Advanced Medical Home:
Prep for Managed Care Launch

May 13, 2021

Welcome to the AMH Webinar Series

Today's Speakers:

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NC Medicaid

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NC Medicaid

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Program Manager, Population Health
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Garrick Prokos, MPP
Project Manager, Population Health
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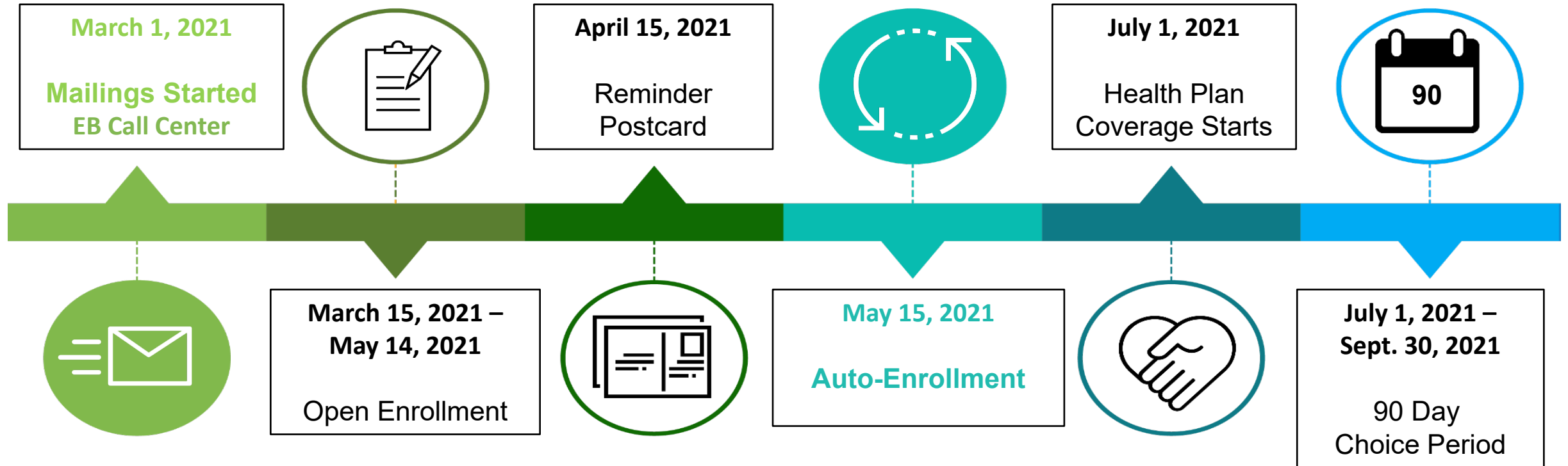Program Manager, Population Health
NC Medicaid

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

Agenda Items

1   **Managed Care Timeline and Auto Assignment**

2   **AMH Data Integration Timeline (When you get your data)**

3   **AMH Quality Measures**

4   **Primary Care/AMH Incentive Program Updates**

Managed Care Timeline

NC Medicaid Managed Care Timeline

March 1, 2021

Mailings Started
EB Call Center

April 15, 2021

Reminder
Postcard

July 1, 2021

Health Plan
Coverage Starts

90

March 15, 2021 –
May 14, 2021

Open Enrollment

May 15, 2021

Auto-Enrollment

July 1, 2021 –
Sept. 30, 2021

90 Day
Choice Period

Health Plan Auto Enrollment and AMH/PCP Auto Assignment

- Health Plan Auto Enrollment Information

- AMH/PCP Auto Assignment Information

Members have a 30 day choice period after PCP/AMH Auto Assignment to Change PCP/AMH. They can also once more <u>without cause</u> in the year.

AMHs will receive beneficiary assignment files in early June. AMHs can also check their patient panel list in NCTracks in mid-June.

Members call the Health Plan to change OR the Enrollment Broker if they are changing <u>both</u> Health Plan and PCP/AMH

AMH Data Integration Timeline
(when you will get key data prior to managed care launch)

Data Integration Timeline

AMH/CIN Interface	Source	Target	Frequency	First File Date
Beneficiary Assignment File	PHP	Tier 3 AMH Practices, CINs	Weekly Full files with daily incremental	06/04/2021
Professional Claims and Encounters	PHP	Tier 3 AMH Practices, CINs	At least monthly – Full file followed by incremental files	06/11/2021
Institutional Claims and Encounters	PHP	Tier 3 AMH Practices, CINs	At least monthly – Full file followed by incremental files	06/11/2021
Dental Claims	PHP	Tier 3 AMH Practices, CINs	At least monthly – Full file followed by incremental files	06/11/2021
Pharmacy Claims and Encounters	PHP	Tier 3 AMH Practices, CINs	At least weekly – Full file followed by incremental files	06/11/2021
PHP to AMH Tier 3s/CINs Patient List/Risk Score	PHP	Tier 3 AMH Practices, CINs	For the first 8 weeks of launch AMH Tier 3s who have been delegated to follow up with transitioning members should be sending the risk list to PHPs on a weekly incremental basis. Outside of the 8-week window all AMH Tier 3 practices should share a full file on a monthly basis.	06/18/2021
Pharmacy Lock-in	PHP	Tier 3 AMH Practices, CINs	Weekly. PHPs share the first Lock In file with AMH/CINs upon 834 confirmation of assignment for beneficiary.	07/02/2021
AMH Tier 3/CINs Patient List/Risk Score	AMH Tier 3/CINs	PHP	For the first 8 weeks of launch AMH Tier 3s who have been delegated to follow up with transitioning members should be sending the risk list to PHPs on a weekly incremental basis. Outside of the 8-week window all AMH Tier 3 practices should share a full file on a monthly basis.	07/09/2021

AMH Quality Measures

Quality Management and Improvement
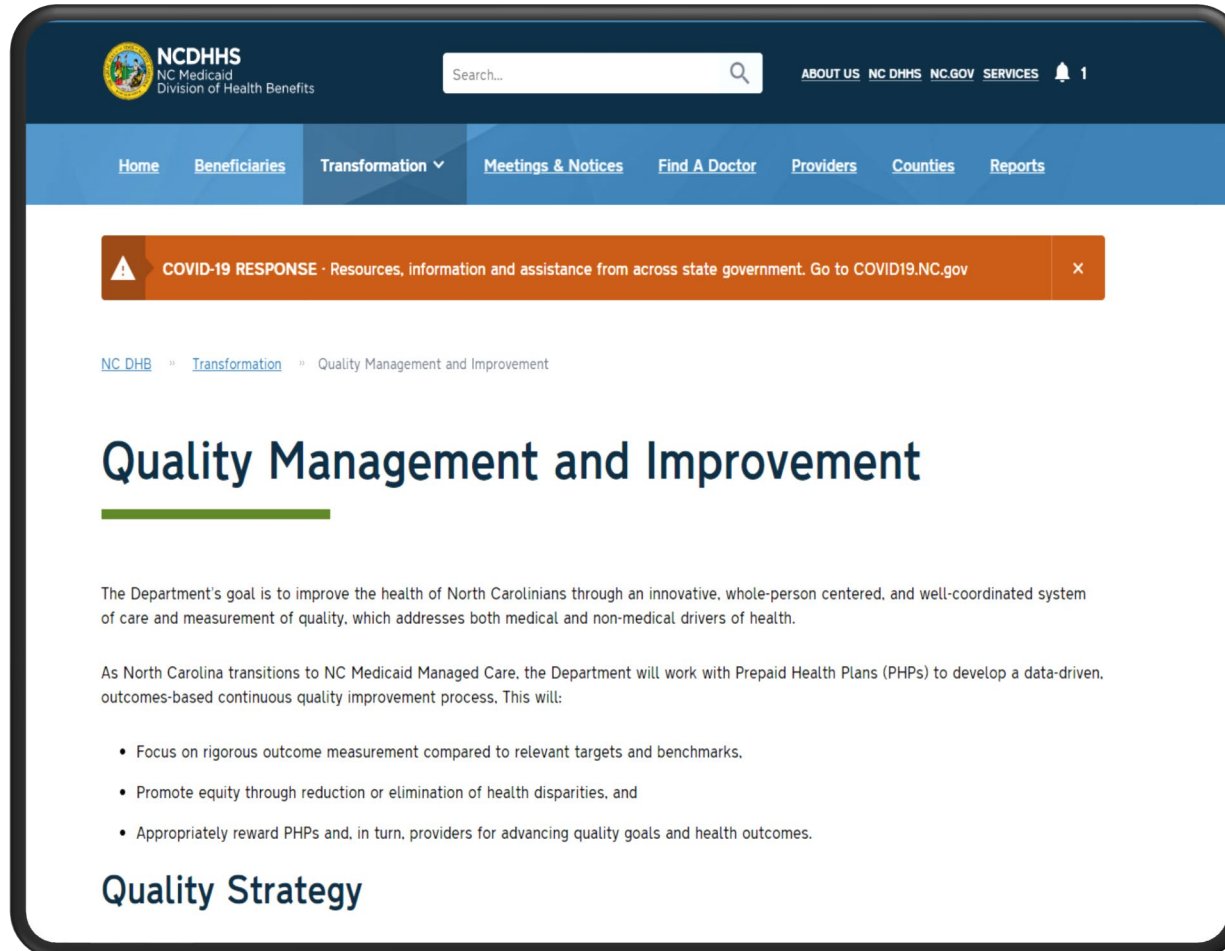
- ✓ *Medicaid Quality Strategy*—outlines aims, goals, objectives and interventions to assure, monitor, and improve quality

- ✓ *Annual Quality Report*—4 years of data on Medicaid quality

- ✓ *Quality Measure Technical Specifications:* Standard Plan and Tailored Plan measure sets with technical specifications and targets

Link: https://medicaid.ncdhhs.gov/transformation/quality-management-and-improvement

Advanced Medical Home Measure Set

NQF #	Measure	Steward
Pediatric Measures		
N/A	**Child and Adolescent Well-Care Visits (WCV)**	NCQA
0038	**Childhood Immunization Status (Combination 10) (CIS)**	NCQA
1407	**Immunization for Adolescents (Combination 2) (IMA)**	NCQA
N/A	**Well-Child Visits in the First 30 Months of Life (W30)**	NCQA
Adult Measures		
0032	**Cervical Cancer Screening (CCS)**	NCQA
0033	**Chlamydia Screening in Women (Total Rate) (CHL)**	NCQA
0059	**Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)**	NCQA
0018	**Controlling High Blood Pressure (CBP)**	NCQA
Other Measures		
1768	**Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]**	NCQA
0418/ 0418e	**Screening for Depression and Follow-Up Plan (CDF-CH, CDF-AD)**	CMS
N/A	**Total Cost of Care**	IBM Watson Health Cost of Care Module

Historical Data and Performance Measures

NC Medicaid Annual Quality Report

- Annual Report assessing performance on and accountability for quality measures related to aims and goals of the Quality Strategy

  1) Better Care Delivery, 2) Healthier People and Communities, and 3) Smarter Spending

  - Measures are organized by Aims/Goals
    - Measures developed by NCIOM, Medicaid MCAC Quality Committee, Medicaid Quality & Health Outcomes Committee, CMS Core Sets
  - Measures from 2015-2019 are included
  - Measures are claims and survey-based
  - Measure rates are stratified with key disparities highlighted
  - NC statewide rates are compared to National Medicaid median where available
  - DHB assigned a statewide performance score (⭐) based on measure performance in an AIM/GOAL area

Standard Plan Measures: Pediatric

Measure	NQF #	Overall 2019 Performance
Adolescent Well-Care Visit (AWC)*		⭐
Childhood Immunization Status (Combination 10) (CIS-CH)	0038	⭐⭐
Percentage of Low Birthweight Births	N/A	◆11.5
Follow-Up After Hospitalization for Mental Illness	0576	
7- Day Follow-up (Ages 0-18)		-
30-Day Follow-up (Ages 0-18)		-
7- Day Follow-up (Ages 19-20)		◆29
30-Day Follow-up (Ages 19-20)		◆47
Immunization for Adolescents (Combination 2) (IMA)	1407	⭐⭐
Percentage of Eligible Who Received Preventive Dental Services (PDENT-CH)	N/A	◆52.1[1]
Screening for Depression and Follow-Up Plan (CDF)	0418/ 0418e	-
Total Eligible Receiving at least One Initial or Periodic Screen (Federal Fiscal Year)	N/A	◆52.98[2]
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	2801	⭐⭐
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)*	1392	⭐⭐
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)*	1516	⭐⭐

*Measure included here to report historical rates. Health Plans will report the revised NCQA measures, **W30 and WCV**; will be AMH measures. Highlight Indicates and Advanced Medical Home measure

[1] ↻Star indicator not feasible due to limitations of calculation and national comparison availability. Federal Fiscal Year 2019 Form CMS-416 report Federal Fiscal Year 2019. Calculated national rate from lines 1b and 12b. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

[2] ↻Star indicator not feasible due to limitations of calculation and national comparison availability. Federal Fiscal Year 2019 Form CMS-416 report Federal Fiscal Year 2019. Calculated national rate from lines 1b and 9. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

Standard Plan Measures: Adult

Measure	NQF #	Overall 2019 Performance
Cervical Cancer Screening (CCS)	0032	⭐
Chlamydia Screening in Women (Total Rate) (CHL)	0033	⭐⭐
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)	0059	-
Concurrent Use of Prescription Opioids and Benzodiazepines (COB)	3389	◆14.86
Controlling High Blood Pressure (CBP)	0018	-
Follow-Up After Hospitalization for Mental Illness	0576	
7- Day Follow-up (Age 21+)		⭐⭐
30-Day Follow-up (Age 21+)		⭐⭐
Flu Vaccinations for Adults (FVA)	0039	⭐⭐
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	0027	⭐⭐
Advising Smokers and Tobacco Users to Quit		⭐⭐
Discussing Cessation Medications		⭐⭐
Discussing Cessation Strategies		⭐⭐
Plan All-Cause Readmissions - Observed to expected ratio (PCR)	1768	◆0.93
Use of Opioids at High Dosage in Persons Without Cancer (OHD)	2940	-
Screening for Depression and Follow-up Plan (CDF)	0418/0418e	-

◆Star indicator not feasible due to limitations of calculation and national comparison availability

Highlight Indicates and Advanced Medical Home measure

Standard Plan Measures: Maternity and Other

Measure	NQF #	CY2019 NC Rate
Percentage of Low Birthweight Births (modified measure)	N/A	◆11.5
Prenatal and Postpartum Care (Both Rates) (PPC)	N/A	
Timeliness of Prenatal Care		⭐
Postpartum Care		⭐⭐
Rate of Screening for Pregnancy Risk	N/A	◆77.5[1]
Rate of Screening for Unmet Resource Needs	N/A	-
Total Cost of Care	N/A	-

◆Star indicator not feasible due to limitations of calculation and national comparison availability
Highlight Indicates and Advanced Medical Home measure
[1] Obstetrics providers are paid an incentive rate to perform a uniform Pregnancy Risk Screening. This rate reflects the % of Obstetric providers performing the screening over year

Key Takeaways from Historical Performance Reports

Managed care plans will be given historical baselines for all measures for which comparable historical data are available at the state level.

- The Department selected the managed care plan-reported quality measure set to reflect key focus areas informed by prior performance.

- Under FFS, the Department has measured select HEDIS and CMS Adult/Child Core measures on an annual basis. Performance on these measures has varied: some are above and others below the National Median. In some cases, measure performance is difficult to interpret due to limitations in coding and documentation.

- The new measure set, which continues to reflect HEDIS, CMS Adult/Child Core and NCQA accreditation, will allow the Department to monitor performance during the transition to managed care.

- In the future, the Department will update the quality measure sets and performance benchmarks annually to reflect:
  - Evolution of measure sets and technical specifications.
  - Discontinuity in performance reporting as providers transition to managed care.

Provider Implications: Plans will have specific performance targets in mind and will be working with network providers to reach those targets.

Patient Implications: The Department seeks to continually improve plan performance each year.

Standard Plan Quality Measurement Timeline
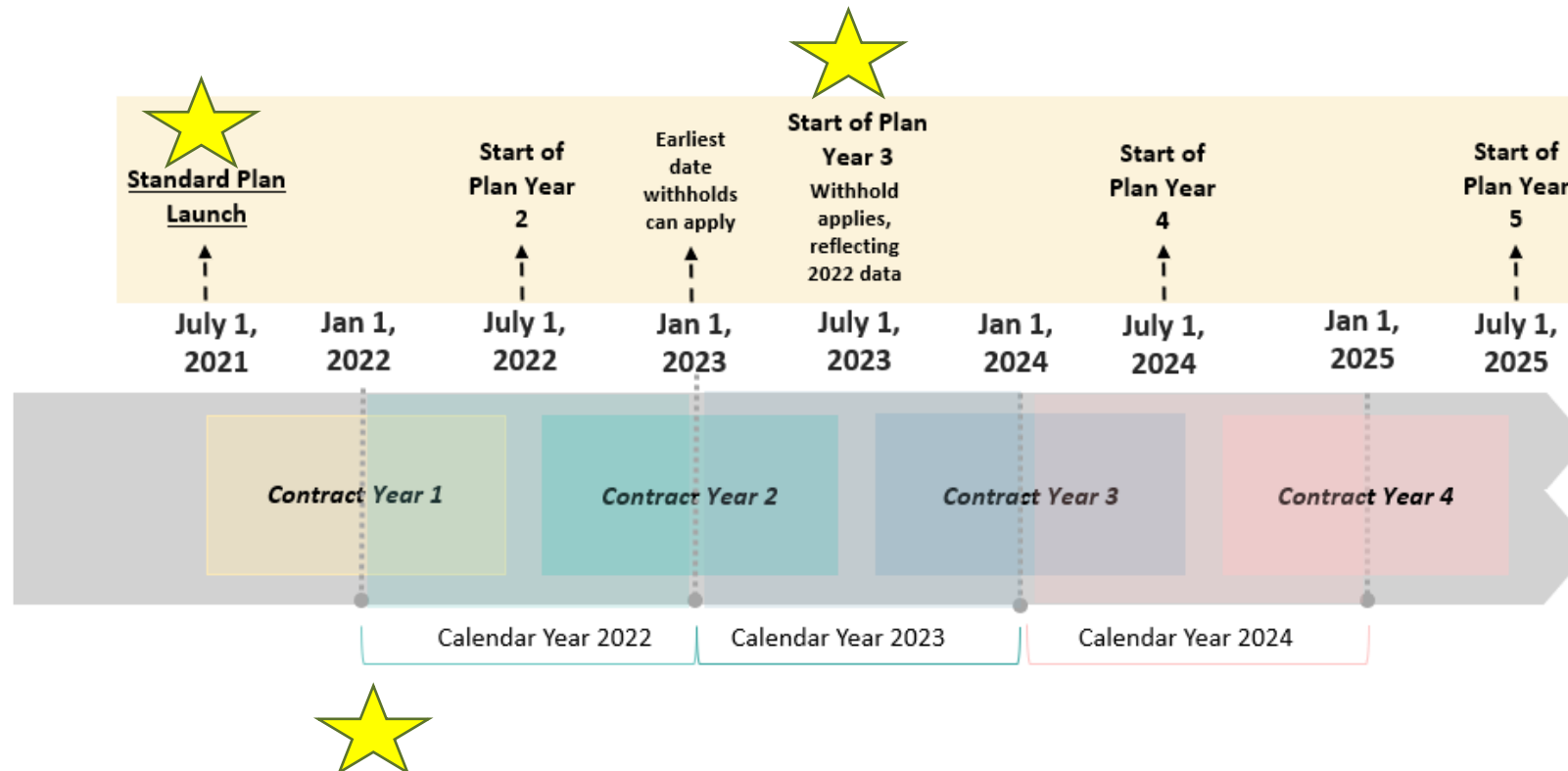
Incremental Quality Measure Targets

- *For the first two years of managed care implementation, the Department's benchmark for each measure will be a 5% relative improvement over the prior year's North Carolina Medicaid statewide performance for that measure.*
  - *Example: health plan A has 1000 women who qualify for Chlamydia screening. In 2019, 500 got screening for a 50% performance. For the next measurement year, the health plan would need to screen an <u>additional 25</u> women to achieve a 5% increase over baseline.*

- *Health plans will be compared against their program's historical performance and expected to show year-over-year improvements.*

Incremental Quality Measure Targets

Each year the proportion of eligible women in health plan A that receive a Chlamydia screening increases by 5%. Each blue icon represents 10 women that received their screening. Health plan A's performance goes from 50% (500/1000) in 2019 to 59% (590/1000) in 2022.

2019 — Received (50%), Did Not Receive (50%)
2020 — Received (53%), Did Not Receive (47%)
2021 — Received (56%), Did Not Receive (44%)
2022 — Received (59%), Did Not Receive (41%)
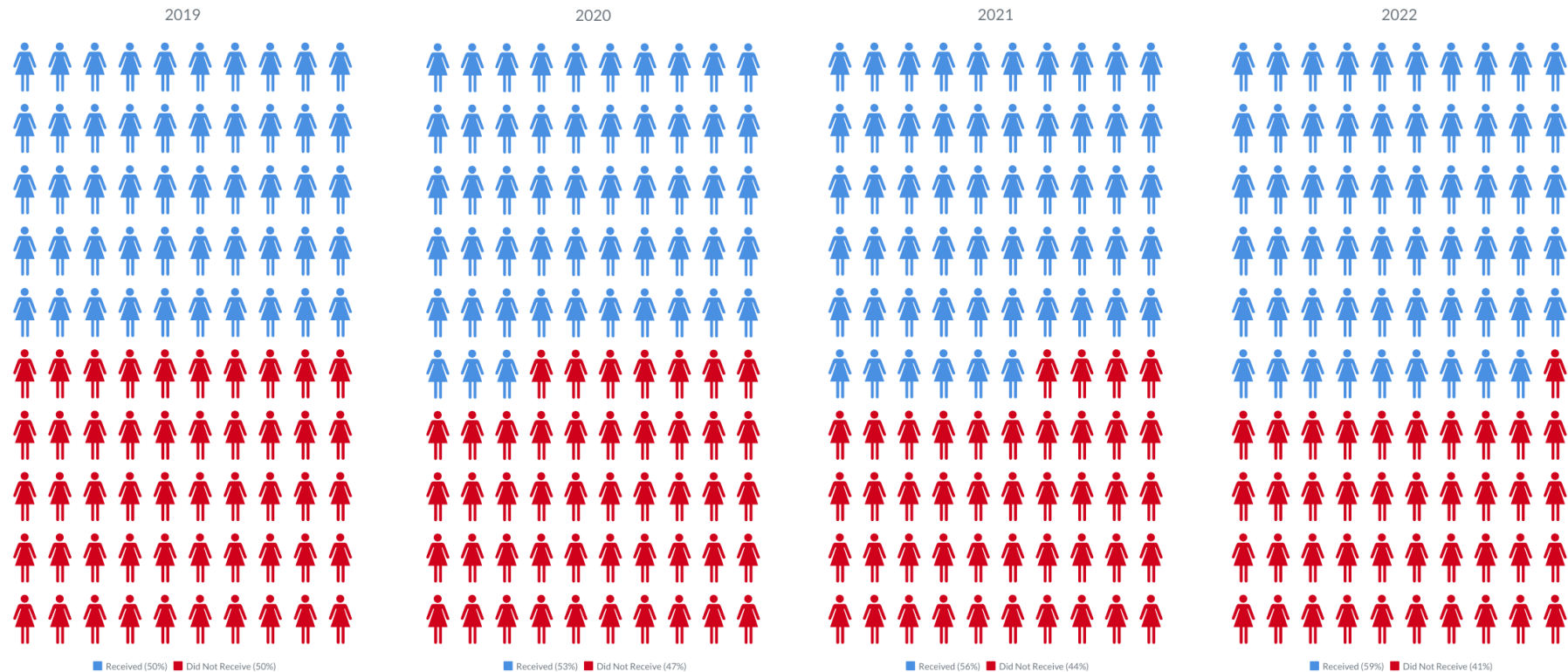
Disparity Definition

The Department will identify quality measures with significant disparities, defined as a greater than 10% relative gap in performance between a subgroup and a reference group. *This disparity definition was developed by AHRQ as outlined in the 2019 National Healthcare Quality and Disparities Report.*

EXAMPLE:

- *PHP B provides flu vaccines to 65% of all eligible patients (650/1000 patients total patients).*

- *When broken down by race, 70% of their White patients (350/500) get the flu vaccine.*

- *While only 60% (300/500) of their Black patients get the flu vaccine.*

- ***This would become a focused measure for PHP B related to health equity.***

Incremental Disparity Targets

DHB will set performance improvement targets for <u>groups experiencing a disparity</u>, in addition to setting performance improvement targets for each PHP's total population. **Disparity targets will be a 10% relative increase for the group of interest for at least two years AND until the gap between a group of interest and the overall population is less than a relative 10%**

EXAMPLE: PHP B launched an equity initiative to improve vaccination rates.

- *PHP B provides flu vaccines to 65% of all eligible patients (650/1000 patients total patients).*

- *70% of their White patients (350/500) get the flu vaccine.*

- *60% (300/500) of their Black patients get the flu vaccine.*

- ***Because of the disparity, PHP B needs to increase performance within the black population by 10% to 66% (330/500) the next year.***

Incremental Disparity Targets

Each year the proportion of black patients in PHP B that receive the flu vaccine increases by 10%. Each blue icon represents 10 vaccinated patients. Performance within PHP B's black population goes from 60% (300/500) in 2019 to 80% (400/500) in 2022.

2019	2020	2021	2022

Received (60%) ■ Did Not Receive (40%) Received (66%) ■ Did Not Receive (34%) Received (72%) ■ Did Not Receive (28%) Received (80%) ■ Did Not Receive (20%)
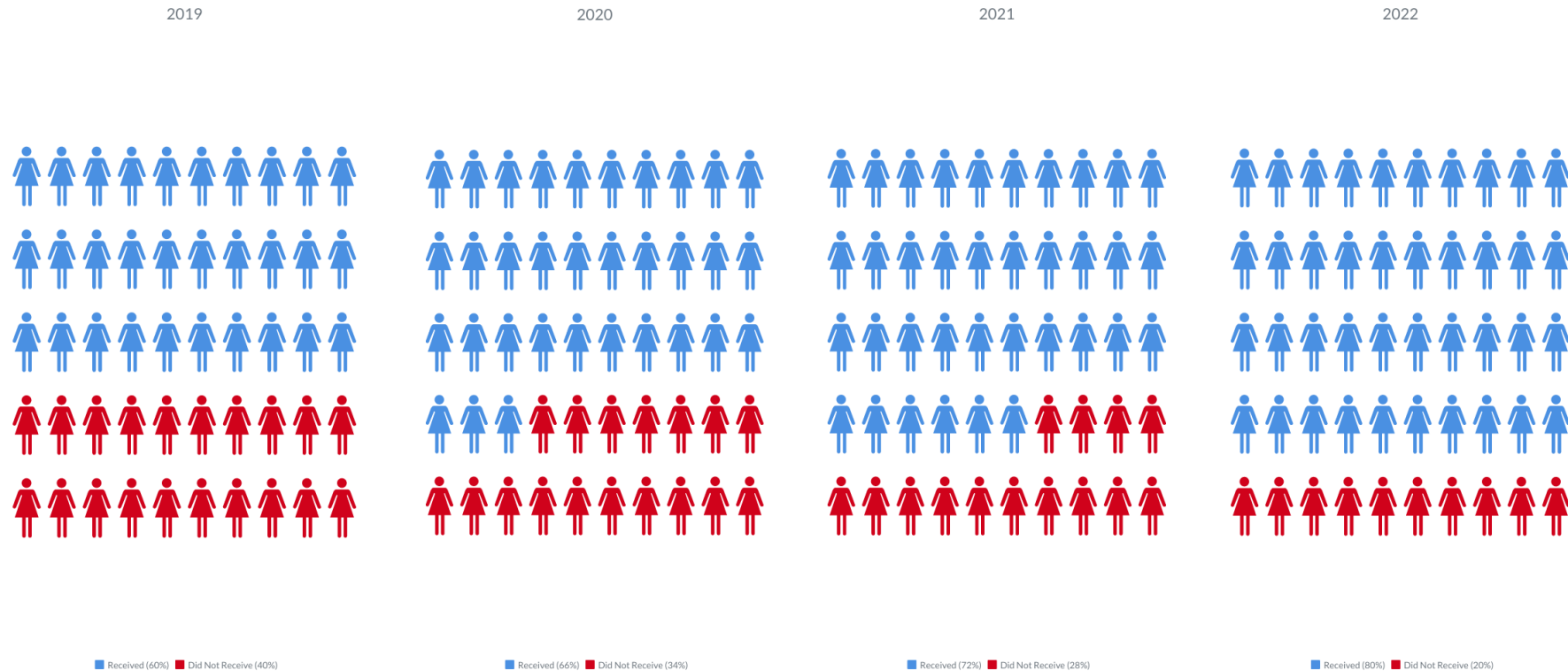
Additional Details

- *For the third managed care plan year and beyond, the Department may adjust the benchmarking methodology based on information gathered in the first two years.*

- *Using state-level, program-specific data to inform the benchmark will be more reflective of the state's strengths and quality improvement needs than benchmarks derived from national data.*

- *Measures will be risk-adjusted where appropriate based on the specifications of each measure.*

Primary Care/AMH Incentive Program Updates

Healthy Opportunities Screening, Assessment & Referral (HOSAR)

As of May 13, 2021, there have been:

- 4,148 total HOSAR claims submitted

- 1,816 denied claims

- 2,332 paid claims

Providers are encouraged to resubmit claims that were previously denied. A system fix has been implemented to correct denials for reason code 02088. The Department released a bulletin article sharing details of the fix as well as an updated place of service code listing.

HOSAR Claims Issue Update Bulletin: https://medicaid.ncdhhs.gov/blog/2021/04/22/healthy-opportunities-screening-assessment-and-referrals-claims-issue-update
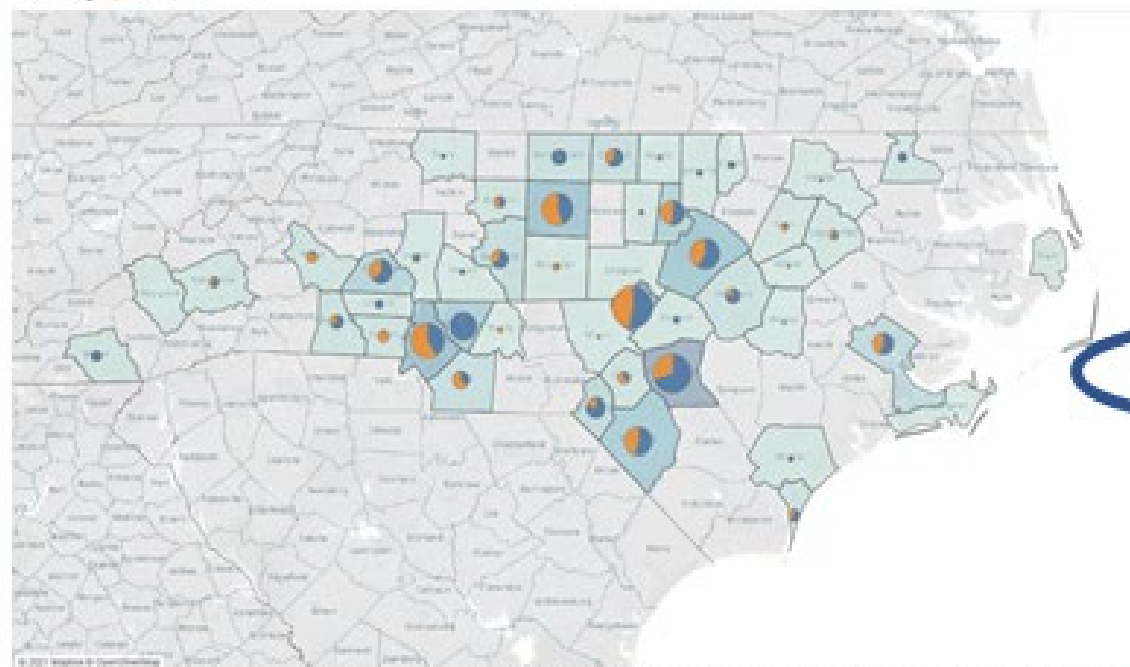
HOSAR/G9919 Claims by County
Data Through April 9, 2021

HOSAR/G9919 Claims by CNS Screen Results
Data Through April 9, 2021

CNS Screening Category	CNS Screening Question	HOSAR Z Code	Claim Status Denied	Claim Status Paid
		HOSAR Z Code not on claim	375	163
Food	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?	Lack of adequate food and safe drinking water	430	333
Housing/Utilities	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)?	Homelessness	3	4
	4. Are you worried about losing your housing?	Inadequate housing	63	47
Housing/Utilities	5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?	Other problems related to housing and economic circumstances	114	114
Transportation	6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?	Problems related to housing and economic circumstances, unspecified	120	77
Interpersonal Safety	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?	Other problems related to social environment	74	53

Claims
1
50
100
150
200
250

Claim Status
Denied
Paid

Claims
1 — 250

AMH Glidepath Attestation Is LIVE: AMH 3s can Receive $8.51 PMPM for 3 Months After Contracting with 2 PHPs and Completing Data Integration Testing

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

To Attest:

1. Input NPI and location for the practice attesting to glidepath requirements

2. Select "Attest to AMH Tier 3 Glidepath Payments Requirements"

3. Practices should select the PHPs they are contracted with at the Tier 3 Level and date contracts were completed

4. Practices should select the PHPs they have tested with and testing completion date

AMH Glidepath

- Reconsideration process published
- 75 new providers attested for April Attestation/May Payment
- March Attestation: 1151 approved = 70% of AMHs
- + 25 through reconsideration; 100% approved through reconsideration
- In April - Total 1280 attested = 78% of AMH providers

REMINDERS:

- **Deadline for May Attestations for June Payments is May 14th**
- **Deadline for FINAL Reconsideration Requests is May 23rd**

Glidepath Reconsideration Process Bulletin:
https://medicaid.ncdhhs.gov/blog/2021/05/07/advanced-medical-home-tier-3-glidepath-payment-reconsideration-process-and

Resources

AMH Webpage

- [AMH Provider Manual 2.0 posted All AMH Tier 3 requirements](#)

- [Advanced Medical Home Data Specification Page](#)

Resources

Glidepath Bulletins

- https://medicaid.ncdhhs.gov/blog/2021/05/07/advanced-medical-home-tier-3-glidepath-payment-reconsideration-process-and

- https://medicaid.ncdhhs.gov/blog/2021/04/21/advanced-medical-home-tier-3-glidepath-attestation-payment-updates-%E2%80%93-april-21-2021

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

AMH Training Website and FAQs: **https://medicaid.ncdhhs.gov/amh-training**

Q&A

- Enter questions using the Q&A function within Zoom Webinar

- Send additional questions to: Vorinda.Guillory@dhhs.nc.gov

Upcoming: Any questions not addressed during the webinar will be added to the FAQs for publication on the AMH Training Webpage