

# Medical Care Advisory Committee

Division of Health Benefits

October 21, 2021

# AGENDA

- **Call Meeting to Order/Welcome- Kim Schwartz- Chief Executive Officer, Roanoke Chowan Community Health Center and Joyce Winstead- Director, Practice, NC Board of Nursing**
- **Managed Care Updates- Kelly Crosbie- Chief Quality Officer, DHB**
- **AMH Attribution Method- Taylor Zublena- Associate Director, Quality Management, DHB**
- **2020 Quality Measure Results- Taylor Zublena**
- **QAPIs/PIPs- Beth McDermott**
- **KKW Campaign recap- Beth McDermott**
- **Provider Experience Survey- Sam Thompson, Associate Director, Program Evaluation, DHB**

# **Managed Care Updates**



## North Carolina's Vision for Medicaid Transformation

**To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.**

# Managed Care Plan Types

There will be four (4) types of health plans under the North Carolina managed care system:



## Standard Plan

**Standard Plans** will provide integrated physical health, behavioral health, pharmacy, and long-term services and supports to the majority of Medicaid beneficiaries, as well as programs and services that address other unmet health related resource needs.

## Behavioral Health I/DD Tailored Plan

**Behavioral Health Intellectual/Developmental Disability (I/DD) Tailored Plans** will provide the same services as Standard Plans, as well as additional specialized services for individuals with significant behavioral health conditions, I/DDs, and traumatic brain injury, as well as people utilizing state-funded and waiver

## Specialized Plan for Children in Foster Care

**A Specialized Plan for Children in Foster Care** will be available to children in foster care and will cover a full range of physical health, behavioral health, and pharmacy services.



## EBCI Tribal Option

**The Eastern Band of Cherokee Indians (EBCI) Tribal Option** will be available to tribal members and their families and will be managed by the Cherokee Indian Hospital Authority (CIHA).

# Managed Care Launch Timeline

Managed care implementation was "paused" in early 2020 due to the delayed State budget and COVID-19. The Department continued its planning efforts to prepare for launch.

**Standard Plans & EBCI Tribal Option**

**(July 1, 2021)**

**Behavioral Health I/DD Tailored Plan**

*Proposed implementation date*

**(July 1, 2022)**

**Statewide Foster Care Plan**

*Proposed implementation date*

**(July 1, 2023)**

**2020**

**2021**

**2022**

**2023**

**Medicaid Managed Care Health Plans**

**NC Medicaid Direct**

*Some people will not be eligible to enroll in a health plan; they will stay in NC Medicaid Direct and LME/MCOs.*

**1.6m Members are enrolled in Standard Plans**

# **Advanced Medical Home (AMH) Attribution Model**

# AMH Quality Measure Attribution

Process for attributing beneficiaries to AMHs for quality measurement, VBP with PHPs to AMHs and performance incentives

The Department seeks to ensure that quality measurement for a given AMHs' assigned member panel achieves the following goals:

- 1) Provides incentives for the AMH to proactively conduct outreach to their prospectively-assigned members to engage them in care and improve the quality of their care;
- 2) Ensures AMH performance incentive payments reflect all of the care they provide or are expected to provide; and
- 3) Aligns with the Department's goal that AMHs are accountable for all assigned members.

# Quality Initiatives within the AMH Program

The Department requires Standard Plans to monitor the performance of AMHs in all tiers to ensure delivery of high-quality care.

## Advanced Medical Home Measure Set

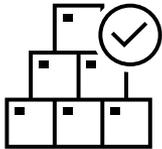
All practices will be eligible to earn negotiated Performance Incentive Payments based on the set of measures in the AMH measure set, which were selected for their relevance to primary care and care coordination.

**CY2022 = First Measurement Period**  
**CY2019 = Baseline Statewide Rates**

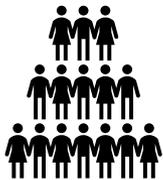
NQF#	Measure Name	Steward	Frequency*
<b>Pediatric Measures</b>			
NA	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
0038	Childhood Immunization Status (Combo 10) (CIS)	NCQA	Annually
1407	Immunizations for Adolescents (Combo 2) (IMA)	NCQA	Annually
NA	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
<b>Adult Measures</b>			
0032	Cervical Cancer Screening (CCS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL)	NCQA	Annually
0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	Annually
1768	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-up Plan (CDF)	CMS	Annually
NA	Total Cost of Care		Annually

\*Monthly gap measure reports are also required.

# AMH Quality Measure Attribution



- Performance Incentive Structure by AMH Tier
  - PHPs required to offer performance incentive payments to Tier 3 practices; not required, rather encouraged for Tiers 1 and 2.
    - Performance Incentive Payments for selected AMH measures



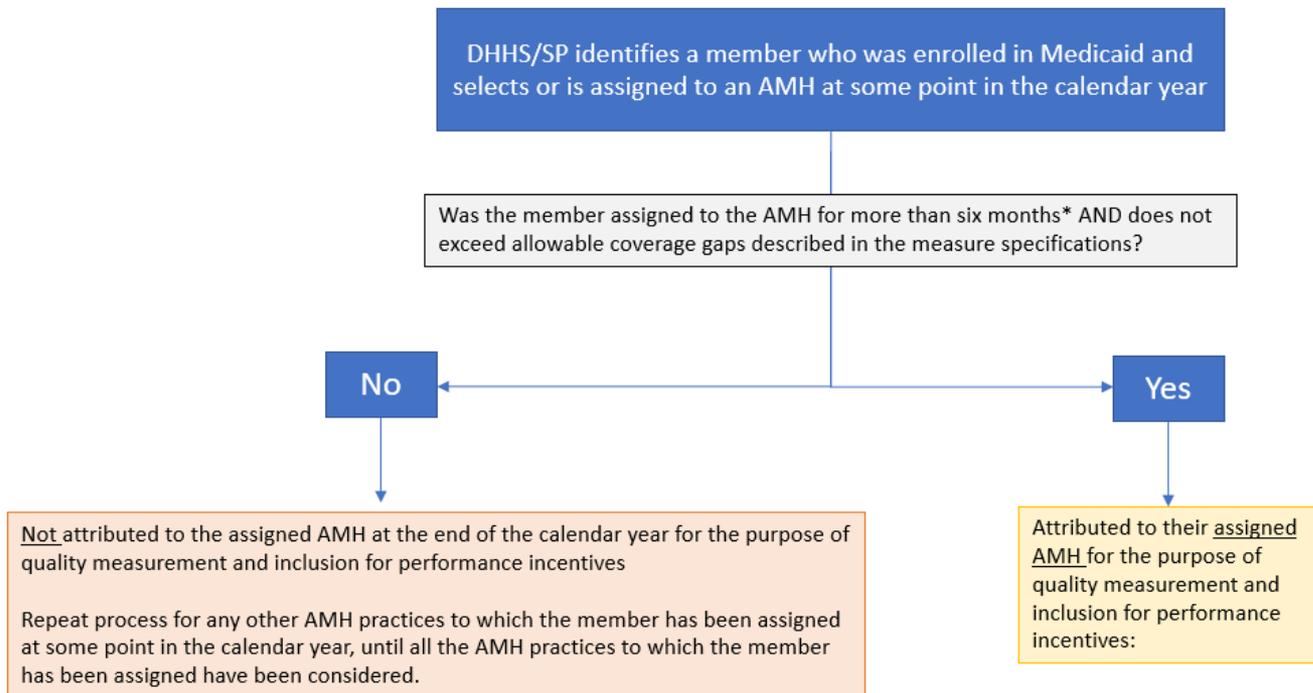
- Beneficiaries select PCP(AMH) or auto-assigned\* upon enrollment
  - AMHs prospectively-assigned beneficiaries at beginning of measurement period (calendar year)



- PHPs reconcile AMH's prospective panel at end of measurement year
  - Has beneficiary been attributed to the provider for 6+ months?
  - Has beneficiary met technical requirements of the measure(s)?
    - Continuous enrollment and allowable gap in coverage criteria

\* Auto-assignment process reflects existing or expected care relationships: Prior assignment, claims, family AMH assignment, geographic proximity, special medical needs, language/cultural preference

# AMH Quality Measure Attribution



## Common Scenarios

- **Scenario 1:** The assigned AMH has not yet seen the member.
  - **Resolution:** The AMH should conduct outreach to establish contact with the member. If outreach is unsuccessful, the AMH should contact the PHP to determine if the member has selected another AMH and needs to be re-assigned. If the member has not established a care relationship with another AMH, the initially-assigned AMH will continue to be accountable.
- **Scenario 2:** A Medicaid member is included in an AMH practice's EHR records and identifies the practice as their medical home but does not appear on their assigned member panel.
  - **Resolution:** The AMH should work with the member and the Standard Plan to re-assign the member to the new AMH.

## **2020 Quality Measure Results**

# Measurement Year 2020

Results, especially in prevention, screening, and access to primary care measures indicate majority have little variability from prior year rates, despite COVID PHE. Slight improvement in some with slight decline in areas indicated below.

AIMS	GOALS	OVERALL PERFORMANCE
<b>AIM 1: Better Care Delivery.</b> Make health care more person-centered, coordinated and accessible.	<b>GOAL 1:</b> Ensure appropriate access to care	★ ★
	<b>GOAL 2:</b> Drive patient-centered, whole-person care	★ ★
<b>AIM 2: Healthier People, Healthier Communities.</b> In collaboration with community partners improve the health of North Carolinians through prevention, better treatment of chronic conditions and better behavioral health care.	<b>GOAL 3:</b> Promote wellness and prevention	★ ★
	<b>GOAL 4:</b> Improve chronic condition management	★
	<b>GOAL 5:</b> Work with communities to improve population health	★ ★
<b>AIM 3: Smarter Spending.</b> Pay for value rather than volume, incentivize innovation and ensure appropriate care.	<b>GOAL 6:</b> Pay for value	★ ★

★ ★ ★ Performance across all measures in the group was **ABOVE** the national median.  
★ ★ Performance across all measures in the group was **AROUND** the national median.  
★ Performance across all measures in the group was **BELOW** the national median.

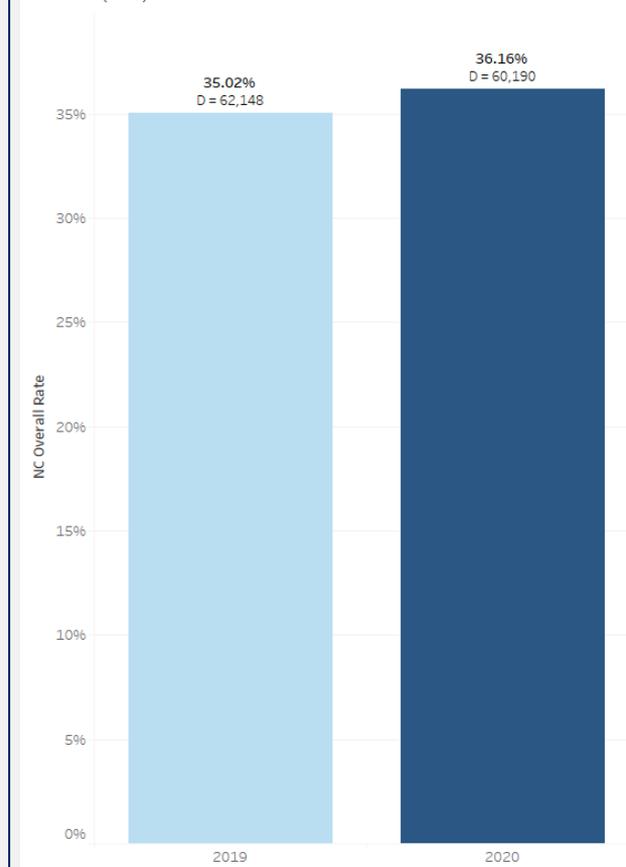
- **Childhood immunizations (Combo 10)** (+1.14%)
  - **Timeliness of Prenatal Care** (+4.45%)
  - **Antidepressant Medication Management** (+2.56%)
  - **Asthma Medication Ratio** (+7.46%)
  - **Avoidance of Antibiotics for Acute Bronchitis (Total,+3.73%)**
- 
- **Postpartum Care** (-4.26%)
  - **Follow up after Hospitalization for MH (30-day)** (-3.2%)
  - **Breast Cancer Screening** (-6%)
  - **Diabetes Screening: Schizophrenia/Bipolar and Antipsychotics** (-5%)
  - **Annual Dental Visit** (-10.51%)



# 2019-2020 Comparison

## Pediatric

NC State Rate | 2019 vs. 2020 | Childhood Immunization Status (CIS) - Combo 10



- Measure changes 2020 for **Well Child Visits 0-21 years**- Submeasures indicate stability in comparison 2019-2020

- **Childhood immunizations (Combo 10) (+1.14%)**

- **Immunizations for Adolescents (Combo 2) (-0.34%)**

- 
- **Annual Dental Visit (-10.51%)**

- **Lead Screening (+1.94%)**

- **Weight Assessment and Counseling for Children-** BMI (+1.43%), Nutrition (+3.73%), Physical (+2.63%)

- **Appropriate Pharyngitis Testing (Ages 3-17yrs)** (+.34%)

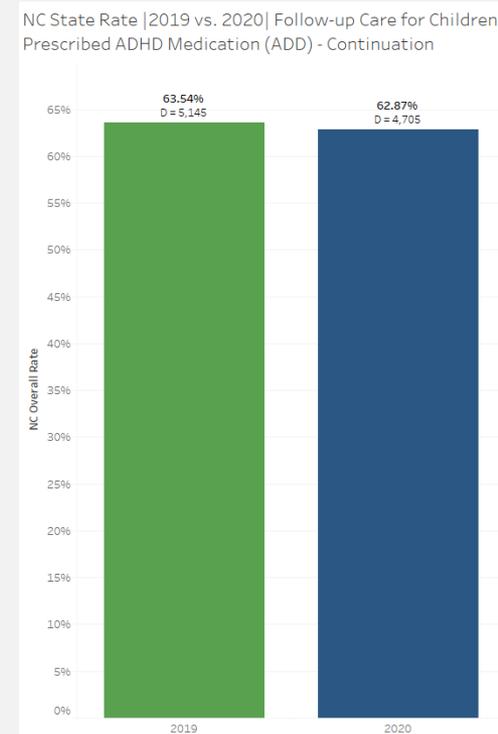
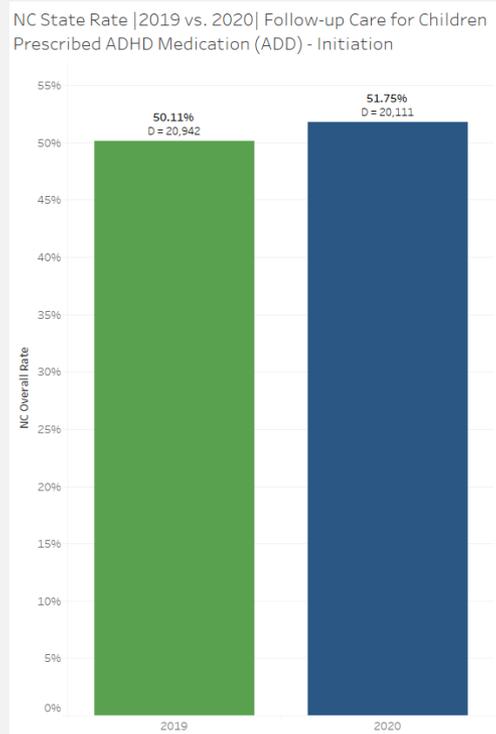
- **Appropriate URI Treatment (3mo-17yrs) (+1.01%)**

- **Avoidance of Antibiotic Treatment for Acute Bronchitis (3mo-17yrs) (+3.07%)**

# 2019-2020 Comparison

## Pediatric

- **Metabolic Monitoring for Children and Adolescents on Antipsychotics: Metabolic Testing (-3.86%)**
- **Use of First Line Psychosocial Care for Children and Adolescents(-1.27%)**
- **Follow up Care for Children on ADHD Medications: Initiation (+1.64%), Continuation (-0.67)**



# 2019-2020 Comparison

## Adult



- **Appropriate Pharyngitis Testing (+.49%)**
- **Appropriate URI Treatment (+1.95%)**
- **Asthma Medication Ratio-Total Rate (+7.46%)**
- **Avoidance of Antibiotic Treatment for Acute Bronchitis (+5.34%)**
- **Use of Spirometry Testing for COPD (-2.25%)**
- **Pharmacotherapy Management of COPD (Bronchodilator +.81%, Corticosteroid (-.44%))**



- 
- **Colorectal Cancer Screening (+.07%)**
  - **Plan All Cause Readmission- Observed to Expected Ratio (-.06)**
  - **Use of Imaging Studies for Low Back Pain (-.83%)**
  - **Follow-up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions (NEW, 47.32%)**
  - **Adult Access to Preventive Services (-2.83%)**

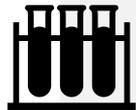
# 2019-2020 Comparison

## Adult



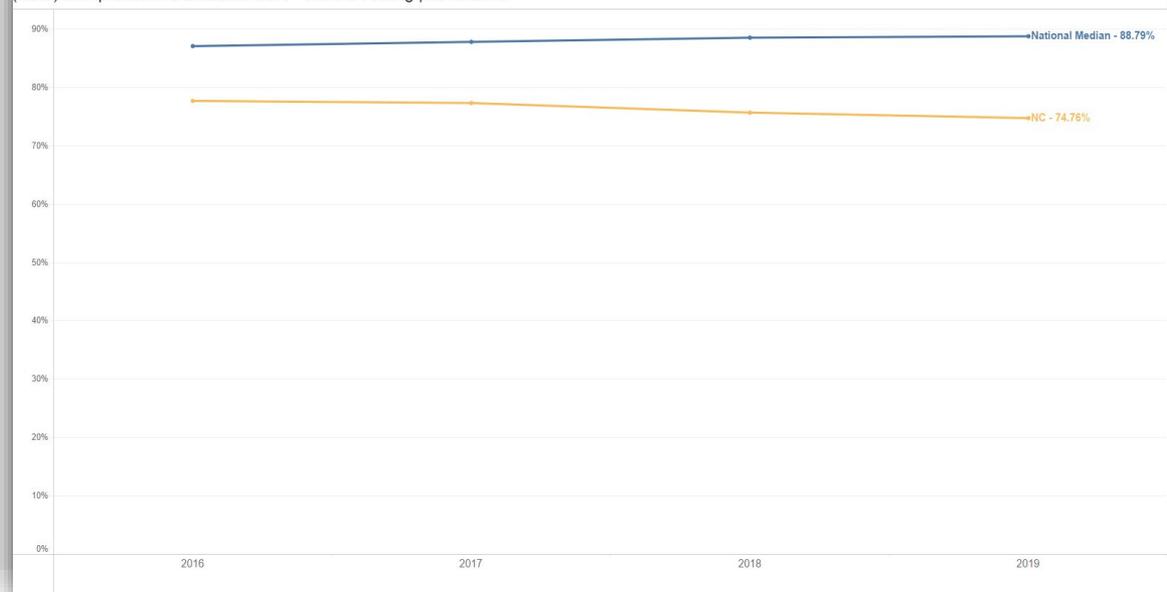
- **Cardiac Rehabilitation-NEW**
  - Initiation
  - Engagement > 12 sessions within 90 days
  - Engagement > 24 sessions within 180 days
  - Achievement > 36 sessions within 180 days
- **Persistence of Beta Blocker Treatment (+1.56%)**
- **Statin Therapy for Patients With Cardiovascular Disease 80%--(+2.70%, Statin Therapy, -.72%)**
- **Statin Therapy for Patients With Diabetes 80%--(+2.31%, Statin Therapy -.47%)**

- **Kidney Health Evaluation for Patients With Diabetes (NEW) 18.39%**



- **Comprehensive Diabetes Care**
  - **HbA1c Tested (-2.18%)**

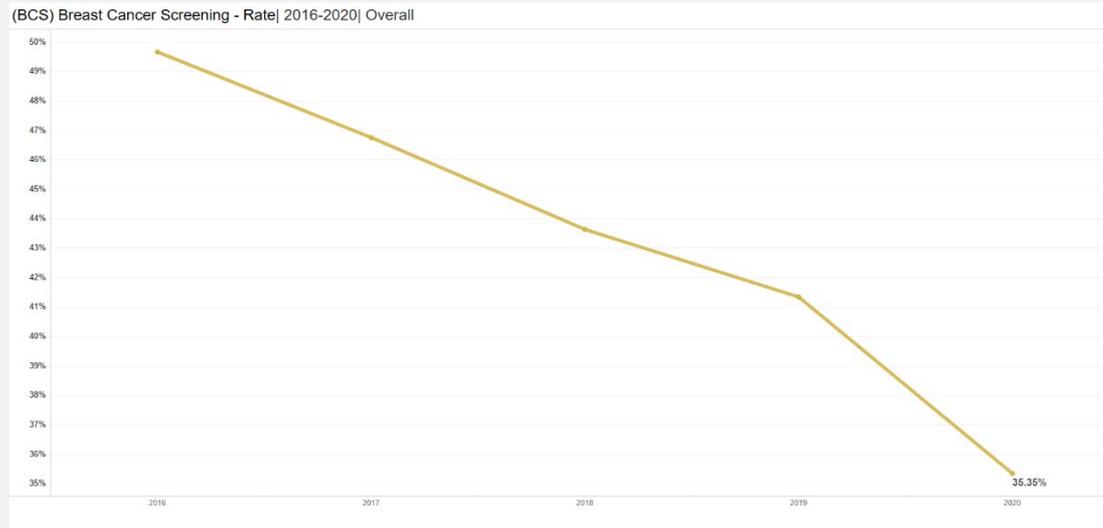
(CDC) Comprehensive Diabetes Care - HbA1c Testing | 2016-2019



# 2019-2020 Comparison

## Women's and Maternal Health

- **Breast Cancer Screening (-6.00%)**



- **Cervical Cancer Screening (-0.99%)**
- **Chlamydia Screening (Total Rate -.1.03%)**
- **Timeliness of Prenatal Care:**
  - Prenatal Care (+4.45%)
  - Postpartum Care (-4.26%)

# 2019-2020 Comparison

## Behavioral Health and Substance Use

- **Adherence to Antipsychotics: Schizophrenia** (+1.81%)
- **Antidepressant Medication Management** (Acute +1.95%, Continuance +2.56%)
- **Cardiovascular Monitoring: Cardiovascular Disease and Schizophrenia** (-5.85%)
- **Diabetes Monitoring: Diabetes and Schizophrenia** (-3.74%)
- **Diabetes Screen: Schizophrenia or Bipolar and Antipsychotics** (-5.00%)
  
- **Follow-up after ED Visit for AOD** (7-day -1.41%, 30-day -1.99%)
- **Follow-up after ED Visit for Mental Illness** (7-day -.94%, 30-day -.36%)
- **Follow-up After Hosp for Mental Illness** (7-day -1.80%, 30-day -3.20%)
- **Follow-Up After Care for Substance Use Disorder** (7-day -2.03%, 30-day -1.59%)
- **Initiation and Engagement of AOD** (Initiate -1.47%, Engagement -2.02%)
  
- **Pharmacotherapy for Opioid Use Disorder (NEW)** 45.83%
- **Use of Opioids at High Dosage (NEW)** 7.19%
- **Use of Opioids From Multiple Providers (NEW)**
  - **Multiple Prescribers, Pharmacies, Multiple Prescribers and Pharmacies**

# Standard Plan Measures: Pediatric

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	CY2022 Target
Adolescent Well-Care Visit (AWC)* <b>(Retired measure)</b>		Pediatric	43.4	57.18	x	N/A
Childhood Immunization Status (Combination 10) (CIS-CH)	0038	Pediatric	35.02	37.47	36.16	36.77
Immunization for Adolescents (Combination 2) (IMA)	1407	Pediatric	31.55	36.86	31.21	33.13
Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	N/A	Pediatric	52.1	49.1	Not yet available	54.71
Total Eligibles Receiving at least One Initial or Periodic Screen (Federal Fiscal Year)	N/A	Pediatric	52.98	-	Not yet available	55.63
Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	2801	Pediatric	52.09	64.89	50.82	54.69
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)* <b>(Retired Measure)</b>	1392	Pediatric	65.71	67.88	N/A	N/A
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)* <b>(Retired measure)</b>	1516	Pediatric	70.48	74.7	N/A	N/A
Well-Child Visits in the First 30 Months of Life <b>(New)</b>		Pediatric	N/A	N/A	66.38	-
Child and Adolescent Well-Care Visits <b>(New)</b>		Pediatric	N/A	N/A	45.62	-

\*Measure included here to report historical rates. PHPs will report the revised NCQA measures, **W30 and WCV**.

# Standard Plan Measures: Adult

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	CY2022 Target
<b>Cervical Cancer Screening (CCS)</b>	0032	Adult	43.82	61.31	42.83	46.01
<b>Chlamydia Screening in Women (Total Rate) (CHL)</b>	0033	Adult	58.22	58.44	57.19	61.13
<b>Concurrent Use of Prescription Opioids and Benzodiazepines (COB)</b>	3389	Adult	14.86	-	13.42	14.11
<b>Follow-Up After Hospitalization for Mental Illness</b>	0576					
<b>7- Day Follow-up (Total)</b>		Pediatric / Adult	29.48		27.68	30.95
<b>30-Day Follow-up (Total)</b>		Pediatric / Adult	49.41		46.21	51.88
<b>Flu Vaccinations for Adults (FVA)</b>	0039	Adult	42.9	43.44	49.49	45.05
<b>Medical Assistance with Smoking and Tobacco Use Cessation (MSC)</b>	0027					
<b>Advising Smokers and Tobacco Users to Quit</b>		Adult	77.9	77.66	88.07*	81.8
<b>Discussing Cessation Medications</b>		Adult	48.1	54.15	61.71*	50.51
<b>Discussing Cessation Strategies</b>		Adult	49.0	47.92	55.17*	51.45
<b>Plan All-Cause Readmissions - Observed to expected ratio (PCR)</b>	1768	Adult	0.93	-	0.99	0.88
<b>Use of Opioids at High Dosage in Persons Without Cancer (OHD)</b>	2940	Adult	8.09	-	8.19	7.69

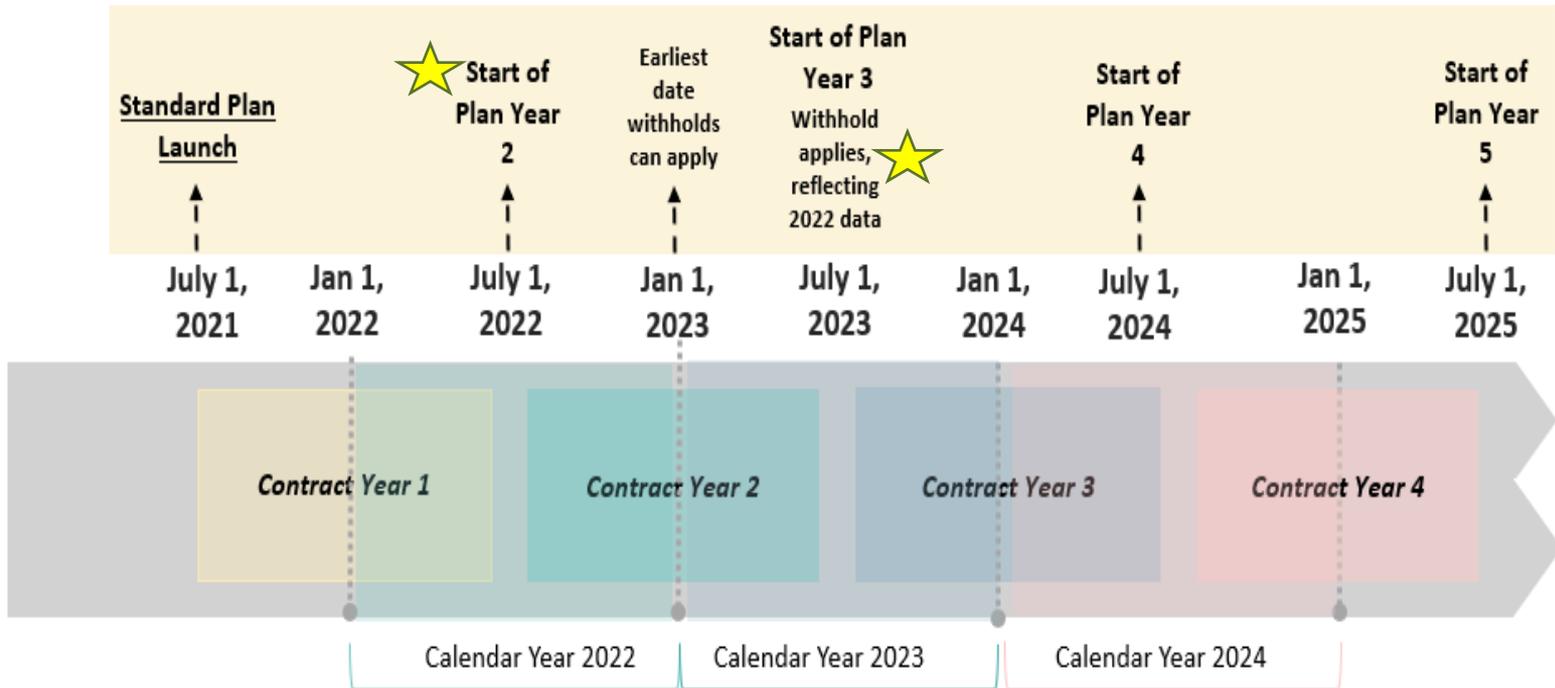
\*Telehealth and In-Person combined

# Standard Plan Measures: Maternity

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	CY2022 Target
Percentage of Low Birthweight Births (modified measure)	N/A	Maternity	11.5	9.5	Not yet available	10.93
<b>Prenatal and Postpartum Care (Both Rates) (PPC)</b>						
Timeliness of Prenatal Care		Maternity	35.53	89.05	39.98	37.31
Postpartum Care		Maternity	68.77	76.40	64.51	72.21
Timeliness of Prenatal Care (NC HEDIS-like)		Maternity	83.34	N/A	Not yet available	N/A
Postpartum Care (NC HEDIS-like)		Maternity	73.48	N/A	Not yet available	N/A

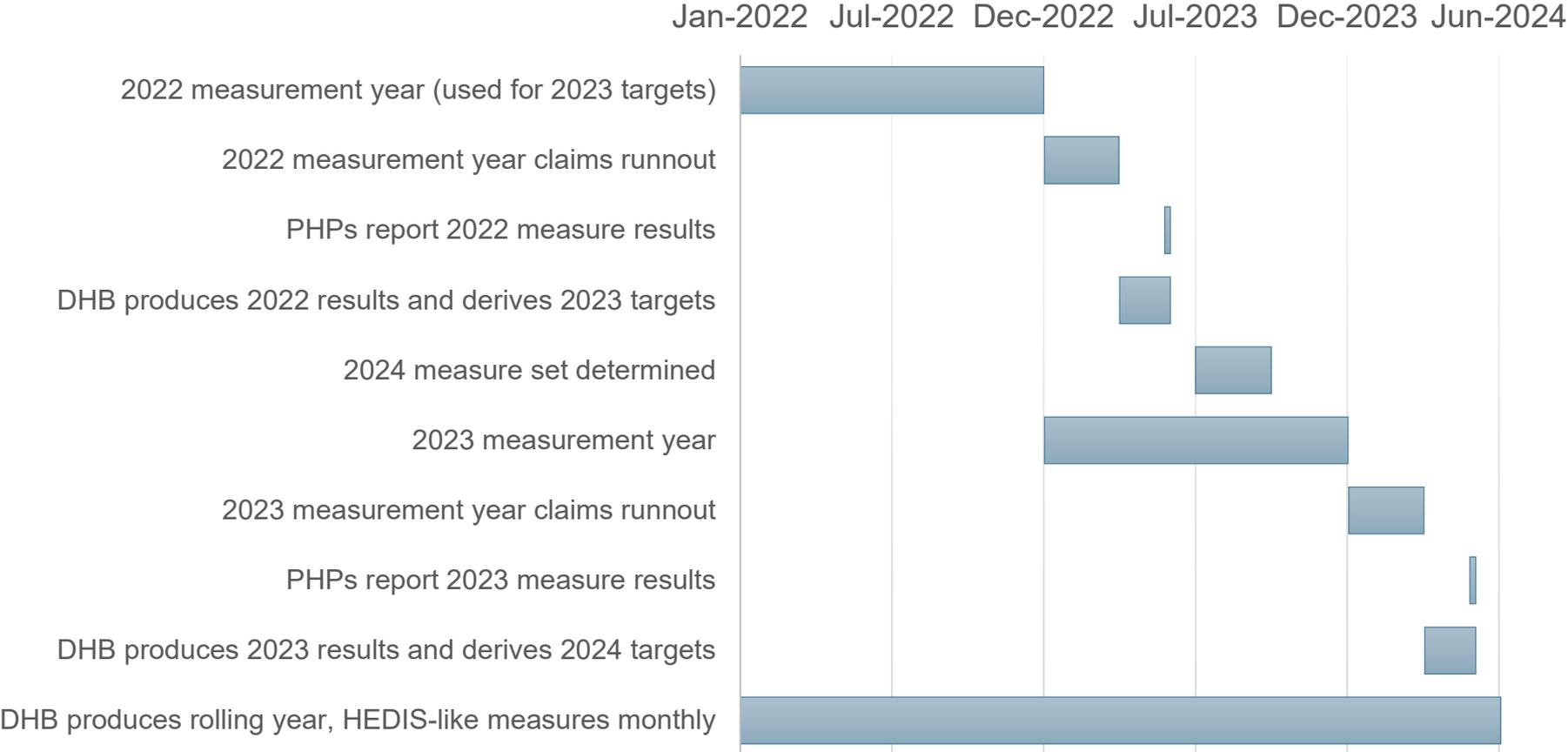
Measure rates suggest that NC Medicaid performed **significantly below the national median**, indicating a possible area for improvement. However, the pregnant Medicaid population can also be identified using one or more claims with a pregnancy diagnosis code and then capturing other claims for pregnancy related labs and radiology procedures, indicating a likely visit. Thus, **the HEDIS-like measure rate reflect a more accurate picture of the timeliness of prenatal care.**

# Standard Plan Quality Measurement Timeline



# **Behavioral Health and I/DD Tailored Plan Measures**

# Standard Plan Quality Measurement Cycle



# 2022 Tailored Plan Quality Measures

Pediatric Measures			
NQF #	Measure Name	Steward	Frequency
NA	Child and Adolescent Well-Care Visit (WCV)	NCQA	Annually
NA	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH)	CMS	Annually
0038	Childhood Immunization Status (CIS) (Combo 10)	NCQA	Annually
0108	Follow-up for Children Prescribed ADHD Medication (ADD)	NCQA	Annually
1407	Immunizations for Adolescents (IMA)	NCQA	Annually
2800	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	NCQA	Annually
NA	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
2801	Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA	Annually

Maternal Health Measures			
NQF #	Measure Name	Steward	Frequency
NA	Percentage of Low Birthweight Births (Live Births Weighing Less than 2,500 Grams)	NC DHHS	Annually
NA	Prenatal and Postpartum Care	NCQA	Annually
N/A	Rate of Screening for Pregnancy Risk	DHHS	Annually

Survey Measures and General Measures: Patient and Provider Satisfaction			
NQF #	Measure Name	Steward	Frequency
0006	CAHPS Survey	AHRQ	Annually
	Provider Experience Survey	NC DHHS	Annually

 Fill indicates also a Standard Plan Measure

# 2022 Tailored Plan Quality Measures

Adult Measures			
NQF #	Measure Name	Steward	Frequency
0105	Antidepressant Medication Management (AMM)	NCQA	Annually
0032	Cervical Cancer Screening (CCS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL)	NCQA	Annually
0059	HbA1c Poor Control (>9.0%)	NCQA	Annually
3389	Concurrent use of Prescription Opioids and Benzodiazepines (COB)	PQA	Annually
3175	Continuation of Pharmacotherapy for Opioid Use Disorder	USC	Annually
0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
1932	Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	NCQA	Annually
0039	Flu Vaccinations for Adults (FVA, FVO)	NCQA	Annually
0576	Follow-up After Hospitalization for Mental Illness (FUH)	NCQA	Annually
0027	Medical Assistance with Smoking and Tobacco Use Cessation	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-up Plan (CDF)	NCQA	Annually
2940	Use of Opioids at High Dosage in-Persons Without Cancer (OHD)	PQA	Annually
2950	Use of Opioids from Multiple Providers in-Persons Without Cancer (OMP)	PQA	Annually
1768	Plan All Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
TBD	Total Cost of Care		TBD
N/A	Rate of Screening for Unmet Resource Needs	DHHS	Annually

 Fill indicates also a Standard Plan Measure

**Quality Assessment and Performance  
Improvement/Performance Improvement Projects**

# Quality Assessment and Performance Improvement (QAPI) Plan: Components

The Quality Assessment and Performance Improvement (QAPI) plan must include the following elements:

## Performance Measures

### Table including:

- Measures performance against state benchmarks
- Measures stratified as directed by DHB
- Measures of focus for performance/quality improvement (all measures less than DHB-target must be addressed in the QAPI).

## Mechanisms to assess:

**Under/Overutilization:** Managed care plans must provide feedback on quality scoring results to each AMH practice

**Special Health Care Needs:** Assess the quality and appropriateness of care for members with special health care needs

**LTSS:** Assess the quality and appropriateness of care including assessment of care between settings, services/supports received vs in the member's treatment/service plan, detect and remediate critical incidents including LTSS services and programs

**Disparities:** Assess and process identifying interventions to improve quality disparities based on age, race, ethnicity, sex, primary language, geography and by key population group

**Population Health:** mechanisms to incorporate population health programs targeted to improve outcome measures

## Additional Plans

**PIP:** Performance improvement projects (see next slide)

**Provider Support:** provider supports that relate to each PIP or quality improvement effort

# FY2022 Medicaid Performance Improvement Priorities

Standard Plans are required to conduct Performance Improvement Projects (PIPs) that:

-  Designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction;
-  Include measurement of performance using objective quality indicators;
-  Include implementation of interventions to achieve improvement in access to and quality of care;
-  Include evaluation of the effectiveness of the interventions; and
-  Include planning and initiation of activities for increasing or sustaining improvement.
-  Address disparities and promote health equity

# PIP Focus Areas

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**Standard Plans must conduct PIPs according to the following requirements and must align with approved focus areas:**

- Are required to conduct two clinical and one non-clinical mandatory PIPs annually
- Focus areas for year one include:
  - Diabetes prevention and control
  - Childhood Immunizations
  - Maternal Health- Timeliness of Prenatal Care

# FY2022 Medicaid Performance Improvement Priorities

Measure Name	2016 Rates %	2017 Rates %	2018 Rates %	2019 Rates %	Comparison to 2019 National Median
Childhood Immunization Status (Combination 10) <sup>28</sup>	32.81	34.16	30.29	35.02	★★
Timeliness of Prenatal Care (HEDIS)	37.66	36.92	36.37	35.53	★
Hemoglobin A1c (HbA1c) Testing ★	77.71	77.35	75.71	74.76	★



While historical rates for this measure are not available for HbA1c Control, secondary indicator rates of hemoglobin A1c (HbA1c) testing provide historical performance on diabetes care in NC Medicaid

\* [https://files.nc.gov/ncdma/documents/AnnualReports/AnnualReport\\_SFY2017\\_20171230.pdf](https://files.nc.gov/ncdma/documents/AnnualReports/AnnualReport_SFY2017_20171230.pdf)

# Health Equity: Interventions



**Health equity data will be used to develop a plan of action for measuring and evaluating efforts to remediate disparities in the Medicaid program.**

- The health equity data captured will inform an annual health equity report that identifies trends in variation in health services and outcomes based on the factors.
- The Department will take into consideration this analysis and develop focused interventions, where practical. As appropriate, these interventions will include:
  - Development of disparity-specific quality measure improvement targets, on a program-wide and/or plan-specific basis;
  - Adjustment to, or the introduction of new, program-wide interventions and/or policies catered to the needs of those identified populations;
  - Development of modified, or additional, plan PIP requirements; and/or
  - Additional requirements for plan QAPIs.
- The Department will use the health equity analysis and other reports in its annual review of each plan's proposed QAPI to ensure that each plan is actively assessing – and responding to – opportunities to improve health disparities in collaboration with Department-developed, cross-plan interventions.

# Keeping Kids Well Campaign

# Keeping Kids Well Program

To help increase well-child visits and immunization rates, Community Care of North Carolina (CCNC) and NC AHEC, under the direction of the Department launched the **Keeping Kids Well program.**

- NC Medicaid data are showing a marked decrease in well-child visits and recommended vaccinations for almost every practice in the state, especially for African-American and Latinx populations.
- CCNC and NC AHEC work with practices experiencing a greater number of care gaps to improve these measures and work to raise awareness of the problem among North Carolina's parents.
- **Patient and provider resources are available at:** [communitycarenc.org/keeping-kids-well](https://communitycarenc.org/keeping-kids-well)

Improving Well-Child Care and Immunization Rates Across North Carolina



+ FAQs

+ Provider Facing Materials

+ Patient Facing Materials

# Supporting Quality Performance: Keeping Kids Wells (KKW)

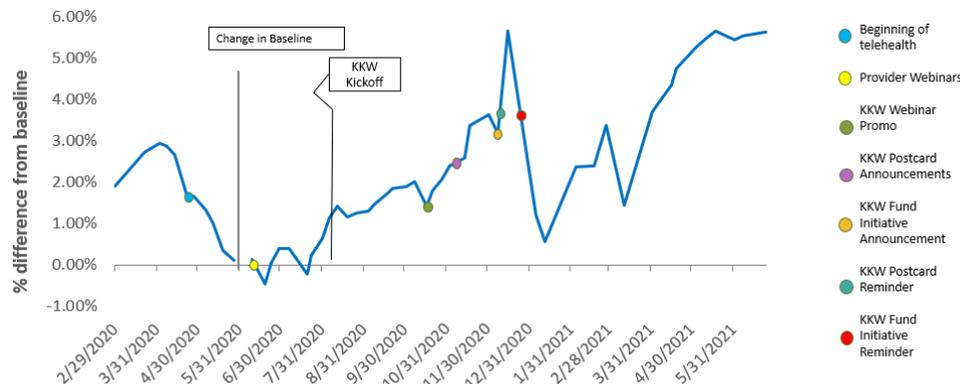
## Keeping Kids Well Program Highlights

- **Launched August 3, 2020**
- **3-pronged approach**
  - Patient Outreach – English/Spanish and Latinx/African American
  - Practice Support – 1:1 Coaching to 300 practices with > 500 care alerts
  - Advisory Group- NCAFP, NC Peds, Reach Out and Read, Office of Rural Health, Division of Public Health, Local Health Departments
- **Partnerships** – Reach Out and Read, Health Systems, Pharmaceutical Companies, Pfizer VAKS Program
- **9 Interventions** – EHR, Internet/Social Media, Staff Engagement, School Systems, News Outlets, Promotion Months, Acute Care Visits, Clinical/Operational Workflow, Group Visits

**KKW stabilized the downward trend of immunizations**

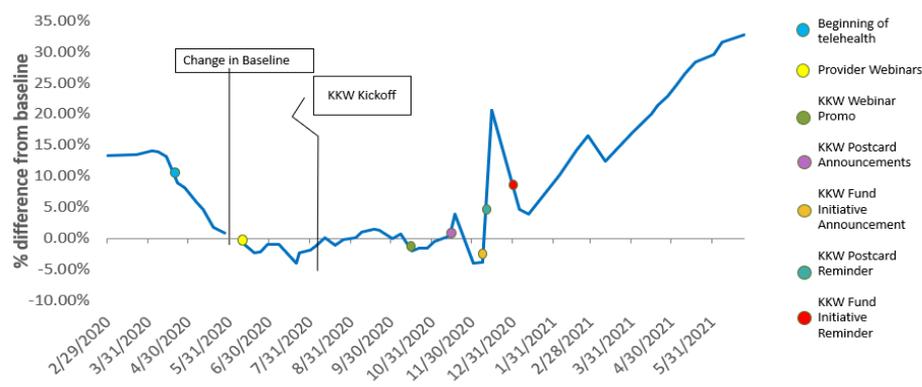
### Percent Difference from Baseline of Timely Well Child Visits for 0-2 year-olds

Baseline of 1/31 is used for data 2/29/20-6/5/20 and baseline of 6/5/20 is used for data 6/9/20-5/3/21



### Percent Difference from Baseline of Timely Well Child Visits 3-6 Overall

Baseline of 1/31 is used for data 2/29/20-6/5/20 and baseline of 6/5/20 is used for data 6/9/20-5/3/21



# Lessons Learned for Keeping Kids Well



## Challenges

- Practices overwhelmed
- Ensuring practices received timely, concise and non-duplicative information
- Time Intensive – collaboration of all parties involved
- Not a short-term, “one size fits all” effort



## Wins

- Flattened the curve of outstanding immunizations
- Established effective outreach and performance metrics that are achievable and meaningful
- 57,000+ Postcards delivered to 198 offices
- Practices, coaches, and practice relations representatives learned from each other
- Practices, coaches, and PRRs learned from each other
- Helped lead into AMH tier support work

# **Provider Experience Survey Results**

# Background

- **The Sheps Center for Health Services Research at UNC-CH worked with DHB to develop a provider experience survey for practice managers, medical directors, or other leaders of systems and practices that deliver primary care to Medicaid beneficiaries.**
- **The survey was built to understand the experience of health care providers delivering primary care and OB-GYN care during North Carolina's transition to Medicaid managed care.**

# Purpose

## Objectives

1. Ascertain satisfaction with support for healthcare quality
2. Understand experience with administrative process
3. As a baseline for comparison against PHP performance in future years
4. To assess PHP performance on provider experience

## Future use

- We will use survey findings as a leading indicator for PHP quality improvement. We will do more specific/detailed investigation of issues and opportunities for improvement via other data collection (e.g., focus groups, interviews, claims analyses)

# Instrument

## Domains:

- Background items (e.g., respondent's role at the organization, contact information, organizational information, organization's Medicaid involvement)
- Practice characteristics (type of organization, Independent Practice Association/Clinically Integrated Network participation and support, Medicaid patient population, medical home, and accountable care organization participation)
- History and overall experiences working with the Medicaid program
- Overall expectations from Medicaid transformation (quality, cost, and patient experience)
- Contracting/negotiating with PHPs (current contracting approach and priorities, overall experience thus far with PHPs)

# Sample

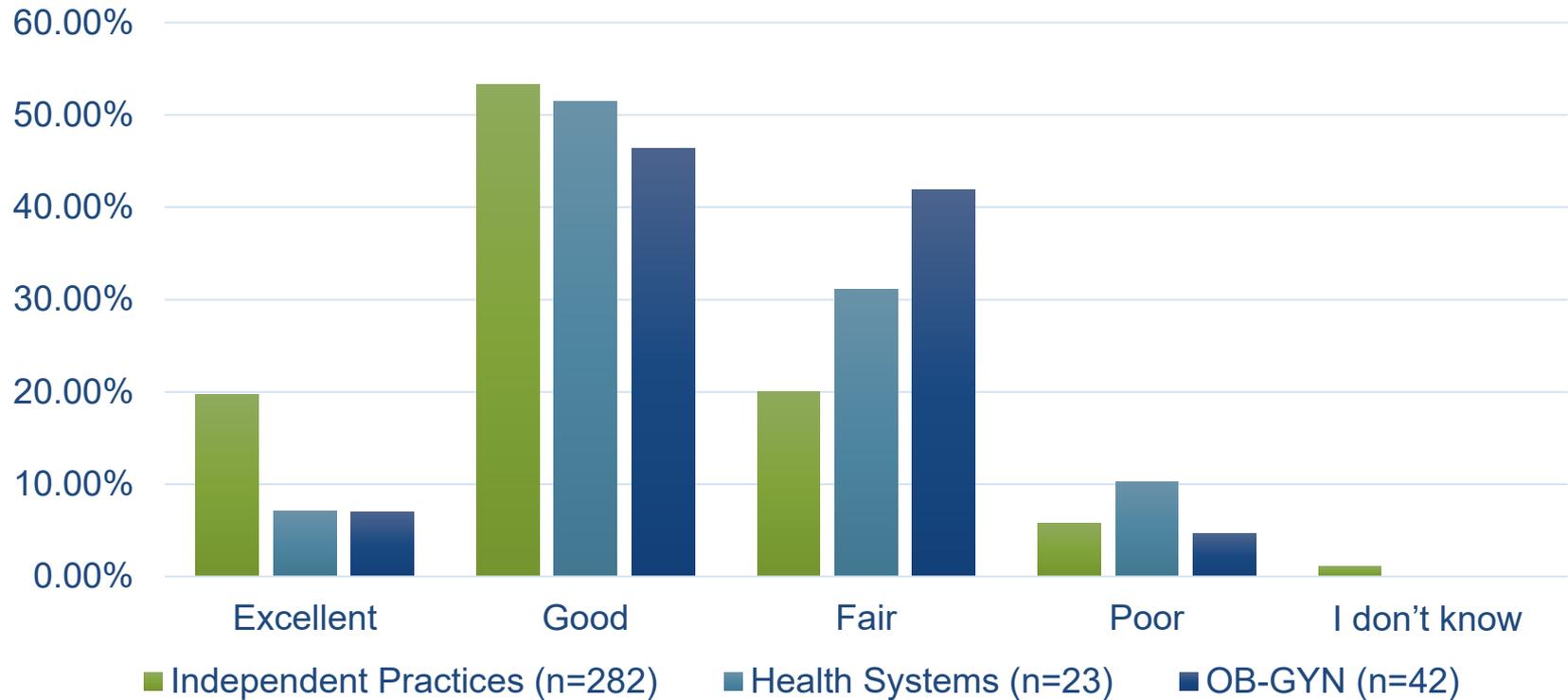
- Initial SP implementation focuses on Primary Care and OB/GYN. These providers will assess TPs' performance in future years.
- Responses are collected at the organizational level
  - For large group practices and health systems, the decision to contract with the PHPs, data sharing and other interactions occur at the system level.
  - For independent practices, responses are collected at the practice level (where they are making decisions about contracting and interacting with PHPs).
- Our approach to surveying behavioral health providers is still in development.

# Response Rate

Survey responses were collected between May 10 and September 3, 2021.

<b>Final designations</b>	<b>Response Count (%)</b>
Completed & eligible respondents	305 (45.7%)
Refusals	196 (29.3%)
Ineligible	136 (20.4%)
Duplicates	8 (1.2%)
Unknown eligibility	23 (3.4%)
<b>Total</b>	<b>668 (100%)</b>

# Overall Experience with NC Medicaid



# Satisfaction with CCNC/Carolina ACCESS and Current Medicaid program

## *Highest rated items*

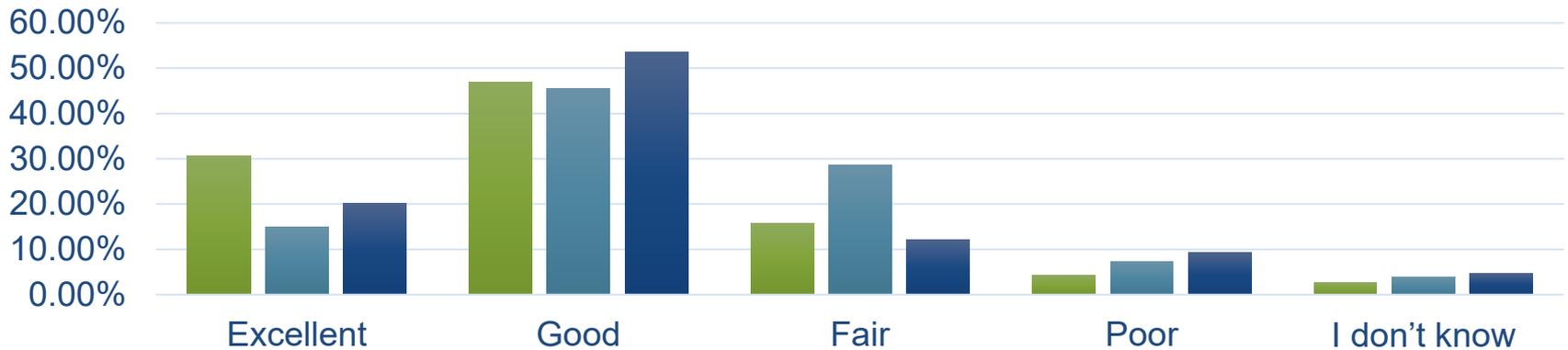
Item	% rated Excellent or Good
Timeliness of claims processing	79%
Accuracy of claims processing	77%
Experience with provider relations overall	74%

## *Lowest rated items*

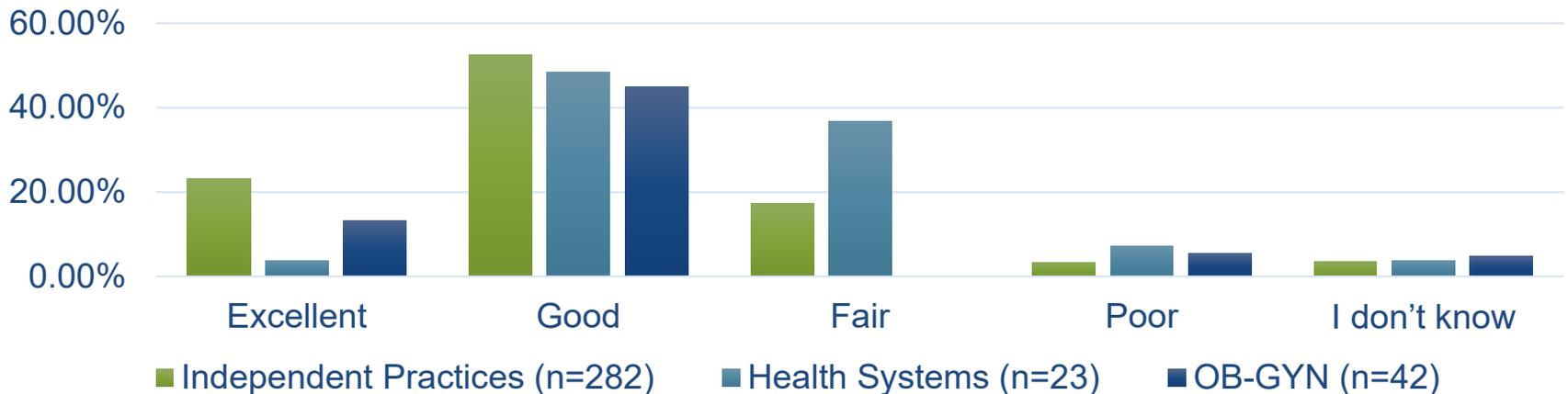
Item	% rated Excellent or Good
Access to behavioral health therapists for Medicaid patients	36%
Access to behavioral health prescribers for Medicaid patients	38%
Process for managing grievances and appeals	53%

# NC Medicaid – Claims processing

## Timeliness of claims processing

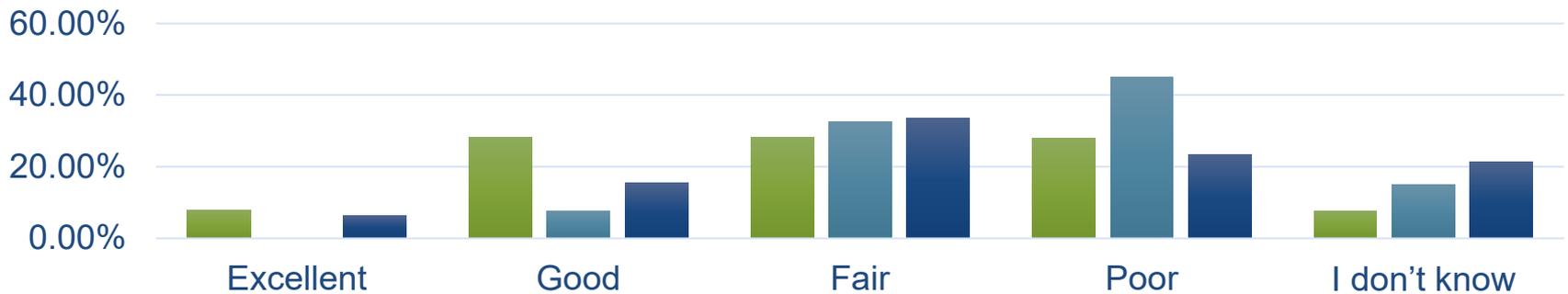


## Accuracy of claims processing



# NC Medicaid - Access to behavioral health

Access to behavioral health prescribers for Medicaid patients



Access to behavioral health therapists for Medicaid patients



# Importance of factors when deciding to contract with PHPs

Note: All items had very high importance ratings (lowest: 85% very important or important)

## *Most important items*

Item	% rated Very Important or Important
Timeliness of claims processing	97%
Accuracy of claims processing	97%
Adequacy of reimbursement to provide the care needed for Medicaid patients	97%
Access to medical specialists for Medicaid patients	97%
Access to behavioral health prescribers for Medicaid patients	97%
Access to needed drugs for Medicaid patients (formulary)	97%

# Anticipations for the PHP transition

For Medicaid patients in North Carolina, how do you feel prepaid health plans will affect the following?



## Summary take-aways

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1. Systems and practices were **generally been satisfied** with North Carolina's **pre-existing** Medicaid program.
2. When considering contracting with PHPs, respondents prioritized **claims and reimbursement** as well as **access to specialists and behavioral health for patients**.
3. Services like case management, QI support, and trainings were of **less** importance. Organizations were resoundingly aligned in **wanting timely, accurate claims, and streamlined logistics. (Get out of our way)**
4. Most survey respondents **feel ambivalent to hopeful** about the impact of the PHP transition for North Carolina.



# Appendix

# Continuous Quality Improvement: Benchmarking and Attention to Addressing Health Equity

The Department is committed to developing targets for all health plan-reported quality measures that promote overall continuous quality improvement and health equity.

## Contract Year 1 and 2:

The Department's **benchmark for each plan-reported quality measure\*** will be a 5% relative improvement over the prior year's North Carolina Medicaid statewide performance for that measure.

**Plans** will each be compared against their respective program's historical performance (i.e., Medicaid Managed Care plan-level targets will be a 5% relative increase from the previous year's product-line-wide rate).

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



## Contract Year 3 and Beyond:

The Department will **hold Standard Plans and BH I/DD Tailored Plans** financially accountable for ensuring that improvements in quality narrow or eliminate health disparities.

The Department **may adjust the benchmarking methodology** based on information gathered in the first two years.

The Department will **continue to promote accurate data collection.**

See the Next Slide for Further Detail

\*For measures of contraceptive care, the Department will not apply an external performance benchmark, reflecting the preference-sensitive nature of contraceptive care. The Department will monitor measure results to assess where contraceptive access may be insufficient.

# Contract Years 1-2: Incremental Quality Measure Targets

**Health plans** will be compared against their program's historical performance and are expected to show at least a 5% relative improvement over the prior year's North Carolina Medicaid statewide performance for that measure.

**Example:** 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 who received their screening. Health plan A's performance goes from 50% (500/1000) in 2019 to 59% (590/1000) in 2022, meaning that health plan A meets the target.

