NC InCK Performance Measure Technical Specifications Manual

Contents

Technical Specifications Summary of Updates for Measurement Year 2023

- Updated templates to remove header tab
- Changed guidance for Food Insecurity and Housing Instability Screening
- Changed definition for Shared Action Plan Measure
- Created new baseline and target methodology for certain AMHs
- Updated continuous enrollment description for ED Visit and Well-Child Visit measures

Technical Specifications Summary of Updates for Measurement Year 2024

- Updated references to HEDIS specifications
- Changed definition for Shared Action Plan Measure
- Removed references to HCPCS code G9921
- Added guidance on new provider participation
- Removed references to InCK Advanced

Introduction

The North Carolina Integrated Care for Kids Model (NC InCK) is a child-centered local service delivery and state payment model aimed at improving the quality of care and reducing expenditures for children insured by Medicaid in the following North Carolina counties: Alamance, Orange, Durham, Granville and Vance. NC InCK aims to integrate services for children, including physical and behavioral health, food, housing, early care and education, Title V, child welfare, mobile crisis response services, juvenile justice, and legal aid. While Duke, UNC and NC DHHS are the lead organizations, all Medicaid-insured children in the selected region will be included in the model, regardless of where they receive care. This document includes the measure technical specifications for the NC InCK model including:

- Approaches to quality measure and improvement, including specifications for the performance measures included in the NC InCK Alternative Payment Model (APM) and additional performance measures required by CMS
- Required quality reporting activities for prepaid health plans (PHPs)
- Standardized benchmarks used to determine qualification for payment incentives

NC InCK envisions healthy, thriving children and families living in a model collaborative community. NC InCK aims to achieve this vision by partnering with communities to support and bridge services where children live, learn and play. We are working towards a model where care is integrated for children across core child service areas to improve their well-being. These core child service areas include clinical care (physical and behavioral health), schools, early care and education, food, housing, child welfare, Title V, mobile crisis response, juvenile justice, and legal services.

NC InCK will operate during a 7-year model period that began in January 2020 with a 2-year planning period (2020-2021) and 5 year-implementation period (2022-2026). The first measurement year for the InCK APM will be calendar year 2023. Within NC InCK, we are developing a model where quality of care is measured and improved using both standard healthcare measures (e.g., proportion of children receiving well-child checks) and novel cross-sector, well-being measures (e.g., kindergarten readiness, chronic school absenteeism, food insecurity, housing stability). We are developing child-specific alternative payment models that match the integrated care delivery model.

Quality Measurement and Improvement

To ensure that all NC InCK beneficiaries receive high-quality care, PHPs and participating providers will be held accountable for performance against a select set of measures aligned to a range of specific goals and objectives used to drive quality improvement and operational excellence for children and families served by NC InCK. InCK's use of specific quality requirements to advance toward these goals and objectives may evolve as PHPs and providers' infrastructure and experience increase, with greater rewards for excellence and penalties for poor performance.

The technical specifications for all NC InCK measures that will be reported by or to PHPs are shown in Appendix A. Some measures will be included in the NC InCK APM ("**NC InCK APM measures**.") Additional measures will be reported to CMS but are not included as performance measures in the APM ("**NC InCK CMS measures.**") Some of these measures are the same as pediatric measures in the **Standard Plan Measure Set** described in

NC's Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and Behavioral Health Intellectual/Developmental Disability Tailored Plans. NC Medicaid developed the Standard Plan Measure Set in order to assess Health Plan performance and drive high-quality care. Measures are chosen based on their relevance to primacy care and care coordination and updated periodically.

NC InCK quality measures were selected from a variety of sources, including Healthcare Effectiveness Data and Information Set (HEDIS®) measures, Centers for Medicare & Medicaid Services (CMS) Child Core measure sets, and measures specific to NC InCK. The NC InCK Partnership Council and the Medicaid Quality and Health Outcomes Cross-Functional Team will review quality measure performance results, updates to technical specifications, and stakeholder feedback at least annually to inform an annual quality measure set monitoring and update process (e.g., if measures have been retired or age parameters changed). NC InCK may update quality measures annually to reflect changes in these sets as the foci of the Department and InCK's quality improvement efforts evolve. Advanced notice will be provided for any changes or additions to the NC InCK APM Performance Measure set. Our intent is to maximize stability of the NC InCK APM Performance Measure set.

NC InCK Alternative Payment Model Structure

The NC InCK APM is a **4-year, targeted incentive program** in the 5 NC InCK administrative counties. The program began in January 2023 and will run through December of 2026. Eligible beneficiaries are Medicaid-insured children, ages birth through 20, enrolled in NC Medicaid managed care Standard Plans. The NC InCK APM includes incentive payments to Advanced Medical Homes (AMHs), through Health Plan contracts, linked to reporting and performance against benchmark targets defined further in subsequent sections. Each year's InCK APM measure results are available in the following calendar year.

The North Carolina Department of Health and Human Services ("the Department") requires PHPs to use a **tiered performance benchmark** structure for the InCK APM. PHPs will use Department-determined benchmarks that were developed with the NC InCK APM Working Group using (1) historical rates where comparable historical data are available at the regional, state, or national levels (with a preference for statewide or regional standards) or (2) program goals where requirements have been set forth by the Center for Medicare and Medicaid Services, particularly for the novel measures in the NC InCK APM measure set. Standard Plans are required to offer a meaningful Performance Incentive Payment for all of the NC InCK APM measures. Standard Plans may choose to determine their own weighting strategy.

Performance Incentive Payment Requirements

All AMH Tier 3 practices in the Duke, UNC and CCPN networks with at least one InCK member assigned to their panel will be eligible to earn Performance Incentive Payments in InCK APM based on the set of measures in **Appendix Table 1**, which were selected for their relevance to primary care and integrated, cross-sector care coordination. Standard Plans are required to offer opportunities for such payments to Tier 3 AMHs and may choose whether to offer them to Tier 1 and Tier 2 AMHs. New practices can be added to the InCK APM program in calendar year 2025 as agreed upon by CINs and PHPs. Practices contracted in 2025 may have inadequate data to calculate APM performance and may be excluded from some measures. No new providers will be permitted to contract in calendar year 2026. Standard Plans are required to offer Performance Incentive Payments for all NC InCK APM measures (not including those shared for awareness) in the InCK APM, though Standard Plans may choose to determine their own weighting strategy. The Department will consider exceptions for measures already incentivized by the Standard Plan for the same providers through other incentive programs.

Table 1. NC InCK Performance Measure Benchmarks

Performance Measure	Tier 1 (50% quality payment)	Tier 2 (75% quality payment)	Tier 3 (100% quality payment)
Kindergarten Readiness Rate	Aware***	Aware	Aware
Primary Care Kindergarten Readiness Bundle	Documented on 20% panel	Documented on 40% panel	Documented on 60% panel
Food Insecurity and Housing Instability Screening	Documented on 20% panel	Documented on 40% panel	Documented on 60% panel
Food Insecurity Rate	Aware	Aware	Aware
Housing Instability Rate	Aware	Aware	Aware
Shared Action Plan for children in SIL-2 and SIL-3	Plan documented for 5% SIL 2 and 10% SIL3	Plan documented for 10% SIL 2 and 20% SIL3	Plan documented for 10% SIL 2 and 30% SIL3
Screening for Clinical Depression & Follow-Up Plan	Documented on 20% panel	Documented on 40% panel	Documented on 60% panel
Ambulatory Care: ED visits+	Stable compared to 2-yr historical baseline	2.5% lower than 2-yr historical baseline	5% lower than 2-yr historical baseline
Well-Child Visits for Age 0-15 Months (Disparity Measure)**	Increase **Black/African American rate by 5% x 1 year** and overall rate is stable (+/- 1%) or improving*	Increase **Black/African American rate by 10% x 1 year** and overall rate is stable (+/- 1%) or improving	Increase **Black/African American rate by 15% x 1 year** and overall rate is stable (+/- 1%) or improving
Well-Child Visits for Age 15-30 Months**	Aware	Aware	Aware
Total Cost of Care	Aware	Aware	Aware

*If there is no existing disparity (defined as an AMH's Black/African American rate for this measure being no more than 2% below the white rate), an AMH will qualify for a Tier 1 payment if their overall rate meets or exceed the Standard Plan target for this measure.
**These two rates collectively are referred to as "Well-Child Visits in the First 30 Months of Life (W30)" in HEDIS specifications.
***__Aware__ above is defined as an InCK performance measure not explicitly linked to an incentive payment, but shared with PHPs and providers for awareness of quality measure performance
+An AMH will be excluded from the APM for the Ambulatory Care: ED visits measure if no baseline data are available.

In certain instances, AMH targets for the Well-Child Visit for Age 0-15 Months (Disparity Measure) will be derived from the AMH Statewide Disparity Target Black/African American W15 rate. This **only** applies in instances where a Black/African American target rate cannot be calculated because:

1. The Black/African American baseline rate is 0%; or
2. An AMH has no children in the denominator for the Black/African American baseline rate.

The difference between the Statewide Standard Plan Black/African American rate and the disparity target rate was used to develop the benchmark tiers for these instances. The calculation for the 2024 performance year uses the 2022 Standard Plan Black/African American well-child rate of 58.17% and the 2024 target of 66.17%. The difference between the two rates is 8%. The Tier 1 target is 50% of the difference or a 4% increase over the 2022 rate. The Tier 2 target is 75% of the difference or a 6% increase over the 2022 rate. The Tier 3 target is

100% of the difference or an 8% increase over the 2022 rate to meet the 66.17% 2024 target. Specific targets for each payment tier are listed in the table below.

Table 1a. Well-Child Visit Disparity Measure Targets ONLY for AMHs with no available baseline data or baseline of 0%

Performance Measure	Tier 1 (50% quality payment)	Tier 2 (75% quality payment)	Tier 3 (100% quality payment)
Well-Child Visits for Age 0-15 Months (Disparity Measure)	62.17%	64.17%	66.17%

Table 2. Reporting Overview for Novel Measures in NC InCK APM Measures

Performance Measure	Data Source
Kindergarten Readiness Rate	**DPI data file**
Primary Care Kindergarten Readiness Bundle	**Claims** with non-reimbursable code
Food Insecurity and Housing Instability Screening	**Claims** with non-reimbursable code
Food Insecurity Rate	**Claims** with non-reimbursable code
Housing Instability Rate	**Claims** with non-reimbursable code
Screening for Clinical Depression and Follow-Up Plan	**HIE, Claims and Encounter Data**
Shared Action Plan for children in SIL-2 and SIL-3	**PHP report to Medicaid** (BCM051)
Ambulatory Care: ED visits	**Claims**
Well-Child Visits for Age 0-15 Months (Disparity Measure)	**Claims**
Well-Child Visits for Age 15-30 Months	**Claims**
Total Cost of Care	**Claims**

NC InCK members are assigned to AMHs at the NPI + location level. As part of the care management and AMH data flow, NC DHB will send a monthly NC InCK attributed member list to PHPs on a new modified Risk List (SIL File) with each member's assigned Service Integration Level (SIL). PHPs will then distribute this information to providers via the Patient Risk List Release 1.0.

For the purposes of quality measurement, NC InCK beneficiaries are attributed to the AMH to which they were assigned on the last day of the measurement period. No risk adjustment will be used in the InCK APM, though the Department may provide performance measure risk scores to AMHs participating in the APM for informational purposes only.

Processes for Generating and Sharing APM Data

NC Medicaid will generate a series of reports at least annually that will be shared with PHPs and providers for quality improvement and administration of the InCK APM (see **Figure 2**, **Table 3, and Table 4**). CINs and PHPs will play a role in sharing these data and generating AMH-level performance rates. Calculation instructions for

the PHP- and CIN-Generated reports can be found in NC Medicaid's "NC InCK APM Performance Measure Reporting Templates, Calculation Instructions, and Data Flow" document.

Data collected between January 2022 and December 2022 was be used as an observation period for NC InCK quality measures, with a focus on data quality and new billing processes for the novel NC InCK performance measures that were distinct from the Standard Plan measures (see **Figure 1**). Calendar year 2023 was the first full year of performance measurement on which incentive payments were based. The first comprehensive report of performance across all NC InCK APM measures was available in Fall 2024.

There are two measures with APM benchmarks that rely on a historical baseline: the **Ambulatory ED Visits measure** and **Well-Child Visits measure**. Baseline reports for these measure are released and calculated prior to each performance year. These baseline reports are used to calculate benchmarks to which annual performance is compared for the purposes of incentive payments and will be separate from the annual performance reports sent after each performance year. Performance year 2023 used a 2021 baseline for both measures. Beginning in performance year 2024, the Ambulatory ED Visits measure used a 2-yr historical baseline (e.g., 2021+2022 data for performance year 2024, 2023+2024 data for performance year 2025, etc.) while the Well-Child Visits measure only used a 1-year baseline (e.g. 2022 data for performance year 2024, 2023 data for performance year 2025, etc.).

Figure 1: Timeline for Performance Measurement in NC InCK

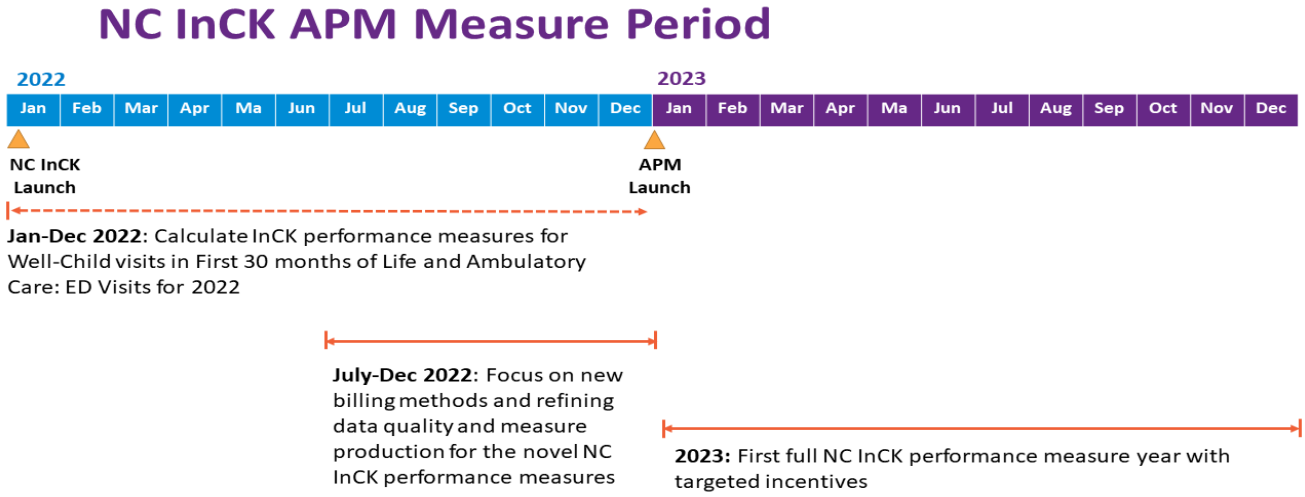

Table 3: InCK APM Reports by Entity

Reports Received by Health Plans	Reports Received by CINs	Reports Received by Tier 3 AMHs
PHP-enrolled Beneficiary-Level Report (*DHB Generated*)	CIN-assigned Beneficiary-Level Report (*Health Plan Generated*)	Pooled Performance Practice-Level Report (*CIN Generated*)
Pooled-Performance CIN-Level Report (*DHB Generated*)	InCK-wide Performance Report (Posted Publicly) (*DHB Generated*)	AMH-assigned Beneficiary-Level Report (*CIN Generated*)
Pooled Performance Practice-Level Report (*CIN Generated*)		InCK-wide Performance Report (Posted Publicly) (*DHB Generated*)
InCK-wide Performance Report (Posted Publicly) (*DHB Generated*)		

Figure 2: InCK APM Reporting

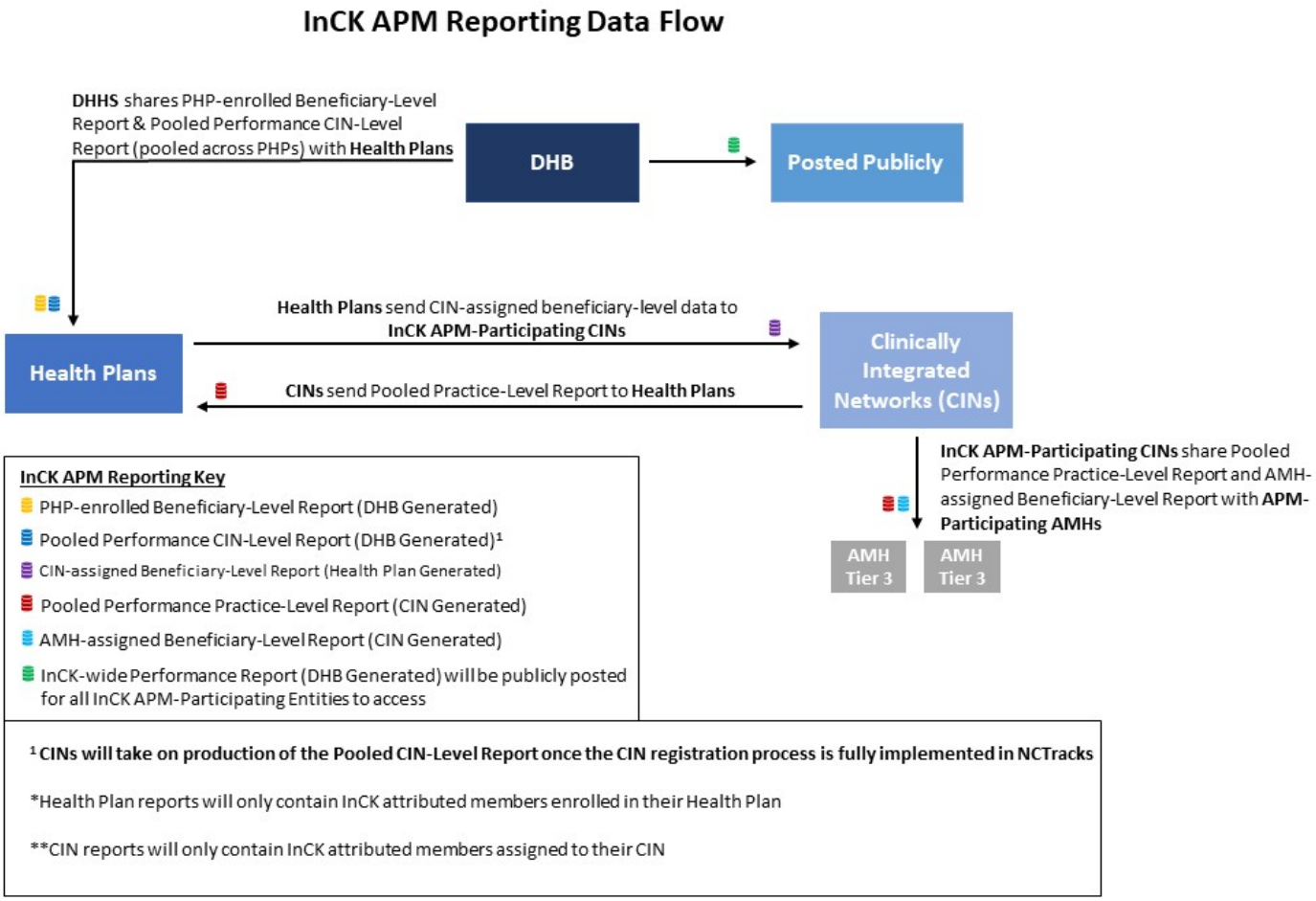

Table 4: Detailed Timeline for InCK Report Generation

Measure(s)	DHB-Generated Reports: Send Date	PHP-Generated Reports: Send Date	CIN-Generated Reports: Send Date
2024 Annual Performance Report *Will include performance results for all measures listed below:* *-Ambulatory Care: ED Visits* *-Well-Child Visits in the 1st 30 Months* *-Shared Action Plan* *Food and Housing Screening* *-Food Insecurity Rate* *-Housing Instability Rate* *-Primary Care Kindergarten Readiness Bundle* *-Screening for Clinical Depression and Follow-Up Plan*	**09/05/2025**	**09/26/2025**	**10/24/2025**
Ambulatory Care: ED Visits **Well-Child Visits in the First 30 Months of Life (Disparity Measure)** **Baseline for 2026 performance year**	**11/14/2025**	**11/14/2025**	**11/14/2025**

*Please note that Kindergarten Readiness Rate and Total Cost of Care are produced differently and will not be shared via the data flow in Figure 2.

Assessing Performance

NC Medicaid will assess Standard Plans' and providers' quality performance related to NC InCK in several ways.

A. How Medicaid will Assess Providers and Standard Plans on NC InCK Performance Measures

NC InCK will employ **pooled performance measures** by provider for the NC InCK APM measures. Pooled performance measures evaluate a provider's performance for a specific performance measure across all Standard Plans with whom they are contracted for the InCK APM. NC Medicaid will provide the necessary reporting for a practice's performance across all PHPs.

Performance measure benchmarks for the NC InCK APM measures will leverage a **tiered benchmark structure**. A tiered structure allows for the opportunity for incentive payments for achieving various benchmark levels (see **Table 1**).

B. Promoting Equity in Care and Outcomes

NC Medicaid expects Standard Plans to ensure improvements in quality are equitably distributed with no segments of the population ignored. In the NC InCK APM, all measures will be reported stratified by race, ethnicity, and county. In alignment with the Department's focus on health equity, NC InCK will use these reports alongside the annual health equity report to systematically identify disparities in the NC InCK and Medicaid Managed Care program. In the NC InCK APM, the Well-Child Visits in the First 30 Months of Life has been identified as the priority equity measure with significant historical disparities. The Department will assess whether disparities have narrowed through performance improvement, specifically for the subpopulation experiencing the disparity, in addition to consideration of overall performance improvement.

Conclusion and Next Steps

NC InCK will continue to engage with Standard Plans as their quality measurement approach and program design and implementation develops. The NC InCK APM includes measures from several nationally recognized measure sets, which are evaluated annually, as well as more novel and customized measures. Each year NC InCK will review NC InCK quality measures and ask for feedback from various stakeholders, including the NC InCK APM Working Group. NC InCK aims to maintain a measure set that reflects state-of-the-art quality measurement of whole child health and well-being in Medicaid Managed Care-enrolled populations served by NC InCK.

APPENDIX A. Performance Measure Technical Specifications for NC InCK APM Measures and NC InCK CMS Measures

Appendix Figure 1. Alignment of Performance Measures for Children in the Standard Plan Measure Set and the NC InCK APM Measures

Measure	NC InCK APM	Standard Plan
Kindergarten Readiness Rate	☑	
Primary Care K-Readiness Promotion Bundle	☑	
Screening for Food/Housing	☑	
Housing Instability Rate	☑	
Food Insecurity Rate	☑	
Shared Action Plan for children in SIL-2 and SIL-3	☑	
Screening for Clinical Depression & Follow-Up Plan	☑	☑
Well-Child Visits in First 30 Months of Life	☑	☑
Total Cost of Care	☑	☑
Ambulatory Care: ED Visits	☑	☑

Appendix Table 1. Brief descriptions of the NC InCK APM Performance Measures

NC InCK APM Performance Measures: Cross-Sector				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Kindergarten Readiness Rate **This measure is not linked to an incentive payment. Rate will be shared for field awareness**	% of kindergarten students at or above development and learning expectation in the Early Learning Inventory, an observation-based formative assessment across 5 domains of early learning and development.	Number of kindergarten students at or above development and learning expectation within individual objectives and dimensions.	Number of Kindergarten students whose teacher completed the ELI and input it into the system. The target population for the survey includes all Kindergarten students whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement period.
Primary Care Kindergarten Readiness Bundle	% of InCK-attributed children birth through 5 years who received kindergarten readiness bundle defined as a minimum of 5 universal and need-based interventions based on their eligibility and age	Number of children with a CPT 1003F code documented in claims data for a well-child visit.	All children birth through 5 years at the beginning of the measurement period whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days during the measurement period with a 1-year lookback period and with at least one well-child visit with a primary care provider in the measurement year.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement period.

NC InCK APM Performance Measures: Cross-Sector				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Housing Instability Rate **This measure is not linked to an incentive payment. Rate will be shared for field awareness**	% of InCK-attributed children who have identified as having a housing-related need during a provider screening.	Number of children with at least one visit with a primary care provider in the measurement year who have G9919 documented in claims data, as well as at least one of the following Z codes documented on the same claim: Z59.00, Z59.10, or Z59.89.	Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one well-child visit with a primary care provider in the measurement year.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year.
Screening for Housing Instability and Food Insecurity	% of InCK-attributed children who have been screened for housing- and food-related needs by a provider, where follow-up action is provided for those who screened positive.	Number of children with at least one visit with a primary care provider in the measurement year who have a G9919 or G9920 code documented in claims data.	Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one well-child visit with a primary care provider in the measurement year.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year.

NC InCK APM Performance Measures: Cross-Sector				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Food Insecurity Rate **This measure is not linked to an incentive payment. Rate will be shared for field awareness**	% of InCK attributed children who have been identified as having food insecurity during a provider screening.	Number of children with at least one visit with a primary care provider in the measurement year who have a G9919 code AND a Z59.41 code documented on a claim.	Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one well-child visit with a primary care provider in the measurement year.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year.

NC InCK APM Performance Measures: Health Care				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Ambulatory Care: ED visits	Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.	Number of ED visits. Count each visit once. Multiple visits on the same date of service count as one visit.	Number of beneficiary months among the InCK population up to age 19. Beneficiary months are calculated by summing the total number of months each beneficiary is enrolled in the program during the measurement year.	Exclude mental health or chemical dependency services
Screening for Clinical Depression and Follow-Up Plan	Percentage of NC InCK-attributed patients ages 12 to 17 with a screen for depression documented on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.	Patient screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.	All patients ages 12 to 17 at the beginning of the measurement period with at least one eligible encounter during the measurement period.	Exclude children if there is an active diagnosis of depression prior to any encounter during the measurement period or, if patient has a diagnosed bipolar disorder prior to any encounter during the measurement period. Exclude children with a documented reason for not screening for depression.

NC InCK APM Performance Measures: Health Care				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Shared Action Plan for children in SIL-2 and SIL-3	This measure consists of two rates: • Percentage of children in NC InCK Service Integration Level 2 and who have a Shared Action Plan created or updated within the performance measure period. • Percentage of children in NC InCK Service Integration Level 3 who have a Shared Action Plan that is created or updated within the performance measure period.	• Number of children in NC InCK Service Integration Level 2 with a completed Shared Action Plan that is created or updated within the performance measure period and one year prior. • Number of children in NC InCK Service Integration Level 3 with a completed Shared Action Plan that is created or updated within the performance measure period and one year prior.	• Number of children whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period in NC InCK assigned to Service Integration Level 2 at the end of the performance measurement period. • Number of children whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period in NC InCK assigned to Service Integration Level 3 at the end of the performance measurement period.	Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year. Exclude children not continuously enrolled at Service Integration Level 2 or 3 for 90 days within the performance measure period.

Well-Child Visits in the First 30 Months of Life (Disparity Measure) **The W30 measure consists of 2 rates: W15 and W30. W15 will be tied to incentive payment, while W30 will be shared for awareness.**	Percentage of NC InCK-attributed children who had the following number of well-child visits during the last 15 months: • Children who turned 15 months old during the measurement year with six or more well-child visits. (W15) • Children who turned 30 months old during the measurement year with two or more well-child visits. (W30)	• Number of children who received six or more well-care visits (Well-care Value Set) on different dates of service on or before the 15-month birthday. (W15) • Number of children who receive two or more well-care visits (Well-care Value Set) on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. (W30)	• Children who turn 15 months old during the measurement year. (W15) • Children who turn 30 months old during the measurement year. (W30)	Exclude children not continuously enrolled in Medicaid for at least 11 months during the measurement year.
NC InCK APM Performance Measures: Health Care				
Measure	**Brief Description**	**Numerator**	**Denominator**	**Denominator Exclusions**
Total cost of care (TCOC) **This measure is not linked to an incentive payment. Rate will be shared for field awareness**	Uses the HealthPartners' Total Cost of Care framework, which consists of two indices: Total Cost Index and Total Resource Use Index.	See the HealthPartners website for more information.	See the HealthPartners website for more information.	See the HealthPartners website for more information.

A. NC InCK APM Measures: Cross Sector

i. Kindergarten Readiness Measures: Kindergarten Readiness Rate
Early Learning Inventory (ELI)
Important Considerations: – *Definitions of Kindergarten Readiness vary across states and include multiple domains of growth and development (e.g., language and literacy, cognition, general knowledge, physical health, etc.)* – *Children develop skills and abilities across all developmental domains, but progress unevenly within and across domains and require ongoing observations* – *No consensus on what falls within "normal range"*

Measure Type

Outcome

This measure is not linked to an incentive payment. Rate will be shared for field awareness

NQF Number and Measure Steward

NQF# NA; Measure Steward: NC Department of Public Instruction (DPI)

Brief description of measure

The NC Early Learning Inventory (ELI) is an updated kindergarten assessment formerly known as the NC Kindergarten Entry Assessment (KEA) and was implemented in 2020-2021. It not only has a different name, but also a different platform and additional resources for teachers. It aims to help teachers get to know their students and tailor their instruction over the first 60 days of school and beyond. Kindergarten teachers use observation to make notes about children's learning and development across several measures. At the end of 60 days, teachers use those notes to rate where students are on different progressions.

The ELI is an observation-based formative assessment with a set of developmental progressions across the 5 domains of learning and development (language and literacy development, cognition and general knowledge, approaches toward learning, physical well-being and motor development, and social and emotional development). Formative assessment occurs during moments throughout the school day and is not an assessment event; rather, teachers gather documentation in real time to inform instruction for next steps. Teachers document student's learning and development with evidence within an online portfolio (Teachers Strategies GOLD) to use to personalize instruction for students. The Teaching Strategies GOLD® developmental progressions used in NC ELI range from Birth through Grade 3. Therefore, teachers are better able to individualize instruction for all of their students.

The ELI is required: Currently, non-charter school Public School Unit (PSU) kindergarten teachers with at least one student enrolled in an English Language Arts (ELA) class and their school administrators across the state are participating in the NC ELI. The NC ELI is an observation-based formative assessment and is applicable to all students. The general statute (GS 115C.83.5) requires, "that every student entering kindergarten shall complete a kindergarten entry assessment within 60 days of enrollment." As such, for any child registered as a kindergartener, their teacher is required to formatively assess that child with the NC ELI.

Data from the ELI:

- **Documentation:** Documentation is based on teacher observations of what students know and are able to do by observing and collecting evidence of learning throughout the day. Through careful planning, a teacher uses multiple data collection means, such as writing observation-based notes, taking photos and recordings (with descriptive notations), collecting work samples and seeking family input, to learn where students are currently in their learning and development. This information informs teachers' instructional planning, allowing them to adapt and respond to the learning needs of their students. Data is entered via Mobile Documentation App or through the Teaching Strategies GOLD® web portal.
- **Preliminary Levels:** In addition to documentation of developmental progressions, teachers assign each domain a preliminary level. A preliminary level is what was formerly known as a learning status. It represents a student's knowledge, skills, and abilities along a developmental progression at any point in time, based on what a teacher observes and documents within Teaching Strategies GOLD®. Preliminary levels may change over time, with historical data available. Preliminary levels made along the developmental progressions help the teacher identify what the child **can do** rather than what the child cannot do. For example, it might be noted that the child smiled, made eye contact with the teacher, or gazed back and forth between the teacher and an object. This documentation could be used to determine the student's preliminary level on a color-coded progression or as evidence that a student has "not yet" exhibited the first skill on a progression
- **Checkpoints:** A checkpoint is a point on a developmental progression that best describes the student's current skill level on or near the 60th school day. This level is determined by analyzing the documentation and preliminary levels recorded across the first 60 school days. The checkpoint does not require a separate piece of documentation, but is based on the collection of documentation used to determine preliminary levels during the first 60 school days. Additionally, a checkpoint should be based on more than one piece of documentation.

  Checkpoint data is exported at the end of the first 60 school days is used by DPI to generate the Incoming Student Readiness indicator on the NC School Report Cards. After the first 60 school days, a new checkpoint period begins and teachers can continue to support students' growth and development through observing, documenting student's learning and development within the online portfolio, and personalizing instruction for students.

- **60 Day Requirement:** NC ELI policy requires a checkpoint be completed on or near, but not beyond the 60th school day. This is the only time you are required to make a checkpoint. However, the NC SBE strongly encourages that teachers continue to use the formative assessment process and online portfolio throughout the remainder of the school year.
- **Data Integration:** Principal, class, teacher, and student data are integrated from PowerSchool to the NC ELI online portfolio - Teaching Strategies GOLD® nightly. Therefore, updates and changes made in PowerSchool should appear on the platform the next day.

Reports Available Internally:

Report	Teachers	Administrators
Class Profile	X	X
Individual Child	X	X
Report Card	X	X
Development and Learning	X	X
Snapshot	X	X
Snapshot By Dimension	X	X
Documentation Status		X
Assessment Status		X
Data Export		X
Professional Development		X
Interrater Reliability		X

Data from the NC ELI is not recommended to be used for learning support plans or for other official uses by the Student Assistance Teams. The purpose of the NC ELI is to inform teaching and learning. Any documentation collected or data generated from the use of the process should not be used to make high-stakes decisions about students, teachers, programs or schools. However, data gathered through this process, along with other data and information collected, can be used to inform instructional decision-making.

Excerpts from 2020-2021 KEA Updates and Requirements Letter from Superintendent Johnson

As part of the updates that are occurring, there is an amended State Board of Education Policy (KNEC 17) that defines requirements for implementing the NC Early Learning Inventory. Further guidance for the SBE policy will be provided this spring.

For the 2020-2021 school year, the following developmental progressions will be required:

Social-Emotional	• Manages Feelings • Responds to emotional cues • Interacts with peers • Solves social problems • Follows limits and expectations
Cognitive/Mathematics	• Counts • Quantifies* • Connects numerals and quantities*
Cognitive/Approaches to Learning	• Attends and engages
Language/Literacy	• Notices and discriminates rhyme* • Notices and discriminates alliteration* • Tells about another time or place* • Follows directions*
Physical	• Uses fingers and hands
*Addresses the requirement for a screening of early language, literacy, and math skills during the first 30 days	

The North Carolina Early Learning Inventory (NC ELI) is an observation-based formative assessment. Teachers observe during instruction and document students' learning and development with evidence within the online portfolio (Teaching Strategies GOLD®). The documentation substantiates a child's skill attainment along the developmental progressions. Teachers utilize this information to personalize instruction for students throughout the first 60 school days for all 14 NC ELI developmental progressions listed in the above table. Optional developmental progressions are available, but selections can only be made by school and district administrators.

Additionally, SBE policy now requires the use of a subset of 7 NC ELI developmental progressions to address the requirement for a screening of early language, literacy, and math skills (2 language, 2 literacy, 3 cognitive/math as signified by an asterisk in the table above). Teachers observe, document within the online portfolio, and indicate preliminary levels for these 7 developmental progressions during the first 30 school days, but do not finalize. Teachers then continue to observe, document, and provide personalized instruction for all 14 developmental progressions for the remainder of the 60-day reporting period. **On or near, but not beyond the 60th school day, teachers finalize their Checkpoint for all 14 developmental progressions to generate data for reporting purposes**.

The 60-day Checkpoint date will be 60 school days from the first student day or no later than:

Traditional Calendar Schools: **November 20, 2020**

Year-round Calendar Schools: **October 23, 2020**

The State Board of Education strongly encourages the continued use of the NC Early Learning Inventory as an ongoing formative assessment beyond the initial 60-day data reporting period. The NC ELI will be available throughout the 2020-2021 school year so that teachers can continue to individualize instruction for children and support their continued growth and development.

Measure-Specific Instructions

Measure-specific web page
https://files.nc.gov/dpi/documents/earlylearning/kea/keaconstructprogressions_2.25.19.pdf

Attachments

N/A

Numerator Statement

Number of kindergarten students at or above development and learning expectation within individual objectives and dimensions.

Denominator Statement

Number of Kindergarten students whose teacher completed the ELI and input it into the system. The target population includes all Kindergarten students whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period.

Data Source: DPI Early Learning Inventory

Denominator Exclusions

Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement period.

Additional Information

ELI Letter from Superintendent: https://drive.google.com/file/d/1pmaqXk-mPqb4GwrvDcFjHvIoLWV8yOwa/view

ELI FAQ: https://sites.google.com/dpi.nc.gov/nck-3fap/nc-early-learning-inventory/faqs?authuser=0

State requirements for KEA: https://www.ncleg.net/EnactedLegislation/Statutes/PDF/BySection/Chapter_115C/GS_115C-83.5.pdf

Changes from KEA to ELI: https://sites.google.com/dpi.nc.gov/nck-3fap/nc-early-learning-inventory/new-name?authuser=0

EDNC Article: https://www.ednc.org/can-a-new-way-of-assessing-kids-entering-kindergarten-help-them-learn-nc-hopes-so/?utm_source=EdNC+Subscribers&utm_campaign=be77df4ba3-EMAIL_CAMPAIGN_2020_02_23_05_54_COPY_01&utm_medium=email&utm_term=0_2696365d99-be77df4ba3-274996469

ii. Kindergarten Readiness Measures: Primary Care Kindergarten Readiness Bundle
Evidence-based Interventions to increase Kindergarten Readiness
Descriptive Information

Measure Type

Process

NQF Number and Measure Steward

N/A; NC InCK-generated measure

Brief description of measure

Primary care practices can play an important role in connecting and referring children to community-based services that promote kindergarten readiness. The Primary Care Kindergarten Readiness Promoting Bundle is a set of interventions that primary care practices can provide in the office that help prepare children for Kindergarten. The interventions can be located at home (i.e., home visiting, parenting programs), in early childhood education and care-based settings (i.e., day care, Early Head Start, Head Start, Pre-K), health care sector-based (i.e., Reach Out and Read, Healthy Steps, developmental/social/emotional screening), public health-based (i.e., CDSA, Exceptional Children's Program), or community-based (i.e., parent navigation, early literacy promotion).

Measure-Specific Instructions

Measure-specific web page

N/A

Attachments

Standardized documentation form

Numerator Statement

Number of children with a CPT 1003F documented in claims data for a well-child visit.

Denominator Statement

All children birth to 5 years at the beginning of the measurement period whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days during the measurement period with a 1-year lookback period.

Data Source: Claims Data

Denominator Exclusions

Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement period.

Additional Information

Kindergarten readiness typically encompasses 5 domains of child well-being: 1) health and physical development, 2) social and emotional development, 3) language and communication development, 4) cognition and general knowledge, and 5) approaches toward learning.

Children's primary care providers are in a unique position to impact population rates of kindergarten readiness because of their role as trusted partners in promoting child health through physical exams, social-emotional and developmental screenings, and the opportunity to connect families to early childhood programs

The NC InCK APM Kindergarten Readiness Bundle consists of **1) universal interventions**: a set of 6 evidence-based, age-specific interventions that providers could implement for children birth until the 6th birthday; and **2) need-based interventions**: a set of 6 additional evidence-based,

age-specific interventions for children identified as needing additional support (e.g., developmental delay or behavioral problems). These interventions should be provided as part of a well-child visit.

		Birth to 3	3 to 5
Universal	Conduct well visit	✔	✔
	Office-based literacy promotion	✔	✔
	Developmental screening	✔	✔
	Social-emotional screening	✔	✔
	Fluoride varnish	✔	
	Hearing and vision screen		✔
Need-Based			
	Refer to PreK		✔
	Refer to CDSA	✔	
	Refer to Exceptional Children's program		✔
	Provide/refer to parenting support program	✔	✔
	Provide/refer to early childhood mental health program	✔	✔
	Refer to community-based literacy program	✔	✔

The CPT 1003F code will be used to document that a child has received the bundle. **The bundle is considered to have been received when at least 5 of the components are provided.** The CPT 1003F code is applicable to all well-child visits from birth until the sixth birthday, and it should be added to usual CPT and diagnosis codes for well-visits.

The CPT 1003F is a non-billable code and will reimburse at zero dollars. However, many individual components in the bundle can be coded and reimbursed. More information about each component of the bundle and its associated codes can be found in Section 5.3.4 of the NC InCK Playbook for Healthcare Providers, available on the InCK website here: ncinck.org/wp-content/uploads/2022/04/F_Provider-Guide_Merged_2.17.2022.pdf

Receipt of the Kindergarten Readiness Promotion Bundle will be captured through Medicaid coding using:

- CPT 1003F + modifier SE: Bundle received and includes office-based literacy promotion
- CPT 1003F + modifier TS: Bundle received and includes referral to PreK
- CPT 1003F + both modifiers SE and TS: Bundle received and includes both office-based literacy promotion and referral to PreK
- CPT 1003F without modifiers: Bundle received (but did not include office-based literacy promotion of referral to PreK

A sample EHR order set to streamline ordering of individual components of the Kindergarten Readiness Promotion Bundle and coding for overall receipt of the bundle is shown below.

Sample Coding for Kindergarten Readiness Promotion Bundle Using EHR Order Set: 4 Year Old, Well Child, PreK Referral

- ☑ Kindergarten Readiness Promotion Bundle CPT 1003F
- ☑ SE modifier
- ☑ TS modifier

- ☑ Well child visit Z00.121
- ☑ Dental varnish codes D1405/1206
- ☑ Developmental screen code 96110
- ☑ Social emotional screen code 96127
- ☑ Vision screening 99173/99177
- ☑ Hearing screening 92551/92552+ EP
- ☑ Office-based literacy promotion
- ☑ PreK/child care referral
- ❑ Parenting program referral
- ❑ CDSA referral
- ❑ Exceptional Children's referral
- ❑ Community literacy program referral

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iii. Housing Instability Measures: Housing Instability Rate

Descriptive Information

Measure Type

Outcome

This measure is not linked to an incentive payment. Rate will be shared for field awareness

NQF Number and Measure Steward

NA; Measure Steward: NC InCK

Brief description of measure

The Housing Instability Rate is the percent of InCK-attributed children who have been identified as having a housing-related need during a provider screening. This measure is captured using claims data as described below.

Measure-Specific Instructions

Measure-specific web page

N/A

Attachments

N/A

Numerator Statement

Number of children with at least one visit with a primary care provider in the measurement year who have G9919 documented in claims data, as well as at least one of the following Z codes documented on the same claim: Z59.00, Z59.10, or Z59.89. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Denominator Statement

Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one visit with a primary care provider in the measurement year. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Data Source: Claims Data

Denominator Exclusions

Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year.

Additional Information

The Housing Instability Rate is derived from screenings of food and housing-related needs performed by providers. NC Medicaid recommends that providers use the screening tool provided in Appendix Table 2.

This measure is based exclusively on claims data and must be captured with the following non-reimbursable HCPCS codes:

G9919: Screening Performed and Positive and Provision of Recommendations

G9920: Screening Performed and Negative **These G codes should only be used when the provider has screened for both housing AND food-related needs.** They should not be used to indicate screening for other social needs.

The following ICD-10 Z-codes related to housing are to be used to further describe a positive housing-related screening (HCPCS code G9919). These Z codes cannot be used as a primary diagnosis code; they must be added to the claim after a primary diagnosis code.

- **Z59.00**– Homelessness, Unspecified
    - *Suggested screening question:* Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e., couch-surfing)?
- **Z59.10** – Inadequate housing, Unspecified
    - *Suggested screening question:* Are you worried about losing your housing?
- **Z59.89** – Other problems related to housing and economic circumstances
    - *Suggested screening question:* Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?

Providers are expected to provide referrals to beneficiaries who screen positive for housing-related needs. **G9919 should only be used when the screening was positive AND referrals were provided to the beneficiary.** To meet this requirement, providers must refer patients on to clinic services or human service organization(s) for service delivery. Providers may also use G9919 for instances when a referral was offered but the patient declined. Providers are highly encouraged to refer patients via NCCARE360 to find resources available in their area. The NCCARE360 platform aims to refer, intervene, and perform closed-loop referrals to address social needs. Any beneficiary referred via NCCARE360 meets the requirements of G9919.

Some beneficiaries may have multiple types of needs identified through a social determinants of health screening (e.g., both food and housing needs). Providers may code G9919 only when referrals are offered or provided to address *all* identified needs.

There may be situations where clinicians cannot offer or provide referrals to address identified social needs. Previously, if a social needs screening was positive but no referrals were offered or provided, providers could code G9921. However, this HCPCS code was retired in 2024 and should no longer be used. If no screening is performed or if a screening was performed but no referrals were provided, providers should NOT code any of the above G codes (G9919 or G9920).

iv. Housing Insecurity and Food Instability Measures: Screening for Housing Instability and Food Insecurity
Descriptive Information

Measure Type

Process

NQF Number and Measure Steward

NA; Measure Steward: NC InCK

Brief description of measure

Percent of InCK-attributed children who visited a primary care provider who were screened for housing and food-related needs by their provider. Beginning in performance year 2024, follow-up action must be provided for those who screened positive in order for a screen to count toward the numerator of the measure. This measure is captured using claims data as described below.

Measure-Specific Instructions

Measure-specific web page

N/A

Attachments

N/A

Numerator Statement

Number of children with at least one visit with a primary care provider in the measurement year who have a G9919 or G9920 code documented in claims data. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Denominator Statement

Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one visit with a primary care provider in the measurement year. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Data Source: Claims Data

Denominator Exclusions

Exclude individuals not continuously enrolled in Medicaid for at least 90 days during the measurement period.

Additional Information.

The Housing Instability and Food Insecurity Screening measure is derived from screenings of food- and housing-related needs performed by providers. NC Medicaid recommends that providers use the screening tool provided in Appendix Table 2.

This measure is based exclusively on claims data and must be captured with the following non-reimbursable HCPCS codes:

G9919: Screening Performed and Positive and Provision of Recommendations

G9920: Screening Performed and Negative

These G codes should only be used when the provider has screened for both housing AND food-related needs. They should not be used to indicate screening for other social needs.

If the screening is positive (i.e., G9919 is coded), an ICD-10 Z code must be documented on the claim indicating the applicable social need. However, the Housing Instability and Food Insecurity Screening Metric is based exclusively on the above G codes.

Providers are expected to provide referrals to beneficiaries who screen positive for housing- or food-related needs. **G9919 should only be used when the screening was positive AND referrals were provided to the beneficiary.** To meet this requirement, providers must refer patients on to clinic services or a human service organization(s) for service delivery. Providers may also use G9919 for instances when a referral was offered but the patient declined.

Providers are highly encouraged to refer patients via NCCARE360 to find resources available in their area. The NCCARE360 platform aims to refer, intervene, and perform closed-loop referrals to address social needs. Any beneficiary referred via NCCARE360 meets the requirements of G9919.

Some beneficiaries may have multiple types of needs identified through a social determinants of health screening (e.g., both food and housing needs). Providers may code G9919 only when referrals are offered or provided to address *all* identified needs.

There may be situations where clinicians cannot offer or provide referrals to address identified social needs. Previously, if a social needs screening was positive but no referrals were offered or provided, providers could code G9921. However, this HCPCS code was retired in 2024 and should no longer be used. If no screening is performed of if a screening was performed but no referrals were provided, providers should NOT code any of the above G codes (G9919 orG9920).

v. Food Insecurity Measures: Food Insecurity Rate

Descriptive Information

Measure Type

Outcome

This measure is not linked to an incentive payment. Rate will be shared for field awareness

NQF Number and Measure Steward

NQF# NA; Measure Steward: NC InCK

Brief description of measure

The Food Insecurity Rate is the percent of InCK-attributed children who have been identified as being food insecure during a provider screening. This measure is captured using claims data as described below.

Measure-Specific Instructions

Measure-specific web page

N/A

Attachments

N/A

Numerator Statement

Number of children with at least one visit with a primary care provider in the measurement year who have a G9919 code AND a Z59.41 code documented on a claim. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Denominator Statement

Children 0 through 20 years of age whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period and with at least one visit with a primary care provider in the measurement year. Primary care provider visits are defined as visits with practices (NPI and location code) that have a state-assigned AMH tier.

Data Source: Claims Data

Denominator Exclusions

Exclude patients who were not continuously enrolled in Medicaid for at least 90 days during the measurement year.

Additional Information

The Food Insecurity Rate is derived from screenings of food- and housing-related needs performed by providers. NC Medicaid recommends that providers use the screening tool provided in Appendix Table 2.

This measure is based exclusively on claims data and must be captured with the following non-reimbursable HCPCS codes:

G9919: Screening Performed and Positive and Provision of Recommendations

G9920: Screening Performed and Negative

These G codes should only be used when the provider has screened for both housing AND food-related needs. They should not be used to indicate screening for other social needs.

The following ICD-10 Z-codes related to food are to be used to describe a positive food insecurity-related screening (HCPCS code G9919). These Z codes cannot be used as a primary diagnosis code; they must be added to the claim after a primary diagnosis code.

- Z59.41 – Food Insecurity
    - *Suggested screening questions:*

1) Within the past 12 months, did you worry that your food would run out before you got money to buy more?

2) Within the past 12 months, did the food you bought just not last and you didn't have money to get more?

Providers are expected to provide referrals to beneficiaries who screen positive for food-related needs. **G9919 should only be used when the screening was positive AND referrals were provided to the beneficiary.** To meet this requirement, providers must refer patients on to clinic services or human service organization(s) for service delivery. Providers may also use G9919 for instances when a referral was offered but the patient declined. Providers are highly encouraged to refer patients via NCCARE360 to find resources available in their area. The NCCARE360 platform aims to refer, intervene, and perform closed-loop referrals to address social needs. Any beneficiary referred via NCCARE360 meets the requirements of G9919.

Some beneficiaries may have multiple types of needs identified through a social determinants of health screening (e.g., both food and housing needs). Providers may code G9919 only when recommendations are offered or provided to address *all* identified needs.

There may be situations where clinicians cannot offer or provide referrals to address identified social needs. Previously, if a social needs screening was positive but no referrals were offered or provided, providers could code G9921. However, this HCPCS code was retired in 2024 and should no longer be used. If no screening is performed or if a screening was performed but no referrals were provided, providers should NOT code any of the above G codes (G9919 or G9920).

Appendix Table 2: Screening Tool: Food and Housing-Related Needs

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

Screening Questions	Corresponding Z-Code for 'yes' response	SDOH (Z-Code Description)
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?	**Z59.41**	Food insecurity
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?	**Z59.41**	Food Insecurity
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e., couch-surfing)?	**Z59.00**	Homelessness, unspecified
4. Are you worried about losing your housing?	**Z59.10**	Inadequate housing, unspecified
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?	**Z59.89**	Other problems related to housing and economic circumstances

B. NC InCK APM Measures: Health Care

i. Ambulatory Care: ED Visits (AMB-CH)
HEDIS Measure*
Descriptive Information

Measure Type

Structure

NQF Number and Measure Steward

NQF # NA, Measure Steward: NCQA

Brief description of measure

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

Numerator Statement

Number of ED visits among children up to age 19. Count each visit once. Multiple visits on the same date of service count as one visit.

Denominator Statement

Number of beneficiary months among InCK members up to age 19. Beneficiary months are calculated by summing the total number of months each beneficiary is enrolled in the program during the measurement year.

Data Source: Claims Data

Denominator Exclusions.

No additional continuous enrollment criteria beyond the 30-month continuous enrollment required to be in the InCK program.

Exclude mental health or chemical dependency services

Measure will follow HEDIS technical specifications. For full measure specification, please refer to the HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for PHPs

ii. Screening for Clinical Depression & Follow-Up Plan
CMS Child Core Set Measure*
Descriptive Information

**Please note that NC InCK's approach will differ from the CMS Child Core Set Measure in that Health Information Exchange data will be used in combination with claims and encounters.*

Measure Type

Process

NQF Number and Measure Steward

NQF# 0418/0418e, Measure Steward: CMS

Brief Description of Measure

Percentage of NC InCK-attributed patients ages 12 to 17 years with a screen for depression documented on the date of the encounter or 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.

Numerator Statement

Patients screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND, if positive, a follow-up plan is documented on the date of the eligible encounter.

Denominator Statement

All patients ages 12 to 17 years at the beginning of the measurement period with at least one eligible encounter during the measurement period.

Data Source: Claims, encounters, and health information exchange data

Denominator Exclusions

Exclude children if there is an active diagnosis of depression prior to any encounter during the measurement period, or if patient has a diagnosed bipolar disorder prior to any encounter during the measurement period.

Denominator Exceptions

Patients with a Documented Reason for not Screening for Depression:

- Patient refuses to participate.
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.
- Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools. For example, certain court appointed cases or cases of delirium.
- Use of opioids at high dosage in persons without cancer.

InCK APM measure is adapted from the CMS Core Measure (CDF) but includes data from the health information exchange as well as claims and encounters data. For full CMS measure specification, please refer to the CMS Core Measure Dictionary.
https://cmit.cms.gov/cmit/#/MeasureInventory

iii. Shared Action Plan for children in SIL-2 and SIL-3
InCK-Specific Measure
Descriptive Information

Measure Type

Process

NQF Number and Measure Steward

N/A

Brief description of measure

Percentage of children in NC InCK Service Integration Level 2 (SIL 2) and Service Integration Level 3 (SIL 3) who have a Shared Action Plan that is accessible to the child/family and their cross-sector care team members. This measure consists of two rates, one focused on children in SIL 2 and one focused on children in SIL 3.

A Shared Action Plan is a brief, family-centered tool that includes contact information for care team members, prioritized goals for the child and family, and plans to achieve those goals. The Shared Action Plan is developed by bringing together a child's team to align on goals for the child and family. The template for the Shared Action Plan is found below. A

benchmark will be established for percentage of children in NC InCK SIL 2, and a separate and higher percentage will be established for children in NC InCK SIL 3.

Families and care team members will be able to access a children's Shared Action Plan on NC InCK's Virtual Health Platform or other digital platform hosted by their Standard Plan or Advanced Medical Home (e.g., EHR or other care management platform).

Numerator Statement

Rate 1: Number of children in NC InCK Service Integration Level 2 with a completed Shared Action Plan that is created or updated within the performance measure period.

Rate 2: Number of children in NC InCK Service Integration Level 3 with a completed Shared Action Plan that is created or updated within the performance measure period.

Note: For performance year 2024, Shared Action Plans created in 2023 or 2024 will count toward the numerator of the measure.

Denominator Statement

Rate 1: Number of children whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period in NC InCK assigned to Service Integration Level 2 at the end of the performance measurement period.

Rate 2: Number of children whose Medicaid administrative county has been an InCK demonstration county with continuous enrollment in Medicaid for at least 90 days with a 1-year lookback period in NC InCK assigned to Service Integration Level 3 at the end of the performance measurement period.

Data Source: Patient Risk List Release 2.0 & BCM-051 report

Denominator Exclusions.

Exclude children not continuously enrolled in Medicaid for at least 90 days during the measurement year.

NC InCK
NC INTEGRATED CARE FOR KIDS

SHARED ACTION PLAN FOR:

CHILD & FAMILY BACKGROUND

Please fill in the child & family background. Current caregivers may include birth parent(s), foster parent(s), or other family members. If applicable, natural supports may include essential family members, friends, or neighbors who play an important role in supporting the child's health and well-being.

First Name: _____ Last Name: _____ Preferred Name: _____

DOB: _____ County: _____
(mm/dd/yyyy)

Preferred written & spoken language: _____ Preferred Pronouns: _____

Primary Caregiver: _____ Legal Guardian

Relationship to Child: _____ Phone Number: _____ Other Phone Number: _____

Email: _____

Other Caregiver/Natural Support Name: _____

Relationship to Child: _____ Phone Number: _____ Other Phone Number: _____

Email: _____

Family Navigator: _____ Date completed: _____
(mm/dd/yyyy)

Your family's concerns and priorities related to your child's health and wellbeing are the focus of your Shared Action Plan. The information you choose to provide is helpful as we all work together to achieve your desired outcomes for your child and family.

Child's & Family's Strengths, Interests, and Activities:

Family's Area of Concern: What are you most worried about? What challenges does your child and/or family face every day? What challenges do not happen often, but are of concern?

CURRENT ENGAGEMENT WITH HEALTH AND SOCIAL SERVICES & PLANS OF CARE

Please complete all that apply. Upload any care plans you've received from these providers. Please insert name and contact information for all people who are responsible for ensuring the well-being and thriving of the child. You may include the service providers you feel are most important for the child's care.

Who*	Agency	Name	Phone and Email	Other way to contact
Guardian/ Legally Responsible Person				
Family Contact 1				
Primary Care Provider				
Family Navigator				

*(These would be chosen by the family from the supplemental page)

ACTION PLAN

Choose 3 priority goals (and up to 5) that you would like to prioritize to ensure the health and well-being of the child.

GOAL	WHO (Name of the person)	IS DOING WHAT (Will take this action)	BY WHEN (By this date)	PROGRESS
Start date: ________ *(mm/dd/yyyy)* Check in date: ________ *(mm/dd/yyyy)* Completion date: ________ *(mm/dd/yyyy)*			Date: ________ *(mm/dd/yyyy)*	Date: ________ *(mm/dd/yyyy)* Met goal Satisfactory Progress Needs more time/assistance Goal needs modification
Start date: ________ *(mm/dd/yyyy)* Check in date: ________ *(mm/dd/yyyy)* Completion date: ________ *(mm/dd/yyyy)*			Date: ________ *(mm/dd/yyyy)*	Date: ________ *(mm/dd/yyyy)* Met goal Satisfactory Progress Needs more time/assistance Goal needs modification
Start date: ________ *(mm/dd/yyyy)* Check in date: ________ *(mm/dd/yyyy)* Completion date: ________ *(mm/dd/yyyy)*			Date: ________ *(mm/dd/yyyy)*	Date: ________ *(mm/dd/yyyy)* Met goal Satisfactory Progress Needs more time/assistance Goal needs modification
Start date: ________ *(mm/dd/yyyy)* Check in date: ________ *(mm/dd/yyyy)* Completion date: ________ *(mm/dd/yyyy)*			Date: ________ *(mm/dd/yyyy)*	Date: ________ *(mm/dd/yyyy)* Met goal Satisfactory Progress Needs more time/assistance Goal needs modification
Start date: ________ *(mm/dd/yyyy)* Check in date: ________ *(mm/dd/yyyy)* Completion date: ________ *(mm/dd/yyyy)*			Date: ________ *(mm/dd/yyyy)*	Date: ________ *(mm/dd/yyyy)* Met goal Satisfactory Progress Needs more time/assistance Goal needs modification

NC InCK
NC INTEGRATED CARE FOR KIDS

SUPPLEMENTAL INFORMATION FOR:

Service Area	Current Services Received or Care Plan Completed in the Last Year	
Physical Health	Primary care Specialty care Dental Physical health care plan created with health professional (list name of plan & organization of provider): _____	PT/OT/Speech Home Health/Medical Equipment Needs Help in this Area
Mental Health & Intellectual Disabilities	Outpatient Behavioral Health Services In-home Services Person-Centered Plan of Care (PCP) Comprehensive Crisis Plan (CCP) School-based Psychological Services	Residential or In-patient Psychiatric Services Individual Service Plan (ISP) Utilization of Mobile Crisis Response Service Needs Help in this Area
Education & Schools	Care Coordination for Children (CC4C) Exceptional Children Individual Family Service Plan (IFSP) In- or out- of school suspension Behavior Plan Individual Health Plan Other accommodations/equipment needs at school	Early Intervention (Infant-Toddler Program) School counseling Individualized Education Plan (IEP) 504 Plan Emergency Action Plan Needs Help in this Area
Food	Food Stamps Women, Infants, & Children (WIC) program Food Pantry	School Lunch Needs Help in this Area
Housing	Section 8 Housing Voucher Stay in shelter Needs help to pay utilities and water	County Housing Authority Experiencing homelessness Needs Help in this Area
Juvenile Justice	Diversion plan/contract Probation Individualized Service Plan (ISP)	Child and Family Team (CFT) plan Post Supervision Release (PRS) Plan Needs Help in this Area
Legal Services	Has requested assistance from Legal Aid of NC or Disability Rights of NC Needs Help in this Area	
Child Welfare	In-home Services Foster Care Therapeutic Placement	Kinship Care Needs Help in this Area
Transportation	Needs Help in this Area	
Employment	Employment Support	Needs Help in this Area

iv. Well-Child Visits in the First 30 Months of Life (Disparity Measure)
HEDIS Measure*
Descriptive Information

Measure Type

Process

NQF Number and Measure Steward

NQF # NA, Measure Steward: NCQA

Brief description of measure

The percentage of members who had the following number of well-child visits during first 30 months of life:

Two rates are reported:

- Rate 1: Children who turned 15 months old during the measurement year with six or more well-child visits. (W15)
- Rate 2: Children from age 15 months to 30 months old during the measurement year with two or more well-child visits. (W30)

W15 will be linked to an incentive payment, while W30 will be shared for field awareness.

Numerator Statement

Rate 1: Number of children who received six or more well-care visits (Well-care Value Set) on different dates of service on or before the 15-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Rate 2: Number of children who receive two or more well-care visits (Well-care Value Set) on different dates of service between the child's 15-month birthday plus 1 day and the 30-month birthday. The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child.

Denominator Statement

Rate 1: Children who turn 15 months old during the measurement year. Calculate the 15-month birthday as the child's first birthday plus 90 days.

Rate 2: Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.

Data Source: Claims Data

Denominator Exclusions

Exclude children not continuously enrolled in Medicaid for at least 11 months during the measurement year.*

This measure has been selected as the priority equity measure in NC InCK based on historical persistent disparities between 15-month-old Well-Child Visits between Black/African American and White infants. The Department will assess whether disparities have narrowed through performance improvement, specifically for the subpopulation experiencing the disparity, in addition to consideration of overall performance improvement for each plan's respective enrolled population as compared to their Standard Plan peers.

Measure will follow HEDIS specifications. For full measure specification, please refer to the HEDIS® Measurement Year 2024 Volume 2 Technical Specifications for PHPs.

** Beginning with the 2024 performance year, an 11-month continuous enrollment criteria will be used to align with the HEDIS measure.*

v. Total Cost of Care
NC Medicaid-Aligned Measure
Descriptive Information

This measure will be calculated using HealthPartners' Total Cost of Care and Resource Use (TCOC) framework (https://www.healthpartners.com/about/improving-healthcare/tcoc/). The HealthPartners' Total Cost of Care measure is a person-centered tool that accounts for 100% of the care provided to a patient. All administrative claims—for inpatient, outpatient, clinic, ancillary, pharmacy, and other types of services—contribute to the total cost measure for continuously-enrolled members. Population-level costs therefore reflect an average per-member per-month (PMPM) sum, estimated by dividing members' total costs (or paid amounts) by total member months. Costs PMPM are adjusted to account for member characteristics (i.e., members are grouped based on diagnoses, age, and gender). The Department will also report Total Cost Relative Resource Values (TCRRV), which evaluate resource use across all medical services, procedures, and places or service. The Department is developing an interactive dashboard for plans and providers to access total cost of care information, which will launch in Winter 2023. The dashboard will include a filter to allow entities to view data for their InCK population.

This measure is not linked to an incentive payment. Rate will be shared for field awareness

C. NC InCK CMS Measures (Not included in APM)

i. Chronic School Absenteeism

Descriptive Information

**Note that, although this measure was initially required by CMS as an InCK model requirement, it is no longer required to be submitted to CMS. NC InCK is still choosing to produce this measure and will share with PHPs and providers for awareness.*

Measure Type

Predictor

NQF Number and Measure Steward

NQF# NA; Measure Steward: North Carolina Department of Public Instruction

Brief description of measure

The state of North Carolina officially defines chronic absenteeism as a student who "**is enrolled in a North Carolina public school for at least 10 school days at any time during the school year, and whose total number of absences – excused or unexcused – is equal to or greater than 10 percent of the total number of days that such student has been enrolled at such school during such school year.**"

This definition is different than the state's **Truancy** measure, which only measures unexcused absences and the state's **Student Daily Attendance**, as this measures the percent of students present in a school each day. The above definition applies to all enrolled students, whether or not they have reached the compulsory attendance age.

The chronic absenteeism definition was established in 2018 in order to create an actionable measure in response to the NC Early Childhood Foundation's 2017 report, *AttendaNCe Counts*, which highlighted chronic absenteeism in the state and how it is a useful measure of school quality. The North Carolina Department of Public Instruction's 2018-19 School Report Card notes that a measure for chronic absenteeism by subgroup will be made available at a future point, indicating that **the state is tracking this measure in a consistent and reportable manner that may be obtainable**.

Measure-specific web page

http://ncrules.state.nc.us/ncac/title%2016%20-%20education/chapter%2006%20-%20elementary%20and%20secondary%20education/subchapter%20e/16%20ncac%2006e%20.0106.pdf

Attachments

N/A

Calculation:

The proportion of all students enrolled for at least 10 days in an NC public school who were considered chronically absent—that is, who were absent for 10% or more of the total enrolled days.

Numerator Statement

Number of students who were absent for 10% or more of the total enrolled days.

Denominator Statement

Number of students who were enrolled for at least 10 days in an NC public school.

Denominator Exclusions

Any student who is enrolled fewer than 10 days in a NC public school in a given school year is exempted from chronic absenteeism determinations.

Additional Information

https://files.nc.gov/ncoah/documents/Rules/16-NCAC-06-Emergency-Rules.pdf

Authority G.S. 115C-378; G.S. 115C-379; N.C. Constitution, Article IX, Sec. 5;
Interim Rule status conferred Eff. June 27, 2018, pursuant to S.L. 2018-114, sec. 27.(b);

Emergency Rule Eff. August 20, 2019.

ii. Housing Instability Rate (based on Care Needs Screen)
Descriptive Information

**This measure is not included in the APM, but it is produced by the Department and reported annually to CMS as part of InCK model requirements.*

Measure Type

Outcome

NQF Number and Measure Steward

N/A

Brief description of measure

The Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) a nationally validated assessment tool used to help providers better understand and act on their patients' social determinants of health. The PRAPARE assessment tool consists of a set of national core measures as well as a set of optional measures for community priorities. It was informed by research, the experience of existing social risk assessments, and stakeholder engagement. It aligns with national initiatives prioritizing social determinants (e.g., Healthy People 2020), measures proposed under the next stage of Meaningful Use, clinical coding under ICD-10, and health centers' Uniform Data System (UDS).

NC is using three questions from the PRAPARE related to housing and utilities instability

North Carolina will include the following survey questions in a statewide survey of all Medicaid and CHIP enrollees that will initiate with the launch of Medicaid Managed Care Transformation:

Measure 1: **Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (couch-surfing)?**
Measure 2: **Are you worried about losing your housing?**
Measure 3: **During the last 12 months, have you been able to get utilities (heat, electricity) when it was really needed?**

Measure-specific web page

http://www.nachc.org/research-and-data/prapare/about-the-prapare-assessment-tool/

Attachments

N/A

Numerator Statement

Beneficiaries between ages 0 through 20 who answer one or more of the three standardized housing stability survey questions from PRAPARE with 'yes'.

Denominator Statement

Beneficiaries between ages 0 through 20 who provided any answer on one or more of the three standardized housing stability survey questions from PRAPARE. The target population for the survey includes all individuals who have been living in an InCK demonstration county for at least 30 days.

Data Source: Care Needs Screen Conducted by Prepaid Health Plans

Denominator Exclusions

Exclude individuals not continuously enrolled for 30 days in the InCK county.

Additional Information

Health-plan-administered screenings will not be used as part of the alternative payment model but may be included in the metrics reported to CMS by NC InCK to fulfill program requirements. These data come from the Care Needs Screen that PHPs must attempt to administer to all Medicaid beneficiaries. The metrics reported to CMS may include: 1) the data derived from Z codes used for the APM, as outlined previously, 2) data collected through the PHPs' Care Needs Screen and reported via the BCM026, or 3) a combination of both.

iii. Food Insecurity Rate (based on Care Needs Screen)
Descriptive Information

**This measure is not included in the APM, but it is produced by the Department and reported annually to CMS as part of InCK model requirements.*

Measure Type

Outcome

NQF Number and Measure Steward

N/A

Brief description of measure

The Hunger Vital Sign™ is a validated 2-question food insecurity screening tool based on the U.S. Household Food Security Survey Module to identify households at risk of food insecurity.

The Hunger Vital Sign™ identifies households as being at risk for food insecurity if they answer that either or both of the following two statements is 'often true' or 'sometimes true' (vs. 'never true'):

North Carolina will include the following Hunger Vital Signs survey questions in a statewide survey of all Medicaid and CHIP enrollees that will initiate with the launch of Medicaid Managed Care Transformation:

Measure 1: Within the past 12 months we worried whether our food would run out before we got money to buy more.
Measure 2: Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Numerator Statement

Beneficiaries between ages 0 through 20 who answer either or both standardized Hunger Vital Signs survey statements with 'often true' or 'sometimes true' (vs. 'never true').

Denominator Statement

Beneficiaries between ages 0 through 20 who answered who answer either or both standardized Hunger Vital Signs survey statements.

Data Source: Care Needs Screen Conducted by Prepaid Health Plans

Denominator Exclusions

Exclude patients who were not continuously enrolled for 30 days in the InCK county.

iv. Housing Instability Screening (based on Care Needs Screen)
Descriptive Information

**This measure is not included in the APM, but it is produced by the Department and reported annually to CMS as part of InCK model requirements.*

Measure Type

Process

NQF Number and Measure Steward

N/A

Brief description of measure

Percent of InCK-enrolled children who answer all three PRAPARE questions in the Care Needs Screen conducted by Prepaid Health Plans.

North Carolina will include the following survey questions in a statewide survey of all Medicaid and CHIP enrollees that will initiate with the launch of Medicaid Managed Care Transformation:

Measure 1: Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (couch-surfing)?
Measure 2: Are you worried about losing your housing?
Measure 3: During the last 12 months, have you been able to get utilities (heat, electricity) when it was really needed?

Numerator Statement

Patients between ages 0 through 20 for whom the plan completed a social determinants of health screening within 90 days of enrollment. Completed screenings are those screenings for which all three PRAPARE questions have been answered. Staff administering the screenings will have an option to indicate a question was asked but the enrollee chose not to answer.

Denominator Statement

All individuals between ages 0 through 20 who have been living in an InCK demonstration county for at least 30 days.

Data Source: Care Needs Screen Conducted by Prepaid Health Plans

Denominator Exclusions

Patients not continuously enrolled in the InCK demonstration county for 30 days.

v. Food Insecurity Screening (based on Care Needs Screen)
Descriptive Information

**This measure is not included in the APM, but it is produced by the Department and reported annually to CMS as part of InCK model requirements.*

Measure Type

Process

NQF Number and Measure Steward

N/A

Brief description of measure

Percent of InCK-enrolled children who answered all Hunger Vital Signs survey questions in the Care Needs Screen Conducted by Prepaid Health Plans.

North Carolina will include the following Hunger Vital Signs survey questions in a statewide survey of all Medicaid and CHIP enrollees that will initiate with the launch of Medicaid Managed Care Transformation:

Measure 1: Within the past 12 months we worried whether our food would run out before we got money to buy more.
Measure 2: Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Numerator Statement

Patients between ages 0 through 20 for whom the plan completed a social determinants of health screening within 90 days of enrollment. Completed screenings are those screenings for which all Hunger Vital Signs questions have been answered. Staff administering the screenings will have an option to indicate a question was asked but the enrollee chose not to answer.

Denominator Statement

All individuals between ages 0 through 20 who have been living in an InCK demonstration county for at least 30 days.

Data Source: Care Needs Screen Conducted by Prepaid Health Plans

Denominator Exclusions

Patients not continuously enrolled in the InCK demonstration county for 30 days.

Additional Information

Health-plan-administered screenings will not be used as part of the alternative payment model but may be included in the metrics reported to CMS. These data come from the Care Needs Screen that is currently being administered by PHPs to all Medicaid beneficiaries. The metrics reported to CMS may include: 1) the data derived from Z codes used for the APM, as outlined above, 2) data collected through the PHPs' Care Needs Screen and reported via the BCM026, or 3) a combination of both.