

Calendar Year 2022 and 2023 Measure Targets for Standard Plans for the Advanced Medical Home Measure Set

Introduction

To ensure delivery of high-quality care under the managed care delivery system, the Department has developed the 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., Comprehensive Diabetes Care: HbA1c Poor Control), 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 overall health plan targets below).**

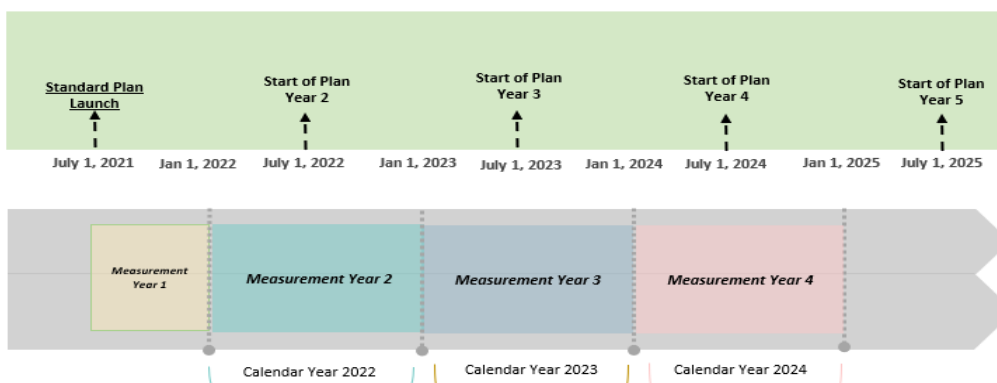
Measurement for all Department-required quality incentive programs, including AMH programs, will be aligned with calendar years. The first quality performance period for AMHs began in January 2022.

This document provides baseline data and targets for Health Plans. NC Medicaid does NOT set targets for AMHs. These baseline data and targets are shared as a reference for AMHs. An AMH practice (NPI + location) will have its own rate that may be above or below the baseline state median rate. AMHs should negotiate target performance rates with Health Plans.

Notes

The Division of Health Benefits is using 2019 statewide rates as the baseline for year 1 (2022) Health Plan quality targets as Health Plans launched in July of 2021, in the middle of a measure cycle. 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



Overall Targeting Methodology for Health Plans

The overall target for each measure where reference-year statewide performance is available will be: (Prior Year Statewide Product-Line Performance % * 1.05). In the table below, an asterisk (*) indicates that data is not yet available for a measure.

Overall Health Plan Targets

NQF#	Measure Name	2019 Rates	2022 Targets	2021 Rates	2023 Targets
Pediatric Measures					
0038	Childhood Immunization Status (Combination 10)	35.02	36.77	34.30	36.01
N/A	Well-Child Visits in the First 30 Months of Life¹	*	*	*	*
N/A	Well-Child Visits in the First 15 Months of Life	65.71	68.99	62.10	65.20
N/A	Child and Adolescent Well-Care Visits	43.40	45.57	47.80	50.19
1407	Immunization for Adolescents	31.55	33.13	30.29	31.80
0418/ 0418e	Screening for Depression and Follow-Up Plan[†]	*	*	*	*
0033	Chlamydia Screen in Women Ages 16-20	54.93	57.67	53.00	55.65
Adult Measures					
0418/ 0418e	Screening for Depression and Follow-Up Plan[†]	*	*	*	*
0032	Cervical Cancer Screening	43.82	46.01	40.70	42.73
0033	Chlamydia Screening in Women	58.22	61.13	56.80	59.64
0018	Controlling High Blood Pressure[†]	*	*	24.60	25.83
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC)²	*	*	*	*
1768	Plan All-Cause Readmission - Observed to expected ratio^{2,3}	.93	.88	.93	.88
NA	Total Cost of Care⁴	*	*	*	*

¹ W30 is a new measure that did not exist prior to 2020 and therefore does not have a 2019 rate. The previous measures of AWC and W34 were retired.

[†] Symbol is used when clinical data needed to produce measure not available for baseline year.

² Target is a 5% relative decrease from baseline.

³ Stratified rate is not available for this measure.

⁴ Measure will not be produced until 2023 to reflect 2022 measurement year.

Disparities Targeting Methodology for Health Plans

Identification of disparities:

- A disparity exists when: $((\text{Reference Group Performance \%} - \text{Group of Interest Performance \%}) / \text{Reference Group Performance \%})$ is greater than 10%

Identification of disparity-specific targets for groups of interest:

- When a disparity, as defined above, is identified, the associated target for the group of interest is: $(\text{Group of Interest's Performance \%} * 1.10)$

2019 Race ⁵ Comparison to Inform 2022 Targets					
Measure	Black/African American Rate	White Rate	% Difference	Disparity (Y/N)	2022 Disparity Target
Childhood Immunization Status (Combination 10)	26.30	40.20	34.58	Y	28.93
Immunization for Adolescents	29.80	32.50	8.31	N	*
Well-Child Visits in the First 15 Months of Life	59.70	69.80	14.46	Y	65.67
Chlamydia Screening in Women	65.00	53.60	*	N ⁶	*
Cervical Cancer Screening	46.60	41.80	*	N ⁷	*
2019 Ethnicity Comparison to inform 2022 Targets ⁸					
Measure	Hispanic /LatinX Rate	Not Hispanic/LatinX Rate	% Difference	Disparity (Y/N) ⁹	2022 Disparity Target

⁵ NC Medicaid has determined that there are significant disparities between races and will have the AMHs focus on meeting racial disparity targets. Even within the Hispanic/LatinX population, Department analyses have identified disparities in these measures between the Black/African American and White populations, underlining the need to make racial disparities the primary focus..

⁶ The Department is not identifying disparities or setting disparities targets instances where the group of interest is performing better than the reference group.

⁷ The Department is not identifying disparities or setting disparities targets instances where the group of interest is performing better than the reference group.

⁸ The group of interest, Hispanic/LatinX, is performing greater than a relative 10% better on Immunizations for Adolescents and Well-Child Visits in the First 15 Months of Life than 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 White populations within the Hispanic/LatinX population, underlining the need to make racial disparities the primary focus.

⁹ The Department is not identifying disparities or setting disparities targets in instances where the group of interest is performing better than the reference group.

Childhood Immunization Status (Combination 10)	47.8	31.6	-33.89	N	*
Immunization for Adolescents	42.40	28.10	-50.89	N	*
Well-Child Visits in the First 15 Months of Life	73.2	63.9	-12.70	N	*
Chlamydia Screening in Women	60.5	58	-4.13	N	*
Cervical Cancer Screening	46.7	43.9	-6.00	N	*

2021 Race ¹⁰ Comparison to inform 2023 Targets					
Measure	2021 Black/African American Rate	2021 White Rate	% Difference	Disparity (Y/N)	2023 Disparity Target
Childhood Immunization Status (Combination 10)	23.7	40.6	41.63	Y	26.07
Immunization for Adolescents	26.60	32.40	17.90	Y	29.26
Well-Child Visits in the First 15 Months of Life	56.8	65.3	13.02	Y	62.48
Chlamydia Screening in Women	64.8	51.3	*	N	*
Cervical Cancer Screening	44.2	38.2	*	N	*
2021 Ethnicity Comparison to inform 2023 Targets ¹¹					

¹⁰ NC Medicaid has determined that there are significant disparities between races and will have the AMHs focus on meeting racial disparity targets. Even within the Hispanic/LatinX population, race seems to be the factor most associated with disparities.

¹¹ The group of interest, Hispanic/LatinX, is performing greater than a relative 10% better on Immunizations for Adolescents and Well-Child Visits in the First 15 Months of Life than 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 White populations within the Hispanic/LatinX population, underlining the need to make racial disparities the primary focus.

Measure	2021 Hispanic /LatinX Rate	2021 Not Hispanic/ LatinX Rate	% Difference	Disparity (Y/N)¹²	2023 Disparity Target
Childhood Immunization Status (Combination 10)	46.5	30.9	-50.49	N	*
Immunization for Adolescents	41.6	26.6	-56.39	N	*
Well-Child Visits in the First 15 Months of Life	67.3	60.8	-10.69	N	*
Chlamydia Screening in Women	58.3	56.6	-3.00	N	*
Cervical Cancer Screening	43.0	40.7	-5.65	N	*

¹² The Department is not identifying disparities or setting disparities targets instances where the group of interest is performing better than the reference group.