Transcript for Advanced Medical Home Webinar Series: AMH Glide Path

February 11, 2021

5:30 – 6:30 p.m.

Presenters:

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
Garrick Prokos, MPP Project Manager, Population Health Accenture
Gwendolyn Sherrod, M.B.A., M.H.A. Program Manager – Population Health NC Medicaid
Hugh Tilson, JD, MPH Director of NC AHEC

Hugh Tilson
All right, it's 530 let's get started. Good evening everyone, and thank you for participating in this evening's webinar for Medicaid providers. We're going to talk about advanced medical homes, part of a series of informational sessions put on by North Carolina Medicaid in NC AHE to support providers during the transition to Medicaid managed care. As a reminder, we'll 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 clinical and quality issues. Tonight, provide an overview of new and existing advanced medical home program supports. I'm Hugh Tilson I'll moderate tonight. I'll turn it over to Kelly Crosbie just a couple seconds before I do, let me run through some brief logistics. If you need technical assistance you can find that at technicalassistancecovid19@gmail.com shoot us an email. We'll get back to you. You can adjust the proportion of the speaker in the slides by dragging the double gray lines between the slides and the speakers. You can also adjust your video settings to hide people who aren't speaking. To do so, click on the up arrow for the pull down menu to the right of the stop video button in the black bar on the bottom of the screen, select video Settings, Scroll down toward the bottom of the page and then click on the hide non video participants box. Now I bet you couldn't remember all that, which is why we put all these questions or instructions in the q&a for your convenience. We'll also have time for questions at the end and wanted to let you know, everybody, other than the presenters is muted, and the chat function is turned off. You can ask questions or make comments, either by using the q&a feature on the black bar on the bottom of the screen. That's where we put those instructions and a link to the slides that I'll talk about in just a second. But if you're on the phone, you can't do that. So the only way to do that is to send an email to questionsCOVID19webinar@gmail.com. We've learned past webinars the presenters will often address your questions during the presentation. I encourage you to wait till the presenters are through their presentations before submitting a question, especially if it's something that's actually on the agenda. Please know that will send the questions to Medicaid, so they can respond directly to you and incorporate any question into the FAQ other related documents in future webinars slides are on the NC AHEC website, there's a link to them in the q&a. Sometimes that link that hyperlink doesn't work you have to copy and paste it. But that will take you to the AHEC website where the slides are or record this webinar and we'll add that recording and a written transcript of it with the slides on the NC AHEC website as soon as possible probably tomorrow morning. So now let me turn it over to Kelly

Kelly Crosbie

Hello everyone, thank you so much to you this is Kelly Crosbie and I am the director of quality and population health here at North Carolina Medicaid. Thank you so much for attending our third session in our AHEC advanced medical home webinar series. Tonight we're going to talk about new and existing advanced medical home program supports. Next slide please. So want to tell you about our speakers tonight me, but you also have Krystal Hilton, most of you should have seen by now in the last two webinars, Krystal Hilton our Associate Director for population health and Medicaid, Vorinda Guillory, who's a program manager for population health and Medicaid, Garrick Prokos who's a project manager of Population Health at Accenture and Gwendolyn Sherrod, who's also a program mender, Chair of Population Health at North Carolina Medicaid. So lots of speakers tonight. And we always tell you we may just get a quick pop in by our chief medical officer Shannon Dowler if she's available so if she is what absolutely asked her to speak up and say some words. Next slide please.

So this is tonight's agenda tonight we're going to discuss the advanced medical home teir three glide path program, and the details for how providers can attest, for those glide path payments. We're also talking about our healthy opportunity screening assessment and referral program we call it HOSAR. We're going to talk to about current resources that we have in Medicaid just in case people are not familiar with them we want to show you where those things are so hopefully you can use them. We have our advanced medical home program webpages we have resources on those webpages we wanted to show you. And we wanted to highlight the upcoming changes to the advanced medical home provider manual and tell you a little bit about our ongoing Technical Advisory Group it's called the AMH TAG. And it also has a data subcommittee so we want to tell folks where you can see information about that on our website, but also tell you what the group is it is open to the public, and we welcome all people to come. All right. Next slide please. So first I'm going to kick off talking a little bit about our advanced medical home tear three glide path program. So, to give a little background and folks may have heard of this you may have seen glide path information hopefully you read it in the Medicaid bulletin. You've seen it highlighted in fireside chats. We've talked about it at a high level at previous sessions so today we're going to get a little bit in the weeds around the program but also how you can attest for payments in NC tracks and what it means to qualify for those payments. So, as a reminder, I'll tell you a little bit about the background before I hand this over to Garrick,

So advanced medical home program is really important to us it is foundational to managed care and Medicaid, we really know it's complicated. We know it takes a lot of infrastructure development. There's a lot of costs associated, you've got to hire up staff, there's a lot of technology costs, and we really were trying to think of a way that we could support practices. Prior to managed care launch this webinar series and the MAHEC coaching program is one of those ways but another way is the glide path program. What we want to do with the glide path program is incentivize contracting between tier three practices, and the health plans. We really want to emphasize, and also help with the costs of all the data exchange, that is required to to to support the AMH tier three model. And as I mentioned we really want to support implementation costs for the model, prior to launch. Next slide. So this is the overview and then I'll hand it over to Garrick. So, here's how it works in the three months prior to managed care launch DHHS are going to make payments of 8.51 per member per month to tier three practices that successfully meet the criteria for the glide path payments. And this is how it'll work. So qualifying practices, these are tier threes, you have to be a tier three practice, you receive a payment every month that you meet the eligibility requirements that payment is $8.51 pmpm for every member currently attributed to your practice in fee for service. So that's on top of medical home payments you already received those base payments or 2.50 and $5, those have those have gone up during the public health emergency for the cares act, but you know your base payments are 2.50 and $5 for add and non add members. So this 8.51 is, in addition to those payments that will come right on top of those payments.

So, if you're not ready the first month of payments, that's okay. You can attest for this second month of payments so you'll get the second and third months of payments. If you're not ready for the first and second month of payments you can attest for the third month of payments, so you don't have to get in right at the beginning we hope people do. But you are eligible for payments during any particular month. You only need to attest one time. So you don't need to attest, three times. So in April, we'll have glide path payment opportunity one. In May, we'll have a second opportunity for a payment. In June, we'll have a third opportunity for payment and then of course in July. Managed care will launch. Garrick will tell you a little bit more about the deadlines to attest in the month prior to the payment. So there will be a deadline in March that you need to attest by to get the April payment, there'll be a deadline in April that you need to attest by to get the main payment. And then there will be a time, a date in May that you need to attest by to get the June payment. Remember, if you're someone who had attested in March, you automatically get all three payments, you don't have to attest every month you'll make attest one time. So depending on when you attest you will get all subsequent payments for a maximum of three payments. Next slide please. Um, I think I'm actually doing. Am I doing this slide to Garrick are you doing this, like,

Garrick Prokos
Hey, Kelly I think I'm gonna take this one. Thanks Garrick. Absolutely. So, get a good evening everyone in the next few slides as Kelly mentioned, I'm going to describe how AMH tier threes can become eligible for the glide path payments. And so essentially going to cover what exactly you need to do. By the end of March to receive all three rounds of these glide path payments. And in this first slide, we have laid out what steps you must take to be eligible to receive the payments. And so, as Kelly touched on in the previous slide you first must be an attested AMH tier three within NC tracks, and to note practices still have the ability to go in and attest and to being a tier three and nctracks right now. And then, you must complete contracting at the tier three level with at least two health plans. And then finally, you must complete successful testing with at least two of your contracted health plans, and that includes completing necessary technology work to ingest the required data interfaces per the state specifications. And on the next slide we're actually going to get in to exactly what those interfaces are. You must also complete at least one full round of testing with at least two of your contracted health plans for all of those required AMH interfaces. And then finally complete. And if you go back to the previous slide, finally complete defect resolution from the full round of testing and be on target to complete any additional testing as needed.

At the bottom of the slide you will also see that we added some clarification around what end to end testing is and how it relates to glide path payments. So, as some of you may have heard some AMH tier threes, and their affiliated CINs or other partners are participating in end to end testing with the department. And so, if your CIN, or other partner is participating in end to end testing with the department with at least two contracted health plans that meets the testing requirements for glide path payment. And one important thing to note is that if your CIN participated in end to end testing you as a practice still will have to attest within nctracks to receive payments so even if your CIN is, participate participating in end to end, testing, and has completed it you still will have to go into NC tracks and a test at the NPI and location level and we'll cover that in the next couple of slides. And then, very importantly, you or your CIN, you do not need to be a part of this end to end testing with the department. To be eligible for AMH tier three glide path payments completion of testing during your PHP onboarding process, as a part of that contracting process. As long as that meets the above eligibility criteria that we have described here on the slide that counts as glide path testing and it does not need to be a part of the department's end to end testing. Can we go to the next slide.

Alright so, as I mentioned in the previous slide, there are a number of data interfaces that you all need to be setting up with your PHP partners in order to qualify for these glide path payments, and we have listed here at the top half of the screen, what those interfaces are and we start with the beneficiary assignment file. We have the pharmacy lock in file, as well as the medical professional and institutional claims, and there's some specifications there around header and line interfaces as well. Also pharmacy claims and then finally dental claims. And so those are the interfaces that all AMH tier threes in order to get these glide path payments, need to be able to set up with their PHP partners. The next item on this slide is in regards to questions from the field around exactly what AMH tier threes, or their CIN should be doing to get these interfaces enabled. So we have some descriptions here, where as AMH tier threes contract with phps, you or your CIN should be directly communicating with phps regarding the onboarding process, and onboarding to the PHP system in order to exchange this data. And then in addition tier threes or your CIN partners should be developing the capability to ingest store and use this data. The interface is described in the top half, according to the published AMH program data strategy papers. And then finally, in order to develop this capability, you as an AMH tier three or your ci ends should have the system capabilities and the technical experts on staff to develop these capabilities based off of the specifications and to carry out the testing and testing your ability to ingest this data from the phps. And let's go to the next slide.

Alright so now that we've kind of covered what you should be doing to be eligible for the glide path payments we wanted to outline the timing, how the department will validate your attestations and also how payments for these programs for this program will be distributed. So first, around the adaptation process, as I mentioned, AMH tier three practices at the NPI and location level, must attest within NC tracks to being eligible for these payments, and the glide path attestation is going to be located in the nctracks provider portal, and that will be available for attestation starting March 1. So he coming up here in a few weeks. And as Kelly mentioned you only need to attest one time before the payments start moving in order to get all three and so we have the exact time and date by which you will need to attest to receive all April May and June payments you'll have to attest by 5pm Eastern. On March, 30, you know if you're still working you're not able to make that date for attestation. That's okay, you can still receive your May and June payments, as long as you attest by 5pm Eastern on April 27, and then again same situation you know if you missed that. But you still want some the June payments. You can go in and attest by 5pm on May 26 with an nctracks provider portal. And then, you know once you all attest, you're good you'll receive a confirmation message on the nctracks portal, but we wanted to describe how the department will be validating those added stations. And what we'll be doing is validating that you are in fact actively enrolled as a tier three practice, and that you have contracted and tested with at least two health plans and we will verify this through a number of reports that we get from the health plans. And then finally some details on the payment itself as Kelly mentioned you'll be getting the $8.51 pmpm and that that will be added to your Carolina access payments. And these payments will be based on the same attributed patient population as, as the Carolina access payments. Alright, let's go to the next slide. So, in the next few slides we're actually going to walk through exactly how this is going to look on the nctracks provider portal. So, so what we're showing here is really the landing page for the AMH program at attestation. And what you'll see is that by NPI and location, you will have to select your option here in the NC tracks provider portal, and specifically to the glide path payments once you select your NPI and service location, you'll see the third bubble there where you click to add tests to AMH tier three glide path payment requirements. And then you would click Submit. And so, this will be part of that new functionality that we're putting within nctracks that I mentioned will be available on March 1, we go to the next slide.

All right, so a little more detail about what exactly you'll be doing and nctracks so it looks very similar you know once you put in your NPI and your location and you click you want to attest to AMH two three glide path payments, there'll be two options here, where you'll have to select the PHP, that you have contracted with at the tier three level and put in that contract completion date as well. And then the second part obviously is attesting that for those contracts with PHP that you've completed testing according to the eligibility criteria. And so you'll select that as well and put in your completion date for the testing, and then you'll attest using the bubble at the bottom and click Submit. And that will be your attestation for that NPI and location and you'll receive a confirmation, notice from nctracks once you do that, if we go to the next slide. Yeah so so finally this is the same same sort of view here just wanted to highlight at the bottom there that that's where the attestation takes place you know you click that once you put in all of your information, and you click Submit and you'll get that that confirmation. And just to reiterate, each practice is responsible for attesting on its own behalf, and that there is no pathway for CIN level at attestation, the practice at the NPI location level needs to go in and attest for that NPI and location. All right, let's go to the next slide. And I think now I'm handing it off to Crystal.

Krystal Hilton
Thanks Garrett Good afternoon everyone. Before we talk about the healthy opportunity screen assessment and referral payment program. We have been getting a couple of questions about the glide path. So, Kelly and Garrick have a couple questions for you. We'll just pause for a moment and run through a couple of those hopefully. So for Kelly does an AMH tier three practice, have to attest to the glide path payments or can the CIN attest on the practice behalf.

Kelly Crosbie
Yes, Garrick just demonstrated we really need practices to go into the nctracks portal and the practice will have to attest that their CIN had completed testing on their behalf.

Krystal Hilton
Thanks Kelly. Garrick I have a question for you. If I am a tier three practice only contracted with to PHP, and my CIN has not tested with those 2, am I still eligible for glide path payments.

Garrick Prokos
Yeah, that's a, that's a good question and the answer is no, that what you will be attesting to for glide path payment is that you are contracted with at least two phps, and that you or your CIN or other partner has tested with at least two of your contracted phps.

Krystal Hilton
Thank you Karen thanks for that clarification. Kelly. This question for you. How do I get the glide path payment, after I attest in nctracks, what do I have to do next.

Kelly Crosbie
Nothing, you would test will validate it against the PHP report that we get that says yes you tested and completed that attesting and you have a contract, and the payments are just automatic you'll just get them and you're good. You'll get them in your check right in the following month. You don't have to do a thing after you attest. Great.

Krystal Hilton
Garrick for you. If I'm a tier three practice, am I affiliated CIN participate in end to end testing, does that automatically make me eligible for glide path payments.

Garrick Prokos
Yeah, that's a, that's a good question. Since there's, there's some different scenarios there as I mentioned, you know end to end testing it does count toward glide path payment, but it doesn't necessarily mean that you're automatically eligible just because your CIN is participating in end to end testing. Again, the eligibility criteria is that you have to contract at the tier three level with at least two phps and your affiliated CIN has to successfully meet the testing requirement for at least two of those contracted PHP so to clarify. Let's say you know you're only contracted with one PHP, but your CIN, you know, participated in an end to end testing, you would not be eligible for the payments because you are only contracted with the one PHP.

Krystal Hilton
Thank you, Kelly, where can I validate my AMH tier status. Can I still attest for AMH two three status, if I'm not currently a tier three.

Kelly Crosbie
You absolutely can. Yes. So if you pull up the NC tracks portal, and Garrick had some nice screenshots of that that is where you attest to the tier three requirements. Later on when you see some of the webpages we're going to show you it's going to show you the AMH provider manual that has all the requirements to be an AMH in it, and when you go into the nctracks portal, it lists all the requirements because you've got to attest to every single one so you really need to kind of make sure that you're ready to do that first. But at any time you can go on the nctracks portal and actually test to those requirements, and I'll put in a plug to for AHEC if you're unsure if you meet those requirements or even if you need help with testing that's fine too, please reach out for the AHEC coaching, they can help you understand what their requirements are even understand how to test how to decide if you're ready or not, so please do that.

Krystal Hilton
Thanks so much and Garrick our last question right now. As a part of my AMH tier three contracting process with PHPs, should I expect them to work with me, and guide me on the requirements related to data interfaces and testing expectations and timelines.

Garrick Prokos
Yes. So the answer is absolutely yes, that that you are encouraged to work with your PHP partners on this, as I mentioned, part of the onboarding process with contracting as your tier three should be understanding how to connect to the PHP system they should be able to guide you on what those requirements are for the required data interfaces as well as testing expectations.

Krystal Hilton
Thanks so much. We'll move now into the healthy opportunities screening assessment and referral temporary payments program, which we are referring to as HOSAR. Next slide please. The department is temporarily covering healthy opportunities opportunity screenings for social determinants of health domains. And we're encouraging providers to use to use the screenings, and to increase their capacity for screening beneficiaries related to unmet health related needs and referring to appropriate community based resources. Currently, Carolina access 2 providers are eligible to Bill, the code G9919 for positive healthy opportunity screenings, using the department standardized screening questions, or, I'm sorry, using the department standardized screening questions. This coverage will be through June 30, and will continue coverage after managed care launch that is at the discretion of health plans. The

effective time period for HOSAR is from January the first through June 30. Next slide. The HOSAR programs screening requirement is the use of the standard screening questions as I mentioned before, there's also the past the ability to use an equivalent instrument with similar questions, covering the, the domains of the four priority areas which is food insecurity housing instability, lack of transportation and interpersonal violence. Providers, they perform the screen on paper, or use screening questions that have been entered integrated into their EHR. They also are encouraged to use NCCARE 360, if they're connected into that system. Next slide. As I mentioned the screening questions are components of a bit of a larger standardized tool. This tool is actually used by the healthy opportunities pilots. But as we share the questions. And you, the four priority domains are the critical area here not use of a standardized tool. The questions were selected and the tools developed as the work of a technical advisory group in 2017. And there was a public comment period with field testing in 2018 18 clinical sites. The tool was released in 2019, and has been translated into seven languages. Here we see specific questions that are associated with the four domains. For the resource needs. For more information on the questions. The tool or the healthy, healthy opportunity pilots. We've included a link to the department's healthy opportunities webpage. Next slide please. Post eligibility. To be eligible for the program, Carolina access two providers will bill as I shared before the CPT code G9919 for positive screen. Positive screenings are defined as having one or more Yes, two questions in any other four healthy opportunity domains. Providers may bill for any Medicaid beneficiary with a positive screen, the beneficiaries are not required to be assigned to Carolina access two practice that is conducting the screen.

Next, reimbursement rates for the positive screening depends on the facility type, but ranges from 29 to $43 per screen. The code can be built once per 30 day period, per patient. And this allows for cases where a beneficiary may change providers after meeting some needs, and the subsequent provider will need to conduct another screen. The code can be used as a part of an in person or telehealth visit and providers are encouraged to include one or more z codes, indicating a positive screen. The z codes. The use of the Z code is encouraged, but not required for payment. Providers also are encouraged to refer patients to community resources to address these identify needs because of course, the focus is truly in meeting the needs of the beneficiaries. As I shared before providers are encouraged to use NCCARE 360 to conduct the screenings, and to make those referrals, but neither the use of NC CARE 360, or the provider of the community referral are required for payment. Next slide. Okay. I will be now turn it over to Vorinda

Vorinda Guillory
A few questions in regards to HOSAR for you and Kelly. The first question is why is the payment only for positive screens?

Krystal Hilton
When we're looking at the HOSAR program. It is a short term program, and the positive risk, the positive screening of course requires follow up and referral and care coordination, which can be really time consuming. And we really want to be able to support that work so that's why the payment is for positive screen.

Vorinda Guillory
Thank you for sharing. Kelly some providers have asked for additional guidance around asking IPD questions, are documenting IPv screening responses for both adults and children?

Kelly Crosbie

Yeah we've received some really wonderful questions from pediatricians and family physicians and others about those interpersonal safety questions which are, you know, incredibly sensitive. We've gotten questions around how you know how to administer the surveys with children and how to document on instances of interpersonal safety or interpersonal violence when there's concern about a parent or guardian. Seeing that information in the charge. And so, in the best possible way we say in no way is this policy intended to conflict with best practice in this situation so clinicians should follow best practice guidelines that is in the interest of the child in the interest of the person answering questions. And that might mean that you you don't document something so so for example like the requirements say you should screen in all those areas and you'll want to document it but the power of good practice trumps 100%. So for kids. That might translate into first the parent answering questions, an adolescent may answer questions on their own but there may be times where providers, choose to gather information in other ways besides asking those particular screening questions, or to document them in different ways because of the sensitivity of documenting those situations. That's perfectly fine this screening is not about gotcha, or Aha, or anything like that, we absolutely want you to follow good practice clinical guidelines and in no way do we want the guidance on the screening and documenting the screening, to get paid for the screening in any way to conflict with the right clinical practice.

Vorinda Guillory
Thank you for the clarification. Now we'll move into the discussion about the AMH program webpage. I'll be turning it over into Gwen.

Gwendolyn Sherrod
Good evening. I am going to talk to you about the AMH program web page. Exactly. The ey Fs medical home web page is a depository of information on our advanced medical homes. The page is located on the NC Medicaid website. If you go to the NC Medicaid website at the top, there's a tab that says transformation. If you click the transformation tab, there's a box at the bottom that would say, advanced medical homes. If you click that box, it'll bring you to the page that you view on the screen. It shows an overview of the advanced medical homes and a directory in the box in the dark blue box that shows a directory of associated ama pages. The advanced medical home web page is located at medicaid.dhs.gov. Next slide please. The bottom of the main AMH page. Updated resources. Background policy pages papers and current program programmatic guidance and ongoing frequently asked questions. We get a lot of questions through our mailbox we get questions through our webinars. Sometimes we get direct questions, and those will be updated so that you can find answers to questions that, that may have already been asked. Next slide please. So if you click in the in the in the dark blue box, it'll bring you to one of the associated pages. The first one being the advanced medical home training page, it will give you a list of upcoming trainings and the registration information. Next slide please.

There's, there's a lot of really good trainings that have already been completed, around AMH. So at the bottom of the training page, It provides a complete listing of previous ama trainings, and it also allows providers to access trainings in a manner that can be repeated and shared with staff. There's a really good nine part training series that details, each part of the AMH program. Next slide please. Another associated web page is the advanced medical home Technical Advisory Group. There's a lot of questions around data, and that the advanced medical home technical advisory groups, describes the AMH tag and the data subcommittee. So you can take a look at that ticket take a look at that as well. Next slide please. The bottom of the AMH tag page contains information about the AMH tag and data subcommittee meetings, and the presentation slides in the minutes, so if you want to go back and look at what's been shared before you can go to go to this page. Next slide please. The next associated web

page is the advanced medical home data specification guidance is the collection of current and previous data specification guidance that can be accessed and downloaded for ease of use. Next slide please.

So now I'm going to talk about the AMH provider manual. There's the next slide please. The department is currently updating the AMH provider manual to reflect ama policy changes since the publication of the previous version of the manual. The manual will not contain any new policy but we'll consolidate requirements into one document keynotes key updates in the manual. There will be clarification of your one AMH performance metrics and guidance on Hmh performance incentive payments. There will also be consolidated guidance on data exchange between health plans and AMH practices and or their CIN or other partners in year one, including expectations for AMH providers around sharing the patient risk list with health plans. There will be there will also be consolidated guidance on AMH status and tear changes. And there will be overview of supports available to AMH practices in year one of managed care. The updated provider manual will be will be available later this month on the department's ama web web page, which again is on the Medicaid web page under transformation advanced medical home. Next slide please. So I'm going to turn it back over to Krystal to talk about the AMA Technical Advisory Group tag.

Krystal Hilton
Thank you, Gwen, like to share a bit about the AMH Technical Advisory Group. This is an advisory body that consists of approximately 15 invited representatives from the phps. They AMH practices and other AMH stakeholders including CIN. The AMH image tags supports NC Medicaid on strategic policy issues for the AMH program and develops recommendations for Medicaid consideration. Next slide please. And example, several examples of items that are covered by the AMH tag, our recording quality measures and metrics, providing advice on oversight and evaluation, as well as how the department should best communicate new policies or guidance to the field items that are outside of the purview of AMH tag, our program good grievances, or grievances between providers and PHP also outside of the purview is provider education and training, as well as operational issues that do not impact the success of the AMH program. Next slide please. AMH tag meetings. While tag membership as I shared was by invitation only all of the tag meetings are open to the public slides and summaries, from the tag meanings are posted on the AMH tag webpage that Gwen shared with us earlier, following each meeting the meetings are approximately every other month with the next meeting being held in late March. Next slide please.

As a part of the AMH tag we have a data subcommittee. That is also meet on alternate months to provide feedback and often offer recommendations on care management data issues. The data subcommittee shares information. With this has subject matter experts that share information with tagged member organizations, and the data tag supports that AMH tag by providing input feedback and recommendations on critical care management data issues, slide, we turn it over to Vorinda to address questions from the field.

Vorinda Guillory
We get questions from providers and coaches and the first question is, is it one attestation for all three milestone dates or one for each providers will only need to meet requirements and a test to one date, March, April or May, attesting earlier positions practices to receive more glide path payments. Second question where can I validate my AMH tier status, can I still attest for AMH tier three status. If I'm not currently at tier three. If you are enrolled, Medicaid practice AMH status can be validated through North Carolina tracks provider portal and yes you can still attest for AMH tier three status.

Does an AMH two to three practice have to attest to glide path payment or can the CIN attest on my behalf, the tier three practice must attest by NPI and location. Do I have to contract with the same health plans that I test with in order to receive glide path payments. AMH tier three practices and/or their CIN should be tested with health plans that the AMH tier three is contracted with and attested as such. Next slide please. The next steps and additional information on February 1 2021. The department published guidance, if you guys could go to that website you'll be able to get some more information. Also glide path attestation will be available nctracks on March 1 2021 eligible practices that are interested in receiving glide path payments starting in April, should complete attestation by 5pm or March 30 2021. And we can go on to the next slide, and this, I will pass on to you.

Hugh Tilson
Great. Thank you so much. So I just want to observe that y'all have done a fabulous job of answering the questions that have been coming in two ways you can submit questions. As a reminder, if you're on the phone. You can't use the q&a so send an email to questionscovid19webinar@gmail.com. Let me just start at the top and work my way down Kelly does that seemed like a good approach to you are there is there a question here. Yeah.

Kelly Crosbie
I think there's a couple. If I would you mind if I highlighted a couple because they seem to be reoccurring themes, absolutely. And so one of the themes that we saw early on in the questions was, I already attested back in 2019, do I have to attest again. And I want to make sure that we're clear tonight on the distinction between you a testing as a tier three practice which is one thing. And then you, you're already a tier three practice and you attest that you've contracted with at least two health plans and you've completed testing so that's a second attestation so. So if you would test back in 2019, that should have been for your AMH just, you are, you're an AMH tier three. Since then, you've done everything to become a tier three you've contracted with at least two health plans you did testing and that's just like an attestation, don't need to do tier three again, you're in the system you're a tier three, but you do need to attest that you did contracting and testing. The other question was, the, the, this is an interesting one. The. Is there any kind of commitment. If you get your glide path payments, do you have to then stay it to be a tier three for three months or six months or nine months and if if you don't. Will the state come back and recoup the glide path dollars. We don't have a program right now for recouping those glide path dollars and we don't have any kind of trigger that says you really need to be an AMH for three for 30, 60, 90 days. I think we believe strongly that folks who who have gone through the process of becoming a tier three so that they can contract that they completed testing which is not easy. It's pretty challenging, that they're pretty committed to being a tier three so our expectation is, if you've gone through all of those steps in order to receive the glide path payments that you're, you know, going to be at tier three and hopefully those glide path payments will help support you to be successful. So, we're not anticipating or planning on seeing a lot of people get the glide path payments and then, you know, deciding they don't want to be in tier three anymore. I should say we're not expecting any of that it's not that we're not expecting a lot, we're not expecting to see any of that but. But no, technically, there are no like if you take the glide path game that you need to be a tier three for, you know, six months. We're just assuming that folks are really committed to doing this and the glide path payments are our investment in you being successful. I feel like those were the two, two big themes that we that we saw.

There was questions about relationships with ci ends and all that so we just got kind of a related follow up question. Should we get some sort of proof from our CIN that they successfully completed testing.

Yeah. Um, yeah we got a lot of interesting questions around that relationship between the practice and the CIN. So, if you don't mind you I'll use that to riff on a couple of things that we do get questions on too so the money the 8.51 glide path payments will go to the practice. It is up to the practice if they contract with the CIN in practice if you contract with a CIN it's up to you and CIN, how you spend that 8:51pm PM, if that's something you share or give to the CIN to get ready that you'd use that's between you and the CIN. We also got questions around contracting. So some providers are using clinically integrated networks to contract on their behalf. And to test on their behalf. So situations where they're contracting in your behalf absolutely that CIN is, if that's your, the way the state sees it, that's your subcontractor. Medicaid is your the AMH and that CIN is your subcontractor so they should absolutely be telling you about the contracting process telling you the effective date of any contracts with the PHP so you can do at a station, and they should certainly be telling you about completion of testing how it's going. Is it going well who they're testing with a lot of problems so they were able to resolve them, and we finished testing so you can see you can attest to that. That should be your expectation that your CIN is communicating with you really well on the status of contracting and testing.

Hugh Tilson
But the phps, are they required to engage in testing in a timely manner with the AMH in which they image to if they're having trouble, engaging the PHP and testing.

Kelly Crosbie
That's a great question. I think I gave my email app, at least in one case so I think everyone has it now but you are welcome to have it and Vorinda gave you her email. We, we work with the PHP every week on tracking advanced medical home contracting and we also get an integration a testing and integration report from them that we also walk through with them, to see how the status of contracting and the status of testing is going. So, we absolutely are working with them to understand how it's how it's how onboarding, a lot of them call it onboarding and testing is developing. And so we're pleased to know that we're tracking it on our, our end as well. But if you are running into roadblocks with contracting or testing, please reach out to any of us personally you're more than welcome to these are these are contracting is complicated, technology testing is incredibly complicated, and we're happy to try to help facilitate anything that we need to help facilitate, please no on our end we are in constant communication working with the phps to get through contracting and testing.

Hugh Tilson
Question about glide path payments and will they be combined with regular pmpm on the RA are listed separately.

Kelly Crosbie
Garrick I know you know this because you told me but I can't remember.

Garrick Prokos
Yeah, letters, can we take that one back Kelly I want to verify how tracks will be sending it I know it's going to be part of the Carolina access payment but in terms of how it's listed, I want to verify that.

Kelly Crosbie
Yeah, I know I saw a note on that but I can't remember what they're answering so sorry about that.

Hugh Tilson

See should providers keep track of who's screened by SDOH and if so, was it proper protocol, and as a follow up IE screenings with all negative answers. It goes back to that question of the screenings on only positives, what do you do with all the negatives and how do you keep track of them and or not negatives, but those don't have positives right. Is there any reason to keep track of that.

Kelly Crosbie
Yeah, absolutely. Um, you know, there is always if, like let's start with the positives first because that's a little easier right. Always if you're screening someone. And then you are billing billing off of that intervention I would absolutely keep the documentation of the screening. And so yes absolutely for any kind of billable event, but even for negatives, we would absolutely encourage you to keep those screening results. Those are things that you probably, you know, depending on the patient. You might want to repeat those periodically you know really you know the patient best you know what's happening in their life so that's probably something that you want to keep good documentation on and and update at certain intervals for certain. But yeah, I would definitely keep just document all that in your EHR for sure.

Hugh Tilson
How about this one if I don't qualify as an AMH, can I still care for tailored plan patients.

Kelly Crosbie
So, let me just unpack this a little bit, and you know one of the things that we normally say at the beginning of the sessions that we didn't say tonight so apologies is advanced medical homes is very specific for primary care providers, which, by and large mean you provide Family Medicine pediatrics internal medicine. Your nephew etc your local health departments does primary care that that's it's really few AMH's are. They're just primary care practices who've raised their hand and said I'm going to do this very intensive care management on top of it. So we're just talking about a very specific medical home plus care management model of care. There are tons of other providers and Medicaid, tons providing all kinds of services, and of course that includes behavioral health providers. And we'll have medical providers of all kinds, and behavioral health providers of all kinds, both in standard and tailored plans. So this is just one way, one type of service you can provide tailor plan eligibles or standard plan eligibles, but it's certainly not the only way we have lots of types of providers and standard and tailored plans. So, lots of opportunities to serve and support members and tailored and standard plans.

Hugh Tilson
Does contracting between PHP's and CIN or individual practice include the fee schedule will each PHP has its own fee schedule.

Kelly Crosbie
I'm only going to answer a part of this, um, and seriously team, you can turn your cameras on and help me that anytime. The we we try not to get in the middle of how AMHs decided to contract with CIN, so CINs might be a lot of things on your behalf. They might completely manage the contracting process with your PHP, and everything that's in that contract with the PHP on your behalf. We, I don't think we have a point of view on that at all. For things like required elements in a contract like fee schedules. That's totally outside of my area of expertise, so that's something we would take back just to be clear on I don't want to say the wrong thing.

Hugh Tilson

Thank you. I'm getting back to the screening. Can a nurse telehealth visit ask the questions and Bill G9919.

Kelly Crosbie
So, you're the experts on what can be done. I don't think we there's a there's a prohibition on the who who does it in a not like a, who has to do it in the office but Krystal will help me out with the, what can be done telephonically or not telephonically or virtually or whatever.

Krystal Hilton
You're correct Kelly there is not a prohibition on who on the care team that is able to to conduct the screening, the screening is ideally for face to face or telehealth screening, but there is also the off chance of a telephonic screening as well, but primarily through telehealth and in person face to face screen.

Hugh Tilson
So, since we got you. What if a patient has Medicare, can they build for the HOSAR payment to Medicaid. Since Medicare is primary and Medicaid is payer of last resort. How do those fit together.

Krystal Hilton
I'm sorry. This is a Medicaid program. And if the person is eligible for Medicaid, then the payment can be built to Medicaid. If they are not Medicaid eligible, and they are only Medicare, then the program cannot be billed to medicaid.

Kelly Crosbie
And if it's a dual. We need to get back to you on that one. I'm so not a dual billing expert I'm just sorry I, Krystal are you I'm not?

Krystal Hilton
No this, we will have to take the back go on this one, thank you for that Kelly.

Hugh Tilson
How about this one for practice is still on paper charts, but atested is tier three because they are in a CIN is not being signed up for the HIEA going to be an issue for receiving AMH payments.

Kelly Crosbie
No. We cannot stress enough like how much we want folks to have EHRs and connect to the HIE, like we cannot stress enough. It's really important, but we also understand that it's it's challenging and it's a process and it cost money and totally understand all of that. But no one of the requirements to be AMH is that you're able to exchange a whole lot of data and that you are able to document care management, and that you are able to get admission discharge and triage ADT feeds. But those might be things that you're paying your CIN to do on your behalf. They could be ingesting your data they could be keeping your documentation platform. They could be connecting to the HIE on your behalf. To get care alerts, and hospital alerts, and that's fine. If that's how you've contracted with the CIN for those functions, you've got to account for them somehow there's an events medical home but again if you're purchasing those services through the CIN that is definitely allowed.

Hugh Tilson

Got a follow up at the screening via telehealth, so if we have a nurse to the screening via telehealth, can they be 99211, plus G9919. There's just on the phone can they build the telephone code plus G9919.

Krystal Hilton
Okay, um, we are going to have to take that back for specifics on billing, you're able to Bill G9919 I did see one question where on the slide we had an error. The code is G9919, but we will take that back for for additional consideration for specifics on those additional billing codes.

Hugh Tilson
Where can we find the screening questions or can you find the equivalent instrument with the similar questions.

Krystal Hilton
The questions. We have them on actually as a part of the, there's a link I'm sorry there's a link embedded as a part of this webinar. But if you would like some more specific details on it if you could send your questions to the email box to Vorinda Guillory, and we can give you additional information but it is actually embedded here, and it is on the healthy opportunities web page for the, the department.

Kelly Crosbie
We can help you find that if you need to, but a lot of us like, prapare, right. I know a lot of us use that great. That's certainly equivalent evidence based tool. And, and I'll just use the examples we've got in like folks said hey I'm an epic and epic has, you know equivalent questions is are you cool if we use those and Yes, kind of make that really clear in the bulletin. We have a great screening tool the department that Shimei experts across North Carolina has helped develop, which we're grateful for. But people there's also great tools like prapare and other things that offices use, and you know feel free to use those. If you don't have a tool, I don't know, you know, we recommend if you don't have a tool use the department's tool, but certainly there are like prapare's a great tool to use and talk to your colleagues about equivalent tools they may be using in their offices. If you don't want to use the department screening screening questions.

Hugh Tilson
So, I've got a technical question that has been up here that nobody else has answered so I don't know if it's because we don't know the answer, but when you say enter the date when contracts are completed at the tier three level do you mean the date when the practice signed the tier three amendments agreements.

Kelly Crosbie
Garrick do you feel comfortable answering this or should we add it to Gene.

Garrick Prokos
Yeah, I think we could probably take this back to Gene to make sure we're aligned on the two three amendment language there.

Kelly Crosbie
Yeah, we just want to be careful about like the date you sign versus the effective date, I'm not an attorney, I'm not a contracts expert so I think that we would rather get a good solid correct answer for folks.

Hugh Tilson
Y'all have done such a great job of answering these questions I assume that there was a reason that wasn't answered. The next are kind of bigger and I don't know. So, I don't think you can answer this one but local health departments are required to bill on Pay self pay individuals seems, you need to not bill some of the most vulnerable individuals can that be changed and

Kelly Crosbie
That's a little out of scope for us, I think.

Hugh Tilson
Yep. Yeah. And then, last one I want to talk about pressure design multiple plans and how you want to respond to providers that sign only with one or less than all five.

Krystal Hilton
I was gonna say I'll start out and certainly you can definitely help me out here. The idea is not to feel pressure. The idea is not to feel pressure the idea behind aligning with multiple plans is for consistency of care for your patients. The idea is your patient will have choice, in which plan they select, and if you as a provider are not aligned and signed up with the plan that your patients have selected, you may run the risk of losing your plan your patient, or you will be considered an out of network provider. So the idea is if you are able to apply and align with multiple, multiple plans, then you have a greatest opportunity of serving all of your current patients.

Kelly Crosbie
I think it's well said I mean No. Yeah, we you know we we didn't make it all five. But we really want all of our providers to join networks we want lots of coverage and lots of choice for members lots of coverage and lots of choice but if you are that practice and you want to reach out to us or email us out there. Go ahead, please feel free to reach out to us.

Hugh Tilson
Do AMH two three practices have to be enrolled in NC notify provided by the HIE.

Kelly Crosbie
It has somebody I feel like I saw in another question someone actually posted the legislation there is legislation and I do want to make a distinction between the AMH tier three requirements, versus legislation that requires certain types of providers by certain dates to enroll in the HIE. And so, the tier three requirements are what they are, there is nothing that says by this date you must connect to the HIE but we strongly encourage it because we think it's great. We think it's helpful, but there's just legislation that exists that says, certain providers by certain dates need to collect connect to the HEI, I think someone posted it in the, in the q&a, I think it's in the answers now, but we're happy to point folks to that legislation.

Hugh Tilson
So it is in fact in the answers and it was put in for information. When will the updated amh resource guide be posted.

Krystal Hilton

Is this the I'm sorry I want to make sure I'm tracking right the resource guide is this the AMA manual that we refer to? Yes, we are looking to get that provided. I mean I'm sorry post it in the next couple of weeks I would like to say next week, but I don't want to over promise within the next couple of weeks we'll have it posted.

Hugh Tilson
Great. And our last question and we're out of time. How exactly will the HIE interact with Medicaid managed care.

Kelly Crosbie
That is a great question. There's a lot of ways, there's a lot of ways. But let me give to two concrete examples right so the HIE will get all the encounter information so all the paid claims information from all of the health plan so they'll have all that data, because they are a health information exchange will have lots of data on Medicaid claims and services that were provided. We do encourage, AMHs have to collect to a hospital feed, lots of amateurs are choosing to use NC notify for that which we support and we think is great, and my team in particular is doing a lot with HIE because there's so much wonderful rich clinical information in HEI that we like to marry with claims. And it's kind of a cornerstone of the quality measurement process for advanced medical homes, we had in a fireside chat we went through this really dense quality deck last week, but part of that is being able to measure quality with clinical data with good EHR data and not relying on claims too much. So we're doing a lot of work with the health plans, we'll be doing more with providers and with the HIE on really maximizing use of that clinical data to hopefully reduce administrative burden for providers, and also get really better clinical data on on outcomes, rather than having to rely on claims all the time.

Hugh Tilson
As a follow up says the requirement to enroll in NC notify I think you just answered that no there's not a requirement,

Kelly Crosbie
but not not very advanced medical home now you have to have an ADT source, NC notify is free in here. Feel free to use it but again there are other great products that people are using, feel free to use whatever product suits you best.

Hugh Tilson
We are out of time and we're out of questions works out really well so Kelly thank you and your team so much for great presentations lots of good information. And for those of you who participated tonight thank you for hoping for joining I hope it was helpful. Kelly any final words before we sign off.

Kelly Crosbie
No thank you, Krystal and this team. Thank you for putting this all together and the AHEC team for supporting this and thank you to the audience and all the providers for coming tonight and for again for serving Medicaid beneficiaries, the biggest Thank you. So thank you all and hope you have a good night.