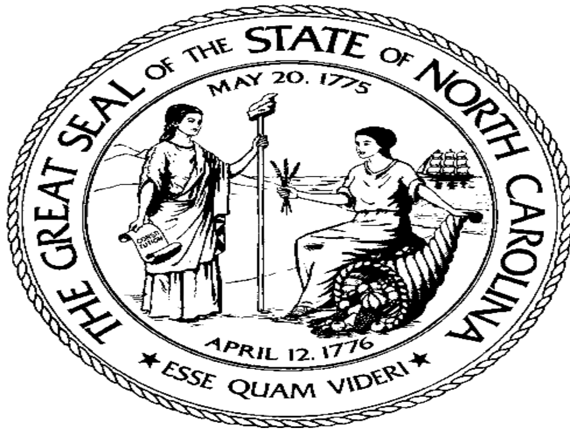


Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #42

September 10, 2024

Agenda

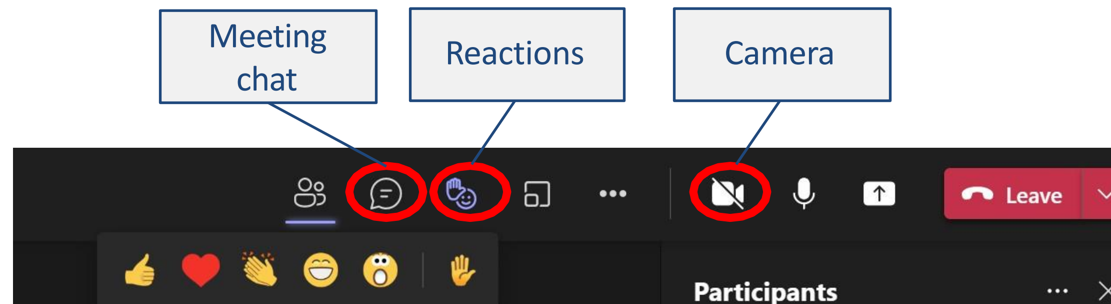
1. Welcome and Roll Call – 5 mins
2. Proposed 2026 Standard Plan Withhold Measures – 15 mins
3. Medicaid Expansion Population into Quality Incentive Programs – 5 mins
4. Future Meeting Cadence – 5 mins
5. Wrap-up and Next Steps – 1 min

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Tommy Newton, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amanda Gerlach	Vice President Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network	Provider (CIN)
Tammy Yount	Representative CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP, and Lawrence Greenblatt, M.D.	Associate Chief Nursing Officer Duke Connected Care	Provider (CIN)
Jason Foltz, DO	Chief Medical Officer ECU Physicians MCAC Quality Committee Member	Provider (CIN)
Diego Martinez	Interim Chief Executive Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Chris Weathington, MHA	Director, Practice Support NC Area Health Education Centers (NC AHEC)	AHEC
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Robert Rich, MD, and Atha Gurganus	United	Health Plan
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS
Chris Magryta, MD	Chairman Children First of North Carolina	Provider

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Reminders

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we may need to support these AI tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

Proposed 2026 Standard Plan Withhold Measures

Withhold Program Description and Purpose in North Carolina

In a withhold arrangement, **a portion of plans' expected capitation payment is withheld**. To earn back these withheld dollars, plans must meet targets, such as **quality performance targets** specified in their contract, to receive funds from the state at the end of the performance period.

By implementing a withhold within the Standard Plan program, the Department aims to **improve measure performance and promote health equity in partnership** with plans and their contracted providers.

The Department is withholding **1.5 percent of capitation** from Standard Plans in 2024. For the first year of the withhold program, the Department is focused primarily on rewarding quality measure performance improvement, although operational performance measures may be added in future years.

The Withholds Program is currently in place for Standard Plans.
We anticipate launching withholds for Tailored Plans no sooner than 2027.

What the Withhold Program Means for Providers

The Withholds Program falls within the Department’s overall priorities for quality improvement described in the Quality Strategy.

The Department withholds payment from PHPs, *not* from providers.

Providers may see increased emphasis by PHPs on the performance measures included in the Withhold Program, for example through quality incentive programs.

Background for Withhold Annual Review Process

Below is a summary of Standard Plan Withhold Program Annual Review Process.

Year 1 (2024)	DHB focused on a limited set of performance measures in order to direct Standard Plan and provider efforts toward priority improvement areas (i.e., maternal/child health) and maintain a manageable set of expectations for the first year.
Year 2 (2025)	DHB will maintain the same performance measures for Year 2. This decision reflects DHB's commitment to (1) reviewing prior year performance data to inform the measure set; and (2) communicating new measures in the Technical Specifications one year before implementation in the Withhold Program. DHB is proposing some changes to the *scoring* of certain performance measures.
Year 3 (2026)	DHB has implemented a standard, annual review and feedback process guiding consideration of new or existing performance measures in Year 3 and beyond, to promote systematic and transparent decision-making. **DHB is proposing a set of possible withhold measures based on this process.**

2024 Withhold Program Overview

Childhood Immunization Status (Combo 10):

- 50% overall
  - 15% of the overall rate for performance improvement.
  - 35% of the overall rate for priority population improvement.

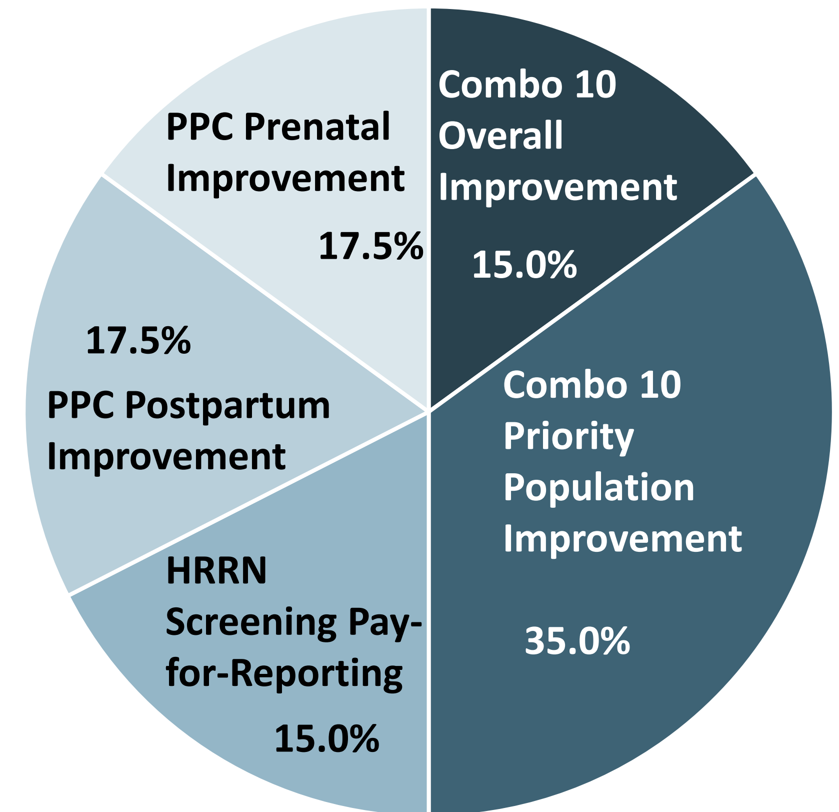
Prenatal and Postpartum Care:

- 35% overall
  - 17.5% of the overall rate for Timeliness of Prenatal Care performance improvement.
  - 17.5% of the overall rate for Timeliness of Postpartum Care performance improvement.
  - No payout at this time for priority population improvement. Previous performance data do not show a disparity of greater than 10% per DHHS' definition.

Rate of Screening for Health-Related Resource Needs (HRRN):

- 15% pay-for-reporting measure

Withhold: 1.5% of Capitation



2026 Measure Selection Process Follows Established Rubric

Withhold Program Measure Set Decision-Making Rubric

1 Gating Criteria

- Passes data collection and validation standards
- Sufficient denominator size
- Measured processes or outcomes are impactable
- Aligns with North Carolina's Quality-related priorities
- Addresses area for measure improvement

2 Holistic Criteria

- Promotes health equity by targeting priority population
- Serves as new financial incentive
- Measure received endorsement from national body
- Aligns with other Department improvement efforts
- Promotes increased value
- Transformative potential

3 Measure Set Criteria

- Size of measure set is appropriate
- Representative of array of services and diversity of patients

Measure Selection Process

- To identify potential withhold measures for 2026, DHB solicited nominations from internal and external stakeholders (including Standard Plans) for new measures for the Withhold Program.
- DHB has proposed measures for 2026 based on a detail review of the nominations and Quality measure performance data according to the *Withhold Program Measure Set Decision-Making Rubric*.
- The measures listed on the next slide meet gating criteria and holistic criteria from the rubric.

Measures Proposed for 2026 and Potential Scoring Approach

DHB requests feedback on the proposed measures below. DHB will publish the 2026 Withhold measures in the January 2025 Technical Specifications to give plans and providers 1-year notice of DHB's focus for the 2026 Withhold program.

Measure	Overall Population Performance Improvement	Priority Population Performance Improvement	Pay-for-Reporting
Well-Child Visits (W30)			
Combo 10 *			
Immunizations for Adolescents			
EPSDT Preventive Screening			
Prenatal and Postpartum Care*			
Cervical Cancer Screening			
Controlling High Blood Pressure			
Pediatric Asthma Admission Rate			
HRRN Screening*			

In finalizing the measure set, DHB will consider the size of the measure set and the array of members and services represented (see "Measure Set Criteria" in rubric)

*2024 Withhold Program measure

Measures Proposed for 2026: Definitions (1/2)

DHB proposes the below child health measures. These measures align with Quality priorities to promote child health and wellness, can be affected by plans and providers, and address areas for measure improvement.

Measure	Definition
Well-Child Visits (W30)	The percentage of members who had the following number of well-child visits with a primary care provider (PCP) during the last 15 months. The following rates are reported: • Well-Child Visits in the First 15 Months - Children who turned 15 months old during the measurement year and had six or more well-child visits. • Well-Child Visits for Age 15–30 Months - Children who turned 30 months old during the measurement year and had two or more well-child visits.
Combo 10*	The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenzae type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday
Pediatric Asthma Admission Rate	Hospitalizations with a principal diagnosis of asthma per 100,000 population, ages 2 through 17 years. Excludes discharges with a diagnosis code for cystic fibrosis and anomalies of the respiratory system, transfers from other institutions, and obstetric discharges.
Immunizations for Adolescents	Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine; had one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine; and completed the human papillomavirus (HPV) vaccine series by their 13th birthday. The measure calculates a rate for each vaccine and a combination rate (Combination 2: Adolescents who are numerator compliant for all three indicators (meningococcal, Tdap, HPV).
EPSDT Preventive Screening	Indicates the extent to which EPSDT eligibles received the number of initial and periodic screening services required by the state's periodicity schedule, prorated by the proportion of the year for which they were EPSDT eligible.

*2024 Withhold Program measure

Measures Proposed for 2026: Scoring Approach (1/2)

DHB proposes the below scoring approaches based on a review of the most recent available Standard Plan performance data (2023) and National Medicaid HMO performance(2022 NCQA Quality Compass)[1].

Measure	Proposed Scoring Approach	Rationale
Well-Child Visits (W30)	• Priority Population Improvement	Performance across Standard Plans (for both sub-measures) is high (near or above National Medicaid average), but there are disparities in performance between Black and Not-Black populations
Combo 10*	• Overall Improvement • Priority Population Improvement	Performance across Standard Plans is below the National Medicaid average with disparities in performance between Black and Not-Black populations
Pediatric Asthma Admission Rate	• Priority Population Improvement	Standard Plan Aggregate Pediatric Asthma Admission Rate is significantly higher for Black members compared to Not Black members (2022)
Immunizations for Adolescents	• Overall Improvement • Priority Population Improvement	Performance across Standard Plans is below the National Medicaid average with disparities in performance between Black and Not-Black populations
EPSDT Preventive Screening	• Overall Improvement	North Carolina performance is below the CMS goal of 80 percent enrollee participation ratio.

*2024 Withhold Program measure [1] 2023 NCQA National Medicaid performance is not yet available

Measures Proposed for 2026: Definitions (2/2)

DHB proposes the below measures focused on women's health, chronic condition management, and population health. These measures align with Quality priorities, can be affected by plans and providers, and address areas for measure improvement.

Measure	Definition
Prenatal and Postpartum Care*	The eligible population includes deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care: • Timeliness of Prenatal Care. The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. • Postpartum Care. The percentage of deliveries that had a postpartum visit between seven and 84 days after delivery.
Cervical Cancer Screening	The percentage of members 21–64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer using any of the following criteria: • Members 21–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology performed within the last three years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30–64 years of age who were recommended for routine cervical cancer screening and had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years
Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year
HRRN Screening* *(screening by Plans)*	The percentage of enrollees who received and completed a health-related resource needs screening using the NC DHHS Standardized SDOH Screening Questions within the calendar year (Jan 1 – Dec 31). This screening form includes four priority domains: food insecurity, housing/utilities instability, transportation needs, and being at risk of, or experiencing, interpersonal violence/toxic stress.

*2024 Withhold Program measure

Measures Proposed for 2026: Scoring Approach (2/2)

DHB proposes the below scoring approaches based on a review of 2023 Standard Plan performance data and 2022 National Medicaid HMO performance.

Measure	Proposed Scoring Approach	Rationale
Prenatal and Postpartum Care*	• Overall Improvement	Performance on both rates for Standard Plans are below the National Medicaid average. There are observed disparities for American Indian and Alaska Native (AI/AN) binary population, but the denominator sizes are small.
Cervical Cancer Screening	• Overall Improvement	Performance across Standard Plans is below the National Medicaid average. This measure did not meet the Department definition of a disparity.[1]
Controlling High Blood Pressure	• Pay-For-Reporting	DHB aims to improve administrative data quality of this measure through the Withhold Program due to challenges in data completeness.
HRRN Screening*	• Overall Improvement	DHB aims to incentivize improvements in HRRN screening rates through this pay-for-performance measure.

* 2024 Withhold Program measure

1. The Technical Specifications defines a disparity as greater than 10% relative difference in performance between the group of interest and the reference group.

For Discussion

1. **Plans often emphasize withhold measures in provider-level incentive programs. Are there considerations to be aware for any of the proposed measures in provider-incentive programs?**

2. **Are there any provider considerations for reporting or benchmarking these measures that should inform DHB's approach to benchmarking these measures for the plans?**

3. **Does AMH TAG have any feedback on the Withhold measure nomination process overall that can be considered for future years?**

Reminder: NC Medicaid does not set quality measure targets for providers. We encourage plans and providers to negotiate quality incentive arrangements and targets.

Key Dates

Activity	Dates
DHB shares final program updates with Standard Plans and providers	November – December 2024
DHB updates Program Guidance for Withhold Program for 2025	November 2024
DHB incorporates new performance measures for 2026 Withhold Program in Technical Specifications	January 2025
DHB proposes Withhold amount, Withhold/Bonus Pool targets for the 2026 Withhold measures after review of 2024 performance data	Late Summer/Early Fall 2025
DHB finalizes Program Guidance for Withhold Program for 2026	Quarter 4 2025

Medicaid Expansion Population into Quality Incentive Programs

Medicaid Expansion, Quality Measurement, and Incentive Programs

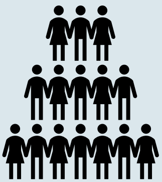
Expansion began on December 1st, and the Department anticipated that 600,000 adults would be eligible.
Expansion members who meet continuous enrollment criteria in their Standard Plan for 2024 will be included in quality measure calculations.

Providers expressed concern about having the Expansion population included in their quality measure calculations for 2024, fearing quality measure performance will be adversely affected by an influx of enrollees who have not received regular care in the past and for whom limited data are available on previous care.

Medicaid Expansion Members and Quality Measurement

Research on states that have previously expanded Medicaid *do not* suggest systematic decreases in plan-level[1] or safety-net hospital level[2] quality performance.

However, the Department recognizes practices may have concerns about taking accountability for Expansion members:



Some Medicaid Expansion members may not have had a **regular source of care** in the past and providers will have less time in the first year to close care gaps for new members.

The Department will have **little or no data** on many Medicaid Expansion members' previous care.

The Department aims to:

1) Ensure **continued participation** in the Medicaid program by AMH providers
2) Encourage engagement of new Expansion members to **close care gaps.**
3) Minimize the impact of **VBP/APM arrangements entered into prior to the launch of Medicaid Expansion** from disincentivizing AMHs from serving Medicaid Expansion Members

1. Ndumele CD, Schpero WL, Trivedi AN. Medicaid Expansion and Health Plan Quality in Medicaid Managed Care. Health Serv Res. 2018 Aug;53 Suppl 1(Suppl Suppl 1):2821-2838. doi: 10.1111/1475-6773.12814. Epub 2017 Dec 12. PMID: 29230801; PMCID: PMC6056574.
2. Chatterjee P, Qi M, Werner RM. Association of Medicaid Expansion With Quality in Safety-Net Hospitals. JAMA Intern Med. 2021;181(5):590–597.

Expansion Members May Affect Performance on Certain Measures

8 of 13 AMH measures are expected to include a significant number of Expansion members in 2024 performance rates ("Expansion Sensitive"). The remaining measures assess care provided to previously eligible populations (i.e., children and pregnant enrollees).

Measure Name	Expansion Sensitive
Cervical Cancer Screening (CCS)	**Yes**
Child and Adolescent Well-Care Visits (WCV)	No
Childhood Immunization Status (Combination 10) (CIS)	No
Chlamydia Screening in Women (CHL)	**Yes**
Colorectal Cancer Screening (COL)	**Yes**
Controlling High Blood Pressure (CBP)	**Yes**
Glycemic Status Assessment (GSD)	**Yes**
Immunizations for Adolescents (Combination 2) (IMA)	No
Plan All-Cause Readmissions (PCR)	**Yes**
Prenatal and Postpartum Care (PPC)	No
Screening for Depression and Follow-Up Plan (CDF)	**Yes**
Total Cost of Care	**Yes**
Well-Child Visits in the First 30 Months of Life (W30)	No

Expansion Members in 2024 VBP Arrangements

NC Medicaid is implementing a temporary policy intended to minimize the impact of VBP arrangements entered into prior to the launch of Medicaid Expansion from disincentivizing providers from serving expansion members.

Standard Plans will be prohibited from refusing to make applicable incentive payments otherwise owed to Advanced Medical Homes or their networks for the 8 "expansion sensitive" measures, if the sole basis for the provider failing to meet the performance targets is caused by the inclusion of Medicaid Expansion members.

Standard Plans will submit information to NC Medicaid outlining:

1. How the plan will operationalize this requirement
2. Any changes being made to provider agreements to comply with these requirements

These requirements apply specifically to determining performance for value-based payment arrangements with AMHs or CINs for the quality measurement year 2024.

Updated Meeting Cadence

Future Meeting Cadence

Feedback Requested:

DHB is requesting your feedback on the current AMH TAG cadence. DHB proposes updating the AMH TAG meeting cadence from monthly to bi-monthly.

Questions

Wrap-Up

AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2024 Meetings
Tuesday, October 11th 4PM - 5PM
TBD

Potential Upcoming AMH TAG Topics

- VBP Arrangements
- TCOC Dashboard
- Quality Strategy