North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) In-Person Meeting #7
October 16, 2019

AMH TAG Members	Organization
AMH TAG Members, North Carolina DHHS, and Manatt Project Team	
George Cheely, MD (*in-person*)	AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD (*in-person*)	Blue Cross and Blue Shield of North Carolina
William Lawrence, MD (*in-person*)	Carolina Complete Health Network
Kristen Dubay (*in-person*)	Carolina Medical Home Network
Zeev Neuwirth, MD (*absent*)	Carolinas Physician Alliance (Atrium)
C. Marston Crawford, MD, MBA (*in-person*)	Coastal Children's Clinic – New Bern, Coastal Children's
Gregory Adams, MD (*in-person*)	Community Care Physician Network (CCPN)
Tara Kinard, RN, MSN, MBA, CCM, CENP (*in- person*)	Duke Population Health Management Office
Jason Foltz, DO (*in-person*)	ECU Physicians MCAC Quality Committee Member
Joy Key, MBA (*in-person*)	Emtiro Health
Amy Russell, MD (*by-phone*)	Mission Health Partners
David Rinehart, MD (*in-person*)	North Carolina Academy of Family Physicians
Jan Hutchins, RN (*in-person*)	UNC Population Health Services
Michelle Bucknor, MD (*in-person*)	UnitedHealthcare of North Carolina, Inc.
Thomas Newton, MD (*by phone*)	WellCare of North Carolina, Inc.
Shannon Dowler, MD (*in-person*)	DHHS
Kelly Crosbie, MSW, LCSW (*in-person*)	DHHS
Betsey Tilson, MD, MPH (*in-person*)	DHHS
Erika Ferguson, MPP (*in-person*)	DHHS
Sheri McCall, RN-BC, MSN, CCM, CCP (*in-person*)	DHHS
Amanda Van Vleet, MPH (*in-person*)	DHHS
Jaimica Wilkins, MBA, CPHQ (*in-person*)	DHHS
Public Attendees	
Joey Dorsett	Alliance Health Plan
Chris Danzi	Atrium Health
Johna Mowrey	Atrium Health
Nick Lannoni	Atrium Health
Ted Rooney	Health and Work
Tameka Bates	My Health by Health Providers
Jonathan Kea	North Carolina Healthcare Association
Tim Gallagher	Piedmont Triad Regional Council
Neal Chawla	WakeMed Health & Hospitals
Sunny Lu	WakeMed Health & Hospitals
Atha Gurganus	UnitedHealth Group
Corinna Miller	UnitedHealth Group

Manatt Health Facilitators: Melinda Dutton, Edith Stowe, Alexa Picciotto

- Recap: AMH TAG Meeting #6
- Discussion: Healthy Opportunities in Medicaid Managed Care
- Break
- Discussion: Tier 2 Reversion Guidance
- Update: Data Subcommittee Progress (*this was skipped for timing issues*)
- Public Comments
- Next Steps

Please refer to the October 16 AMH TAG Meeting #7 slide deck available here.

Recap of AMH TAG Meeting #6 (slide 5)

The key agenda items from Meeting #6 were reviewed briefly:
- Managed Care Timeline Update
- Prepaid Health Plan (PHP) Oversight guidance of AMH Program
- Data Subcommittee: AMH Data Governance Process

More information on the discussion from the previous AMH TAG meeting can be found here.

Healthy Opportunities in Medicaid Managed Care (slides 7 – 31)

Key Questions from AMH TAG Members
- **Q**: Are provider organizations required to use NCCARE360 for referrals or can they use their own referral system?
  A: Once NCCARE360 is certified for use in a given county, plans are required to use the tool for their Medicaid patients. DHHS encourages all providers across healthcare and human services to implement and utilize NCCARE360, and DHHS expects that the requirements for PHPs to use NCCARE360 will eventually extend to entities to whom PHPs delegate care management, but that would not necessarily apply to all contracted providers. DHHS plans to issue further guidance to help clarify when the tool is required versus encouraged for use.

- **Q**: Is it possible that plans and providers will enter duplicative referrals for a single patient using NCCARE360?
  A: Both plans and providers have visibility into existing referrals for patients statewide through NCCARE360. Having a single platform on which users can see all referrals should eliminate or at a minimum minimize the risk of duplicative referrals.

- **Q**: In the past, substance abuse and behavioral health records have always been kept separate from physical health. Will this system make mental health records available to PCPs to support a more holistic patient profile?
  A: Currently, DHHS is taking a conservative approach to sharing behavioral health records and only patients' behavioral health providers will have access to their behavioral health records.

The rollout of Managed Care will integrate behavioral and physical health from a plan perspective, and NCCARE360 should be used as a resource to connect providers and patients more seamlessly rather than as a vehicle through which to share this type of information.

- **Q:** How can we ensure this model is used consistently across populations, particularly those outside of Medicaid, when the population is fragmented by health plan coverage and demographics?
  A: This is something DHHS is considering very seriously and will continue to evaluate. For the time being, DHHS is employing a few strategies: 1) developing programs and resources that can be implemented consistently across all populations, like NCCARE360 or the care needs screening questions; and 2) empowering and engaging community resources. DHHS recognizes that addressing Healthy Opportunities is a novel undertaking, and will not be implemented with perfect consistency across all populations at first; however, DHHS is problem-solving and learning along the way by engaging with the community.

Key Takeaways
- While a major focus of DHHS's Healthy Opportunities initiatives is embedding strategies to address these needs into the Medicaid program, DHHS plans to operationalize these tools and tactics across North Carolina, not just within the Medicaid program. For example, care needs screening questions should be asked of all patients not just from those on Medicaid. Similarly, NCCARE360, a statewide resource and referral program, is being developed for all patients not just those on Medicaid.
- The Healthy Opportunities Pilot program provides DHHS with an opportunity to understand the financial and tangible impact of delivering non-medical services to a subset of Medicaid enrollees. Comprehensive evaluation of the Pilots' impact is critical for the program's evolution and future success.

Tier 2 Reversion Guidance (slides 34 – 38)

- Both PHPs and AMH Tier 3s are concerned about having the necessary care management capabilities in place by the launch of Managed Care on February 1, 2019. To ensure all patients' care is appropriately managed, plans and providers will need to work together.
- Some TAG members suggested an explicit DHHS "glide path" may help to alleviate the pressure felt by AMH Tier 3s to expertly navigate the complexities of care management by February 1.
- There are over thirty CINs across the state but in some counties there is only one CIN with whom AMH practices can partner. Additionally, some CINs are reportedly overwhelmed with the volume of care management requests from AMH Tier 3 practices.
- Providers and plans should identify and prioritize populations that risk "falling through the cracks" at the start of Managed Care to ensure their care remains thorough and uninterrupted throughout the transition.

Next Steps

AMH TAG Members are encouraged to send any additional feedback or suggestions to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov) of DHHS.

The meeting adjourned at 1:50 pm.