North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) In-Person Meeting #8
November 20, 2019

AMH TAG Members	Organization
AMH TAG Members and North Carolina DHHS Members	
George Cheely, MD (*by phone*)	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 *(by phone)*	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 (*by phone*)	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 (*absent*)	UnitedHealthcare of North Carolina, Inc.
Thomas Newton, MD (*by phone*)	WellCare of North Carolina, Inc.
Sarah Gregosky, MSPH *(in-person)*	DHHS
Kelly Crosbie, MSW, LCSW (*in-person*)	DHHS
Melanie Whitener (*by phone*)	DHHS
Public Attendees	
Carol Stanley (*in-person*)	AHEC
Chris Weathington (*in-person*)	AHEC
Monique Mackey (*in-person*)	AHEC
Deborah Grammer (*by phone*)	AHEC
Joey Dorsett (*by phone*)	Alliance Health Plan
Kimberly Sumrell (*by phone*)	AmeriHealth Caritas North Carolina, Inc.
Chris Danzi (*by phone*)	Atrium Health
Johna Mowrey (*by phone*)	Atrium Health
Tameka Bates (*by phone*)	My Health by Health Providers
Alice Pollard (*in-person, filling in for Kristen Dubay*)	NC Community Health Center Association
Neal Curran (*by phone*)	Reinvestment Partners
Marisa Domino (*by phone*)	UNC
Sandra Greene (*by phone*)	UNC
Cybele Kanin (*in-person*, *filling in for Michelle Bucknor*)	UnitedHealth Group
Atha Gurganus (*by phone*)	UnitedHealth Group

Donald Reuss (*by phone*)	Vaya Health
Chris Slocum (*by phone*)	WellCare

Manatt Health Facilitators: Sharon Woda, Edith Stowe, Adam Striar, and Alexa Picciotto

Agenda

- Discussion: Managed Care Suspension (*walk-on; not included on slides*)
- Recap: AMH TAG Meeting #7
- AHEC Introduction
- AMH Data Strategy Update (*this was skipped for timing issues*)
- Break
- PHP Contract Amendments
- Auto-Enrollment and Auto-Assignment
- Public Comments
- Next Steps

Please refer to the November 20 AMH TAG Meeting #8 slide deck available here.

Discussion: Managed Care Suspension (walk-on; no accompanying slides)

Key Questions from AMH TAG Members

- **Q:** What are the implications of the Managed Care suspension on the end-to-end testing currently being deployed?
  A: DHHS is working on the logistics of wrapping up end-to-end testing for Managed Care and will share more updates on the implications of Managed Care suspension once an updated timeline is solidified.

- **Q:** Should PHPs and AMHs execute contracts this week as was originally planned?
  A: DHHS will release guidance in the next few days on this topic.

- **Q:** PHPs and AMHs have been working intensely to meet the February 1st Managed Care launch date; now that the program is delayed, how do we ensure that when we re-start the preparation process we can get smoothly back on track?
  A: DHHS recognizes that glide paths or "runways" will need to be established to ensure a smooth transition to Managed Care once a new launch data is announced and will provide more details on this in the future.

Key Takeaways

- In light of the Managed Care suspension, the market is eager for additional guidance on contracting and testing.

Recap of AMH TAG Meeting #7 (slide 5)

The key agenda items from Meeting #7 were reviewed briefly:

- Healthy Opportunities in Medicaid Managed Care (Request for Proposals was released and can be viewed here)
- Tier 2 Reversion Guidance (can be found on DHHS Website here)

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

AHEC Introduction (slides 7 – 19)

Key Questions from AMH TAG Members

- **Q**: What types of questions is AHEC seeing from the field in relation to data exchange?
  A: While larger practices appear more confident with the data exchange process, many smaller and rural practices are not fully up to speed in terms of data exchange capabilities. AHEC expects that it will receive a greater volume of questions from these practices on this topic closer to Managed Care launch. For now, smaller practices are concerned about getting paid and keeping their current patient panels in the new Medicaid structure.

- **Q**: What role can AHEC have in the standardization and reconciliation of quality measures for AMH Tier 3s? Currently, each of the five PHPs utilize five different sets of AMH quality measures and in some instances, have introduced additional – and sometimes more rigorous – Service Level Agreements (SLAs) into AMH contracts that go beyond the state-designated measure set. For AMHs and CINs, this inconsistency can be onerous and confusing.
  A: DHHS and AHEC will consider this issue and provide additional guidance to the group with regard to how AHEC can support practices in this area.

Key Takeaways

- TAG members highlighted inconsistencies across the measure sets used by the five PHPs; additionally, CINs and AMHs are concerned that some PHP contracts have introduced additional SLAs into AMH contracts that go beyond the state-designated measure set. The forthcoming PHP contract amendment around this issue should help to alleviate concerns, but there may be a role for AHEC with regard to assisting practices with quality reporting.
- TAG Members expressed interest in limiting the AMH Tier 3 measure set from its current state to a more restricted list of "critical" measures to ease the burden of the Managed Care transition.
- Another potential area where AHEC could be of assistance to the AMH program would be helping practices achieve interoperability within their internal and external technology systems; this is a major pain point for many smaller and rural practices.
- PHPs highlighted that typically they have high visibility into their patient populations, allowing them to manage care appropriately; in the AMH model, where PHPs delegate care management responsibility to the practice level, PHPs lose some of this visibility. PHPs noted that it is challenging to adapt to this model, particularly given the restrictions around the measurement standards for AMH Tier 3s in the first year of Managed Care. The PHPs highlighted the need for a means to document the differences AMH capabilities in order to provide proper transparency and oversight.

PHP Contract Amendments (slides 27 - 32)

Key Questions from AMH TAG Members

- **Q**: Should PHPs and AMH Tier 3s that have already signed contracts with outdated provisions adjust their terms or continue to abide by the terms of the old contract?
  A: PHPs will be required to update their AMH contracts to reflect the requirements set forth in the PHP contract amendment. DHHS acknowledges that there may be a lag period between when the amendments are released and when the PHPs update their contracts with AMH Tier 3s, but eventually they should align. DHHS will issue guidance on the timing of contract updates in the near future.

- **Q**: What are the ways in which AMH Tier 3s are paid by PHPs?
  A: AMH Tier 3s are paid in three ways: 1) a per member per month (PMPM) Medical Home Fee, 2) a negotiated PMPM Care Management Fee and 3) a Performance Incentive Payment.

PHP Auto-Enrollment and PCP Auto-Assignment (slides 34 - 39)

The TAG reviewed some forthcoming slides that DHHS has developed to educate the field about how both PHP and PCP auto assignment operates.

Key Questions from AMH TAG Members

- **Q**: How is the "family's claims history" component of the algorithm designed? For example, how can an organization determine that two children are related if they do not share the same last name?
  A: Family members are connected by a case head; based on the information initially provided by members during their Medicaid enrollment process, family members are assigned to a single case head, regardless of last name.

Key Takeaways

- The biggest determining factor in an individual's PCP assignment is whether they were previously assigned to a PCP/AMH that is a part of their PHP's provider network. This will be the primary determinant for roughly 1.5 million of Medicaid beneficiaries.
- AMH TAG members highlighted several complications that make PCP assignment challenging. For example, the algorithm does not provide clear guidance on when young adults should be transitioned to a regular PCP and away from a pediatrician. Additionally, PHPs noted challenges with identifying primary care claims in instances where beneficiaries do not have an assigned PCP.

Public Comments and Next Steps

There were no public comments.

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 1:00 pm.