome measures. Tier 4 will launch after Tier 2 though PHPs and providers can go above and beyond Tier 2 requirements at any time.

(Slide 11) AMH practice eligibility requirements will be the same as those for Carolina Access as we've mentioned. AMH eligible practices like Carolina Access must provide primary care services and be enrolled, in this case, in North Carolina Medicaid program. For a full list of those required primary care services you can see Appendix A of the slide deck is included on the uh website. Examples of eligible practices are single and multi-specialty groups led by allopathic and osteopathic physicians in the following specialties: general practice, family medicine, internal medicine, OB/GYN, pediatrics, psychiatry and neurology. For a full list of permitted specialties please refer to the NC Tracks website.

(Slide 12) Practice requirements for Tier 1 and 2 are the same as requirements for Carolina Access and these are as follows: For Tier 1 and 2 AMHs they must perform primary care services that include certain preventive and ancillary services. Again, Appendix A of the document here has a list of what those required services are. They must also create and maintain a patient clinician relationship, provide direct patient care, a minimum of thirty hours per week, provide access to medical advice and services twenty four hours per day, seven days per week, refer to other providers when services cannot be provided by primary care providers and provide oral interpretation for all non-English proficient beneficiaries and sign language at no cost.

(Slide 13) Practice requirements for Tier 3 as we mentioned include all Tier 2 requirements plus additional care management responsibilities and AMHs must attest that they or their contracted CINs or other care management partners or vendors are capable of fulfilling these requirements. Additional requirements for AMH Tier 3 and these are again included in Appendix C for a full list of those requirements include the following: practices must risk stratify all empaneled patients, provide care management to high need patients, develop a care plan to all patients receiving care management, provide short term transitional care management along with medication management to all empaneled patients, have an emergency department visit or

hospital admin discharge or transfer and who are at risk for readmission or other poor outcomes. They must also be capable of receiving claims data feeds either directly from the prepaid health plan or via CIN or other partner, and they must meet state-designated security standards for the storage and use, and again more details on data requirements will also be provided in a subsequent webinar.

(Slide 14) So, many Tier 3 practices will choose to rely on a CIN or other partner to fulfill Tier 3 care management responsibilities. We in fact, the majority of those practices will rely on a partner. So, in this diagram we've illustrated how on the left, the PHP will contract with a group of AMHs. For the top two AMHs, they have chosen to select one or more CIN or other care management vendor or partner, and that partner helps them meet all those Tier 3 requirements. The AMH on the bottom however, has chosen to provide all care management services in house. Now practices as we've mentioned are free to use any CIN or other partner of their choice or none at all, and while they're no longer required to contract the CCNC, they may choose to do so. The department will not be providing a list of certified care management vendors. It's up to the AMH to decide and choose which vendors they should partner with in order to fulfill those requirements. It's also important to note the practices will still be required to contract with their local CCNC network in order to participate in all CAII or CCNC fee for service programs.

(Slide 15) Let's turn to the transition from Carolina Access to the AMH program.

(Slide 16) The department of health and human services is responsible for certifying that practices may participate in a given AMH tier. Medical home payments or care management fees to practices commence only once the practice has contracted with a PHP as an advanced medical home. There's a series of steps that are necessary to support in this process. The first is attestation. Here practices attest their ability to fulfill requirements. These could be in partnership with the CIN or the standalone. Next is certification. Here the department certifies that practices are qualified for a given AMH tier. Third step is PHP contracting. Practices contract with an AMH, but with one or more PHP. That will trigger the initiation of payment. The PHPs begin providing medical home payments or care management fees for practices once contracts are signed. Please note that certification itself does not automatically trigger payment.

(Slide 17) The state is going to be responsible for certifying that practices are eligible to participate in the AMH program. Practices not currently enrolled in North Carolina Medicaid will need to complete an enrollment application by NC Tracks in advance of attestation. Medicaid enrolled practices not currently enrolled in Carolina Access will be required to enroll through NC Tracks. This will automatically certify practices for Tier 2. Practices already participating in Carolina Access are automatically grandfathered into AMH. Practices currently enrolled in CAI will need to enroll in Tier 2 via NC Tracks. Practices currently enrolled in CAII or CCNC as it's commonly known as, will automatically be placed in Tier 2. All practices will need to submit an attestation through NC Tracks to participate in Tier 3. There's no grandfathering for this tier. Please note that AMH certified practices can contract up to their highest certification level with one or more PHPs. We'll provide more information on the attestation process to follow in next week's AMH 102 webinar.

(Slide 18) Terms of contracting with PHPs. Again, we'll have a webinar that provides much more detail on this. Generally, PHPs must honor AMH certifications given by the state. PHPs

must accept Tier 1 and 2 certifications as is and may not reclassify practices during the initial contracting period. PHPs are required to contract with 80% of Tier 3 certified practices in their service areas. Now please note here this is important, PHPs will not be required to contract with Tier 3 certified practices at a Tier 3 level if they're unable to reach mutually agreeable contract terms. Although this would count against their 80% contract requirement. PHPs, however, must accept Tier 3 certified practices into their provider networks at a minimum Tier 2 level if they cannot reach agreement on Tier 3 contracting terms. Now the department will maintain a master list of AMHs by certification status. The PHPs will be able to access and use to reach out to those practices to begin the contracting process. PHPs, however, are going to be responsible for oversight and in limited instances they can reclassify practices that failed to satisfy requirements of their tier.

(Slide 19) Now practices current Carolina Access status will determine its eligibility for and a pathway to each of the AMH tiers. So, on the top of this diagram for providers not enrolled in Medicaid, they will default to not AMH eligible status. However, if they successfully enroll in Medicaid and Carolina Access, they will be enrolled as an AMH and it's certified as AMH Tier 2, and they may also, if successfully enrolled in Medicaid and Carolina Access and attest to Tier 3 requirements, be Tier 3 certified. For currently Medicaid enrolled providers, there's a three transition step or three transition phases. One, for those who are not participating in Carolina Access, by default will not be AMH eligible, however, if you successfully enroll in Carolina Access you'll be defaulted into the AMH Tier 2 category, and you may also enroll in Carolina Access and attest to Tier 3 requirements and if you make those requirements be certified as a Tier 3 AMH. Carolina Access I providers will default into AMH Tier 1 certified category. They're the only group of providers who may default into that category. They may however, elect to participate in Tier 2 via NC Tracks and to successfully attest to Tier 3 requirements will be Tier 3 certified. Carolina Access II providers will default into the AMH two certification category but may also attest and become Tier 3 AMH certified. CA-I and CA-II providers may also opt out of the program via NC Tracks and not participate in the AMH program.

(Slide 20) So, there's several key upcoming dates for practices interested in participating in the AMH program. Particularly for practices not currently in Carolina Access and those that are interested in moving into Tier 3. On October 1, 2018, practices will be able to log into NC Tracks and change their AMH tier status or attest to Tier 3. On February 1, 2019, DHHS will announce PHP selection and finalize the list of certified AMHs. Then between February and November 2019, the PHPs will begin forming their provider networks. AMH certified practices will then be able to enter contracts with PHPs as AMH practices. Finally, from November 2019 and beyond, manage care will go live and AMH practices that have contracted with PHPs will begin to receive payments. So, two keynotes on this process. First practices will still be able to attest after February 1, 2019, but PHPs will not be contractually obligated to honor their certification. For this reason it is critical that practices who wish to participate in AMH complete their certification no later than January 31, 2019. While practices will still be able to become certified for AMH after this date the department cannot guarantee that these practices will actually receive AMH payments from PHPs. Now this process will be married in subsequent years and the state will certify a list of AMH Tier 3 practices at the start of each contracting period in subsequent plan years.

(Slide 21) No audio for this slide.

(Slide 22) Next up, so we have a series of upcoming events that we wanna make sure you're aware of. The first as Kelly mentioned on October 28<sup>th</sup> from 12:30 to 1:30 PM Eastern Time, we have an AMH 102 and Transitioning Carolina Access webinar. We have a series of webinars that we're planning for later in this year. Those include a webinar on AMH Oversight, Delegation and Contracting, a webinar on Roles and Responsibilities of CINs and Other Provider Partners, we will have a series of detailed Tier 3 certification requirements, and we will have a webinar on IT Needs and Data Sharing Capabilities. We also have some upcoming regional trainings that Kelly mentioned at the beginning. The first is August 30<sup>th</sup> in Wilmington from 10 to 12. On September 17<sup>th</sup> in Greensboro from 10 to 12 and from 2 to 4. September 19<sup>th</sup> in Greenville from 10 to 12. September 24<sup>th</sup> in Asheville from 11 to 1. September 25<sup>th</sup> in Huntersville from 10 to 12. And October 4<sup>th</sup> in Raleigh from 10 to 12. In all this information, this slide deck, and a recording of this webinar will be available on the AMH training website in FAQs at [medicaid.ncdhhs.gov/amh-training](https://medicaid.ncdhhs.gov/amh-training).

(Slide 23) For any additional information you can access it on the website. You can send an email to [Medicaid.transformation@dhhs.nc.gov](mailto:Medicaid.transformation@dhhs.nc.gov). You can send mail to the Department of Health and Human Services Division of Health Benefits at 1950 Mail Service Center Raleigh, North Carolina 27699, and on that site we'll have a number of policy papers some have been published already others will be forthcoming and you can access those any time.

(Slide 24) At this point I'd like to open up if we have any questions we'd be happy to answer them at this time.

### **Question and Answer:**

#### **Jonah Frohlich**

Do we have any questions from the audience?

I think we have a question from, if we can unmute the line, is it Angela Kerns? Adam, you have a series of questions I think you noted during the webinar do you want to start with those?

#### **Adam**

Sure, we received a question from a number of you asking about if providers need to participate in the AMH program in order to [REDACTED] patients or to enroll or participate in the manage care program can you just speak to that a little bit Jonah?

#### **Jonah Frohlich**

Sorry, right. So, just so I understand the question, I think the question is do you need to be enrolled in the AMH program in order to see participants, and the answer is, if that's the question, the answer is no. Providers can continue to serve Medicaid beneficiaries without being in the AMH program even in manage care in the managed care context, they do not need to be AMH certified and in the fee for service program that will continue to exist, they also do not need to be AMH certified. They can continue as a provider or in the Carolina ACCESS 1 or 2.

**Adam**

Great, and another question that we received was how AMH impact currently running care management programs in North Carolina fee for service Medicaid? So this includes Carolina ACCESS along with the state's pregnancy medical home programs so OBCM and CC4C.

**Jonah Frohlich**

Right, so in the fee for service, those original programs will continue to exist for the remaining fee for service beneficiaries and with assistance from the local health department, and the new AMH program in the managed care context, those programs will actually transition to those that we mentioned in the webinar earlier and will be accessible to those beneficiaries who qualify for those care management services under sort of their a new name.

**Adam**

Great, and Jonah can you just speak a little bit to when practices will actually begin receiving their AMH payments, and whether that will start with certification or whether that will occur once managed care goes live in 2019.

**Jonah Frohlich**

So there are two there are basically two fundamental requirements that have to be fulfilled before they can receive those payments. The first is that they need to qualify as an AMH, either through the grandfathering process or through attestation. That's necessary, but not sufficient. The second step is the contract with a prepaid health plan. So, once certified, either through grandfather attestation, and once the contracts are signed after go live of the program, expected in November of 2019, payments for those pm pm payments will then be initiated and paid from those prepaid health plans to those qualified, and that's medical home participants.

**Adam**

Great, and can you speak in a little more detail about the attestation process in what that is going to look like for providers?

**Jonah Frohlich**

Sure, and we'll have a specific topic and learning module on the certification process, and that will be forth coming quite soon. There will be on the Department of Health and Human Services website, there will actually be an application, a certification process, and it will be a module. Providers will be able to log in, and they will be able to attest to the various requirements that they fulfill for each one of the practice sites. So, they will self attest that they meet specific criteria, they meet the specific requirements for each one of those practice sites, they'll submit them to the department and the department will then certify that they've met those.



**Adam**

Great, and will patient [REDACTED] medical home status have any bearing on attestation or qualification for the AMH program?

**Jonah Frohlich**

Great question. So, the patients in a medical home program, those that are recognized by NCQA and others, won't by itself qualify a provider or a practice for an AMH tier. Most of the requirements are very similar in the PCMH program and the AMH program, but it was really important, the department thought it was really important to ensure that the current care management capabilities of Carolina ACCESS and additional care management requirements were included in the new manage care environment, and those were not perfectly lined up with the PCMH program. So as a result we created and the department created a new set of requirements that while closely lined, are not a perfect match for PCMH. So, PCMH recognition by NCQA [REDACTED] other certifying bodies, won't count towards certification of an AMH in North Carolina.

**Adam**

Great. It looks like we have a couple of questions about clinically integrated networks. Jonah, would you just be able to speak a little bit to the role of CINs and what types of organizations practices will be permitted to work with under the AMH program?

**Jonah Frohlich**

Sure. Any practice that meets sort of the primary care requirements can participate as an Advanced Medical Home, and can contract with a clinically integrated network or other care management partner or vendor. That's sort of the second part of your question. The first part is what are the CIN's and how might they support these practices. So, CIN could take many different forms CCNC may function as one, but there are a number of health systems in North Carolina that may also provide that function. Whether it be any of the large health systems, the academic medical centers, or other institutions that are capable and they could also be vendors for that matter. As long as they are able to fully meet any of the requirements that the practices contract on with them on behalf of them to fulfill the States AMH requirements. So if one of the requirements is for example to receive and process and use an [REDACTED] discharge and transfer feed from a hospital and the practice itself doesn't have the capability, but it wants to be an AMH 3 it can contract with another third party, another CIN or the Cared management partner who has that capability and can provide that service to the practice. So CIN'S can take many different flavors, and there will likely be multiple CIN partners that will support AMHs in North Carolina, and its really up to the AMH to identify and contract and partner with a CIN that can meet those requirements if it chooses to do so, and again it doesn't need, they don't need to. If an AMH feels that they have all the capabilities in house, they may proceed accordingly not contract with a CIN and attest to meeting all the Tier 3 requirements on their own. We do expect that the majority of AMH practices will contract with a CIN to support Tier 3 requirements.

**Adam**

On a related note, will practices be required to contract with CCNC at any level of the AMH program?

**Jonah Frohlich**

No, not in the AMH program. They may choose to do so if they wish for a Tier 3 certification requirement purposes or they may choose to contract with others. In the CA Carolina ACCESS 1 and 2 program, in this Carolina ACCESS program, CCNC is still the care management provider however.

**Adam**

It looks like we have just a couple of questions on the grandfathering process. So, Jonah can you just speak a little bit to what or how current practices in Carolina ACCESS will be moved into the AMH program, and what levels they'll be placed into? If you can just speak a little to how that will relates to Tier 3 also, that would be helpful.

**Jonah Frohlich**

Sure, and we covered most of this in slide 19, but there are a series sort of, of tracks that will support the transition to the various AMH tiers for any provider, any primary care provider in the state. So, if there is a provider that's not enrolled in Medicaid today, they won't be in the AMH program unless they enroll in Medicaid and Carolina ACCESS. Now if they do, then they become a Tier 2 certified AMH. They can also attest to tier 3 and become a tier 3 certified AMH. For the remaining providers who do participate in Medicaid today, there are three categories of those providers. There are those who don't participate in Carolina ACCESS, but they provide Medicaid services to beneficiaries. Now the default, if they do nothing they won't be eligible to be an AMH practice, but they can choose to successfully enroll in Carolina ACCESS and if they do they become AMH tier 2 certified practice. They can also attest to tier 3 requirements and become a tier 3 certified provider, and for those practices today that are CA they're Carolina ACCESS 1 or 2 and CA 2 practice, they can actually opt out of the program we hope they don't, but they could opt out and not be eligible for AMH. They could still participate in Carolina ACCESS fee for service program, they can still participate in Managed Care, but they will not be AMH eligible because they wouldn't be able to participate in the Managed Care in receiving any kind of care management fees. For CA 1's the default for them if they do nothing is to be an AMH tier 1 certified practice, and they're the only group of providers who can default into that quadrant. If they do elect to participate in tier 2, they can do so through NC Tracks and also meet tier 3 requirements. Now CA 2 practices, as I mentioned, they can opt out of the program. Again, we hope they don't. If they do nothing they will default into a tier 2 category. If they choose to, they can attest to tier 3 and become an AMH tier 3 certified provider.

**Adam**

Great. Just to confirm there, practices that are currently in Carolina ACCESS or participating with CCNC as a CA 2 provider, these practices if they want to participate in AMH tier 2, they

will automatically be certified for that program and won't need to do anything as far as [REDACTED] goes?

**Jonah Frohlich**

Yes

**Adam**

Great. Just to confirm there, practices that are currently in Carolina ACCESS or participating with CCNC as a CA-2 provider these practices if they want to participate in AMH tier 2 they will automatically be certified for that program and won't need to do anything as far as attestation goes?

**Jonah Frohlich**

Yes

**Adam**

Great. Jonah can you just talk a little bit about the level at which practices will enroll in AMH so is this the tax ID level or is this the NCI level can you just speak a little to how that's going to work?

**Jonah Frohlich**

Oh I don't want to misspeak but, my understanding and please correct me if I'm wrong, is that the I think it's at the MPI level, you know what Adam I think it would be beneficial if you responded to this question I think you know better than I do but, my understanding if it's at the [REDACTED] level and different practices can qualify at different tiers and not qualify at all if they decide not to.

**Adam**

That's correct, so practices will enroll in the AMH program at the MPI location level so for organizational MPI's that maybe have multiple locations practices would need to go and certify or become certified through the grandfathering process for each of their locations under that MPI, and practices don't necessarily need to be in the same tier for all of their locations they could be in tier 2 for 1 and tier 3 at another or they can choose not to participate for one altogether while still remaining an AMH in other locations. So there's flexibility within MPI's across locations.

**Jonah Frohlich**

Great.

**Adam**

We have a couple of questions just asking to clarify exactly what types of providers are eligible to participate in AMH would you be able to just [REDACTED] that a little bit Jonah?

**Jonah Frohlich**

Sure, and let me refer back to one of the previous slides where we covered some of that content if you'll bear with me for just a moment. So, if you turn to slide 11 here, AMH practices that provide primary care services and are enrolled in North Carolina Medicaid can qualify and be eligible for AMH status, so there are a number of examples of those but they have to be led by an allopathic or osteopathic physician and a number of specialties and some of these are listed in NC Tracks, but those most common are general practice, family medicine, internal medicine, OB/GYN, pediatrics and psychiatry and neurology. So if they provide those services and there are a series of other sort of requirements about sort those practice requirements then they can qualify.

**Adam**

So it looks like we're still getting some questions coming in about what is the benefit of participating in tier 3 vs tier 2. Can you just speak to that Jonah and just maybe talk a little bit about how the Care Management fee is going to work and how that relates to the medical home fee?

**Jonah Frohlich**

So the first thing to note is that there are additional fees that PHP's make to tier 3 practices that they won't necessarily make to tier 2 so there are these additional fees, and let me turn to the slides so that we can follow these together so you can see this example. If there's a payment aspect to this and there's also a care delivery aspect, let me start with the care delivery aspect. On the care delivery aspect if you're a tier 3 AMH you have elected to be fully delegated and responsible for care management activities and all the requirements that go along with it. Now what that means is that if you have care management platform and your AMH your own in house you're using it for all of the beneficiaries who enrolled in managed care and for whom you have a contract with a PHP to be a tier 3 provider so that means you can use your own care management infrastructure your own platform for all of those beneficiaries it's a unified platform its likely to be more integrated with your practice and you'll have you'll be able to have more control over it. If you're in tier 1 or tier 2 the PHP the prepaid health plan is primarily responsible for care management requirements and they will select and choose a care management platform for all the beneficiaries who sign up with that plan so if you're a PHP I'm sorry, If you're an AMH and you have contracts let's say for example with 4 PHP's you're tier 2 AMH with 4 PHP contracts they all may have different care management platforms which means you'll have to interface with each one whenever you're seeing a beneficiary that's enrolled with them. So it's not quite as cohesive as if you are tier 3 and you have your own platform either in house or with a CIN partner who provides some of the services on your behalf. So that's the clinical benefit the operational clinical benefit. In terms of the payment and I brought up slide 10 here the medical home payments for tier 2 and tier 3 are equivalent in terms of the PMP that you

get for enrollees but the care management fees and the incentive fees may differ. The care management fee for tier 3 are negotiated between practices and the PHP's. Now tier 1 and tier 2 AMH's aren't going to be eligible for those They're also performance incentive payments and in tier 3 PHP's are required to pay performance incentives for those tier 3 practices that meet all these thresholds. Tier 1 and 2 practices aren't necessarily going to have access to any of those performance payments although a PHP could put them in place they aren't required. So those sort of describe some of the both of financial and the clinical operational benefits of being in tier 3.

### **Adam**

Great just to add to that we've gotten a number of questions about the 80% PHP contracting requirement for tier 3. So, just to be clear practices that are certified as tier 2 PHP's will be required when their forming their networks to accept those tier 2 designations as is. So a PHP could not say to a tier 2 certified practice that we'd rather contract with you [redacted] non AMH practice so becoming tier 2 certified affectively guarantees that a practice will receive those medical home payments from PHP's that they contract with. Now on the tier 3 side with the additional benefit there being the care management fee that's not negotiated between the practice and the PHP, PHP's will be in order to incentivize an appropriate care management fee between the practice and the PHP. PHP's will be required to contract with 80% of all tier 3 certified practices in their service areas. So there is the possibility there that a practice might not be able to reach mutually agreeable contract terms with the PHP but the PHP in that scenario would still be required to contract with the practice at a minimum tier 2 level. So at minimum practices that are tier 2 certified or tier 3 certified will receive that at minimum, that medical home payment that corresponds with AMH tier 2.

### **Jonah Frohlich**

Right. And the important point that we also made is that the 80 % requirement for the first year of this program really is as of February 1, 2019. So on January 31<sup>st</sup> at the end of the day the department is going to publish a list of tier 3 certified AMH's and on February 1 PHP's will begin the contracting process with AMH's and for every region they're in they'll be obligated to contract with 80% of tier 3 AMH practices in that region as of that date. If practices become certified after that date then a PHP is not obligated to contract with them as part of that 80 % requirement and that's one of the reasons why it's really important for practices to certify and attest, attest and be certified before February 1, 2019. It compels the PHP to contract with 80% of those practices in that region.

### **Adam**

Jonah I think we're just about out of time, I know we have a number of questions that we didn't get to that we'll be sure to respond to and we'll also be producing a number of FAQ documents that we'll continue to update through the fall as we lead up to AMH attestation. So if you did not hear your question answered here, we'll be sure that it gets incorporated into future materials but, Jonah is there anything else that you wanted to say before we wrap up here.

**Jonah Frohlich**

I just want to thank you and thank the department for providing this webinar for hosting it and for all the participants for patiently waiting, I know we had technical difficulties at one point and my headset died so I'm very sorry for that. I hope it wasn't too disruptive, but I really appreciate everyone's time here and the questions as Adam mentioned and answers that we received here will be posted on the FAQ on the website that is being shown on the screen right now and if there are any additional questions please feel free to contact the department through the website and the email that's listed on this slide as well. Again, all materials here that were presented today will be posted including a recording of this webinar will be posted on the AMH training website and all the FAQ's the questions that were asked here will be answered and posted on our website as well, and I think that's it. We really appreciate everyone's time today thanks very much.