



North Carolina Pediatric Society

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The Honorable Mandy Cohen, MD
Secretary, N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

RE: *Data Strategy to Support the Advanced Medical Home Program in North Carolina*

Dear Secretary Cohen:

On behalf of the NC Pediatric Society and our more than 2,000 members, thank you for the opportunity to comment on the state's Concept Paper: *Data Strategy to Support the Advanced Medical Home (AMH) Program in North Carolina*. We truly appreciate your ongoing efforts for feedback from the provider community as the state undertakes this Medicaid Transformation Process.

We appreciate how the Advanced Medical Home (AMH) is designed to maximize patient care and reward higher Tier practices with reduced administrative burden and perhaps increased payment. We understand that this approach is central to the success of proposed changes in Medicaid. Especially given the decade of underpayment and reimbursement stagnation, we remain concerned about the potential increased burden for practices, especially independent practices, and the need to assure that practices come to September 2019 (or February 2020) as strong as possible, able to address the challenges inherent in such comprehensive changes.

Therefore, we urge the Department to pay primary care in Medicaid on parity with Medicare. Payment adequacy now will undergird future success towards assuring that primary care is strong prior to the transition to managed care and in a position to withstand the buffeting winds of change, possible delayed payments, and other transition challenges. An effective strategy would be to allocate \$25 million to \$30 million out of the Medicaid rebase to increase primary care payments to be on parity with Medicare (pay at Medicare or Medicaid, whichever is higher). Thanks to the previous time-limited implementation of increased payment under the ACA bump, North Carolina already has this infrastructure in place. We urge NCDHHS to increase primary care payments as soon as possible help providers prepare for the transition to Managed Care.

In terms of specific feedback, we offer the following.

Exchange of Data

Provide single source for panel information: As currently proposed, the Prepaid Health Plan (PHP) will be the source for panel information to the practice. We urge consideration of moving this function to NC Medicaid so that practices can consult a single source to find out the PHP assignment of a given patient, including during times of transition. (This has the added benefit of acting as an additional “stop” towards assuring each patient is assigned to only one PHP.)

Assure data uniformity: Quality reporting from the PHP to the AMH needs to be uniform in content, definition and format. If there is no standard performance monitoring there will be no way to compare the effectiveness of PHP specific processes. This is especially true for required indicators that cut across several entities, including mental health and dental services or where denominators can be challenging (such as sexually active 16 to 21 year olds).

Provide single portal for data: Medical Homes should not need to access multiple portals to look for patient data, particularly admission, discharge, and transfer data. Receiving ADT data in a real-time manner is crucial to impacting both cost and quality of care. This data should seamlessly integrate into a practice’s Electronic Medical Records. NC HealthConnex, the state’s Health Information Exchange Authority, should be the preferred way to receive such data. North Carolina law already requires all Medicaid providers to connect to NC HealthConnex. As a result, the Department should require Pre-Paid Health Plans to move clinical information through this system. In addition, the Department should require that all ADT data be shared through NC HealthConnex.

Minimize costs to practices for data: A practice should not have to pay for additional connections or systems to receive this data. A practice should not have to pay for changes to their EHR to receive this data.

Assure timely data: We request that the Department set the specific timeframes for data flow as short as possible. It is crucial that Advanced Medical Homes receive beneficiary assignment information, risk scoring and stratification, initial care needs screening, and ongoing quality performance metrics as quickly as possible. The Department should also define how quickly claims and encounter data feeds will be provided to AMHs and make that timeframe as short as possible. The real-time or near real-time flow of Emergency Department utilization, testing, admissions, and discharge data is crucial to improving the care of our state’s Medicaid recipients.

Use sound infrastructure, including HIEA and Resource Platform: To make Medicaid Transformation successful, NC HealthConnex must be fully functional between systems, independent practices, and other providers as quickly as possible. Many practices are still waiting for initial connections. It is also crucial that practices be able to receive data from the Controlled Substances Reporting System and the NC Immunization Registry through NC HealthConnex. The NC Resource Platform needs to interact with NC HealthConnex, and ultimately EMRs, to avoid the duplication and burden of moving in and out of multiple electronic systems at the point of care. This will allow for more seamless access to valuable community resources that are often needed by Medicaid recipients. (However, patients should also have the option of receiving data from the Resource Platform without it going through their EMR if they have particular confidentiality concerns.)

Care Management

Minimize care management complexity, including for Tier 1 and 2 practices: We remain concerned about multiple different care managers for Tier 2 practices, where each Pre-Paid Health Plan will be providing care management for their own members, thereby increasing the administrative burden for primary care practices. We ask that the Department encourage plans to reduce this administrative complexity and work with practices to minimize different care management infrastructures.

Continue Care management structure for Tier 3 and 4 that offers practices important choices: We are pleased that Tiers 3 and 4 Advanced Medical Homes will have the ability to choose how they organize care management, particularly that practices can work through Clinically Integrated Networks. Otherwise, it is likely that some independent practices, particularly practices with a lower number of Medicaid patients, would not be able to achieve Tier 3 or 4 status. We believe it is crucial to keep as many individual practices involved in Medicaid as possible. The Department is correct that many individual practices will not have the capability to analyze data from multiple sources, making the use of third-party groups such as CINs necessary.

Risk Stratification

For children, use Pediatric Medical Complexity Algorithm instead of CDPS + Rx: We have concerns about the CDPS +Rx model as it pertains to children. (Footnote 8.) While it is our understanding that this is a well-conceived model for adults, it is further our understanding that it does not work optimally for children. Indeed, that is why researchers through the Washington Center for Excellence at Seattle Children's Hospital used CDPS as the basis for developing a more child-specific methodology – the Pediatric Medical Complexity Algorithm (PMCA) which has dramatically better sensitivity and specificity. Here is a link to more information: <http://www.seattlechildrens.org/research/child-health-behavior-and-development/mangione-smith-lab/measurement-tools/> and a paper from AAP <http://hosppeds.aappublications.org/content/7/7/373> (These are the same resources we provided in December 2017.)

Reduce complexity for determining complex patients: We are concerned about each Health Plan having their own data systems and potential for risk-stratifying patients in extremely different manners. While we understand the need for flexibility, there should be some standardization around what determines a high-risk or high-needs patient.

Market Competition

Preserve independent practices: While we support the ability for independent practices to formally or informally join with larger healthcare systems, practices should also have the opportunity to remain independent. Having both options in our state is important for overall competition in the healthcare market in North Carolina. The Department should ensure that supports are in place for independent practices to remain viable in the marketplace.

Investment in Frontline Primary Care

Assure incentives reach providers so they make additional investments in care: To make the reformed Medicaid system successful, the resources and any bonus incentives for meeting quality and other value-based healthcare metrics must flow down to the Advanced Medical Home and benefit the individual physicians and other clinicians providing the care. The Department and Health Plans should put safeguards in place to ensure this happens. In the current system, there is often a disconnect between the frontline care and ultimate flow of financial incentives to those providing the care.

Quality Metrics

Strong, uniform metrics that reflect scientific evidence: We strongly support the use of a uniform set of quality measures across plans to evaluate Advanced Medical Homes. It is impossible to focus on a different set of measures for multiple Health Plans. We also strongly support interim (preferably quarterly) performance reports so that practices can know where they are doing well and what areas may need improvement. The Department should require the health plans to provide quarterly interim reports of quality measures to Advanced Medical Homes. We acknowledge the challenge in assuring adequate metrics without being burdensome and the particular challenge of strong, evidence-informed metrics for the pediatric population. We urge the Department to continue working with stakeholders to develop and refine measures throughout the course of the waiver.

Existing Patient Portals

Let practices keep what works: The Department should clarify if patient portals that exist in many practices help meet one of the goals of helping Medicaid beneficiaries engage with their own health. Many practices, both system-owned and independent practices, have robust patient portals where patients can obtain both clinical information about their care and educational and other support materials about chronic diseases, etc.

Finally, we appreciate the efforts of the Department to work with NCPeds to help educate members about Advanced Medical Homes and other keys to success in the new Medicaid Managed Care environment. We welcome the opportunity to continue to provide feedback to the Department and look forward to continuing to work with you as we all prepare for Medicaid Managed Care Implementation.

Sincerely,



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North Carolina Pediatric Society (NCPeds)

CC: Dave Richard
Jay Ludlam