



Division of Health Benefits

Advanced Medical Home (AMH) Update

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NC Medicaid**

**Medical Care Advisory Committee (MCAC) Meeting
June 14, 2019**

Agenda

- 1** Agenda
- 2** Review Advanced Medical Home (AMH) Program
- 3** AMH Technical Advisory Group (TAG)
- 4** Questions

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Introduction to AMH

Vision for Advanced Medical Homes

*Build on Carolina ACCESS to **preserve broad access to primary care services for Medicaid enrollees and strengthen the role of primary care in care management, care coordination, and quality improvement as the state transitions to managed care.***

Practices have options as AMHs:

- Current Carolina ACCESS practices may **continue as AMHs with few changes**; practices ready to take on more advanced care management functions **may be eligible for additional payments**
- Practices may rely on **in-house care management** capacity or **contract with a Clinically Integrated Network (CIN) or other partner of their choice**

NC DHHS Care Management Principles

Robust care management is a cornerstone of the State's managed care transition

Care Management Guiding Principles

- Medicaid enrollees will have access to **appropriate care management**
- Care management should involve **multidisciplinary care teams**
- Local care management** is the preferred approach
- Care managers will have access to **timely and complete enrollee-level information**
- Enrollees will have access to **programs and services that address unmet health-related resource needs**
- Care management will align with **statewide priorities for achieving quality outcomes and value**

AMHs are designed to serve as a **vehicle for executing on this approach in a managed care context**

AMH Tiers

Tiers 1 and 2

- PHP retains primary responsibility for care management
- Practice requirements are the same as for Carolina ACCESS
- **Providers will need to coordinate across multiple plans:** practices will need to interface with multiple PHPs, which will retain primary care management responsibility; PHPs may employ different approaches to care management

AMH Payments

(paid by PHP to practice)

- **PMPM medical home fees**
 - Same as Carolina ACCESS
 - Non-negotiable

Tier 3

- PHP delegates primary responsibility for delivering care management to the practice level
- Practice requirements: meet all Tier 1 and 2 requirements plus take on additional Tier 3 care management responsibilities
- **Single, consistent care management platform:** Practices will have the option to provide care management in-house or through a single CIN/other partner across all Tier 3 PHP contracts

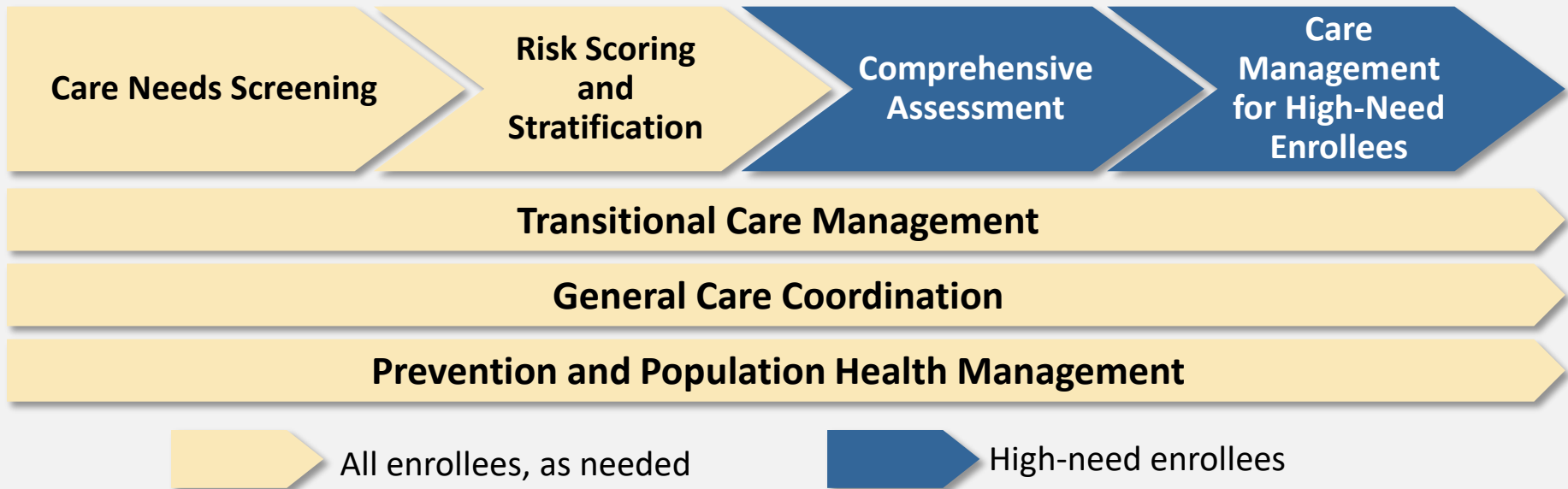
AMH Payments

(paid by PHP to practice)

- **PMPM medical home fees**
 - Same as Carolina ACCESS
 - Non-negotiable
- **Additional PMPM care management fees**
 - Negotiated between PHP and practice

Care Management Approach

The State has developed a process to ensure that high-need individuals and those transitioning out of the hospital will receive appropriate, local care management



Tier 3 AMH practices are responsible for a range of local care management functions; CINs/other partners can assist practices in fulfilling some or all of these responsibilities

AMH Tiers and Value-Based Payment (VBP)

The AMH program will provide clear financial incentives for practices to become more focused on cost and quality outcomes for populations, increasing accountability over time

Goals of AMH Program

- Preserve broad access to primary care services to Medicaid enrollees
- Strengthen the role of primary care in care management, care coordination and quality improvement
- Allow practices to implement a unified approach to serving Medicaid beneficiaries, minimizing administrative burden

Over time, the AMH program provides a pathway for practices to have a larger role in managing the health outcomes and cost for their patient populations. The AMH TAG will consider these aspirations broadly in its initial sessions.

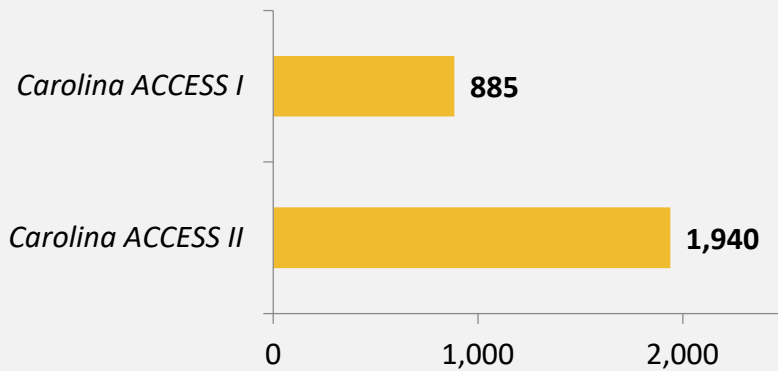
AMH Facts and Figures

In September 2018, practices were grandfathered into AMH Tiers 1 and 2.

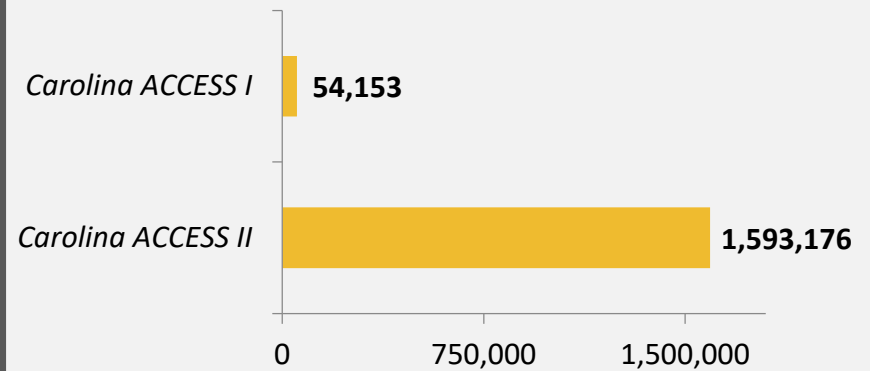
Between 12/18 and 3/25, the majority of practices used NCTracks to attest into AMH Tier 3*

Pre-Managed Care

Carolina ACCESS Practices

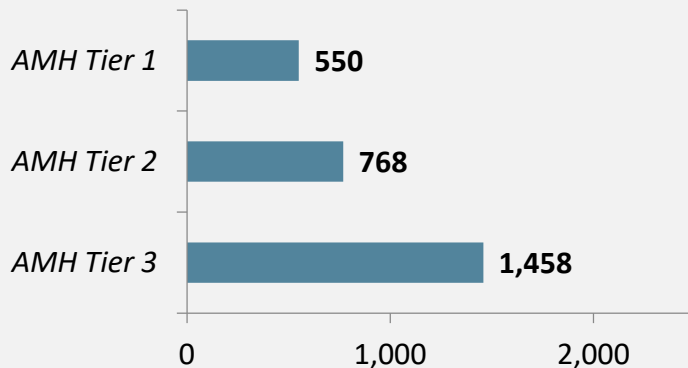


Carolina ACCESS Beneficiaries

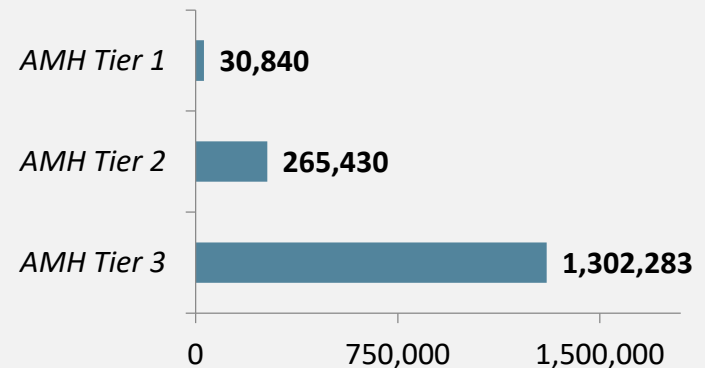


Today

AMH Practices



Estimated AMH Beneficiaries



* Data as of 3/25/2019. Practice and beneficiary counts are subject to change daily.

AMH Attestation Facts and Figures

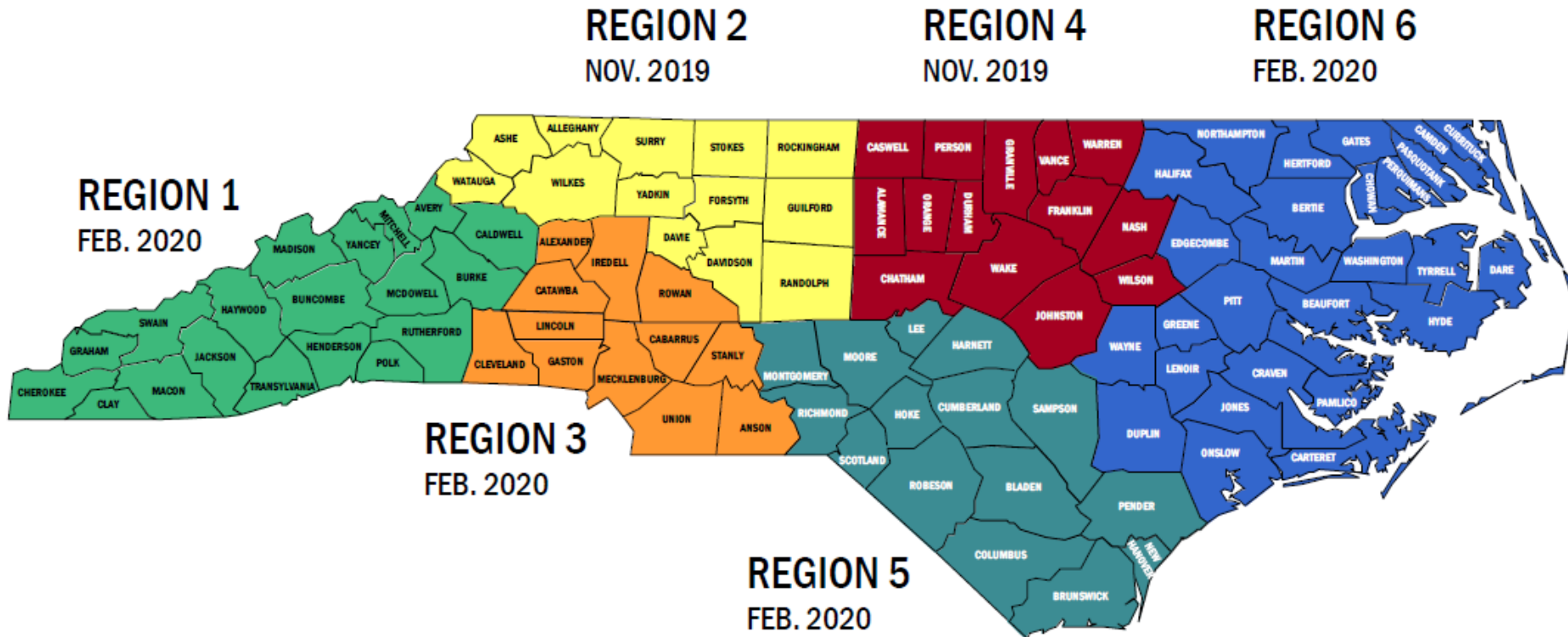
AMH practices are distributed across the state with robust AMH Tier 3 participation

Tier 3	Practices	Beneficiaries
Current	174	128,423

Tier 3	Practices	Beneficiaries
Current	209	214,577

Tier 3	Practices	Beneficiaries
Current	283	262,507

Tier 3	Practices	Beneficiaries
Current	154	169,893



Tier 3	Practices	Beneficiaries
Current	370	308,714

Tier 3	Practices	Beneficiaries
Current	256	217,570

* Data as of 3/25/2019. Practice and beneficiary counts are subject to change daily.

Timeline of AMH Program Launch

AMHs, CINs, and PHPs have entered into the contracting phase for PHP Regions 2 and 4

9/9/18

Existing Carolina ACCESS practices grandfathered into corresponding AMH Tier

2/4/19

- NC DHHS announces PHP and region selection
- State finalizes list of certified AMHs

Attestation

10/1/18 – 1/31/19
Interested practices attest to meeting AMH capabilities

PHP Contracting

Feb. 2019 – Oct. 2019
PHPs form their provider networks; AMH-certified practices contract with PHPs as AMH practices

MC & AMH Go-Live

Nov. 2019+
Practices in PHP Regions 2 and 4 begin receiving payments from PHPs

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AMH TAG Overview

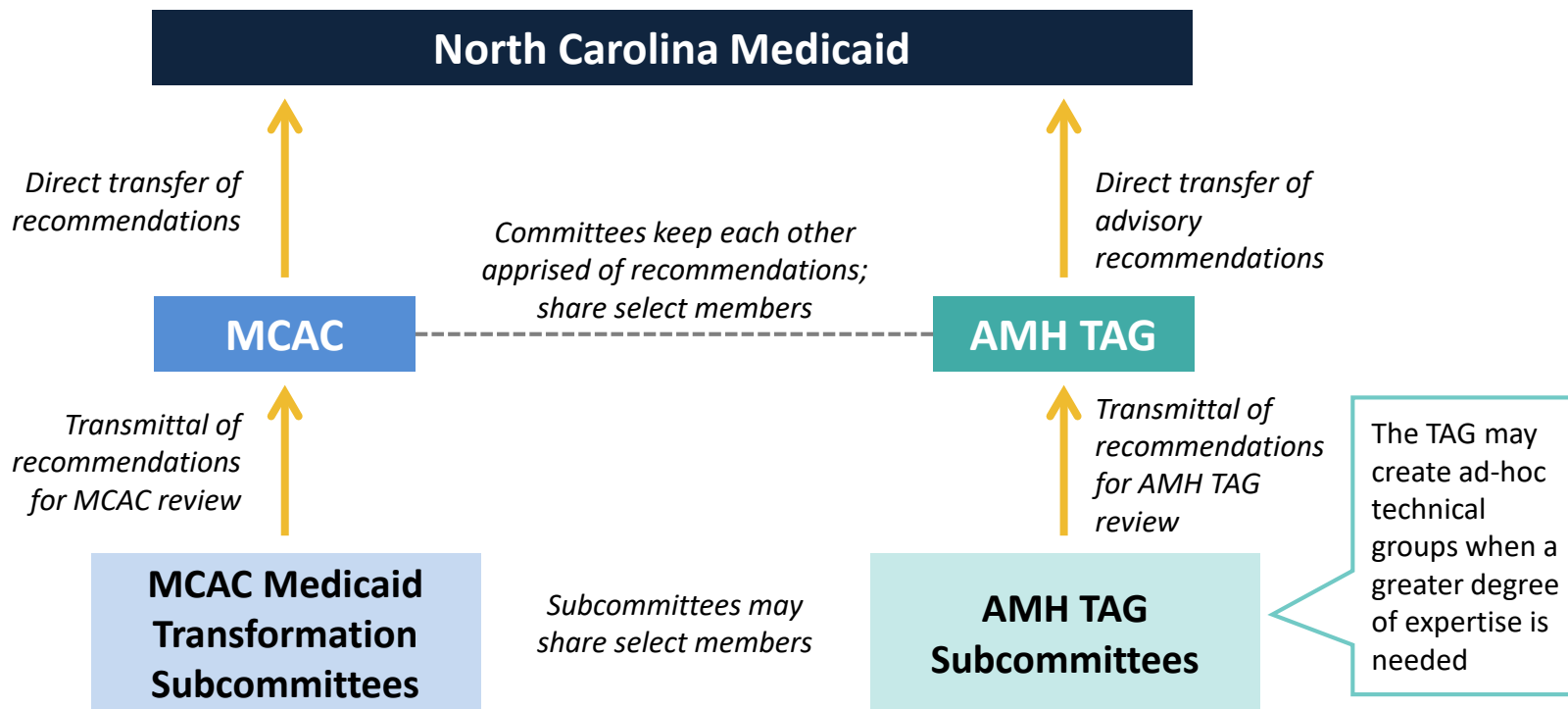
The AMH TAG will help North Carolina Medicaid make informed policy decisions on the development of the program

What is the AMH TAG?

- An advisory body chaired by DHHS and consisting of a group of approximately fifteen (15) invited representatives from PHPs, AMH practices, and other AMH stakeholders including CINs
- The AMH TAG will weigh in on **strategic and policy issues** in the AMH program and will develop **recommendations** for North Carolina Medicaid's consideration
- The TAG will coordinate with the State's Medical Care Advisory Committee ("MCAC") (*see next slide*)
- The TAG may create ad-hoc technical groups ("subcommittees"), as needed, to develop formal recommendations on technical aspects of the program that require greater degrees of expertise

AMH TAG Structure within North Carolina Medicaid

The TAG sits parallel to the Medical Care Advisory Committee (MCAC) within NC Medicaid



Issues for AMH TAG

The AMH TAG will help North Carolina Medicaid make informed policy decisions on the development of the program



Issues for AMH TAG, Continued

AMH Issues	Potential Strategy/Policy Questions for AMH TAG Recommendations
Certification & Contracting	<ul style="list-style-type: none"> • What further market education and guidance should DHHS consider issuing?
Data Sharing	<ul style="list-style-type: none"> • How should DHHS approach standardization of data flows between PHPs and CINs? • How should DHHS approach standardization of data flows between PHPs and individual AMH practices? • How should DHHS require practices to capture care management encounters?
Quality	<ul style="list-style-type: none"> • How could DHHS set policies to align measurement approaches across PHPs? • How should DHHS approach hybrid measure reporting and reporting of measures that require clinical data within the AMH program?
Program Oversight & Evaluation	<ul style="list-style-type: none"> • How can DHHS track and evaluate “local” care management?
Program Design	<ul style="list-style-type: none"> • What is the role of AMH practices in Healthy Opportunities Pilots? • What is the role of AMH practices in BH I/DD TP care management? • How should DHHS approach ongoing training and practice support? • How can DHHS ramp up VBP incentives for practice level population health, quality, and awareness of total cost of care? • How could DHHS consider aligning its VBP strategy with other NC payers?

What other policy issues are “top of mind” for your organizations and stakeholders?

Planned TAG Topics, March – June 2019

For each topic, DHHS will *brief* the TAG and then through a *discussion*, solicit recommendations from a range of options

Meeting #1 4/1, 9 am – 12 pm

1. TAG Overview

- **Discussion:** Introductions and Overview of TAG; discussion on pressing AMH issues

2. AMH Attestation and Contracting



- **Briefing:** Review of guidance to date
- **Discussion:** Identification of most pressing contracting issues

Meeting #2 5/3, 1 pm – 4 pm

1. AMH Attestation and Contracting



- **Discussion:** TAG recommendations for further DHHS market guidance/education

2. Data Strategy



- **Briefing:** DHHS data strategy to support AMH success
- **Discussion:** Identification of most pressing data issues

Meeting #3 5/29, 12 pm – 3 pm

1. Data Strategy



- **Discussion:** Discussion of key issues in data re: standardization, sharing

2. Value-Based Payment (tentative)



- **Briefing:** DHHS direction on VBP
- **Discussion:** Identification of deeper dive topics for discussion on 6/25

AMH TAG Data Subcommittee*

The Data Subcommittee will support the AMH TAG by making informed recommendations on critical care management data issues

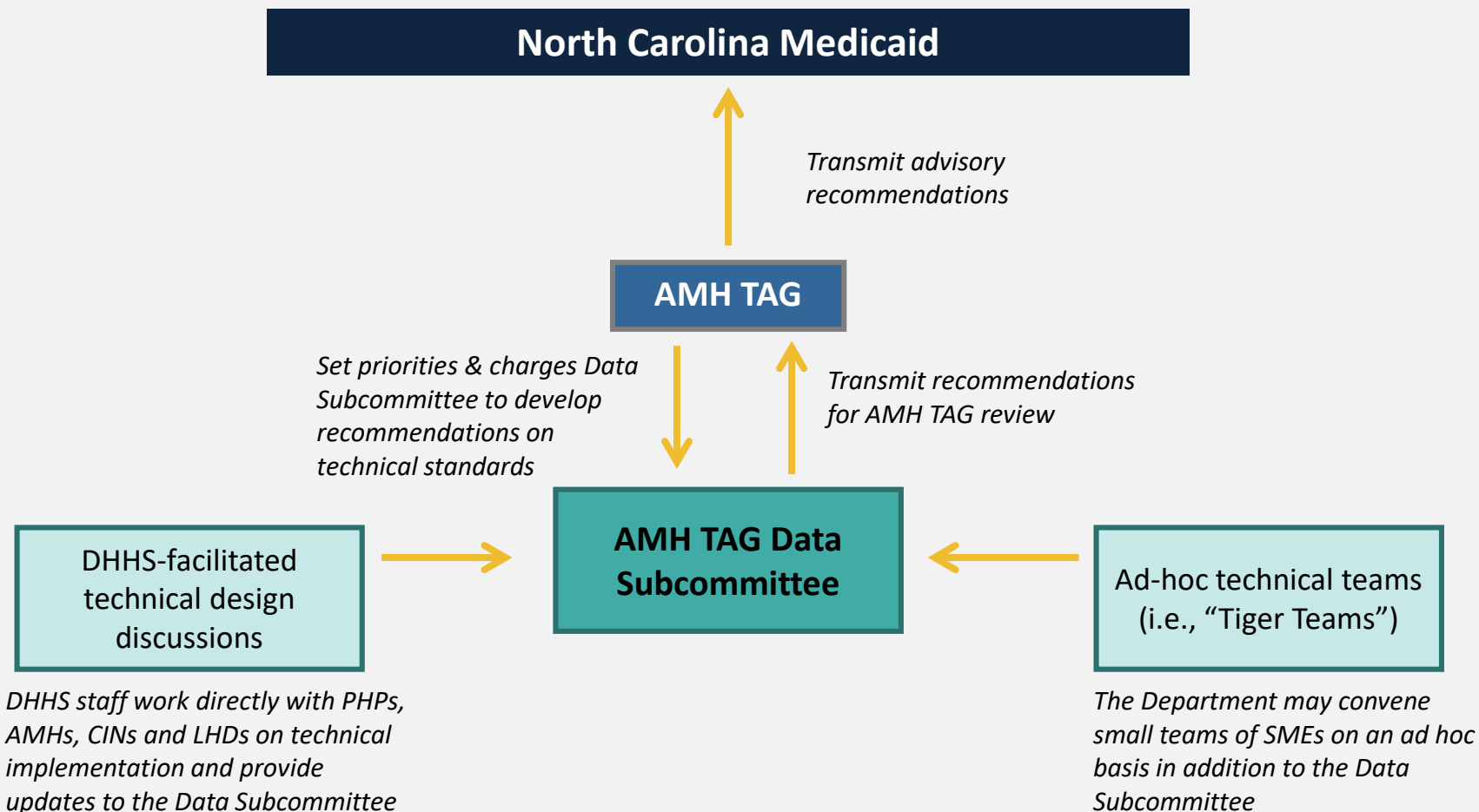
What is the Data Subcommittee?

- An **advisory body** chaired by DHHS that consists of care management data and information system subject matter experts from participating AMH TAG member organizations
- The Data Subcommittee will respond to requests from DHHS and the AMH TAG to provide input, identify opportunities, risks and challenges and formulate **recommendations** to the AMH TAG and DHHS regarding data and information sharing issues
- The Data Subcommittee will be informed by **ad-hoc “tiger teams”** that will be organized to rapidly address specific, time-sensitive data issues

**First Subcommittee meeting is June 21. Topic: Member & Claims Data*

Data Strategy and Implementation Roles and Relationships

The Data Subcommittee will support the AMH TAG and help guide ongoing data work



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Questions