

North Carolina Department of Health and Human Services (DHHS)

Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #10 Pre-Launch Program Updates and Healthy Opportunities in AMH (conducted virtually)

January 26, 2021

Attendees:

AMH TAG Members	Organization
C Marston Crawford, MD, MBA	Pediatrician, Coastal Children's Clinic – New Bern, Coastal Children's
David Rinehart, MD	President-Elect, North Carolina Academy of Family Physicians
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital
Gregory Adams, MD	Member of CCPN Board of Managers, Community Care Physician Network (CCPN)
Ruth Krystopolski, MBA	Senior Vice President of Population Health Atrium Health
Amy Russell, MD	Medical Director, Mission Health Partners
Kristen Dubay, MPP	Director, Carolina Medical Home Network
Joy Key, MBA	Director of Provider Services, Emtiro Health
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer, Duke Population Health Management Office
George Cheely, MD, MBA	Chief Medical Officer, AmeriHealth Caritas North Carolina, Inc.
Michael Ogden, MD	Chief Medical Officer, Blue Cross and Blue Shield of North Carolina
Michelle Bucknor, MD	Chief Medical Officer, UnitedHealthCare of North Carolina, Inc
Thomas Newton, MD	Medical Director, WellCare of North Carolina, Inc.
William Lawrence, MD	Chief Medical Officer, Carolina Complete Health Network
Jason Foltz, DO	Medical Director, ECU Physicians, MCAC Quality Committee Member
DHHS:	
Kelly Crosbie	Director of Quality and Population Health, DHB
Krystal Hilton	Associate Director Quality and Population Health, DHB
Erika Ferguson	Director Healthy Opportunities

DHHS Consultants: Accenture (Vik Guptas, Garrick Prokos, Priska Ndege, Opeyemi Babajide)

Opening Remarks (Kelly Crosbie)

- All TAG members present
- The goal is to discuss program details

Agenda (Kelly Crosbie)

- Healthy Opportunities Screening, Assessment, and Referral
- AMH Tier 3 Glidepath Payments
- Next Steps: Review support and key dates

Please refer to the December 1 AMH DATA TAG Meeting #3 slide deck

Healthy Opportunities Screening, Assessment, & Referral (Krystal Hilton & Erika Ferguson): Slides 5-10

- Krystal introduced Healthy Opportunities Screening
- Erika reviewed Standard Screening Tool Goals and Development

Take homes:

- Department is temporarily covering healthy opportunities screening 1/1/2021 – 6/30/2021
- HOSAR screening equipment is use of standardized screening questions and can be included in EHR or manual process
- Screening questions on standardize tool, but providers are only required to use questions, not the tool
- The Department is emphasizing the use of the standardized questions for data collection. These are questions PHPs will ask

Please refer to the appendix for Z codes

Questions from AMH TAG# 10 - HOSAR:

- **Q:** Why not pay for screening whether positive or negative? The accuracy of the screening (often subjective) will be influenced by the financial incentive.
- **A:** Correct, payment is for positive screens and referrals.
- **Q:** Is NCCARE360 now in all counties?
- **A:** Yes, it is available in all counties. Link to get connected: <https://nccare360.org/join/>
- **Q:** *Is the billing cadence 30 or 90 days*
- **A:** Yes, it is 30 days
- **Q:** Can screening be done by telephone?
- **A:** No, either telehealth or in person. There is an upcoming billing guide and presentation coming out next week to provide further details
- **Q:** If we built the NCDOH tool in our EMR can we document there
- **A:** Use own tool and just have information included from the four domains
- **Q:** I imagine Medicaid has a pretty good idea about the expected percent positive. Why not pay for screening, positive or negative, and adjust for the expected percent positive? There was

concern about a screening where a practice is only paid for positive screens. The concern was that the information might be skewed.

- **Feedback:** Emphasize the referral process
- **A:** That is a great idea. We are interested in seeing the uptake for this and we want to think through the evolution of incentivizing and billing in future sessions. In addition to getting payments out, it is to encourage performance of screenings and using NCCare360
- **Q:** It seems like the screen is for adults. Is that correct? And then would a pediatrician file on parents Medicaid card or how would that work?
- **A:** If during the course of a pediatric billable event, a screening is positive and identified resources needs are determined to impact the child, the screening would be credited towards the child
- **Q:** If I have screenings on a family of 4 and all are positive. Is that a single referral?
- **A:** On the Medicaid side if all 4 are a billable event, there is no prohibition
- **Q:** The questions ask about the past 12 months, if 10 months ago there were housing issues, is that a positive screen but not a referral?
- **A:** The key part is positive screen with a referral, not just the screening
- **Q:** If providers are already using the PRAPARE Tool. Can that qualify?
- **A:** They can still use the PRAPARE. It is actually more robust than the state tool.
- **Feedback:** Use of telephonic screening

Tier 3 Glidepath Overview (Kelly Crosbie & Garrick Prokos): Slides 12-14

- Glidepath will offer \$8.51 PMPM for each practice (not CINs) for up to three months
- Garrick reviewed Glidepath details: Eligibility and testing and payment
- Upcoming February 11 AMH AHEC Webinar 5:30pm to review Glidepath

Questions from AMH TAG #10 - Glidepath:

- **Q:** Many practices are in a CIN who will be providing services in exchange for the PMPM. Do folks think practices will be sending that money to their CIN ahead of MT?
- **A:** The practices will be keeping the PMPM but some CINs will advise them on how to utilize the payment.
- **Q:** If we completed end to end testing with PHPs that are different than our contracted PHPs, would that still meet the requirement?
- **A:** In order to qualify for Glidepath payment you must complete testing with at least 2 of your contracted PHPs.
- **Q:** Do we get credit for those we contracted with that are not partners?
- **A:** In order to qualify for Glidepath payment you must complete testing with at least 2 of your contracted PHPs.
- **Q:** If an AMH attests and contracts at a Tier 3 level for up to 3 months prior to implementation of Medicaid Transformation, are there any implicit requirements to maintain function at the attested tier for a minimal period? Or is an AMH able to change tier status at any time that they determine appropriate by making a request to change tiers via NC Tracks?
- **A:** There is currently nothing that prohibits an AMH from self-downgrading. There is a functionality to downgrade Tier by the first of the following month.

- **Feedback:** Practices state that they don't have final contract guidance. Department put out guidance on possible contract changes but this should not be a barrier to contracting
- **Provider Contract Memo:** <https://files.nc.gov/ncdma/AMH-Provider-Contracts-Memo-11-16-20.pdf>
- **Q:** For practices participating in PHP contracts through a CIN, is the completed contract date (slide 16) the date the CIN executed the contract with the payer?
- **A:** The date that the contract is completed should be the date at which a Tier 3 contract between the AMH and PHP was established

Next Steps (Kelly Crosbie): Slide 20

- Kelly Reviewed Upcoming Milestones
- **Next AMH DATA TAG:** anticipated February 2021
- **Upcoming webinars:**
 - **AHEC AMH Webinar: February 11, 2021 at 5:30 PM**
 - **AHEC AMH Webinar: Data, Empanelment, Quality Measures March 11, 2021**
- **Feedback on Priorities for Future Topics:**
 - Alignment on approaches to collect quality measures and making it as simple as possible
 - Align billing and coding. Something needs a .25 modifier or no
 - Evolutionary pathways. likely has overlap with alignment and simplification
 - Attribution is inaccurate. We should delay implementation until after COVID is not a threat to practice survival
 - UM requirements for hospital CM colleagues working across all PHPs where some are contracted, and others are not.