

Advanced Medical Home (AMH) Webinar Series



Session #1: Overview of AMH Policy & AHEC Coaching

December 10, 2020 5:30pm – 6:30pm

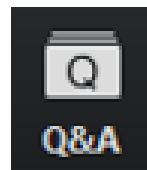
RCC (Relay Conference Captioning)

Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4662977&CustomerID=324>

Logistics for today's COVID-19 Forum

Question during the live webinar



Technical assistance

technicalassistanceCOVID19@gmail.com

AMH Webinar Series presented in partnership by:

**Quality and Population Health
Division of Health Benefits (DHB) – NC Medicaid**

North Carolina Area Health Education Centers (NC AHEC)

**Medicaid Sponsor:
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Director of Quality and Population Health, NC Medicaid**




**Series Facilitator:
Hugh Tilson, JD, MPH
Director of NC AHEC**

Session #1:

**Overview of the Advanced Medical Home
(AMH)**

Welcome to the AMH Webinar Series – Session #1

Today's Speakers:

-  Kelly Crosbie, MSW, LCSW
Director, Quality and Population Health
NC Medicaid
-  Carol Stanley, MS, CPHQ
Manager, Medicaid Transformation
NC AHEC
-  Krystal Hilton, MPH
Associate Director, Population Health
NC Medicaid

Agenda

- 1** AMH Overview
- 2** Key Policy Updates
- 3** Options for AMH Practice Transformation
 - Webinar Series and Published Tools
 - Practice Support with AHEC Coaches
 - Efficiencies for NCQA-PCMH Certified Practices
- 4** What's Next & Now's the Time
- 5** Q & A

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Advanced Medical Homes

Goal: Provide a pathway for practices to have a larger role in managing the health outcomes and cost for their patient populations

Guiding principles

1. Preserve broad access to primary care services for enrollees
2. Strengthen the role of primary care in care management, care coordination, and quality improvement
3. ***Provide clear incentives for practices to become more focused on cost and quality outcomes, increasing accountability over time***

- DHHS has invested heavily in AMH and care management
- **Expectations are high:**
 - Penetration rates are much higher (22% vs current 10%)
 - Location of care is highly community-based
 - Need to address the continuum of care needs from rising risk to high risk and unmet social needs

AMH program represents an opportunity for providers to fund population health investments critical to a VBP environment

- **The AMH Program will launch concurrently with managed care**

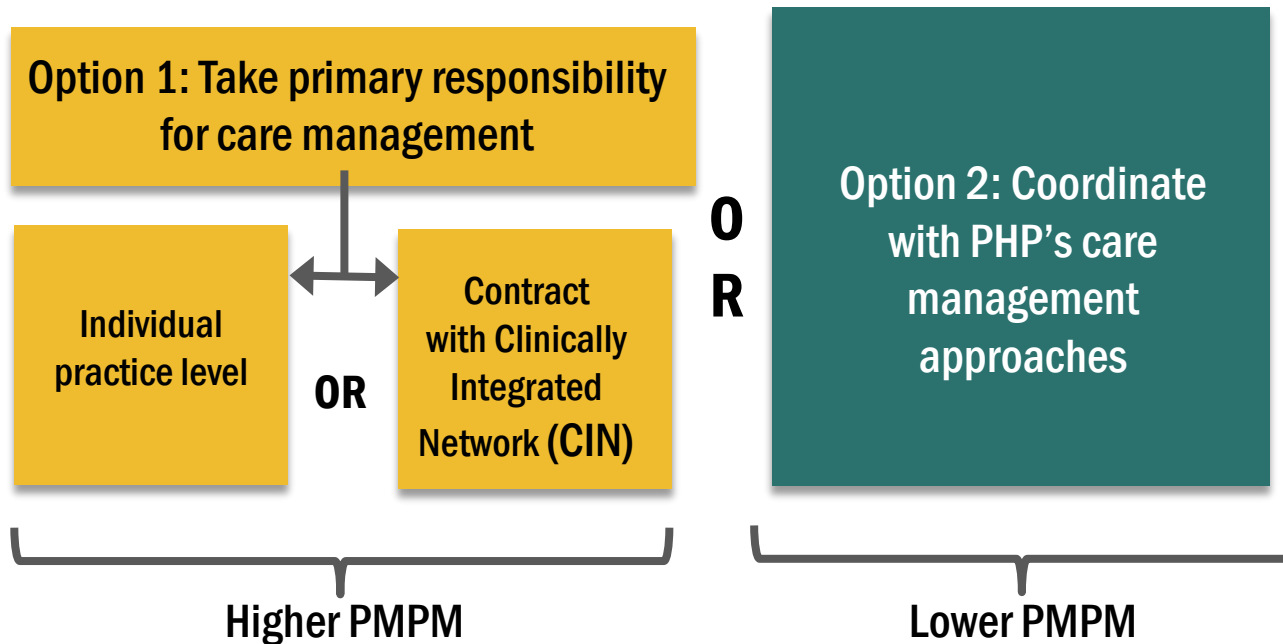
REFRESHER: AMH Practice Eligibility Requirements-PRIMARY CARE

AMH practice eligibility requirements will be the same as those for Carolina ACCESS

- 1 AMH-eligible practices must provide **primary care services** and be enrolled in the North Carolina Medicaid program
- 2 Examples of eligible practices are single- and multi-specialty groups led by allopathic and osteopathic physicians in the following specialties:
 - General Practice
 - Family Medicine
 - Internal Medicine
 - OB/GYN
 - Pediatrics
 - Psychiatry and Neurology

REFRESHER: Advanced Medical Homes Care Management

Allows practices to choose:



REFRESHER: Advanced Medical Home Tiers

Option 1: Tier 3

- PHP *delegates primary responsibility* for care management to the AMH
- Practices will have the option to **provide care management in-house** or **through a CIN/other partner** across all Tier 3 PHP contracts

Tier 3

- Medical Homes Fees Remain the Same (\$2.50/\$5.00)
- PHPs must offer incentive pgms
- NEW Care Management Rate

Option 2: Tiers 1 and 2

- PHP *retains primary responsibility* for care management
- **Practices will need to interface with multiple PHPs**, which may employ different approaches to care management

Tiers 1 & 2

- Medical Homes Fees Remain the Same (\$2.50/\$5.00)
- PHPs must offer incentive pgms

Care management will be a shared responsibility of practices and PHPs, with division of responsibility and payment varying by AMH “Tier”. This applies to all plans a practice contracts with and their attributed members.

REFRESHER: Advanced Medical Home Care Management Requirements

- Risk stratify all empaneled patients
 - Provide care management to all high-need patients
 - Provide short-term, transitional care management along with medication reconciliation to all empaneled patients who are discharged from the ED or an inpatient setting
 - Demonstrate active access to an ADT
 - Receive claims data feeds and meet State-designated security standards for their storage and use
-

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Pre-Managed Care Launch AMH Timelines

Milestone	Dates
DHHS AMH “Fireside Chat” and launch of AHEC webinars for practices	November – December 2020
Updated AMH Provider Manual release	January 2021
AHEC Practice Support 1:1 Coaching	January 2021
PHP Open Enrollment begins	Mid March 2021
Cutoff for completion of PHP/provider contracting for inclusion in initial Provider Directory	April 1 2021
Start of 90 day AMH “glide path” incentive payment period (<i>see section 3</i>)	April 1 2021
Open enrollment ends	Mid May 2021
Auto enrollment to PHPs begins, followed by PCP/AMH assignment	Mid May 2021
Standard Plans launch	July 1, 2021

AMH Streamlining aims

In response to feedback, DHHS looked at ways to streamline the AMH program and focus on outcomes in lieu of process.

Changes are designed to:

- Shift the focus from individual care management processes to penetration rate of care management in the population and outcomes
- Streamline oversight of care management
- Provide clarity on what “counts” as Care Management for reporting purposes

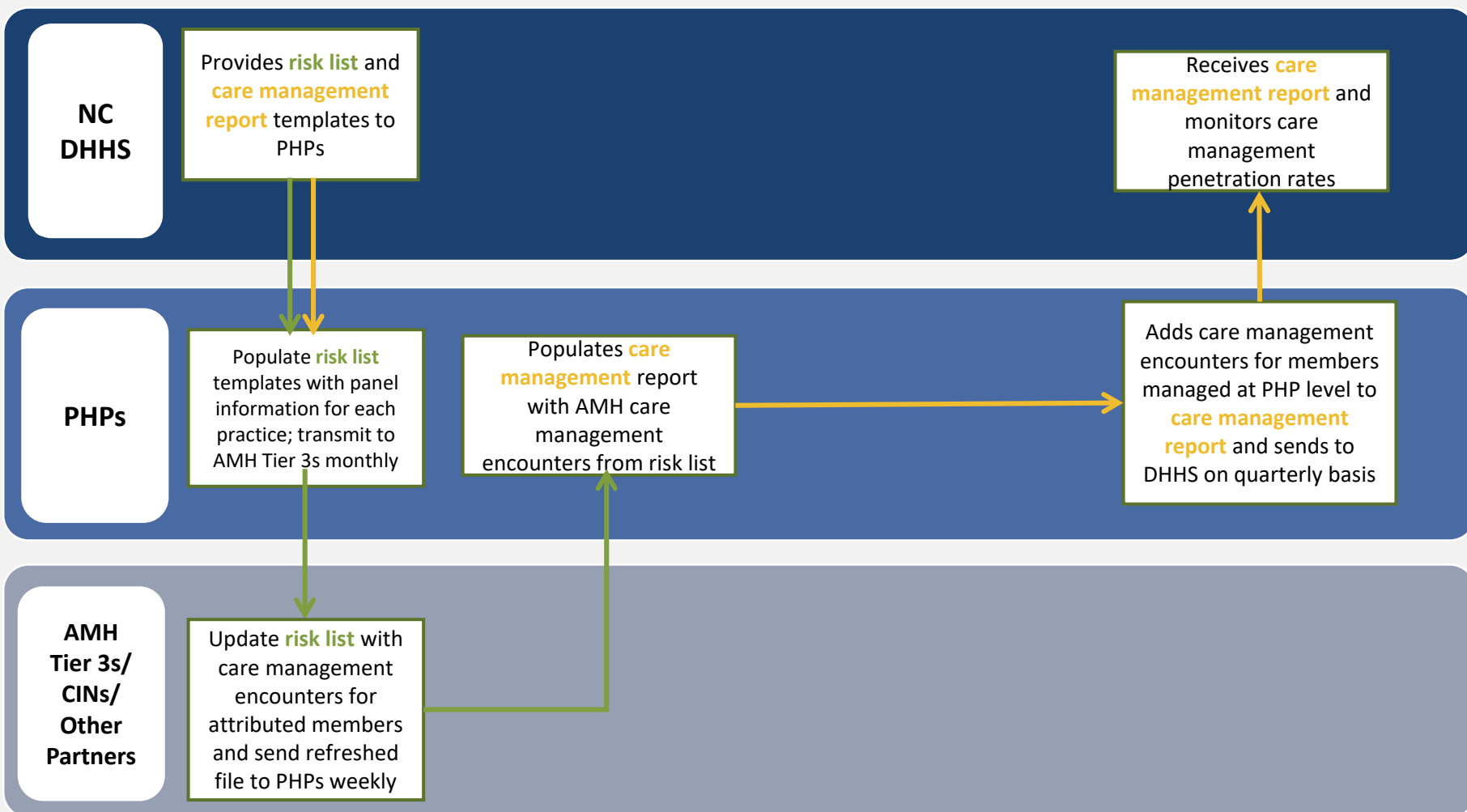
PHP Accountability for Care Management

DHHS looked at how to reduce burden associated with multiple requirements for PHPs while maintaining oversight.

Changes to DHHS oversight of PHPs:

- DHHS had previously planned to impose penalties on PHPs for failure to complete individual care management process requirements:
 - (1) Failure to develop a Care Plan that includes all required elements
 - (2) Failure to complete a Comprehensive Assessment
- **PHPs will no longer be subject to penalties associated with these individual care management process requirements.**
- DHHS will measure total penetration of care management (*as defined by DHHS*) in each PHP's population using a standardized reporting data—*see next slide on templates that DHHS will provide and post.*
- **DHHS expects that oversight in provisions in provider contracts will be similar to those in the contract between DHHS and PHPs to minimize administrative burden.**

Working Together: Reporting Requirements



Definition of “Care Management”

ALL levels of care management—ranging from high intensity (e.g. care plan development and frequent face to face encounters) to low intensity (e.g. infrequent, telephonic contact)—should be reported as CM encounters.

“Counts” as care management

- In-person (including virtual) visit with care manager or member of care team; could include delivery of comprehensive assessment, development of care plan, or other discussion of patient’s health-related needs
- Phone call or active email/text exchange between member of care team and member (e.g. to discuss care plan or other health-related needs); must include active participation by both parties; unreturned emails/text messages do NOT count
- Phone calls to set up appointments with providers that are three-way calls between care team, member and practice staff to arrange care visits

Does NOT “count” as care management

- Care manager leaves a voicemail with member or sends unreturned email/text message
- PHP/care manager sends mailer to member
- Phone calls between practice front desk staff and either the member or care team to schedule care visits
- Scheduled in-person visit to which the member fails to show up

NEW Program Incentives and Supports

The Department considered the best ways to help AMH Tier 3 practices prepare for launch.

Changes will:

- Add new payment stream for practices in the run-up to launch
- Emphasize importance of data exchange to support AMH Tier 3
- Provide options for practice supports prior to launch
- Standardize quality measures and reporting
- Protect Care Management Rates

AMH Tier 3 Glide Path Payments

DHHS will implement a new \$8.51 PMPM payment stream to AMH Tier 3 practices 90 days prior to the launch of Managed Care to assist with and incent Tier 3 preparation

Tier 3 Glide Path Payment Eligibility Criteria

1. AMH Tier 3 within NC Tracks
2. **Contracting completed** with at least two PHPs
3. **Data exchange testing successfully completed** with at least two PHPs
4. Practice has completed attestation in NC Tracks provider portal that items 2-3 complete.


DHHS will release additional details on the above criteria in early 2021.

Payments will flow to practices in the same way as current CA II Payments. Qualifying practices will receive \$8.51 PMPM direct from NC Tracks for each month in which they meet the conditions shown at left, up to three times.

April 2021 — “Opportunity 1”

May 2021 — “Opportunity 2”

June 2021 — “Opportunity 3”

July 2021  Launch

To reinforce the importance of AMH Tier 3 data exchange, DHHS is also adding a new liquidated damage (enforceable after launch) on PHPs for failure to transmit a beneficiary assignment file or claims to an AMH Tier 3 practice (or CIN/Other Partner) within the Department’s published data specifications

Support for AMH Practices through AHEC

NC AHEC will offer practice support and education aligned with the AMH program.

AHEC practice supports will include:

AMH Practice Coaching

- Starting in January, AHEC coaches will work with individual practices to accelerate adoption of Tier 3 standards and facilitate transition, starting with a standardized assessment tool
- Available to primary care practices who are in network with at least one Standard Plan
- PHPs may refer practices that need assistance meeting AMH standards

Education

- AHEC will offer webinars, tip sheets, bulletins and other mass communications on the AMH program
- Education will be geared toward all interested Medicaid practices

First webinar: RIGHT NOW!

Patient Engagement with Medical Homes

DHHS will allow PHPs additional flexibility in PHPs' PCP/AMH assignment policies to help PHPs better engage members.

Existing Policy in Standard Plan contract (p. 126):

- When a member does not select an AMH/PCP at the time of enrollment, the PHP will assign an AMH/PCP.
- The PHP's methodology for assignment must include the following components, in this order, to the extent that the information is available:
 1. Prior AMH/PCP assignment
 2. Member claims history
 3. Family member's AMH/PCP assignment
 4. Family member's claims history
 5. Geographic proximity
 6. Special medical needs
 7. Language/cultural preference
- In contract year 2, DHHS may direct the methodology to include AMH status.

Proposed Flexibility:

- For Step 1 of the assignment methodology, PHPs may look at prior AMH/PCP assignment together with claims history at the assigned PCP/AMH (Step 2).
- PHPs may set a lookback of of claims in the prior 18 months (non-ABD) or 12 months (ABD)with assigned AMH/PCP.
- If a member has a prior AMH/PCP assignment but has no claims history with the assigned AMH/PCP within the lookback period, the PHP may assign to another AMH/PCP, following components 2-7.
- **There will be a cap on the % of a provider panel that can be moved.**
- **There are always beneficiary choice protections.**

Any changes PHPs choose to make to their auto-assignment policies will need to be re-submitted to DHHS for approval

AMH Quality Measures

DHHS has streamlined the AMH Measure Set to simplify AMH quality reporting and performance incentive payment arrangements. PHPs will be required to use only these measures to develop AMH performance incentive payments.

Updated AMH Measure Set

- Adolescent Well-Care Visit
- Childhood Immunization Status (Combination 10)
- Immunization for Adolescents (Combination 2)
- Screening for Depression and Follow-up Plan
- Well-Child Visits in the First 15 Months of Life
- Cervical Cancer Screening
- Chlamydia Screening in Women
- Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)
- Controlling High Blood Pressure
- Plan All Cause Readmission-Observed to Expected Ratio

Other Measures

PHPs will also be required to share total cost of care information with AMH practices. DHHS will publish additional guidance on sharing total cost of care information with practices at a later date.

AMH Tier 3 Payments

Performance Incentive Payments

- Year 1 Performance Incentive Timing**—Due to differences in PHP contract year and quality measurement reporting period timing, **Department-required incentive programs, including performance incentive payments for AMH Tier 3, will start six months after managed care launch.**



AMH Tier 3 Payments

The Department has finalized several policies regarding Year 1 AMH Tier 3 payments:

1

Guaranteed care management fees—PHPs may not place Tier 3 practices' care management fees at risk based on AMH performance or any other metrics. PHPs must pay the full negotiated care management fee amount to all contracted Tier 3 practices.

2

Use of AMH Measure Set for Tier 3 Performance Incentives—PHPs must offer performance incentive payments in all Tier 3 contracts. These payments must be based only on the AMH measure set, and may not factor in performance on measures beyond those included in the AMH measure set..

AMH Oversight and Performance Standards

DHHS is moving ahead with policies that promote streamlining and transparency.

Contracting and Oversight Updates

- 1 Tier 3 contract audits**—For year 1, PHPs may not condition Tier 3 contracts on audits or other monitoring activities that go beyond what is necessary to meet AMH Tier 3 standards (e.g. NCQA Complex Case Management)
- 2 Timeline for corrective actions and AMH Tier “Downgrades:**
 - PHPs must allow AMHs and CINs/Other Partners at least 30 days for remediation of non-compliance with AMH Tier 3 standards before pursuing a downgrade.
 - Practices may “self downgrade” using the process on the AMH website.
 - DHHS is NOT finalizing the 90-day “hold harmless period” discussed last November, because Glidepath has moved IN FRONT of launch.
- 3 Oversight processes transparency**—PHPs must share their oversight processes and notice to the AMH of any actions taken against that AMH’s contracted CIN/Other Partner.

AMH – PHP Contracting

1 AMH Program Updates have been completed

2 [*Notice of AMH Policy Changes Memo*](#) detailing the updates can be found on the Department's [Advance Medical Homes webpage](#)

3 Providers are encouraged to complete contracting with PHPs as soon as possible, with special emphasis on completion prior to February 1, 2020 for;

- Inclusion in provider directories & open enrollment
- Opportunities for provider incentives
- Participation in provider supports such as AHEC Coaching

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2

Key Policy Updates

3

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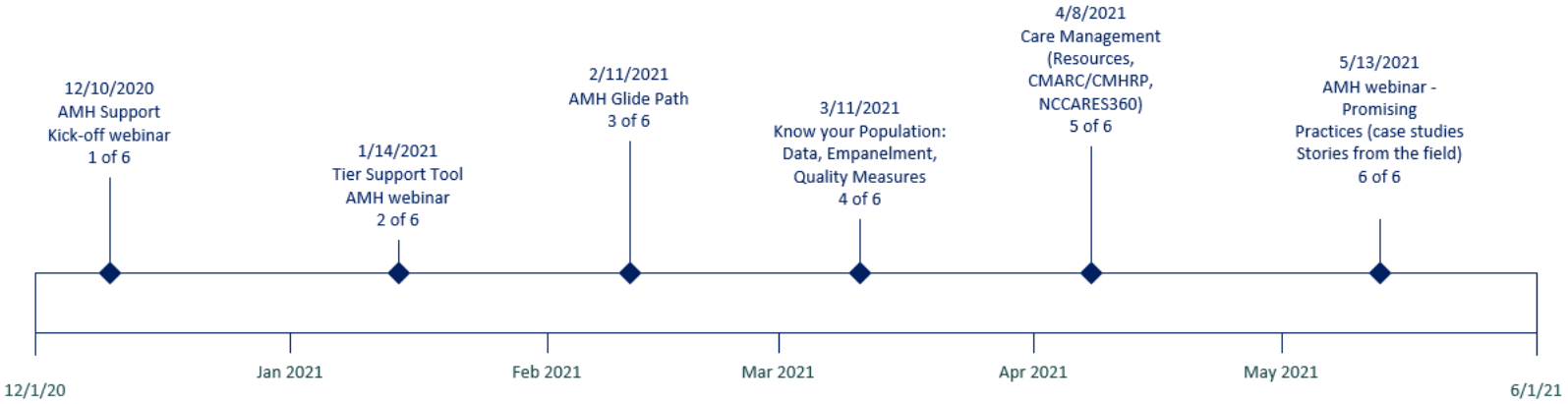
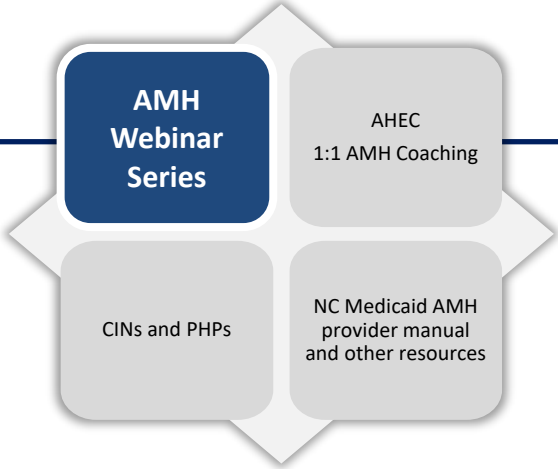
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Q & A

AMH Education



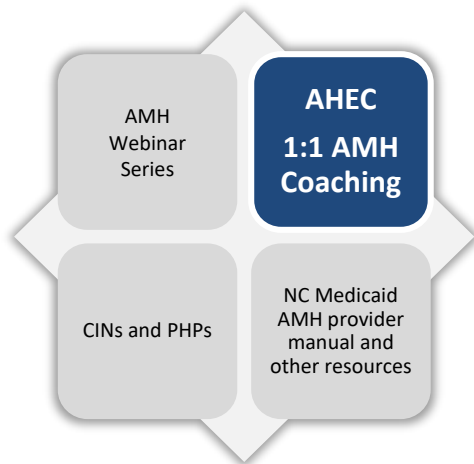
AMH Education Schedule



Topics subject to change (e.g., AMH Glide Path)

To register for the series and to access webinar recordings, go to AHEC website, www.NCAHEC.net

AHEC 1:1 AMH Coaching



Primary Care Practice Is Eligible For AHEC 1:1 AMH Coaching If:

- In network with at least one Medicaid PHP; and,
- Not actively engaged in AMH support from one or more CINs;

AND

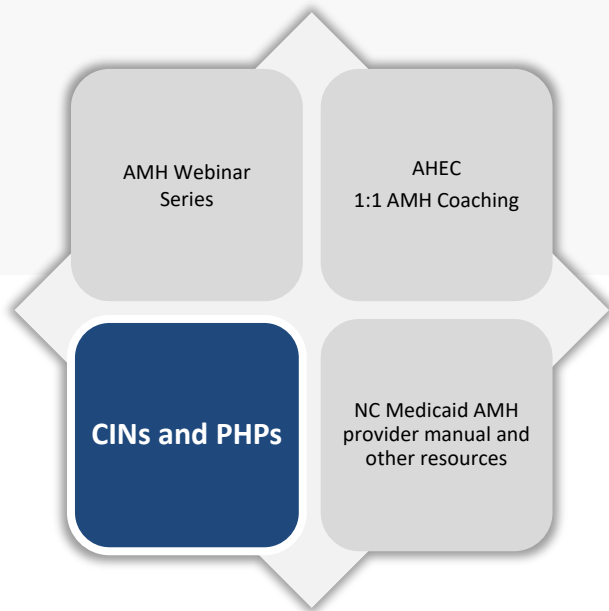
One Of The Following:

- Tier 2 **essential practice*
- Tier 3 *essential practice* wanting to re-assess appropriate Tier level and/or strengthen Tier 3 readiness and performance
- Tier 2 or 3, health system affiliated, or owned practice located in medically under-resourced community

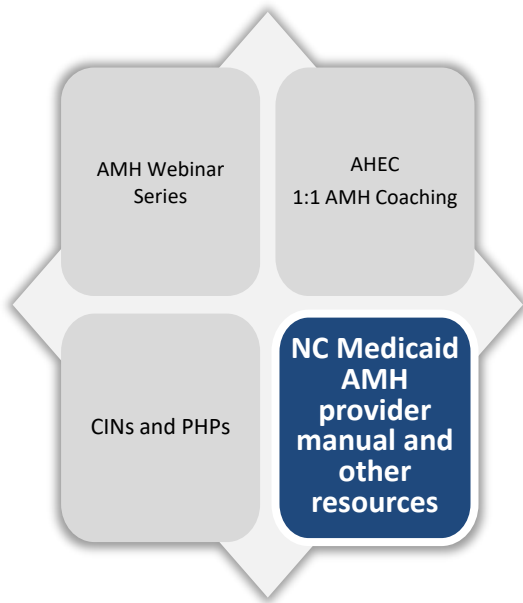
** Essential practices include independently owned primary care; FQHCs; RHCs; and local health departments with primary care*

CINs and PHPs

Partner with your CIN(s) and Medicaid Health Plans to maximize available resources



NC Medicaid AMH Provider Manual And Other Resources



Check These Out Now:

1

NC Medicaid AMH Provider Manual

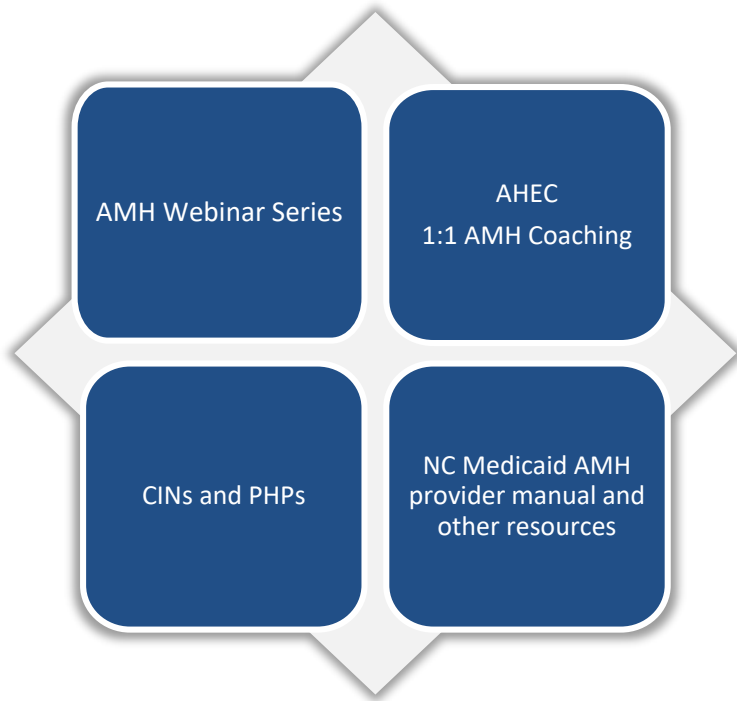
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AMH 101 – 109: Previously recorded AMH training from 2019

3

AMH policy papers, memos, and more

<https://medicaid.ncdhhs.gov/transformation/advanced-medical-home>



Coming January 14, 2021

- ✓ *Available for download, newly developed AMH Tier Support Tool*
- ✓ Webinar - AMH Tier Support Tool, Jan. 14th
- ✓ AHEC 1:1 AMH coaching available to practices meeting eligibility requirements (link to request coaching will be provided on the 14th)

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What's Next & Now's the Time

- 1 **CIN as your AMH Partner & the AMH Webinar Series**
- 2 **How to Get Started with Practice Support and 1:1 Coaching**
- 3 **Next: AMH Webinar #2
 AMH Tier Support Tool
 January 14, 2021, 5:30 – 6:30 pm**
<https://www.ncahec.net/practice-support/advanced-medical-home/>

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Q & A

- Enter questions using the Q&A function within Zoom Webinar
- Send additional questions to:
Vorinda.Guillory@dhhs.nc.gov
- Upcoming: Any questions not addressed during the webinar will be added to the FAQs for publication on the [AMH Training Webpage](#)