



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

Meeting #22: Overview of AMH Quality Measure Results and Evaluation Findings, Part 1

October 11, 2022

Agenda

- **Advanced Medical Homes Level-Setting**
 - Background
 - AMH Demographics by Tier and Size
- **Review of AMH Measures**
 - Child and Adolescent Well-Care Visits (WCV)
 - Childhood Immunization Status (CIS) (Combo 10)
 - Immunization for Adolescents (Combo 2) (IMA)
 - Well-Child Visits in the First 30 Months of Life (W30)
 - Cervical Cancer Screening (CCS)
 - Chlamydia Screening in Women (CHL)
- **AMH Evaluation: Next Steps**
- **TAG Wrap Up and Next Steps**

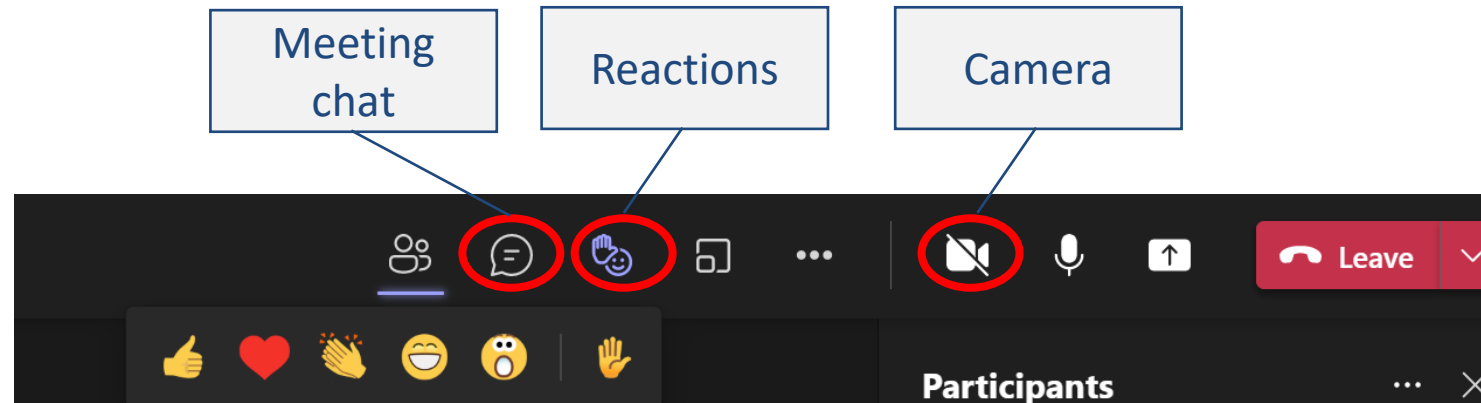
*Additional measures are in the set, but as they have unreliable data or are not calculated by the Department, they have been excluded from this deck

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	Provider (CIN)
Kristen Dubay, MPP	Director 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)
George Cheely, 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
Michelle Bucknor, MD, MBA	Chief Medical Officer UnitedHealthcare of North Carolina, Inc.	Health Plan
Eugenie Komives, MD	Chief Medical Officer WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	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

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.

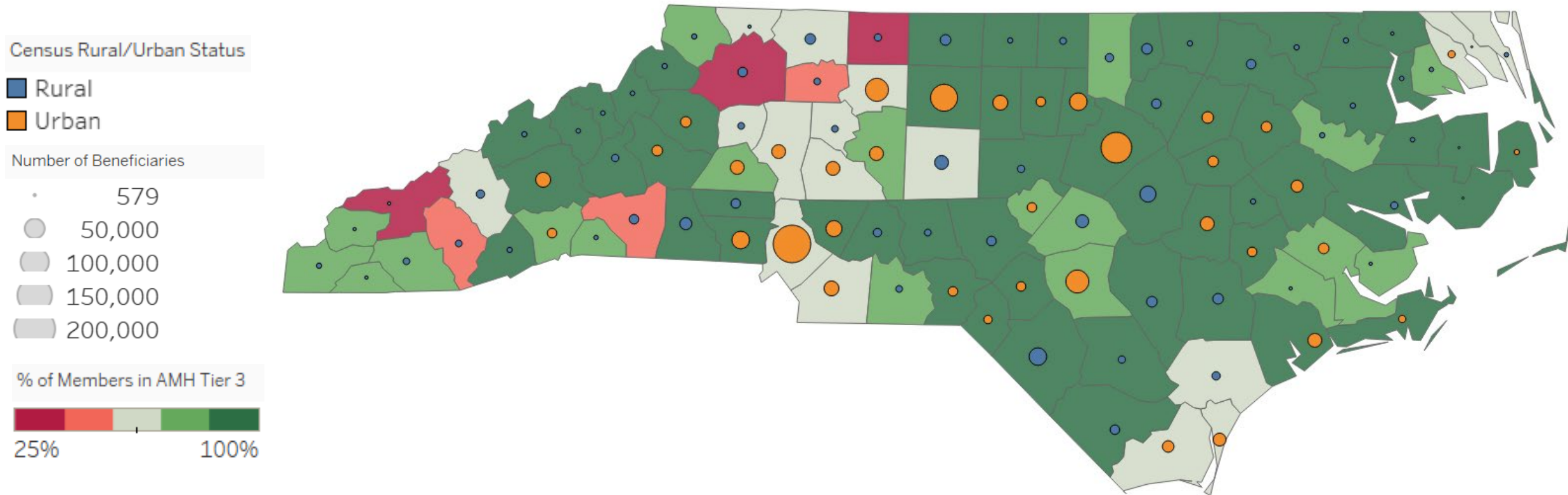


Advanced Medical Home (AMH) Level-Setting

% of Standard Plan Members Enrolled in State-Assigned AMH Tier 3 by County

Through 9/26/2022

- This map shows % of Standard Plan beneficiaries at an AMH Tier 3 practice in each county
 - **Green** counties have the highest % of members at an AMH Tier 3, while **red** have the lowest %
- Each county is distinguished by **rural** vs **urban** status and by size of beneficiary population

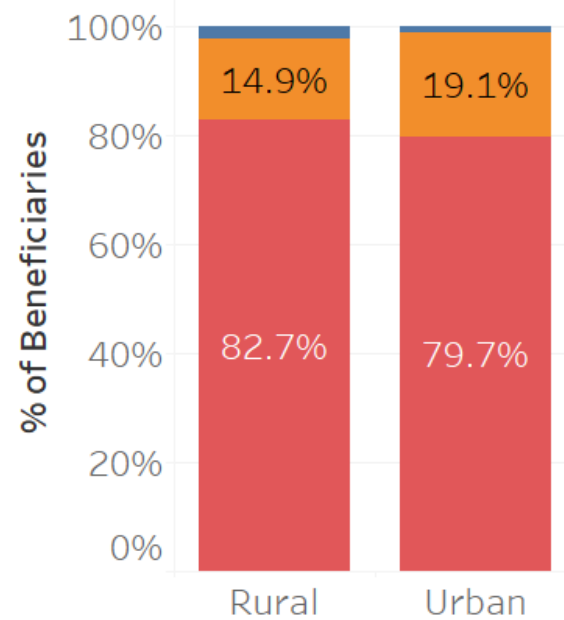


% of Standard Plan Members Enrolled in State-Assigned AMH Tier 3

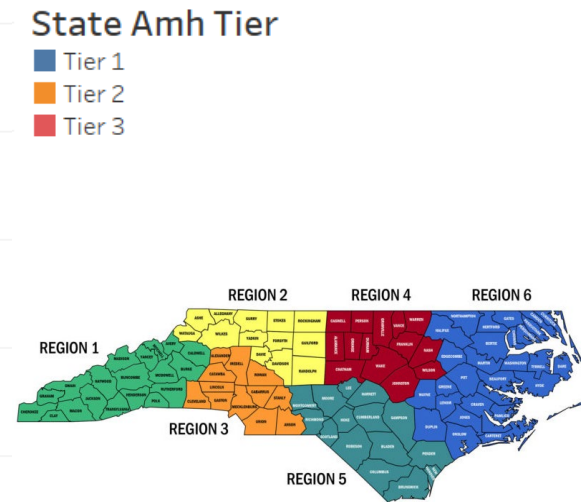
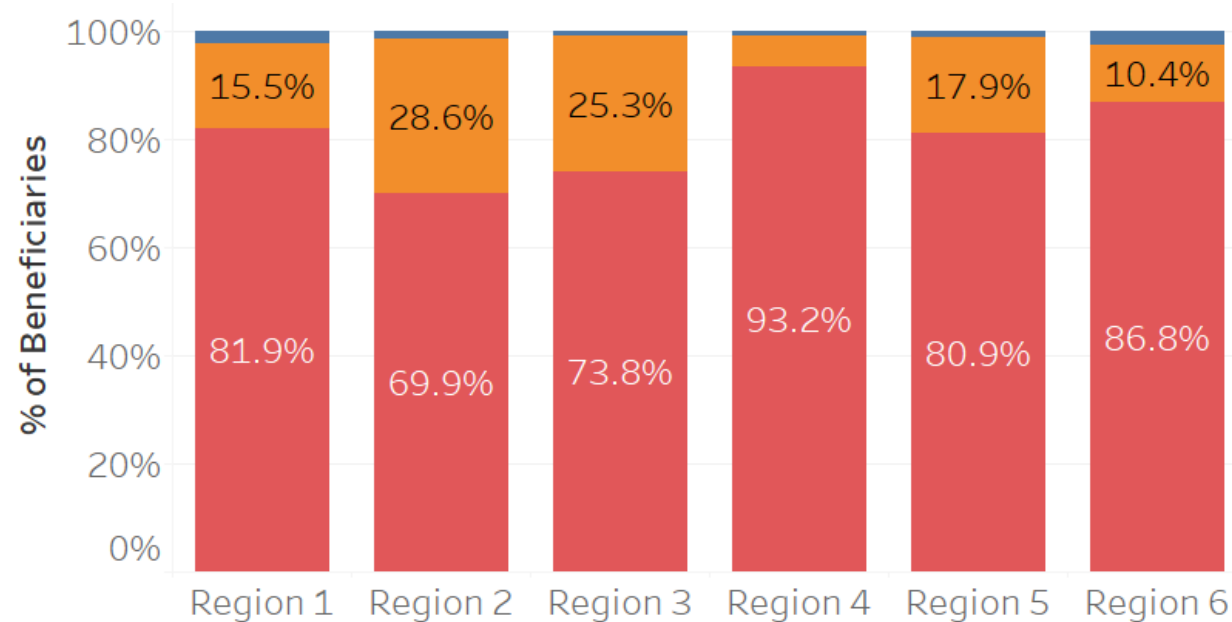
Through 9/26/2022

- DHB uses the rural/urban classification created by the [National Center of Health Statistics](#)
- Region 4 has the largest share (93.8%) of beneficiaries at an AMH Tier 3 while Region 2 has the lowest (68.7%)

By Rural vs. Urban Status



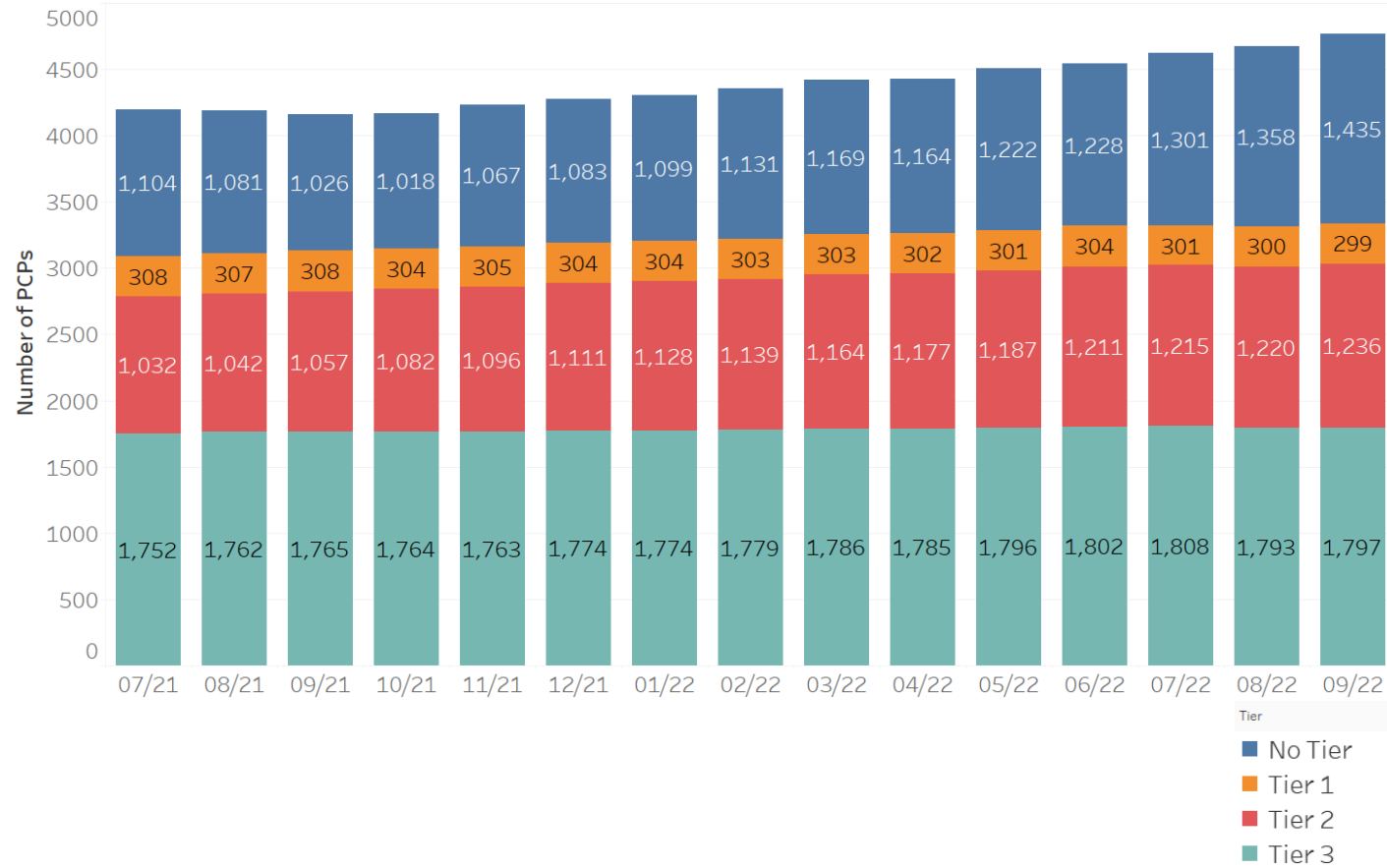
By Region



PCPs by AMH Tier Over Time

Standard Plan, Medicaid Direct, and Tribal Option Providers

- Number of providers by state-assigned AMH tier over time since managed care launch
 - Only PCPs with at least 1 member are shown
 - Inclusive of practices with an AMH tier expiration date
- While the overall number of providers with a member assigned has increased since MCL, the overall number of AMH Tier 3's has remained constant



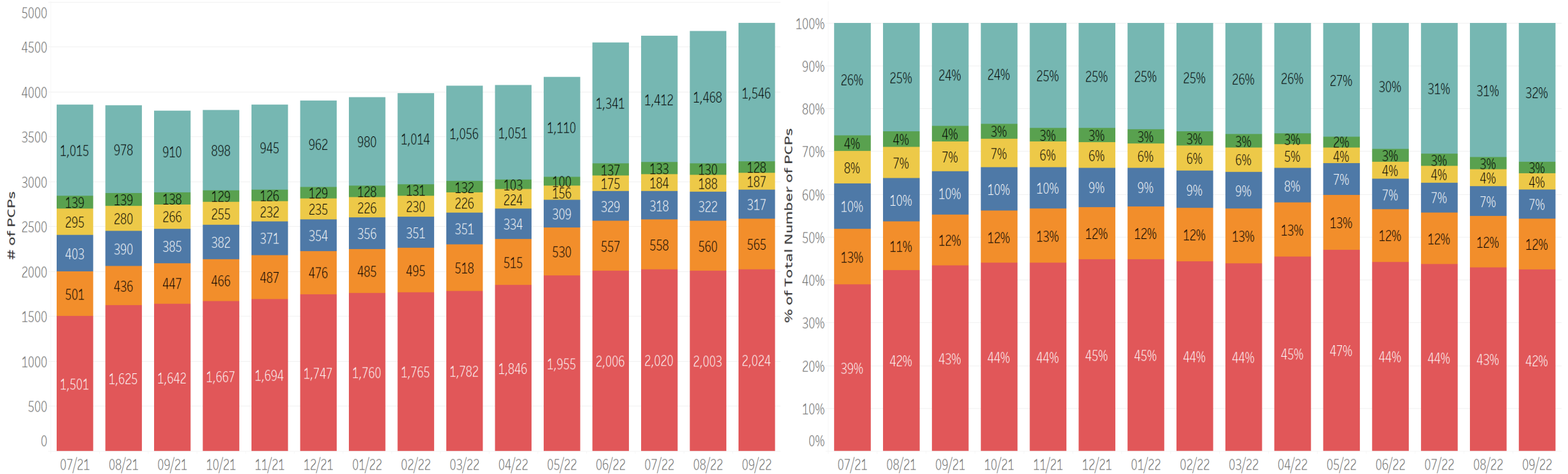
of PHPs a PCP is Contracted With and Serving ≥ 1 Member

Standard Plan

Number of Plans PCP has Members from



- The PCP must both be contracted with the PHP **and** have ≥ 1 members from that PHP assigned
 - Inclusive of AMH Tier 3s, 2s, 1a, and no tiers

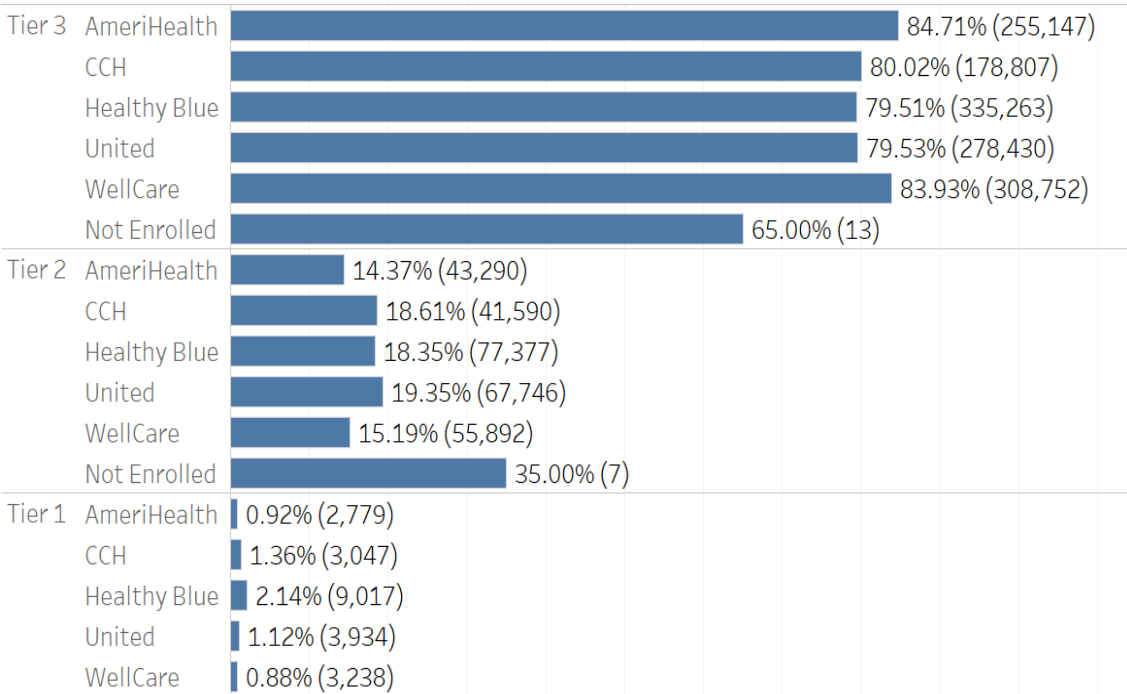


Member Enrollment and PCPs with an Assigned Member by State-Assigned AMH Tier by Plan

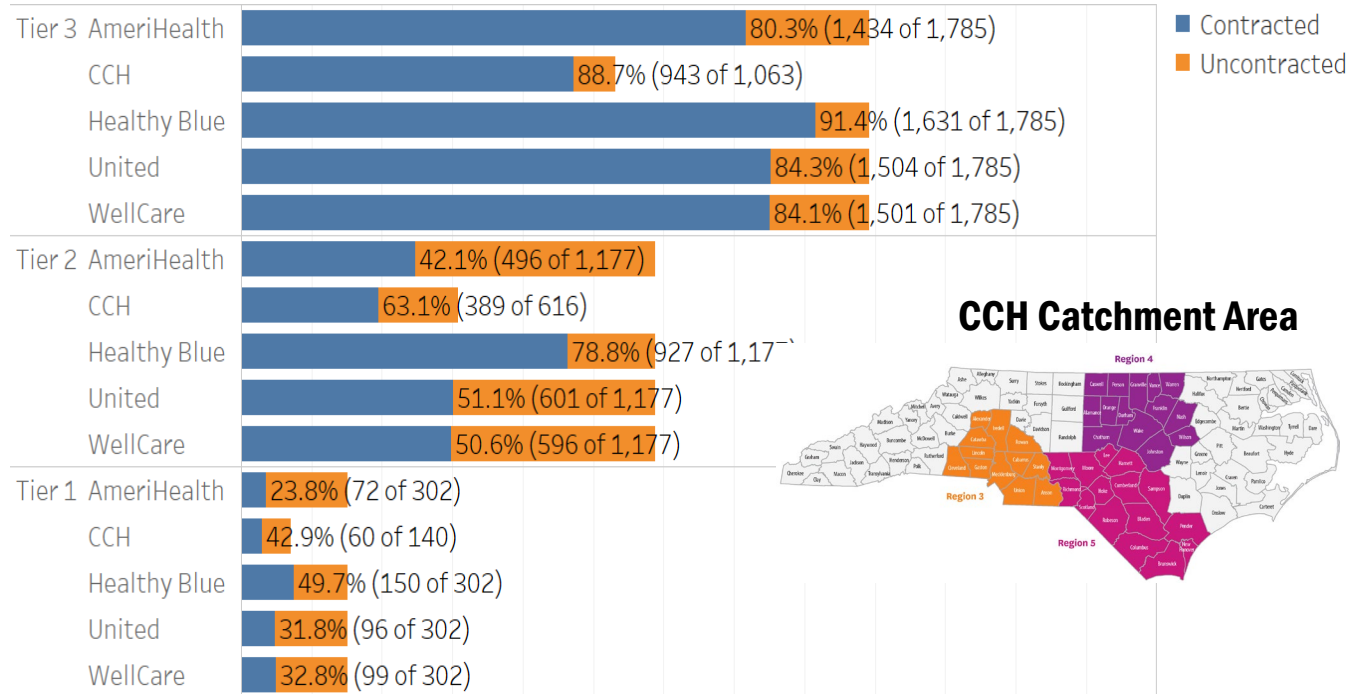
As of 9/26/2022

- WellCare has the largest share (83.1%) of beneficiaries at an AMH Tier 3 while United has the lowest (77.3%)
- Healthy Blue has the highest share (91.4%) of Tier 3 practices with at least one assigned member while AmeriHealth has the lowest (80.3%)

% of Plan Beneficiaries by Tier



% of PCPs with an Assigned Member by Tier* ()**



CCH Catchment Area



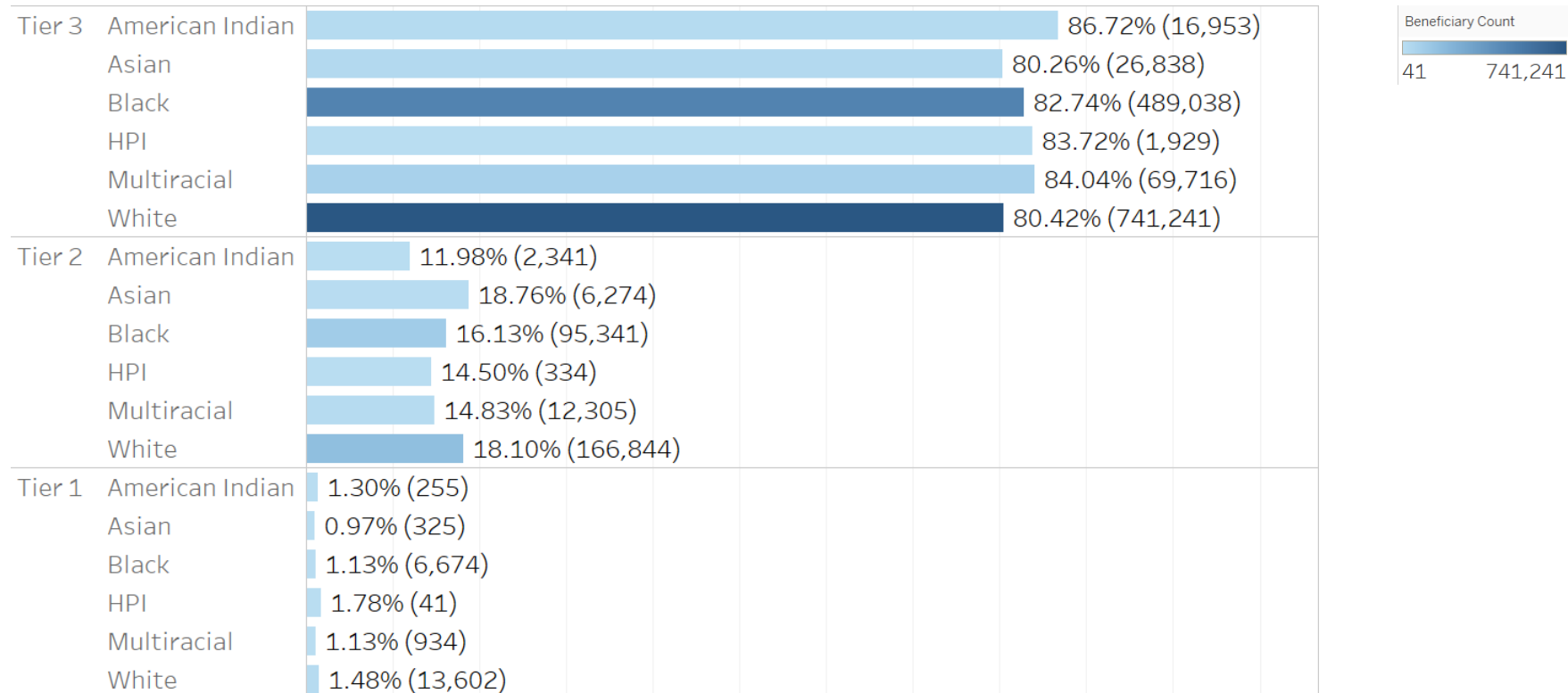
*Only reflects contracting in regions 3, 4, and 5 for CCH

** updated through 4/7/2022

Member Enrollment by State-Assigned AMH Tier by Race

As of 9/26/2022

- The American Indian population has the highest share of members assigned to an AMH Tier 3 practice (87.13%) while the Asian population has the lowest (80.62%)



AMH Demographics by Tier and Size

- AMHs can be compared by their AMH tier, or by their practice size. Practice sizes are defined as
 - 1-33rd Percentile: 67 or fewer members
 - 34-66th Percentile: 68 – 422 members
 - 67-94th Percentile: 423 – 2575 members
 - 95th+ Percentile: 2576 or more members

	AMH Tier				AMH Practice Size			
	Tier 1	Tier 2	Tier 3	No tier	1-33 rd Percentile	34 th -66 th Percentile	67 th -94 th Percentile	95 th + Percentile
# of members	29,390	352,015	1,627,245	2,769	12,821	203,898	1,034,506	806,175
# of practices	246	796	1,597	598	1,105	959	1,028	165
Avg. members per practice	120	442	1,019	5	12	213	1,006	4,886

*23 practices and 45,981 members excluded from AMH Tier due to data quality issues

Review of AMH Measures

Background

- The following measures make up the AMH measure set*

NQF#	Measure Name
Pediatric Measures	
0038	Childhood Immunization Status (Combination 10)
N/A	Well-Child Visits in the First 30 Months of Life ¹
N/A	Well-Child Visits in the First 15 Months of Life
N/A	Child and Adolescent Well-Care Visits
1407	Immunization for Adolescents
0033	Chlamydia Screen in Women Ages 16-20

NQF#	Measure Name
Adult Measures	
0032	Cervical Cancer Screening
0033	Chlamydia Screening in Women

*Additional measures are in the set, but as they have unreliable data, they have been excluded from this deck







Child and Adolescent Well-Care Visits (WCV) (NQF# 1516, NCQA, Process Measure)



Measure Summary

Assesses children 3–21 years of age who received one or more well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Child and Adolescent Well-Care Visits (WCV) (NQF# 1516, 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%)

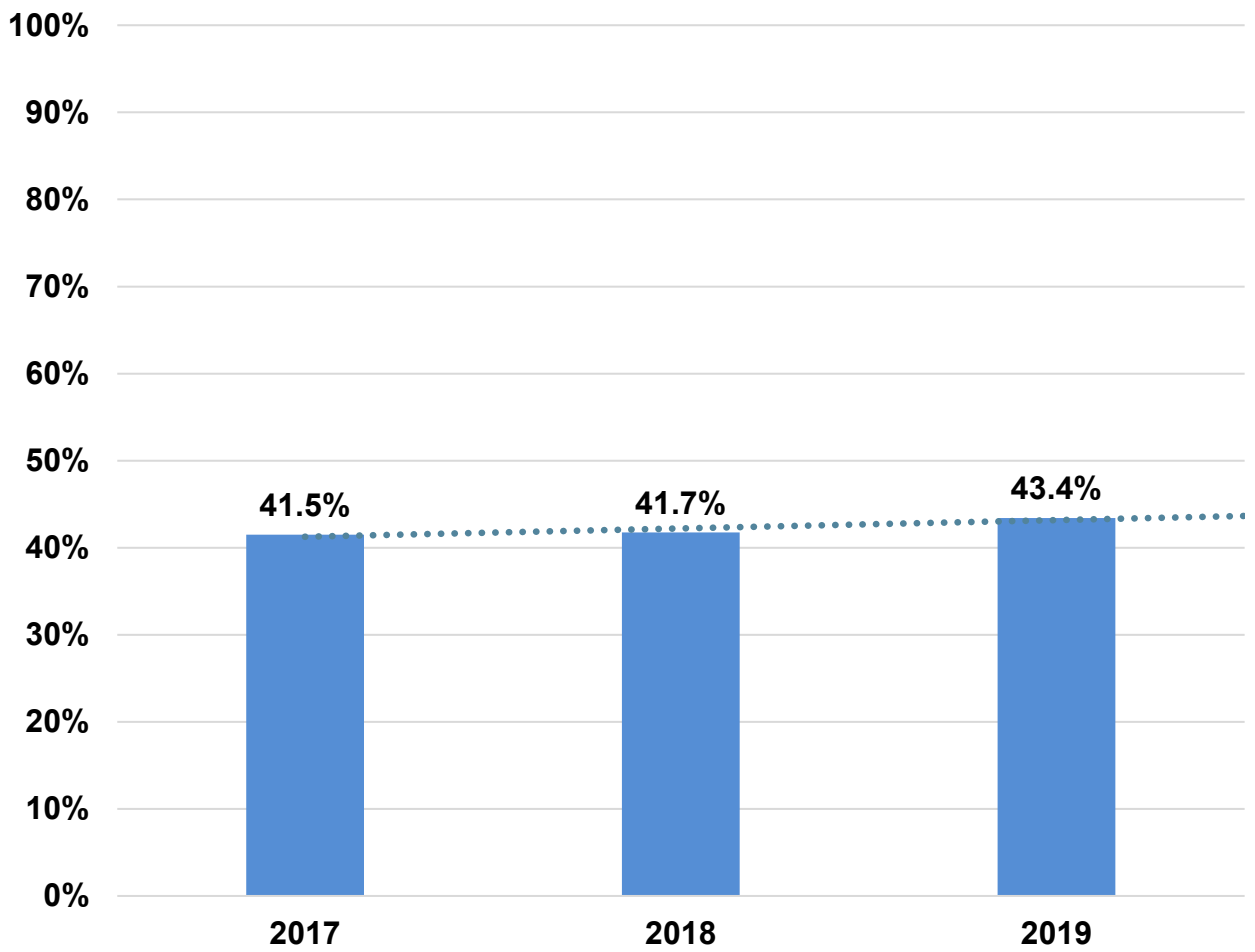
Review Area			
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active	
	<u>Clinical Significance</u>	The American Academy of Pediatrics and Bright Futures recommend annual well-care visits to promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with physical, social, and emotional development.	
	Performance (e.g., National, State, Comparison to Prior Years)	 NC: See Next Slide	 National Rates: 46.1% Medicaid HMO; 53.7%/53.1% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022.	
	Selected Equity Results/Considerations	NCQA introduced race and ethnicity stratifications to this measure in 2022. Small disparities in 2021 performance for Black enrollees (<10%).	
Optional Fields	Data Collection/Reporting Considerations	Administrative	
	PHP Feedback	None	
	Measure Alignment with CMS and Other State Medicaid Programs	CMS Child Core measure Virginia Managed Care Plan Performance Withhold Program measure Oregon 2023 Challenge Pool measure NY Total Care for General Population VBP Quality Measure (2022)	

*This measure specification changed in 2020. The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate.

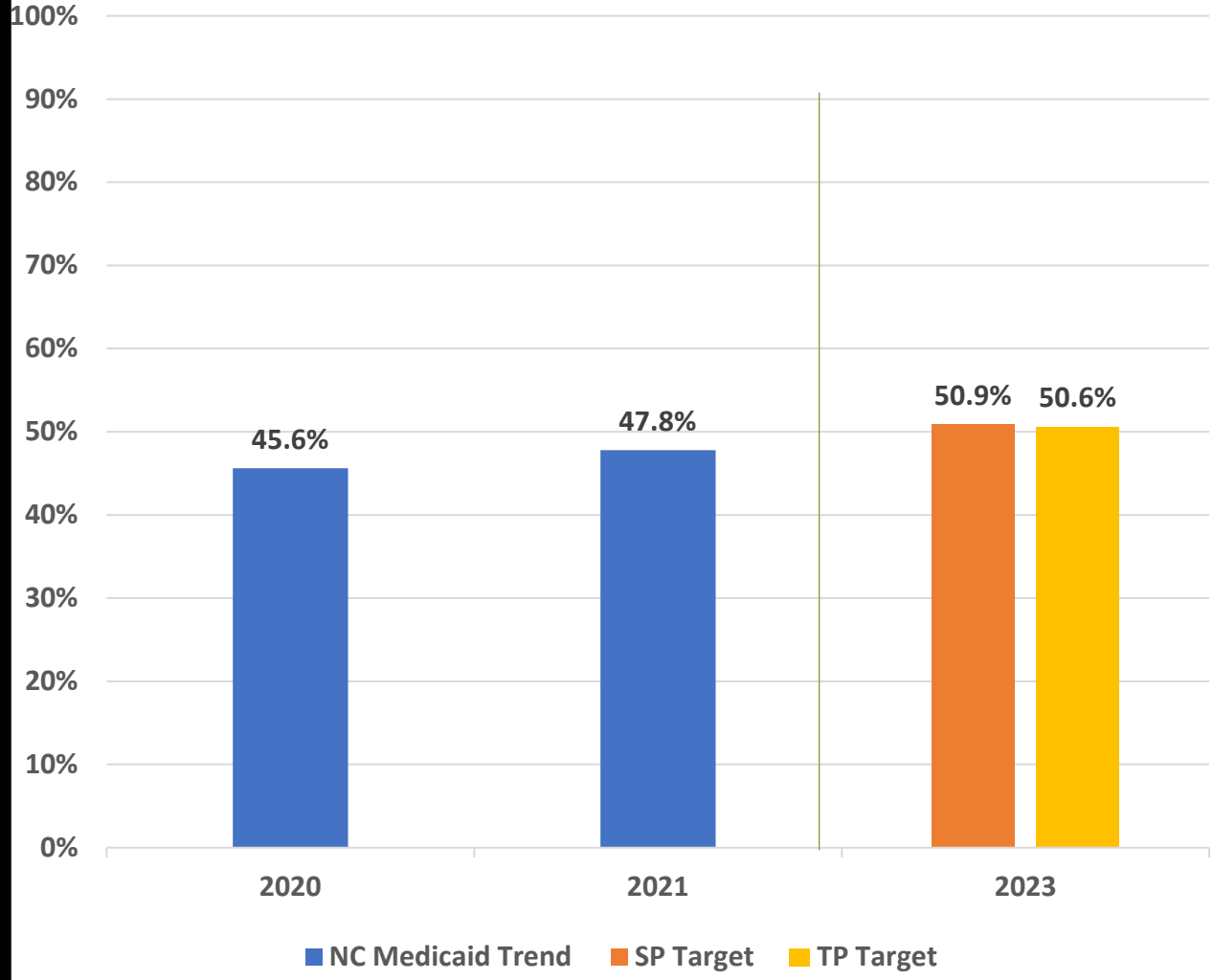
Child and Adolescent Well-Care Visits (WCV) (NQF# 1516, NCQA, Process Measure)

Throughout this presentation, blue bars show the overall NC Medicaid trend. 2023 targets are pulled from the performance in each line of business (e.g., Standard Plan, Tailored Plan).

Adolescent Well-Care Visits*, 2017-2019



Child and Adolescent Well-Care Visits, 2020-2021

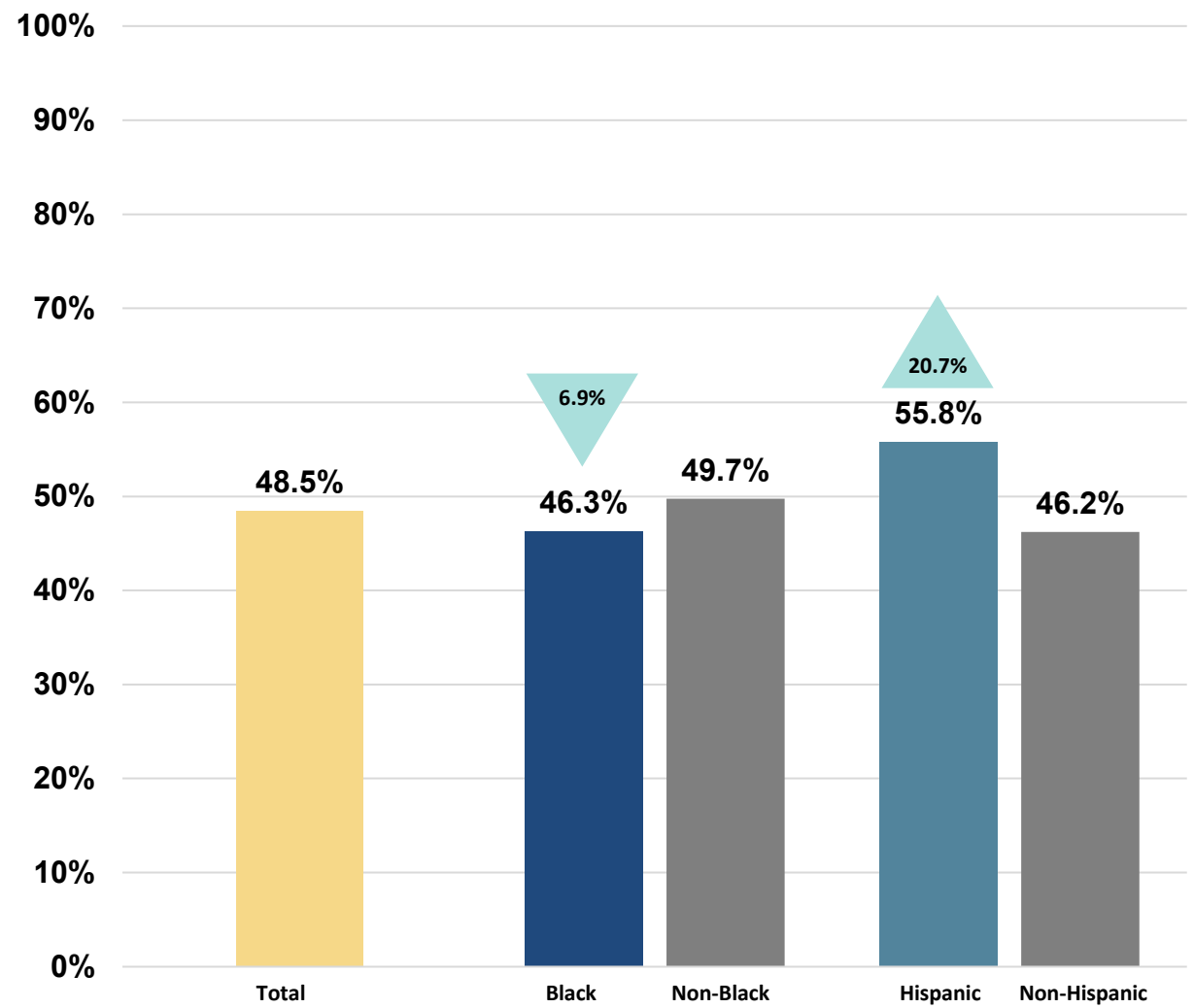


■ NC Medicaid Trend ■ SP Target ■ TP Target

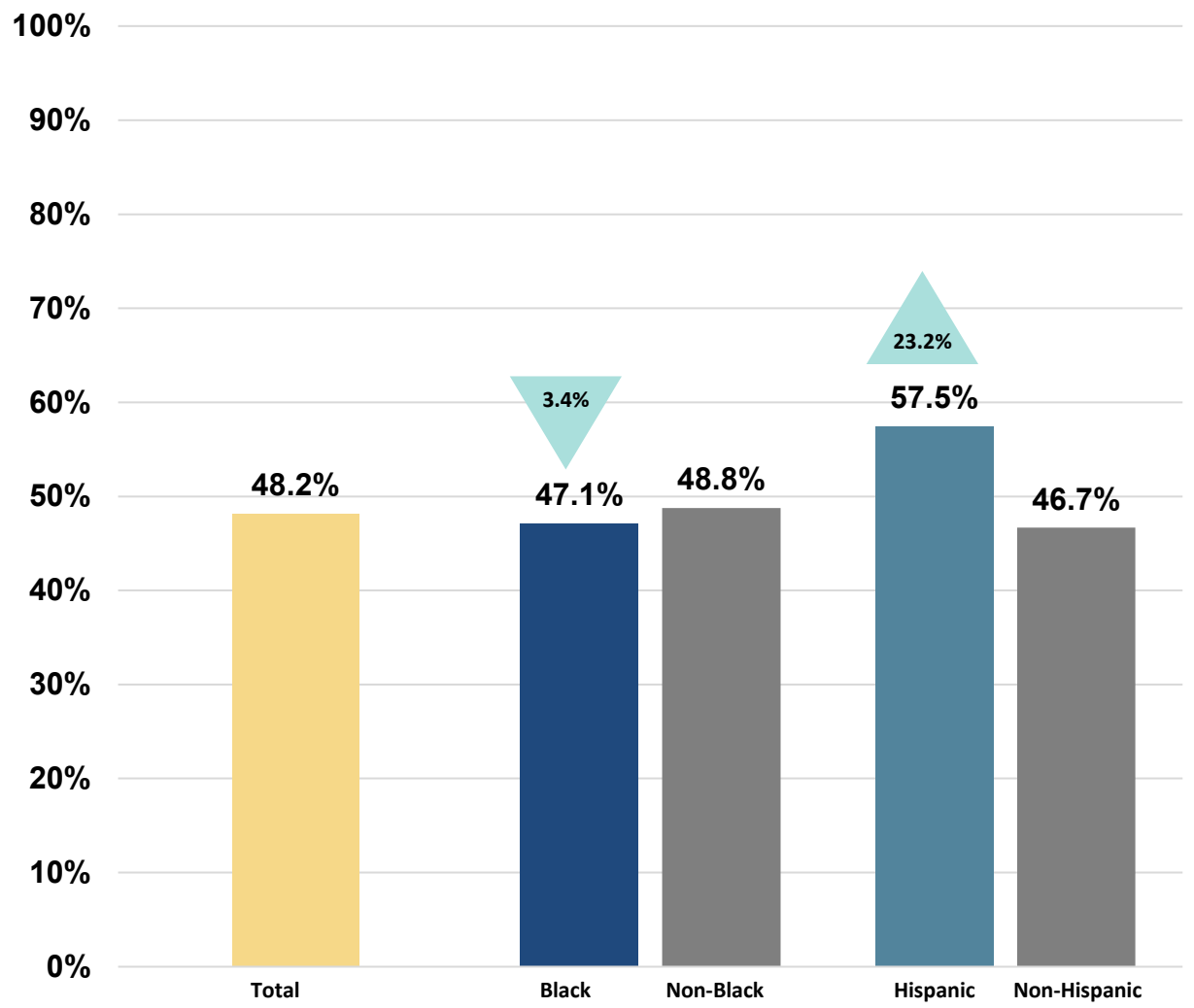
Child and Adolescent Well-Care Visits (WCV) (NQF# 1516, NCQA, Process Measure)

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

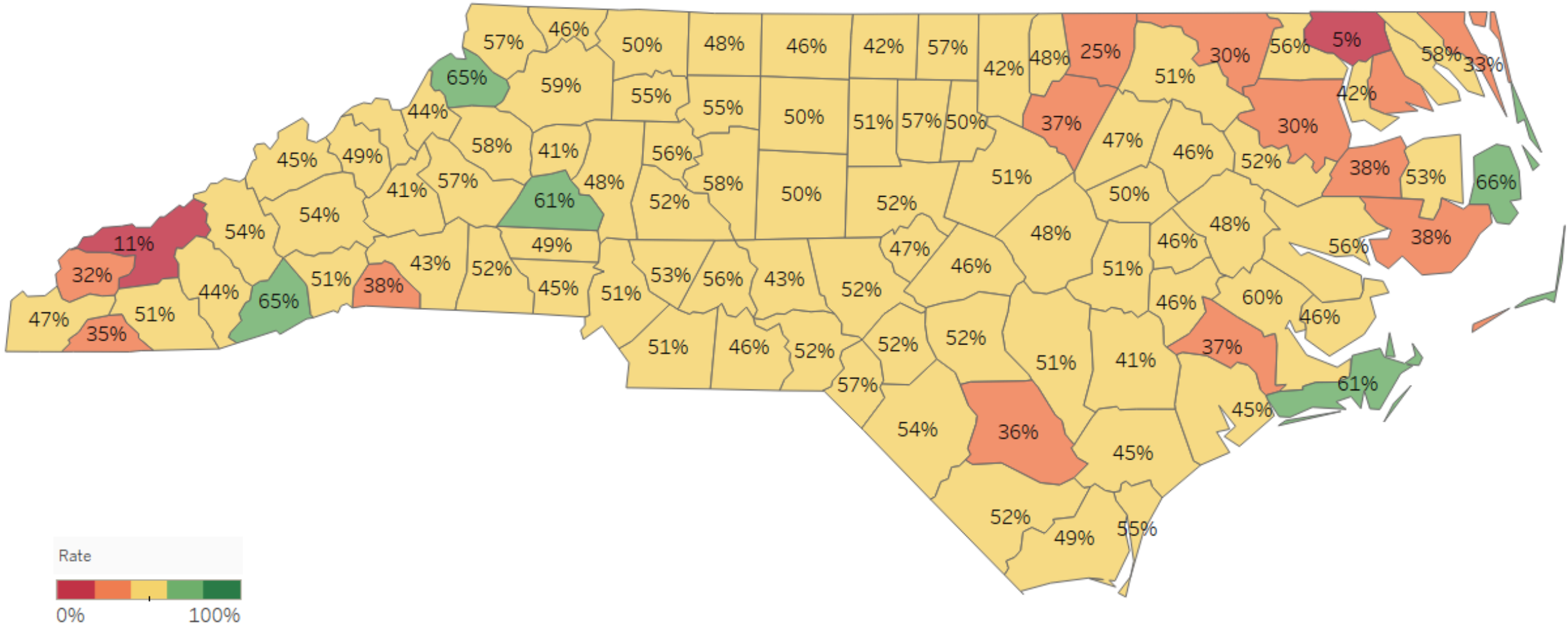
Demographic Variance, Standard Plans, 2021



Demographic Variance, Tailored Plans, 2021

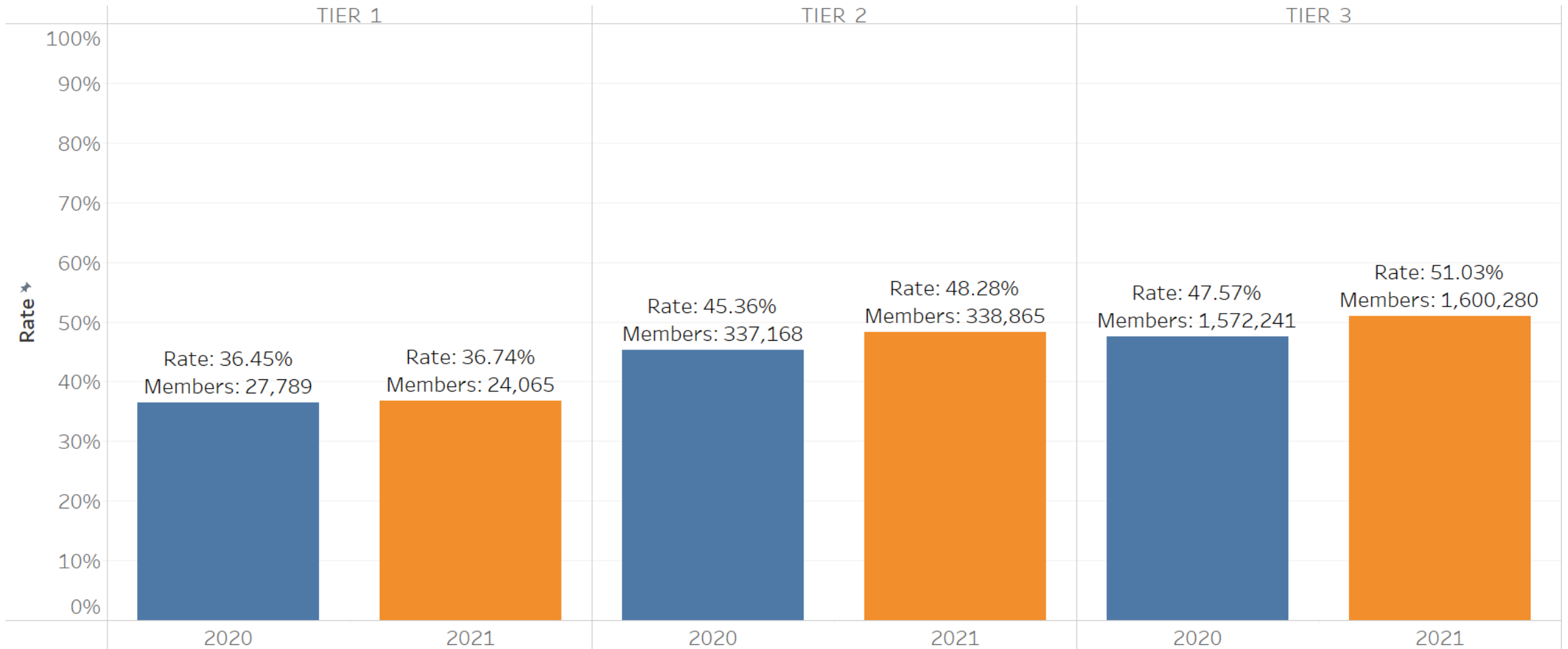


2021 WCV Rates by Provider County

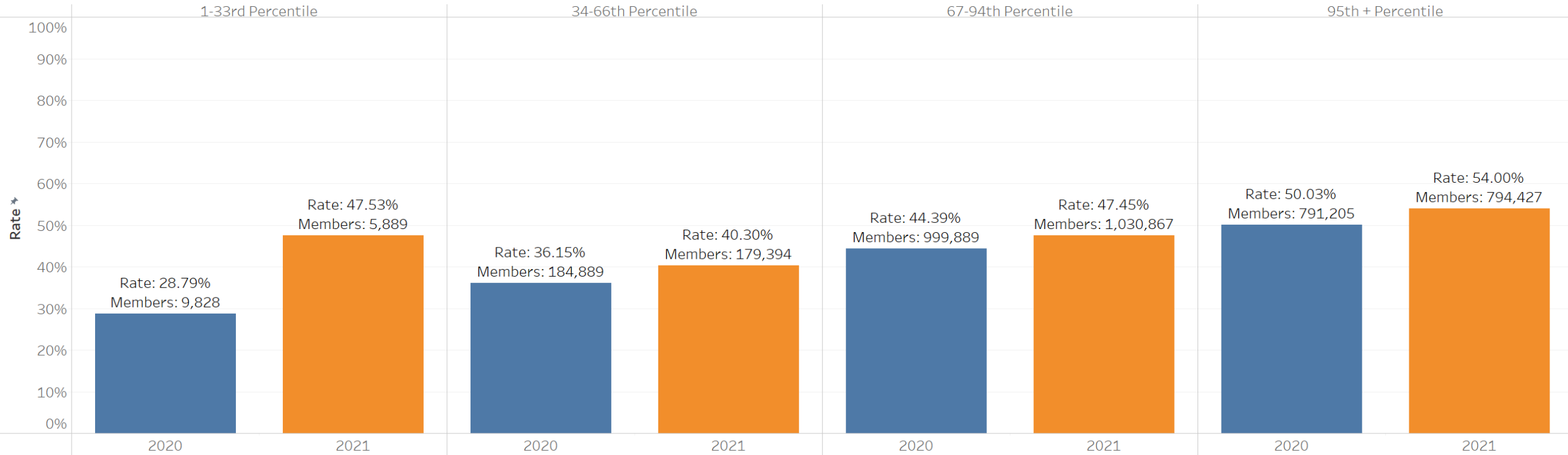


Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown in on the map

2021 WCV Rates by AMH Tier



2021 WCV Rates by Practice Size



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

Measure Summary







The percentage of children 2 years of age who, by their second birthday, received all vaccinations in the combination 10 vaccination set.



This vaccination set includes:

- 4 diphtheria, tetanus and acellular pertussis (DTaP) vaccinations;
- 3 polio (IPV) vaccinations;
- 1 measles, mumps and rubella (MMR) vaccination;
- 3 haemophilus influenza type B (HiB) vaccinations;
- 3 hepatitis B (HepB) vaccinations;
- 1 chicken pox (VZV) vaccination;
- 4 pneumococcal conjugate (PCV) vaccinations;
- 1 hepatitis A (HepA) vaccination;
- 2 or 3 rotavirus (RV) vaccination;
- 2 influenza (flu) vaccines.

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

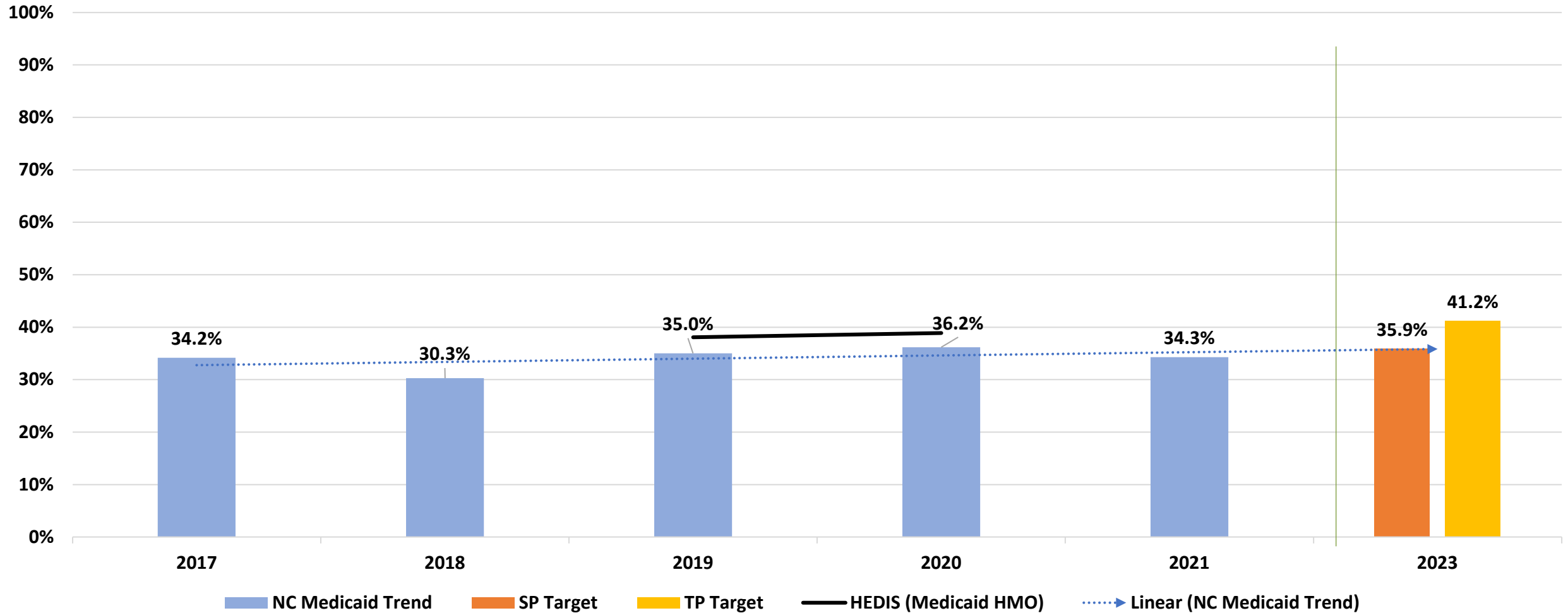
Key:

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-  Flat Trend
-  Decreasing Trend
-  NC above national trend (>5%)
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-  NC below national trend (>5%)

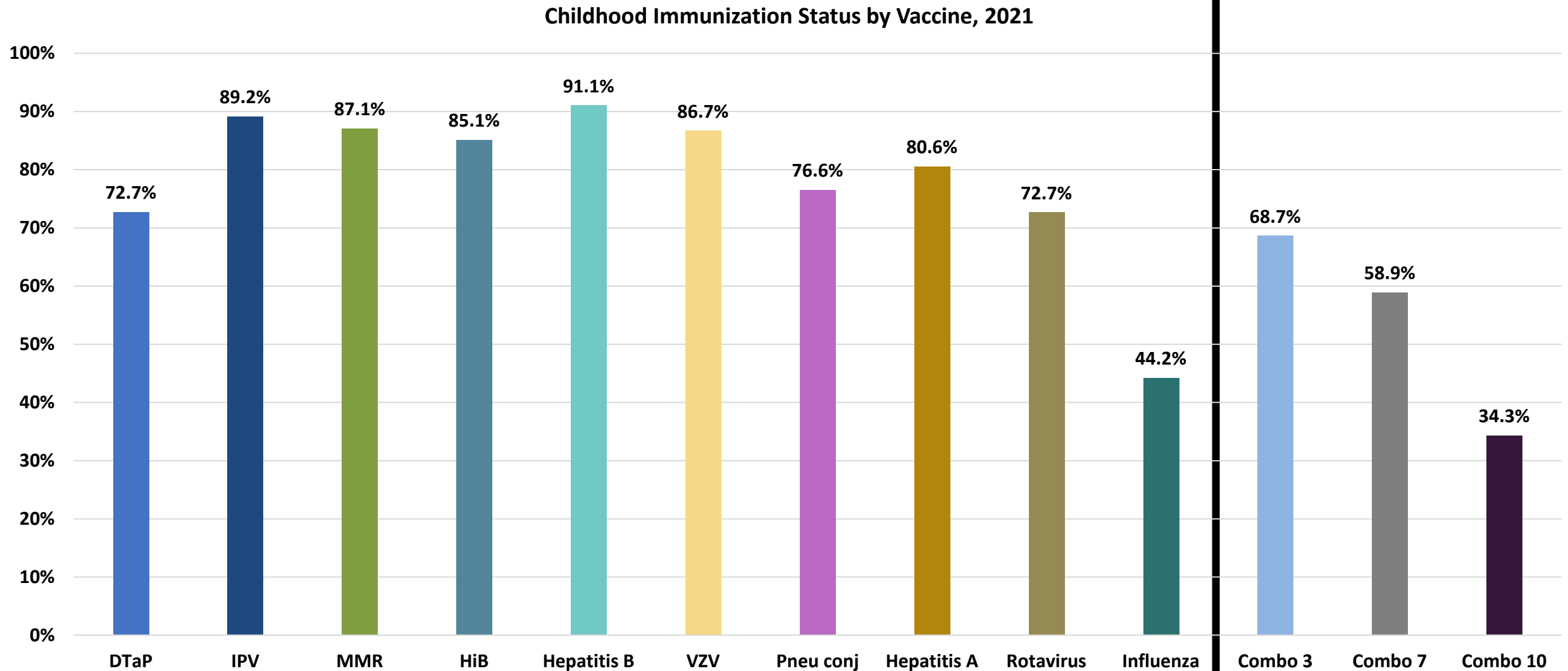
Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active
	<u>Clinical Significance</u>	Childhood vaccines protect children from a number of serious and potentially life-threatening diseases such as diphtheria, measles, meningitis, polio, tetanus and whooping cough, at a time in their lives when they are most vulnerable to disease.
	Performance (e.g., National, State, Comparison to Prior Years)	<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  <p>NC: See Next Slide</p> </div> <div style="text-align: center;">  <p>National Median: 38.9% Medicaid HMO; 58%/51.4% Commercial HMO, Commercial PPO (HEDIS 2020)</p> </div> </div>
	Measure Specifications Changes	No changes in 2022
	Selected Equity Results/Considerations	Large disparities in 2021 performance for Black enrollees (<40%).
	Optional Fields	Data Collection/Reporting Considerations
PHP Feedback		None
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 (Combo 10), 2017-2021



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

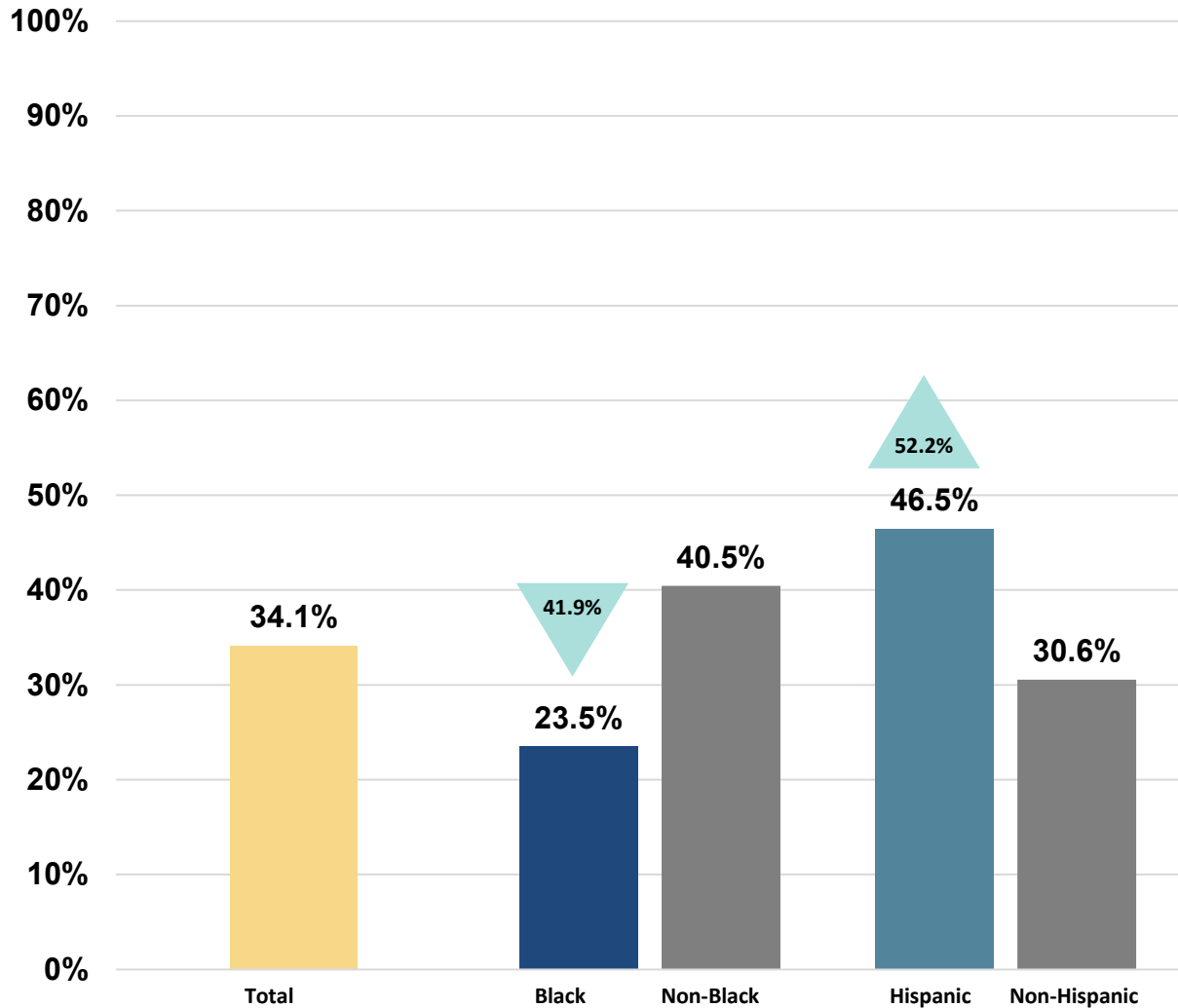


Combo 3 includes: DTAP, IPV, MMR, HIB, Hepatitis B, VZV and PCV. Combo 7 includes: DTAP, IPV, MMR, HIB, Hepatitis B, Rotavirus, Influenza, VZV, PCV, and Hepatitis A.

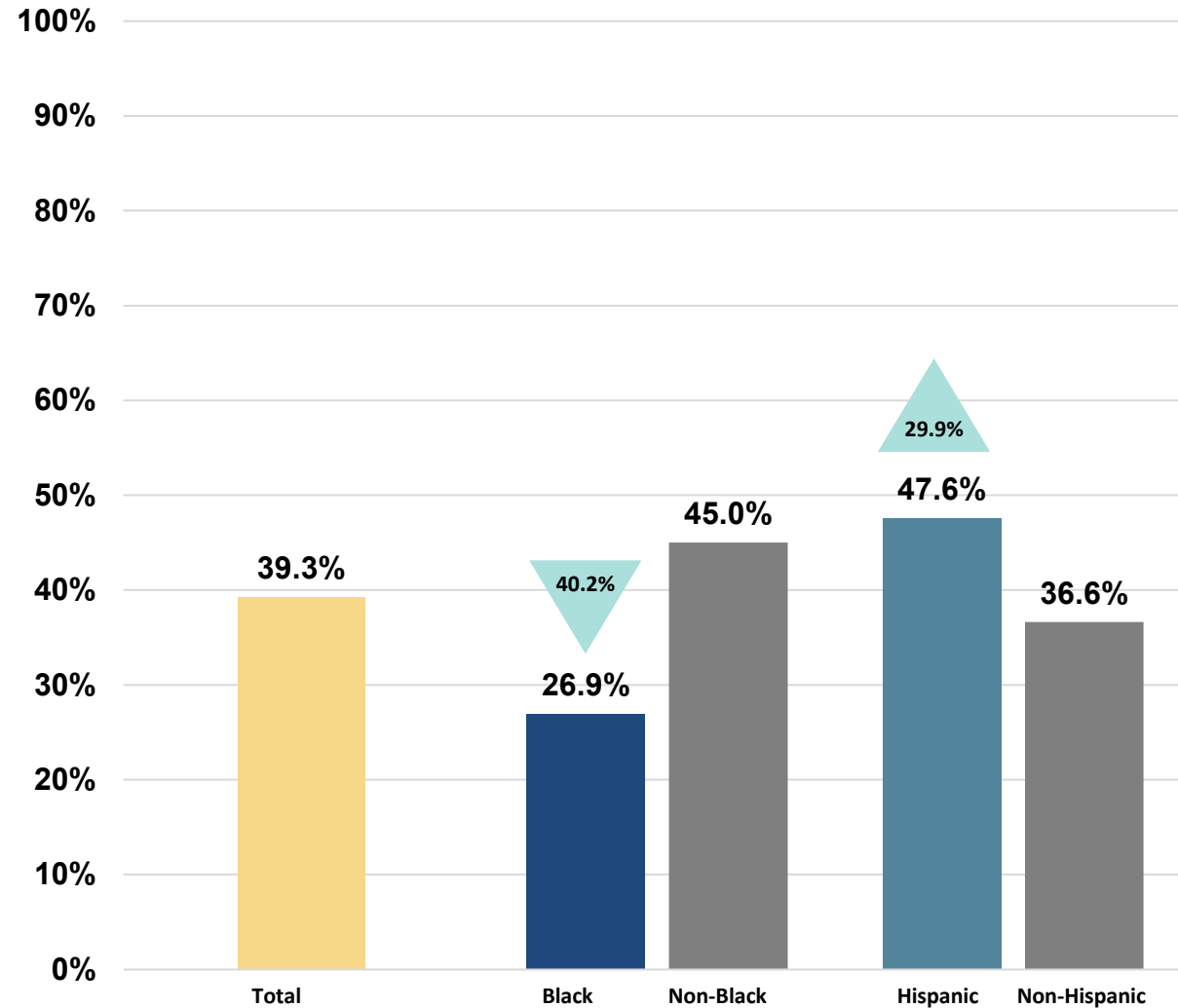
Childhood Immunization Status (CIS) (Combo 10) (NQF# 0038, NCQA, Process Measure)

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

Demographic Variance, Standard Plans, 2021

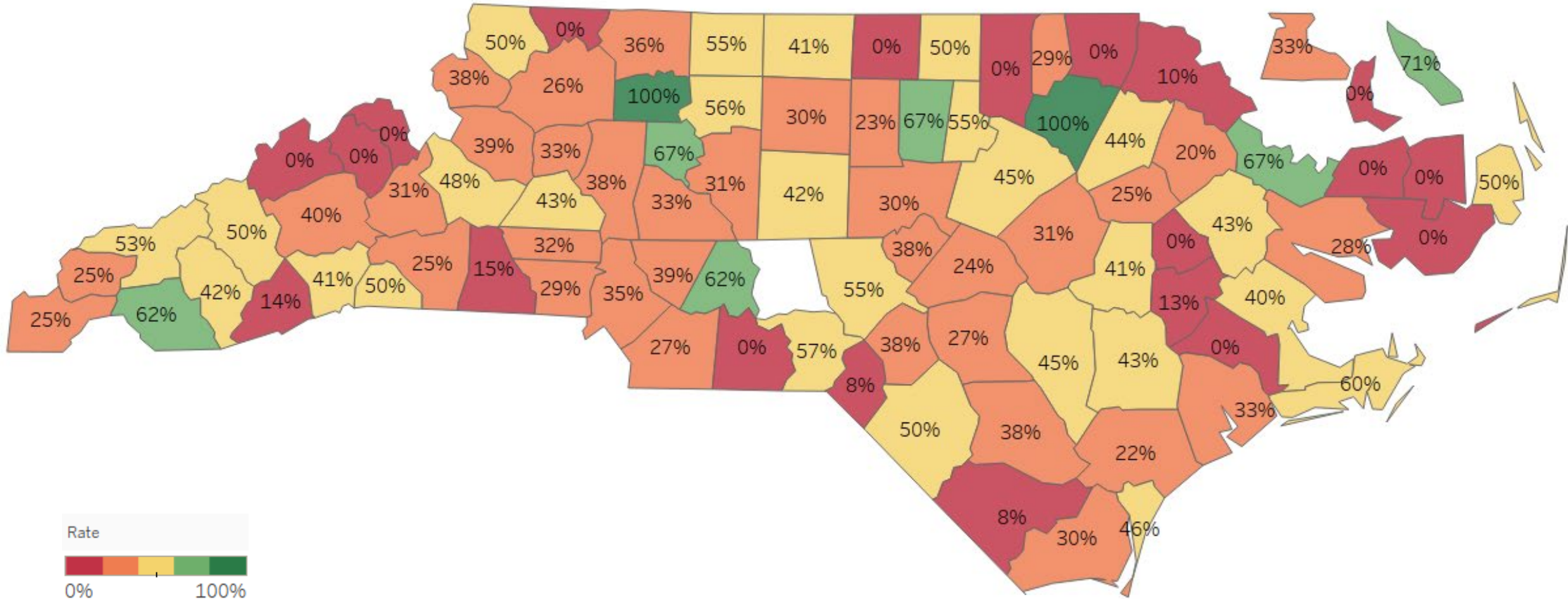


Demographic Variance, Tailored Plans, 2021



2021 CIS Rates by Provider County

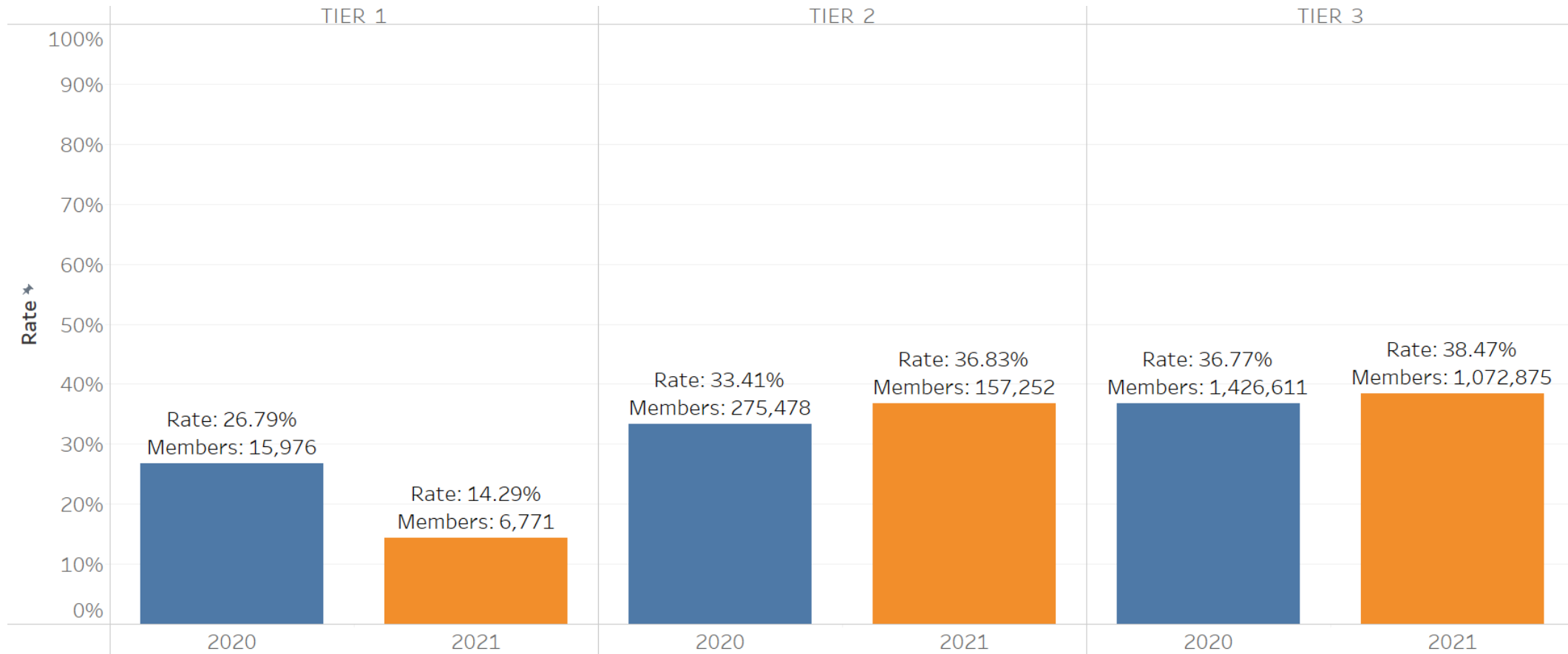
Combo 10



Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown on the map

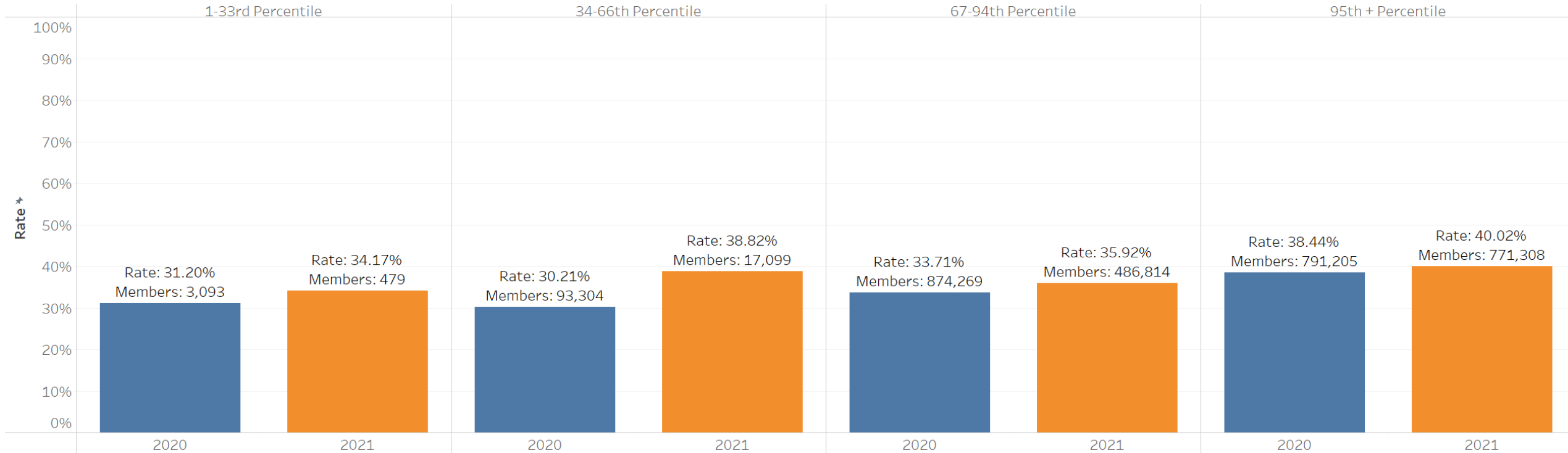
2021 CIS Rates by AMH Tier

Combo 10



2021 CIS Rates by Practice Size

Combo 10









Immunization for Adolescents (Combo 2) (IMA) (NQF# 1407, NCQA, Process Measure)



Measure Summary

Assesses adolescents 13 years of age who had one dose of meningococcal vaccine, one Tdap vaccine and the complete human papillomavirus vaccine series by their 13th birthday.

Immunization for Adolescents (Combo 2) (IMA) (NQF# 1407, NCQA, Process Measure)

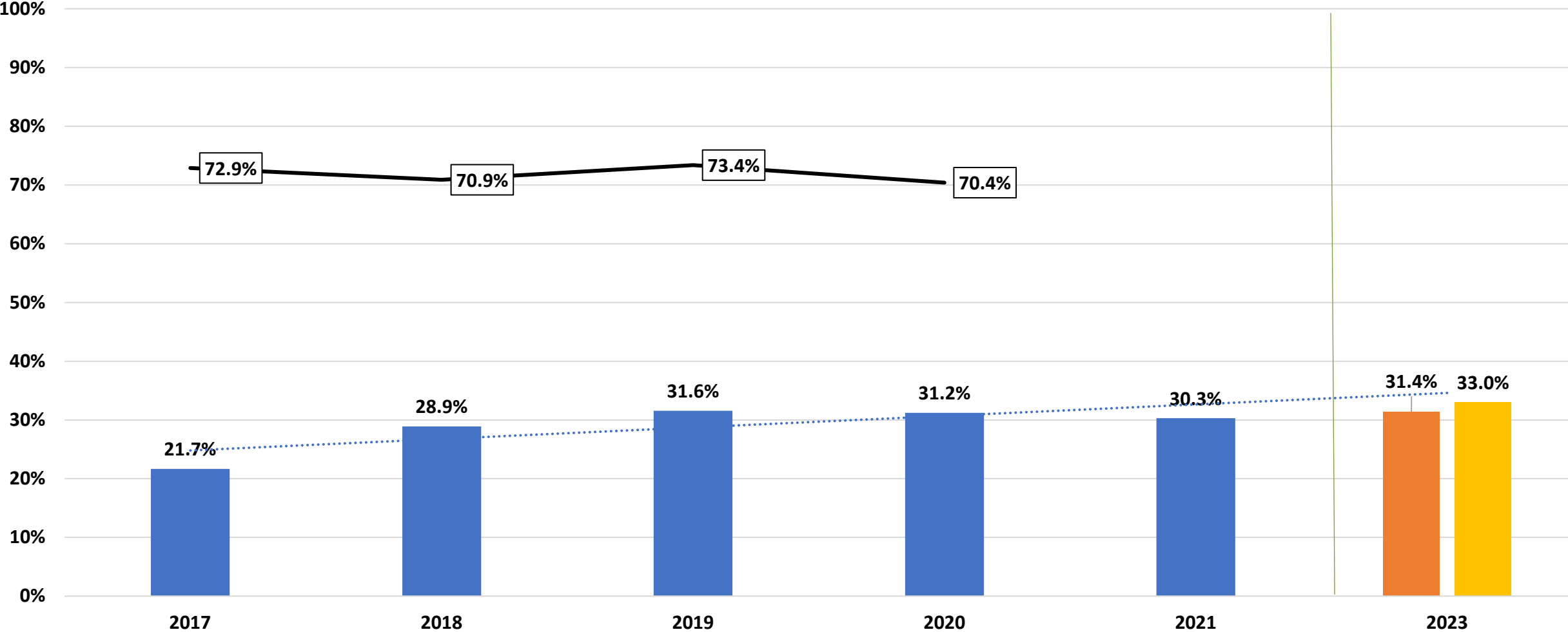
Key:

-  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)	Active
	<u>Clinical Significance</u>	Vaccinations are the best defense against vaccine-preventable diseases that cause serious morbidity and mortality, including meningococcal meningitis, tetanus, diphtheria, and human papillomavirus.
	Performance (e.g., National, State, Comparison to Prior Years)	 NC: See Next Slide <div style="float: right; text-align: right;">  National Median: 70.4% Medicaid HMO; 76.2%/69.5% Commercial HMO, Commercial PPO (HEDIS 2020) </div>
	Measure Specifications Changes	No changes in 2022
	Selected Equity Results/Considerations	20% disparity for Black Standard Plan enrollees in 2021.
Optional Fields	Data Collection/Reporting Considerations	Administrative NCQA will now allow voluntary Electronic Clinical Data Systems (ECDS) reporting for this measure.
	PHP Feedback	None
	Measure Alignment with CMS and Other State Medicaid Programs	CMS Child Core MA ACO/MCO Program measure Oregon 2023 Challenge Pool measure NY Total Care for General Population VBP Quality Measure (2022)

Immunization for Adolescents (Combo 2) (IMA) (NQF# 1407, NCQA, Process Measure)

Immunization for Adolescents (Combo 2), 2017-2021

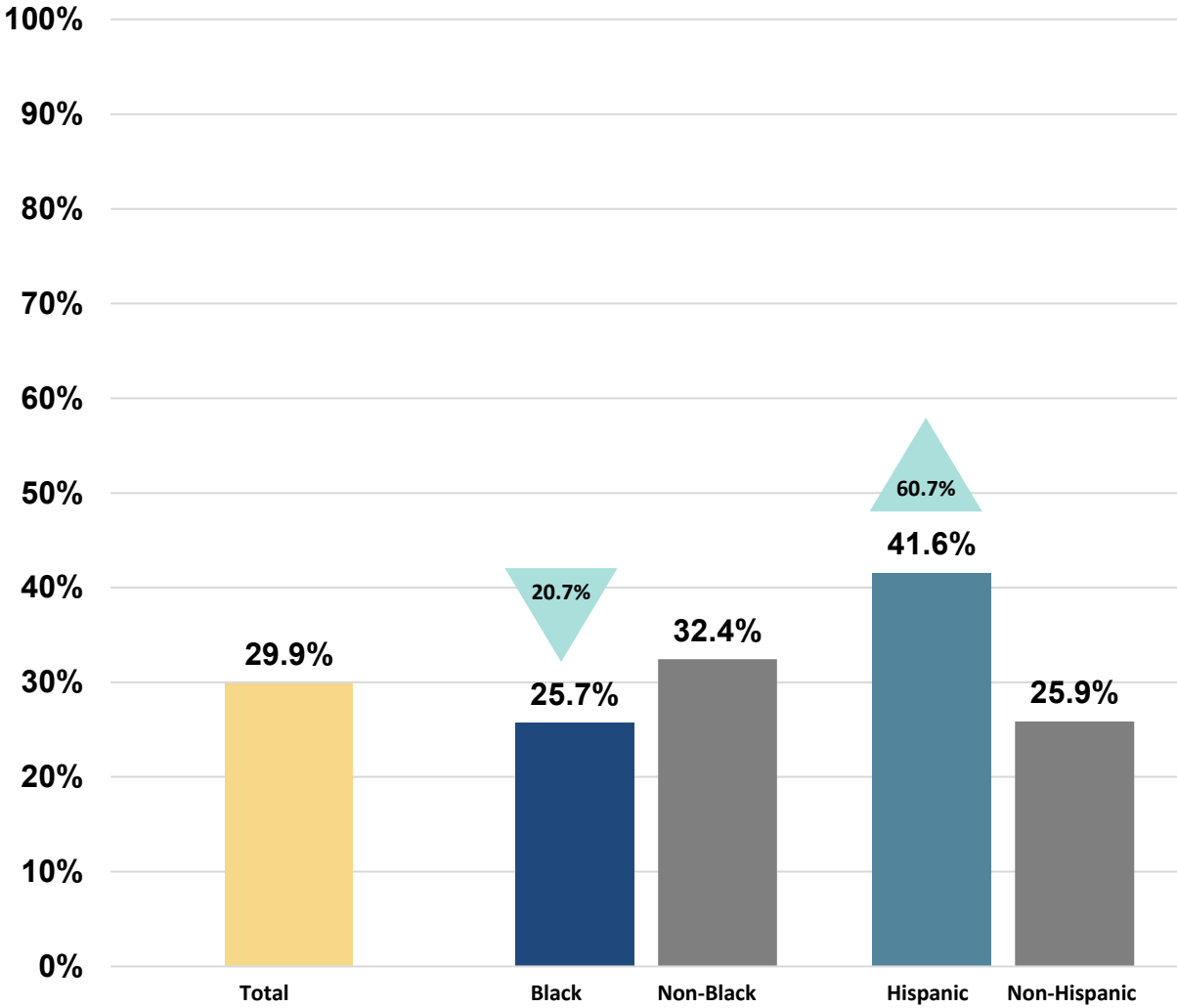


Immunization for Adolescents (Combo 2) (IMA) (NQF# 1407, NCQA, Process Measure)

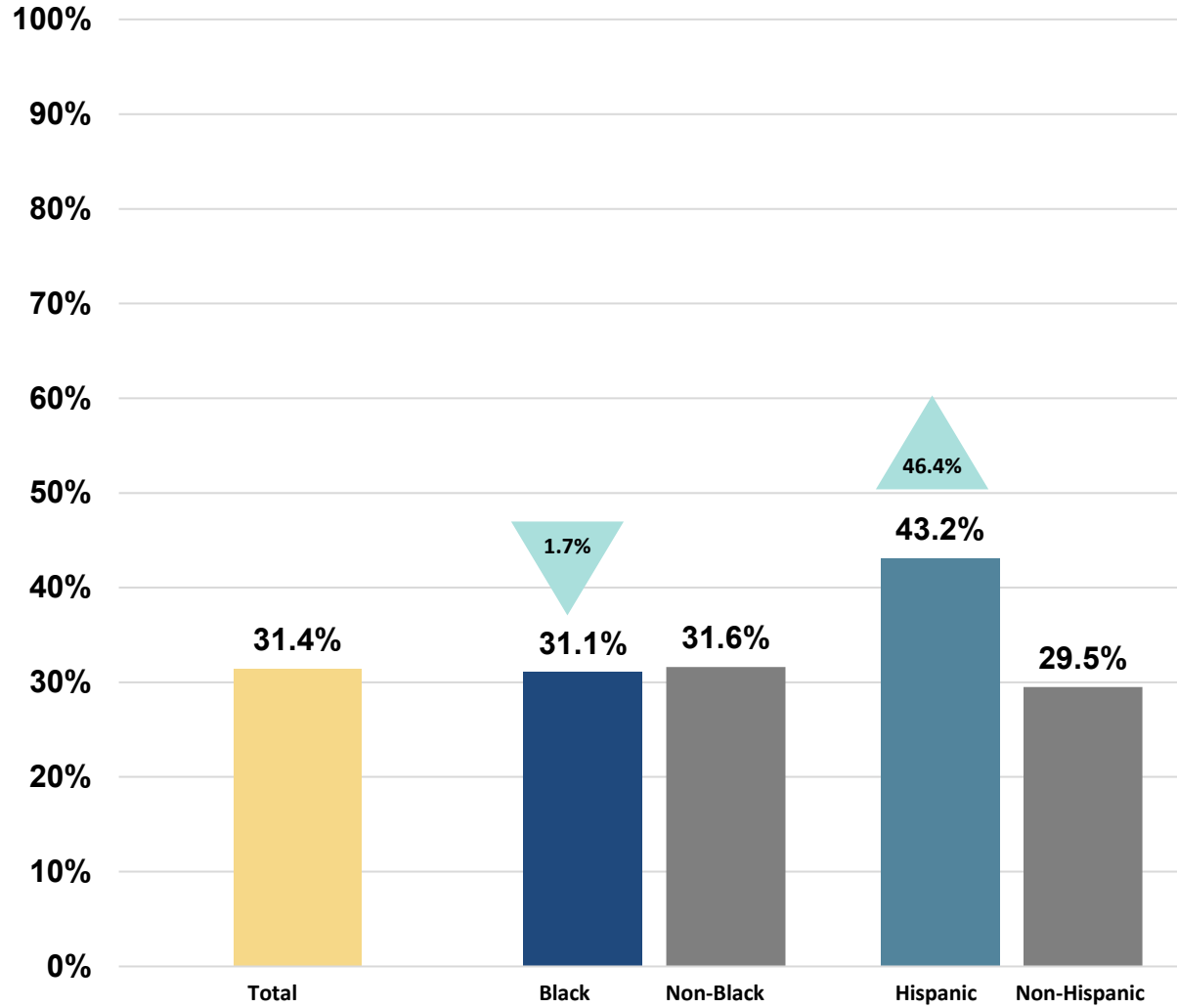
Key:  **XX%** Group of focus is XX% higher than reference group

 **YY%** Group of focus is YY% lower than reference group

Demographic Variance, Standard Plans, 2021

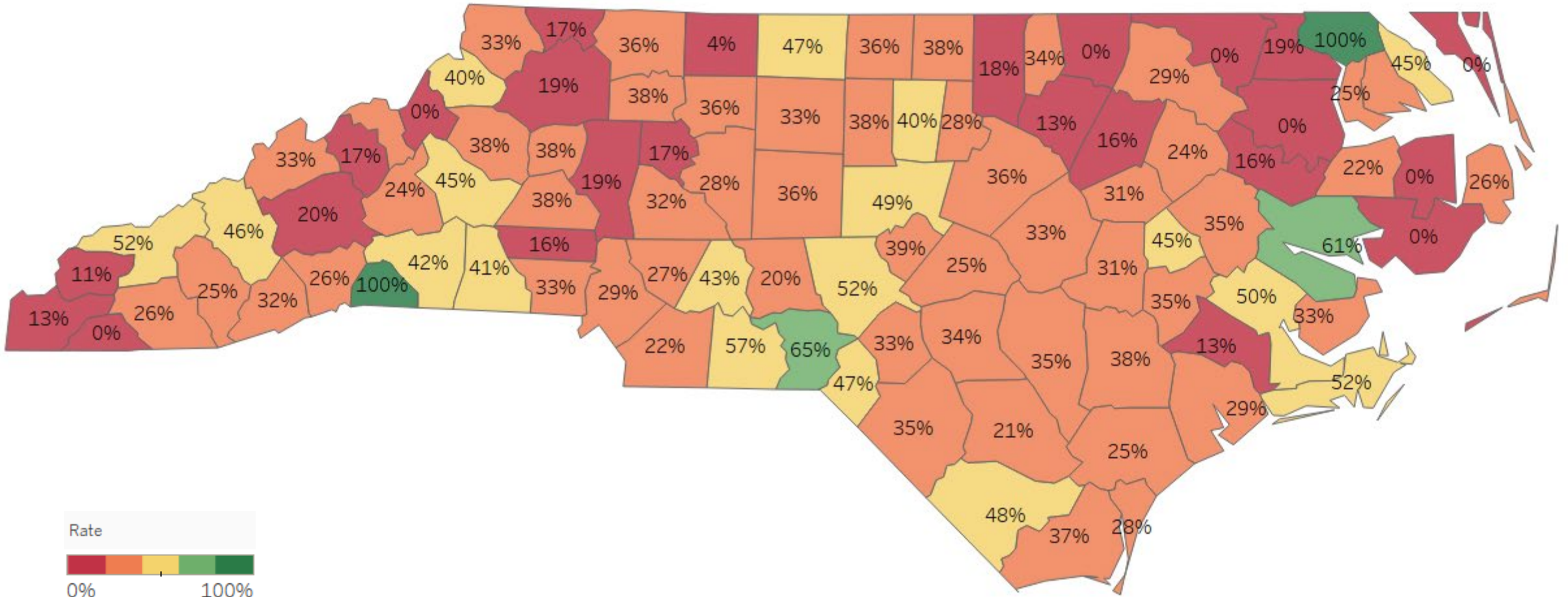


Demographic Variance, Tailored Plans, 2021



2021 IMA Rates by Provider County

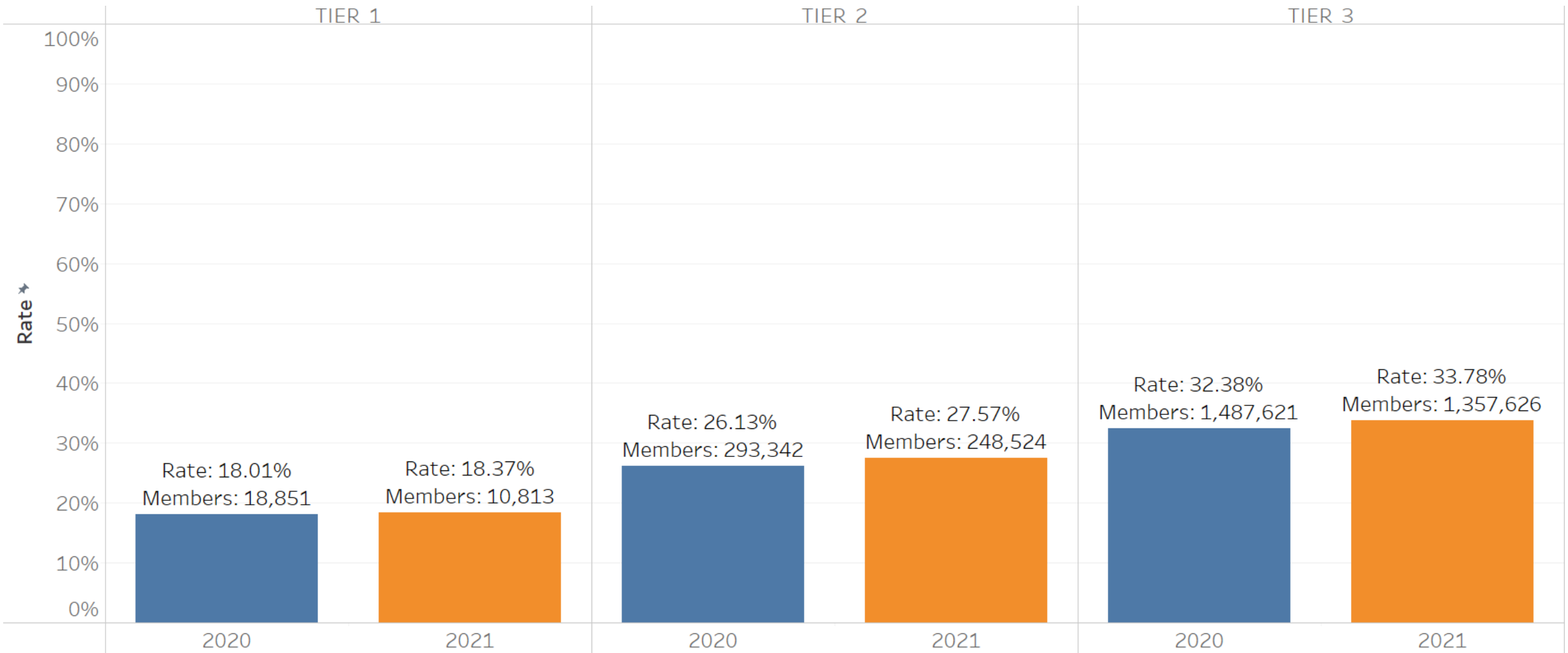
Combo 2



Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown on the map

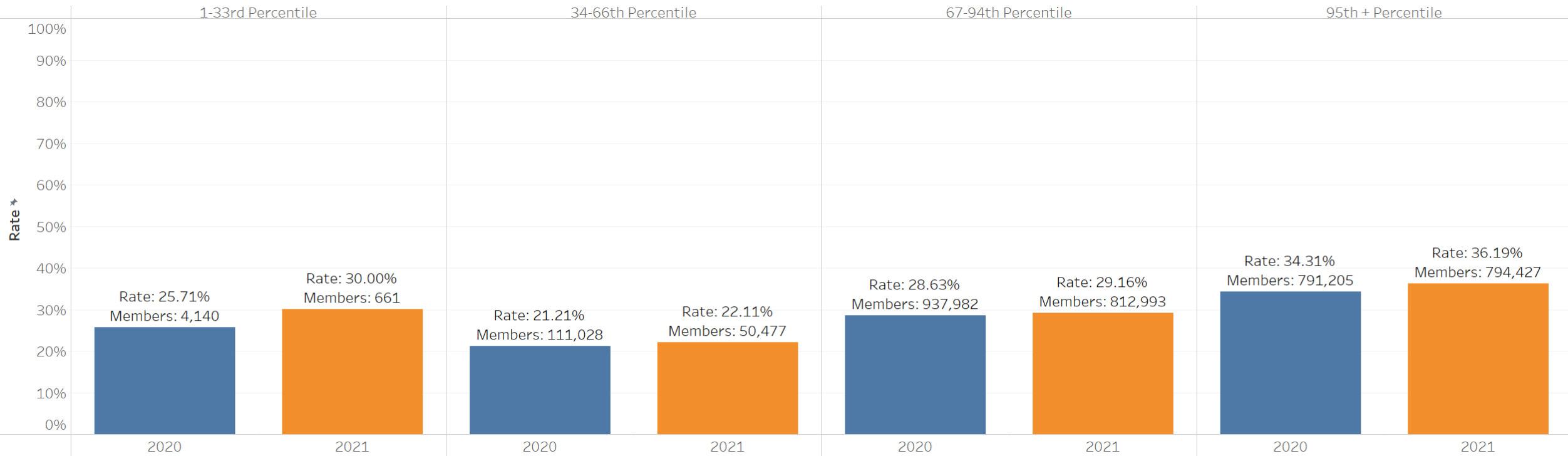
2021 IMA Rates by AMH Tier

Combo 2



2021 IMA Rates by Practice Size

Combo 2



Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)







Measure Summary




Assesses children who turned 15 months old during the measurement year and had at least six well-child visits with a primary care physician during their first 15 months of life.

Assesses children who turned 30 months old during the measurement year and had at least two well-child visits with a primary care physician in the last 15 months.

Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)

Key:

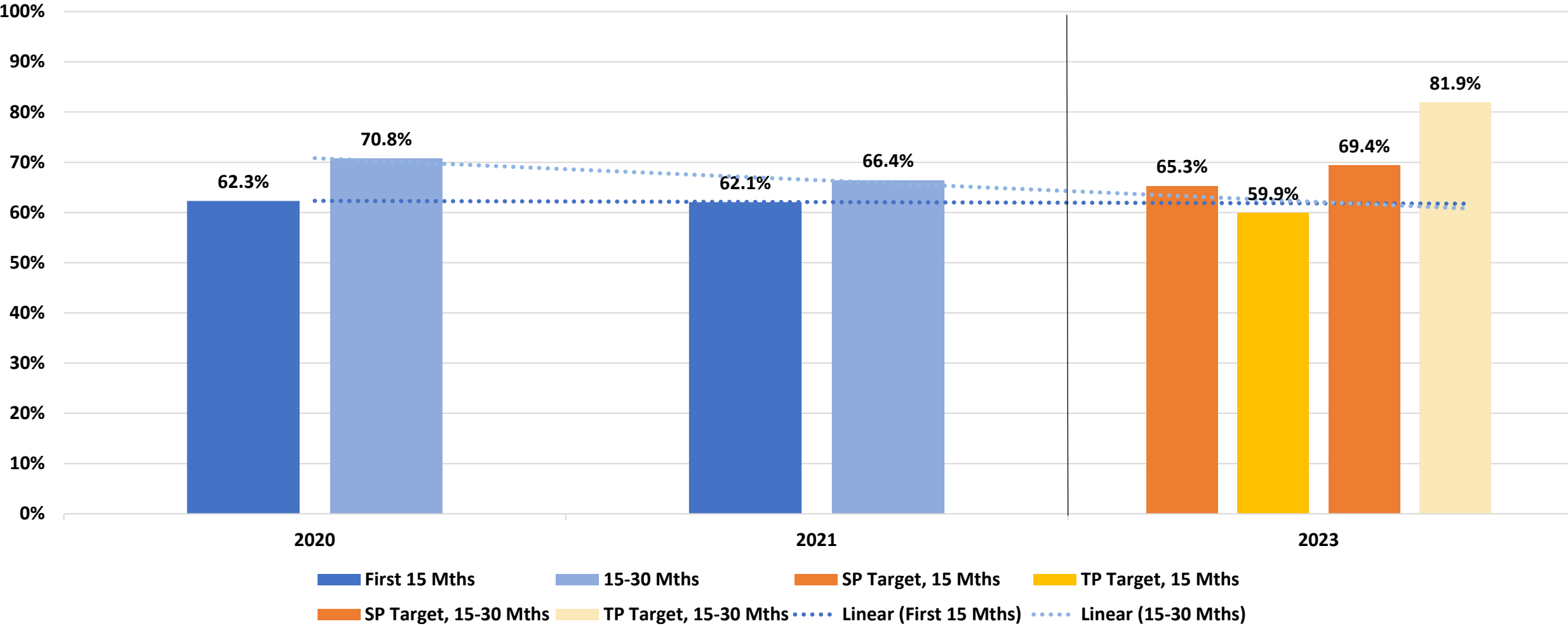
-  Increasing Trend
-  Flat Trend
-  Decreasing Trend
-  NC above national trend (>5%)
-  NC at or near national trend
-  NC below national trend (>5%)

Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active
	<u>Clinical Significance</u>	Assessing physical, emotional and social development is important at every stage of life, particularly with children. Well-care visits provide an opportunity for providers to influence health and development.
	Performance (e.g., National, State, Comparison to Prior Years)	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p> 15 Mths NC: See Next Slide</p> <p> 15-30 Mths</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"> <p> National Median: <i>First 15 Months:</i> 52.9% Medicaid HMO; 78.5% Commercial HMO, Commercial PPO (HEDIS 2020) <i>15-30 Months:</i> 71% Medicaid HMO; 87%/88% Commercial HMO, Commercial PPO (HEDIS 2020)</p> </div> </div>
	Measure Specifications Changes	No changes in 2022. Disparities in 2021 performance for Black enrollees (>10% for both rates) (see slides 11-12).
	Selected Equity Results/Considerations	N/A
Optional Fields	Data Collection/Reporting Considerations	Administrative
	PHP Feedback	None
	Measure Alignment with CMS and Other State Medicaid Programs	CMS Child Core NY Total Care for General Population VBP Quality Measure (2022)

*This measure specification changed in 2021. The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward. It now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.

Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)

Well-Child Visits in the First 30 Months of Life, 2020-2021

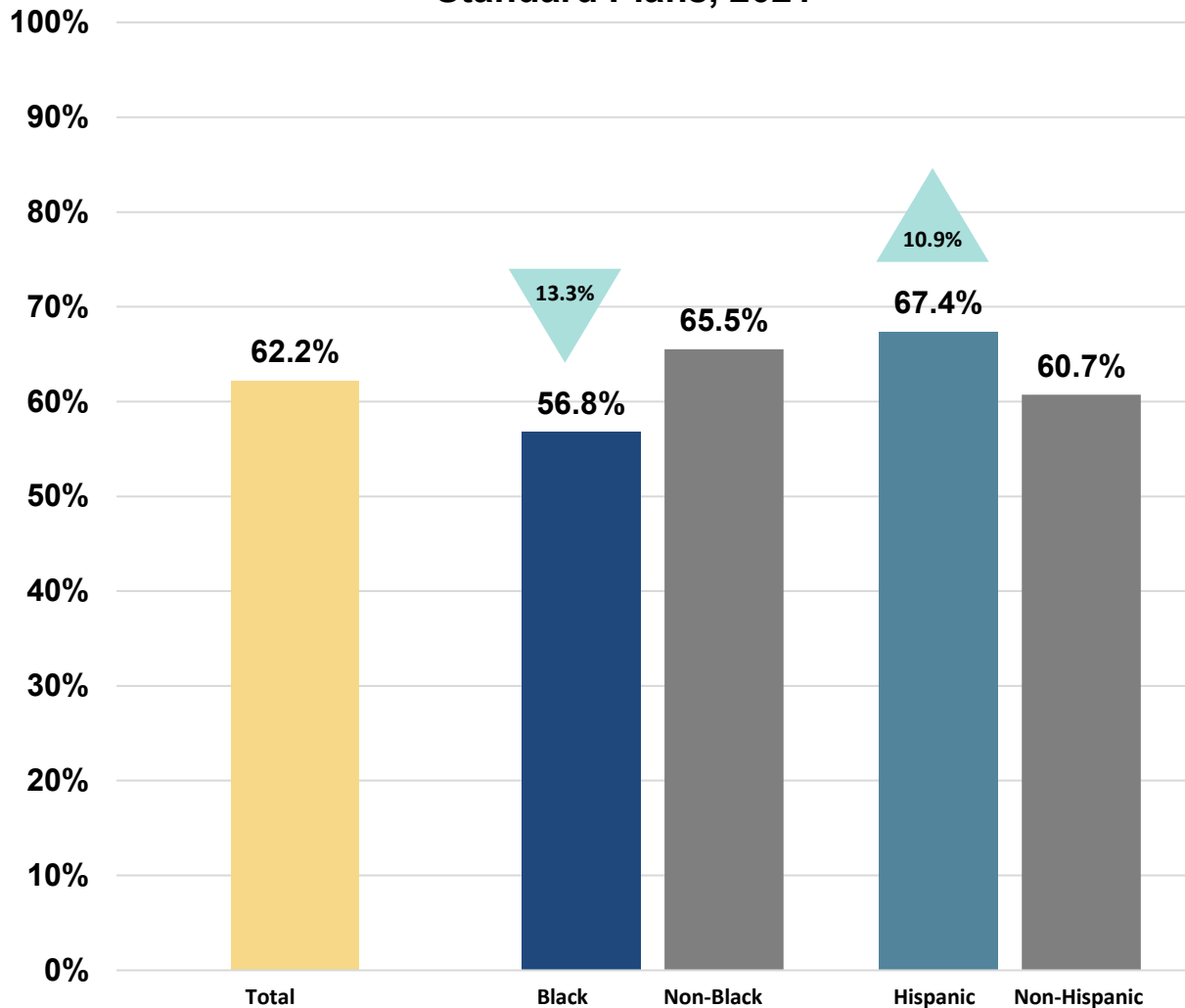


Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)

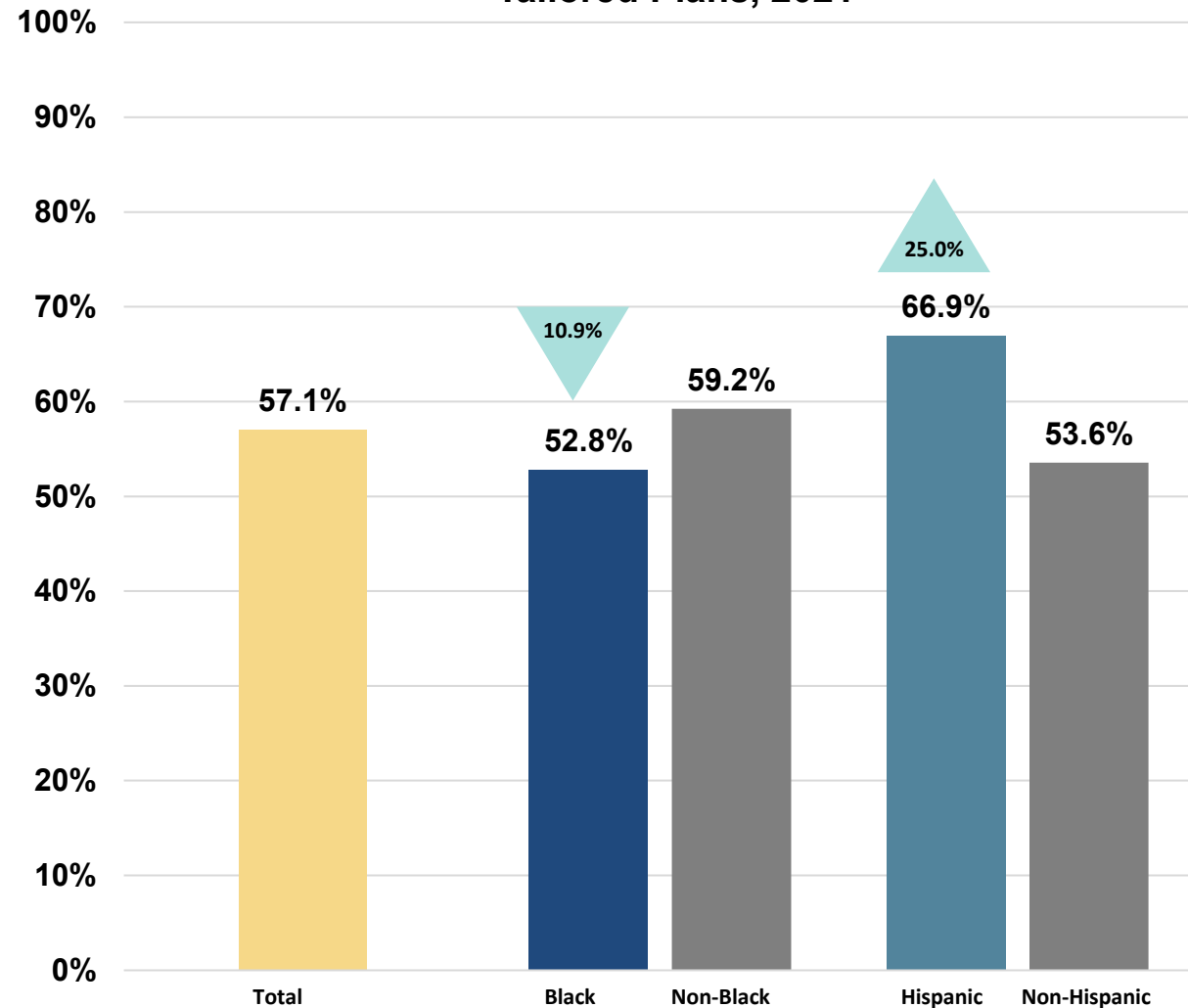
Key: ▲ **XX%** Group of focus is XX% higher than reference group

▼ **YY%** Group of focus is YY% lower than reference group

Demographic Variance (First 15 Months), Standard Plans, 2021



Demographic Variance (First 15 Months), Tailored Plans, 2021

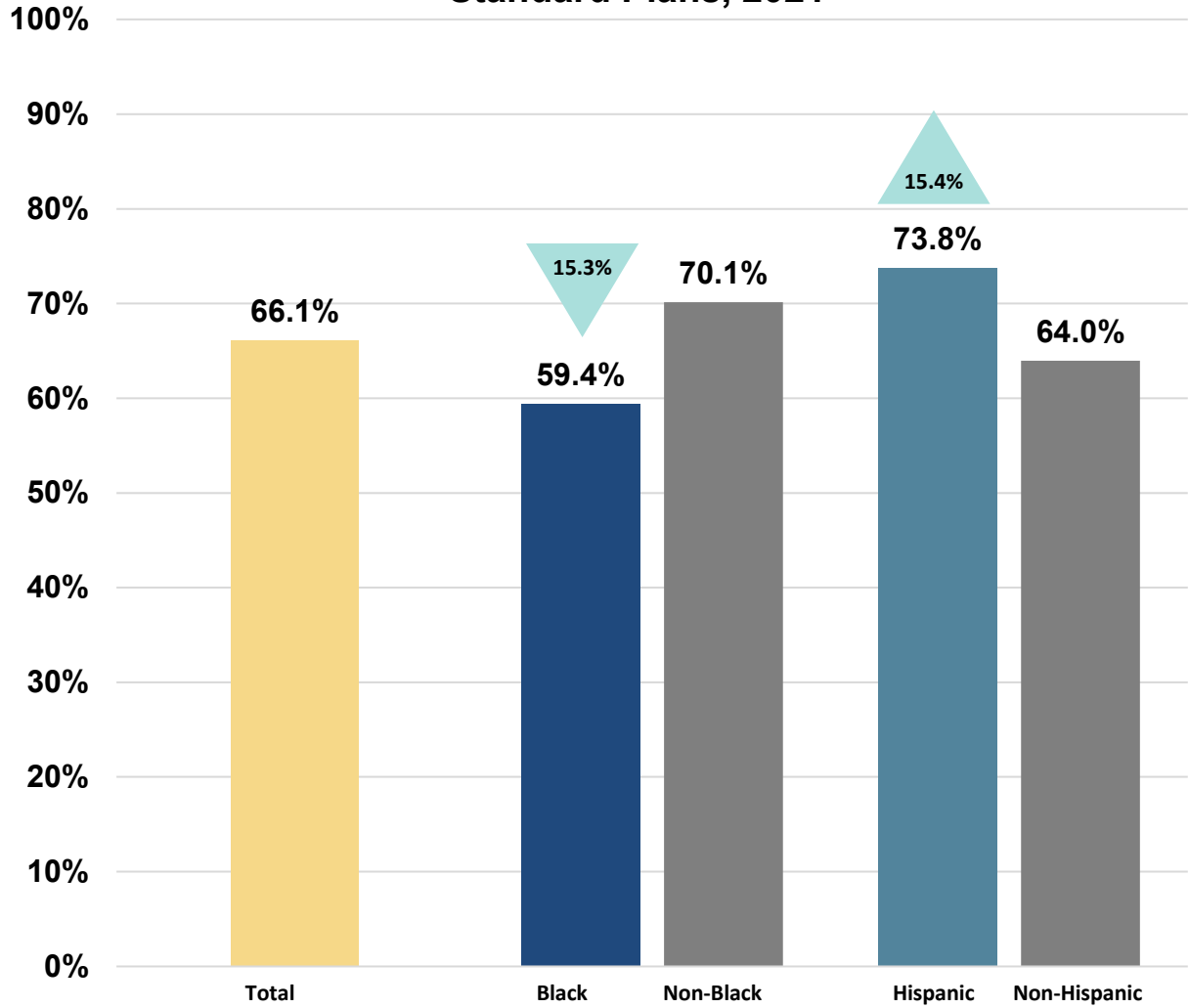


Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)

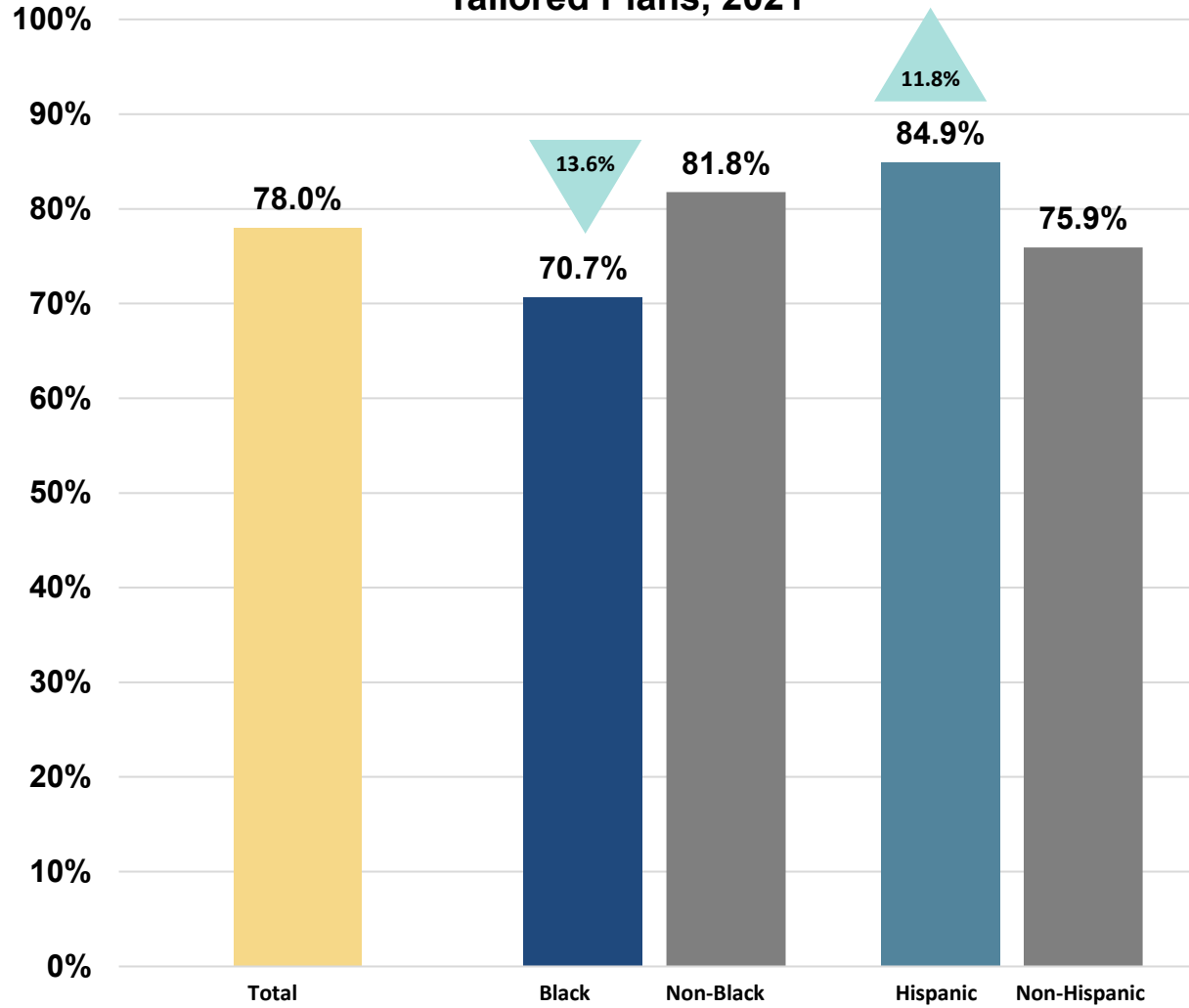
Key: ▲ **XX%** Group of focus is XX% higher than reference group

▼ **YY%** Group of focus is YY% lower than reference group

Demographic Variance (15-30 Months), Standard Plans, 2021

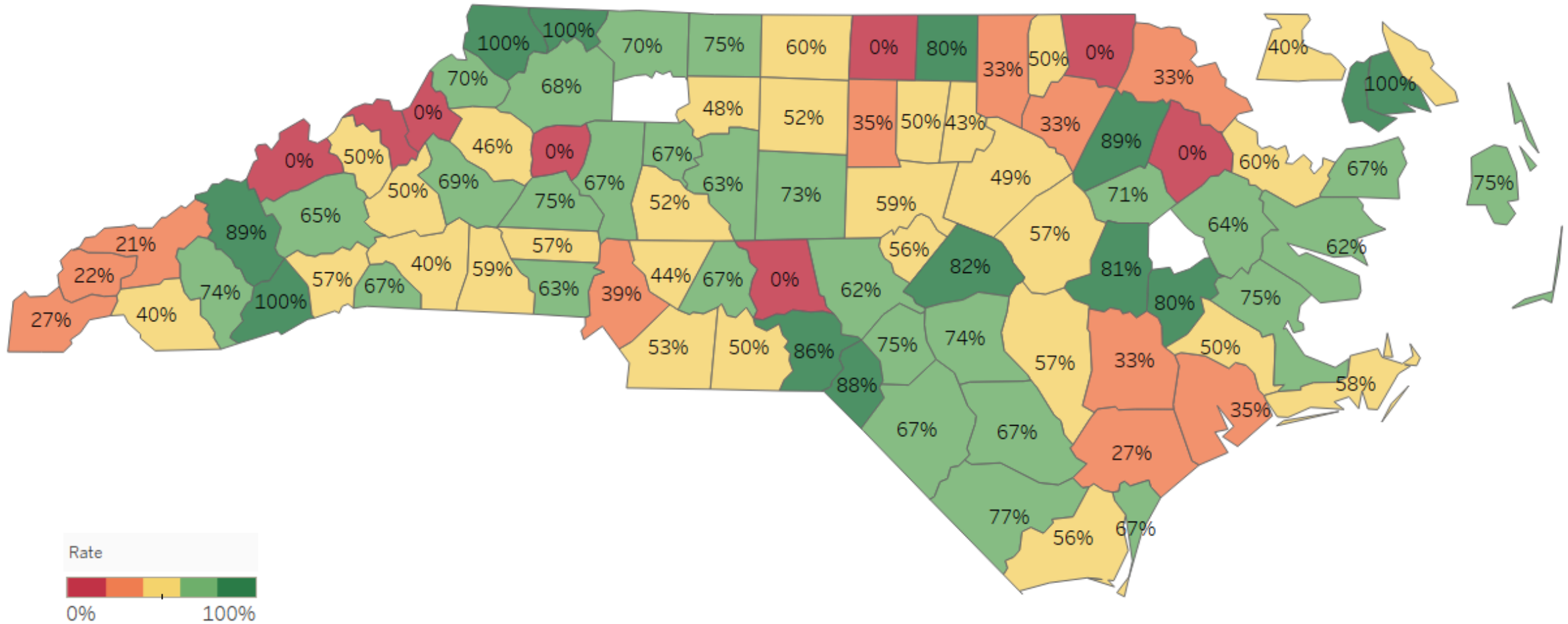


Demographic Variance (15-30 Months), Tailored Plans, 2021



2021 W30 Rates by Provider County

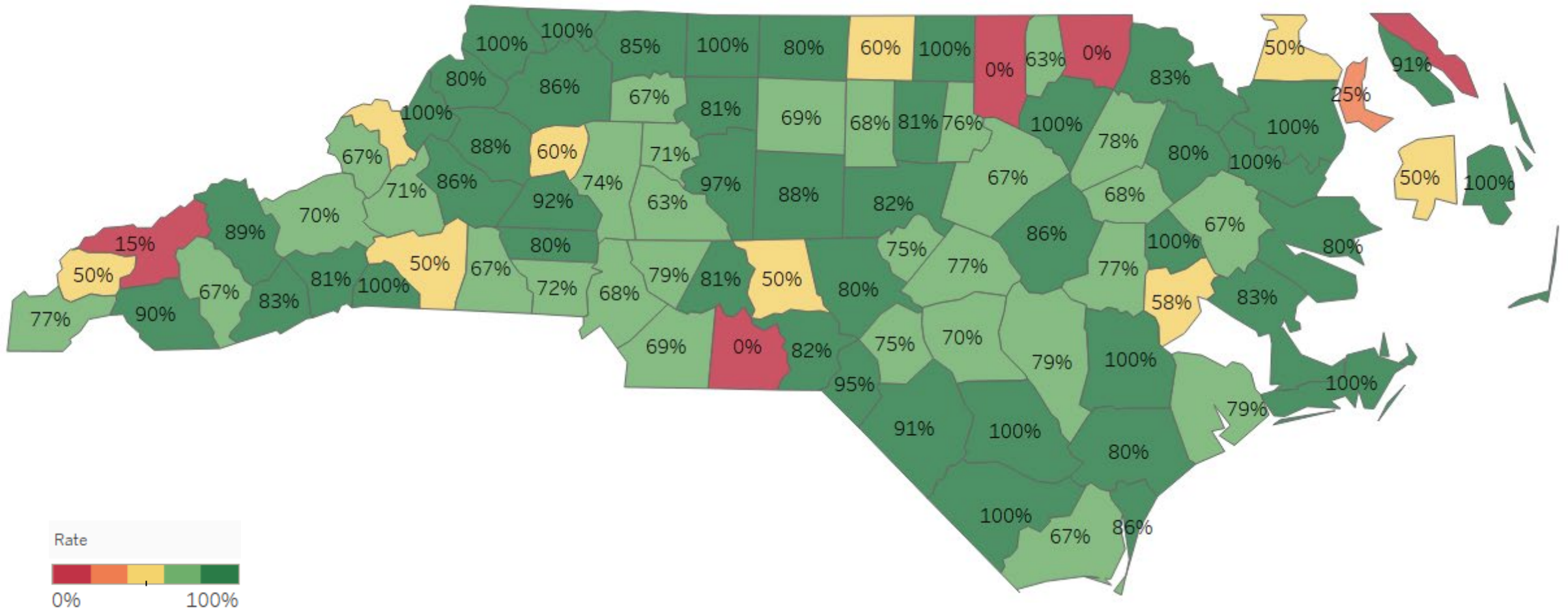
First 15 Months



Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown in on the map

2021 W30 Rates by Provider County

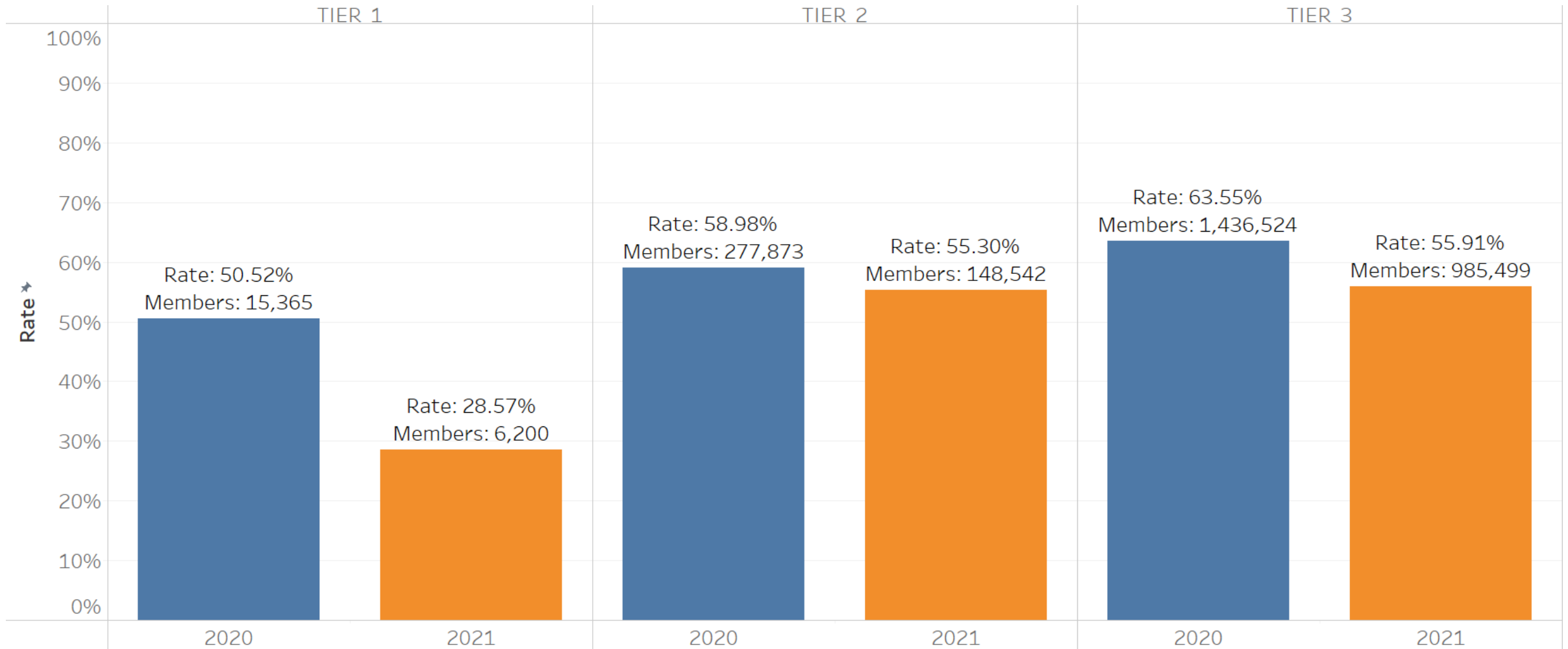
15-30 Months



Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown on the map

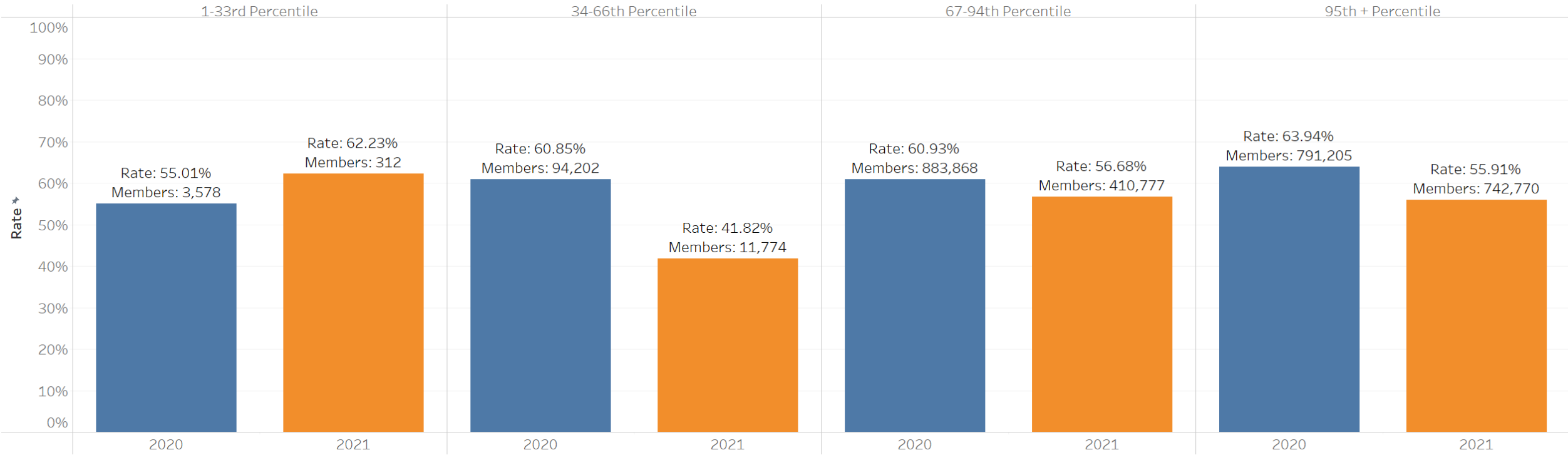
2021 W30 Rates by AMH Tier

First 15 Months



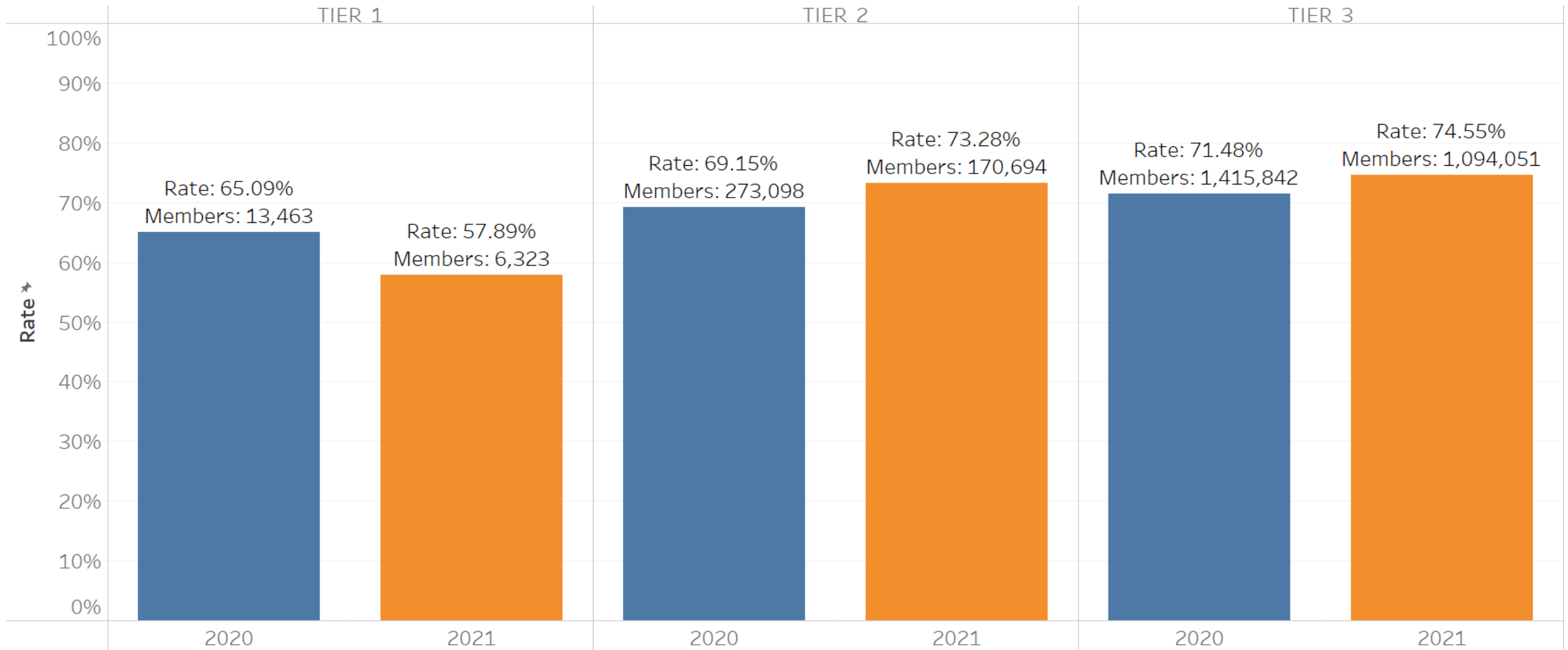
2021 W30 Rates by Practice Size

First 15 Months



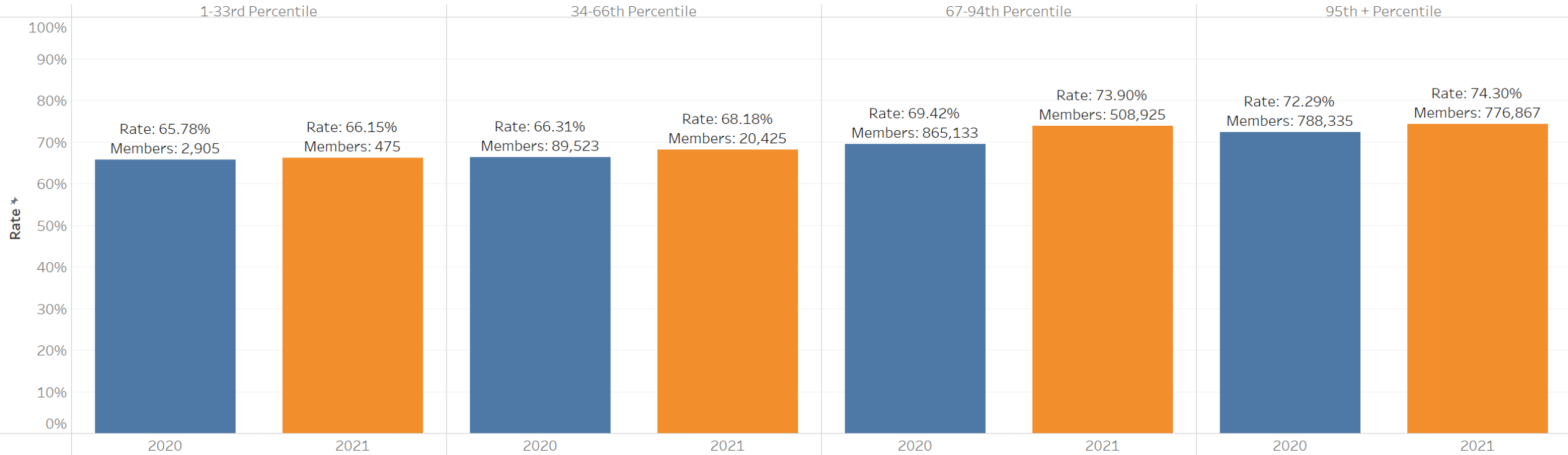
2021 W30 Rates by AMH Tier

15-30 Months



2021 W30 Rates by Practice Size

15-30 Months



Cervical Cancer Screening (CCS) (0032, NCQA, Process Measure)







Measure Summary



Assesses women who were screened for cervical cancer using any of the following criteria:

- Women 21–64 years of age who had cervical cytology performed within the last 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

Cervical Cancer Screening (CCS) (0032, NCQA, Process Measure)

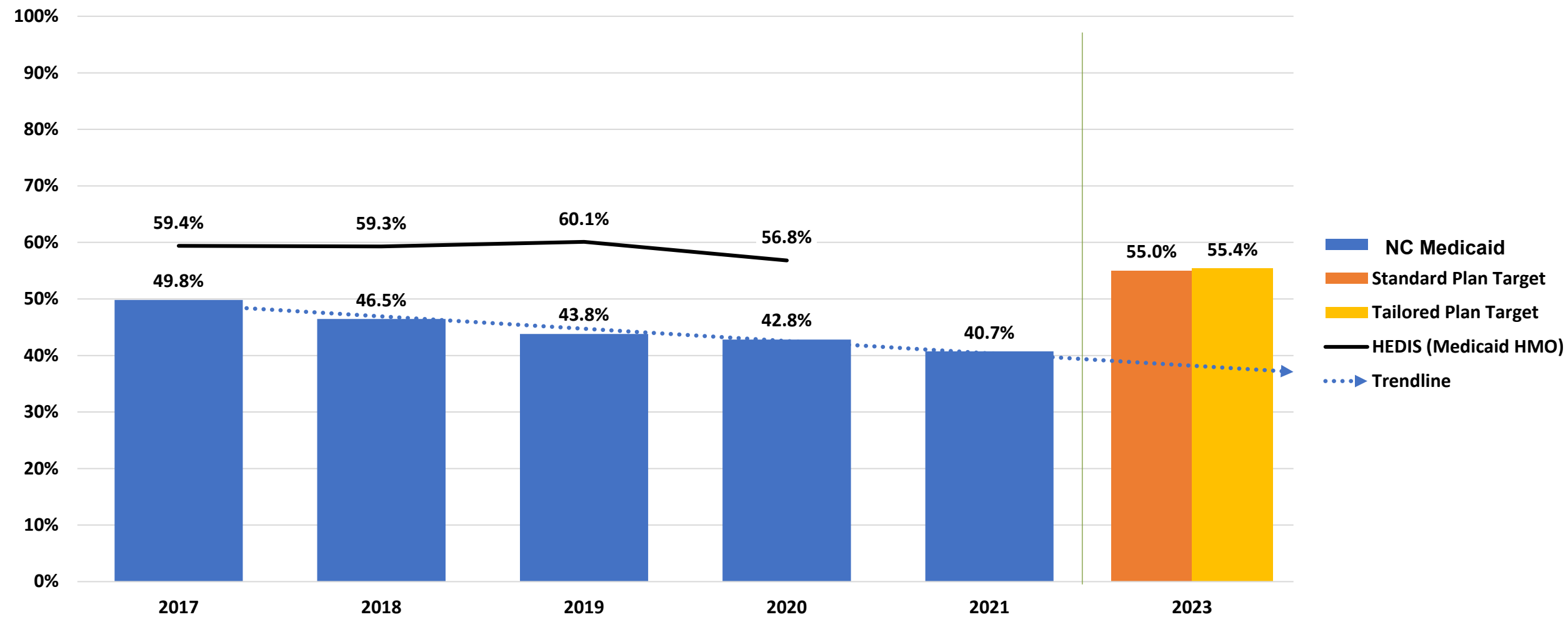
Key:

-  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)	Active
	<u>Clinical Significance</u>	Cervical cancer is a disease in which cells in the cervix (the lower, narrow end of the uterus) grow out of control. Cervical cancer was one of the most common causes of cancer death for American women; effective screening and early detection of cervical pre-cancers have led to a significant reduction in this death rate.
	Performance (e.g., National, State, Comparison to Prior Years)	<div style="text-align: center;"> NC: See Next Slide</div> <div style="text-align: center;"> National Rates (<u>HEDIS, 2020</u>): 56.8% (Medicaid HMO) 73.8%/72.4% (Commercial HMO/PPO)</div>
	Measure Specifications Changes	None
	Selected Equity Results/Considerations	Disparities-sensitive measure as indicated by HHS . No disparities for Black or Hispanic enrollees in NC.
Optional Fields	Data Collection/Reporting Considerations	Administrative eCQM
	PHP Feedback	None
	Measure Alignment with CMS and Other State Medicaid Programs	Medicaid Adult Core Measure

Cervical Cancer Screening (CCS) (0032, NCQA, Process Measure)

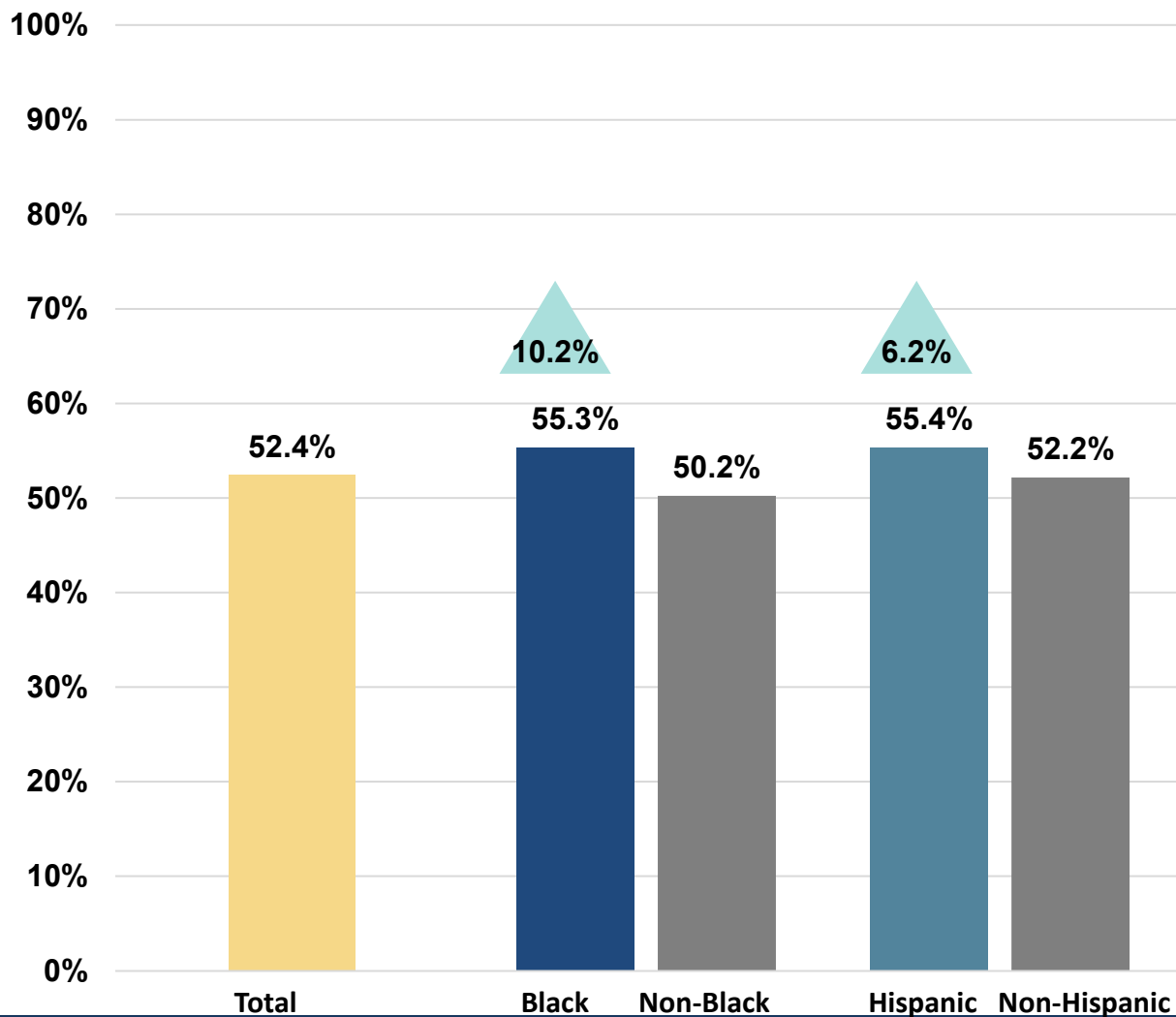
Cervical Cancer Screening, 2017-2021



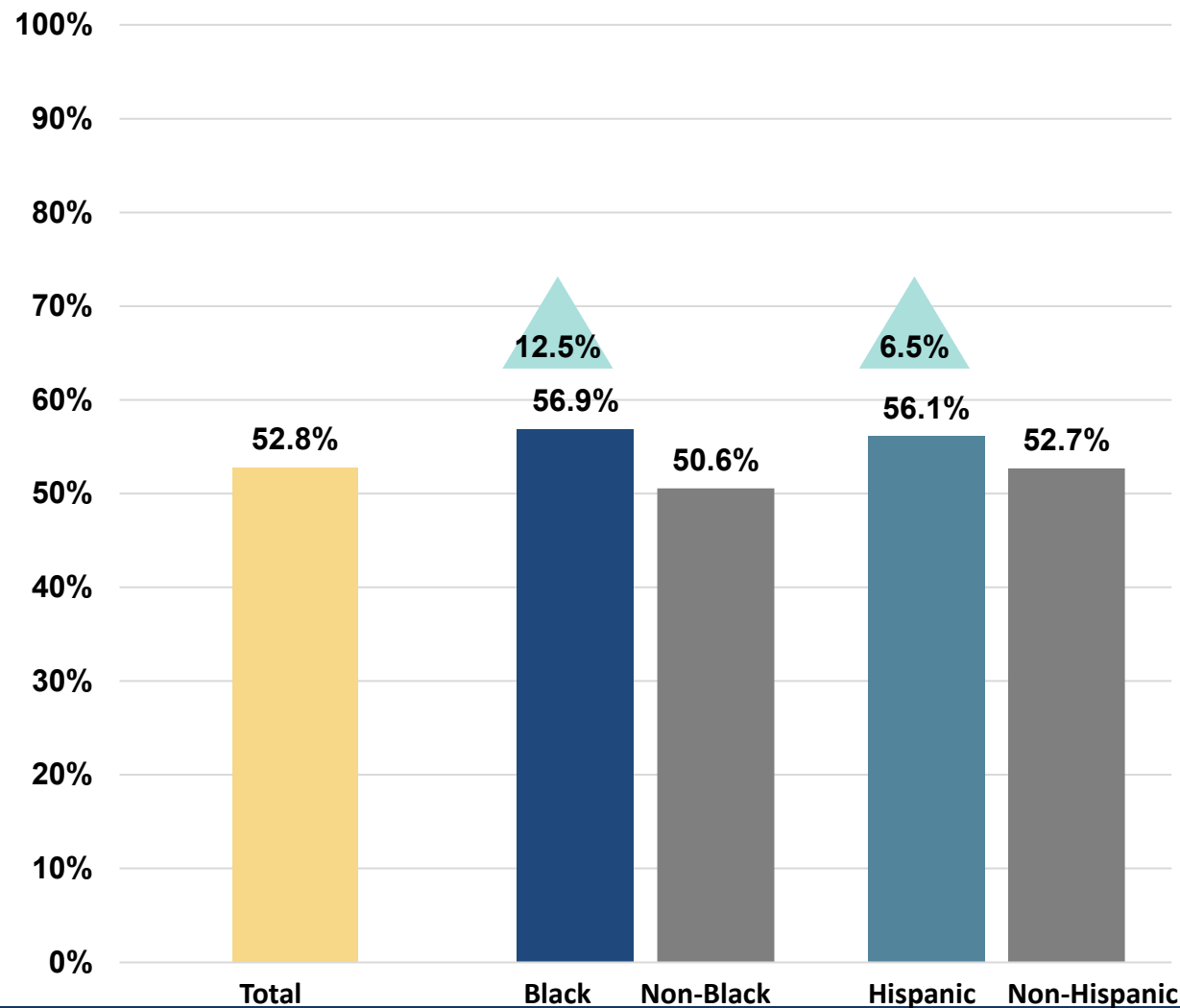
Cervical Cancer Screening (CCS) (0032, NCQA, Process Measure)

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

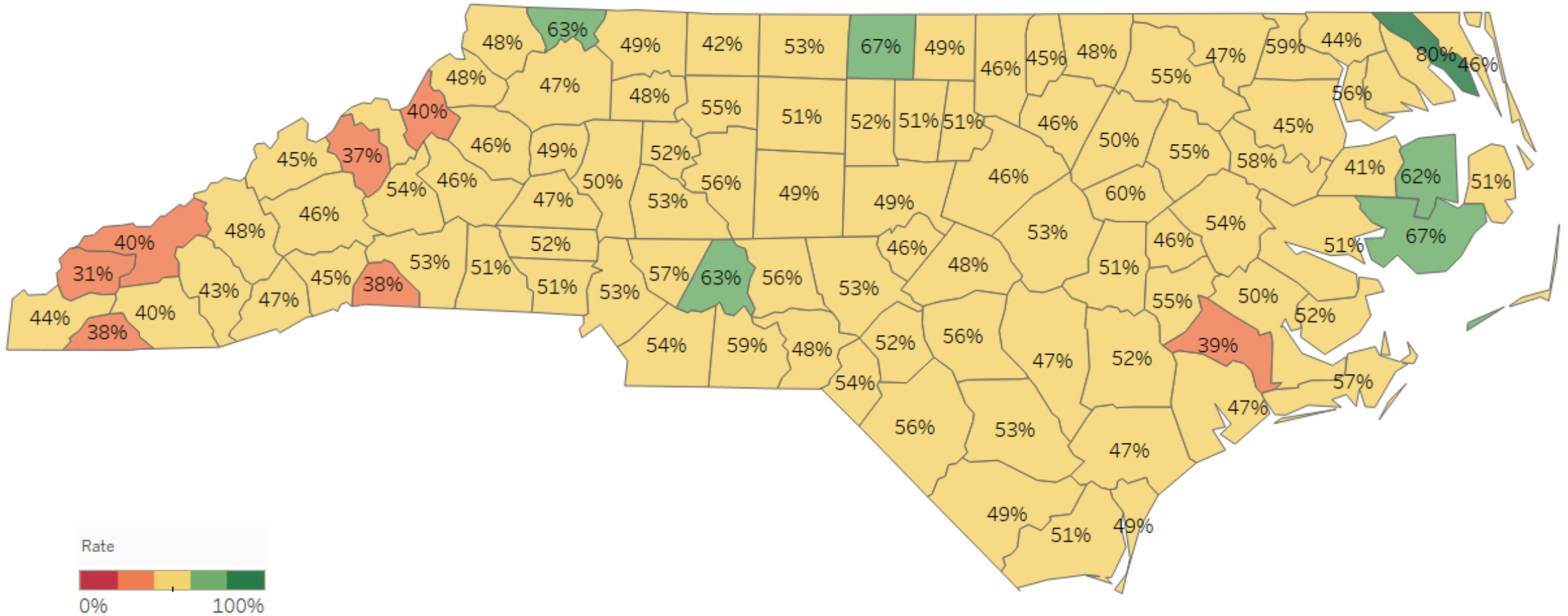
Demographic Variance, Standard Plans (2021)



Demographic Variance, Tailored Plans (2021)

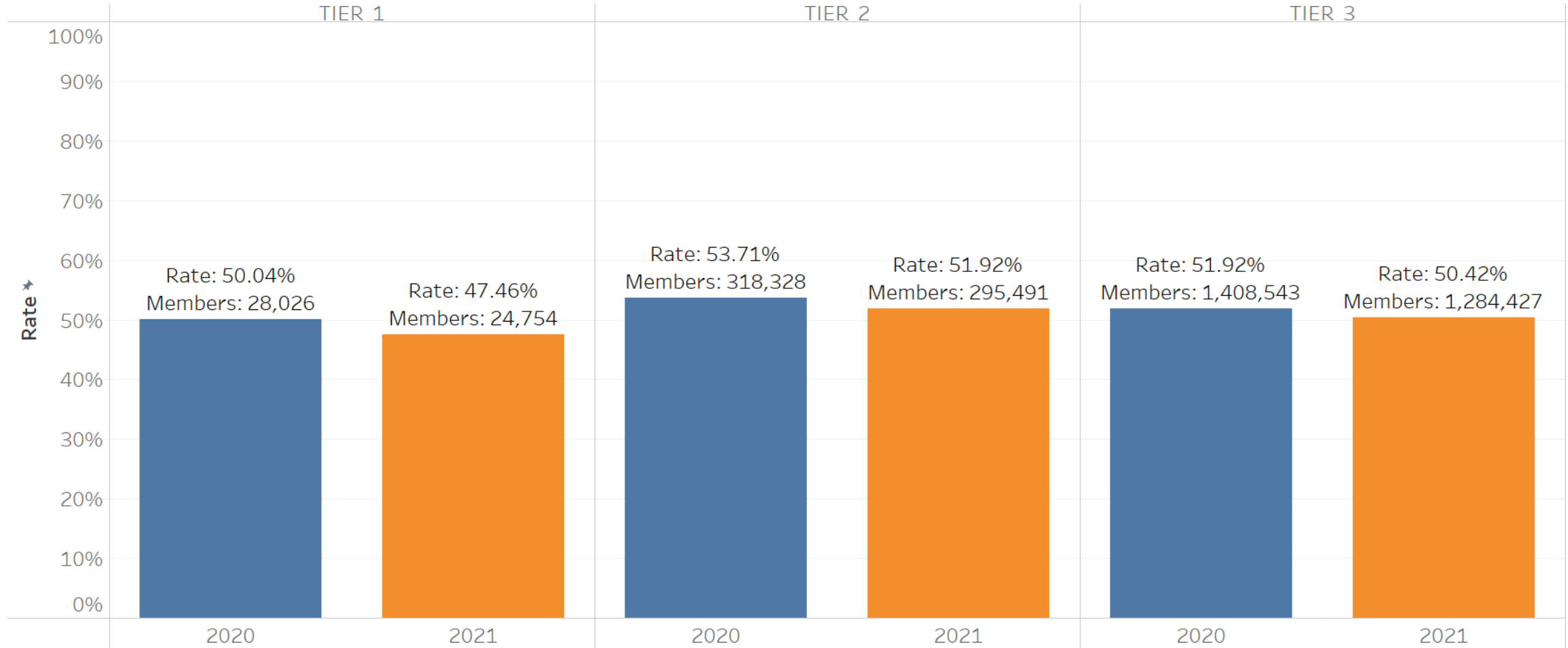


2021 CCS Rates by Provider County

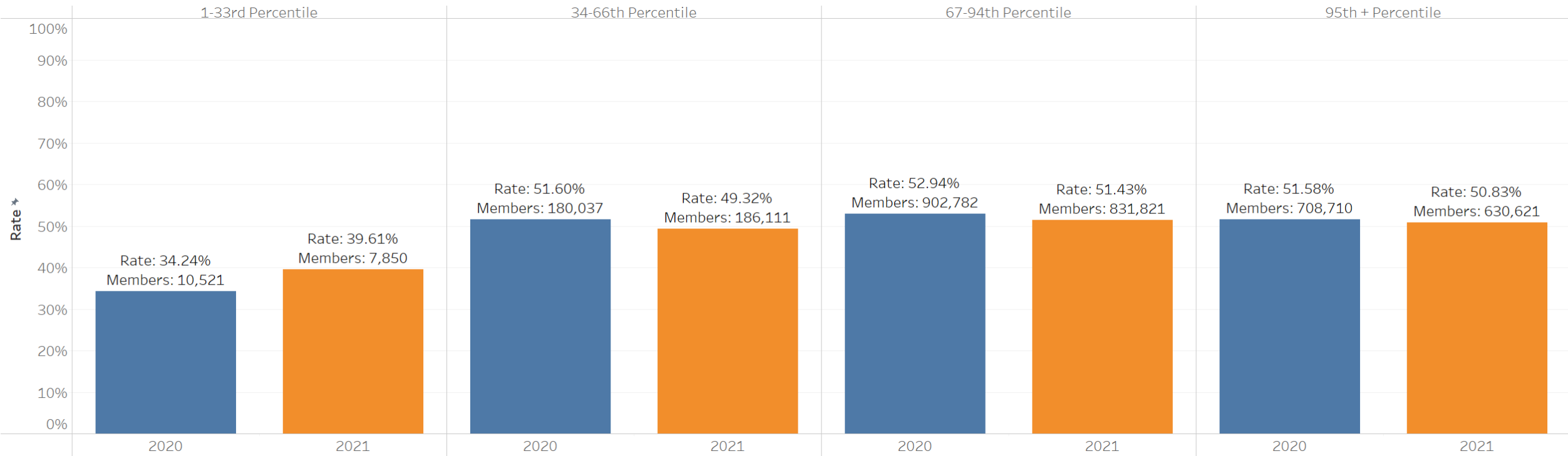


Note: Not all counties have providers who were in the numerator or denominator. These counties are not shown on the map

2021 CCS Rates by AMH Tier



2021 CCS Rates by Practice Size









Chlamydia Screening in Women (CHL) (0033, NCQA, Process Measure)



Measure Summary

The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

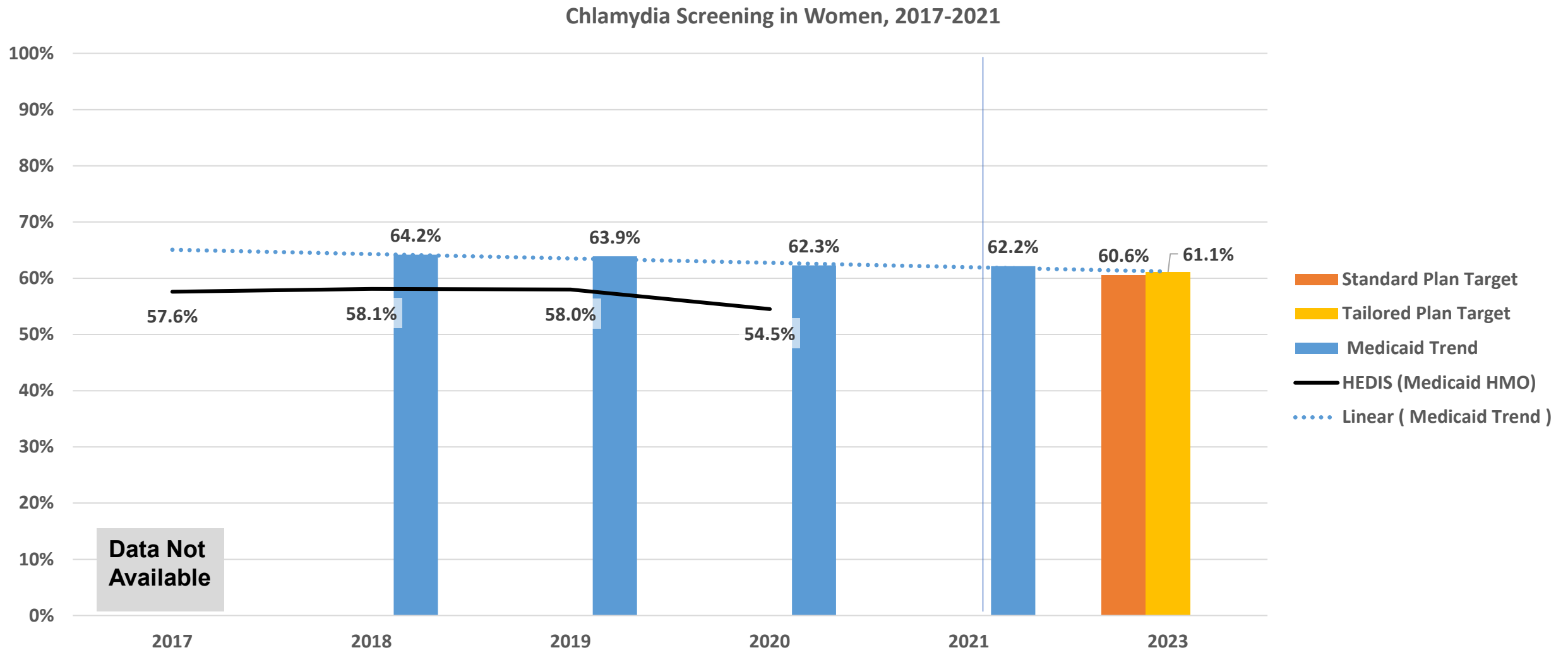
Chlamydia Screening in Women Ages 16-24 (CHL) (0033, NCQA, Process Measure)

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)	Active
	<u>Clinical Significance</u>	Chlamydia is the most reported bacterial sexually transmitted disease in the United States. It occurs most often among adolescent and young adult females. Untreated chlamydia infections can lead to serious and irreversible complications. This includes pelvic inflammatory disease (PID), infertility and increased risk of becoming infected with HIV.1 Screening is important, as approximately 75% of chlamydia infections in women and 95% of infections in men are asymptomatic. This results in delayed medical care and treatment.
	Performance (e.g., National, State, Comparison to Prior Years)	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  NC: See Next Slide </div> <div style="text-align: center;">  National Rates (HEDIS, 2020): 54.5% (Medicaid HMO) 47.7%/44.1% (Commercial HMO/PPO) </div> </div>
	Measure Specifications Changes	None
	Selected Equity Results/Considerations	Small disparity for Hispanic Tailored Plan-eligible enrollees (<10%).
Optional Fields	Data Collection/Reporting Considerations	Administrative
	PHP Feedback	None
	Measure Alignment with CMS and Other State Medicaid Programs	Medicaid Adult and Child Core Measure New York: Required VBP Measure for 4 programs; 2020 Quality Improvement Incentive Program Washington: Accountable Community of Health Pay for Performance measure

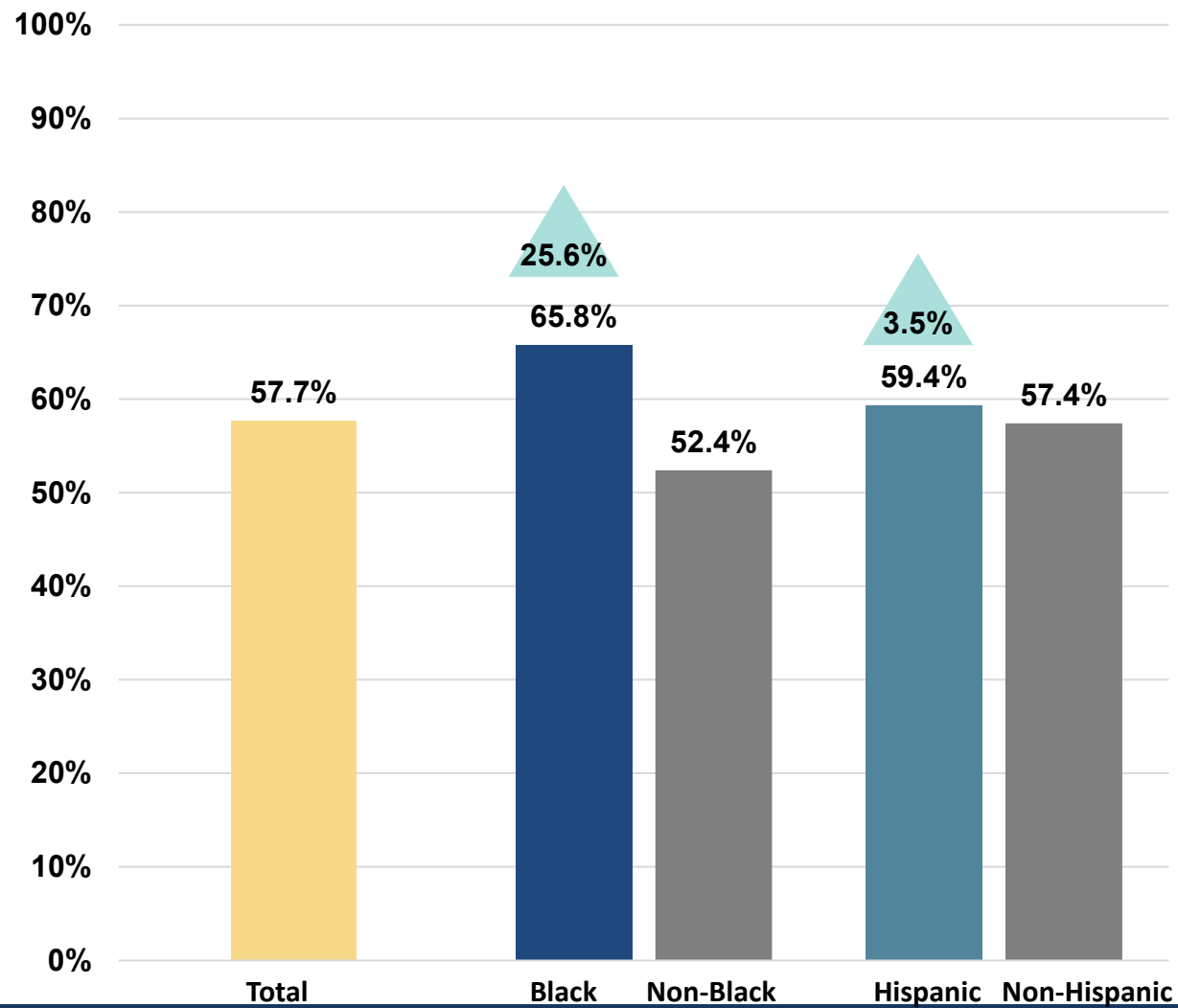
Chlamydia Screening in Women Ages 16-24 (CHL) (0033, NCQA, Process Measure)



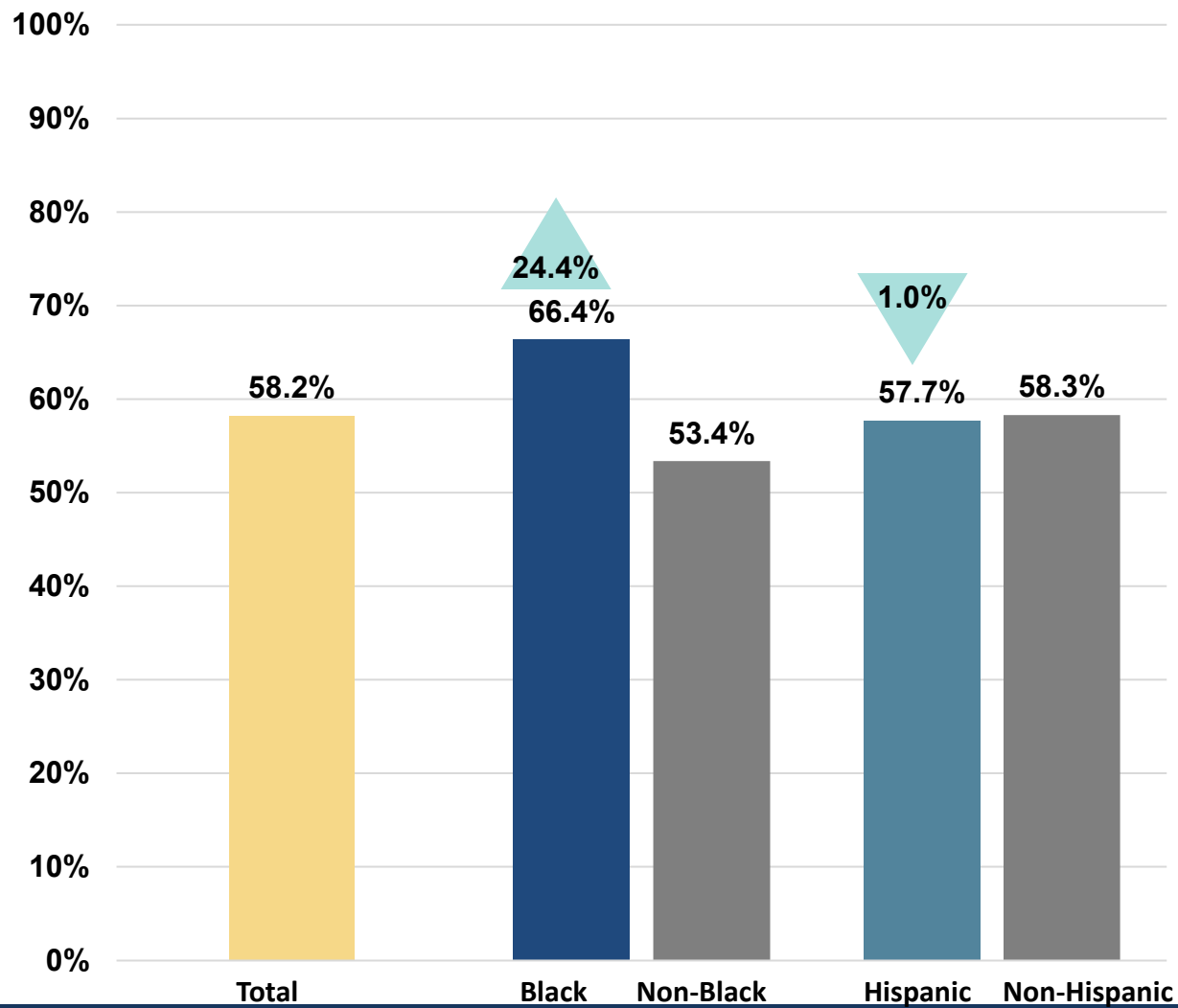
Chlamydia Screening in Women Ages 16-24 (CHL) (0033, NCQA, Process Measure)

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

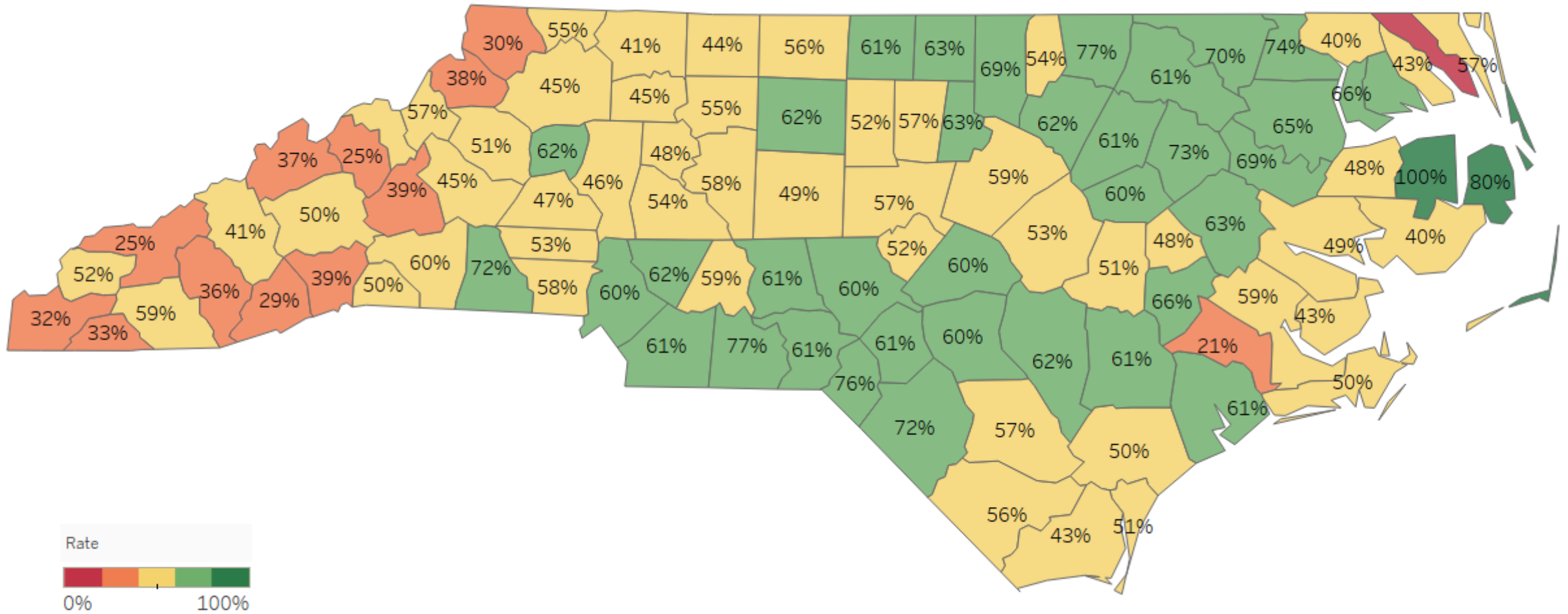
Demographic Variance, Standard Plans (2021)



Demographic Variance, Tailored Plans (2021)

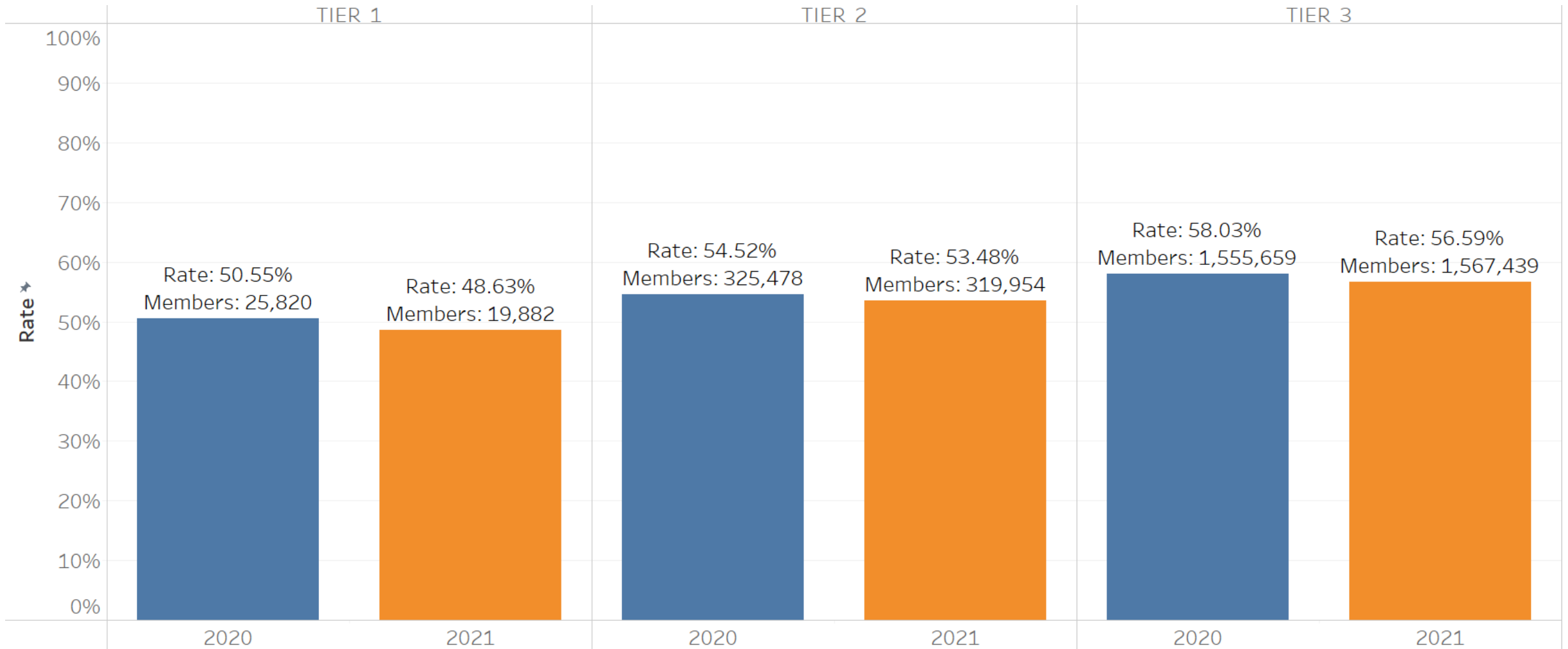


2021 CHL Rates by Provider County

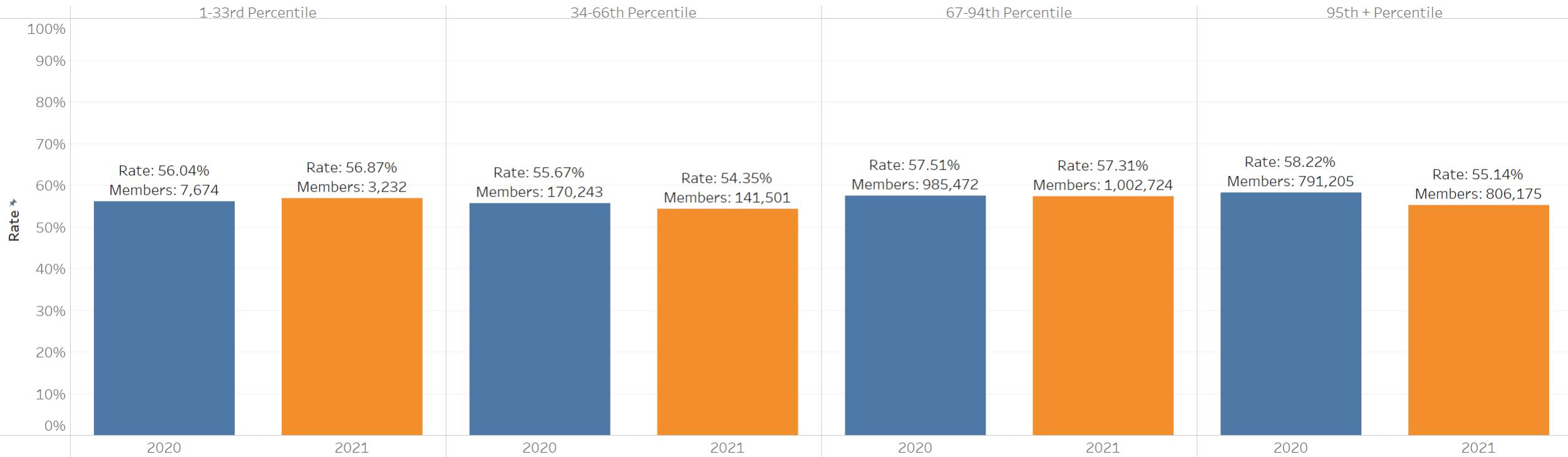


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2021 CHL Rates by AMH Tier



2021 CHL Rates by Practice Size



AMH Evaluation Next Steps

AMH Evaluation and Performance Measurement In Process

- Provider survey of PCPs/AMHs (year 1 of managed care): Complete; results being analyzed
- Interviews and focus groups with beneficiaries
- Analyses of volume and types of care management and associated impact on quality and health outcomes
- Validation of HIE for clinical measures – A1c, Blood Pressure, Depression Screen
- AMH-level Total Cost of Care dashboard

AMH TAG Meeting Cadence

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

Upcoming 2022 Meetings

Tuesday, November 8, 2022
4:00-5:00 PM

Tuesday, December 13, 2022
4:00-5:00 PM

Tuesday, January 10, 2023
4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- Language Access Services
- Value-based Payment
- Strategies to advance health equity
- Strategies to address SDOH
- Standardization of monitoring protocols/delegation protocols
- PHP Accreditation timeline and timing of AMH delegation audits

Next Steps

- Share further feedback on today's topic with
 - Sam.Thompson@dhhs.nc.gov
 - Chelsea.Gailey1@dhhs.nc.gov
 - Kelly.Crosbie@dhhs.nc.gov

Department

- Review feedback from today's discussion and share with Department leadership
- Prepare for November 8 AMH TAG session