

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

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #18 (Conducted Virtually)

May 10, 2022, 4:00 PM ET

Attendees:

<b>Name</b>	<b>Organization</b>
<b>C. Marston Crawford, MD, MBA</b>	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's
<b>David Rinehart, MD</b>	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians
<b>Melinda Shuler (for Rick Bunio, MD)</b>	Executive Clinical Director, Cherokee Indian Hospital
<b>Anna Boone (for Gregory Adams, MD)</b>	Member of CCPN Board of Managers Community Care Physician Network (CCPN)
<b>Jennifer Houlihan, MSP, MA</b>	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist
<b>Amy Russell, MD</b>	Medical Director Mission Health Partners
<b>Joy Key, MBA</b>	Director of Provider Services Emtiro Health
<b>Tara Kinard, RN, MSN, MBA, CCM, CENP</b>	Associate Chief Nursing Officer Duke Population Health Management Office
<b>George Cheely, MD, MBA</b>	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.
<b>Michael Ogden, MD</b>	Chief Medical Officer Blue Cross and Blue Shield of North Carolina
<b>Michelle Bucknor, MD, MBA</b>	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.
<b>Eugenie Komives, MD</b>	Chief Medical Officer WellCare of North Carolina, Inc.
<b>William Lawrence, MD</b>	Chief Medical Officer Carolina Complete Health, Inc.
<b>Jason Foltz, DO</b>	Medical Director, ECU Physicians MCAC Quality Committee Member
<b>Keith McCoy, MD</b>	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD
<b>NCDHHS Staff and Speakers</b>	<b>Title</b>
Kelly Crosbie, MSW, LCSW	Chief Quality Officer

Jahaziel Zavaleta	Senior Program Manager – Population Health
Chelsea Gailey	Quality Measure Evaluator Lead – Program Evaluation

## Agenda

- Welcome and Roll Call (All AMH TAG members present with the exception of Rick Bunio, Anna Boone, and Kristen Dubay)
  - The Department announced that it has identified several issues for further discussion with the AMH TAG, including:
    - Assignment issues, including adult patients attributed to pediatric providers
    - Evolving the AMH TAG to advance future strategic priorities and planning
    - TAG Refresh & potential survey
  - The Department will update the AMH TAG on the State Transformation Collaborative (STC) in a future meeting.
- AMH Attribution Methodology for Quality Measurement
- Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools
- Wrap-Up and Next Steps

## AMH Attribution Methodology for Quality Measurement

### Key Takeaways

- The Department reviewed the objectives and context for developing the AMH attribution methodology for quality measurement. The Department will prepare and share a memo to further clarify the AMH attribution methodology for quality measurement.
- The Department walked through the attribution methodology for quality measurement (planned for implementation with quality measurement beginning in 2022). The attribution methodology outlines how members assigned to AMHs shall be attributed to a practice for the purpose of calculating quality incentive payments.
- The Department clarified that AMH assignment is a concurrent process and attribution methodology is applied at the end of the measurement year to support calculation of performance payments. The Department and participants agreed that a fully prospective approach is optimal, and the Department will incorporate as many prospective elements as is feasible given the process of Medicaid enrollment and plan and provider assignment.

### Notes

- PHPs asked questions about the technical specifications for the AMH set’s HEDIS measures, gap closure alerts, level of AMH attribution (e.g. practice level NPI vs provider level NPI), and whether the attribution methodology was retrospective or prospective. Key points of clarification include:
  - Only Members assigned to an AMH for 6 months and 1 day will be attributed to the AMH for the purposes of quality measurement and quality incentive payments.
  - For most HEDIS measures included in the AMH measure set, the member must be continuously assigned to the AMH for six months and one day, with no more than a 45 day gap in their Medicaid enrollment (“allowable gap”). For details for all measures, including

the maximum allowable gap in Medicaid enrollment and AMH assignment, please see the HEDIS MY 2021 & 2022 Technical Specifications.

- The Department clarified that AMH assignment is a concurrent process and attribution methodology is applied at the end of the measurement year to support calculation of performance payments. PHPs may, for informational purposes, use historic enrollment starting at the beginning of the year to generate a rolling estimate of the population who will likely contribute to performance measurement, adding or removing members based on their assignment over time.
- Enrollment is at the NPI and location code level (practice level NPI).
- AMH TAG members requested that CINs receive care gap reports. The Department will investigate this possibility.

## Discussion of Design Questions on Potential Future Departmental Strategic Priorities and Tools

### Key Takeaways

*Note that the discussion on Design Topics related to “Primary Care and Maternity Care” and “Integrated Physical and Behavioral Health” blended. The notes below reflect that dynamic.*

- TAG members highlighted the biggest barriers to health in primary care include:
  - The financial model of primary care visits, including FFS payment that incentivizes units of service, the length of time of visits, and Evaluation and Management (E&M) billing requirements
  - Staffing shortages, including workforce needs and development
  - Care team makeup, including care managers
  - Difficulty managing varying payment models by payer
- Factors that improve primary care include:
  - Focusing on whole person care
  - Payment models that are less linked to units of service and provide more flexibility for whole person care
  - Care management that is support by expanded care teams
  - Integration with behavioral health
  - Provider and care manager expertise in different areas, including chronic care and acute care
- TAG members stated that barriers to health in maternity care include:
  - Early engagement in maternity care, which may be limited by eligibility/enrollment issues
  - Lack of focus on preconception health
  - Independent providers who do not accept Medicaid due to lower reimbursement rates

### Wrap-Up and Next Steps

- The next AMH TAG meeting will be Tuesday, June 14, 2022, 4:00-5:00 PM.
- AMH TAG Members are encouraged to send any additional feedback or suggestions to Loul Alvarez ([loul.alvarez@dhhs.nc.gov](mailto:loul.alvarez@dhhs.nc.gov)) and Jahaziel Zavaleta ([jahaziel.zavaleta@dhhs.nc.gov](mailto:jahaziel.zavaleta@dhhs.nc.gov)) of DHHS.
- The meeting adjourned shortly after 5:00 pm.