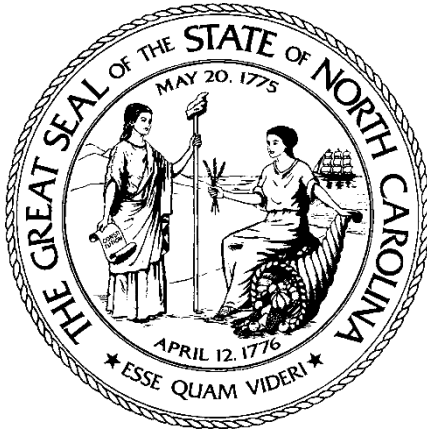


Advanced Medical Home (AMH) Webinar Series



Session #2: AMH Tier Support Tool

January 14, 2021 5:30pm – 6:30pm

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AMH Webinar Series presented in partnership by:

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

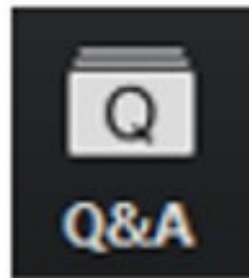
North Carolina Area Health Education Centers (NC AHEC)

**Medicaid Sponsor:
Kelly Crosbie, MSW, LCSW
Director of Quality and Population Health, NC Medicaid**

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

Logistics for today's webinar

- **Chat and audio are disabled**
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Technical assistance

technicalassistanceCOVID19@gmail.com

Session #2:

AMH Tier Support Tool

Welcome to the AMH Webinar Series – Session #2

Today's Speakers:

Kelly Crosbie, LCSW
Director, Quality and Population Health
NC Medicaid

Krystal Hilton, MPH
Associate Director, Population Health
NC Medicaid

Vorinda Guillory, MHA
Program Manager, Population Health
NC Medicaid

**Dr. Shannon Dowler,
MD, FAAFP, CPE
Chief Medical Officer,
Division of Health
Benefits**

Carol Stanley, MS, CPHQ
Manager, Medicaid Transformation
NC AHEC

Lora R. Wright, BS, PCMH CCE
Quality Improvement Specialist
Wake AHEC

Terri Roberts, MS, PCMH CCE
Senior Practice Consultant
Health Innovations Partners, MAHEC

Nicole Cannady, BA
Practice Support Consultant/QIC
SEAHEC

AMH Tier Support Tool Agenda

Today We Will Discuss:

- AMH & Managed Care Provider Timeline Overview
- AHEC AMH Practice Support Review
- Tier Support Tool - Demonstration & Tutorial
- Case Study Review
- Practice Support Resources
- Q & A

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

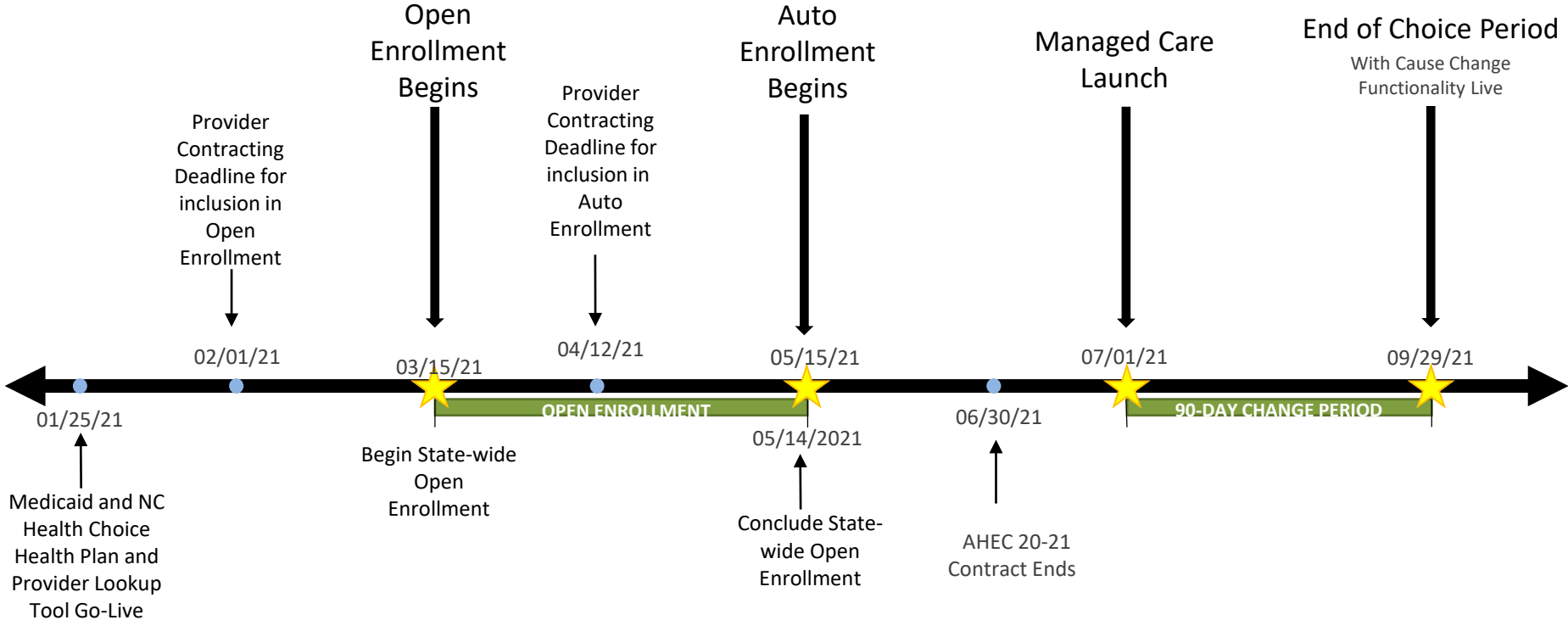
1. Preserve broad access to primary care services for enrollees
2. Strengthen the role of primary care in care management, care coordination, and quality improvement
3. ***Provide clear incentives for practices to become more focused on cost and quality outcomes, increasing accountability over time***

- 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**

Managed Care Provider Timeline



What is NC AHEC's Mission and Vision?

- **Mission**

- The NC AHEC Program provides and supports educational activities and services with a focus on primary care in rural and under-resourced communities to recruit, train, and retain the workforce needed to create a healthy North Carolina.

- **Vision**

- Every North Carolinian is healthy and supported by an adequate and well-trained health workforce that reflects the communities it serves.

Support for AMH Practices through AHEC

NC AHEC offers practice support and education aligned with the AMH program

AHEC practice supports include:

AMH Practice Coaching

- AHEC coaches will work with individual practices to accelerate adoption of Tier standards
- Available to primary care practices who are in network with at least one Standard Plan and meet other minimum criteria

Education

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

Today's Webinar features the Tier Support Tool – what it is and how to use it

Tier Support Tool is designed to assess the current state/baseline for the practice and plan/implement AMH improvement work.

AMH Tier Support Tool Walk Through/Tutorial

Tutorial: AMH Tier Support Tool

Case Study: Fiction Primary Care Practice

- Single Site Primary Care Practice located in rural western North Carolina
- Attested as an AMH Tier 3 and is considering if they are ready or if they should change to a Tier 2.
- Provides care to both adult and pediatric patients and has a 35% Medicaid patient population.
- Current Care Team- 3 Providers on Staff- 1MD, 2 NPs; 11 Support Staff (includes 1RN, 1 RN Care Manager)
- Currently PCMH Recognized and has past successful participation in Medicare and Medicaid MIPS Programs.
- Uses an Electronic Health Record System (EHR) since 2011.
- Practice has experienced hardships in the recent past 6 months including COVID-19 exposures, high staff turnover and a recent loss of a provider.
- Is a Carolina Access II Practice.

Fiction Primary Care Practice Goals/Wants To:

- ✓ Continue providing care for their Medicaid patients
- ✓ Establish their current state and identify gaps in Tier 3 readiness.
- ✓ Decide on their future state- Tier 3 or Tier 2?

Fiction Primary Care Practice was made-up for learning purposes only

Feel free to download and use the AMH Tier Support Tool from the NC AHEC website:
<https://www.ncahec.net/practice-support/advanced-medical-home/>

Case Study Review- Fiction Primary Care Practice

- Practice Manager, Kathy Smith completed the Cover Letter using the tool instructions for steps 1-5. See next slide

AMH Tier Support Tool Cover Letter



Acknowledgement: The TST was developed for NC Medicaid by NC AHEC and may be copied without permission in its entirety.

		Tool Instructions
PRACTICE NAME:	Fiction Primary Care Practice	<p>Step 1: Download and save this file with a new name of your choice. Be sure to remember where you saved the file i.e. on your desktop, in a folder, under My Documents.</p> <p>Step 2: Complete practice specific information on Cover Letter worksheet. Include your current number of active Medicaid patients and all PHP Plans your practice plans to contract.</p> <p>Step 3: Review Timeline for a quick reference to milestone dates during the launch of Medicaid Managed Care.</p> <p>Step 4: Determine your method for completing this tool. A printable version of the gap analysis is available under Printable Gap. To complete the tool electronically and take advantage of the features to auto populating the TST Tool Dashboard, continue to Front Admin Gap.</p> <p>Step 5: Gather a team from your practice to work with you on this tool. The number of people on the team is your preference. Be sure to include staff that have an understanding of your practice processes for patient scheduling, building a new insurance, EHR documentation, management and clinical flow.</p> <p>Step 6: Complete the questions in the Gap tool(s) for the columns: E- Practice or CIN?, F- Status, K- Actions Required and L- Due Date.</p> <p>Step 7: Review Attestation section to confirm requirements for AMH Tier 3. Review TST Tool Dashboard to view your current readiness status.</p> <p>This tool will continue to update as you move from Needed to In Progress to Ready on the Gaps. The first step must be satisfied in order to pass to the next.</p> <p>Step 8: Assess actions required and review your status on a regular basis. A Project Plan section is available for you to develop your own timeline on accomplishing your readiness.</p>
ADDRESS:	101 Happy Lane, Western North Carolina	
CONTACT NAME:	Kathy Smith	
EMAIL:	xxxxxx @ xxx-xxxx	
MEDICAID (MCT) #:	NA	
# OF MEDICAID PATIENTS:	8563	
AMH TIER:	Tier 3	
CIN:		
PHP CONTRACTED 1:	AmeriHealth Caritas	
PHP CONTRACTED 2:	Healthy Blue	
PHP CONTRACTED 3:	United Health Care Community Plan of North Carolina	
PHP CONTRACTED 4:	WellCare of North Carolina	
PHP CONTRACTED 5:	Carolina Complete Health	

Case Study Review- Fiction Primary Care Practice

- Kathy created a team:
 - Practice Manager
 - Clinical Provider
 - Billing Manager
 - Clinical Coordinator
 - Care Manager
- The team answered the Front Admin and Clinical Gap questions.
- If the status was “needed” or “in-progress”, the team created an action and due month.

FRONT ADMIN GAP



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Standard	Area	Step ID	Requirement	Practice or CIN?	Status	Tier Level	PCMH Crosswalk	Rationale	Actions Required	Due Date
Access-Hours of Operation	Administrative	A6T2	Does the practice have the ability to measure wait time for appointment availability?	Practice	Ready	Tier 2		The practice will need to show wait time for appointments as well as number of days until an appointment is available when requested by the PHP.		
Access-Hours of Operation	Administrative	A7T2	Does the practice set appointment availability goals to PHP/DHB Appointment Access & Availability Standards and is working to meet goals?	Practice	Ready	Tier 2		Review Provider Manuals on Access and Availability Standards.		
Access-Hours of Operation	Administrative	A8T3	Does the practice meet PHP/DHB Appointment Access & Availability Standards?	Practice	Ready	Tier 3		Review Provider Manuals on Access and Availability Standards.		
Access-Hours of Operation	Administrative	A9T3	Does the practice offer improved access through same day appointments and expanded hours or alternative appointment types (telemedicine)?	Practice	Ready	Tier 3		Under the Access and Availability Standards, a practice must be able to see a patient with urgent needs within 24 hours. Having same day open appointments or an alternative appointment type such as telemedicine can help to meet this requirement.		
Billing & Claims Readiness	Billing/Claims	B1T2	Are all contracted PHP insurances built into the practice management system?	Practice	In Progress	Tier 2		When the front office chooses the insurance under registration, they may find several of the same named plans that are commercial. Consider naming these insurances in the system so that they are easily recognizable. One way to do this is to put NC Medicaid at the front or end of the insurance name.	Follow up by billing staff manager monthly with their EHR/Clearing House to set up final and testing	April
Billing & Claims Readiness	Billing/Claims	B2T2	Has the practice determined the process for where payments from PHPs will be received for Patient Visits & Services?	Practice	Needed	Tier 2				May
Billing & Claims Readiness	Billing/Claims	B3T2	Has the practice reviewed the process for receiving patient EOBs?	Practice	Needed	Tier 2				May
Billing & Claims Readiness	Billing/Claims	B4T3	Tier 3 ONLY - Has the practice determined the process for where payments from PHPs will be received for (PMPM Care Management Fee) Care Management Services?	Practice	Needed	Tier 3				June
Billing & Claims Readiness	Billing/Claims	B5T3	Tier 3 ONLY - Has the practice determined the process for where payments from PHPs will be received for Quality Incentives (Performance Incentive Payments)?	Practice	Needed	Tier 3				June
Front Office - Member Eligibility	Front Office	EG1T2	Have office staff been trained on how to verify and document insurance information (eligibility, PHP, PCP, etc.?) before or at patient check-in?	Practice	In Progress	Tier 2			Train staff on new insurance plans. Make clear sheet with examples of new cards.	April
Front Office - Member Eligibility	Front Office	EG2T2	Has the office staff been trained on when or how often to check eligibility for the new PHP plans? If practice has auto verification of eligibility available in practice management system, has this feature been updated to include the new PHPs?	Practice	Ready	Tier 2		Practice checks eligibility for every visit.		
Front Office - Member Eligibility	Front Office	EG3T2	Has the practice successfully checked eligibility on Medicaid Managed Care Plan test patients?	Practice	Needed	Tier 2			Run through test patient once plans have been loaded into the system	June
PHP Identification & Onboarding	Front Office	F1T2	Do the front office staff know which PHPs are in-network with your practice?	Practice	Ready	Tier 2			Train staff on new insurance plans.	

Case Study Review- Fiction Primary Care Practice

- The Fiction team reviewed the AMH TST Dashboard.
- Together, they answered their question, will they be a Tier 2 or 3?
- Kathy printed the dashboard and posted it in a central area so all staff at Fiction can view their progress.

TST TOOL DASHBOARD



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Standard	Step 1	Step 2	Tier 2 Medicaid Managed Care Practice	Tier 3 Medicaid Managed Care Practice
Access- Hours of Operation (A5T2,A6T2,A7T2,A8T3,A9T3)	Practice is open normal business hours and includes phone line for after hours	Practice has the ability to measure wait time for appointment availability and sets appointment availability goals to PHP/DHB Appointment Access & Availability Standards and is working to meet goals.	Practice meets PHP/DHB Appointment Access & Availability Standards.	Practice offers improved access through same day appointments and expanded hours or alternative appointment types (telemedicine).
	Ready	Ready	Ready	Ready
Access-After Hours Communication (A1T2,A2T2,A3T2,A4T3)	Practice provides after hours phone line with automated recording and the ability to leave a message.	Practice offers 24 hour access with an after hours on-call phone line that will connect to a clinical representative within 30 minutes.	Practice offers 24 hour access with an after hour on call phone line that will connect to a real person and page on-call provider.	Practice offers 24 hour access with an after hour on call phone line that will connect to a clinical representative or provider on-call.
	Ready	Ready	Ready	Ready
Practice Management- PHP Participation	No PHP Contracts have been finalized. Front office staff know which PHPs are in-network with your practice?	PHP contracts have been completed and Practice has access to each in-network PHP Provider Manual for review. Front office staff know which PHPs are in-network with your practice.	Practice has reviewed all PHP Provider Manuals and completed PHP Orientation & Training	
	Ready	Ready	In Progress	
PHP Identification & Onboarding	Front desk staff are trained on identifying each PHP insurance card and understand practice in-network PHP plans.	All contracted PHP insurances are built into the practice management system and available for front desk to use.	Front office staff are trained on how enrollees are assigned to PCPs and understand practice policies for how to assist enrollees in requesting a change in their PCP.	
	In Progress			
Front Office-Member Eligibility	Front office staff are trained on how to verify and document insurance information (eligibility, PHP, PCP, etc.) at patient registration.	Front office staff been trained on when or how often to check eligibility for the new PHP plans. If practice has auto verification of eligibility available in practice management system, has this feature been updated to include the new PHPs.	Practice is successful at registering, eligibility checking and submitting claims to new PHP plans. Practice has successfully checked Eligibility on Medicaid Managed Care Plan test patients.	
	In Progress			
Billing & Claims Readiness	Are all contracted PHP insurances built into the practice management system?	Have you determined the process for where payments from PHPs will be received for Patient Visits & Services?	Practice has reviewed the process for receiving patient EOBs and is ready to receive payments.	Practice has determined the process for where payments from PHPs will be received for (PMPM Care Management Fee) Care Management Services and Quality Incentive Programs (Performance Incentive Payments).
	In Progress			
Practice Management-Quality Strategy	Practice has understanding of quality reporting and how it relates to Medicaid Managed Care	Practice has knowledge of where to find quality reports both in their EHR and with each in-network PHP	Practice has reviewed each PHP quality standard requirement and is prepared to receive patient quality reports	Practice has determined staff that will receive quality & cost reports from the PHPs and/or CIN. Practice understands role in improving quality and working care gaps.
	Needed			
	Practice includes cultural competency	Practice includes cultural competency	Practice includes cultural competency training for all staff	

Case Study Review- Fiction Primary Care Practice

- The Fiction team reviewed the attestation questions and found 4 questions that they were not able to confidently answer “yes” to.
- They found that they are close to being ready to be an AMH Tier 3.

Please Note- the attestation tool on the next page is provided for learning purposes only and is not an actual AMH Tier Attestation Form.

ATTESTATION



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Practice Name: Fiction Primary Care Practice

Advanced Medical Home Tier 3 Attestation Requirements

Risk Stratification: Tier 3 AMHs must be able to risk stratify all empaneled patients.

Requirement	Rationale	Suggested Action	Answer YES/NO (Must Be Yes)	Notes
Can your practice ensure that assignment lists transmitted to the practice by each PHP are reconciled with the practice's panel list and up-to-date in the clinical system of record?	Updated Policy on Risk Stratification: https://files.nc.gov/ncdema/AMH_Risk-Stratification-Guidance_8-16-2019.pdf . There is no set minimum interval at which practices should perform this review but practices should develop a process to ensure that it is done when clinically appropriate. The clinical system of record is an electronic health record or equivalent.	Complete practice process/policy document that defines responsible roles and outlines the process.	YES	
Does your practice use a consistent method to assign and adjust risk status for each assigned patient?	Practices are not required to purchase a risk stratification tool; risk stratification by a CIN/partner or system would meet this requirement or application of clinical judgment to risk scores received from the PHP or another source will suffice.	Complete practice process/policy document that outlines who is responsible for completing risk stratification.	YES	
Can your practice use a consistent method to combine risk scoring information received from PHPs with clinical information to score and stratify the patient panel?			YES	
To the greatest extent possible, can your practice ensure that the method is consistent with the Department's program Policy of identifying "priority populations" for care management?	Not all care team members need to be able to perform risk stratification (for example, risk stratification will most likely be done at the CIN/partner level, or may be performed exclusively by physicians if done independently at the practice level), but all team members should follow stratification-based protocols (as appropriate) once a risk level has been assigned.	Complete practice process/policy document that outlines: -how risk status is assigned and documented for each patient -care team training of risk management methodology	YES	
Can your practice ensure that the whole care team understands the basis of the practice's risk scoring methodology (even if this involves only clinician judgment at the practice-level) and that the methodology is applied consistently?			YES	
Can your practice define the process and frequency of risk score review and validation?	Practices should be prepared to describe these elements for PHPs.	Complete practice process/policy document that outlines the frequency of risk score review and validation (Appendix A: Example practice risk assignment	YES	

Case Study Review- Fiction Primary Care Practice

- Kathy used the information from the gap tool to create a project plan.
- The project plan will be reviewed by the team monthly to keep track of their action items.

❖ Points to Consider

- Do we have action items in line with the Medicaid Managed Care Timeline?
- Are the action items distributed evenly each month?
- Is there a month that will have upcoming staff vacations or implementation of other major projects in the clinic?

PROJECT PLAN



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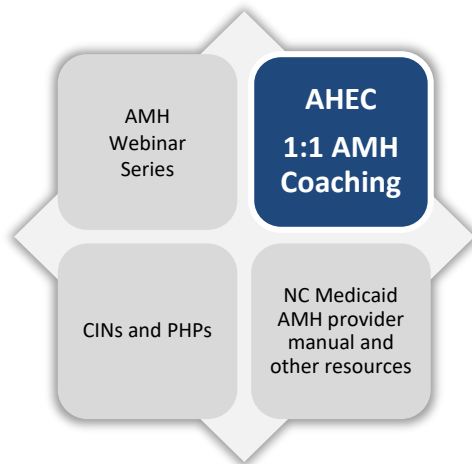


Standard	Area	Requirement	Status	Tier Level	PCMH Crossw	Actions Required	Due Date	Responsible Party	Notes
Cultural Competency	Administrative	Does the practice include cultural competency training to all staff annually?	In Progress	Tier 2		Provide training to staff. Contact PHP plans for resources.	February	Practice Manager	
Population Health-Empanelment	Clinical Care Team	Does the practice instruct current Medicaid patients on the meaning of a Primary Care Provider? Does the practice work to ensure all current active Medicaid patients have had an appointment/service within the past year?	Needed	Tier 2		Confirm PCMH policy on medical home is being shared with all patients annually..	February	Practice Manager	
SDOH In Action	Clinical Care Team	Does the clinical team have training on understanding Social Determinants of Health as it relates to Medicaid Managed Care?	In Progress	Tier 2		Review "Using Standardized Social Determinants of Health Screening Questions to Identify and Assist Patients with Unmet Health-related Resource Needs in North Carolina"	February	Clinical Coordinator	
SDOH In Action	Clinical Care Team	Is the practice connected with NCCARE360 or has knowledge of ways to connect patients to unmet health-related resource needs?	Needed	Tier 2		Find out more information on	February	Clinical Coordinator	
SDOH In Action	Clinical Care Team	Does the clinical team have access to NCCARE360 or engage with patients in connecting them to area community resources?	Needed	Tier 3		Determine if we need access to this system and how it will help us for Medicaid Managed Care.	February	Clinical Coordinator	
Health Information Exchange	Clinical Care Team	Tier 3 ONLY - Has the practice enrolled in NC Notify?	In Progress	Tier 3	NCQA CC	Contact NC Health Connex to set up demo	February	Practice Manager	
Vaccine Management	Clinical Care Team	Does the practice understand how vaccination status has an effect on the Quality Strategy in Medicaid Managed Care? Is the practice prepared to complete work around closing care gaps for patients in need of vaccinations?	In Progress	Tier 3		Review quality standards to identify vaccination measures.	February	Clinical Coordinator	
Referral Management	Clinical Care Team	Are clinical providers & referral coordinators aware of common referral providers that are in-network with patient plans?	In Progress	Tier 2		Identify Most Common Referral Providers to check their network status.	Begin in March and then on-going	Clinical Coordinator	
Health Information Exchange	Clinical Care Team	Tier 3 ONLY - Has the practice determined the workflow for monitoring and integrating ADT Data Feeds in transitional care management?	Needed	Tier 3	NCQA CC14, CC19, CC21A	Determine method to receive ADT Feeds. Update transitional care management policy to include this process. Train staff on new process.	Begin in March and then on-going	Practice Manager	
PHP Identification & Onboarding	Administrative	Are all contracted PHP insurances built into the practice management system?	Needed	Tier 2		Build all plans in EHR & PMH	March	Practice Manager	
Cultural Competency	Administrative	Does the practice include cultural competency training to all staff and incorporates cultural competency in patient communication?	Needed	Tier 2		Create policy on cultural com	March	Practice Manager	
Patient Documentation Requireme	Clinical Care Team	Is the practice able to perform and document a Comprehensive Assessment as part of a clinician visit, or separately by a team led by a clinician with a minimum credential of RN or LCSW? (attach link to understanding Comp Assess)	In Progress	Tier 2	NCQA KM 02, KM03, KM04, KM07, K M14	Review current care plan template to be sure it contains requirements for managed care. Confirm with care manager that comprehensive assessment is done during the CM visit.	March	Clinical Coordinator	
		Are clinical providers informed on the new				Review added BHS covered			

Fiction Primary Care Practice Goals

- Continue providing care for their Medicaid patients.
 - A concrete plan is in place to continue providing care.
- Establish their current state and identify gaps in Tier 3 readiness.
 - Current state is created & team identified action items.
- Decide on their future state.
 - Fiction Primary Care Practice will become an AMH Tier 3.

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
- Not actively engaged in AMH support from one or more CINs

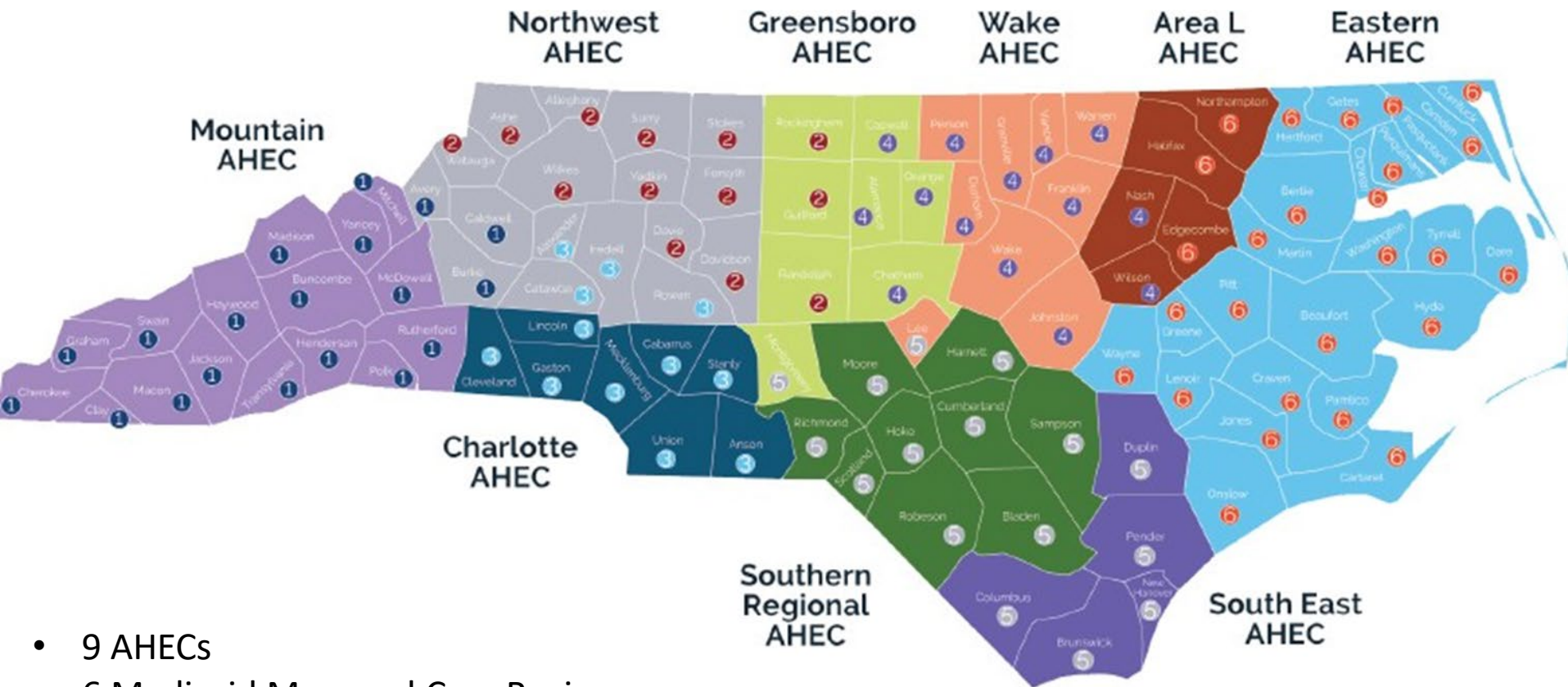
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One Of The Following:

- 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*

Nine Regional AHECs & Program Office

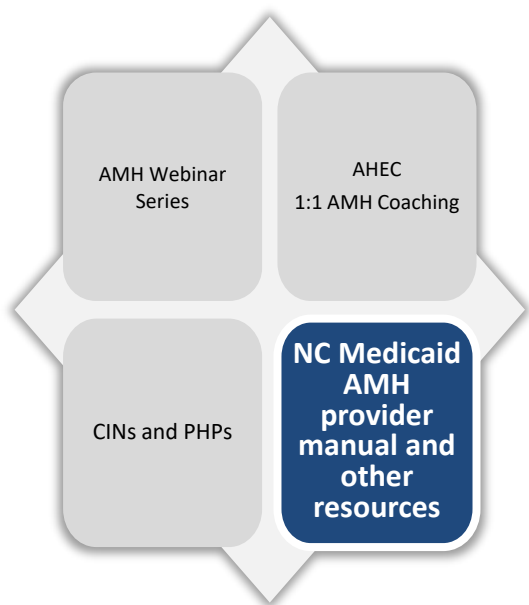


- 9 AHECs
- 6 Medicaid Managed Care Regions

If you are 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:

<https://www.ncahec.net/practice-support-contact-us/>

NC Medicaid AMH Provider Manual And Other Resources



Check These Out Now:

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

1

NC Medicaid AMH Provider Manual

2

AMH 101 – 109: Previously recorded AMH training from 2019

3

AMH policy papers, memos, and more

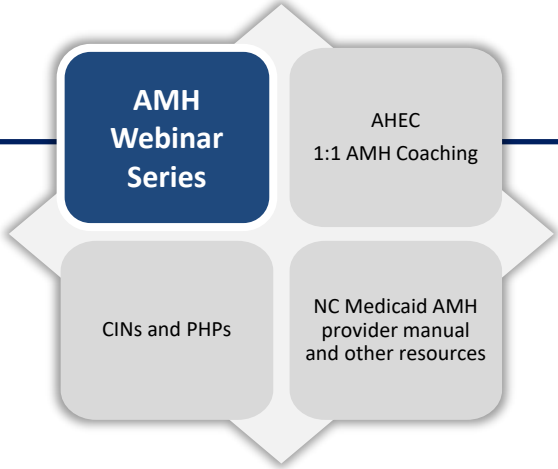
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New

AMH Tier Support Tool on the NC AHEC AMH webpage:

<https://www.ncahec.net/practice-support/advanced-medical-home/>

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

Q & A

- Enter questions using the Q&A function within Zoom Webinar
 - Send additional questions after webinar 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](#)
-