



Advanced Medical Home (AMH) Technical Advisory Group (TAG)

***Meeting #:10 Pre-Launch
Program Updates and Healthy
Opportunities in AMH***

January 26, 2021 2:00 pm – 3:00 pm

AMH TAG Membership Introductions and Rollcall

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

Agenda

- 1** Healthy Opportunities Screening, Assessment and Referral Payment Program
- 2** AMH Tier 3 Glidepath Payments
- 3** Next Steps

- 1 Healthy Opportunities Screening, Assessment and Referral (HOSAR) Payment Program**
- 2 AMH Tier 3 Glidepath Payments**
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Healthy Opportunities Screening, Assessment and Referral Payment (HOSAR) Overview

Effective January 1, 2021, NC Medicaid and NC Health Choice is temporarily covering **Healthy Opportunities screenings** to encourage providers to gain capacity for screening Medicaid beneficiaries for unmet health-related resource needs and referring them to appropriate community-based resources, prior to the launch of Medicaid managed care.

Current Carolina Access (CAI) providers are eligible to bill code G9919 for positive healthy opportunities screenings conducted using the Department's standardized screening questions. Coverage of this code will continue through June 30, 2021; continued coverage after managed care launch will be at the discretion of the Health Plans.

HOSAR Screening Requirements

- To claim reimbursement for positive Healthy Opportunities screenings under the HOSAR payment program, providers **must use the Department's standard screening questions** to complete the screening.
 - Must use all the standard screening questions as written
 - May integrate questions into EHR or other system, or perform on paper
- The screening tool includes evidence-based questions designed to assess unmet resource needs in the Department's four priority Healthy Opportunities domains:
 - Food insecurity
 - Housing instability
 - Lack of transportation
 - Interpersonal violence



Standardized Screening Tool

• Goals

- Routine identification of unmet health-related resource needs
- Longer term goal: statewide collection of uniform data on Healthy Opportunities

• Development of the Tool

- Technical Advisory Group in 2017
- Public Comment and Field Testing in 18 clinical sites in 2018
- Released January 2019
- Translated into 7 languages

Standard screening questions are available at
<https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions>

	Yes	No
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

HOSAR Eligibility

Eligible providers may bill G9919 between January 1, 2021 and June 30, 2021 to claim reimbursement for positive Healthy Opportunities screenings for unmet resource needs.

Providers

- Reimbursement under this new code is limited to Carolina Access II (CAII) providers
- Physicians, nurse practitioners, physician assistants, nurse midwives, or designated staff may bill the code.

Positive screenings are screenings with one or more “yes” answers in any one of the four Healthy Opportunities domains

Beneficiaries

- Eligible providers may bill the Healthy Opportunities screening code for any Medicaid beneficiary receiving a positive Healthy Opportunities screening.
- Recipients of screenings are not required to be assigned to the CAII practice conducting the screening.

HOSAR Billing Guidance

Providers will receive \$29 – 43 per positive Healthy Opportunities screen, depending on facility type. To receive reimbursement, CAI providers should follow the guidance below when submitting claims for code C9919.

- CAI providers may bill this code up to **once per 30-day period per patient** receiving a positive Healthy Opportunities screening
- Providers may bill this code as part of **in-person or telehealth visits**
- When submitting claims for this code, providers are encouraged to **include one or more Z codes** indicating the reason for the positive screen (see Appendix for list of codes)
- Providers are strongly encouraged to refer patients to community resources to address their needs.
- Providers are encouraged to use NCCARE360 to conduct screenings and make referrals to resources to meet beneficiaries' unmet resource needs.

HOSAR Discussion

- What questions do providers have so far on how to gain reimbursement for Healthy Opportunities screenings?
- Approximately what percentage of CAI practices does the TAG expect to bill for HOSAR?
- What ideas do PHPs have for building in longer term incentives for Healthy Opportunities screenings by AMH practice teams?

- 1 **Healthy Opportunities Screening, Assessment and Referral (HOSAR) Payment Program**
- 2 **AMH Tier 3 Glidepath Payments**
- 3 **Next Steps**

Tier 3 Glidepath Overview

As mentioned in the last TAG meeting, the Department is offering a **Glidepath Payment opportunity for Advanced Medical Homes** to support Tier 3 implementation costs associated with the Department's Requirements and provide an incentive for timely contracting and data readiness.

This Program will offer an **\$8.51 PMPM payment stream** to attested Tier 3 Advanced Medical Homes to support the preparation for Managed Care Launch, for **up to 3 months** prior to launch.

The following slides preview messaging for practices (February webinar and website)-- for TAG feedback

Tier 3 Glidepath Details

Eligibility

- ✓ Attest with the Department as a Tier 3 AMH within in NCTracks
- ✓ Complete contracting **at a Tier 3 level with at least two Health Plans**
- ✓ Undergo **successful data exchange testing**:
 1. Complete necessary technology work to ingest required data interfaces per the state technical specifications
 2. Complete at least one full round of testing with **at least two contracted Health Plans** for all required AMH interfaces
 3. Complete defect resolution from the full round of testing and be on target to complete additional testing as needed

Required data exchanges for testing are:

- Beneficiary assignment interface
- Pharmacy lock-in file
- Medical professional claims interface—includes separate header & line interfaces
- Medical Institutional Claims Interface—includes separate header & line interfaces
- Pharmacy Claims Interface—includes separate header & line interfaces
- Dental claims interface—includes separate header & line interfaces

E2E Testing

- Some AMH Tier 3 practices and their affiliated CINs/Other Partners are participating in end-to-end (E2E) testing with the Department.
- Successful E2E testing by a CIN/Other Partner with at least two contracted Health Plans meets the “successful data exchange testing” requirement for the AMH Tier 3 practices affiliated with that CIN/Other Partner. **If your practice (or CIN/other partner or your behalf) participated in E2E testing, you must still attest within NC Tracks to receive the payments.**
- **You do not need to be a part of E2E testing to be eligible for glidepath payments**

How AMH Tier 3 Practices Access Glidepath Payments

Attestation

AMH Tier 3 practices (NPI+Location) attest to meeting the eligibility in NCTracks. The Glidepath attestation will be located under the NCTracks provider portal and will be available for use by March 2021. Practices only need to attest once.

- **Attest by 5:00 PM ET on 3/30: Payments for April, May and June**
- **Attest by 5:00 PM ET on 4/27: Payments for May and June**
- **Attest by 5:00 PM ET on 5/26: Payment for June only**

Validation

The Department will validate practices' attestations, including by:

- Validating that practices are actively enrolled with the Department as AMH Tier 3 practices
- Using inbound Health Plans reports to validate that AMH practices have contracted with at least 2 Health Plans at a Tier 3 level and have completed testing requirements.

The Department will conduct validations prior to initiating payment for each month.

Payment

The Department will issue \$8.51 PMPM payments to practices as an addition to practices' Carolina Access payments. The payments will be based on the same attributed patient population as the Carolina Access payments.

Glidepath Attestation

The AMH Tier 3 Glidepath Attestation is part of an updated set of AMH functionalities within the provider portal in NCTRACKS.

Welcome, Vijay

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training | PORTAL

Home > Advanced Medical Home Tier Attestation

Advanced Medical Home Tier Attestation

* indicates a required field

Select Provider and Service Location

* NPI/Atypical ID: 1194267336

* Service Location: 2031 MARTIN LUTHER KING JR DR, STE A

This location is a certified Tier 3 Advanced Medical Home (AMH) provider.

Select Appropriate Action

- Downgrade to AMH tier Level 2
- View/Update AMH Tier 3 Supplemental Data
- Attest to AMH Tier 3 Glidepath Prepayments Requirements

Input NPI and location for the practice attesting to glidepath requirements

Select "Attest to AMH Tier 3 Glidepath Payments Requirements"

Footer: About | Legal | Privacy | Accessibility | Contact Us | System Requirements | Report Fraud
NC Department of Health and Human Services | Powered By CSRA TRANSCEND

idle timer re/init at 9:48:18 am portal: pong
none
stop-clock running :3594

Glidepath Attestation

To attest, practices select the Health Plans with which they have contracted at a Tier 3 level, the date on which contracts were completed, the Health Plans with which they have completed data testing, and the date on which testing was completed

The screenshot shows the NCTracks Provider Portal interface. At the top, there is a navigation bar with the NCTracks logo and a user profile for Vijay Saxena. Below the navigation bar, the page title is "Advanced Medical Home Tier Attestation". The form contains several sections: "Select Provider and Service Location" with dropdown menus for NPI/Atypical ID and Service Location; "Select Appropriate Action" with radio buttons for "Downgrade to AMH tier Level 2", "View/Update AMH Tier 3 Supplemental Data", and "Attest to AMH Tier 3 Glidepath Prepayments Requirements"; "Pre-Payment Glidepath Model Attestation" with two numbered sections, each containing a list of health plans and "Complete Date" input fields; and a final "Attestation" section with a checkbox for attesting to the accuracy of the information.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training | PORTAL-DEV

Welcome, **Vijay Saxena**. (Log out) | NCTracks Help

Advanced Medical Home Tier Attestation

* indicates a required field

Select Provider and Service Location

* NPI/Atypical ID: 1437552015

* Service Location: 7100 SIX FORKS RD, STE 101, RALEIGH, I

This location is a certified Tier 3 Advanced Medical Home (AMH) provider.

Select Appropriate Action

Downgrade to AMH tier Level 2

View/Update AMH Tier 3 Supplemental Data

Attest to AMH Tier 3 Glidepath Prepayments Requirements

Pre-Payment Glidepath Model Attestation

* 1. The AMH Tier 3 has completed contracting with two or more of the following Health Plans at the AMH Tier 3 Level (Check all that apply and provide completion date):

<input type="checkbox"/> AmeriHealth Caritas	Complete Date	<input type="text"/>
<input type="checkbox"/> United Healthcare	Complete Date	<input type="text"/>
<input type="checkbox"/> Carolina Complete Health	Complete Date	<input type="text"/>
<input type="checkbox"/> WellCare of North Carolina	Complete Date	<input type="text"/>
<input type="checkbox"/> HealthyBlue	Complete Date	<input type="text"/>

* 2. The AMH Tier 3 or its CIN/other partner has completed the following: 1.) necessary technology work based on the mandatory AMH data interfaces (LINK); 2.) has successfully completed testing of the data interfaces with at least two or more Health Plans 3.) has completed defect resolution with two or more Health Plans (Check all that apply and provide completion date):

<input type="checkbox"/> AmeriHealth Caritas	Complete Date	<input type="text"/>
<input type="checkbox"/> United Healthcare	Complete Date	<input type="text"/>
<input type="checkbox"/> Carolina Complete Health	Complete Date	<input type="text"/>
<input type="checkbox"/> WellCare of North Carolina	Complete Date	<input type="text"/>
<input type="checkbox"/> HealthyBlue	Complete Date	<input type="text"/>

* Attestation

I attest and verify that all information provided in this Attestation Form is accurate and complete in all respects. I understand that material misrepresentations in the Form may affect the eligibility for Advanced Medical Home Certification, and that North Carolina Department of Health and Human Services may further review such misrepresentations.

Submit

Glidepath Attestation

After completing the contracting and data testing sections, the practice will check the attestation box and click “Submit” to complete attestation.

Provider Portal | Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training | PORTAL_DEV

Welcome, Vijay Saxena. (Log out) | NCTracks Help

Home > Advanced Medical Home Tier Attestation

Advanced Medical Home Tier Attestation

* indicates a required field

Select Provider and Service Location

* NPI/Atypical ID: 1437552015

* Service Location: 7100 SIX FORKS RD, STE 101, RALEIGH, I

This location is a certified Tier 3 Advanced Medical Home (AMH) provider.

Select Appropriate Action

- Downgrade to AMH tier Level 2
- View/Update AMH Tier 3 Supplemental Data
- Attest to AMH Tier 3 Glidepath Prepayments Requirements

Pre-Payment Glidepath Model Attestation

* 1. The AMH Tier 3 has completed contracting with two or more of the following Health Plans at the AMH Tier 3 Level (Check all that apply and provide completion date):

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Submit

Note: Each practice is responsible for attesting on its own behalf: there is no pathway for CIN-level attestation.

Tier 3 Glidepath Discussion

- What do Tier 3 practices need to know about the Glidepath that we may have missed?
- How are CINs planning to keep their AMH practices in the loop about testing?
- What percentage of AMH practices do TAG members expect to complete Glidepath attestations (April, May, and by June)?

- 1 **Healthy Opportunities Screening, Assessment and Referral (HOSAR) Payment Program**
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Upcoming Milestones

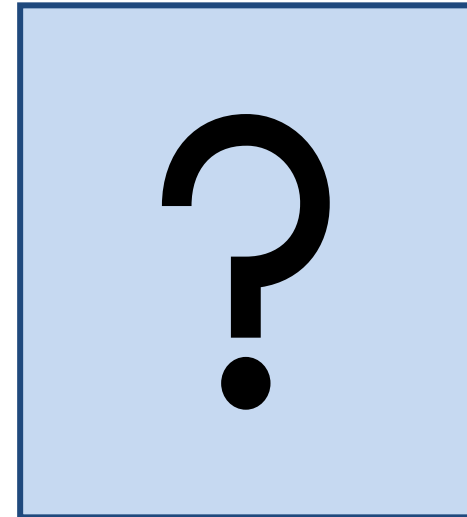
Milestone	Dates
Healthy Opportunities Screening, Assessment and Referral payments available	1/1/21-6/30/21
AMH Provider Manual 2.0 released	February 2021
AHEC AMH Webinar: AMH Glidepath	February 11, 2021
Attestation for AMH Tier 3 Glidepath	March 2021-May 2021
AHEC AMH Webinar: Data, Empanelment, Quality Measures	March 11, 2021
Open enrollment begins	3/15/21-5/14/21
Provider contracts must be signed for inclusion in auto-assignment	April 2021
Open enrollment ends	5/14/21
Auto enrollment to Health Plans and PCPs	5/15/21
Tribal option and Standard Plan launch	7/1/21

To register for AHEC AMH Webinars, visit <https://www.ncahec.net/practice-support/advanced-medical-home/#:~:text=Beginning%20in%20December%2020%2C%20a,Medicaid%20Managed%20Care%20goes%20live>

Question: Priorities for Future TAG Meetings

Which priorities can the TAG begin to address prior to July 1, 2021? e.g.

- Moving to more advanced APMs
- Alignment of Health Plan quality measure collection approaches
- Evolution of AMH care management and quality metrics
- Role of AMHs in Healthy Opportunities Pilot regions
- Program evolution beyond Year 1



Appendix

AMH TAG Charter: TAG Mission and Charge

Mission Statement

The Advanced Medical Home Technical Advisory Group (“AMH TAG” or “the TAG”) will advise and inform North Carolina Medicaid on key aspects of the design, implementation, and evolution of the AMH program to ensure the program achieves its goal of high-quality whole person care.

Charge

The AMH TAG will be an advisory body for NC Medicaid on AMH program design and implementation. TAG convenings will be the primary venue for dialogue among providers, Health Plans, other AMH stakeholders and NC Medicaid for evolution of the AMH program design. Topics for the TAG will include, but are not limited to, the following focus areas:

- 1. AMH Certification and Contracting Process**
 - 2. Data Sharing**
 - 3. Value-Based Payment**
 - 4. Quality** (especially alignment of Health Plan quality measures and collection approaches)
 - 5. Program Oversight and Evaluation**
 - 6. Program Design Beyond Year 1**
-