Tier 3 Advanced Medical Home, NC Medicaid Managed Care ***Reflect, Reconsider, Revise***

Introduction

July 1, 2023, marked the beginning of year three for North Carolina’s Medicaid managed care delivery system via standard plans. Many advanced medical homes (AMH) across the state are reflecting on and reconsidering their AMH Tier level. AMH Tier 3 practices seem to be most likely to assess their Tier level and the way their practice delivers care management – either through a CIN or from within the practice itself and determine if any revisions are needed.

We encourage all AMH’s to pause and reflect upon their performance at the Tier level they have attested to and consider patient experience and outcomes of care management. NC AHEC developed this toolkit specifically for AMH Tier 3 practices. It is designed to assist AMH Tier 3 in reflecting, reconsidering, and potentially revising their tier status or the method of delivering care management to their Medicaid patients. Each section includes a checklist developed by NC AHEC staff and coaches who have years of experience in supporting practices through Medicaid transformations. The Reflect and Reconsider sections are designed with all Tier 3 AMHs in mind. The Revise section includes separate sections contingent upon the intent of each Tier 3 who is revising their AMH Tier or method of care management.

Your NC AHEC practice support coach can help guide you through any of these checklists. If you do not have a coach, you can request one: [Click for ways to request coaching support](https://www.ncahec.net/practice-support-contact-us/)

***Reflect***

* Using the AMH Tier Support Tool [Click to access AMH Tier Support Tool](https://www.ncahec.net/practice-support/advanced-medical-home/), ask staff and clinicians to read it and take note of Tier 3 AMH requirements. As a group, reflect and discuss what is going well and what could be better (patient and provider/staff experience as a Tier 3).
* Focus on care management requirements – how well are your patients being served by CIN care management or from within your practice if the practice is administering care management.
* If your practice is located in one of the following counties, to what extent are your patients experiencing the benefits of NC Healthy Opportunities Pilot through care management?

Beaufort, Bertie, Chowan, Edgecombe, Halifax, Hertford, Martin, Northampton, Pitt, Bladen, Brunswick, Columbus, New Hanover, Onslow, Pender, Avery, Buncombe, Burke, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey. More about Healthy Opportunities Pilot: [Healthy Opportunities Pilot](https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots)

* Gather your most recent month of care management reports from your CIN (if applicable) or internal care management administrator and ask your practice staff and clinicians the following questions and discuss:
  + How many Medicaid patients do we have on our panel?
  + How many of these patients interacted with a care manager during the most recent month?
  + How is your patient population risk stratified?
  + How many of our Medicaid patients had a comprehensive assessment by a care manager during the most recent month?
  + How many of our Medicaid patients reportedly have an active care plan?
  + How well is our practice collaborating with the care managers?
  + How many of our Medicaid patients had their care plan updated in the most recent month?
  + What are our patients saying about their experience and satisfaction with care management?
  + What improvement in health have we noticed with our patients engaged in care management? In terms of access to care, service, and outcomes discuss the overall impression of the patient support the practice is receiving from care management.
  + What can our practice do better to enable care managers to work at the top of their scope for the benefit of our patients?
* Consider the financial impact of your Tier level and your method of delivering care management (CIN or in-practice). *See end of document for a working financial assessment for Tier status and care management. Your NC AHEC coach can work with you on this.*

***Reconsider***

* Is your practice appropriately rated as a Tier 3?
  + If yes, congratulations!
  + If not, determine if it is feasible and desirable to make necessary changes to meet Tier 3 requirements.
    - If not, consider downgrading to Tier 2.
* Is your practice satisfied with the financial impact(s) **and** quality of care management provided to your patients?
  + If yes, that’s great, continue with your current method of care management (via CIN or your practice’s care management).
  + If unsatisfied with current care management via a CIN, initiate a conversation with the CIN to:
    - Understand the current criteria the CIN uses to identify patients for care management.
    - Determine if the practice can increase engagement with the CIN care managers.
    - Understand the current patients receiving care management services from the CIN – Ask for a list of patients and the services provided by CIN care managers.
    - Create a list of patients in the practice that should be under care management according to practice criteria. Ask the CIN for the list of your patients they are actively care managing. Discuss the differences with the CIN.
    - Reconcile differences in Care Management criteria at the practice and at the CIN.
    - Discuss how the practice can assist with Care Management and how compensation would be handled.
    - Ask the CIN for information on how the practice’s patients (and patient population) are performing across the existing AMH quality metrics.
    - Clearly articulate expectations of the CIN going forward and ask them for measurable goals.
* Invite CIN to come to your practice and explain to staff and clinicians all that CIN is doing to support your practice and patients.
* Using the tables toward the end of this document, assess the financial impact of current and potential Tier level and care management arrangement.
* If you are still not satisfied with your current care management arrangement, consider reversing the method of care management (if you are using a CIN, consider bringing care management in-house; if you are administering care management from within the practice, consider using a CIN instead).

***Revise***

**Revise your Current Tier or Care Management Method with one of the following checklists.**

1. **My practice is going to terminate our CIN and bring AMH Tier 3 responsibilities into our practice.**

* Analyze CIN and PHP contracts with attorney and accountant and determine milestones for timing CIN termination and PHP re-contracting for there to be a smooth transition without disrupting patient care and/or in-network status. Include your review of quality incentives, which may be different when you contract directly with PHP rather than through CIN. Similarly, check with PHPs to ascertain if your fee schedule will change when leaving the CIN and contracting directly with the PHPs.
* Consider there may be a temporary cash flow gap in income when shifting care management and PHP contracts away from CIN to the practice.
* Consider there may be gaps in assignment of new patients until PHP-practice contracts are fully executed and PHP systems are updated.
* When bringing care management into practice, verify cost of recruitment and employment or contracting of care managers. They must meet minimum criteria set forth by NC Medicaid (see Tier support tool for criteria). Must be an RN or LCSW or NP.
* Determine who will supervise care manager(s) – factor in time and cost.
* Determine where care manager(s) will be located. Onsite (where) or virtual.
* How will care management documentation occur and where?
* Will care management documentation be integrated in EHR?
* What risk stratification protocol/algorithm will be used?
* How will patient risk level be indicated in the EHR?
* What is the start-up and maintenance cost for the care management platform?
* Locate a data aggregator and security vendor. You will have to shop around a very limited pool of vendors and ensure quality of technology and service.
* Determine cost of data aggregator/vendor. What are the one-time and recurring fees.
* Be sure to know each of your contracted PHP’s data security and audit requirements and have a compliance plan. Remember, your practice will be liable for any security breaches – have adequate insurance and pay premiums.
* Develop your policy manual for care management as this is a requirement from NC Medicaid (see NC Medicaid’s AMH manual for a list)
* Work on your secure file transfer protocol by connecting your IT/designated person to connect at the PHP. You will need to ask the PHP to provide the File Naming Convention
* Within the first 30 days you will have your initial policy/procedure audit from each of your contracted Medicaid health plans. They will review your policy manual for care management.
* Your next audits may be as often as quarterly, but timing may be different for each health plan. Double check the frequency schedule with each Medicaid health plan so you can plan accordingly.
* Your practice is required to provide a patient risk list file to each PHP you are contracted with – first is due after the first full month, then on the 26th of every month thereafter.
* Determine how you will measure if this care management change is improvement (or not). One way is to compare your practice’s performance on AMH measures when care management was administered by CIN and after (when care management is administered by the practice).
* Is shifting care management to your practice worth the resultant disruption to patient care and experience, even in consideration of coast benefit?

1. **My practice is changing from Tier 3 to Tier 2.**

* Include your legal advisor and accountant in planning your change from Tier 3 to Tier 2 to ensure a smooth transition for your patients and your staff/clinicians. In consultation with these advisors, determine whether you will use an accountable care organization (typically ACOs do not provide care management) or your PHP(s) for care management.
* Be sure your Medicaid health plans’ contracts reflect any changes that need to be made (e.g., service payments, PMPM, etc.).
* Review the AMH Tier 2 financial Assessment below for revenue reduction considerations and planning. The move from Tier 3 to Tier 2 can have a financial impact.
* Establish a primary point of contact and liaison within your practice for PHPs when coordination is needed for care management.
* Change your Tier level from Tier 3 to Tier 2 in NC Tracks.
* Request periodic updates from PHP’s regarding care management activities (build into contract with each, if feasible).

1. **My practice is changing CINs or ACOs.**

* Work with current CIN/ACO and your new CIN/ACO and each PHP your practice is in network with and delineate a timeline and milestones for a transition that is non-disruptive to patient care and provider experience.
* Include staff and clinicians when selecting a new CIN/ACO. Create we do/you do list of responsibilities to clarify and delineate roles and responsibilities with the new CIN/ACO.

Your NC AHEC practice support coach can help guide you through this checklist. If you do not have a coach, you can request one: [Click for ways to request coaching support](https://www.ncahec.net/practice-support-contact-us/)

* Speak with current customers of the CIN/ACO you are considering and ask about the pros and cons of doing business with the CIN or ACO.

**Financial Assessment for AMH Tier 3 Level and CIN Contribution**

Double click to open as working Excel file. If that doesn’t work, save it to your desktop and try again.



See Next Page for Example

**Example:** **Financial Assessment for AMH Tier Level and CIN Contribution**



**Financial Assessment for AMH Tier 2 Level**

Double click to open as working Excel file. If that doesn’t work, save it to your desktop and try again.



**Example: Financial Assessment for AMH Tier 2 Level**

