# North Carolina Department of Health and Human Services (DHHS)

# Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #11 (conducted virtually)

# February 23, 2021, 2:00 PM ET

## Attendees:

George Cheely, MD  Chief Medical Officer, AmeriHealth Caritas North Carolina, Inc.  Michael Ogden, MD  Chief Medical Officer, Blue Cross and Blue Shield of	
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Michael Ogden, MD Chief Medical Officer. Blue Cross and Blue Shield of	
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North Carolina	
William Lawrence, MD Chief Medical Officer, Carolina Complete Health	
Network	
Kristen Dubay, MPP Director, Carolina Medical Home Network	
Rick Bunio, MD Executive Clinical Director, Cherokee Indian Hospital	
C. Marston Crawford, MD, MBA Pediatrician, Coastal Children's Clinic – New Bern,	
Coastal Children's	
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	
Tara Kinard, RN, MSN, MBA, CCM, CENP Associate Chief Nursing Officer, Duke Population	
Health Management Office	
Jason Foltz, DO Medical Director, ECU Physicians, MCAC Quality	
Committee Member	
Joy Key, MBA Director of Provider Services, Emtiro Health	
Amy Russell, MD Medical Director, Mission Health Partners	
David Rinehart, MD President – Elect, North Carolina Academy of Family	
Physicians	
Atha Gurganus (for Michelle Bucknor, MD) United HealthCare	
Thomas Newton, MD Medical Director, WellCare of North Carolina, Inc.	
NC DHHS Staff Members and Consultants Title	
Kelly Crosbie, MSW, LCSW Director of Quality & Population Health	
Krystal Hilton, MPH Associate Director of Population Health	
Trish Farnham Senior Health Policy Analyst	
Garrick Prokos DHHS/Accenture	
Gwen Sherrod, MBA Tailored Care Management Program Manager	
Vorinda Guillory Population Health Program Manager	
Priska Ndege DHHS/Accenture	
Ope Babajide DHHS/Accenture	
Vikas Gupta DHHS/Accenture	
Edith Coakley-Stowe DHHS/Manatt	
Andrew Lee DHHS/Accenture	
Public Attendees	
Elizabeth Hudgins Barb Matthews	
Genie Komives Donald Reuss	

Debbie Roper	Michael Kincaid
Allison Gosda	Haminat Oladipo
Jeff Johnson	Patricia Myrick
Nicholas Brown	Allison Wood
Wake Young	April Benton
Jeanette Cox	Julie Causby

### Agenda (Kelly Crosbie)

- Welcome and Roll Call (All TAG Members Present)
- Transition of Care at Managed Care go Live ("Crossover")
- Assignment Updates
- Wrap-up and Next Steps

### Transition of Care at Crossover (slides 5 -16) - Trish Farnham/Garrick Prokos

#### **Key Takeaways**

- The Department has established a vision for Transition of Care (TOC) that is designed to ensure continuity of care for transitioning members.
- The Department has established Transition of Care safeguards and requirements that will apply
  to all transitioning members and additional requirements for supporting high need transitioning
  beneficiaries.

# Discussion: Do AMH Tier 3 practices/CINs want to receive care plans and warm handoff sheets from Health Plans, for their assigned populations?

Feedback from TAG members:

Yes. No member advised against sending it.

- "Useful for beneficiaries assigned to us that are not yet existing patients."
- "Especially interested in LME MCO information because that is our biggest blind spot."
- "Yes, but having a hard time conceptualizing how we would actually receive them."
- Several participants said that it would be helpful to receive the care plans but with some streamlining to avoid being overwhelmed.
- Yes, if the practice is doing care management. This will be valuable information for them to understand.
- Agrees but trying to conceptualize the operational side of things. Response: This is a concern.
- o These care plans absolutely need to be shared with practices and this is a gap
- Having information from the LME-MCOs would be very helpful. Maybe we could prioritize the care plans that should be shared.
- o It would be helpful if they were triaged.
- If Plans choose to share data in the weeks prior to launch, what will AMH practices do with the data?
- DHHS: This is helpful feedback. We will need to think through the operational side of how the information is transmitted.

#### First Patient Risk List (slide 14) – Trish Farnham/Garrick Prokos

#### **Key Takeaways**

- Health Plans will identify "transitioning and high risk" beneficiaries in the first Patient Risk List they transmit to AMH Tier 3s.
- DHHS has an expectation that Health Plans, or if delegated, the member's AMH Tier 3 will conduct outreach to these members within 3 weeks of launch date.
- If the Heath Plan has delegated outreach to AMH Tier 3s, practices will report status of outreach weekly back to the plans. This status reporting will be active for the first 8 weeks of launch.

#### ToC Policy and Ongoing ToC (slide 17) – Trish Farnham/Garrick Prokos

#### Key Takeaways

- DHHS will be releasing the final ToC Policy very soon.
- The Policy will cover both Crossover and ongoing ToC. DHHS would like to come back to this group at a future session to provide an overview of ongoing TOC processes and safeguards
- DHHS appreciates feedback on the Crossover information discussed today; DHHS really does use the TAG's feedback to hone information before it is conveyed to the AMH community more generally. We will be covering Crossover at an upcoming AHEC webinar.

#### Assignment/Panel Management (slides 18 - 22) - Kelly Crosbie

#### **Key Takeaways**

- DHHS is currently encouraging practices to access their patient panel through CCNC now. Soon, practices will also be able to see their patient panel in NCTracks, both the Medicaid Direct population and population under each Plan.
  - DHHS understands that there is a "decent amount of mismatch" between assignment and where beneficiaries actually access care, as well as beneficiaries who don't access care anywhere.
- DHHS is currently working on ways to improve assignment prior to Crossover, looking at 2 calendar years of claims history (2019-2020, acknowledging that 2020 was a highly unusual year). DHHS is looking at ways to make sure that beneficiaries are not unintentionally assigned to urgent care centers. DHHS is targeting April for an improved assignment. Beneficiaries reassigned at that time will receive new Medicaid cards prior to Managed Care Launch.
- After launch, Members will be able to change PCPs as they always have been able to do, but will
  do so via the Plan and not DSS. Plans will offer both a phone option and paperwork option for
  members.

#### **Action Items:**

- DHHS is currently considering whether to create a "cheat sheet" that will allow practices to easily refer to and act on the Plans' policies for selecting a different PCP.
- What are the specific panel management scenarios that would be helpful to cover on 'cheat sheet' and in trainings?

## Discussion/Feedback:

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- Worried about COVID testing in 2020-2021 distorting PCP assignment there are walk in entities that function as PCPs but are not really PCPs.
- Is there a pathway to change PCP without member making a phone call? How do we manage patients that have been going to urgent care due to COVID?
- Concern about newborn pediatrician assignment in the hospital and the process for ensuring that assignment does not delay care. *Response:* "Stay tuned for more information on this issue specifically."

### **Public Comments and 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 3:05 pm.