

Care Management for High-Risk Pregnancies (CMHRP) and Care Management for At-Risk Children (CMARC) Benchmark Specifications

Updated April 4, 2024

Executive Summary

Earlier this year, NC Medicaid announced an extension to the period during which Standard Plans – also known as Prepaid Health Plans (PHPs) – are required to first offer contracts to Local Health Departments (LHDs) for providing care management services for the Care Management for High-Risk Pregnancies (CMHRP) *and* Care Management for At-Risk Children (CMARC) populations. This extended period is helping prepare LHDs to compete to provide services in the future.

This document outlines how NC Medicaid will assess LHD performance in providing care management services for the CMHRP *and* CMARC populations for purposes of PHP¹ contracting requirements in plan year 2025-2026. This document outlines the benchmark specifications, which include:

- The **measures** that will be used to assess the rates at which LHDs are completing selected care management processes and meeting targeted quality outcome indicators.
 - The measures were selected based on current policy and programmatic targets with input from community partners, including LHDs and PHPs.
 - However, the measures selected for the benchmarks assessment do not reflect the totality of CMHRP/CMARC program requirements or all of NC Medicaid’s goals for the programs.
- The **assessment periods** when LHDs will be measured on their performance for the initial baseline and the final benchmark assessment.
 - The baseline benchmark assessment will be shared in January 2024 with the goal of providing LHDs initial directional information on performance to support improvement prior to the final benchmark assessment.
 - The final benchmark assessment will be shared in October 2024. *Based on the results of this final assessment, PHPs will not be required by NC Medicaid to contract with LHDs that do not meet the benchmark specification criteria beginning in July 2025.*
- The **scoring approach** that determines whether an LHD meets the criteria in the benchmark assessments, including the following components:
 - Performance thresholds for each measure
 - Points for meeting thresholds for each measure
 - The total score, calculated by adding up the points for each measure for which an LHD meets the threshold.

¹ CMHRP is a required program for Tailored Plans (launching at a date still to be determined). CMARC is not a required program for Tailored Plans.

Introduction and Purpose

North Carolina has a long history of offering care management services for high-risk pregnancies and at-risk children in the Medicaid program through locally administered programs. Local Health Departments (LHDs) have been providing care management services for the CMHRP and CMARC populations since 1986. The CMHRP and CMARC programs² align with the NCDHHS goal for all Medicaid transformation efforts: to improve the health of North Carolinians through an innovative, whole-person-centered and well-coordinated system of care that addresses both medical and non-medical drivers of health. NCDHHS believes that a whole-person-centered approach to care can help address the inequities that North Carolinians experience in health outcomes, and centers equity in all aspects of its transformation work.

As part of the state’s transition to managed care, NC Medicaid required Prepaid Health Plans (PHPs) to exclusively contract with LHDs for CMHRP and CMARC services through the third year of the program, ending on June 30, 2024, to support a smooth transition to new contracting arrangements and to minimize potential service delivery disruptions for members. In response to community partner feedback and the COVID-19 pandemic, NC Medicaid extended the exclusive contracting timeline an additional year, through June 30, 2025. The benchmark assessment process will enable LHDs that meet the criteria in the benchmark assessments to maintain contracts with PHPs for an additional year starting July 1, 2025.

This document provides information on the benchmark specifications that are part of the new program transition and oversight plan announced in the [CMHRP and CMARC Program Update](#) published in July 2023. NC Medicaid, in partnership with the Division of Public Health (DPH) and Division of Child and Family Well-Being (DCFV), developed the benchmark methodology outlined in this document. NCDHHS

² Prior to managed care, these programs were previously called Pregnancy Care Management (OBCM) and Care Coordination for Children (CC4C), respectively.

Definitions

Below is a non-exhaustive list of definitions for terms used throughout this document.

- **Benchmark assessments** – The baseline and final results that will be shared with LHDs and will provide information on their performance. An LHD that meets the criteria in the final benchmark assessments (or “meets the benchmarks”) will be guaranteed a contracting offer for CMHRP or CMARC services for Contract Year 2025-2026.
- **Threshold** – The level of performance required for an LHD to meet an individual measure in the benchmark assessments.
- **Process measures** – Measures that capture the rate or timeliness of specified care management activities, such as rates of signed care plan or patient centered interactions every 30 days.
- **Quality measures** – Measures that capture the delivery of specified health services or outcomes, such as rates of timely postpartum care visits or well-child visits.

met with LHDs and PHPs, and incorporated this feedback into the methodology approach, including the selected benchmark measures. NC Medicaid may update the specifications as needed in the coming months.

Extending the exclusive contracting requirements enables LHDs to prepare for and be competitive in securing contracts with PHPs to provide CMHRP and CMARC services in the future. The benchmarks methodology is intended to strengthen accountability for Medicaid populations in the CMHRP and CMARC programs by ensuring minimum standards are being met while simultaneously identifying high-performing LHDs. This specifications document provides key information to LHDs, PHPs, and other interested community partners on details of the benchmark methodology, including but not limited to 1) the measures, 2) the assessment time frames, and 3) the scoring approach.

Background on the Benchmark Process and Timeline

As outlined in the CMHRP and CMARC Program Update released in July, NC Medicaid extended requirements that PHPs exclusively contract with LHDs to provide CMHRP and CMARC services for an additional year, through June 30, 2025 (prior to this extension, exclusive contracting requirements were scheduled to end on June 30, 2024), with the proviso that during the additional year, NC Medicaid would conduct an assessment of LHDs' performance to inform future contracting decisions.

NC Medicaid will share baseline benchmark assessments individually with LHDs in January 2024 to provide initial information to LHDs on their performance. The baseline assessment is for informational purposes prior to the final assessment. LHD performance will be calculated against the benchmark measures using performance data from 2022 to 2023.³ Further details on the measurement periods for the assessments are included in the sections below.

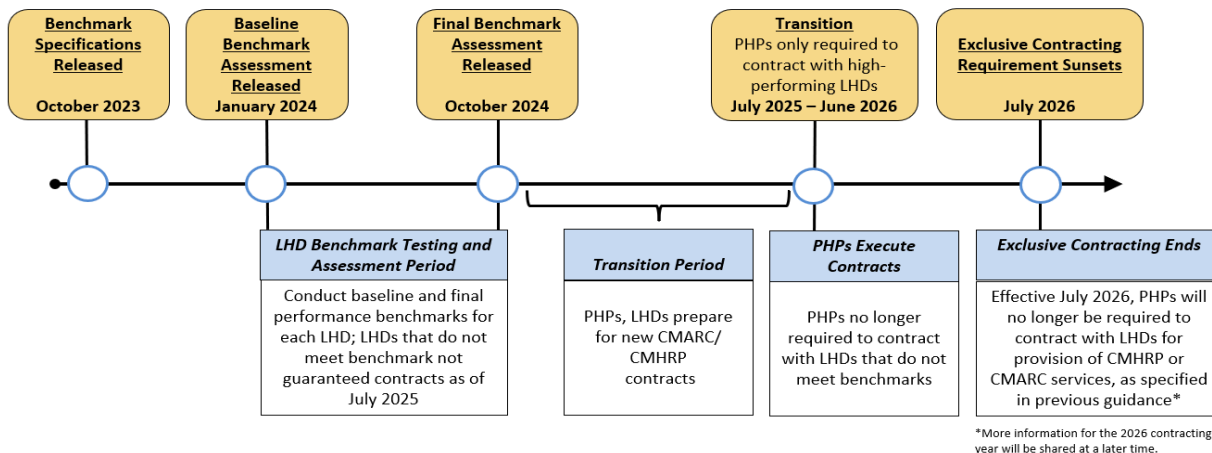
In October 2024, NC Medicaid will share final benchmark assessments. LHDs will receive individual final benchmark assessments, and each PHP will see final benchmark assessments for the LHDs in counties it serves. LHD performance will be assessed in the aggregate, across PHPs, for the county (or counties) in which they deliver CMHRP and/or CMARC services. Starting in July 2025, PHPs will only be required to contract with LHDs that meet the criteria in the benchmark assessments. LHDs that do not meet the benchmarks may work with PHPs to negotiate maintaining their contracts, but PHPs will not be required to contract with those LHDs.

Beginning in **July 2026**, NC Medicaid will remove contracting specifications that require PHPs to offer exclusive contracts to LHDs that provide CMHRP and CMARC services. PHPs may continue to contract with LHDs to provide these services but will not be required to do so. Any provider offering care management to CMHRP and CMARC populations will still be expected to follow the existing broader local care management requirements in the [PHP contract](#) and [Program Guide](#). NCDHHS will engage in ongoing discussions with all involved parties to shape future service provision, monitoring, and quality

³ The baseline benchmark assessment will use data from July 2022 to June 2023 for process measures and from January 2022 to December 2022 for quality measures.

improvement efforts for pregnant members who are at risk for adverse birth outcomes and at-risk children.

Figure 1: Benchmark Assessment Timeline



Measures

NC Medicaid selected measures for the CMHRP and CMARC benchmark assessments based on current policy and programmatic targets for the provision of high-quality care management for high-risk pregnant members and children. NCDHHS engaged community partners, including LHDs and PHPs, in informing the benchmark measures, considering their feedback on measure feasibility, appropriateness, and data limitations.

Below is a list of the measures for the CMARC and CMHRP benchmark assessments. NCDHHS recognizes that there are additional measures that LHDs regularly report based on the [Program Guide](#) measure set and the Care Impact Dashboard, and **LHDs should continue to fulfill all existing program requirements**. However, for the purposes of the benchmark assessments, NC Medicaid narrowed the measure list to a select set in order to simplify the methodology and analysis for the assessment approach. Measures were prioritized based on feedback on LHD level of control over measure performance as well as data quality.

LHDs will be measured only for their performance serving members enrolled in Standard Plans (SPs). LHDs that provide CMHRP and/or CMARC services jointly across counties, or that provide services for multiple counties, will be assessed based on their entire service area. For example, if an LHD in County A provides services for County B, the LHD’s performance will be reported for County A and B as a single score reflecting experience across both counties.

A detailed table of the CMHRP and CMARC benchmark measures, including information on how the measure will be defined (numerator and denominator), the measure data source, and scoring specifications is included in [Appendix A](#).

Table 1: Performance Measures

	CMARC Measures	CMHRP Measures
<i>Process Measures</i>	Signed Care Plan Rate within 30 days	Signed Care Plan Rate within 15 days
	Comprehensive Needs Assessment Created Rate	Comprehensive Needs Assessment Created Rate
	Attempted Patient Centered Interaction (PCI) Rate	Attempted Patient Centered Interaction (PCI) Rate
	Completed Patient Centered Interaction Rate	Completed Patient Centered Interaction Rate
<i>Quality Measures</i>	Well-Child Visits for Age 15–30 Months	Timeliness of Postpartum Care
	Child Well-Care Visits for Age 3-5 Years	

Assessment Periods

NC Medicaid will share baseline benchmark assessments in January **2024** to provide initial information to LHDs on their performance. In **October 2024**, NC Medicaid will share the final results of the benchmark assessment, which may be used by PHPs to inform contracting. The measurement periods for the process and quality measures for each assessment are below (see Table 2).

Process measures will be evaluated on a fiscal year basis, whereas quality measures will be evaluated on a calendar year basis. Baseline and final benchmark assessments will be shared several months after the process measurement periods to allow sufficient time for data lag and processing. Each process measure will be reported as an average monthly rate (see [Appendix A](#)).

Table 2: Assessment Periods

	Process Measures: Measurement Period (Fiscal Year)	Quality Measures: Measurement Period (Calendar Year)	Release Date	Use of Results
Baseline Assessment	July 2022 to June 2023	January 2022 to December 2022	January 2024	Informational purposes for LHDs
Final Assessment	July 2023 to June 2024	January 2023 to December 2023	October 2024	Informing PHP contracting decisions for 2025-2026

Scoring Approach

Thresholds for each measure

The performance thresholds for the process measures are based on existing targets used by DPH and DCFW for the care management measures. For example, the program targets for *Signed Care Plan (Initial)* and *Comprehensive Assessment (Initial)* are 85%, which will also be the performance thresholds for these measures. Notably, NC Medicaid has adjusted the threshold for *Completed Patient Centered Interaction (PCI)* to 75%, given that LHDs may have less direct control over performance on this measure as compared with the *Attempted Patient Centered Interaction* measure. This adjustment also takes into account challenges in abstracting complete data for this measure.

The thresholds for the quality measures are focused on LHD improvement between the baseline and final assessments. The baseline will inform LHDs of their initial performance on the quality measures for Calendar Year 2022. LHDs will be required to meet the pre-determined improvement thresholds based on their initial baseline performance on a quality measure, with the percentage point improvement an LHD must meet being higher if their baseline performance is lower (*see Table 3 below*). LHDs that meet the specified improvement threshold by the final assessment for Calendar Year 2023 will receive full points for the measure.

For example, if LHD A’s postpartum visit rate at the baseline is 40%, LHD A will need to improve this rate by 4 percentage points and achieve a 44% rate by the final assessment in order to receive points for this measure. However, if LHD B’s postpartum visit rate is 60%, LHD B will need to improve this rate by 2 percentage points to 62% in order to receive points for this measure.

LHDs that demonstrate a baseline performance of 75% or above on a quality measure will not be required to meet an improvement threshold for the purposes of the benchmark assessments and will automatically receive full points for the measure, as long as final performance remains at 75% or above. For example, if LHD A’s postpartum visit rate at the baseline is 80%, they will not need to demonstrate improvement, but will need to maintain a performance rate of 75% or more.

Table 3: Improvement Thresholds for Quality Measures

Baseline Performance on Quality Measures (%)	Absolute Improvement Threshold (Percentage Points)
0.00 to 9.99	8
10.00 to 19.99	7
20.00 to 29.99	6
30.00 to 39.99	5
40.00 to 49.99	4
50.00 to 59.99	3
60.00 to 69.99	2
70.00 to 74.99	1
75.00 to 100.00	0

Points for each measure

If an LHD meets the threshold for a measure, it will receive a specified number of points associated with

that measure. An LHD will receive full points for a measure when it meets the threshold for the assessment timeframe. No partial credit for a measure will be provided for an LHD that does not meet or exceed the threshold.

An LHD that meets the thresholds for every measure in a program will achieve 100 total points. Per program, 80 points are available for four process measures and 20 points are available for quality measures. See Table 4 below for scoring details and [Appendix A](#) for a table with the full list of measures.

Scores in benchmark assessments

NC Medicaid will sum the total points received across all measures and assess the sum against a pre-set minimum score for an LHD to meet the criteria in the benchmark assessments. NC Medicaid has set the minimum score at:

- 70 out of 100 available points for CMARC
- 80 out of 100 available points for CMHRP

In both of the above scenarios, an LHD can meet the criteria in the benchmark assessment for each program without meeting *any* quality measures if it meets *all* of the process measures. Alternatively, for each program, an LHD can meet the criteria in the benchmark assessment by meeting three out of four process measures and one quality measure.

Table 4: CMARC and CMHRP Scoring

CMARC

Measure	Threshold	Points available per measure
Signed Care Plan Rate within 30 days	85%	20
Comprehensive Needs Assessment Created Rate	85%	20
Attempted Patient Centered Interaction (PCI) Rate	85%	20
Completed Patient Centered Interaction rate	75% (<i>lowered from program target of 85%</i>)	20
Well-Child Visits for Age 15–30 Months	Improvement (<i>see Table 3</i>)	10
Child Well-Care Visits for Age 3-5 Years	Improvement (<i>see Table 3</i>)	10
Total Points Available (Score to Meet Criteria in Benchmark Assessment = 70)		100

CMHRP

Measure	Threshold	Points available per measure
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Signed Care Plan Rate within 15 days	85%	20
Comprehensive Needs Assessment Created Rate	85%	20
Attempted Patient Centered Interaction (PCI) Rate	85%	20
Completed Patient Centered Interaction rate	75% (<i>lowered from program target of 85%</i>)	20
Timeliness of Postpartum Care	Improvement (<i>see Table 3</i>)	20
Total Points Available (Score to Meet Criteria in Benchmark Assessment = 80)		100

Adjustments for small samples

Some LHDs serve many more members than others. In a small population, unpredictable events affecting just a few members can substantially increase or decrease an LHD’s measured performance rates in a given assessment period. To prevent unfairly penalizing smaller LHDs that could potentially be higher performing than their score suggests, NC Medicaid will implement a statistical adjustment to assess counties utilizing a confidence interval approach (see [Appendix B](#) for further details).

Conclusion

NCDHHS is committed to ensuring the continuation of high-quality care management services for pregnant members who are at risk for adverse birth outcomes and for at-risk children. With the benchmark specifications described above, NC Medicaid aims to strengthen accountability for program performance, maintain service provision among LHDs meeting performance and quality standards, and enable a smooth transition to voluntary contracting in the future. NC Medicaid will continue to leverage the leadership of LHDs, PHPs, and other community partners to build upon and update these programs as necessary.

Community partners can email Medicaid.CMHRP.CMARC@dhhs.nc.gov with any questions on this program update.

Appendix A: Benchmark Measures and Scoring

CMHRP Measures and Scoring

Type	Measure	Measurement Period	Numerator	Denominator	Data Source	Performance Threshold	Points Received if LHD Meets the Threshold
Process	Signed Care Plan within 15 days (Initial)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members in care management who had a care plan signed within 15 calendar days of engagement in CMHRP services	Number of members identified as part of CMHRP who agreed to CMHRP services as evidenced in interaction by checking the box "Consent to Enroll in OB program"	DPH/DCFW Care Impact Dashboard	85%	20
Process	Comprehensive Assessment Created (Initial)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members with a completed initial comprehensive needs assessment within 30 calendar days of being placed in a new OB episode	Number of members identified as part of CMHRP with a new engaged OB episode status	DPH/DCFW Care Impact Dashboard	85%	20
Process	Attempted Patient Centered Interaction (PCI)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members who had an attempted patient centered interaction within the last 30 days	Number of members identified as part of CMHRP with a managed OB episode status	DPH/DCFW Care Impact Dashboard	85%	20

Type	Measure	Measurement Period	Numerator	Denominator	Data Source	Performance Threshold	Points Received if LHD Meets the Threshold
Process	Completed Patient Centered Interaction (PCI)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members who had a completed patient-centered interaction within the last 30 days	Number of members identified as part of CMHRP with a managed OB episode status	DPH/DCFW Care Impact Dashboard	75%	20
Quality	Timeliness of Postpartum Care	Improvement from Calendar Year 2022 to Calendar Year 2023	Number of deliveries of members that had a postpartum visit between 7 and 84 days after delivery.	Number of deliveries of members over 12 months	PHP encounter data, collected as part of routine quality measurement	Improvement threshold varies according to baseline performance; see Table 3, page 6	20
Total Points Available (Score to Meet Criteria in Benchmark Assessment = 80)							100

CMARC Measures and Scoring

Type	Measure	Measurement Period	Numerator	Denominator	Data Source	Performance Threshold	Points Received if LHD Meets the Threshold
Process	Signed Care Plan Rate within 30 days (Initial)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members with a signed care plan within 30 days of being placed in a new engaged episode	Number of members identified as part of CMARC with a new engaged episode status	DPH/DCFW Care Impact Dashboard	85%	20
Process	Comprehensive Needs Assessment Created Rate (Initial)	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members with a completed initial comprehensive needs assessment within 30 calendar days of being placed in a new episode	Number of members identified as part of CMARC with a new engaged episode status	DPH/DCFW Care Impact Dashboard	85%	20
Process	Attempted Patient Centered Interaction (PCI) Rate	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members who had at least one attempted PCI for managed members	Number of members identified as part of CMARC with a managed episode status	DPH/DCFW Care Impact Dashboard	85%	20
Process	Completed Patient Centered Interaction rate	Average monthly rate over 12-month period (July 2023 – June 2024)	Number of members who had at least one completed PCI for managed members	Number of members identified as part of CMARC with a managed episode status	DPH/DCFW Care Impact Dashboard	75%	20

Type	Measure	Measurement Period	Numerator	Denominator	Data Source	Performance Threshold	Points Received if LHD Meets the Threshold
Quality	Well-Child Visits for Age 15–30 Months	Improvement from Calendar Year 2022 to Calendar Year 2023	Number of members who turned 30 months old during the measurement year and had two or more well-child visits with a primary care provider (PCP)	Number of members who turned 30 months old during the measurement year identified as part of CMARC	PHP encounter data, collected as part of routine quality measurement	Improvement threshold varies according to baseline performance; see Table 3, page 6	10
Quality	Child Well-Care Visits for Age 3-5 Years	Improvement from Calendar Year 2022 to Calendar Year 2023	Number of members 3-5 years of age who had at least one comprehensive well-care visit with a primary care provider (PCP) during the measurement year	Number of members 3-5 years of age identified as part of CMARC	PHP encounter data, collected as part of routine quality measurement	Improvement threshold varies according to baseline performance; see Table 3, page 6	10
Total Points Available (Score to Meet Criteria in Benchmark Assessment = 70)							100

Appendix B: Small Sample Size Adjustment

NC Medicaid will implement a statistical adjustment to assess whether counties with smaller population sizes meet the threshold, given that smaller counties experience more variation in measured performance rates. Below is an illustrative example of when this adjustment would be used:

“LHD A” provides services to 100 new CMARC members every month and employs several care managers. Last month, “LHD A” completed a signed care plan for 90 out of the 100 new CMARC members. For eight members, the care managers were not able to call the members and did not get the care plan signed, which is typical for this LHD. For two members, the care managers reached out multiple times, using all appropriate methods, but received no response. This happens for a few members every month for various reasons—sometimes two members, sometimes five members, but never enough to cause a big swing in “LHD A’s” performance, which is always around 90%. “LHD A” consistently meets the measure threshold of 85%.

“LHD B” only provides services to 10 new CMARC members every month, but the care manager generally manages to complete a signed care plan for nine of them. Last month, “LHD B” completed a signed care plan for nine out of ten new CMARC members and did not contact the remaining member—but this member came in to pick up a box of diapers, ran into the care manager in the hallway and signed the care plan before she left, bringing the LHD’s score for that month to 100%, above the 85% measure threshold. This month, “LHD B” again only attempted to contact nine members, but one of those nine members went to visit a family member in another county and lost her phone, meaning that her care manager was unable to reach her despite making all appropriate efforts. This brought “LHD B’s” performance rate (8/10) down to 80%, falling below the 85% measure threshold. Both “LHD A” and “LHD B” are generally able to reach about 90% of their population. Because of “LHD B’s” small population size, however, it is much more likely to fall below the 85% threshold in any given month.

The pre-determined confidence interval range, which NC Medicaid will establish per measure for this assessment, will include the range of rates that could be expected for each LHD’s population size if that LHD’s true performance rate was at or above the measure threshold. An LHD will meet the threshold for a measure as long as its measured performance is within the confidence interval. For example, although “LHD A’s” measured performance rate for initial signed care plan was 80%, it may fall within the pre-determined confidence interval to meet the threshold of 85%.

Appendix C: Example Scenarios

Below are hypothetical scenarios which are meant to help illustrate how LHDs may meet the criteria in the benchmark assessments for CMHRP and CMARC.

Scenario 1: LHD meets criteria in CMHRP benchmark assessment

Measure	Met Benchmark Threshold?	Points Received if LHD Met Threshold
Signed Care Plan within 15 days (Initial)	Yes	20
Comprehensive Assessment Created (Initial)	Yes	20
Attempted Patient Centered Interaction (PCI)	Yes	20
Completed Patient Centered Interaction (PCI)	Yes	20
Timeliness of Postpartum Care	No	0
Total Points Achieved (80 out of 100 points required to meet criteria in benchmark assessment)		80

Scenario 2: LHD meets criteria in CMARC benchmark assessment

Measure	Met Benchmark Threshold?	Points Received if LHD Met Threshold
Signed Care Plan within 30 days (Initial)	Yes	20
Comprehensive Assessment Created (Initial)	Yes	20
Attempted Patient Centered Interaction (PCI)	Yes	20
Completed Patient Centered Interaction (PCI)	No	0
Well-Child Visits for Age 15-30 Months	Yes	10
Child Well-Care Visits for Age 3-5 Years	No	0
Total Points Achieved (70 out of 100 points required to meet criteria in benchmark assessment)		70

Scenario 3: LHD does not meet criteria in CMARC benchmark assessment

Measure	Met Benchmark Threshold?	Points Received if LHD Met Threshold
Signed Care Plan within 30 days (Initial)	Yes	20
Comprehensive Assessment Created (Initial)	Yes	20
Attempted Patient Centered Interaction (PCI)	No	0
Completed Patient Centered Interaction (PCI)	No	0
Well-Child Visits for Age 15-30 Months	Yes	10
Child Well-Care Visits for Age 3-5 Years	Yes	10
Total Points Achieved (70 out of 100 points required to meet criteria in benchmark assessment)		60