Calendar Year 2022 and 2023 Measure Benchmarks for the Advanced Medical Home Measure Set

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Introduction

To ensure delivery of high-quality care under the managed care delivery system, the Department has developed the North Carolina (NC) Medicaid Managed Care Quality Strategy and identified a set of quality metrics that it will use to assess Health Plans' performance across their populations. The Department has identified a subset of these measures for Health Plans to use to monitor Advanced Medical Home (AMH) performance and calculate AMH performance incentive payments.

All quality measures that each Health Plan incorporates into its contracts with AMH practices (all Tiers) must be taken from this measure set, although Health Plans are not required to use all AMH measures. For the Year 1 AMH measure set (Calendar Year 2022), the Department prioritized measures that can be calculated using claims data (i.e., practices will not be required to submit any additional information to Health Plans for the majority of these measures). If Health Plans and AMHs choose to use measures for which clinical data are required (e.g., Hemoglobin A1c Control for Patients with Diabetes) the Department encourages Health Plans to use consistent reporting approaches that will minimize burden on AMH practices. **NC Medicaid does not have baseline rates for quality measures requiring clinical data (see NC Medicaid-wide performance and targets below).**

This document provides baseline data and targets statewide for NC Medicaid (see Table 1) and for Standard Plans specifically (see Table 2). NC Medicaid-wide performance and targets were calculated for *all* NC Medicaid beneficiaries, regardless of service type. Standard Plan performance and targets were calculated for beneficiaries enrolled in Standard Plans (i.e., a subset of the larger NC Medicaid population). NC Medicaid does NOT set targets for AMHs; these baseline data and targets are shared as a reference for AMHs. An AMH practice (National Provider Identifier (NPI) + location code) will have its own rate that may be above or below the baseline state median rate and/or the aggregate Standard Plan rate. AMHs should negotiate target performance rates with Health Plans.

Notes

Measurement for all Department-required quality incentive programs, including AMH programs, will be aligned with calendar years. The first quality performance period for AMHs began in January 2022. The Division of Health Benefits is using 2019 statewide rates as the baseline for year 1 (CY 2022). 2020 data are not used as a baseline due to the COVID-19 pandemic. Quality measures are typically specified for measurement based on a calendar year, while the contract year for Health Plans begins July 1. Each contract year, Health Plans will submit quality performance data collected during the calendar year that began immediately before the contract year, e.g., early in contract year four (July 2024), Health Plans will submit quality performance data covering calendar year 2023.

Standard Plan Quality Measurement and Contracting Timeline
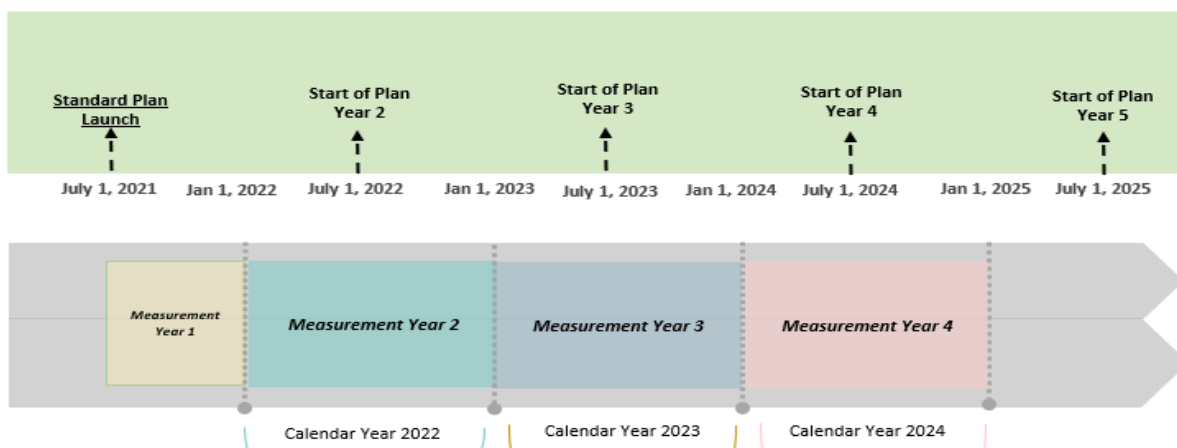
Methodology

The overall target for each measure where reference-year line-of-business performance is available will be: (Prior Year Line-of-Business Performance % * 1.05) for measures where a higher rate indicates better performance and (Prior Year Line-of-Business Performance % * 0.95) for measures where a lower rate indicates better performance. This targeting methodology represents a 5% relative improvement in performance. **If performance has worsened during the prior year, the previous benchmark will be carried forward rather than adopting a new, less rigorous, standard.** More information on the targeting methodology can be found in North Carolina's Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and Tailored Plans.[1]

In the tables below, an asterisk (*) indicates that data is not yet available for the measure.

Table 1: Overall NC Medicaid 2019/2021 Performance and Targets

NQF#	Measure Name	2019 Rate	2022 Target	2021 Rate	2023 Target
Pediatric Measures					
0038	Childhood Immunization Status (CIS) – Combination 10	35.02%	36.77%	34.30%	36.77%
1392	Well-Child Visits in the First 30 Months of Life (W30)[2]				
	First 15 Months	65.71%	68.99%	62.06%	68.99%
	15-30 Months	N/A	N/A	66.44%	69.76%
1516	Child and Adolescent Well-Care Visits (WCV)[3]	N/A	N/A	47.80%	50.19%
1407	Immunizations for Adolescents (IMA) – Combination 2	31.55%	33.13%	30.29%	33.13%
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17†	*	*	*	*
0033	Chlamydia Screen in Women (CHL) – Ages 16 to 20	54.93%	57.67%	52.96%	57.67%
Adult Measures[4]					
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF)†	*	*	*	*
0032	Cervical Cancer Screening (CCS)	43.82%	46.01%	40.72%	46.01%

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[1] Quality Measurement Technical Specifications are posted annually here.
[2] Measure changed from W15 to W30 in HEDIS Measurement Year (MY) 2020.
[3] Measure changed in HEDIS MY2020 to combine two previous measures: Well-Child Visits in the third, fourth, fifth, and sixth years of life (W34, WCV), and Adolescent Well-Care Visits (AWC).
† Symbol is used when clinical data needed to produce measure is not available.
[4] Age 18 or older unless otherwise noted.

0033	Chlamydia Screening in Women (CHL) – Ages 21 to 24	63.89%	67.08%	62.15%	67.08%
0018	Controlling High Blood Pressure (CBP)†	*	*	24.62%	25.85%
0059/ 0575	Hemoglobin A1c Control for Patients with Diabetes (HBD)[5] †	*	*	*	*
1768	Plan All-Cause Readmission (PCR) – Observed to expected ratio[6]	0.93	0.88	0.93	0.88
N/A	Total Cost of Care[7]	*	*	*	*

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[5] This measure resulted from the separation of indicators that replaced the former Comprehensive Diabetes Care (CDC) measure in HEDIS MY2022.

† Symbol is used when clinical data is needed to produce measure.

[6] Target is a 5% relative decrease from baseline.

[7] Measure will not be produced until 2023 to reflect MY2022.

Table 2: Standard Plan 2021 Performance[8] and 2023 Targets

NQF#	Measure Name	2021 Rate	2023 Target
Pediatric Measures			
0038	Childhood Immunization Status (CIS) – Combination 10	34.15%	35.85%
1392	Well-Child Visits in the First 30 Months of Life (W30)		
	First 15 Months	62.23%	65.34%
	15-30 Months	66.10%	69.41%
1516	Child and Adolescent Well-Care Visits (WCV)	48.46%	50.88%
1407	Immunizations for Adolescents (IMA) – Combination 2	29.94%	31.44%
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF) – Ages 12 to 17†	*	*
0033	Chlamydia Screen in Women (CHL) – Ages 16 to 20	52.90%	55.55%
Adult Measures[9]			
0418/ 0418e	Screening for Depression and Follow-Up Plan (CDF)†	*	*
0032	Cervical Cancer Screening (CCS)	52.42%	55.04%
0033	Chlamydia Screening in Women (CHL) – Ages 21 to 24	65.73%	69.02%
0018	Controlling High Blood Pressure (CBP)†	24.51%	25.74%
0059/0575	Hemoglobin A1c Control for Patients with Diabetes (HBD)[10] †	*	*
1768	Plan All-Cause Readmission (PCR) – Observed to expected ratio[11]	*	*
N/A	Total Cost of Care[12]	*	*

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[8] Standard Plans only existed for half of measurement year 2021 and, therefore, cannot be held totally accountable for performance.
[9] Age 18 or older unless otherwise noted.
[10] This measure resulted from the separation of indicators that replaced the former Comprehensive Diabetes Care (CDC) measure in HEDIS MY2022.
† Symbol is used when clinical data is needed to produce measure.
[11] Standard Plan rate is not available for this measure.
[12] Measure will not be produced until 2023 to reflect 2022 measurement year.

Race and Ethnicity Comparison Methodology

The Department will identify selected measures with significant disparities, defined as greater than 10% relative difference in performance between the group of interest and the reference group. Disparity-specific targets will be set for the group of interest at a 10% relative improvement in performance. The Department is not identifying disparities or setting disparities targets in instances where the group of interest is performing better than the reference group. More information about this approach can be found in North Carolina's Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and Tailored Plans.[13]

Below are quality measure performance comparisons by race and ethnicity for the overall NC Medicaid population (see Table 3) and Standard Plans specifically (see Table 4). Again, NC Medicaid-wide performance was calculated using *all* NC Medicaid beneficiaries, regardless of service type. Standard Plan performance was calculated only for beneficiaries enrolled in Standard Plans (i.e., a subset of the larger NC Medicaid population).

Identification of disparities

- For measures where a higher rate indicates better performance, a disparity exists when: ((Reference Group Performance % - Group of Interest Performance %) / Reference Group Performance %) is greater than 10%.[14]

Setting disparity-specific targets for groups of interest

- When a disparity, as defined above, is identified, the associated target for the group of interest is: (Group of Interest's Performance % * 1.10).[15]

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[13] Quality Measurement Technical Specifications are posted annually here.

[14] The methodology incorporates all the measures in Tables 3 and 4. For other measures, where a lower rate indicates better performance, the inverse formula is used, and a disparity exists when: ((Group of Interest Performance % - Reference Group Performance % / Reference Group Performance %) is greater than 10%.

[15] This targeting methodology is used for measures where a higher rate indicates better performance (as is the case for those measures in Tables 3 and 4). For measures where a lower rate indicates better performance, the associated target for the group of interest is: (Group of Interest's Performance % *0.9).

Table 3: Overall NC Medicaid Race and Ethnicity Comparison (2019 and 2021)

2019 Race Comparison to Inform 2022 Disparity-Specific Targets[16]					
Measure Name	2019 Black/African American Rate	2019 Not Black Rate	Relative Difference	Disparity (Y/N)	2022 Disparity Target
Childhood Immunization Status (CIS) – Combination 10	26.32%	40.17%	34.46%	Yes	28.95%
Immunizations for Adolescents (IMA) – Combination 2	29.86%	32.55%	8.25%	No	–
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	59.70%	69.36%	13.93%	Yes	65.67%
15-30 Months	N/A	N/A	N/A	N/A	N/A
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	62.28%	50.12%	-24.26%	No	–
Ages 21 to 24	69.41%	59.77%	-16.13%	No	–
Cervical Cancer Screening (CCS)	46.58%	41.79%	-11.46%	No	–
Child and Adolescent Well-Care Visits (WCV)	N/A	N/A	N/A	N/A	N/A

2019 Ethnicity Comparison to Inform 2022 Disparity-Specific Targets[17]					
Measure Name	2019 Hispanic/ LatinX Rate	2019 Not Hispanic/ LatinX Rate	Relative Difference	Disparity (Y/N)	2022 Disparity Target
Childhood Immunization Status (CIS) – Combination 10	47.81%	31.50%	-51.75%	No	–
Immunizations for Adolescents (IMA) – Combination 2	42.39%	28.12%	-50.74%	No	–
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	73.23%	63.71%	-14.94%	No	–
15-30 Months	N/A	N/A	N/A	N/A	N/A
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	58.34%	54.34%	-7.36%	No	–
Ages 21 to 24	66.26%	63.60%	-4.18%	No	–
Cervical Cancer Screening (CCS)	46.65%	43.64%	-6.90%	No	–
Child and Adolescent Well-Care Visits (WCV)	N/A	N/A	N/A	N/A	N/A

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[16] NC Medicaid has determined that there are significant disparities between the Black/African American and Not Black/African American populations and is committed to working towards meeting racial disparity targets.

[17] The group of interest, Hispanic/LatinX, is performing a relative 10% or better on measures such as Immunizations for Adolescents and Well-Child Visits in the First 15 Months of Life when compared to the reference group (Not Hispanic/LatinX). The Department has chosen to focus on disparities in the Black/African American group, as Department analyses have identified disparities in these measures between the Black/African American and the Not Black/African American populations *within* the Hispanic/LatinX population, underlining the need to make racial disparities a primary focus.

2021 Race Comparison to Inform 2023 Disparity-Specific Targets					
Measure Name	2021 Black/African American Rate	2021 Not Black Rate	Relative Difference	Disparity (Y/N)	2023 Disparity Target
Childhood Immunization Status (CIS) – Combination 10	23.70%	40.51%	41.5%	Yes	26.07%
Immunizations for Adolescents (IMA) – Combination 2	26.57%	32.47%	18.17%	Yes	29.23%
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	56.78%	65.21%	12.92%	Yes	62.46%
15-30 Months	59.88%	70.35%	14.88%	Yes	65.87%
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	61.29%	47.89%	-27.98%	No	–
Ages 21 to 24	69.19%	56.92%	-21.56%	No	–
Cervical Cancer Screening (CCS)	44.21%	38.31%	-15.40%	No	–
Child and Adolescent Well-Care Visits (WCV)	46.01%	48.84%	5.79%	No	–

2021 Ethnicity Comparison to Inform 2023 Disparity-Specific Targets					
Measure Name	2021 Hispanic/ LatinX Rate	2021 Not Hispanic/ LatinX Rate	Relative Difference	Disparity (Y/N)	2023 Disparity Target
Childhood Immunization Status (CIS) – Combination 10	46.47%	30.83%	-50.73%	No	–
Immunizations for Adolescents (IMA) – Combination 2	41.56%	26.65%	-55.95%	No	–
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	67.30%	60.55%	-11.15%	No	–
15-30 Months	73.93%	64.37%	-14.85%	No	–
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	56.12%	52.29%	-7.32%	No	–
Ages 21 to 24	62.37%	62.12%	-0.40%	No	–
Cervical Cancer Screening (CCS)	42.99%	40.54%	-6.04%	No	–
Child and Adolescent Well-Care Visits (WCV)	54.95%	45.76%	-20.08%	No	–

Table 4: Standard Plan Race and Ethnicity Comparison (2021)

2021 Race Comparison to Inform 2023 Disparity-Specific Targets					
Measure Name	**2021 Black/African American Rate**	**2021 Not Black Rate**	**Relative Difference**	**Disparity (Y/N)**	**2023 Disparity Target**
Childhood Immunization Status (CIS) – Combination 10	23.51%	40.46%	41.88%	Yes	25.87%
Immunizations for Adolescents (IMA) – Combination 2	25.72%	32.43%	20.69%	Yes	28.29%
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	56.78%	65.51%	13.32%	Yes	62.46%
15-30 Months	59.40%	70.15%	15.31%	Yes	65.34%
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	60.98%	47.91%	-27.28	No	–
Ages 21 to 24	72.92%	60.38%	-20.77%	No	–
Cervical Cancer Screening (CCS)	55.34%	50.22%	-10.20%	No	–
Child and Adolescent Well-Care Visits (WCV)	46.30%	49.74%	6.91%	No	–
2021 Ethnicity Comparison to Inform 2023 Disparity-Specific Targets					
Measure Name	**2021 Hispanic/ LatinX Rate**	**2021 Not Hispanic/ LatinX Rate**	**Relative Difference**	**Disparity (Y/N)**	**2023 Disparity Target**
Childhood Immunization Status (CIS) – Combination 10	46.50%	30.55%	-52.21%	No	–
Immunizations for Adolescents (IMA) – Combination 2	41.55%	25.86%	-60.70%	No	–
Well-Child Visits in the First 30 Months of Life (W30)					
First 15 Months	67.37%	60.73%	-10.94%	No	–
15-30 Months	73.77%	63.95%	-15.36%	No	–
Chlamydia Screening in Women (CHL)					
Ages 16 to 20	56.44%	52.09%	-8.35%	No	–
Ages 21 to 24	66.14%	65.66%	-0.73%	No	–
Cervical Cancer Screening (CCS)	55.39%	52.17%	-6.18%	No	–
Child and Adolescent Well-Care Visits (WCV)	55.79%	46.21%	-20.74%	No	–