

Transcript for Advanced Medical Home Webinar

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Presenters:

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Hugh Tilson

All right, everybody. Let's get started. Tonight's webinar is the second webinar in a series about Advanced Medical Homes put on by North Carolina Medicaid, North Carolina AHEC to support providers during the transition to Medicaid managed care. As a reminder, we also put on the Fireside Chat webinars on the first Thursday of the month on Medicaid managed care generally, and the third Thursday of the month to discuss relevant critical and quality issues, we will have an important webinar on the COVID Vaccine, you can join us for that as well. Tonight, we're going to focus on an overview event of advanced medical homes, and how Medicaid and AHEC are partnering to support Medicaid providers. My name is Hugh Tilson I'll moderate tonight. I'm gonna turn it over to Kelly in just a couple minutes, but let me run through some logistics first. Next slide, please.

If you need technical assistance, you can email us technicalassistancecovid19@gmail.com. We're gonna have a lot of information on our slides. So in order to maximize your slide setting, you can hide the speakers when they're not presenting. So the instructions do that is in the q&a. So you can have these but there's a little arrow on the pulldown menu to the right side of the stop video button in the black bar in the bottom of the screen. If you click that there is a video settings settings. So you can click that and towards the bottom of the page, there's a little box you can check that says hide the non video participants. If you do that, then if we're not speaking, you won't see us and have more room on your your monitor to see the slides, I wanted to let you know we're gonna carve out some time for questions at the end, you can ask questions two ways. First, you need to know everybody is muted and the chat function is off. So the way you can communicate with us is either using the q&a feature in the black bar on the bottom of the screen. It's where the directions are for the video settings that we talked about

earlier. If you're on the phone, you can't access that. And so the way that you can get information to us is send us an email at questionsCVODI19webinar@gmail.com. I will observe that we've learned in past webinars that the presenters will often address your questions during their presentations. So I encourage you to wait till the presenters are through the presentation, especially if it's something that you see on the agenda. And you know the presenters are going to be focusing on for some reason we can't get to any of your questions. We'll send all the questions to Medicaid. So they can either respond to you directly or incorporate those questions in the FAQ and other follow up documents. The slides are on the NC AHEC website. So there's a link to them in the q&a. For some if reason, you can't link to those by clicking that you may need to cut and paste. Put that in your browser. If that doesn't work, you can go to the www.ncahec.net. And you can access them there. We'll record this webinar and we'll add the recording of the webinar and a transcript of it to the slides on the website as soon as possible probably tomorrow. So now let me turn it over to Kelly. Everyone.

Kelly Crosbie

Thank you. Hi, my name is Kelly Crosbie and this is as you said is our second session and our advanced medical home webinar series. And tonight we're going to be talking about the advancement of the home tier support tool. Next slide please. We have a lot of folks who who put this presentation together tonight and who will actually be presenting the materials to you. As mentioned my name is Kelly Crosbie and I'm the director of quality and population health in North Carolina Medicaid. I'm joined by Krystal Hilton, who is our Associate Director of population health and Medicaid, Vorinda Guillory who's the program manager of population health in North Carolina Medicaid We might get a surprise drive by by our chief medical officer Shannon Dowler. So she's there if she shows up. We're also joined by the Marvelous AHEC team. So we have Carol Stanley tonight. She's the manager of Medicaid transformation there. We have Lora Wright, who's a quality improvement specialist with Wake AHEC. Terri Roberts, who's a senior practice consultants with health innovation partners of MAHEC, and we have Nicole Cannady, who's also a practice support consultant with southeastern AHEC. So next slide, please, let me tell you a little bit about the agenda. This is what we're covering today, we're going to really quickly go through again, the advanced medical home vision so you can kind of hear it again, we really want to promote the vision of the advanced medical home and you can make sure you're in the right place. We're also going to do a quick overview of the managed care timeline, it's very important for you as an advanced medical home to keep some key dates in mind. AHEC is going to go through our team is going to go through the AMH practice support review. They're going to actually do a demo and a tutorial of the practice support tool they're using. They'll do a case study review, and they'll tell you more about practice support resources. And as Hugh said, we'll have time for question and answer, we might try to answer some live in the chat. We'll do our best to answer those during the presentation if we have time. But as always, we want to get you the best information. So in some cases, we wouldn't want to wait and take back your questions to give you a more thorough response and an FAQ document or in a follow up email. Next slide, please.

Really quickly, just a reminder, it's always really important that we keep the vision of the advanced medical home model in place, in our mind says you know what we're planning this program and why this coaching model is really important to us. So the goal of the model really is to provide a pathway for

practices to have a larger role in managing the health outcomes and cost for their members. We are guided by specific principles in our program, we really want to preserve the broad access to incredibly high quality primary care that we have here in North Carolina. We're grateful all of the time for how many primary care physicians support and serve the Medicaid population. Thank you for that, then through the program, we actually want to strengthen further strengthen the role of primary care in care management care coordination, and quality improvement activities. And we want the program to really provide a glide path and clear incentive for practices to become more focused on cost and quality on outcomes, with increasing accountability for quality and cost over time with less emphasis on fee for service. The expectations for the program are quite high. We've invested in the program in terms of care management dollars into the system. We mentioned last week, and we'll talk next successive session about the AMH glide path payments that are pre payments before managed care in the model even go live to help further invest in the program. And of course, we have the AHEC coaching and consultation model. So we are partnering with AHEC to bring you both these webinar series but also in person coaching, because we're really invested again in strengthening primary care and creating a long term sustainable model for improving the outcomes for our members.

Next slide, please. Really quick, I'm gonna hit five points on this busy slide. You've seen the slides many times before. But there are really five dates on to hit on managed care timeline slide. The first is across the top, February the 1st, that is the contracting deadline for inclusion for providers in our open enrollment process. If you've got a contract in place by February 1, members will be able to choose you as a primary care practice during open enrollment. Open Enrollment actually begins on March 15. And that's when members can go in and choose both a health plan and they can choose their primary care practice and they would like to be affiliated. April the 12th is a really important deadline as well. The deadline for contracting for practices to finish their contracts to be included in auto enrolment. So really two months a very important deadline if you want members to be able to choose you for practice, but 4/12 really is the deadline. You've got to have a practice contract in place, excuse me, for the auto enrollment process. 5/15 is auto enrollment. And if you remember one of our fireside chats, auto enrollment is plan auto enrollment. So members will be enrolled in a plan and after that members will be enrolled or assigned to primary care practices if they did not choose one during the open enrollment process. 7/1 is the last really important date on this slide. And that is managed care launch. Now I will say that this is a really important slide. There's a lot of important dates on here. I was trying to hit the highlights, but please do look at the Medicaid website. Look at the AHEC tools because there are lots of really great tools that give you more information about all of these points clarify some of these points. give you lots of additional information around contracting auto enrollment and auto assignment. So please know, I know I did a really quick overview of a really complex topic. So please look at those tools, talk to your AHEC coach to get more information about this timeline. So with that, I'm actually going to turn things over to Carol Stanley and the team to go through the rest of the presentation. Thanks, Carol.

Carol Stanley

Thank you so much, Kelly. We're excited to be here today. After all part of our mission is to train and retain the workforce needed to create a healthy North Carolina and our vision where every North Carolinian is healthy and supported by an adequate and well trained health workforce that reflects the

communities it serves. Next slide. We are using two key strategies for supporting practices adopting the AMH model. They are practice coaching, and we also deliver education. With the practice coaching, this is where a head coaches across the state will work one on one with individual practices to accelerate adoption of tier standards. Coaching is available to primary care practices who are in network with at least one standard plan and meet other minimum criteria, which we will go into later. And for the education, we offer webinars, tip sheets bulletins, and other mass communications. And that education is geared toward all interested in Medicaid practices. Today's webinar features the Amh tier support tool, what it is and how to use it and peer support tool is designed to assess the current state or baseline for your practice. So you can take the necessary steps toward being a high performing tier two or tier three. Next slide.

And it's my pleasure to introduce you to three AHEC coaches who will walk you through that tier support tool. Special thanks to these three coaches for their expertise and extensive time used to develop, pilot and deliver this tool to us. Terri Roberts of Mountaint AHEC, Nicole Cannady of South East AHEC, and our AMH team lead, Lora Wright of Wake AHEC. Lora, take it away.

Lora Wright

Good evening. Very excited to be here and show you this tool. First, I wanted to let you know that we're going to turn off our cameras while we're showing the tool. And that's going to help it we have Nicole coming on. And I think Terri's going to say hello, hello to I'm going to stop our cameras as we improve this tool. And that's going to give you a little bit more viewing of the documents. So right now we're going to turn our cameras off, but we will be back. So give us a second.

We are going to transition to that tool now. So you should be seeing a document that says AMH Tier support tool on your screen. We are very excited to present this tool to you today. Our team developed this for over a year and we have spent many hours fine tuning it to bring you and make it valuable for you to use. It's provided to function as a readiness tool to help you visually see and organize the steps you will take to get ready. It also is a great way to open the lines of communication with your team and with partners as you take the next few months to take steps towards Medicaid managed care. So let's take a look at this tool. You can see it is an Excel format. It can be downloaded and saved to your computer from our website. If you look directly down to the bottom left corner, you should see my cursor go down. There are several divided worksheets for the tool. And we're going to begin with the cover letter section. This section is a place to house general information. It's a quick stop for you to record some of that basic information that you'll need readily available to you. You can have information about your practice. And notice you can put if you're with any partners in this and also all of the PHPs that you will be contracting with. To the right of this is the tool instructions. This gives you a step by step instruction of using the tool on your own. If you scroll down, you'll see we've already embedded all the great resource links for you, including the Medicaid transformation main site, the Amh provider manual, the AMH training page. And notice here if you have not finished all of your contracting with those PHP plans, we've provided those, the direct links for the contacts here for you.

The next worksheet is the timeline. This is a quick stop to help you with remember all of those important dates, you're going to be toggling back to this timeline as you're using the gap tool. The next section is a printable gap. For those practices that really like to hold and walk through, maybe make notes on paper as opposed to computer, we've created this tool handy for you in an easy print friendly format. You can print this out, you can make checkboxes and your readiness status here. And you can create notes on what you need to do to get ready and prepare and your due dates. Now, I'm going to turn this over to Terri, and she's going to explain the technical portion of the gap tools.

Terri Roberts

Evening, everybody, I'm going to review with you tonight, the nuts and bolts of the tool, which are the administrative or the front administrative gap section, and the clinical administrative gap section. Some of your practice workflows will probably line up with the tier two and tier three requirements. And the tool is designed to assist you in identifying gaps. There could be some changes in your practice workflows, in order to accommodate if you have a clinically integrated network relationship. Or you can collaborate with them. As you work through this tool. For both the admin and the clinical sections, the initial goal is to identify your current state. So a couple of logistics here on the front admin gap and the clinical admin gap tool. So Laura, if you could go over to column D, please. This is the step ID column. This is an internal tracking ID. This is not relevant to you all in practices to use the tool. So if you'd like to hide this column as you work through it, that may be recommended. Moving from the left to the right, we start with our standard columns. Our standards are grouped by categories. And I will go through those categories in just a moment. Then our next column is the area what is the area of your practice that standard has the greatest accountability and in staffing needs, that we have requirement, and this translates to the detail in the standards. Then we have column F, which is our practice or our CIN column. And it has a drop down section which Lora's going to show you. And you can choose whether it's at the practice level, it's at your CIN level or you're unsure.

Then we have our status column, and it has a drop down and it shows ready, in progress or needed. And then we have our tier levels. And our tier column is hard coded and cannot change it. So the standards are met to the tier that they belong to. And then we have over in column J, this is our PCMH crosswalk in the front admin gap. We have not populated it. But when we get to the clinical admin gap, you will see the PCMH crosswalk, populate it. And for those of you that have PCMH recognition, I'll go into that in just a moment. And then we have a rationale and then identifies the point of reference and explanation for the standard and the requirement. Then we have actions require and that's an empty field. And ideally, as a practice with a practice and a coach goes through this, the team will identify what are the actions needed for us to meet that requirement. And then we have a due date column. And I would comment that in the due date column as you'll see in our case study, we highly suggest that you pick a specific time, month versus the spring time, springtime or early summer.

Now Lora, if you could move to the left. I'm going to discuss the categories of the standards here in the front admin gap. So we have access and then we have billing and claims as Lora will go down for you. We have eligibility. We have PHP identifications and onboarding. We have practice management PHP participation, and then we have strategy. Lora, next next section, please. So over here in the clinical admin gap, again, I want to make two points. Again, we want to use it to identify current state. And Laura, can you go over to column I, the PCMH crosswalk, as I commented to you, that we have populated this with the associated sections for PCMH. And those practices that are recognized, this would be a great opportunity to pull out your PCMH workflows, your documented processes, and use them to lean on as you work through this tool. So starting at the left hand side, Lora over at standards our categories for our standards and the clinical admin gap, our care management enrollment, management process and cultural competency and patient documentation requirements, population health enpanelment, Language line, -- management, social determinants of health and action, health information exchange, transitional care management, and value added services, vaccine management. Again, some of the standards may be met if you are partnered, or have a relationship with a clinically integrated network. So it's important to identify that and note it over in column F. Using that drop down that we discussed. Where you can choose is this at a practice level of CIN level or whether you're unsure, you can always put unsure and over in your actions, say I need to check with our CIN that we have a relationship with.

I do want to point out that there are some common opportunities to both the front admin gap and the clinical admission gap section. Tier two skills build upon build up to tier three. EHR optimization is a best practice, it is skill building a great opportunity to do operational EHR hygiene, to clean up within your EHR. It's a great opportunity to do staff duty accountability, clarify the who, and add it to the job descriptions. And you know, you are going to need to provide and coordinate training for staff. So it's important that you integrate time you be very conscious that you allow the staff to get the training that they need workflow, standardization and redesign. There's an optimal time for that, QI team engagement. And as Kelly Crosbie pointed out in one of her slides, this is community based care engagement at the practice level. So that is a best practice. And I want to point out that there's some what I call Hallmark skills, lean on your PCMH knowledge and workflows. Expand your EHR utilization, including interoperability and reporting. This could mean that you need to contact your EHR and start stretching your muscles and use different modules within your EHR.

When your CIN optimization of your relationship and your collaboration, develop a QI culture, practice level patient care management and coordination. This is basically your opportunity to open the envelope to your success. Key Lora. I'm gonna hand it off to you

Kelly Crosbie

Thanks, Terri. Okay, everyone, so I'm going to walk you through the rest of the tool. So after completing your front admin and your clinical admin tabs, let's take a look at the next tab which is our TST dashboard. This dashboard as your visual management tool, it displays key performance indicators and

allows you to quickly and easily track your practices progress. TST dashboard is a great way to visualize areas of readiness, as well as those areas that may need a bit more attention. We're gonna revisit this tab a little bit more in detail during our case study. Next, we're going to move on to our add a station tab. Here we again see the requirements and the rationale for Amh tier three. We also have a column for suggested action, a yes, no column and a column for next. If your practice has already attested to be in AMH tier three in NC tracks. These requirements may look familiar to you. tab is meant to be a tool to remind or reiterate the expected requirements when attesting to AMH tier three. Please note, this is only intended to be a tool, and it does not take the place of your formal attestation in nctracks. The project plan tab is next. And as you can see this tab was intentionally left blank. This was to allow each practice the ability to really customize their plan to best fit their needs. Your project plan will be unique to your practice, and will play an essential role in managing goals and desired outcomes and critical next steps to moving your practice towards AMH tier three readiness to talk more about the project plan tab during our case study. The last tab is the year one quality measure tab. This is here as a quick reference guide to the quality measures that ultimately your practice will be required to report on. This tab will allow you to add a glance view those areas that will need to be a focus in your practice. I'm going to turn it back over to Lora to introduce our case study.

Lora Wright

Hello, and now we get to see our tool in action. We have a fictional case study today of a primary care practice. This practice has a single site and it's located in rural North Carolina. It's atested as an AMH tier three and is considering if they're ready, or if they should change to tier two status. The providers they care for both adult and pediatric patients. And they have a 35% Medicaid population. So this is a big decision for them. Their current care team has three providers with one MD on staff. And they have 11 support staff that includes one RN, and one embedded RN care manager. They are currently PCMH recognized and they have past successful participation in the Medicare and Medicaid MIPS programs. They use an electronic health record they've been using it for a while since 2011. And they have experienced some hardships in the recent past six months, including some COVID-19 exposures, they've had high staff turnover, and they have had a recent loss of a provider. They are Carolina two access.

They are using this tool today, to meet some goals, the goals they really want to have is to continue to offer that great care that they have always provided to their Medicaid patients. They want to establish their current state and identify their gaps and their tier three readiness. They want to really decide if tier three is for them, or if they do need to go back to a tier two. Next slide, please. So let's talk about our primary care practice. And we're gonna call our practice manager Cathy Smith. So Cathy Smith has downloaded the tool and saved it on her desktop, she has completed the cover letter tool, and she's used the instructions on the side steps one through five to complete the cover letter. Next slide. This is an example of a completed cover letter. Notice of her basic information is there and fast and easy for her to see. You can tell she's contracted with all five of the PHP plans. And we also notice has her estimated number of Medicaid patients. That's a really helpful information for you to have as you're making decisions towards what type of resources and work that you want to put towards Medicaid managed care readiness. Next slide. And now we're going to hand this off to Terri, and she's going to talk about how Cathy used the gap tools.

Terri Roberts

Cathy has created a team. She has herself as the practice manager. She has a clinical provider, a billing manager, a clinical coordinator and a care manager. This is an excellent opportunity to represent all the team and all the areas in the office. Key roles are represented here. I would always say best practice is you need to include at least a portion of your administrative your clinical side and have a clinical provider as part of your team. I would also say that a best practice for forming your team is to ensure that the staff is safe expression decision making on this tool. And as the team went the front admin and the clinical gap questions, we're going to show you a pretty busy slide in just a moment. They they made the status changes to needed or in progress, the team created an action and a due date, or a due month. As I said, it's better to pick a month rather than a spring or early summer. So Lora, can you take us to the next slide, please.

And I apologize as this is a fairly busy slide. So I am going to use my star, we're going to be talking in our case example, with these standards around billings and claim readiness. So this is one category. And as you can see, they completed one with an in progress. And then the rest were all needed. And in the in progress one, they recognized that many of the prepaid health plans have similar names as insurance companies, to their commercial carriers. So they recognize they needed to have a name change inside their system, because the PHPs are not going to be the same place. Or they're not going to be processed through your clearinghouse into the system for payment as your commercial counterparts using the same name. And over here in the action, they've made it accountable to the billing manager who's going to be checking monthly with their clearinghouse to ensure that everything is tested and ready to go. And as you can see, they put a date of April. And now with these actions and due dates, and the rationale, Nicole is going to take it now and show you how this moves through to the project plan.

Nicole Cannady

Okay, thanks, Terri. So after completing the front admin gap, and the clinical admin gap tabs, the team at fiction primary care practice, review their TST dashboard and discuss the question, will they be a tier two? Or will they be a tier three advanced medical home? Nevin, I think we advanced the slides, please. Practice manager Cathy even printed copies of the dashboard to be displayed in the common areas for all of the staff to view. Next slide. This slide is a visual of their TST dashboard. As a PCMH recognized practice, fiction primary is already demonstrating tier three readiness in the standards related to access. And in the dashboard. You can see this reflected by turning the that row green. But if we look down a few rows at the practice management of PHP participation standard, we see that fiction is off to a good start having contracted with PHPs and informed their staff of those that they will be in network with. But they have not yet completed orientation and training with all of the applicable PHPs. So the dashboard is still listed as in progress for tier two and three.

Looking down just a few rows at the practice management Quality Strategy, the dashboard is reflecting a needed status and it's in red, Kathy and her team can quickly see that this is an area that needs attention. Perhaps in their front admin gap, the team may have designated a team member to be responsible for pulling quality reports and closing care gaps. The tier three requirements listed there on the far right, but they may not have really spent time learning about the need for quality reporting and how it relates to Medicaid managed care. So the dashboard is red, because the expectation is that all of the steps must be completed to truly achieve tier three status. In reviewing the attestation tab, the fiction staff found four questions in the adaptation requirements that they were able to answer yes to confidently. Ultimately, they decided they are close to being ready to achieve tier three status, but there's still some work to do. So Cathy created a project plan for the practice. Next slide. and establish regular meetings with the team to track their progress. Some of the things that she and the team are considering include questions like are we in line with and on track to be ready according to the Medicaid timeline? Are we setting clear and achievable expectations for improvement? Do the responsible parties understand their roles in that, where should we maybe adjust some of their job descriptions. Have we addressed potential barriers such as upcoming holidays, vacations, or possible staff shortages.

In this example, we can see that fiction practice model their project plan. similarly to the front and clinical admin gap tabs and have added in specific due dates for projects and assigned to a responsible party. Also added in a note section, they can track items that are in progress or list barriers with potential solutions, including the Status column, the team can easily track that status of outstanding items, and they can enjoy the reward benefit of seeing those items get to turn green. Fiction family practice started this assessment process with a few practice goals in mind to continue to provide quality care for Medicaid patients determine their current state and identify gaps in tier three readiness to ultimately decide their future state as an advanced medical home. using this tool, they were able to develop a concrete plan to continue to care for their Medicaid beneficiaries, assemble the care team with goals, action items, and decided that fiction family will ultimately be able to become a tier three advanced medical home. Now I'm going to turn it over to Carol to talk a little bit more about the practice support resources.

Carol Stanley

Thanks, Nicole, I appreciate that. And I do want to mention to everyone that this is a tool, this is somewhat of an assessment tool to use with your practice. It's not an expectation, it's not a requirement to to use this tool. I saw that there were several questions about that. Anyway, so who's eligible to get support from an AHEC coach? First of all, you must be in network with at least one Medicaid health plan and not actively engaged in AMH support from from one or more CINs. And one of the following either a tier two essential practice for a tier three essential practice wanting to reassess appropriate tier level and or strengthen your tier three readiness and performance. Or a tier two or three that might be health system affiliated is located in a medically under resourced community. And just for clarification, when we say essential practice, we consider a lot with Medicaid. An essential practice is if it's independently owned primary care an FQHC, or rural health clinic or a local health department with primary care. The next slide

This is in this overlay map shows the six managed care regions using numbers and the nine regional AHECs are shown and shaded colors so you can see specifically which counties are attributed to which AHEC. If you're eligible for Amh coaching support, contact your local AHEC or complete the contact form and one of our team members will be in touch with you shortly. There is a link in the slides which you will receive to be able to fill out the practice support request. Next slide please. Other resources are available through North Carolina Medicaid website including the AMH provider manual, previously recorded AMH webinars and policy papers. The Tier support tool is available for download for North Carolina AHECs webpage address is below. And there's some links to the North Carolina Medicaid home and the Tier support tool was developed for North Carolina Medicaid by AHEC and may be copied without permission in its entirety. The next AHM webinar is scheduled for February 11 and will feature the AHM glide path. Now let's hand it back over to North Carolina Medicaid and chime in for some Q and A's.

Hugh Tilson

Let's see, do we have any data that can be shared on how any pilot testing percentage of Medicaid enrollees for self enrollment. The 20 planned go live has been produced we have any data on that.

Krystal Hilton

Sorry, I was on mute. We can check into that and to go back to the answer to get you information on the data, we'll have that information available later.

Hugh Tilson

Sounds great. For practices opening later this year with contracts being initiated after these deadlines, what's the process for getting patients to change their PCPs or those will be choosing us as their PCP.

Krystal Hilton

There is information on the Medicaid site. And also information share by provider operations team, that gives information on how PCPs are able to change their I'm sorry on how beneficiaries able to change their PCP, and there are some related bulletin articles, and that will be where we can find that information.

Hugh Tilson

Great, thanks. Is there a financial benefit to being an AMH tier three practice I heard there's also a glide path, this tool could be helpful in getting there.

Krystal Hilton

An AMH tier three has lots of benefits on various levels, because it helps the organization will be providing the care management directly themselves and they will. With that there will be some types of financial compensation for being in a tier three and providing those and taking all those additional responsibilities, there is a potential. There are various incentives that we're working to have published and there is some information that being a tier three would be beneficial, so yes they are please look, take a take a check. Take a look at the NC Medicaid website, and you'll be able to see some information there is some upcoming information that may be more helpful as well.

Hugh Tilson

We have a gmail, because this kind of assistance was not available in 2019, we did engage with the CIN for AMH support. Would we have to withdraw that relationship to received assistance from AHEC.

Krystal Hilton

Well, I will start in Carol may be able to help chime in. No if you are working with a CIN and you have still maintain that relationship. We do encourage you to work with your CIN to help with this system. However, if you would like some additional assistance, you're able to work with AHEC and we just ask that you partner with your CIN and AHEC so that we won't have any duplication services and efforts, and then you will have a lot of contact from various entities coming in, hoping to offer assistance but really maybe getting in the way, Carol did you have some other things to add.

Carol Stanley

I think that was well said. We enjoy partnering with key stakeholders on these type of things and we would welcome, you know, having a CIN at the table and discussions with, with the practice so so yes we're willing to partner in that way.

Hugh Tilson

Thank you both got this question about can you repeat the part about why we need to have a new name. And I don't remember who was talking when that popped up.

Terri Roberts

That was me. Terri Roberts, let me get my video up. If you're meaning on the insurance company, for example, we have a PHP in our states, United Healthcare, but United Healthcare is also a commercial insurance for many practices. So, the North Carolina United Healthcare PHP is a completely separate

and different entity than your not your commercial UnitedHealthcare. So when you load it into your practice management system, you're going to probably want to name it, like North Carolina Medicaid UHC or Medicaid UHC something different than just what you have in your system, because otherwise you'll end up having an opportunity where claims could get loaded and sent to the wrong clearinghouse address. So that's just a matter of recognizing the differentiations because some of these similar companies have commercial sides and North Carolina PHP sides. I hope that makes sense. I

Hugh Tilson

I just got a comment. Thank you so we need to request our EMR create a new name for that that makes sense now so well done. Somebody made this comment. This is painful. This is the kind of thing that made us stop PCMH. Do we have to turn this into NCQA. How much does it cost us to get certified. Can we talk about your reactions to those comments and questions.

Terri Roberts

Yeah, I happened to be um, and so is, somebody else but we're certified CCEs for NCQA. The cost is determined on your size and how many providers you have in it, and how many sites, and that you can get that information from the NCQA website, but NCQA is not the only organization that provides that recognize that recognition there are other associations. But why, for those practices that are still doing it. And we have a lot, that are still recognized. There is embedded your care management process, your care coordination, your pre visit planning your access after hours, you know, a lot of those tier two and tier three requirements are just embedded in that PCMH recognition, so that you may have some muscle memory, still around from when you had that recognition. No one's saying you have to get it, but it would be good if you could go back and develop that muscle memory around those processes, and you probably are still doing them within your practice. We were just adding the crosswalk for those practices that do continue to get that recognition, so that they can easily go to their project plans around that and use that as a baseline to start. I hope that answers the question.

Carol Stanley

I'll just add also that for Amh tier two and tier three there's no, there's not a cost for being at tier two or tier three per se and there's also I don't think we mentioned that, our coaching support to practices is available at no cost.

Hugh Tilson

I think the comment was this is complicated can it not be as onerous as NCQA not does it have to be NCQA and I think the, I think you guys responded to that. So, um, see other questions. Can enrollees change PCP after self/auto enrollment, if so, what are the timelines for reassignment of PHP or PCP selection.

Krystal Hilton

Yes beneficiaries are able to to select PCPs after assignment. I apologize when I do not have those dates in my head so we will have those published later for you because they don't want to give you any inaccurate information.

Hugh Tilson

While you're thinking about dates and deadlines. Is there a deadline to apply for AMH tier three level or is this an open ended application when practices are ready, they can do this or do they have to do it by a certain date.

Krystal Hilton

I'm really bad on dates, so I have to apologize for that as well. I can look it up and try and see if I can find it before the webinar is over, but we will also be able to publish the answer to that question.

Hugh Tilson

That sounds great. We got a question here about the 0201 deadline different than the 01 deadline and looks like you may be responding to that Krystal do you want to just answer it.

Krystal Hilton

I am the, 02 deadlines I'm sorry the February 1 deadline is for inclusion in the open enrollment process and the open enrollment process is where the beneficiaries themselves will be able to select a health plan and also will be able to select their PCPs, the open the auto enrolment process is April the 12th, 2021, that is where beneficiaries who had not previously selected a plan or had not previously selected a PCP will be able to be enrolled automatically based on formulas for that enrollment. So of course, the earlier the better the more beneficiaries that are looking to choose a plan and choose a PCP, you're able to get in on that. They will be able to select you versus the beneficiaries themselves would not be able.

Hugh Tilson

Got a question about what would be required to provide state vaccines, we currently do not stock state vaccines in the volume of patients in this demographic. In the past we ended up wasting much of the vaccine we had from the state.

Krystal Hilton

We are going to take that question back to make sure that we touchbase with the correct people that will be able to give you that answer.

Hugh Tilson

Will there be training for services we provide, will there could there be billing training for services we provide to beneficiaries.

Krystal Hilton

I'm sorry. Could you clarify that question is that training billing training offered the AHEC or through the health plans.

Hugh Tilson

I don't know the question is just will there be billing training for the services so will people who are providing the services be trained in how to bill.

Krystal Hilton

Can we get that clarification and we'll add it to the questions that we post.

Hugh Tilson

Yes, and then last question we have is can the insurance companies lower the amount they're paid and fee for service, including in later years,

Krystal Hilton

The, um, the rates, and the costs are a part of the contracting that you will find the working with, with the health plans, and then information is also available on the Medicaid website. The basic care information.

Hugh Tilson

Thank you very much. Got a couple questions about where to get answers to these questions and just as a reminder, we will post a recording of this webinar and a written transcript of that which includes the questions that have been asked and the responses on the NC AHEC website. So those will be available to folks that way. So that's all the questions that we have. Typically when I say that. Another question or

two pop up see there we go right now. Will the AHEC coach be able to help us for quality performance measure metrics that PHPs and state require, somebody want to answer that.

Carol Stanley

I'll answer yes we are preparing to assist with that our coaches are well versed in quality improvement and also with measurement. So, yes, we are preparing to do that as well.

Hugh Tilson

How many times will beneficiaries be able to change PCPs.

Krystal Hilton

Beneficiaries are able to change PCPs multiple times. I would like to really direct you to we have a series of managed care basic PowerPoint slides that have been present from the, from the time we begin to initiate, and you can take a look at that and we will post it in the chat website so you'll be able to go in and get all the. They're called like the one 101 Medicaid managed care 101 series, and all of the, a lot of the information that's being asked tonight. Actually, there so we like to direct people there to see the information out, because there are some policy papers that also provide that. But you'd be able to see that and use it for future references. So we'll put the link to the transformation site to the Medicaid transformation website into the chat, and we'll provide it as a part of the q&a as well. Thanks.

Hugh Tilson

Beneficiaries can change PHP plans multiple times and doesn't mess up all the quality metrics?

Krystal Hilton

Yes yeah, I'm assuming that it could potentially have that possibility to change that to interfere with that. But we also have a degree of beneficiary choice. So, we can take that back again more details to make sure I get you a comprehensive answer with our quality team.

Carol Stanley

And I can chime in. Typically with the measures there's exclusions to the denominators which might include beneficiary assignment to a particular provider for a certain amount of time to be included, but I know that's how it is in some other states. So, that's typically taken into account, but a can't speak for North Carolina.

Hugh Tilson

So, we got another comment in here about can AHEC work with CINs to make sure that there's not duplication and coordination I know we respond to that in writing but just. I think if you could emphasize again that partnership and collaboration that might be helpful.

Carol Stanley

Absolutely. We, as a matter of fact, we just had a meeting today, with all of the Medicaid health plans and North Carolina Medicaid. So it's something we have to try to ensure that we're not duplicating and, and using their practices time wisely, and again just want to emphasize we welcome the opportunity to work with your key stakeholders, whether it's the Medicaid health plans or the CINs so that we can all sort of use our strengths to help your practice be the best tier two or tier three it can be.

Hugh Tilson

Got a couple questions about beneficiaries if beneficiaries ask for assistance enrolling in a PHP. Who do we the providers office refer them to for assistance. Anybody got an answer to that. I did.

Terri Roberts

There's the beneficiary enrollment broker, and that is located on the Medicaid transformation site. And you can send them there they have phone numbers, they have emails. You can go online and when it goes live there will also be an app like there was last time.

Hugh Tilson

They just replied, awesome exclamation point. So, that is awesome. I can't get our county social services to change the PCP name on the Medicaid card is the state helping with this, Crystal I don't know if that's for you I think it might be.

Carol Stanley

We may have lost her.

Hugh Tilson

Okay. Why don't we just send that back to the state. So we are pretty much out of time. So, let me thank everybody for participating tonight you guys did a fabulous job as panelists, great information, great discussion of that information, really appreciate your making the time. Matter of fact, just got this. Thank you all so much and thanks for the tool, so people will recognize it and appreciate it and they may

express their gratitude and for those of you who participate tonight thank you for making time. We know you're busy. We hope the information was helpful. We know these are challenging times and appreciate all that you do for your patients and for your communities and anything that we can do to help please do not hesitate to let us know. Have a great evening everybody. Thanks.