

Introduction to the Advanced Medical Homes

*AMH 102 and Transitioning
Carolina ACCESS*

August 28, 2018

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Part I:

***Overview of Advanced Medical Homes
(AMHs)***

Introduction to Advanced Medical Homes (AMHs)

Vision for Advanced Medical Homes

*Build on Carolina ACCESS to **preserve 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.***

Practices will have options as AMHs:

- Current Carolina ACCESS practices may **continue as AMHs with few changes**; practices ready to take on more advanced care management functions **may be eligible for additional payments**
- Practices may rely on **in-house care management** capacity or **contract with a Clinically Integrated Network (CIN) or other partner of their choice.**
- Unlike in Carolina ACCESS, practices **WILL NOT be required to contract with CCNC**

Promoting Local Care Management

AMHs are designed to enhance access to local, primary care-based care management for Medicaid enrollees

The AMH program includes **per member per month (PMPM) payments** for primary care providers to deliver **primary care case management (PCCM) services**

Minimum practice requirements in the AMH program will be the **same as Carolina ACCESS**

The AMH program allows and encourages PHPs to **delegate more advanced care management responsibilities** down to the practice level

- Local care management is a **cost-effective** way to improve individual and population health
- AMHs can manage care **as a practice** or **by contracting with a CIN or other third-party care management partner**
- Practices that take on more advanced care management functions will receive **additional PMPM reimbursement** from PHPs

AMH Tiers

Tiers 1 and 2

- PHP retains primary responsibility for care management
- Practice requirements are the same as for Carolina ACCESS
- **Providers will need to coordinate across multiple plans:** practices will need to interface with multiple PHPs, which will retain primary care management responsibility; PHPs may employ different approaches to care management

AMH Payments

(paid by PHP to practice)

- **PMPM medical home fees**
 - Same as Carolina ACCESS
 - Non-negotiable

Tier 3

- PHP delegates primary responsibility for delivering care management to the practice level
- Practice requirements: meet all Tier 1 and 2 requirements plus take on additional Tier 3 care management responsibilities
- **Single, consistent care management platform:** Practices will have the option to provide care management in-house or through a single CIN/other partner across all Tier 3 PHP contracts

AMH Payments

(paid by PHP to practice)

- **PMPM medical home fees**
 - Same as Carolina ACCESS
 - Non-negotiable
- **Additional PMPM care management fees**
 - Negotiated between PHP and practice

Tier 4: To launch at a later date

Part II:

Overview of Carolina ACCESS Today

Transition of Carolina ACCESS to AMH

Carolina ACCESS has been North Carolina's PCCM program since the 1990s

What is Carolina ACCESS?

- North Carolina's regionally-based program that provides PCCM services to North Carolina Medicaid beneficiaries
- North Carolina DHHS contracts with Community Care of North Carolina (CCNC) to provide enhanced care management services

Carolina ACCESS Practice Requirements

- After-hours medical advice
- Maximum enrollment limit
- Availability of oral interpretation services
- Minimum hours of operation
- Preventive and ancillary service availability (based on ages of beneficiaries served)*

** See Appendix for complete list of required preventive and ancillary services.*

Carolina ACCESS Has Two “Levels”

Carolina ACCESS I (CAI)

- CAI practices **must meet all necessary practice requirements** as determined by North Carolina DHHS
- **Payments to practices include \$1.00 per member per month (PMPM)** for beneficiaries enrolled with the practice, in addition to fee-for-service (FFS) payments

Carolina ACCESS II (CAII/CCNC)

- CAII practices must meet all CAI practice requirements and sign a separate contract with their local CCNC network
- **Payments to practices, in addition to FFS payments:**
 - **\$2.50 PMPM** for most Medicaid and North Carolina Health Choice beneficiaries enrolled with the practice
 - **\$5.00 PMPM** for aged, blind, and disabled (ABD) beneficiaries

Commonly known as “CCNC”

Part III:
Transitioning from Carolina ACCESS to
AMH

Transition of Carolina ACCESS to AMH

AMH builds on existing infrastructure of Carolina ACCESS

AMH Tiers 1 and 2 **incorporate Carolina ACCESS requirements and payment models** into managed care

- Providers in AMH Tiers 1 and 2 will continue to have the same practice requirements and receive the same PMPM payments

Primary care practices participating in or eligible to participate in Carolina ACCESS are also eligible to participate as AMHs

- Providers **currently participating** in Carolina ACCESS will be **automatically grandfathered into the new program as AMHs**
- Medicaid providers not participating in Carolina ACCESS must **enroll in Carolina ACCESS through NCTracks** before they will be eligible for AMH certification
- Practices not currently enrolled in Medicaid will first need to **enroll in Medicaid AND complete the Carolina ACCESS supplemental application**

Role of Carolina ACCESS/FFS in North Carolina Medicaid Going Forward

Fee-For-Service (FFS)

- Carolina ACCESS will continue to **operate concurrently** with AMHs for **populations remaining in FFS coverage**
 - These include exempt/excluded beneficiaries and those that haven't yet rolled into managed care
- Practices can **continue participating** in CAII/CCNC for FFS populations
- **CAI will sunset** for practices not currently in Carolina ACCESS

Managed Care

- AMH replaces Carolina ACCESS
- Practices must go through the Carolina ACCESS application process in order to participate in AMH
 - It is **NOT necessary to be a CAII practice** or to sign a contract with CCNC
- Carolina ACCESS status will **streamline** a practice's path to becoming an AMH
 - CAI practices are grandfathered into AMH Tier 1
 - CAII practices are grandfathered into AMH Tier 2
- **Practices not currently participating can still enroll** as an AMH but will **first need to enroll in Carolina ACCESS**

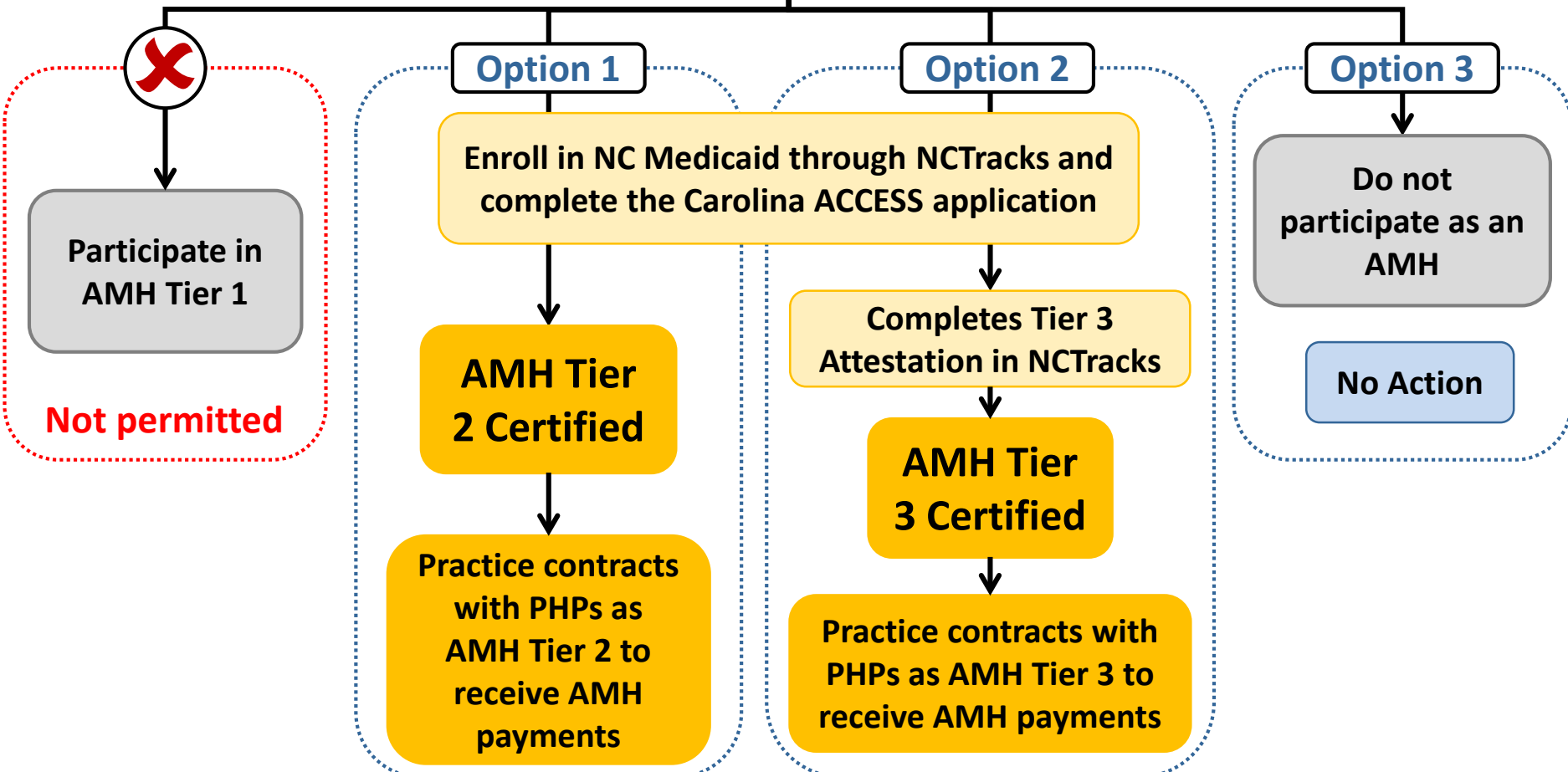
Carolina ACCESS to AMH Transition Roadmap

A practice's current Carolina ACCESS status will determine its eligibility for and pathway to each of the AMH tiers

		Eligibility for AMH Program			
		Not AMH Eligible	AMH Tier 1 Certified	AMH Tier 2 Certified	AMH Tier 3 Certified
Provider not enrolled in Medicaid		Default placement	[Not permitted]	✓ If successfully enroll in Medicaid <u>and</u> Carolina ACCESS	✓ If successfully enroll in Medicaid/Carolina ACCESS <u>and</u> attest to Tier 3 requirements
Medicaid-enrolled providers	Not participating in Carolina ACCESS	Default placement	[Not permitted]	✓ If successfully enroll in Carolina ACCESS	✓ If successfully enroll in Carolina ACCESS <u>and</u> attest to Tier 3 requirements
	CA-I	Opt out of program via NCTracks	Default placement	✓ If elect to participate in Tier 2 via NCTracks	✓ If successfully attest to Tier 3 requirements
	CA-II (CCNC)	Opt out of program via NCTracks	[Not permitted]	Default placement	✓ If successfully attest to Tier 3 requirements

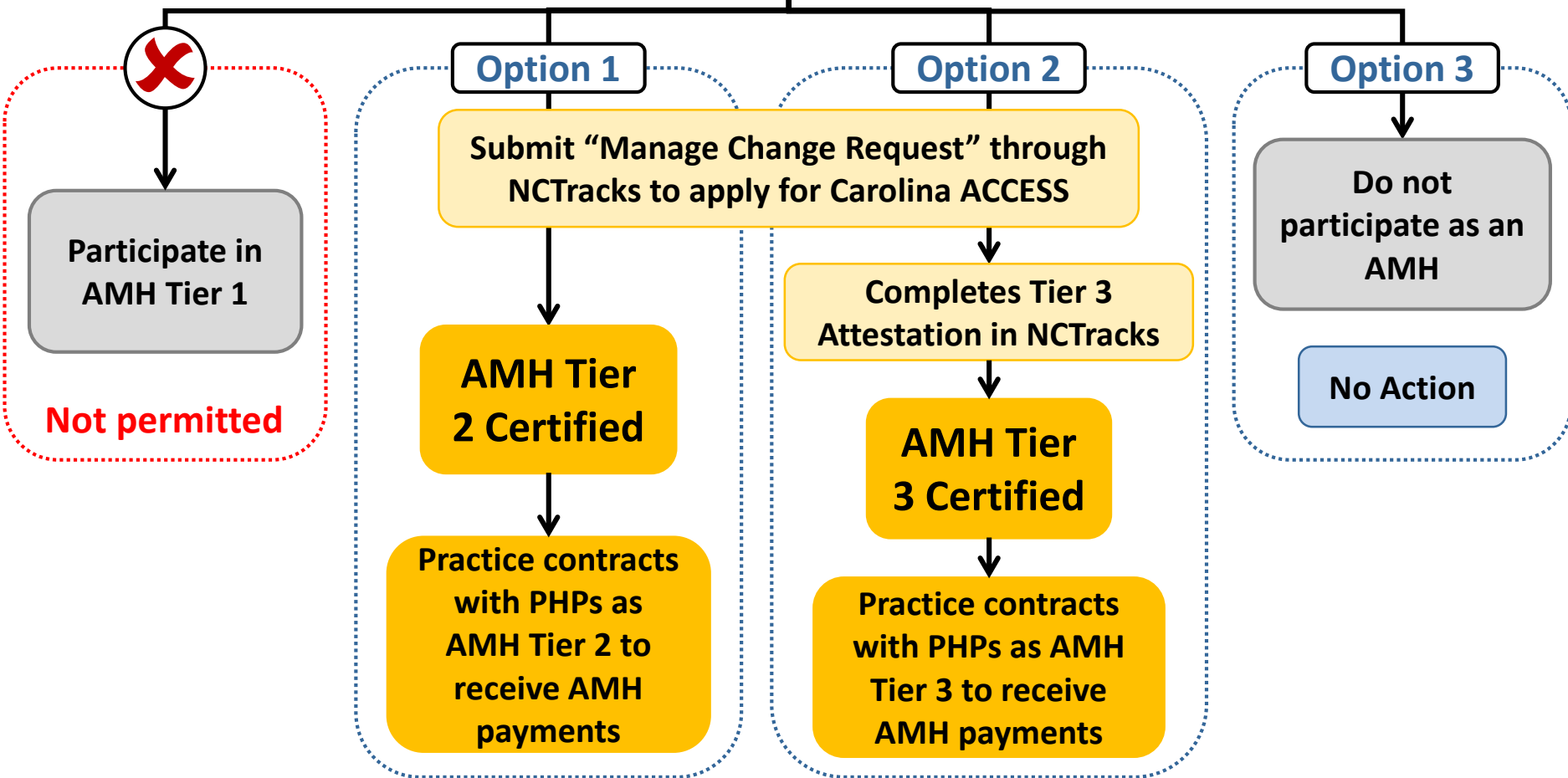
Roadmap for Non-NC Medicaid Practices

Practices New to NC Medicaid



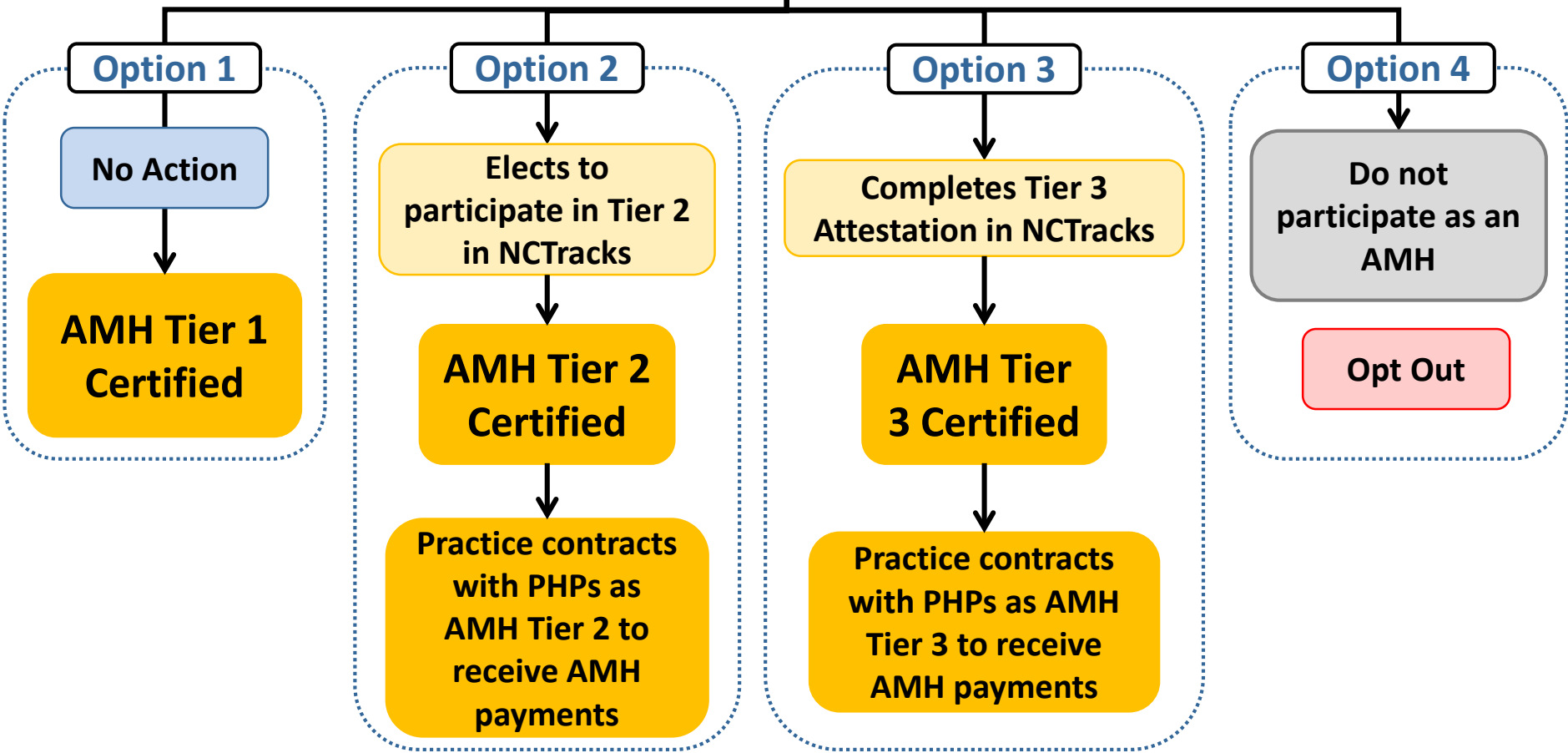
Roadmap for Non-CA Medicaid Practices

Medicaid-Enrolled Practices not in Carolina ACCESS



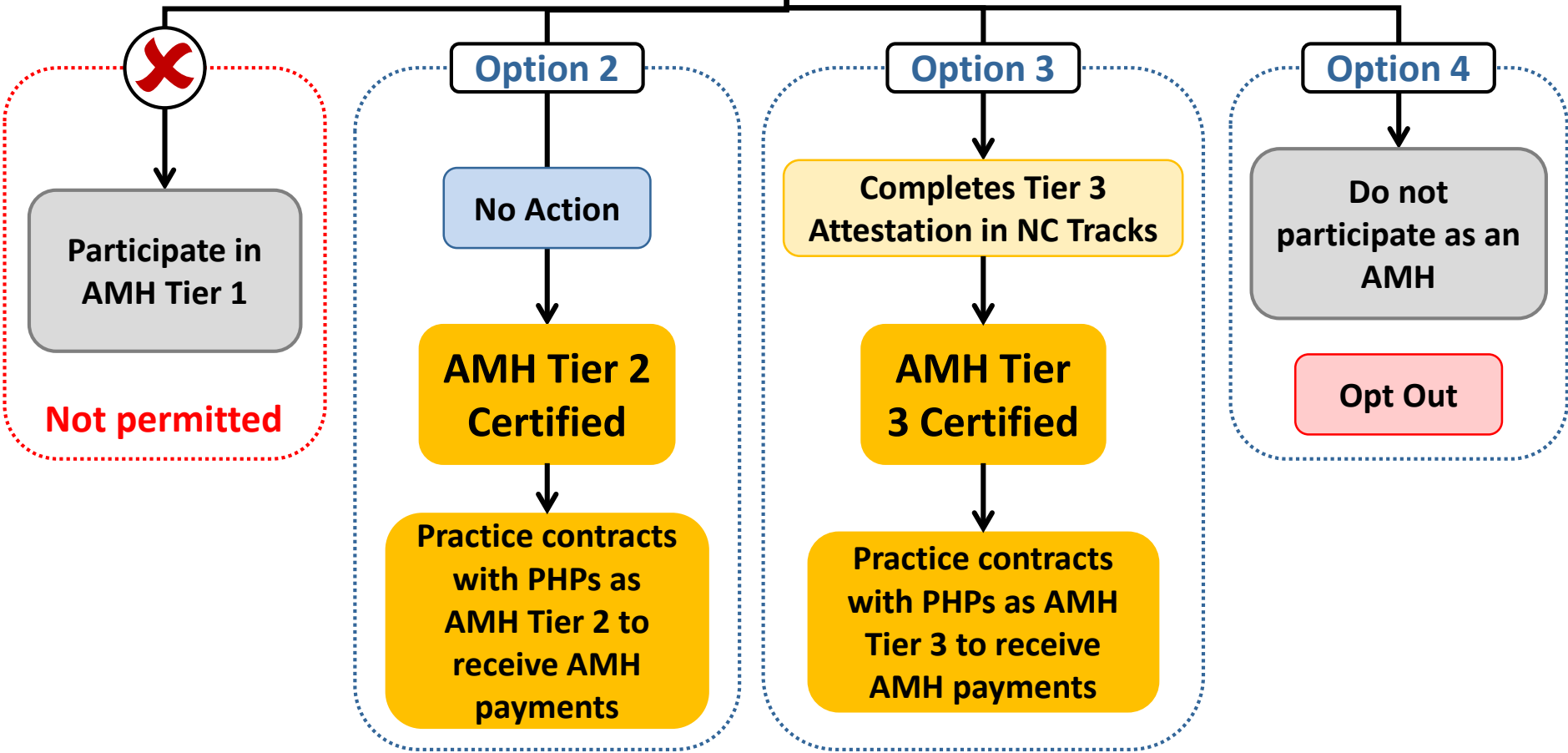
Roadmap for CAI Practices

CAI Practices 534 practices serving 38,609 beneficiaries



Roadmap for CAII/CCNC Practices

CAII/CCNC Practices
1,714 practices serving 1.6 million beneficiaries



Part IV:
Comparing Carolina ACCESS and AMH

Key Similarities Between Carolina ACCESS and AMH

- 1** Types of practices eligible for Carolina ACCESS and AMH are the same
- 2** AMH Tier 2 requirements are the same as CAI/II requirements
- 3** Practices can continue to work with CCNC *if they choose*
- 4** Payment structure for AMH Tiers 1 and 2 mirrors CAI and CAII/CCNC

Key Differences Between Carolina ACCESS and AMH

Carolina ACCESS

Carolina ACCESS payments commence *as soon as practice is certified* as CAI or CAII/CCNC

CCNC is the sole vendor of care management services

Practices must contract with CCNC to receive \$2.50/\$5 PMPM payments

Carolina ACCESS has only two levels, and practices only receive fixed PMPM medical home fees

AMH

AMH payments to practice will not commence until contract with PHP is signed. Attestation through NCTracks/grandfathering from Carolina ACCESS *only provides a certification status*

CCNC is no longer the sole care management vendor. Practices are free to contract with any CINs/partners

Practices do not need to contract with a CIN or other partner and can perform care management in-house to receive medical home fees

Practices can participate in AMH at the Tier 3 level and be eligible for additional care management fees. Tier 3 requirements are above and beyond those for Carolina ACCESS, and performance incentive payments may be issued by PHPs

1

2

3

4

Part V:
Practice Use Cases

Practice Use Cases

- **Most NC Medicaid practices eligible to participate in AMH will have beneficiaries that remain in FFS:**
 - Most beneficiaries will transition to managed care in 2019, **but beneficiaries in some regions will transition to managed care on a delayed timeline**
 - **Specified high-need beneficiaries will remain in FFS:** CAI and CAII practices will continue to receive Carolina ACCESS payments for these patients
- As in Carolina ACCESS, AMH practices will receive **higher medical home fees for aged, blind, and disabled (ABD) beneficiaries**

Patient Panel (Illustrative)

Number of Patients	ABD	Transitioning to Managed Care in 2019	CAI or AMH Tier 1 payments	CAII/CCNC or AMH Tier 2 or 3 medical home fees
300		✓	\$1.00 PMPM	\$2.50 PMPM
50				
50	✓	✓		
100	✓			\$5.00 PMPM

Even with the same panel composition, practices may receive different PMPM payment amounts based on their AMH/Carolina ACCESS designations.

Sample Practice 1: Non-CA Practice

Example Non-CA Practice

*Current State Carolina
ACCESS Payments: \$0*

Option 1

AMH Tier 2 (Attest)

Future State Payments

Total Payments: \$12,000

- AMH medical home fees for managed care beneficiaries: \$12,000
- No Carolina ACCESS payments for beneficiaries remaining in FFS (unless practice contracts with CCNC for FFS)

Option 2

AMH Tier 3 (Attest)

Future State Payments

Total Payments: \$12,000 + negotiated amt.

- AMH payments for managed care beneficiaries: \$12,000
- Additional negotiated care management & performance payments
- No Carolina ACCESS payments for beneficiaries remaining in FFS (unless practice contracts with CCNC for FFS)

Non-CA Practice – Medical Home Fees

PCCM Payments - NC Medicaid

Provider Enrollment Status	Eligibility Category	PMPM Payment
Managed Care Beneficiaries		
AMH Tier 1	All	\$1
AMH Tier 2/3	Non-ABD	\$2.50
AMH Tier 2/3	ABD	\$5
FFS Beneficiaries		
CAI	All	\$1
CAII/CCNC	Non-ABD	\$2.50
CAII/CCNC	ABD	\$5

*This practice could also choose to attest to Tier 3 and become eligible for additional **care management fees***

Beneficiary Type	Program	Beneficiary Count	PMPM	Months per Member Empaneled	Medical Home Fee
Managed care, non-ABD	AMH	300	\$2.50	12	\$9,000
Managed care, ABD	AMH	50	\$5.00	12	\$3,000
FFS, non-ABD	Carolina ACCESS	50	\$0.00	12	\$0
FFS, ABD	Carolina ACCESS	100	\$0.00	12	\$0

Total Medical Home Fees	\$12,000
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- Practices not currently enrolled in Carolina ACCESS will need to contract with their local CCNC network in FFS to receive medical home fees in FFS
- CAI will cease to exist for new practices

Sample Practice 2: CAI Practice

Example CAI Practice

*Current State Carolina ACCESS
Payments: \$6,000*

Option 1

**AMH Tier 1
(Default)**

Future State Payments

Total Payments: \$6,000

- AMH medical home fees for managed care beneficiaries: \$4,200
- Carolina ACCESS payments for beneficiaries remaining in FFS: \$1,800

Option 2

**AMH Tier 2
(Select option)**

Future State Payments

Total Payments: \$13,800

- AMH medical home fees for managed care beneficiaries: \$12,000
- Carolina ACCESS payments for beneficiaries remaining in FFS: \$1,800

Option 3

**AMH Tier 3
(Attest)**

Future State Payments

Total Payments: \$13,800 + negotiated amt.

- AMH medical home fees for managed care beneficiaries: \$12,000
- Additional negotiated care management & performance payments
- Carolina ACCESS payments for beneficiaries remaining in FFS: \$1,800

CAI Practice – Medical Home Fees

PCCM Payments - NC Medicaid

Provider Enrollment Status	Eligibility Category	PMPM Payment
Managed Care Beneficiaries		
AMH Tier 1	All	\$1
AMH Tier 2/3	Non-ABD	\$2.50
AMH Tier 2/3	ABD	\$5
FFS Beneficiaries		
CAI	All	\$1
CAII/CCNC	Non-ABD	\$2.50
CAII/CCNC	ABD	\$5

*This practice could also choose to attest to Tier 3 and become eligible for additional **care management fees***

Practice does nothing

Beneficiary Type	Beneficiary Count	Program	PMPM	Months per Member Empaneled	Medical Home Fee
Managed care, non-ABD	300	AMH	\$1.00	12	\$3,600
Managed care, ABD	50	AMH	\$1.00	12	\$600
FFS, non-ABD	50	Carolina ACCESS	\$1.00	12	\$600
FFS, ABD	100	Carolina ACCESS	\$1.00	12	\$1,200

Total Medical Home Fees \$6,000

Practice enters AMH Tier 2

Beneficiary Type	Beneficiary Count	Program	PMPM	Months per Member Empaneled	Medical Home Fee
Managed care, non-ABD	300	AMH	\$2.50	12	\$9,000
Managed care, ABD	50	AMH	\$5.00	12	\$3,000
FFS, non-ABD	50	Carolina ACCESS	\$1.00	12	\$600
FFS, ABD	100	Carolina ACCESS	\$1.00	12	\$1,200

Total Medical Home Fees \$13,800

Sample Practice 3: CAII/CCNC Practice

Example CAII/CCNC Practice

Current State Carolina ACCESS

Payments: \$19,500

Option 1

AMH Tier 2 (Default)

Future State Payments
Total Payments: \$19,500

- *AMH medical home fees for Managed Care Enrollees: \$12,000*
- *Carolina ACCESS Payments for Enrollees Remaining in FFS: \$7,500*

Option 2

AMH Tier 3 (Attest)

Future State Payments
Total Payments: \$19,500 + negotiated amt.

- *AMH medical home fees for Managed Care Enrollees: \$12,000*
- *Additional Negotiated Care Management & Performance Payments*
- *Carolina ACCESS Payments for Enrollees Remaining in FFS: \$7,500*

CAII/CCNC Practice – Medical Home Fees

PCCM Payments - NC Medicaid

Provider Enrollment Status	Eligibility Category	PMPM Payment
Managed Care Beneficiaries		
AMH Tier 1	All	\$1
AMH Tier 2/3	Non-ABD	\$2.50
AMH Tier 2/3	ABD	\$5
FFS Beneficiaries		
CAI	All	\$1
CAII/CCNC	Non-ABD	\$2.50
CAII/CCNC	ABD	\$5

*This practice could also choose to attest to Tier 3 and become eligible for additional **care management fees***

Beneficiary Type	Program	Beneficiary Count	PMPM	Months per Member Empaneled	Medical Home Fee
Managed care, non-ABD	AMH	300	\$2.50	12	\$9,000
Managed care, ABD	AMH	50	\$5.00	12	\$3,000
FFS, non-ABD	Carolina ACCESS	50	\$2.50	12	\$1,500
FFS, ABD	Carolina ACCESS	100	\$5.00	12	\$6,000

Total Medical Home Fees	\$19,500
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Part VI: Next Steps

Overview of Upcoming Events

Upcoming AMH Webinars:

- **Early October:** AMH Oversight, Delegation, and Contracting
- **TBD:** Roles and Responsibilities of CINs and Other Provider Partners
- **TBD:** AMH Tier 3: Patient Identification, Assignment, and Tracking
- **TBD:** AMH Tier 3: Care Management
- **TBD:** AMH Tier 3: Care Planning
- **TBD:** IT Needs and Data Sharing Capabilities

Upcoming AMH Regional Trainings:

- **August 30:** Wilmington, 10am–12pm
- **September 17:** Greensboro, 10am–12pm and 2pm–4pm
- **September 19:** Greenville, 10am–12pm
- **September 24:** Asheville, 11am–1pm
- **September 25:** Huntersville, 10am–12pm
- **October 4:** Raleigh, 10am–12pm

For more information and to register for webinars/events, visit the AMH webpage:

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

Additional Information

Questions?

- **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

AMH Webpage

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

White Papers

- [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](#)

Appendix:
**AMH Required Preventive
& Ancillary Services**

AMH/Carolina ACCESS Required Preventive & Ancillary Services

Required Preventive and Ancillary Services													
NCTracks assigned #	AMH Preventative Health Requirements	Required for providers who serve the following age ranges											
		0 to 3	0 to 6	0 to 11	0 to 18	0 to 21	All ages	3 to 17	7+	11+	11+	18+	21+
1	Adult Preventative & Ancillary Health Assessment						Y		Y		Y	Y	Y
2	Blood Lead Level Screening	Y	Y	Y	Y	Y	Y						
3	Cervical Cancer Screening (applicable to Females only)						Y		Y		Y	Y	Y
4	Diphtheria, Tetanus Pertussis Vaccine (DTaP)	Y	Y	Y	Y	Y	Y	Y					
5	Haemophilus Influenzae Type B Caccine Hib	Y	Y	Y	Y	Y	Y	Y					
6	Health Check Screening Assessment	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
7	Hearing		Y	Y	Y	Y	Y	Y	Y	Y	Y		
8 & 9	Hemoglobin or Hematocrit	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
10	Hepatitis B Vaccine	Y	Y	Y	Y	Y	Y	Y					

AMH/Carolina ACCESS Required Preventive & Ancillary Services

Required Preventive and Ancillary Services (cont'd)

NCTracks assigned #	AMH Preventative Health Requirements	Required for providers who serve the following age ranges											
		0 to 3	0 to 6	0 to 11	0 to 18	0 to 21	All ages	3 to 17	7+	11+	11+	18+	21+
11	Inactivated Polio Vaccine (IPV)	Y	Y	Y	Y	Y	Y	Y					
12	Influenza Vaccine	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
13	Measles, Mumps, Rubella Vaccine (MMR)	Y	Y	Y	Y	Y	Y	Y					
14	Pneumococcal Vaccine	Y	Y	Y	Y	Y	Y	Y	Y		Y	Y	Y
15	Standardized Written Developmental	Y	Y	Y	Y	Y	Y	Y					
16	Tetanus			Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
17	Tuberculin Testing (PPD Intradermal Injection/Mantoux Method)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
18	Urinalysis								Y		Y	Y	Y
19	Varicella Vaccine	Y	Y	Y	Y	Y	Y	Y					
20	Vision Assessment		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	