

# Advanced Medical Home (AMH) Webinar Series



## ***New and Existing AMH Program Supports***

***February 11, 2021 5:30-6:30 PM***

## **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**

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**Session #3:**

**New and Existing  
AMH Program Supports**

# Welcome to the AMH Webinar Series – Session #3

## 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

Garrick Prokos, MPP  
Project Manager, Population Health  
Accenture

Gwendolyn Sherrod, M.B.A., M.H.A.  
Program Manager – Population Health  
NC Medicaid

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

# Agenda

## Today We Will Discuss:

- AMH Tier 3 Glidepath Program and Attestation Details
- Healthy Opportunities Screening, Assessment and Referral (“HOSAR”)
- AMH Program Webpages and Resources
- Upcoming Updated AMH Provider Manual
- AMH Technical Advisory Group (TAG) and Data Subcommittee (AMH Data TAG)

## **AMH Tier 3 Glidepath Program**

# AMH Tier 3 Glidepath Background

To help practices meet the requirements of the AMH Tier 3 model, the Department is offering a new payment stream to AMH Tier 3 practices in the 3 months prior to Managed Care launch.

## Aims:

- Incentivize timely contracting between AMH Tier 3 practices and Health Plans
- Emphasize importance of data exchange to support AMH Tier 3
- Support implementation costs associated with the AMH Tier 3 requirements

Please see DHHS website for more information about the AMH Glidepath:

<https://medicaid.ncdhhs.gov/blog/2021/02/01/advanced-medical-home-tier-3-%E2%80%9Cglidepath%E2%80%9D-payments>

# AMH Tier 3 Glidepath Overview

In the three months prior to Managed Care launch, the Department will make an \$8.51 PMPM payment available to AMH Tier 3 practices that successfully attest to glidepath requirements.

- Qualifying practices will receive payment for each month in which they meet the eligibility requirements.
- \$8.51 PMPM payments will flow to practices as an addition to practices' current CA II Payments.
- If practices are not ready by "Opportunity 1" they can attest ahead of "Opportunity 2" or "Opportunity 3."
- **Practices only need to attest once.**



# AMH Tier 3 Glidepath Eligibility

## Eligibility

- ✓ Attest with the Department as a Tier 3 AMH within in NCTracks
- ✓ Complete contracting **at a Tier 3 level with at least two Health Plans**
- ✓ Undergo **successful data exchange testing**:
  1. Complete necessary technology work to ingest required data interfaces per the state technical specifications
  2. Complete at least one full round of testing with **at least two Health Plans** for all required AMH interfaces
  3. Complete defect resolution from the full round of testing and be on target to complete additional testing as needed

### E2E Testing

- Some AMH Tier 3 practices and their affiliated CINs/Other Partners are participating in end-to-end (E2E) testing with the Department.
- Successful E2E testing by a CIN/Other Partner with at least two contracted Health Plans meets the “successful data exchange testing” requirement for the AMH Tier 3 practices affiliated with that CIN/Other Partner. **If your practice (or CIN/other partner or your behalf) participated in E2E testing, you must still attest within NC Tracks to receive the payments.**
- **You do not need to be a part of E2E testing to be eligible for AMH Tier 3 Glidepath payments**

# AMH Tier 3 Data Requirements and Testing

## **Required data exchanges for testing\*:**

- Beneficiary assignment interface
- Pharmacy lock-in file
- Medical professional claims interface—includes separate header & line interfaces
- Medical Institutional Claims Interface—includes separate header & line interfaces
- Pharmacy Claims Interface—includes separate header & line interfaces
- Dental claims interface—includes separate header & line interfaces

## **What should AMH Tier 3s/CINs be doing?**

- As AMH Tier 3s contract with PHPs they or their CIN should be directly communicating with the PHP regarding onboarding to the PHP systems to exchange this data
- AMH Tier 3s or their CINs should be developing the capability to ingest, store and use the data described above according to the published AMH program data strategy policy papers \*\*
- In order to do so, AMH Tier 3s or their CINs should have system capabilities and technical experts on staff to develop capabilities based on the Department Specifications

\*Specifications for the required data exchanges can be found on the DHB Website [LINK](#)

\*\*The AMH Data Strategy as well as other strategy documents can be found on the DHB Website [LINK](#)

# How AMH Tier 3 Practices Access Glidepath Payments

## Attestation

AMH Tier 3 practices (NPI+Location) attest to meeting the eligibility in NCTracks. The Glidepath attestation will be located under the NCTracks provider portal and will be available for use by March 2021. Practices only need to attest once.

- Attest by 5:00 PM ET on 3/30: Receive payments for April, May and June
- Attest by 5:00 PM ET on 4/27: Receive payments for May and June
- Attest by 5:00 PM ET on 5/26: Receive payment for June only

## Validation

The Department will validate practices' attestations, including by:

- Validating that practices are actively enrolled with the Department as AMH Tier 3 practices
- Using inbound Health Plans reports to validate that AMH practices have contracted with at least 2 Health Plans at a Tier 3 level and have completed testing requirements.

The Department will conduct validations prior to initiating payments to newly-attested practices each month.

## Payment

The Department will issue \$8.51 PMPM payments to practices as an addition to practices' Carolina Access payments. The payments will be based on the same attributed patient population as the Carolina Access payments.

# Glidepath Attestation

The AMH Tier 3 Glidepath Attestation is part of an updated set of AMH functionalities within the provider portal in NCTRACKS.

**Provider Portal**

Welcome, Vijay

Eligibility | Prior Approval | Claims | Referral | Code Search | Enrollment | Administration | Trading Partner | Payment | Consent Forms | Training | PORTAL

Home > Advanced Medical Home Tier Attestation

### Advanced Medical Home Tier Attestation

\* indicates a required field

Select Provider and Service Location

\* NPI/Atypical ID: 1194267336

\* Service Location: 2031 MARTIN LUTHER KING JR DR, STE A

This location is a certified Tier 3 Advanced Medical Home (AMH) provider.

Select Appropriate Action

- ☐ Downgrade to AMH tier Level 2
- ☐ View/Update AMH Tier 3 Supplemental Data
- ☐ Attest to AMH Tier 3 Glidepath Prepayments Requirements

Input NPI and location for the practice attesting to glidepath requirements

Select "Attest to AMH Tier 3 Glidepath Payments Requirements"

About | Legal | Privacy | Accessibility | Contact Us | System Requirements | Report Fraud

NC Department of Health and Human Services

Powered By... CSRA TRANSCEND

idle timer re/init at 9:48:18 am portal: pong  
none  
stop-clock running :3594

# Glidepath Attestation

To attest, practices select the Health Plans with which they have contracted at a Tier 3 level, the date on which contracts were completed, the Health Plans with which they have completed data testing, and the date on which testing was completed

**NC TRACKS** Welcome, Vijay Saxena. (Log out) | NCTracks Help

**Provider Portal** Eligibility Prior Approval Claims Referral Code Search Enrollment Administration Trading Partner Payment Consent Forms Training PORTAL-DEV

Home > Advanced Medical Home Tier Attestation

### Advanced Medical Home Tier Attestation

\* indicates a required field

Select Provider and Service Location

\* NPI/Atypical ID: 1437552015

\* Service Location: 7100 SIX FORKS RD, STE 101, RALEIGH, NC

This location is a certified Tier 3 Advanced Medical Home (AMH) provider.

Select Appropriate Action

☐ Downgrade to AMH tier Level 2

☐ View/Update AMH Tier 3 Supplemental Data

☒ Attest to AMH Tier 3 Glidepath Prepayments Requirements

Pre-Payment Glidepath Model Attestation

\* 1. The AMH Tier 3 has completed contracting with two or more of the following Health Plans at the AMH Tier 3 Level (Check all that apply and provide completion date):

<input type="checkbox"/> AmeriHealth Caritas	Complete Date	
<input type="checkbox"/> United Healthcare	Complete Date	
<input type="checkbox"/> Carolina Complete Health	Complete Date	
<input type="checkbox"/> WellCare of North Carolina	Complete Date	
<input type="checkbox"/> HealthyBlue	Complete Date	

\* 2. The AMH Tier 3 or its CIN/other partner has completed the following: 1.) necessary technology work based on the mandatory AMH data interfaces (LINK); 2.) has successfully complete data interfaces with at least two or more Health Plans 3.) has completed defect resolution with two or more Health Plans (Check all that apply and provide completion date):

<input type="checkbox"/> AmeriHealth Caritas	Complete Date	
<input type="checkbox"/> United Healthcare	Complete Date	
<input type="checkbox"/> Carolina Complete Health	Complete Date	
<input type="checkbox"/> WellCare of North Carolina	Complete Date	
<input type="checkbox"/> HealthyBlue	Complete Date	

\* Attestation

☐ I attest and verify that all information provided in this Attestation Form is accurate and complete in all respects. I understand that material misrepresentations in the Form may affect the certification for Advanced Medical Home Certification, and that North Carolina Department of Health and Human Services may further review such misrepresentations.

Submit

Practices should select the PHPs they are contracted with at the Tier 3 Level

Practices should select the PHPs they have tested with

# Glidepath Attestation

After completing the contracting and data testing sections, the practice will check the attestation box and click “Submit” to complete attestation.

The screenshot shows the NC Tracks Provider Portal interface. At the top, there is a navigation bar with the NC Tracks logo and a user welcome message: "Welcome, Vijay Saxena. (Log out)". Below this is a search bar and a link to "NCTracks Help". The main navigation menu includes links for Eligibility, Prior Approval, Claims, Referral, Code Search, Enrollment, Administration, Trading Partner, Payment, Consent Forms, Training, and PORTAL-DEV. The current page is titled "Advanced Medical Home Tier Attestation".

The form itself is titled "Advanced Medical Home Tier Attestation" and includes a sub-header "Select Provider and Service Location". It contains two dropdown menus: "NPI/Atypical ID" (set to 1437552015) and "Service Location" (set to 7100 SIX FORKS RD, STE 101, RALEIGH, I). A message below these states: "This location is a certified Tier 3 Advanced Medical Home (AMH) provider." Under "Select Appropriate Action", there are three radio buttons: "Downgrade to AMH tier Level 2", "View/Update AMH Tier 3 Supplemental Data", and "Attest to AMH Tier 3 Glidepath Prepayments Requirements" (which is selected). The "Pre-Payment Glidepath Model Attestation" section contains two numbered items. Item 1 asks if the AMH Tier 3 has completed contracting with two or more of the following Health Plans at the AMH Tier 3 Level, with checkboxes for AmeriHealth Caritas, United Healthcare, Carolina Complete Health, WellCare of North Carolina, and HealthyBlue, each with a "Complete Date" field. Item 2 asks if the AMH Tier 3 or its CIN/other partner has completed necessary technology work, data interface testing, and defect resolution with two or more Health Plans, with similar checkboxes and date fields. At the bottom, there is a red-bordered box labeled "Attestation" containing a checkbox for "I attest and verify that all information provided in this Attestation Form is accurate and complete in all respects. I understand that material misrepresentations in the Form may affect the eligibility for Advanced Medical Home Certification, and that North Carolina Department of Health and Human Services may further review such misrepresentations." A "Submit" button is located at the bottom right of the form.

**Note: Each practice is responsible for attesting on its own behalf: there is no pathway for CIN-level attestation.**

**Note: PHPs that Practices Test With Should be those that they are contracted with**

**Healthy Opportunities  
Screening, Assessment and  
Referral (HOSAR)  
Temporary Payments**

# Healthy Opportunities Screening, Assessment and Referral Payment (HOSAR) Overview

Effective January 1, 2021, NC Medicaid and NC Health Choice is temporarily covering **Healthy Opportunities screenings** to encourage providers to gain capacity for screening Medicaid beneficiaries for unmet health-related resource needs and referring them to appropriate community-based resources, prior to the launch of Medicaid managed care.

**Current Carolina Access (CAI) providers** are eligible to bill code **G9919** for positive healthy opportunities screenings conducted using the Department's standardized screening questions. Coverage of this code will continue through June 30, 2021; continued coverage after managed care launch will be at the discretion of the Health Plans.

Please see DHHS website for more information about HOSAR:

<https://medicaid.ncdhhs.gov/blog/2021/02/01/temporary-clinical-policy-modifications-payment-healthy-opportunities-screening-and>

# HOSAR Screening Requirements

- To claim reimbursement for positive Healthy Opportunities screenings under the HOSAR payment program, providers **completed the screening using the Department's standard screening questions or an equivalent instrument with similar questions** covering beneficiary needs related to the Department's four priority domains:
  - Food insecurity
  - Housing instability
  - Lack of transportation
  - Interpersonal violence
- Providers may perform the screening on paper or use screening questions integrated into their EHR



# DHHS Standardized Screening Questions

## • Goals

- Routine identification of unmet health-related resource needs
- Longer term goal: statewide collection of uniform data on Healthy Opportunities

## • Development of the Questions

- Technical Advisory Group in 2017
- Public Comment and Field Testing in 18 clinical sites in 2018
- Released January 2019
- Translated into 7 languages

**Standard screening questions  
are available at**

[https://www.ncdhhs.gov/about/  
department-initiatives/healthy-  
opportunities/screening-  
questions](https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions)

	Yes	No
<b>Food</b>		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
<b>Housing/ Utilities</b>		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
<b>Transportation</b>		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
<b>Interpersonal Safety</b>		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
<b>Optional: Immediate Need</b>		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

# HOSAR Eligibility

Eligible providers may bill G9919 between January 1, 2021 and June 30, 2021 to claim reimbursement for positive Healthy Opportunities screenings for unmet resource needs.

## Providers

- Reimbursement under this new code is limited to Carolina Access II (CAII) providers
- Physicians, nurse practitioners, physician assistants, nurse midwives, or designated staff may bill the code.

## Beneficiaries

- Eligible providers may bill the Healthy Opportunities screening code for any Medicaid beneficiary receiving a positive Healthy Opportunities screening.
- Recipients of screenings are not required to be assigned to the CAII practice conducting the screening.

**Positive screenings** are screenings with one or more “yes” answers in at least one of the four Healthy Opportunities domains

# HOSAR Billing Guidance

Providers will receive \$29 – 43 per positive Healthy Opportunities screen, depending on facility type. To receive reimbursement, CAI providers should follow the guidance below when submitting claims for code C9919.

- CAI providers may bill this code up to **once per 30-day period per patient** receiving a positive Healthy Opportunities screening
- Providers may bill this code as part of **in-person or telehealth visits**
- When submitting claims for this code, providers are encouraged to **include one or more Z codes** indicating the reason for the positive screen (see Appendix for list of codes)
- Providers are strongly encouraged to refer patients to community resources to address their needs.
- Providers are encouraged to use NCCARE360 to conduct screenings and make referrals to resources to meet beneficiaries' unmet resource needs.

## **AMH Program Webpage**

# AMH Main Page

NC NC Medicaid: Advanced Medical Home

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

Home Beneficiaries Transformation Meetings & Notices Find A Doctor Providers Counties Reports

NC DHB » Transformation » Advanced Medical Home

## Advanced Medical Home

The North Carolina Department of Health and Human Services (DHHS) developed the Advanced Medical Home (AMH) program as the primary vehicle for delivering care management as the state transitions to Medicaid managed care. The AMH program builds on the Carolina ACCESS program.

The AMH program requires prepaid health plans (PHPs) to delegate certain care management functions to AMHs at the local level. In order to provide these care management functions, AMHs may work with their affiliated health care system or make an arrangement, with an entity called a Clinically Integrated Network, a Care Management vendor or other population health entity. To ensure that beneficiaries across the state are receiving high quality care management, DHHS developed standards for AMHs and will be responsible for initially certifying that practices meet AMH criteria.

### AMH Technical Advisory Group

**Transformation**

- Advanced Medical Home
- [AMH Data Specification Guidance](#)
- [AMH Technical Advisory Group](#)
- [AMH Training](#)
- [Advanced Medical Home Update Archive](#)
- [Tailored Care Management](#)

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

- Overview of AMH
- Directory of associated AMH pages

# AMH Main Page Cont.

NC Medicaid: Advanced Medical Home

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

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## Resources

- [Glidepath presentation](#) (Feb. 1, 2021)
- [AMH Data Specification Guidance](#)
- [AMH Provider Manual](#) (Dec. 12, 2019)
- [Supporting Provider Transition to Medicaid Managed Care](#)

## Policy Papers

- [Clinically Integrated Networks and Other Partners Support of Advanced Medical Homes Care Management Data Needs](#)
- [Data Strategy to Support the Advanced Medical Home Program in North Carolina](#)
- [North Carolina's Care Management Strategy under Managed Care](#)

## Programmatic Guidance

- [Provider Contract Templates memo](#)
- [Programmatic Guidance on Care Management Component of PHP Capitation Rates](#)
- [Programmatic Guidance on Risk Stratification for Tier 3 AMH Practices](#)
- [Protocol for Changing Advanced Medical Home Tier Status](#)

## Frequently Asked Questions

- [AMH Frequently Asked Questions](#) (Dec. 11, 2019)
- [Data Strategy Frequently Asked Questions](#)

- Compendium of AMH supporting documents
- Updated Resources
- Background Policy Papers
- Current Programmatic Guidance
- Ongoing FAQs

# AMH Training Page

The screenshot shows a web browser window with the URL <https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-training>. The page has a blue navigation bar with links: Home, Beneficiaries, Transformation (dropdown), Meetings & Notices, Find A Doctor, Providers, Counties, and Reports. Below the navigation bar is an orange banner with a warning icon and text: "COVID-19 RESPONSE · Resources, information and assistance from across state government. Visit the Information Hub". The main content area has a breadcrumb trail: NC DHB » Transformation » Advanced Medical Home » Advanced Medical Home Training. The title "Advanced Medical Home Training" is displayed in large blue font, followed by a green horizontal line. Below this is the section "Upcoming Training" with the text "TBD". At the bottom, it says "Email questions or comments to: [medicaid.transformation@dhhs.nc.gov](mailto:medicaid.transformation@dhhs.nc.gov)". On the right side, there is a dark blue sidebar with white text links: "Advanced Medical Home" (underlined), "AMH Data Specification Guidance", "AMH Technical Advisory Group", "AMH Training" (highlighted in a lighter blue box), and "Advanced Medical Home Update Archive".

NC Medicaid: Advanced Medical Home Training

Home Beneficiaries Transformation Meetings & Notices Find A Doctor Providers Counties Reports

COVID-19 RESPONSE · Resources, information and assistance from across state government. Visit the Information Hub

NC DHB » Transformation » Advanced Medical Home » Advanced Medical Home Training

## Advanced Medical Home Training

### Upcoming Training

TBD

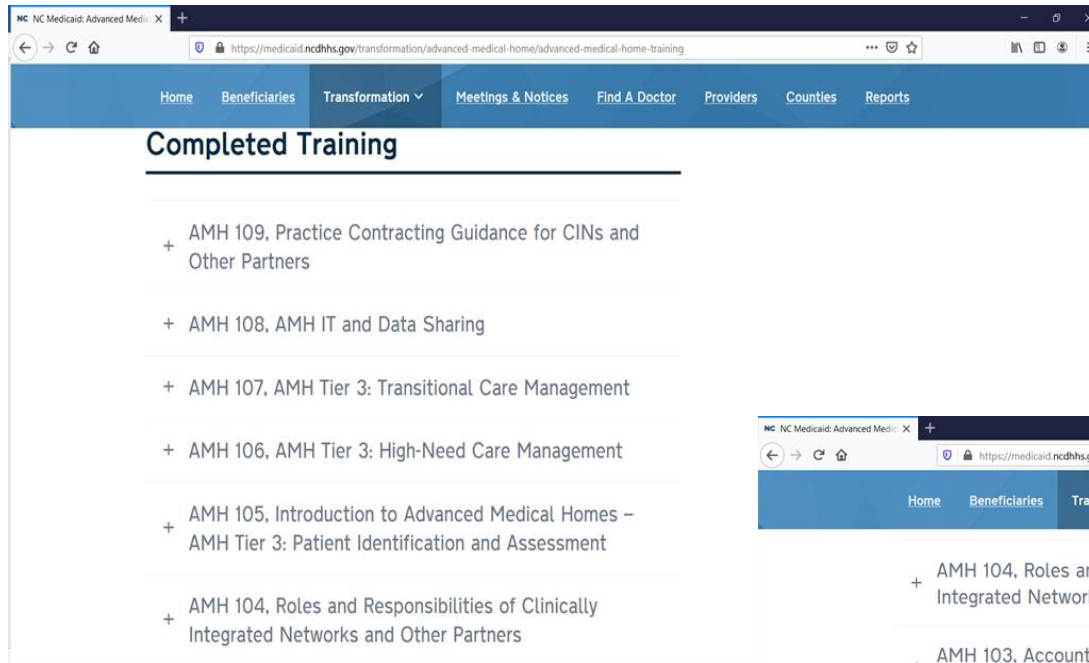
Email questions or comments to: [medicaid.transformation@dhhs.nc.gov](mailto:medicaid.transformation@dhhs.nc.gov)

- Advanced Medical Home
- AMH Data Specification Guidance
- AMH Technical Advisory Group
- AMH Training
- Advanced Medical Home Update Archive

Provides listing of upcoming trainings and registration information

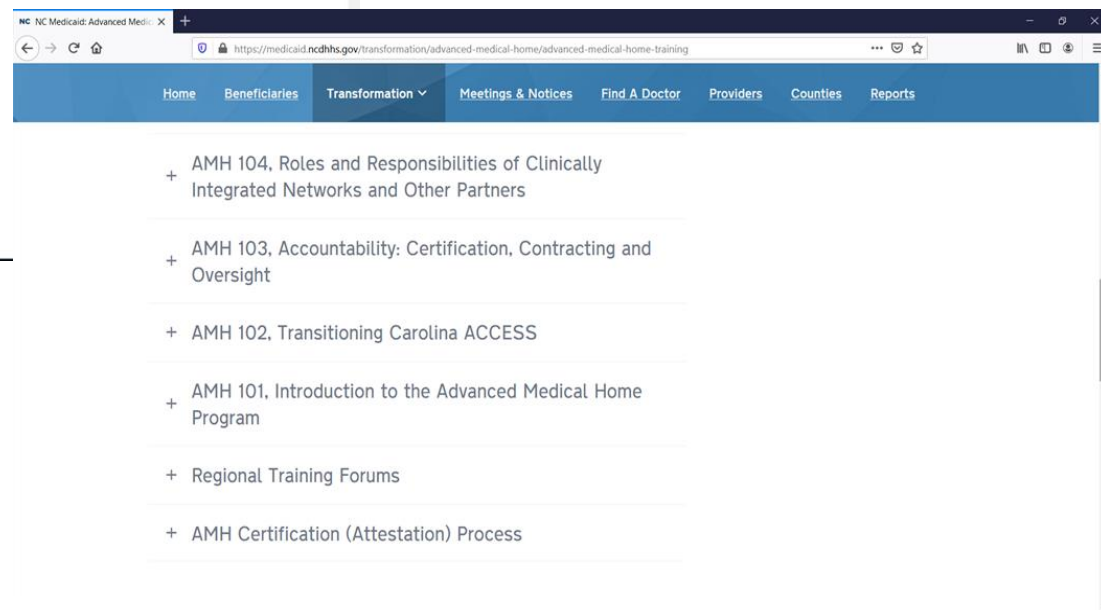
<https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-training>

# AMH Training Page Cont.



Provides complete listing of previous AMH trainings

Allows provider access to training in a manner that can be repeated and shared with staff



# AMH TAG Page

NC NC Medicaid: Advanced Medic: X

https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-technical-advisory-group#amh-tag-2019

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NC DHB » Transformation » Advanced Medical Home » Advanced Medical Home Technical Advisory Group

## Advanced Medical Home Technical Advisory Group

In order to advise and inform DHHS on key aspects of the design and evolution of the Advanced Medical Home (AMH) program, DHHS has convened a Technical Advisory Group (TAG). The AMH TAG has 15 members, including members of all the Standard Plan Prepaid Health Plans (PHPs) and a diversity of providers participating in the AMH program.

Agendas and materials will be circulated to membership in advance of convening and publicly posted. The Term of Activity for the initial composition of the TAG shall be until Tailored Plan launch or July 2021, whichever is sooner.

The AMH TAG has also established a Data Subcommittee that will support the AMH TAG by providing input and feedback and offering recommendations on critical care management data issues. Similar to the AMH TAG, the Data Subcommittee is an advisory body chaired by DHHS that consists of care management data and information system subject matter experts from participating AMH TAG member organizations.

**Advanced Medical Home**

- [AMH Data Specification Guidance](#)
- AMH Technical Advisory Group**
- [AMH Training](#)
- [Advanced Medical Home Update Archive](#)

Describes the AMH TAG and DATA Subcommittee

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

# AMH TAG Page Cont.

NC Medicaid: Advanced Medical Home

https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-technical-advisory-group#amh-tag-2019

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## Previous Meetings

[AMH TAG 2019 Meetings](#) [Data Subcommittee 2019 Meetings](#)

[AMH TAG 2020 Meetings](#)

AMH TAG Meeting - Nov. 20, 2019

- [Presentation](#)
- [Minutes](#)

AMH TAG Meeting - Oct. 16, 2019

- [Presentation](#)
- [Minutes](#)

AMH TAG Meeting - Sept. 18, 2019

- [Presentation](#)

Houses the AHM TAG and Data Subcommittee meeting presentation slides and minutes

# AMH Data Guidance Page

**Advanced Medical Home Data Specification Guidance**

This page contains a list of the NC Medicaid data specification guidance documents in support of the Advanced Medical Home (AMH) program. The table below provides the name, date, version and link to the current data specification guidance. The bottom of the page includes links to access previous versions of the data specification guidance documents that have been archived.

**Current Guidance**

Data Specification Guidance	Date	Version
<a href="#">Requirements for Sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support AMHs</a>	1/21/2021	2.0
<a href="#">Requirements for Sharing Encounters and</a>		

**Advanced Medical Home**

- [AMH Data Specification Guidance](#)
- [AMH Technical Advisory Group](#)
- [AMH Training](#)
- [Advanced Medical Home Update Archive](#)

Collection of current and previous data specification guidance that can be accessed and downloaded for ease of use

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

# **Updated AMH Provider Manual**

# AMH Provider Manual 2.0

**The Department is currently updating the AMH provider manual to reflect changes in AMH program policy since the publication of the previous version of the manual. The manual will not contain new policy but will consolidate requirements into one document.**

## Key updates to the manual

- Clarification of Year 1 AMH performance metrics and guidance on AMH performance incentive payments
- Consolidated guidance on data exchange between Health Plans and AMH practices (and/or their CINs/other partners) in Year 1, including expectations for AMH providers around sharing the Patient Risk List with Health Plans
- Consolidated guidance on AMH attestation and Tier changes
- Overview of supports available to AMH practices in Year 1 of managed care

**The updated manual will be available later this month on the Department's AMH webpage:**

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

## **AMH Technical Advisory Group (TAG)**

# AMH TAG Overview

**The AMH TAG helps North Carolina Medicaid make informed policy decisions on the development of the AMH program**

## What is the AMH TAG?

- An advisory body chaired by DHHS and consisting of a group of approximately fifteen (15) invited representatives from PHPs, AMH practices, and other AMH stakeholders including CINs
- The AMH TAG weighs in on **strategic and policy issues** in the AMH program and develops **recommendations** for North Carolina Medicaid's consideration.

# Topics for the AMH TAG

## Sample AMH TAG Topics

**The TAG covers critical AMH design elements, such as:**

- ✓ Capturing and reporting quality measures and metrics, which will have significant implications on other program areas, such as value-based payments
- ✓ Oversight and evaluation, including evaluation of reported issues and whether or not they represent a program design flaw
- ✓ How the Department should best communicate new policies or guidance to the field
- ✓ How the AMH program will impact and/or interact with other Medicaid transformation initiatives, such as BH I/DD tailored plan design and implementation

## Topics Outside of the TAG Purview

- ✗ Program grievances or grievances between providers and PHPs
- ✗ Provider education and training
- ✗ Operational issues that do not impact the success of the AMH program or are specific to individual practices

# AMH TAG Meetings

- While TAG membership is by invitation only, all TAG meetings are open to the public. Slides and summaries from TAG meetings are posted to the AMH TAG webpage following each meeting.
- The AMH TAG meets approximately every other month. The next AMH TAG meeting will be in late March.
  - A separate, data-focused group, the AMH TAG Data Subcommittee, will meet on alternate months to provide feedback and offer recommendations on care management data issues.
- For information on attending future TAG meetings and to access materials from previous TAG meetings, visit <https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-technical-advisory-group#data-subcommittee-2019-meetings>



# AMH TAG Data Subcommittee Overview

## What is the AMH Data TAG?

- An advisory body chaired by DHHS and consisting of care management data and information system subject matter experts from participating AMH TAG member organizations
- The AMH Data TAG supports the AMH TAG by providing input, feedback and recommendations on critical care management data issues.

## **Questions from the Field**

## Questions gathered from providers by AHEC AMH Coaches

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- **Is it one attestation for all three milestone dates or one for each?**
  - *Providers will only need to meet requirements and attest to one date, (March, April or May). Attesting earlier positions practices to receive more glidepath payments.*
- **Where can I validate my AMH Tier status? Can I still attest for AMH Tier 3 status if I'm not currently a Tier 3?**
  - *If you are an enrolled Medicaid practice, AMH tier status can be validated through NC Tracks Provider portal and yes, you can still attest for AMH Tier 3 status*
- **Does a AMH Tier 3 practice have to attest to the Glidepath Payments or can the CIN attest on my behalf?**
  - *The Tier 3 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 glidepath payments?**
  - *AMH Tier 3 practices and/or their CINs should be testing with health plans that the AMH Tier 3 is contracted with, and attest as such*

## Next Steps and Additional Information

- On February 1, 2021, the Department published guidance on the AMH Tier 3 glidepath. Guidance is available at: <https://medicaid.ncdhhs.gov/blog/2021/02/01/advanced-medical-home-tier-3-%E2%80%9Cglidepath%E2%80%9D-payments>
- Glidepath attestation will be available on NC Tracks on **March 1, 2021**. Eligible practices that are interested in receiving glidepath payments starting in April should complete attestation by 5:00 PM ET on March 30, 2021.

## Q & A

- Enter questions using the Q&A function within Zoom Webinar
- Send additional questions to:  
[Vorinda.Guillory@dhhs.nc.gov](mailto: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](#)