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

Meeting #30

August 8, 2023

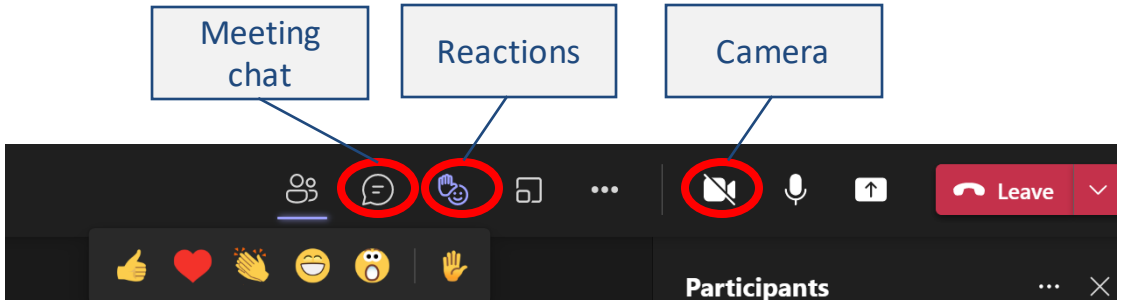
Table of Contents

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
Gregory Adams, 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)
Amy Russell, MD	Medical Director Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network	Provider (CIN)
Joy Key, MBA	Director of Provider Services Emtiro Health	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
Bryan Smith, MD, MBA	Chief Medical Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC Area Health Education Center (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
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
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.



Medicaid Expansion Update

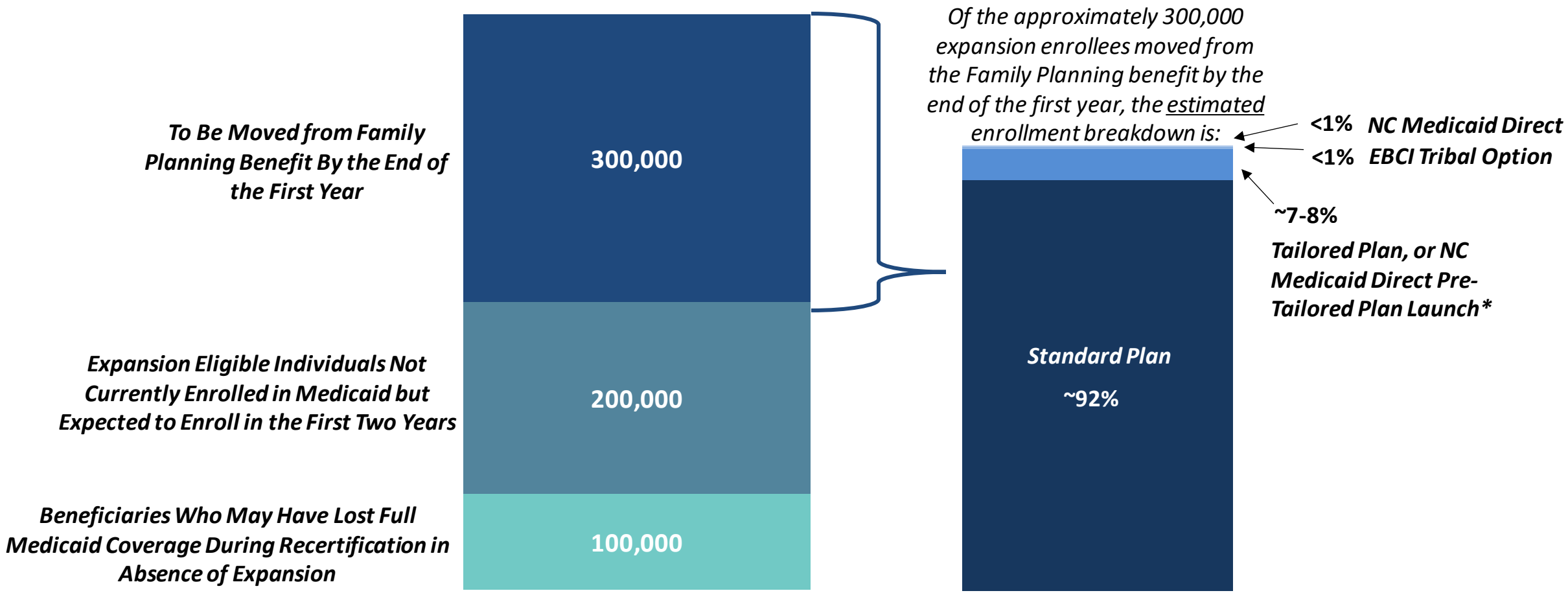
Medicaid Expansion

On July 26, 2023, NC DHHS Announced the Anticipated Launch Date for Medicaid Expansion to be Oct. 1st.

To launch expansion on Oct. 1, NCDHHS will still require action by the NC General Assembly — either through "de-coupling" expansion from the budget or through an enacted budget — by Sept. 1.

Medicaid Expansion Update

More than 600,000 individuals are estimated to be covered under Medicaid Expansion by the end of the second year, to include:



*Some of the beneficiaries estimated to be enrolled in a Tailored Plan may stay in NC Medicaid Direct after Tailored Plan launches due to other circumstances.

Note: These numbers are estimates and can vary from the final numbers at the time of Medicaid Expansion launch. They should be used for general planning purposes only.

Medicaid Expansion Update

Plan Type	Qualifying Populations
Standard Plan	• Most families and children • Pregnant women • People who are blind or disabled and do not get Medicare • Federally recognized tribal members or others who qualify for services through Indian Health Service (IHS)
EBCI Tribal Option	• Federally recognized tribal members or others who qualify for services through Indian Health Service (HIS) who live in the following counties: Buncombe, Clay, Cherokee, Graham, Haywood, Henderson, Jackson, Macon, Madison, Swain, Transylvania
Tailored Plan, or NC Medicaid Direct Pre-Tailored Plan Launch	• People who get Innovations Waiver services • People who get Traumatic Brain Injury (TBI) Waiver services • People who may have a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)
NC Medicaid Direct	• Children/youth in foster care • Children/youth who get adoption assistance • Children who get Community Alternatives Program for Children (CAP/C) services • Federally recognized tribal members or others who qualify for services through Indian Health Service (IHS) • Former foster care youth • People in the Health Insurance Premium Payment (HIPP) program • People in the Program for All-Inclusive Care for the Elderly (PACE) • People who are medically needy • People who get Community Alternatives Program for Disabled Adults (CAP/DA) services • People who get Family Planning Medicaid only • People who get Medicaid and Medicare • People who may have a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD) or traumatic brain injury (TBI)

Preview for September TAG Meeting

The Department would like to support PHPs, CINs and AMHs in preparing for forthcoming addition of Medicaid members through expansion.

Questions for Written Feedback:

1. What is your organization doing to prepare to serve new expansion members?
2. Where are the biggest risks in preparing to serve new expansion members?
3. How can the Department support your readiness?

Please email responses to Gigi Cloney (giovanna.cloney_acn@dhhs.nc.gov) and Evelin Lazaro (Evelin.Lazaro@dhhs.nc.gov) by August 23rd. The Department will facilitate discussion based on these responses during the next AMH TAG meeting on September 12th.

2024 Standard Plan Quality Withhold Program and Bonus Pool

Table of Contents

Disclaimer

The information shared in this presentation on NC Medicaid's proposed withholds program is subject to final internal approval and actuarial review and may change. Contract language and detailed program specifications will be released later this year.

Background on Withhold Programs

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 **increase measure performance and promote health equity in partnership** with PHPs and their contracted providers.

The Department proposes to **withhold 1.5 percent of capitation** from PHPs in 2024 (not risk-adjusted).** For the first year of the withhold program, the Department will focus primarily on rewarding quality measure performance improvement, although operational performance measures may be added in future years.

*CMS regulations specify that the total amount of the withhold must be reasonable and take into consideration PHPs' financial operating needs, as well as capital reserves, claims reserves, or other appropriate measure of reserves.
**The Department may not implement a withhold arrangement until after the first 18 months of Standard Plan launch. The Department may not withhold PHP's capitation payment that exceeds 3.5% of the PHP's total capitation payment (NC Session Law 2018-49).

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 through PIPs or other quality incentive programs.

Alignment with Existing Guidance/Programs

North Carolina's Withhold Program builds upon existing state guidance and other states' withhold program designs.

- North Carolina will join a growing group of managed care programs that have implemented a withhold program.
- The Department's withhold program design is aligned with the state's **Quality Aims, Goals and Objectives** related to maternal health, child health and addressing social needs.
- The Department's withhold scoring methodology aligns with existing benchmarks and quality improvement targets outlined in the **Managed Care Technical Specifications**.

The Department Reviewed Withhold Program Designs in the Following States:

- Virginia
- Minnesota
- Michigan
- Ohio
- Missouri
- Louisiana
- South Carolina
- Oregon
- Washington

Goals of the North Carolina Withhold Program

Promote child health, development and wellness

Promote women's health

Address areas with flat or decreasing quality measure performance

Promote health equity by addressing known disparities

Improve consistency and completeness of data on screening for unmet health-related resource needs

Withhold Program Key Dates

Start of Performance Period Year 1

January 2024

End of Performance Period Year 1

December 2024

PHP Reported Rates Submitted for Performance Period Year 1

June 2025

EQRO Validation of Rates for Performance Period Year 1

January 2026

Notice of Withhold Determination of Year 1 Sent to PHPs

Early 2026

Withhold Program Parameters

Withhold Quality Measures

Measure	Payment Criteria	Rationale for Inclusion in the NC Withhold Program
Child Immunization Status (CIS) ("Combo 10")	Performance improvement, including for priority group experiencing disparity *(relative to PHPs' prior year, statewide line-of-business rates)*	• Opportunity to drive 1) increases in a flat quality performance trend; 2) improvements in influenza vaccination rates and rotavirus vaccination rates, which lag relative to other vaccination rates; and 3) improvement in performance for Black & African American PHP members experiencing a disparity in vaccination rates. • Aligned with PIPs requirements, AMH measure set, Medicaid Child Core measure set, and Quality Strategy Aims, Goals and Objectives. • Used in other states' withhold programs.
Prenatal and Postpartum Care (PPC) • *Timeliness of Prenatal Care* • *Timeliness of Postpartum Care*	Performance improvement *(relative to PHPs' prior year, statewide line-of-business rates)*	• Opportunity to drive increases in a flat quality performance trend (North Carolina is also underperforming relative to national rates) • Improve data completeness and documentation through use of new "F" codes (0500F) to capture care being delivered. • Aligned with PIPs requirements, AMH measure set. Medicaid Child Core measure set, and Quality Strategy Aims, Goals and Objectives. • Used in other states' withhold programs.
Rate of Screening for Unmet Health-Related Resource Needs ("Screening measure")*	Data validation	• Opportunity to improve screening rates by improving the consistency and completeness of data collection/reporting. • Aligned with the goals of the Healthy Opportunities Pilots Program and measures required for fee-for-service Medicare programs. • Supports linkage of members to programs that address unmet health-related resource needs and promotes health equity.

*Will be listed as a withhold measure in a forthcoming update to the NC Medicaid Quality Technical Specifications, along with additional details on the specifications used to measure performance on this measure.

Screening for Unmet Health-Related Resource Needs

The Department added the Rate of Screening for Unmet Health-Related Resource Needs measure to the planned Withhold Program. By adopting a binary "pay for data validation" measure, the Department aims to improve the data on screening rates (in conjunction with required PIP).

Measure Description	Data Validation Process
The percentage of enrollees who received a screening for unmet health-related resource needs. Multiple rates are reported. Further specifications are forthcoming. For this measure, a screening may be administered by the PHP, a member's assigned AMH, or the AMH's contracted care management entity.	• The Departments External Quality Review Organization (EQRO) will validate the Screening measure (as well as the other Withhold Program quality measures) for each PHP. • The EQRO will validate the measure according to standard criteria for data integration, data control and performance measure documentation. • The EQRO will determine whether the PHP has data that is "Reportable" and compliant with measure specifications. • Only PHPs with data that is "Reportable" will receive the withhold associated with this measure (there is no partial credit).

Payout for data validation (pass/fail)

Source: BCM026 (existing report)

Withhold Scoring: Quality Measure Weighting

Childhood Immunization Status (Combo 10):

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

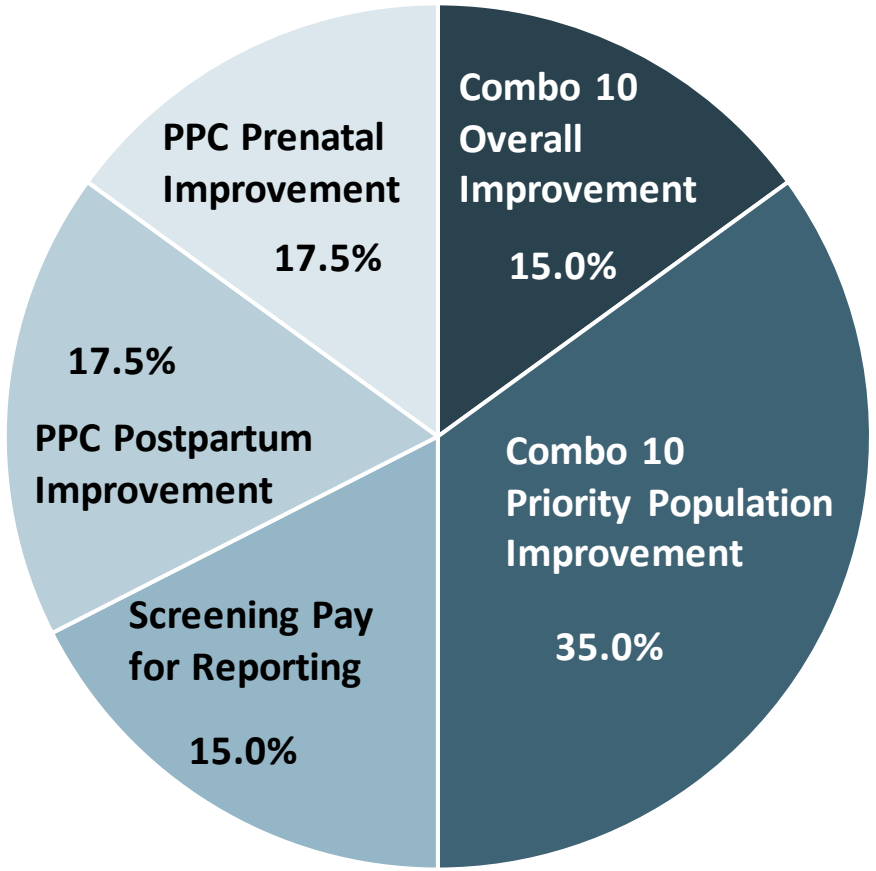
Prenatal and Postpartum Care (PPC):

- 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 a disparities-related improvement target. 2021 performance data do not show a disparity of greater than 10% per DHHS' definition (see Appendix).

Rate of Screening for Unmet Health-Related Resource Needs:

- 15% of the overall rate for pay for reporting

Withhold: 1.5% of Capitation



Withhold Scoring: Benchmarks and Payout Schedule

Design Parameter	Description	
Baseline	**PHP prior year line-of-business (LOB) overall performance (baseline is the latest year for which the Department has complete data).***	
Overall Performance Improvement Payout Schedule	**Performance Improvement Target**	**Payout Amount**
	At or above 5%	100%
	Between 4%-4.99%	80%
	Between 3%-3.99%	60%
	Between 2%-2.99%	40%
	Between 1%-1.99%	20%
	Below .99%	0%
Priority Population Improvement Payout Schedule	**Performance Improvement Target for Population of Focus**	**Payout Amount**
	At or above 10%	100%
	Between 8%-9.99%	80%
	Between 6%-7.99%	60%
	Between 4%-5.99%	40%
	Between 2%-3.99%	20%
	Below 1.99%	0%

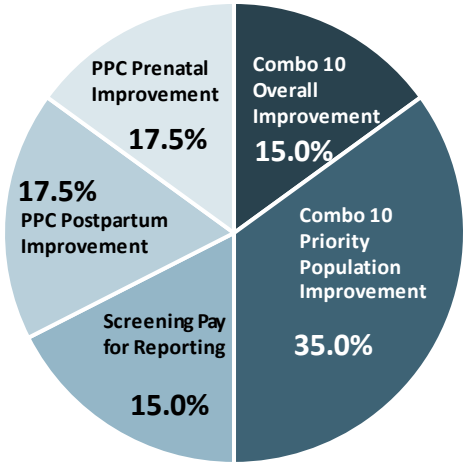
*Withhold performance is based on administrative rates, which may include supplemental data (eg, NCIR data for immunization rates). For the 2024 Performance Period, for example, the baseline will be administrative data from the 2022 calendar year.

Bonus Pool Parameters

Withhold and Bonus Pool Program Overview

Withhold Measures

Total Capitation at Risk = 1.5%



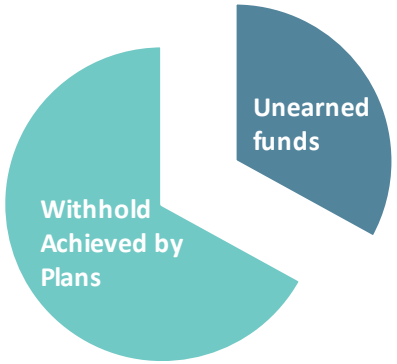
Withhold Scoring

Withhold Payout Determined By:

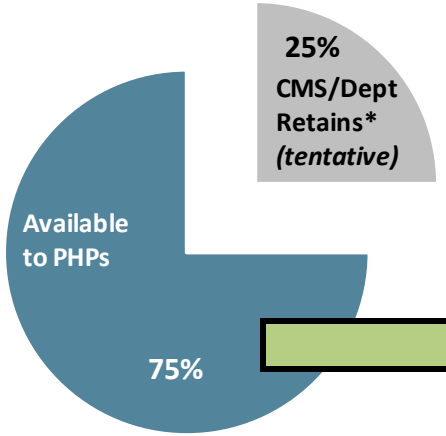
- Overall improvement for Combo 10 and PPC (5% increase is maximum payout)
- Priority population improvement for Combo 10 (10% improvement is maximum payout)
- Screening Pay for Reporting (Pass validity check for maximum payout)

PHPs may earn partial credit for all measures except the SDOH Screening

Hypothetical Withhold Payout to PHPs and Unearned Funds



Use of Unearned Withheld Funds for Bonus Pool



Bonus Funds Gating Criteria (Per Measure)

- ✓ At least 5% overall performance improvement for PPC **or** Combo 10 measures;
- ✓ At least 10% priority population improvement for Combo 10; **or**
- ✓ Pass the Screening measure pay for reporting validity check

Bonus Pool Measures	% of Bonus Payout	Hypothetical Highest Performing Plan per Measure to Receive Bonus Payout
Combo 10 Overall Improvement	20%	**PHP A**
PPC Prenatal Improvement	20%	**PHP A**
PPC Postpartum Improvement	20%	**PHP B**
Combo 10 Priority Population Improvement	20%	**PHP D**
Screening measure Performance	20%	**PHP B**

*The federal share of bonus pool loss limit will be returned to CMS.

Contact/Questions

Elizabeth.Kasper@dhhs.nc.gov

Cc: Medicaid.Quality@dhhs.nc.gov

Quality Measurement Updates

834 Workaround for Interim Care Gap Reporting

Current Challenge: 834 Term Dates

- North Carolina's 834 file provides enrollment period end dates that represent the end of the period for which the respective member's Medicaid eligibility has been certified
  - In other markets, the end date looks super high (ex: 12/31/9999), but in North Carolina the presumptive end of eligibility is much nearer term as counties have until the last day of the month to recertify a beneficiary
- HEDIS engines developed based on 834s from other markets see North Carolina's nearer-term end dates as termination dates and remove the members from interim care gap reports that are sent to providers
  - This keeps providers from being able to receive incentives for closing care gaps
- The magnitude of this issue is substantial, impacting hundreds to thousands of beneficiaries
- The Department in partnership with the plans have developed a solution to prevent the exclusion of members from care gap reports for projected gaps in enrollment that are avoided due to subsequent renewal of eligibility

The Solution: Workaround for Interim Care Gap Reporting

	Prospective	Annual
Jan		x
Feb	x	x
Mar	x	x
Apr	x	x
May	x	x
Jun	x	x
Jul	x	
Aug	x	
Sep	x	
Oct	x	
Nov	x	
Dec		x

1. On a monthly basis (Feb to Oct) create a pseudo copy of the monthly enrollment file, ensuring the naming convention of the file reflects "Pseudo" to differentiate between the altered and non-altered file.
   a. On a monthly basis (Feb to Oct), pull a fully updated enrollment file from the system with the latest enrollment segment.
   b. On a monthly basis (Feb to Oct) apply the following logic:
      i. Find each unique member with a max term date.
      ii. Set the max term date to a high date (e.g., 12/31/9999) if a term date is in the measurement year and is greater than the current month. [1]
2. Load the Pseudo Enrollment File into a separate HEDIS engine prospective environment (project) to ensure the Pseudo Enrollment File does not impact the annual HEDIS and PMV reporting in alignment with HEDIS specifications.[2]
3. Transition from the Pseudo Enrollment File to the originating member enrollment file to allow for annual/full year measurement.

[1] Members' term dates are sometimes extended retroactively. To account for this, plans can allow for a runout period of up to 65 days before reverting to the unaltered term date. E.g., if step 1.b.ii above were altered to include a 65-day runout period, it would read '*Set the max term date to a high date (e.g., 12/31/9999) if a term date is in the measurement year and is greater than the current month minus 65 days.*' Including a runout period will reduce the likelihood that members whose term dates are extended retroactively are dropped from gap reports in the intervening period.

[2] During the February to June timeframe, maintain two environments - annual and prospective projects - running concurrently. The Pseudo Enrollment File is to be loaded into the prospective environment only to ensure there is no impact to the annual environment. In November maintain the prospective environment and in December maintain the annual environment. Compare November results with December results to make sure December results are as expected.

Additional Notes

- Implementing this workaround will make interim care gaps more complete, however:
  - Some patients listed may not be impactable
  - Some patients listed may not end up in the annual measure
  - Interim care gaps should not be leveraged for population-level analyses (i.e., the data should not be aggregated to develop a rate for comparison against benchmarks)
- The Department has also encouraged plans to employ additional analyses to understand which of their members have impactable gaps in care and to share their findings with providers
- The Department is also working with the state's health information exchange, NC HealthConnex, to develop a system that can deliver care gap information in more near-real-time

Summary of Mid-Year Tech Spec Updates

Commercial Dual Eligibles for Quality Measurement

- HEDIS specifications indicate the following related to dual commercial/Medicaid enrollment:

> "Members with dual commercial and Medicaid enrollment must be reported in the commercial HEDIS reports. These members *may* be excluded from the Medicaid HEDIS reports."[1]

- Given that not all PHPs in North Carolina have commercial lines of business and data on commercial dual eligibles is not always complete, DHB has elected to set guidance that **dual commercial/Medicaid members are to be excluded from quality measurement reporting for MY2023 and beyond**
- An update to the MY2023 Tech Specs will be published in August that will include this information

[1] Emphasis added.

Addition of the Prenatal and Postpartum Care (PPC) Measure to the AMH Measure Set

Table 1. Measures selected for use in plan assessments of AMH practice quality

NQF#	Measure Name	Steward	Frequency
Pediatric Measures			
1516	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
0038	Childhood Immunization Status (Combination 10) (CIS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL) – Ages 16 to 20	NCQA	Annually
1407	Immunizations for Adolescents (Combination 2) (IMA)	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17	CMS	Annually
1392	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
Adult Measures (Age 18 and Older Unless Otherwise Noted)			
0032	Cervical Cancer Screening (CCS) – Ages 21 to 64	NCQA	Annually
0033	Chlamydia Screening in Women (CHL) – Ages 21 to 24	NCQA	Annually
0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
0059/ 0575	Hemoglobin A1c Control for Patients With Diabetes (HBD)	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
N/A	Total Cost of Care	Health Partners	Annually
1517	**NEW:** Prenatal and Postpartum Care (PPC)	NCQA	Annually

- Standard Plans are not required to offer performance incentive payments for all of the AMH measures, but any quality measures they choose must be drawn from this set (see Table 1)
- In January 2023, the Prenatal and Postpartum Care (PPC) measure was added to the AMH Measure Set
  - The first measurement year in which this measure can be incentivized is 2024

Follow up Q & A

Follow-up Q&A: Continuous Coverage Unwinding and Plan Change

Below are responses to questions by AMH TAG members during the 7/11 meeting on the topic of continuous coverage unwinding and changing plans.

Question	Response
If someone is determined ineligible AND they appeal (so benefits continue), but the decision is upheld, will the claims from the time in appeal still be paid? Or will the member be responsible? Or will it remain unpaid?	If the beneficiary chooses to continue to receive services while pending the appeal decision and the decision is upheld, the beneficiary will be responsible for the services that were paid. Medicaid will recoup from the beneficiary what Medicaid paid.
If an entire family wants to change PHP or Primary Care Provider (PCP), can it be done all together on one form? Is there a way to create a "group" change to reduce burden on families?	The PHP and PCP can be changed for the entire family on one form. The form has a place to list up to 6 family members, so if there are more than that, they would just need to include a second page to list the family members. Members can also use the website, application, or call in to make changes. There are also "with cause" and "without cause" reasons to change their PHP (see link).

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 2023 Meetings
Tuesday, September 12, 2023 4:00-5:00 PM
Tuesday, October 10, 2023 4:00-5:00 PM
Tuesday, November 7, 2023 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Medicaid expansion preparation
- Care Management Rates
- NC InCK
- PHP/TP Guidance for Provider Patient Termination
- Standardization of monitoring protocols/delegation protocols

Appendix - Withholds

SDOH Data Validation Process (1/2)

To assess the validation of the SDOH measure, the EQRO will request the following documentation to support the findings and measure determination that EQRO will include in the final audit report:

- **Information Systems Capabilities Assessment Tool (ISCAT):** The PHPs will be required to submit to the EQRO a completed ISCAT that provides information on their information systems; processes used for collecting, storing, and processing data; and processes used for determining performance measure reporting. Upon receipt, the EQRO will complete an initial review of the ISCAT to ensure each section is complete and all applicable attachments are present. The EQRO will then thoroughly review all documentation, noting any potential issues, concerns, and items that need additional clarification, following up with the PHPs accordingly.

- **Source code (programming language) for the SDOH performance measure:** The EQRO will complete a line-by-line review of the source code the PHPs use to calculate the measure, to ensure compliance with the measure specifications. The EQRO will work with each PHP to make corrections when applicable. If a measure is generated from a PHP's contracted certified HEDIS measures vendor, the EQRO will confirm that HEDIS measures are part of the vendor's measure certification report and will conduct a live walk-through of any non-HEDIS measures with the vendor to ensure compliance with the specifications.

- **Supporting documentation:** The EQRO will request documentation to provide reviewers with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The EQRO will review all supporting documentation, identifying issues or areas needing clarification for further follow-up.

- **Primary source verification (PSV):** The EQRO will request output data files that include positive records for the SDOH measure from which auditors will select cases for PSV.

SDOH Data Validation Process (2/2)

- **Based on this review, the EQRO will denote whether each of the following are acceptable or not acceptable:**
  - Data Integration
  - Data Control
  - Performance Measure Documentation

- The EQRO will also document **data integration and control findings** and **denominator and numerator validation findings** within worksheets attached to the final audit report, detailing whether elements are *Met, Not Met,* or *Not Applicable*

- Based on all validation activities described above, the EQRO will determine results for the measure using the following designation categories (these are the binary values to consider in a Pay-for-Reporting [P4R] structure):
  - **Reportable (R):** Measure was compliant with measure specifications.
  - **Do Not Report (DNR):** The PHP rate was materially biased and should not be reported.

Designation of "Reportable" will qualify plan for return of the portion of the withhold associated with this measure (no partial credit).

Quality Measures, Additional Detail

The Department has selected the following quality measures for inclusion in the first year withhold program.

Withhold Measure	Description	Key Considerations
Child Immunization Status (CIS) **(NQF 0038)**	The percentage of children 2 years of age who had a four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza 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.	• Uses administrative reporting • Aligned with addressing the state's Quality aims related to children's health (given lower vaccination rates) and health equity (large disparities in this measure). • Opportunity to drive increases in a flat trend and address known disparities for Black Standard Plan enrollees. • Used in other states' withhold programs (e.g., Virginia, Oregon). • Medicaid Child Core Measure, AMH Measure, and performance improvement project (PIP) measure.

Payout for 1) Performance Improvement 2) Disparities Reduction

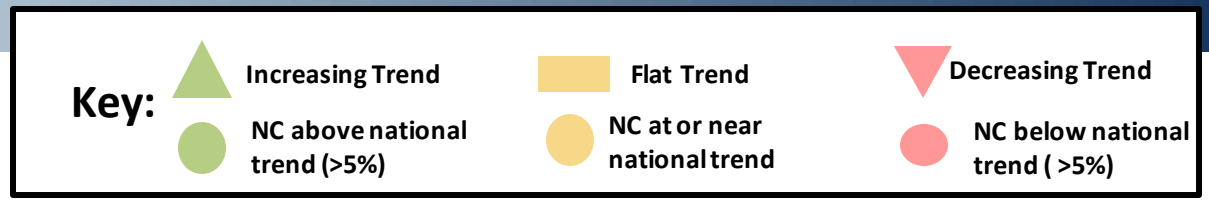
Quality Measures, Additional Detail

The Department has selected the following quality measures for inclusion in the first year withhold program.

Withhold Measure	Description	Key Considerations
Prenatal and Postpartum Care (PPC) **(NQF 1517)**	Assesses access to prenatal and postpartum care: • *Timeliness of Prenatal Care.* The percentage of deliveries in which women had 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 in which women had a postpartum visit on or between 7 and 84 days after delivery.	• Addresses the state's Quality aims related to maternal/infant health and health equity. • Opportunity to drive increases in a flat trend; North Carolina underperforming relative to national trend. • Used in other states' withhold programs (e.g., Virginia). • Incentivizes use of new "F" codes (0500F) which were introduced to improve data quality. • Relevant to supporting the state's recent expansion of postpartum coverage. • Medicaid Child Core Measure, PIP measure, and AMH measure.

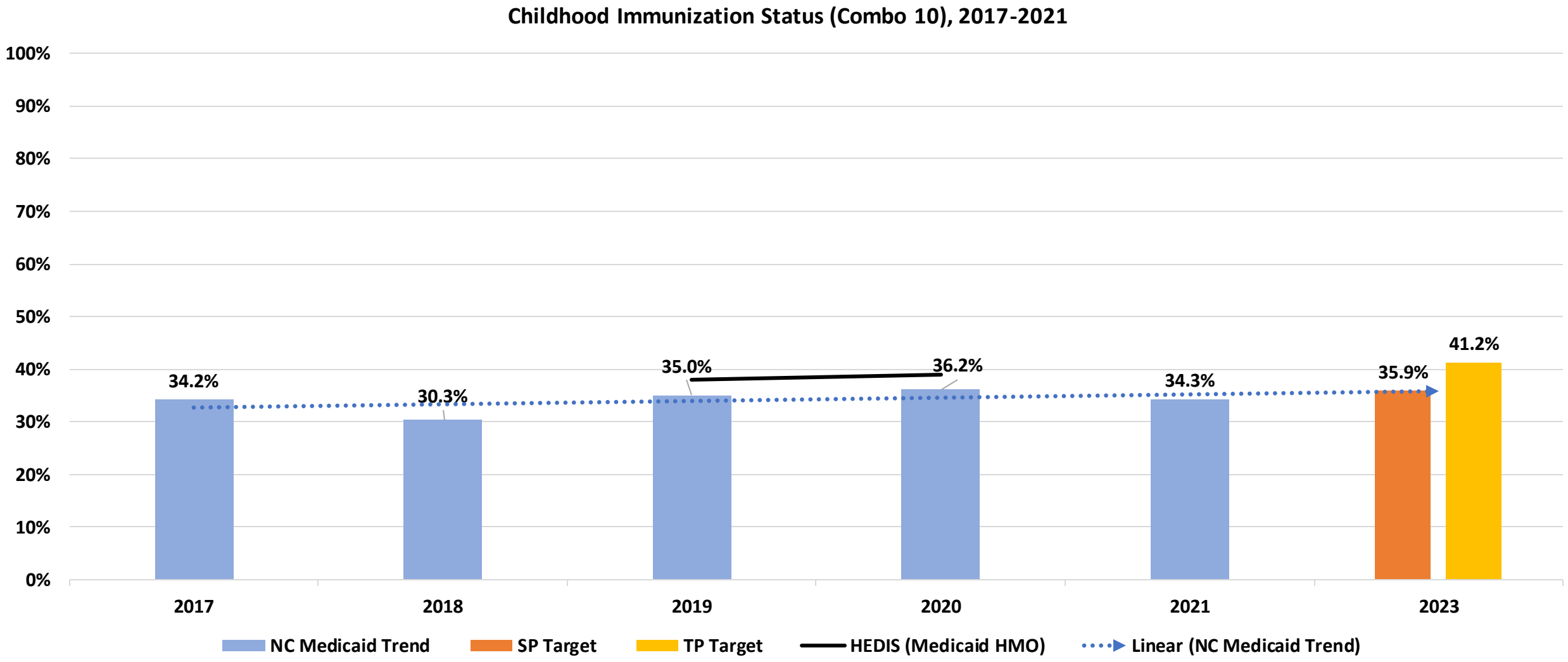
Payout for performance improvement (two rates)

Childhood Immunization Status (CIS) (Combo 10)(NQF# 0038, NCQA, Process Measure)

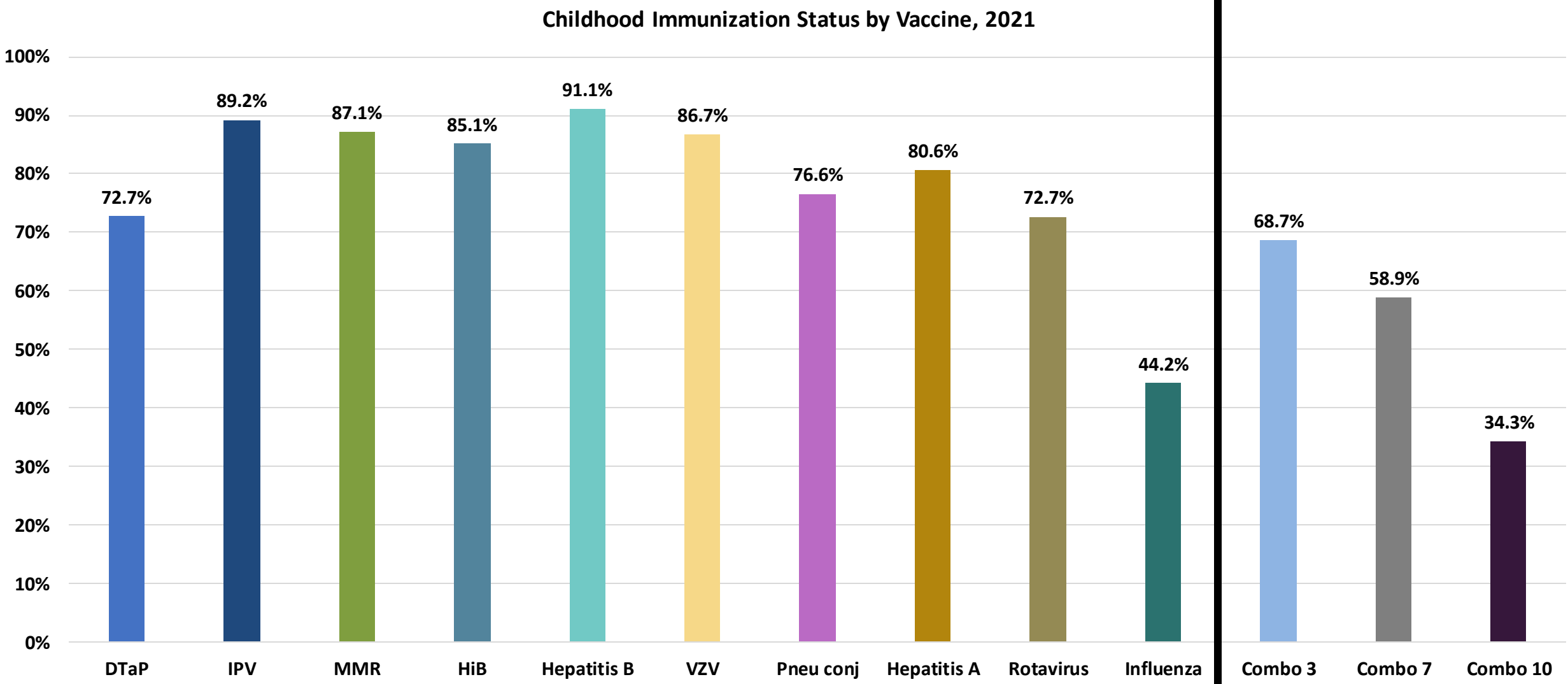


	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	Active	
	Clinical Significance	Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease.	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** See Next Slide	**National Median:** 38.9% Medicaid HMO; 58%/51.4% Commercial HMO, Commercial PPO (HEDIS 2020)
	Selected Equity Results/Considerations	Large disparities in 2021 performance for Black enrollees (<40%).	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative eCQM	
	Measure Alignment with CMS and Other State Medicaid Programs	CMS Child Core MA ACO/MCO Program measure Virginia Managed Care Plan Performance Withhold Program measure (Combo 3) Oregon 2023 Challenge Pool measure (Combo 3) NY Total Care for General Population VBP Quality Measure (Combo 3) (2022)	

Childhood Immunization Status (CIS) (Combo 10) (NQF# 0038, NCQA, Process Measure)

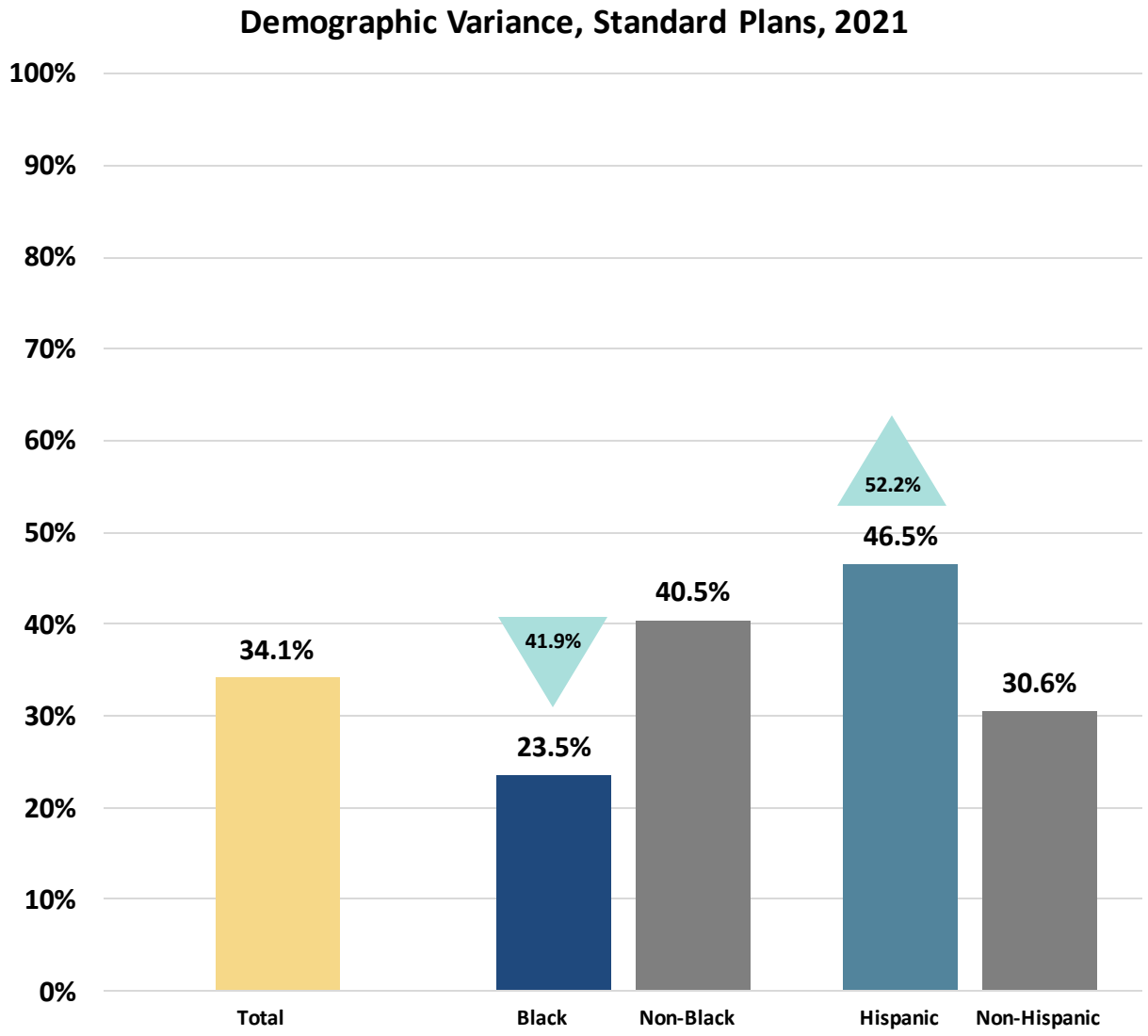


Childhood Immunization Status (CIS) (Combo 10) (NQF# 0038, NCQA, Process Measure)



Childhood Immunization Status (CIS) (Combo 10) (NQF# 0038, NCQA, Process Measure)

Key:
- XX% — Group of focus is XX% *higher* than reference group
- YY% — Group of focus is YY% *lower* than reference group

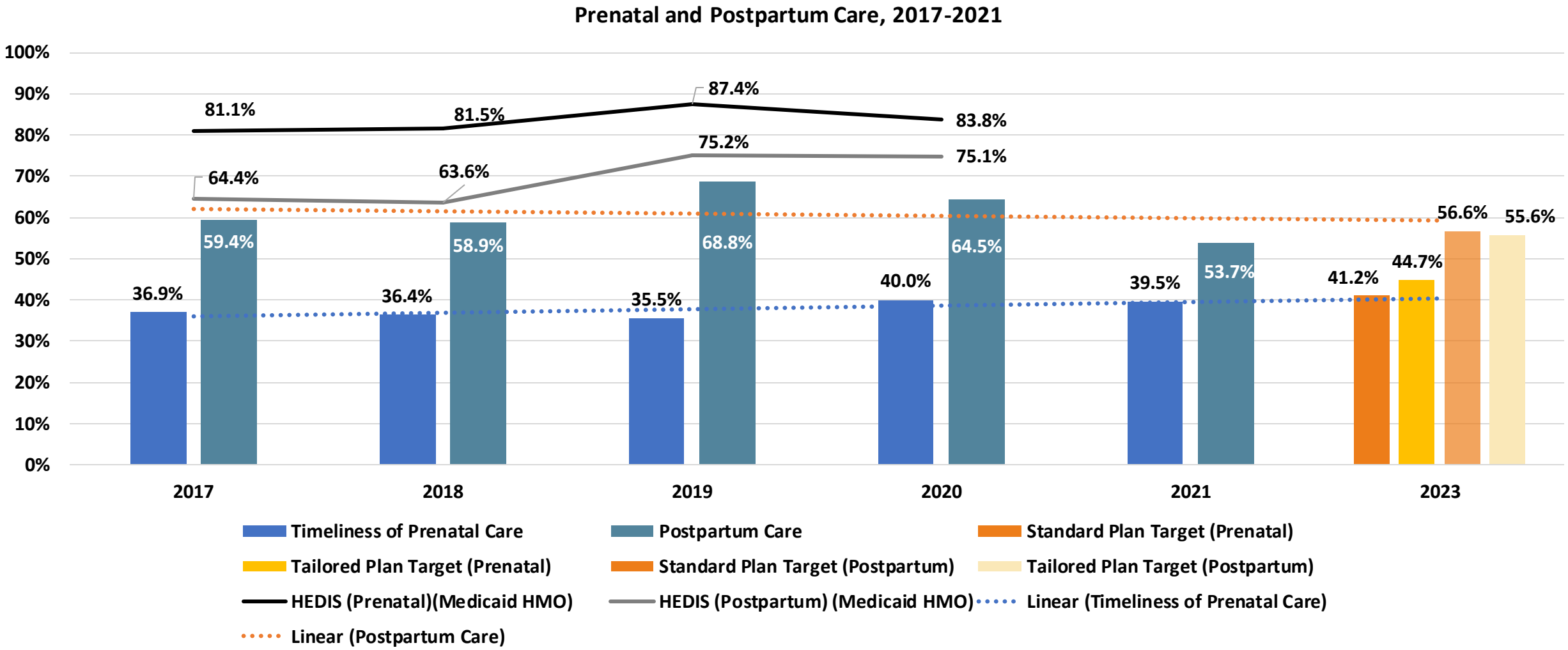


Prenatal and Postpartum Care (1517, NCQA, Process Measure)

Key: Increasing Trend | Flat Trend | Decreasing Trend | NC above national trend (>5%) | NC at or near national trend | NC below national trend (>5%)

	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	NQF Endorsement Removed in 2021	
	Clinical Significance	Each year, about four million women in the U.S. give birth, with one million women having one or more **complications** during pregnancy, labor and delivery or the postpartum period. Studies indicate that as many as **60% of all pregnancy-related deaths could be prevented** if women had better access to health care, received better quality of care and made changes in their health and lifestyle habits. Timely and adequate prenatal and postpartum care can **set the stage for the long-term health and well-being** of new mothers and their infants	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** See Next Slide	**National Rates (HEDIS, 2020):** See Next Slide
	Selected Equity Results/Considerations	NCQA introduced race and ethnicity stratifications to this measure in 2022. Small disparities for Black Standard Plan enrollees for both rates and Black Tailored Plan-eligible enrollees (Postpartum rate only) (<5%).	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative/Challenges collecting data for the prenatal rate due to global billing policy. The Department is implementing new F codes to identify the first prenatal visit.	
	Measure Alignment with CMS and Other State Medicaid Programs	Medicaid Child Core Measure Georgia Performance Improvement Project (Timeliness of Prenatal Care Visits) NY Total Care for General Population VBP Quality Measure (2022) Virginia Managed Care Plan Performance Withhold Program measure	

Prenatal and Postpartum Care (1517, NCQA, Process Measure)



Rates artificially low due to global billing.

Prenatal and Postpartum Care (1517, NCQA, Process Measure)

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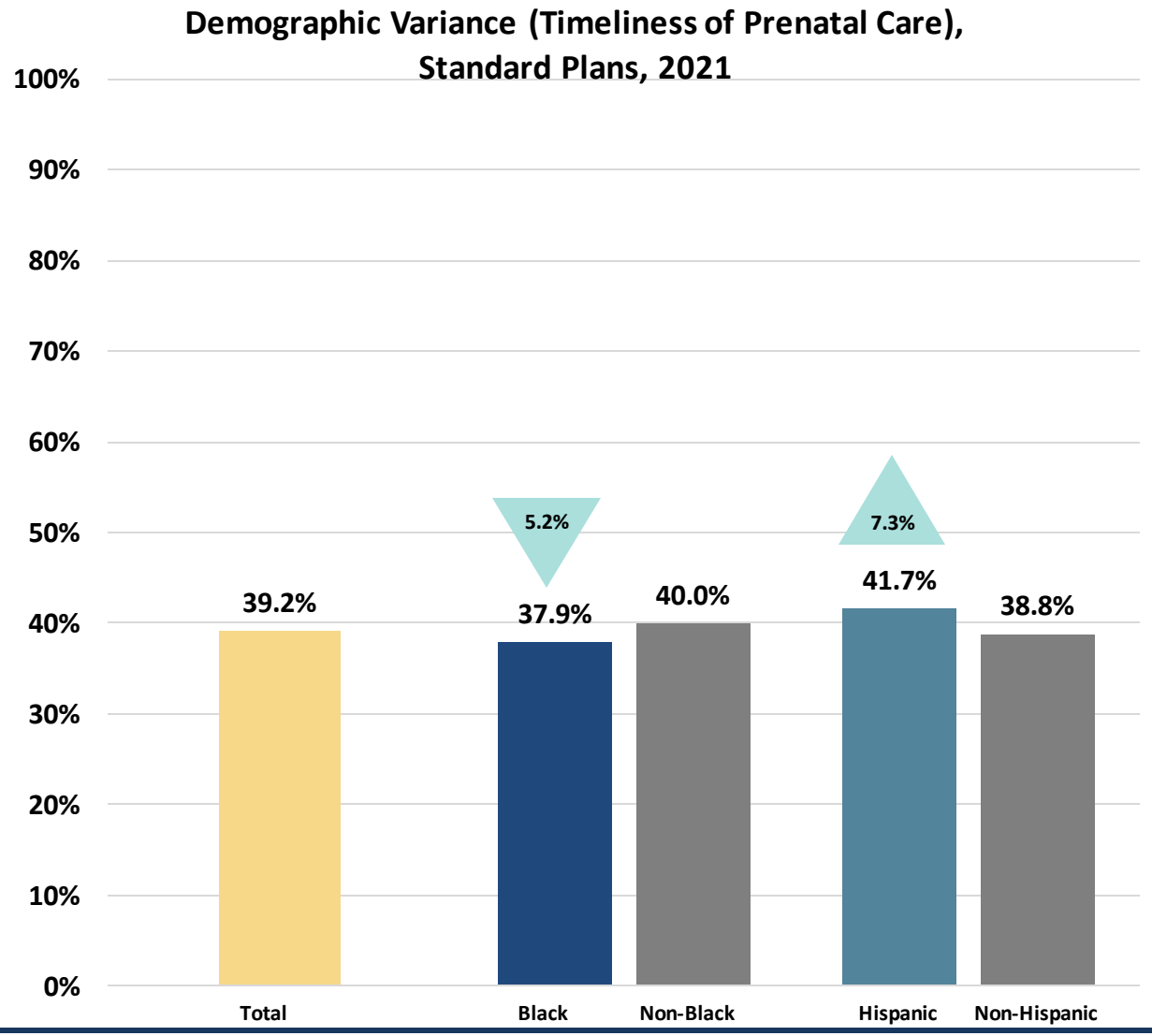

Prenatal and Postpartum Care (1517, NCQA, Process Measure)

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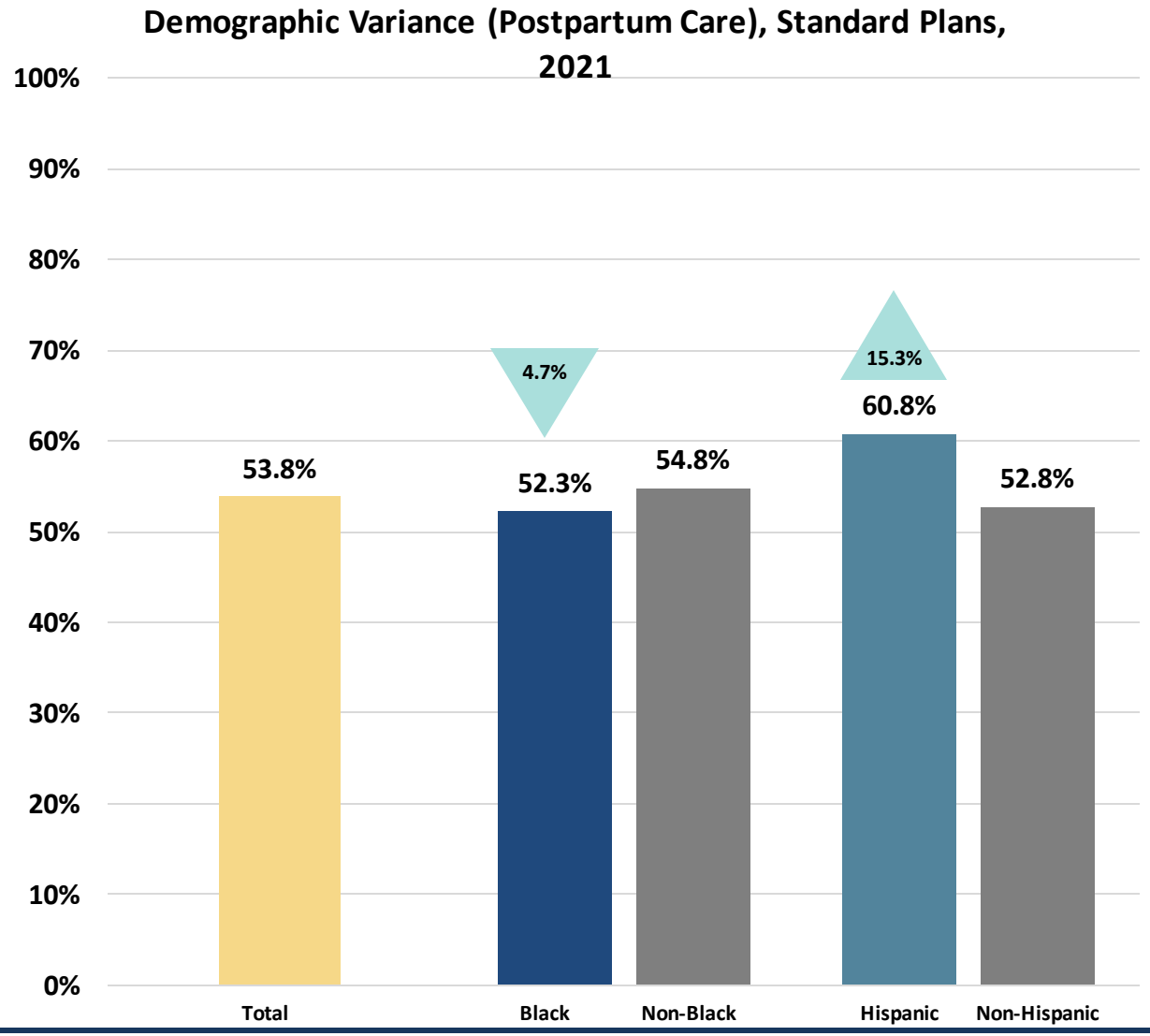
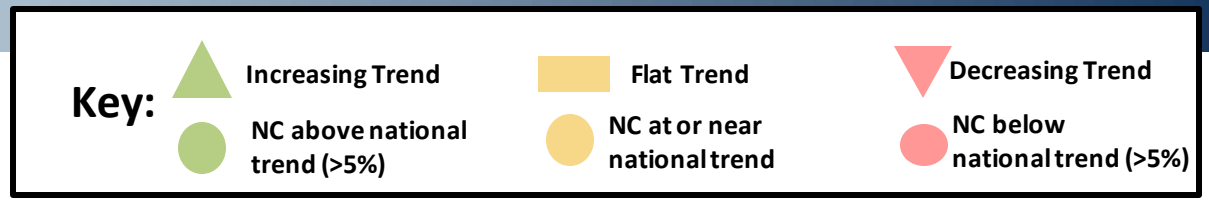


Rate of Screening for Unmet Resource Needs (NA, DHHS, Process Measure)



	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	N/A, DHHS measure	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** N/A	**National Rates:** N/A
	Measure Specifications Changes	None	
	Selected Equity Results/Considerations	N/A	
Optional Fields	**Data Collection/Reporting Considerations**	Survey	
	PHP Feedback	One PHP flagged concerns about collecting/calculating this measure.	
	Measure Alignment with CMS and Other State Medicaid Programs	CMS has proposed requiring a similar measure in HIQR, MIPS and MSSP beginning in 2023 (HIQR and MSSP may also measure rate of positive screens). AZ, RI and MA also measure SDOH screening as a quality measure	