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Virtual Quality Forum

August 11, 2022

12:30pm – 1:30pm

NCDHHS
NC Medicaid
Division of Health Benefits

NORTH CAROLINA AHEC

AmeriHealth Caritas North Carolina

carolina complete health

HealthyBlue

United Healthcare Community Plan

WellCare
Beyond Healthcare. A Better You.

Logistics for Today's Webinar

Question during the live webinar

Technical assistance

technicalassistanceCOVID19@gmail.com

Agenda

Topic	Presenter
Welcome & Introductions 4 minutes	Chris Weathington, Director Practice Support NC AHEC
Statewide Medicaid Standard Plan Metric Outcomes 10 minutes	Chelsea Gailey, Quality Measurement Lead – Program Evaluation North Carolina Department of Health Benefits
AMH Metrics: Maximizing Data Capture 15 minutes	Michelle Minton, Director Quality Improvement WellCare Atha Gurganus, Vice President of Clinical Transformation United Healthcare Community Plan
NC HealthConnex 15 minutes	Garrett T Smith, Business Relations Manager NC Health Information Exchange Authority
AMH Support 10 minutes	Donetta Godwin, MBA, CPHQ, Vice President, Provider-Led Engagement Carolina Complete Health Network
Meeting Close	Chris Weathington, Director Practice Support NC AHEC

Audience response

AMH Provider Forum Meeting
Presentation:
2022 Quality Measure Cycle Review

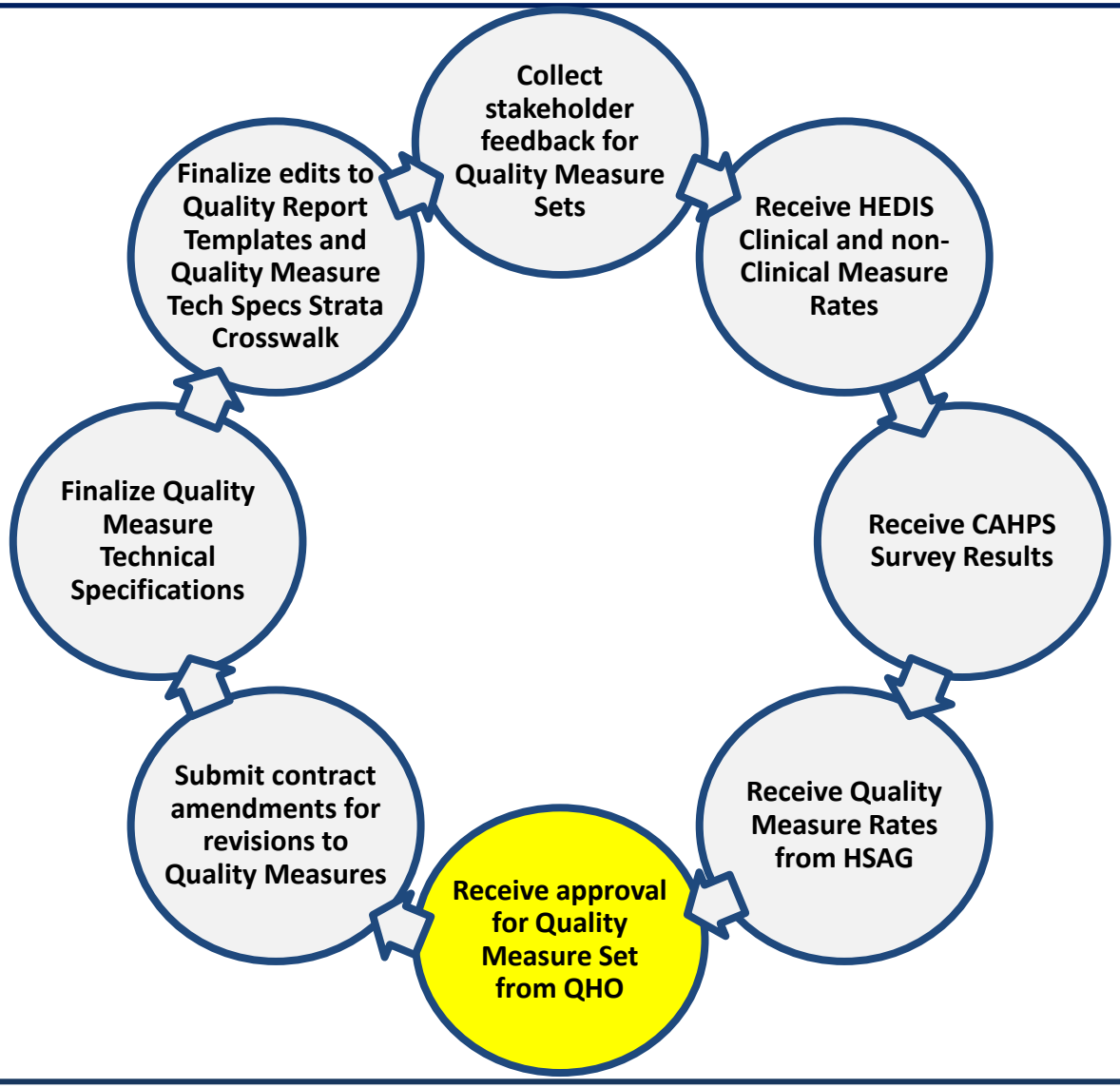
August 11, 2022

Agenda

Quality Measure Review

- Child and Adolescent Well-Care Visits
- Well-Child Visits in the First 30 Months of Life
- Childhood Immunization Status
- Immunization for Adolescents

Quality Measure Review Cycle



Quality Measure Review

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

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

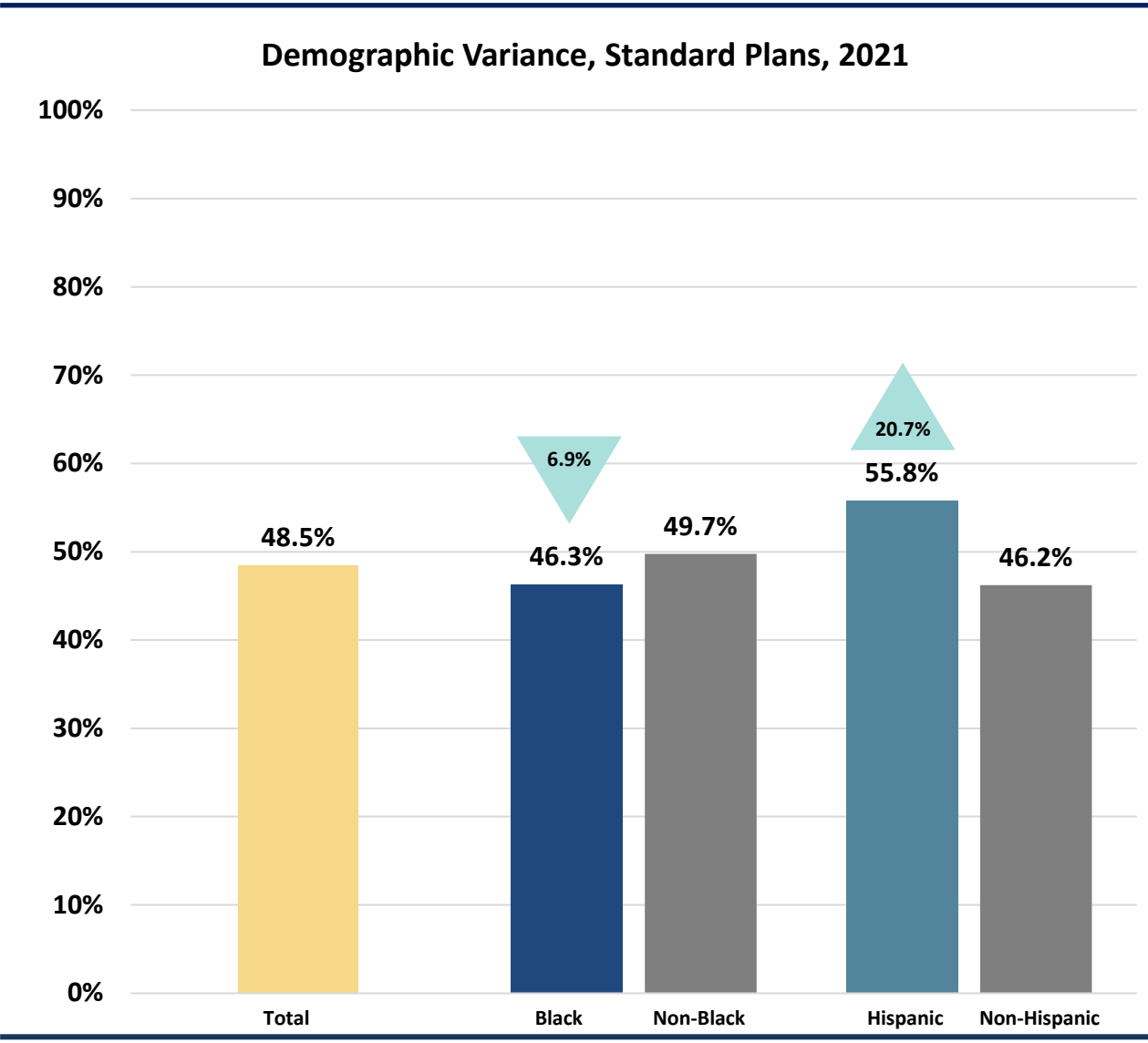
	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** 47.8%	**National Rates:** 46.1% Medicaid HMO; 53.7%/53.1% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	NCQA introduced race and ethnicity stratifications to this measure in 2022.	
	Selected Equity Results/Considerations	Slight disparities in 2021 performance for Black enrollees (<10%).	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core Withhold measures for Plans: VA, OR MA Monitoring Measure* NY P4P measure** RI Core measure***	

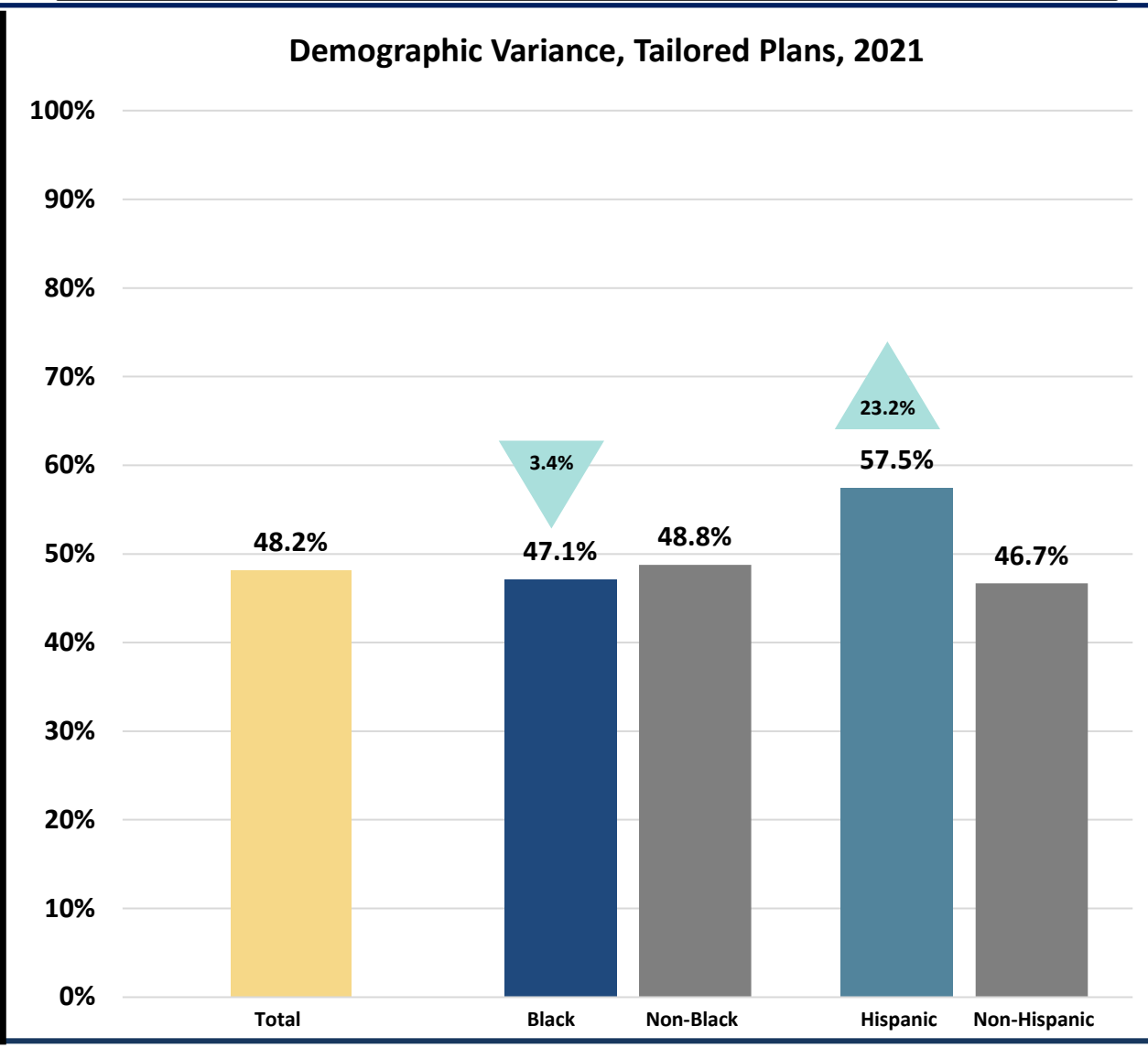
Recommendation to QHO: Maintain this measure in AMH measure set; closely monitor whether disparity widens for Black enrollees.

*Measures that the Taskforce identified to be a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use.
**Intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
***Required for use by insurers in provider contracts which incorporate quality measures with financial implications for performance.

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

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





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

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

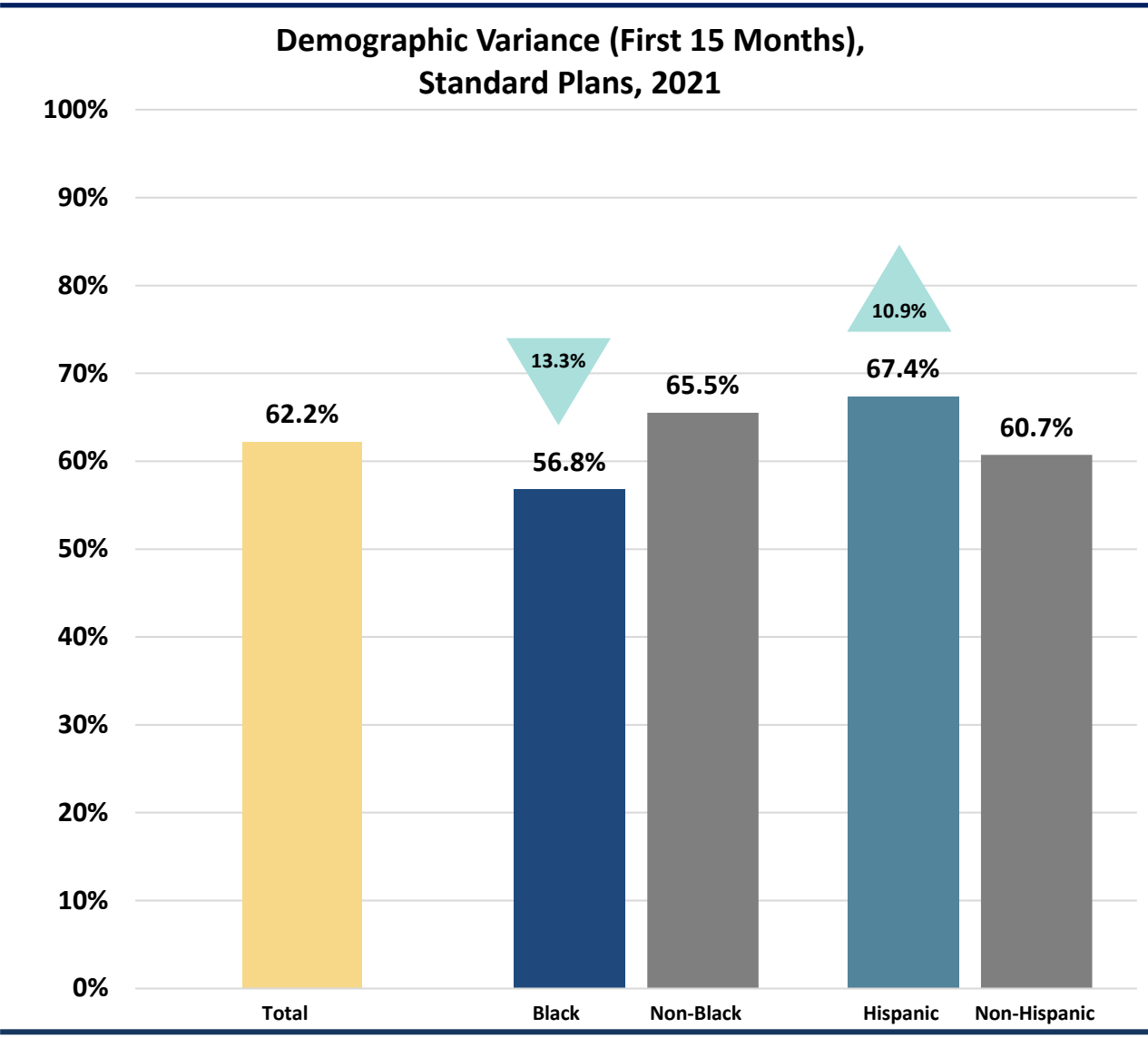
Key:
- Increasing Trend
- Flat Trend
- Decreasing Trend
- NC above national trend (>5%)
- NC at or near national trend
- NC below national trend (>5%)

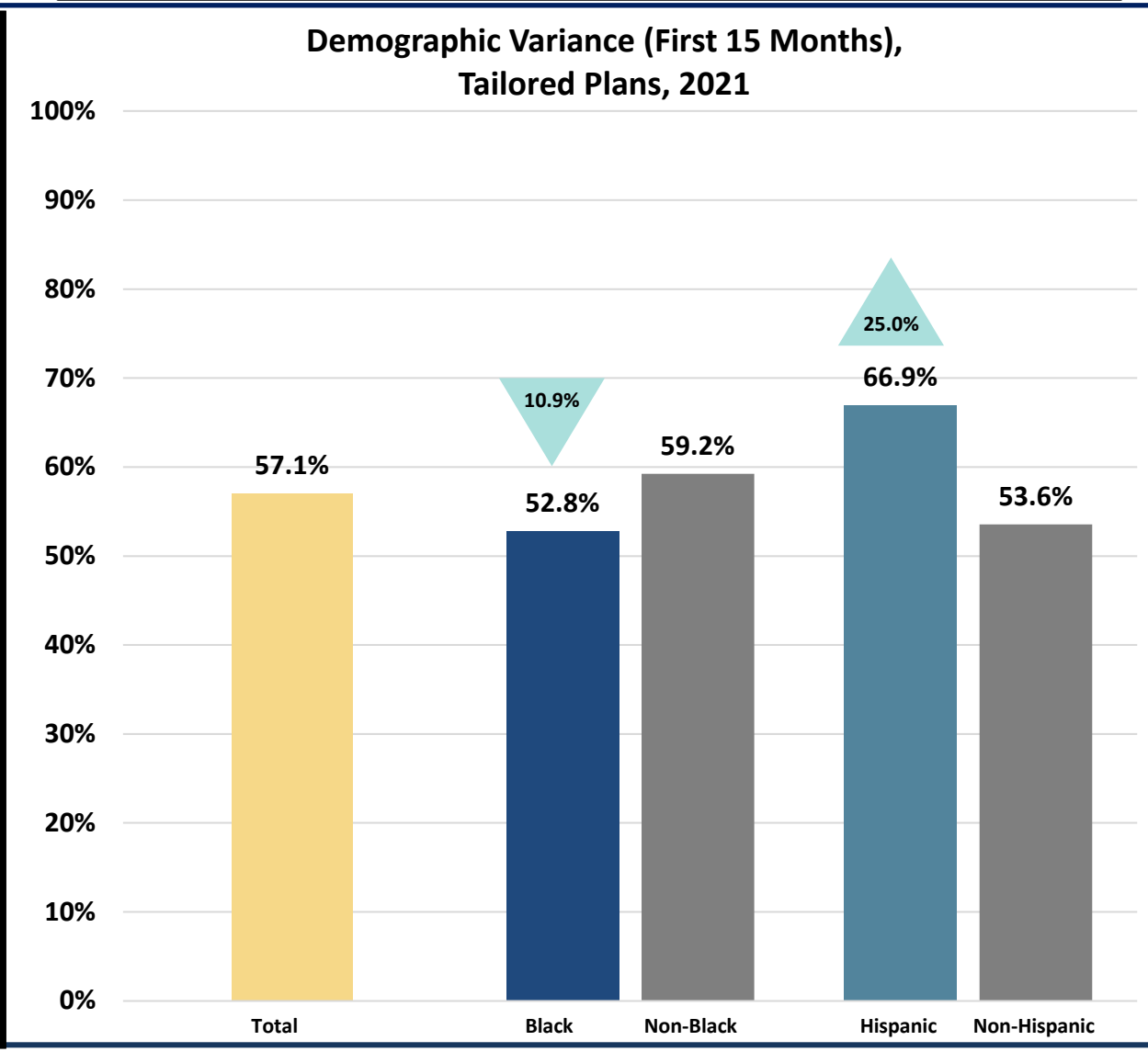
	Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	15 Mths **NC:** 1-15 Months 62.1% 15-30 Months 66.4% 15-30 Mths	**National Median:** *First 15 Months:* 52.9% Medicaid HMO; 78.5% Commercial HMO, Commercial PPO (HEDIS 2020) *15-30 Months:* 71% Medicaid HMO; 87%/88% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022.	
	Selected Equity Results/Considerations	Disparities in 2021 performance for Black enrollees (>10% for both rates).	
Optional Fields	Data Collection/Reporting Considerations	Administrative	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core	

Recommendation for QHO: Maintain this measure in AMH measure set; 1) identify causes of declining Standard Plan trend for children between 15-30 months; 2) explore sources of disparities in well-child visit rates to identify potential policy solutions.

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

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

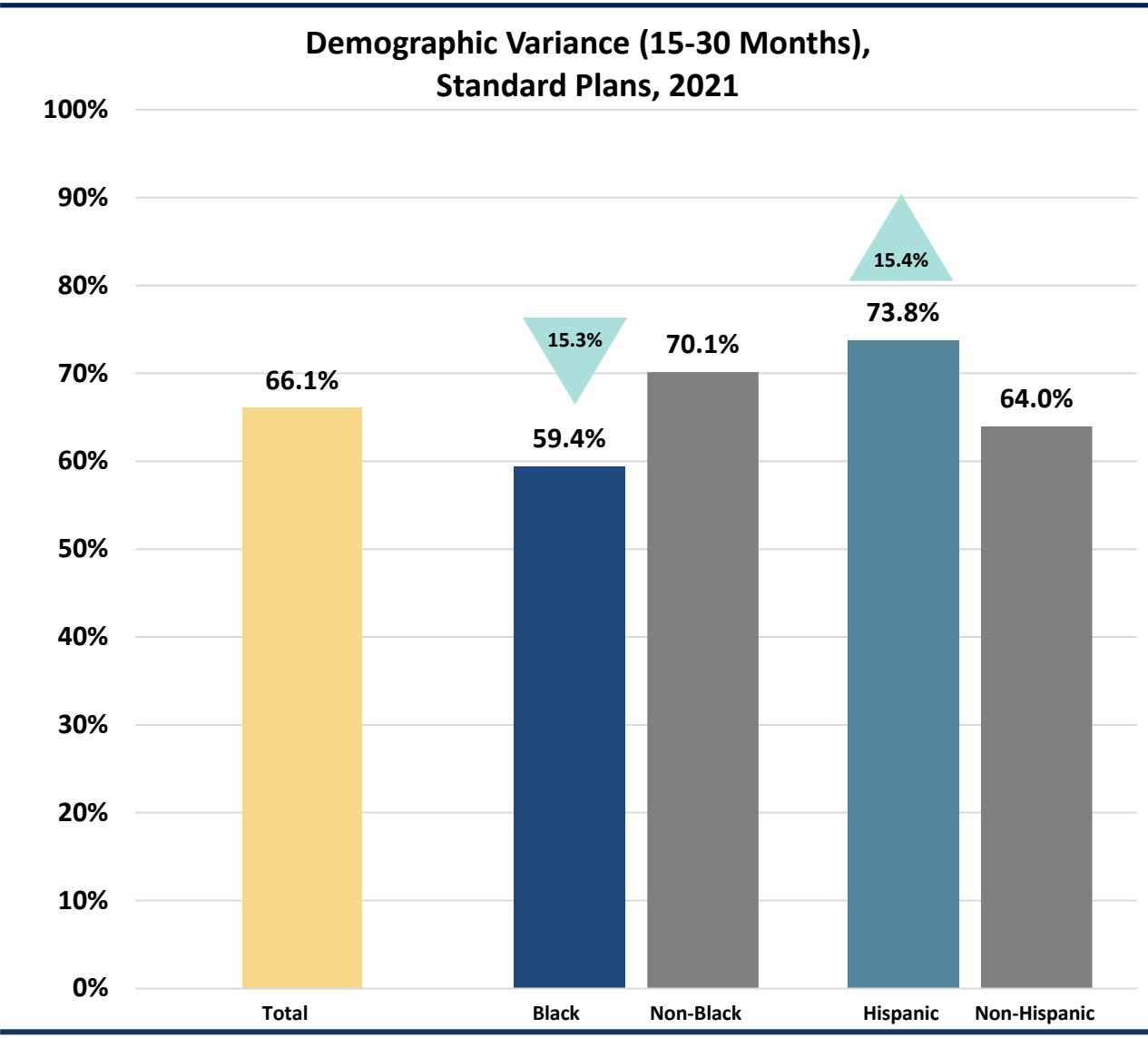


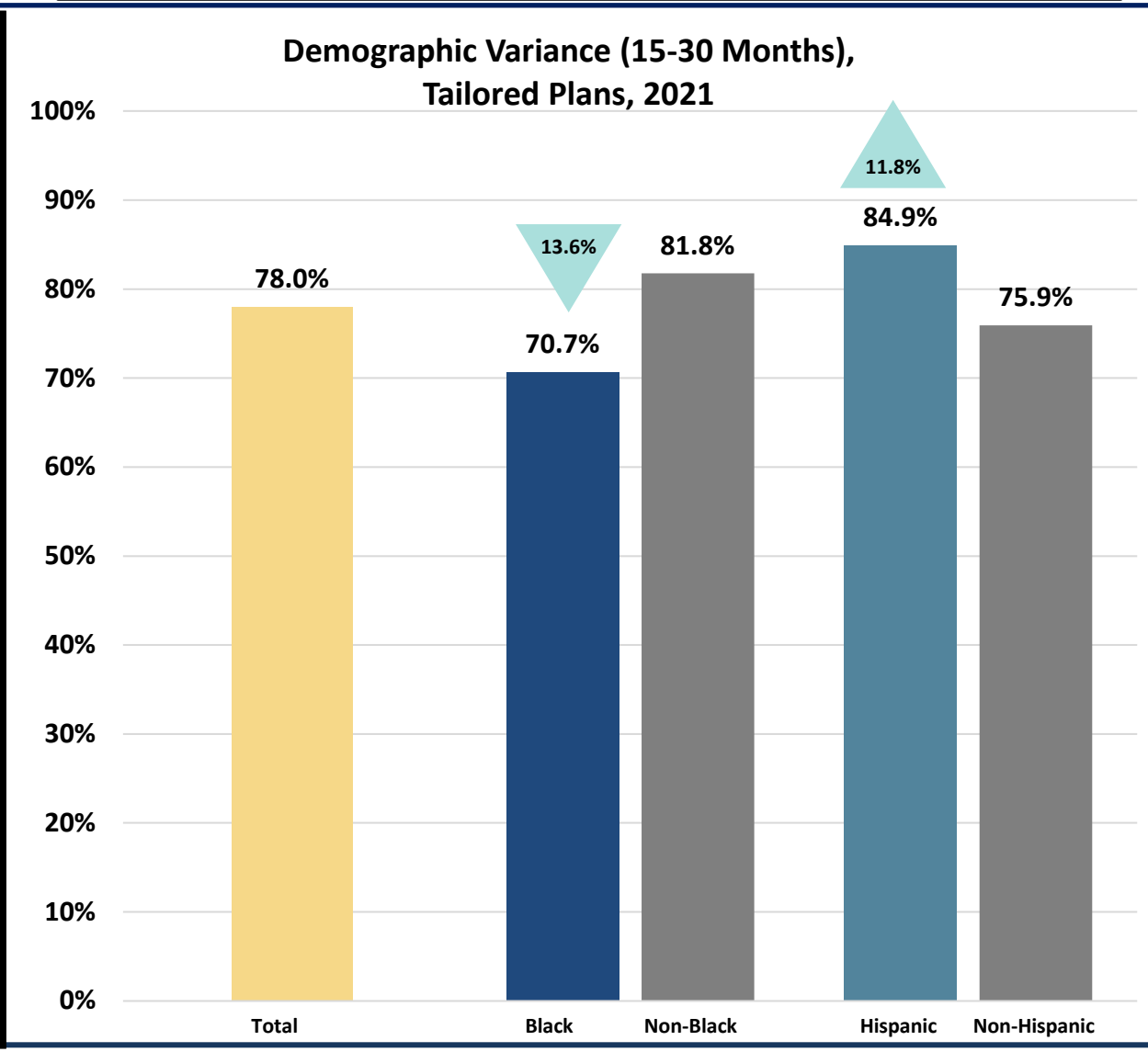


*This measure specification changed in 2021. The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward. It now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.

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

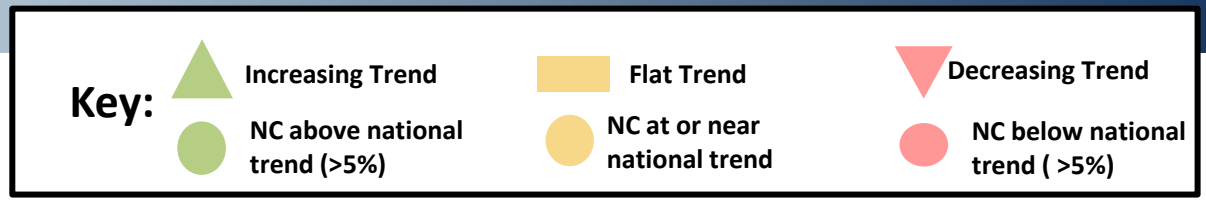
Key:
- XX% — Group of focus is XX% *higher* than reference group
- YY% — Group of focus is YY% *lower* than reference group





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

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



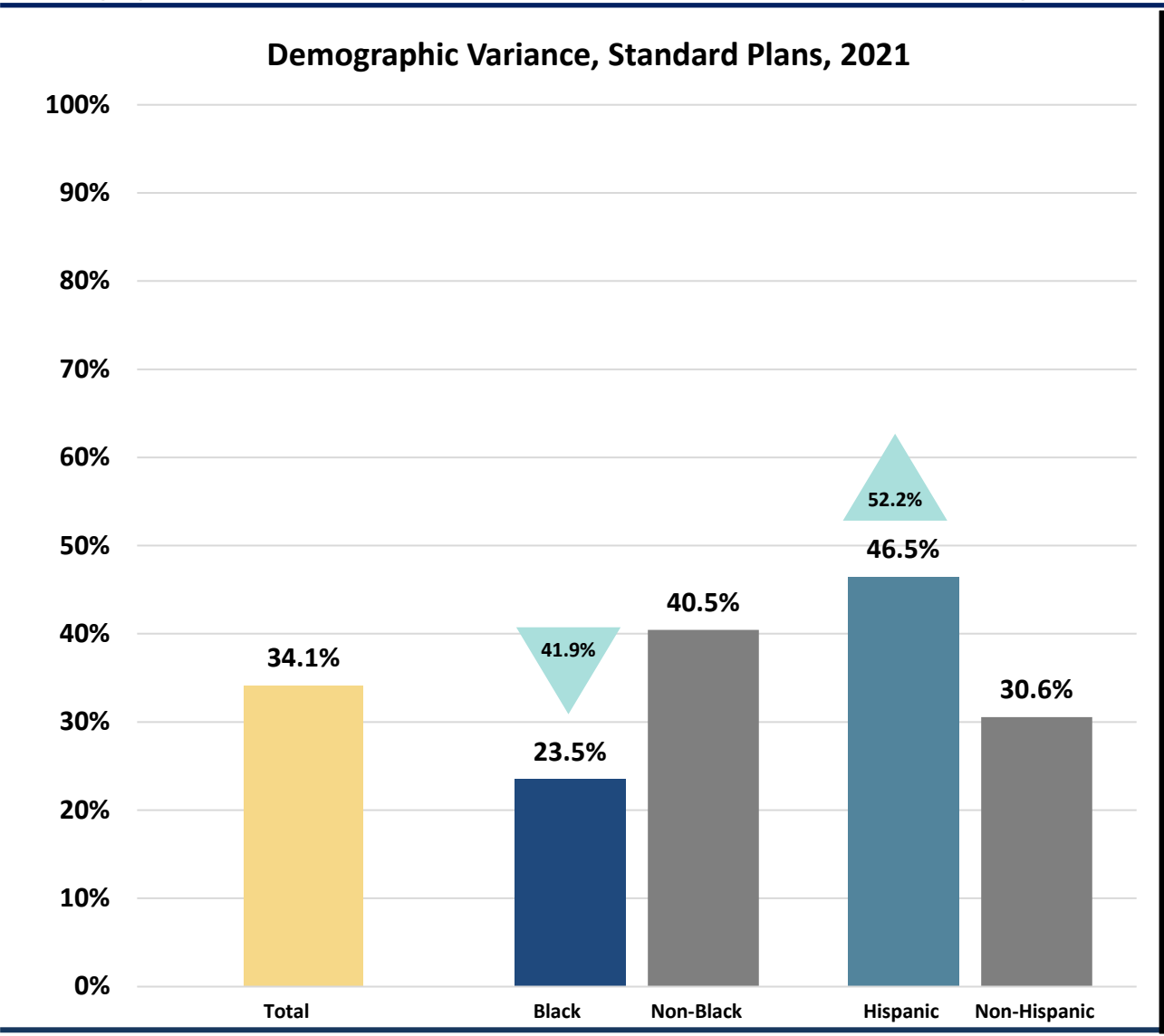
	Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** 34.3%	**National Median:** 38.9% Medicaid HMO; 58%/51.4% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022	
	Selected Equity Results/Considerations	Large disparities in 2021 performance for Black enrollees (<40%).	
Optional Fields	Data Collection/Reporting Considerations	Administrative Electronic Clinical Quality Measure (eCQM)	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core VA, OR, NY report Combo 3 Withhold measures for Plans: VA, OR MA menu measure* NY P4P measure	

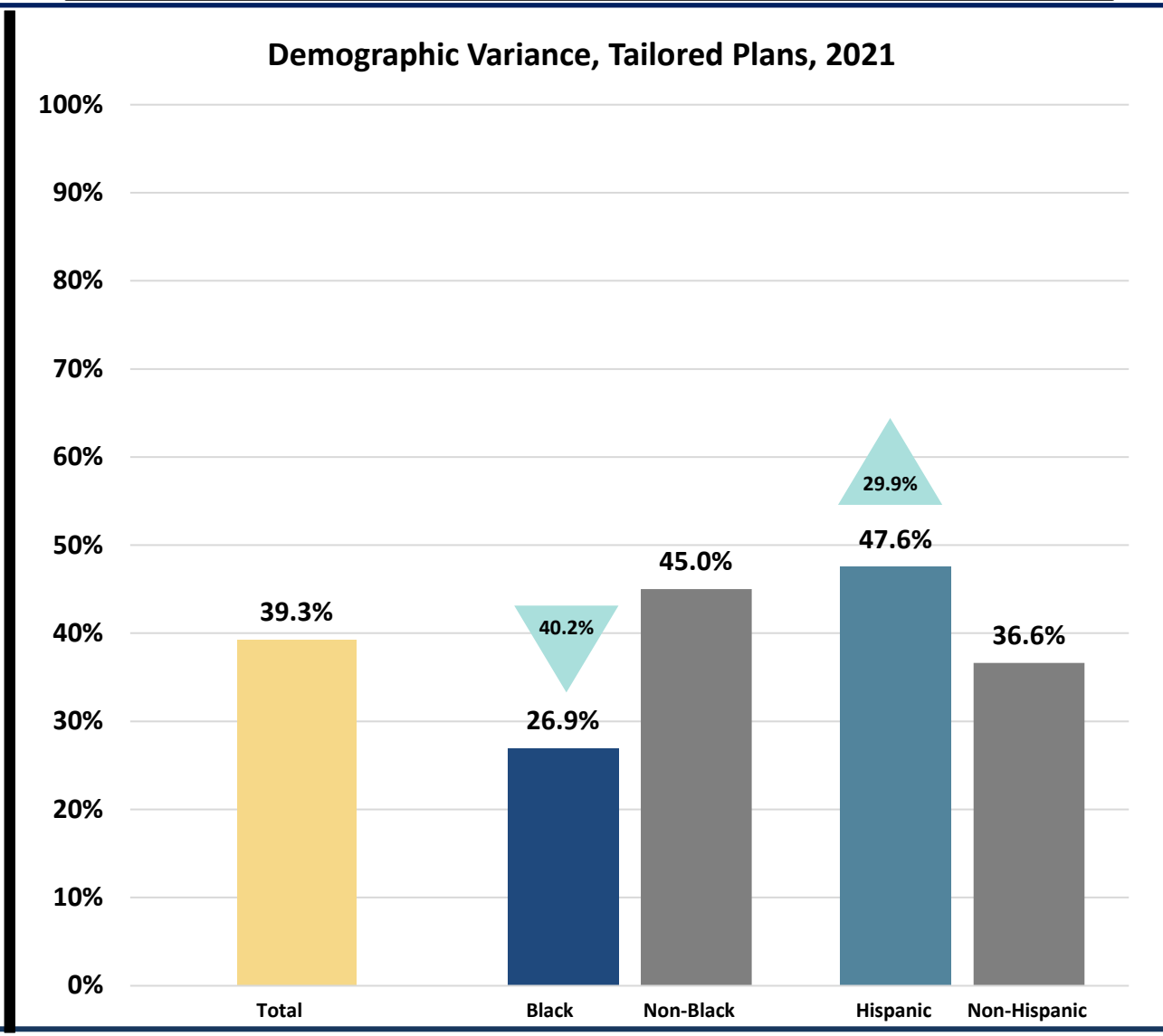
Recommendation for QHO: Maintain this measure in AMH measure set and explore sources of disparities in immunization rates to identify potential policy solutions.

*Includes all other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts.

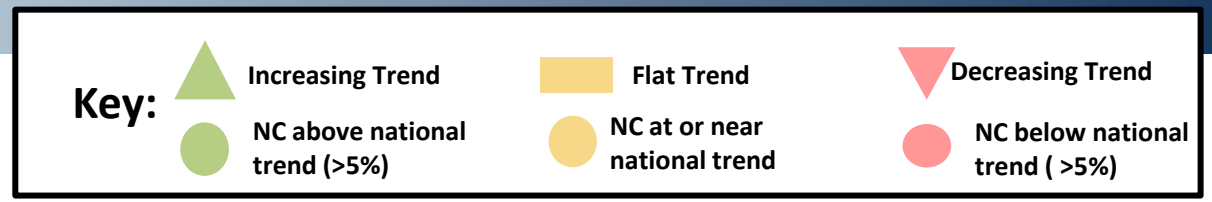
Childhood Immunization Status (CIS) (Combo 10) (NQF# 0038, NCQA, Process Measure)

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





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



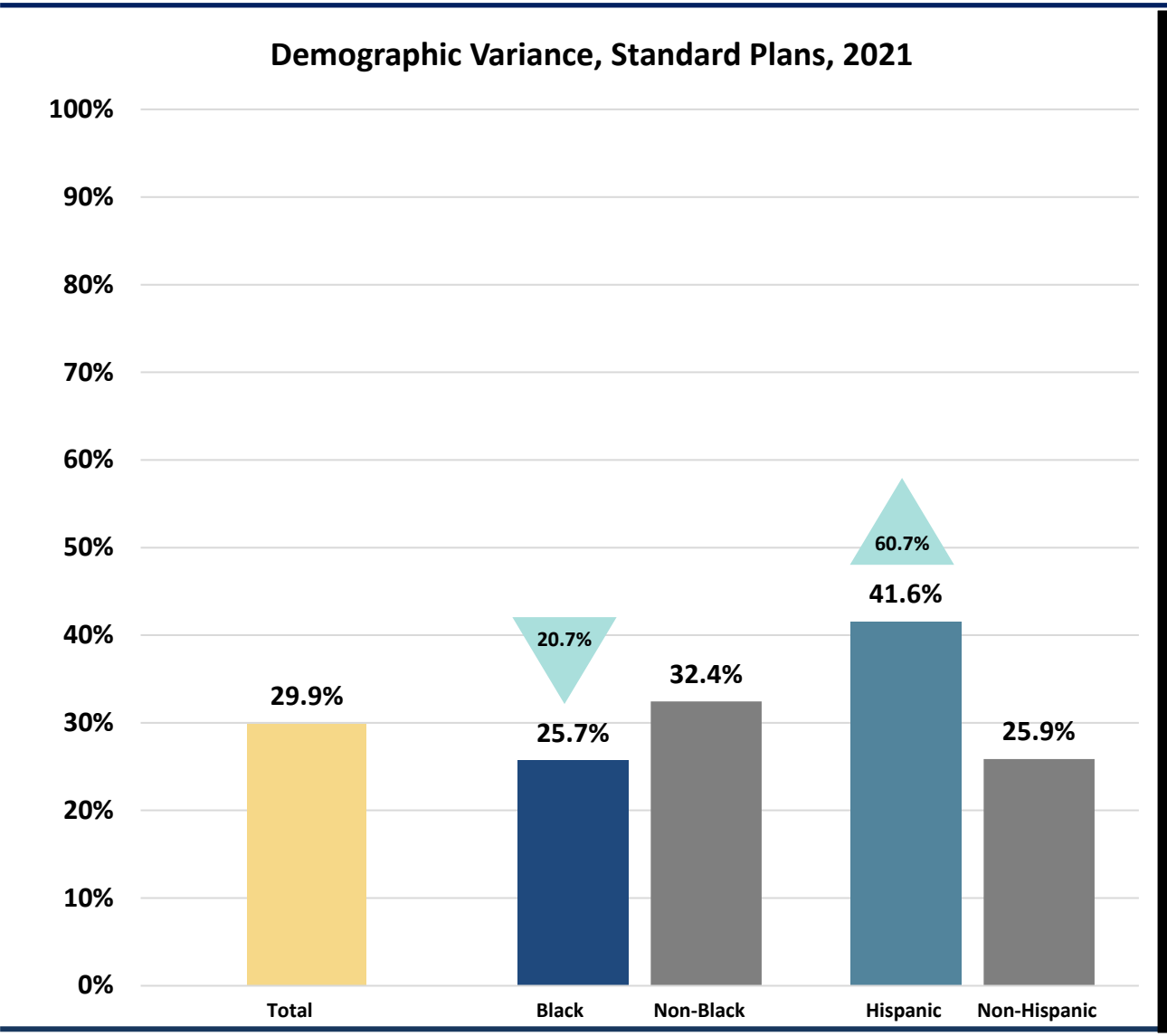
	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** 30.29%	**National Median:** 70.4% Medicaid HMO; 76.2%/69.5% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022	
	Selected Equity Results/Considerations	20% disparity for Black Standard Plan enrollees in 2021	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative NCQA will now allow voluntary Electronic Clinical Data Systems (ECDS) reporting for this measure.	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core Withhold measures for Plans: OR MA menu measure* NY P4P measure	

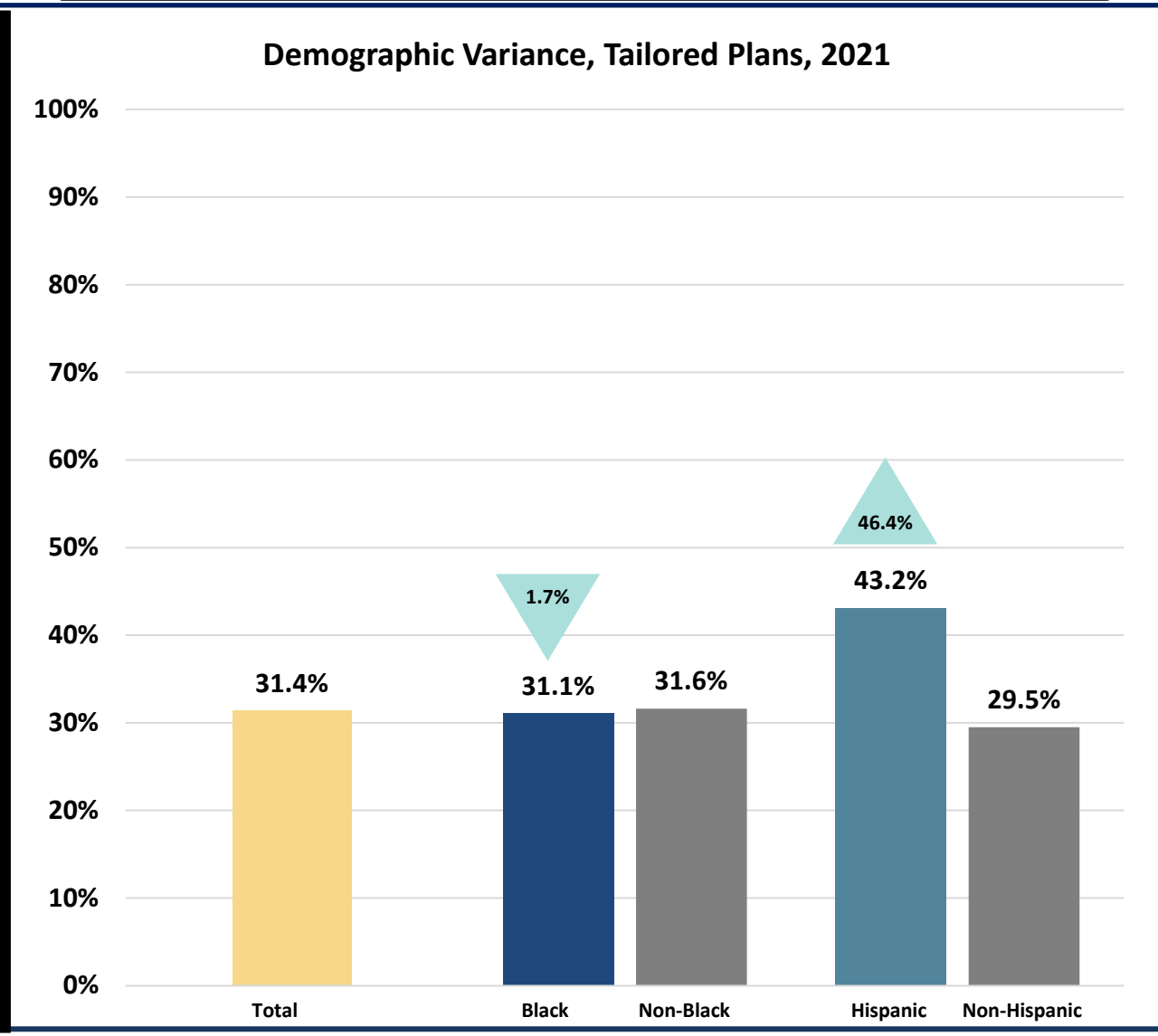
Recommendation for QHO: Maintain this measure in AMH measure set and explore sources of disparities in immunization rates to identify potential policy solutions.

*Quality measures incorporated into provider contracts without financial implications for performance.

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

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





Maximizing AMH VBP Results

Comprehensive Billing Code Submission Guide

Comprehensive Billing Code Submission Guide

Measure	Measure Description	Common Billing Codes
CBP – Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	Submit a claim with the 2 appropriate CPTII codes to report results of the BP at each routine office visit: • 3077F - Systolic BP ≥140 mmHg • (not controlled) • 3075F – Systolic BP 130 – 139 mmHg • 3074F – Systolic BP <130 mmHg • 3080F – Diastolic BP ≥ 90 mmHg (not controlled) • 3079F – Diastolic BP 80 – 89 mmHg • 3078F – Diastolic BP < 80 mmHg

Comprehensive Billing Code Submission Guide

Measure	Measure Description	Common Billing Codes
CDC – Diabetes HbA1c Poor Control (>9%)	The *most recent* HbA1c level (performed during the measurement year) is >9.0% or is missing, or was not done during the measurement year, as documented through laboratory data.	Submit a claim identifying the results of the HbA1c utilizing of the following CPT II codes: • 3044F – HbA1c < 7.0% • 3051F – HbA1c ≥ 7% and ≤ 8% • 3052F – HbA1c ≥ 8% and ≤ 9% • 3046F – HbA1c > 9% (noncompliant)

Billing Code Submission Guidelines

Measure	Specifications	Common Billing Codes
CDF – Screening for Depression and Follow-Up	The percentage of members 12 years of age and older who were screened for clinical depression 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.	Submit a claim with appropriate coding including: HCPCS: G8431 – Positive screen documented with follow-up plan G8510 – Negative screen documented; follow-up plan not required Exception Codes: G9717 – Current diagnosis active depression or bipolar disorder; therefore, screen not performed G8433 – Screening for depression not completed; documented reason

Comprehensive Billing Code Submission Guide

Measure	Specifications	Common Billing Codes
CHL – Chlamydia Screening in Women	The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.	Receipt of a Microbiology claim for chlamydia screening with appropriate CPT or LOINC codes CPT: 87110, 87270, 87320, 87490-87492, 87810
CCS – Cervical Cancer Screening	The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women 21–64 years of age who had cervical cytology performed within the last 3 years. • Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.	Submit a claim for procedures completed with appropriate codes to include: • Cervical cytology lab test – 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174-88175 • High Risk HPV lab test – 87624, 87625 Submit a claim using appropriate coding for history of exclusion if applicable

Comprehensive Billing Code Submission Guide

Measure	Specifications	Common Billing Codes
CIS – Childhood Immunization Status – Combo 10	The percentage of children who complete this vaccine series by their 2nd birthday: ○ 4 diphtheria, tetanus and acellular pertussis (DTaP) ○ 3 polio (IPV) ○ 1 measles, mumps and rubella (MMR) ○ 3 haemophilus influenza type B (HiB) ○ 3 hepatitis B (HepB) ○ 1 chicken pox (VZV) ○ 4 pneumococcal conjugate (PCV) ○ 1 hepatitis A (HepA) ○ 2 o r 3 rotavirus (RV) ○ 2 influenza (flu) ***Note: MMR, HepA, and VZV vaccines must be given between the child's 1st and 2nd birthdays.***	DTaP – CPT: 90697, 90698, 90700, 90723 IPV – CPT: 90697, 90698, 90713, 90723 MMR – CPT: 90704-90708, 90710 HiB – CPT: 90644, 90647, 90648, 90698, 90748 Hep B – CPT: 90697, 90723, 90740, 90744, 90747, 90748 VZV – CPT: 90710, 90716 PCV – CPT: 90670 Hep A – CPT: 90633 RV – CPT: 90680, 90681 Flu – CPT: 90660, 90672, 90655, 90657, 90661, 90673, 90685-90689

Comprehensive Billing Code Submission Guide

Measure	Specifications	Common Billing Codes
IMA - Immunizations for Adolescents – Combo 2	**The percentage of adolescents who completed this vaccine series by their 13th birthday:** ○ **1 meningococcal** ○ **1 tetanus, diphtheria toxoids and acellular pertussis (Tdap)** ○ **Complete series human papillomavirus (HPV) vaccine series** ***Note: HPV vaccine series must be given --*** — ***On different dates of service on or between the 9th and 13th birthdays*** — ***In a 2-dose series with at least 146 days between the first and second dose of the HPV vaccine OR*** — ***In a 3-dose series with different dates of service on or between the 9th and 13th birthdays***	**Submit a claim for all vaccinations members receive to include:** • **HPV – 90649, 90650, 90651** • **Meningococcal – 90619, 90733, 90734** • **Tdap – 90715** **Submit a claim for an exclusion if:** • **Adolescent had a contraindication for a specific vaccine or if anaphylactic reaction to the vaccine or its components any time on or before the member's 13th birthday** • **Adolescent develops encephalitis due to Tdap**

Billing Code Submission Guidelines

Measure	Specifications	Common Billing Codes
PCR – Plan All-Cause Readmissions – Observed to Expected Ratio	For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories: 1. Count of Index Hospital Stays (IHS) (denominator). 2. Count of Observed 30-Day Readmissions (numerator).	Claims instructions are not applicable to this measure, this is a risk-adjusted utilization measure.

Comprehensive Billing Code Submission Guide

Measure	Measure Description	Common Billing Codes
W30 – Well-Child Visits in the First 30 Months of Life	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported: 1. *Well-Child Visits in the First 15 Months*. Children who turned 15 months old during the measurement year: Six or more well-child visits. 2. *Well-Child Visits for Age 15 Months–30 Months*. Children who turned 30 months old during the measurement year: Two or more well-child visits	Submit a claim for all visits to include: CPT: 99381-85, 99391-95, 99461 HCPCS: G0438, G0439, S0610, S0612, S0613 ICD10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

Comprehensive Billing Code Submission Guide

Measure	Measure Description	Common Billing Codes
WCV – Child and Adolescent Well-Child Visits	The percentage of enrolled members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Submit a claim for visits with proper coding CPT: 99381-85, 99391-95, 99461 HCPCS: G0438, G0439, S0610, S0612, S0613 ICD10 CM: Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2

HEDIS® and Data Reporting

PHPs will work with providers to offer the best solution for receiving supplemental data which could be unique to each provider and each PHP.

To produce HEDIS® measure rates, data is collected from a variety of sources:

- Claims:
  - Medical
  - Lab
  - Pharmacy
- Supplemental Data (Registries, EHR feeds, CCDs, Flat Files, etc.)
- Health Information Exchange (NCHealthConnex)
- Medical Record Review for Hybrid Measures (selection of measures variable among each PHP)

NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

Quality Forum Presentation

August 11, 2022

Garrett Smith

Business Relations Manager

NC Health Information Exchange Authority

NC DIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

North Carolina Health Information Exchange Authority

Overview of Topics

- Medicaid Partnership
- NC HIEA Overview
- What Does the Law Mandate?
- Suite of Services
- Training Opportunities
- Value of NC HealthConnex

Medicaid Partnership

NCDHHS
NC Medicaid
Division of Health Benefits

- **Network Adequacy**
  - Primary Care
  - Specialists
- **NC Integrated Care for Kids**
  - Risk scores (integrated data from DPI, DACJJ)
- **COVID Dashboard**
  - CLI/ Suspected/ ILI/ Tested/ Positive/ Recovered/ Extended/ Deaths
  - Current and future data sources
- **Data Extract for Hybrid Quality Measures**
  - Diabetes/ Hypertension/ BMI
  - Depression Screening
  - Prenatal
- **Data Quality Improvement**
  - Complete and accurate
- **NCQA - Data Aggregator Validation**
  - Validating inputs

Who We Are

STATE DESIGNATED

SECURE

PARTNERSHIP

- The North Carolina General Assembly created the North Carolina Health Information Exchange Authority (NC HIEA) in 2015 to facilitate the creation of a modernized HIE to better serve North Carolina's health care providers and their patients. *(NCGS 90-414.7)*
- Housed within the Department of Information Technology's Government Data Analytics Center (GDAC).
- Technology partner is SAS Institute.
- Twelve-member Advisory Board made up of various health care representatives that includes the DHHS Secretary, DIT Secretary and GDAC Director.

NC HealthConnex
Powering Health Care Outcomes

What Does the Law Mandate?

- Certain providers who receive state funds for the provision of health care services are required to connect and submit patient clinical and demographic data to the HIE. The mandated deadline is January 1, 2023. See What Does the Law Mandate

- In response to NC SL 2021-26, the NC HIEA submitted a report to the NCGA that provided an update on current state of connectivity and provided recommendations for enforcement and compliance of the HIE Act.

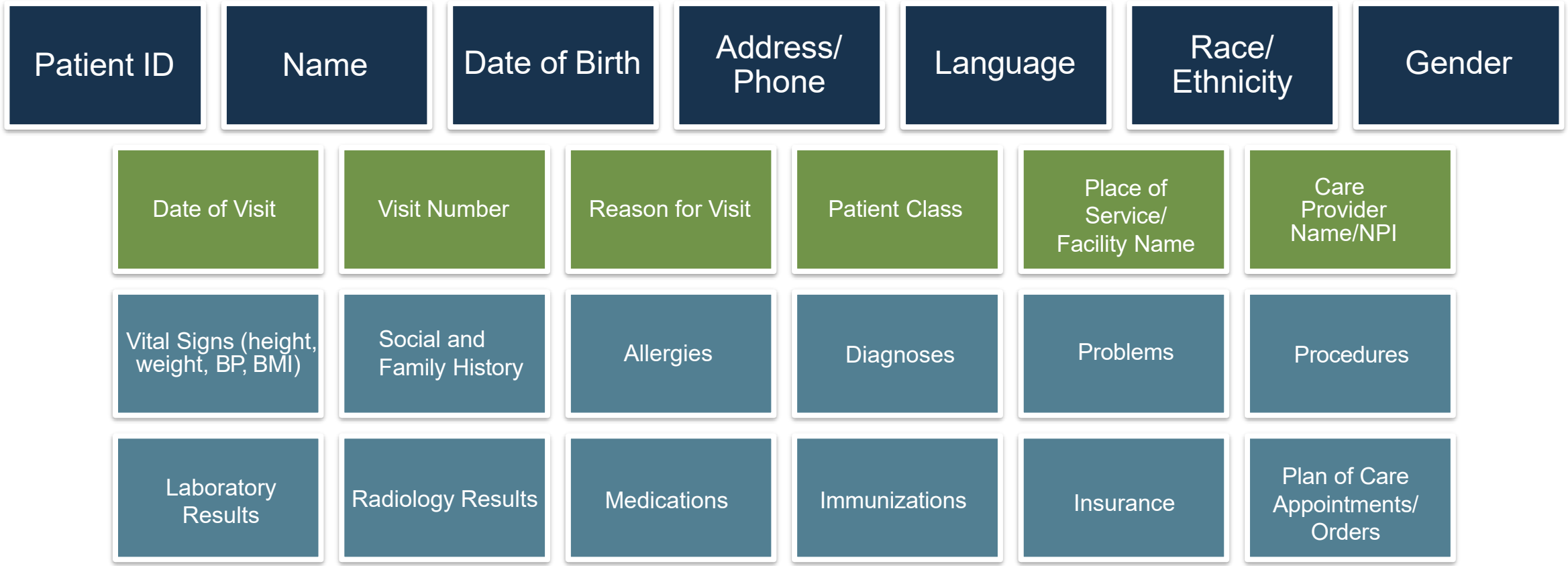
Updates as of August 2022:

- The enforcement mechanism in the Statewide Health Information Exchange Act that makes connection to the HIE and submission of required data to the State a prerequisite for a health care provider to receive State funds is temporarily suspended "until a bill designating a lead agency responsible for enforcement of the Statewide Health Information Exchange Act is enacted into law."

- The connection deadline is unchanged. Providers should still continue onboarding to NC HealthConnex.

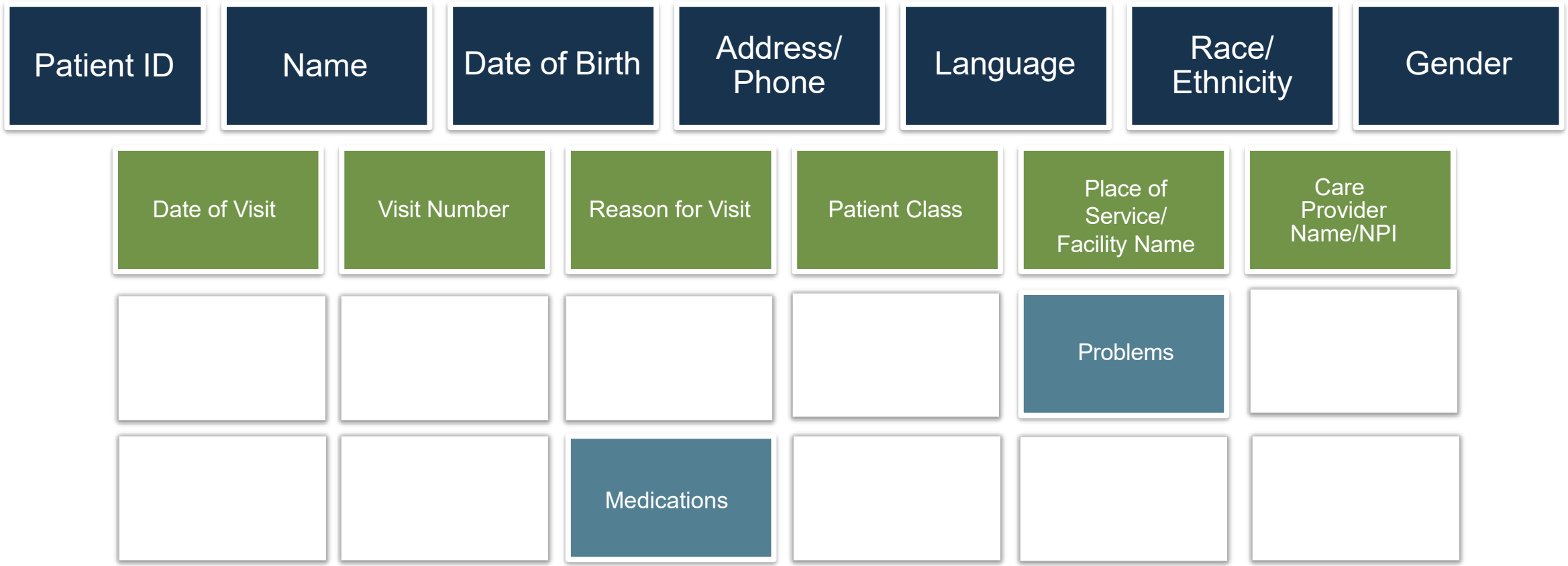
- In March 2023 the General Assembly will receive a report outlining the status of organizations that met – or failed to meet – the January 1, 2023, connection and submission deadline.

The NC HealthConnex Data Target



NC HealthConnex Onboarding Packet and Technical Specifications

The NC HealthConnex Data Target (Required for BH)

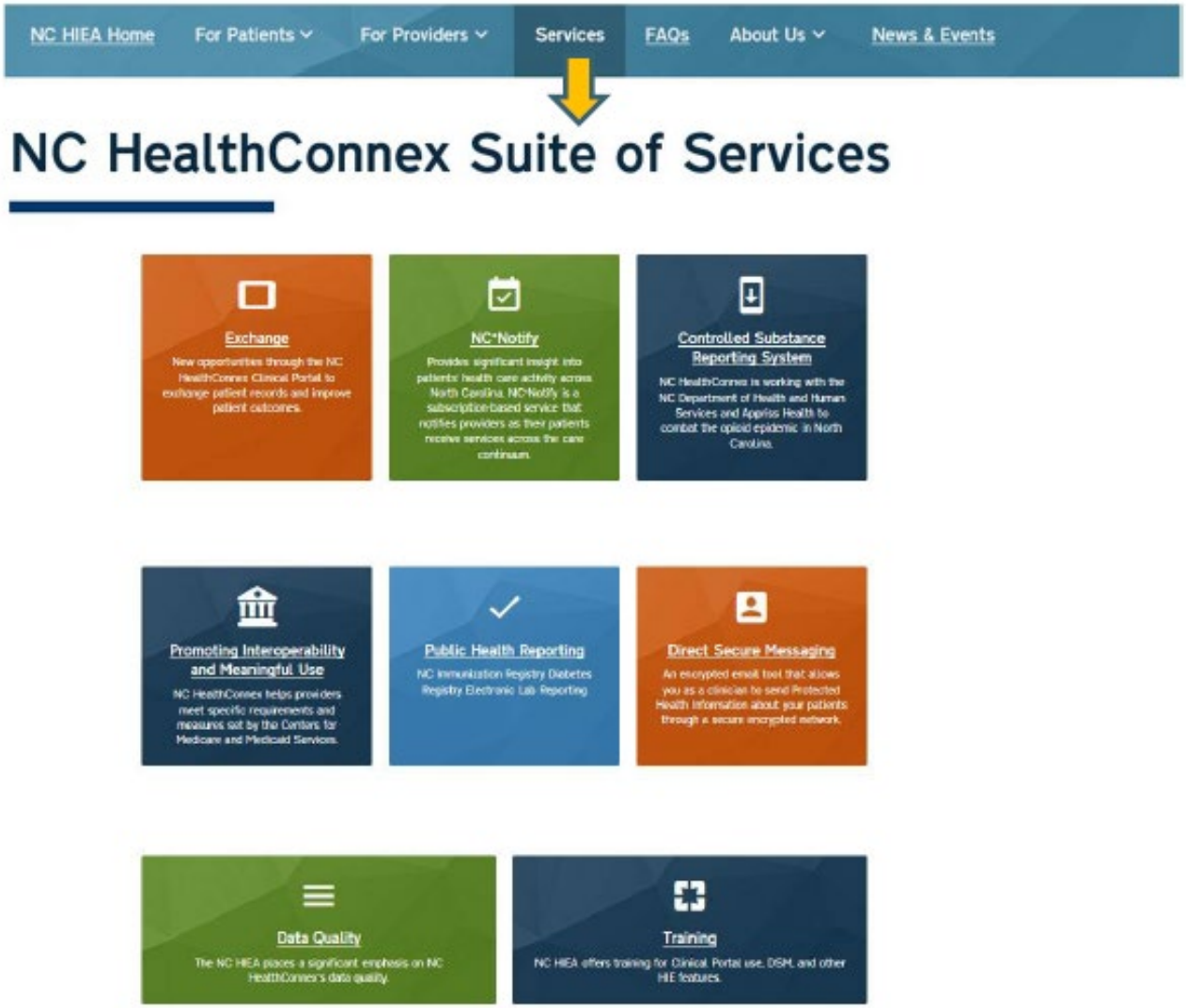


NC HealthConnex Onboarding Packet and Technical Specifications

NC HealthConnex and USCDI

- USCDI lists a Data Class of Problems and a Data Element of Problems.
  - The NC HealthConnex Data Target includes the Problems section (Data Class) as Required if Collected, but we specify nine Data Elements to be included for each Problem, including the following examples (see Appendix 1 for more details):
    - Problem/Code
    - Problem/Code Description
    - Problem/Code System Name
    - Problem/Time Low (Start Date)
    - Problem/Time High (End Date)
- NC HealthConnex can accept USCDI v1 Clinical Notes (configuration required)

NC HealthConnex Suite of Services



NC HealthConnex Suite of Services

- Foundation
- Exchange
- Notifications
- Pop Health & Analytics

Promoting Interoperability

NC HIEA July 2022 Update

Full NC HealthConnex Participation Helps Meet New Promoting Interoperability Rules

The U.S. Centers for Medicare and Medicaid Services has issued final rules for the Promoting Interoperability Program. Full participation in NC HealthConnex, the state-designated health information exchange, can help providers meet the updated measures related to the advancement of certified electronic health record technology utilization and improve interoperability.

The U.S. CMS's Promoting Interoperability Program – formerly the Electronic Health Record Incentive Program – provides financial incentives to providers if they use a certified electronic health record (EHR) to capture and use patient data meaningfully for care coordination, patient engagement and quality improvement purposes.

Objective	Measure	Maximum Points
e-Prescribing	e-Prescribing	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	*Bonus: 10 Points (5 points in 2020)*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
	OR	
	Health Information Exchange (HIE) Bi-Directional Exchange	40 Points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange (Attest YES to 2; or YES to 1 and Exclude 1)	Report to two different public health agencies or clinical data registries for any of the following: 1. Immunization Registry Reporting (must be bi-directional) 2. Electronic Case Reporting (not available for practices) 3. Public Health Registry Reporting (NC HealthConnex Diabetes Registry) Enrollment Form 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting (not available for practices)	10 points

NC*Notify - How Does It Work?

Subscriptions

Subscribers establish their cohort of patients for whom they want to receive alerts.

Monitoring Feeds

All clinical data feeds coming into the HIE are monitored for a matching event or clinical data of interest to the subscribers. These events can then be pushed directly to the subscriber or made available on the web portal.

Receiving Notifications

Subscribers can receive notifications for events or data that match their patients via their preferred method.

- ❑ Batched notification files in delimited or HL7 format.
- ❑ Near real-time notifications via HL7 messages.
- ❑ Web-based NC*Notify dashboard via NC HealthConnex portal.

User Testimonials

"The emergency ADT feed from NC*Notify I reviewed yesterday was timely, and when I went into HealthConnex to pull the CCD, I was able to get some valuable information regarding the physical condition of the client, which could then be shared with the direct care staff in the program as the **guardian failed to let us know when she dropped the child off for treatment.**"

- Behavioral Health Agency

"With services like NC*Notify, the entire care team can have much-needed information to keep patients safe during the riskiest times: when they **transition between one care entity and another**."

- FQHC Participant

A large hospital system is utilizing NC*Notify to gain insights into other facilities **in their system** that are not on the same EHR, as well as for feeding **downstream care management dashboards**.

- Large Health System

NC HealthConnex
Powering Health Care Outcomes

Training Opportunities

- On Demand Training
  - NC HIEA Training Modules
- Live Training
  - Training Requests
- Teletown Hall Webinars
  - NC HealthConnex Teletown Hall (August 17, 2022)

What is the value of NC HealthConnex to Providers?

- **Increase** operational efficiencies
  - Eliminate phone calls/faxing.
  - Access to a more complete health record.
- **Reduce** duplicative tests/procedures
  - Visibility of tests/procedures/medications
- **Improve** care coordination
  - Near real-time notifications (NC*Notify)
- **Integrate** with public health registries
  - Controlled Substance Reporting System (CSRS)
  - COVID-19 Vaccine Management (CVMS)
  - Electronic Laboratory Reporting System (ELR)
  - NC Diabetes Specialized Public Health Registry
  - NC Immunization Registry (NCIR)

NC HealthConnex
Powering Health Care Outcomes

Thank you!

For more information visit,

www.nchealthconnex.gov

Tel: 919-754-6912

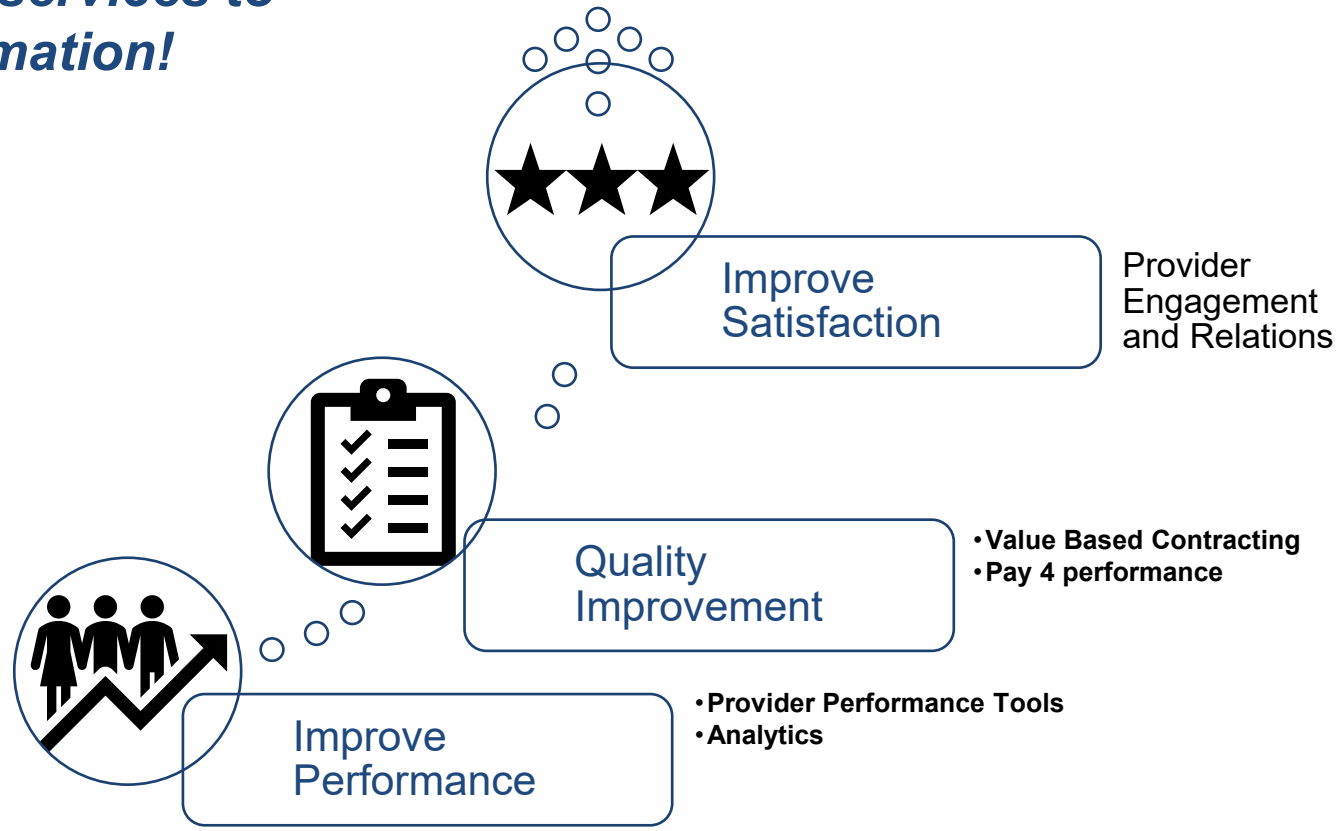
E-mail: hiea@nc.gov

AMH Support –
NC AHEC & Standard Plans

Health Plan and AHEC Practice Support

A common goal to provide quality care and services to support your success in Medicaid Transformation!

- PHP Known Issues Tracker
- Timely education and training
- Customized engagement strategies based upon the needs and preferences of the practice
- Local boots-on-the-ground support with onsite or virtual visit
- Cross-collaboration with providers, PHPs, Health Systems, CINs/ACOs, and AHEC.
- Support with Medicaid quality measures and Performance Improvement Projects (PIPs)
  - NC AHEC developed helpful PIP Tip Sheets in collaboration with AHEC coaches and NC DHHS. Access them via NC AHEC's website devoted to Medicaid Quality Improvement
- Genuine interest in your input and feedback!



AHEC Practice Support Resources

- Quality & Health Equity Improvement (Medicaid, Medicare, All Payors)
- Medicaid managed care education & issue resolution
- Clinical workflow redesign & process improvement
- Behavioral health integration (including Collaborative Care Model)
- COVID19 vaccine & clinical workflow assistance
- Practice operational assessments
- EHR optimization, telehealth integration
- HIE training and optimization
- Revenue cycle management
- Billing & coding guidance
- Advanced Medical Home (AMH) tier education and support
- Tailored Care Management (AMH+/CMA) support
- Community Health Worker integration and training
- Social Determinants of Health Workflow Optimization
- Virtual Collaborative Educational Programming

Health Plan Practice Support: Quality

Each health plan focuses on driving performance through actionable data

- Secure PHP Provider Portal with various analytic & performance tools
- Customized reports and dashboards that are timely, actionable and available via provider portal
- P4P and Quality Incentive Data
- Assistance with reviewing and interpreting performance data
- Education & support around panel management and care-gap closure

Health Plan Practice Support Contacts

NC Medicaid Division of Health Benefits

Phone: **1-833-870-5500**

(TTY: 1-833-870-5588)

Monday – Saturday 7am-8pm

AmeriHealth Caritas:
amerihealthcaritasnc.com

Phone: **1-888-738-0004**

(TTY: 1-866-209-6421)

24 hours a day, 7 days a week

Carolina Complete Health:
carolinacompletehealth.com

NetworkRelations@CCH-Network.com

Phone: **1-833-552-3876, # 7**

(TTY: 711)

Monday – Saturday 7am-6pm

HealthyBlue of NC:

HealthyBlueNC.com

AMH@healthybluenc.com

United Healthcare Community Plan:
uhccommunityplan.com/NC

Phone: **1-800-349-1855**

(TTY: 711)

Monday – Saturday 7am-6pm

WellCare:

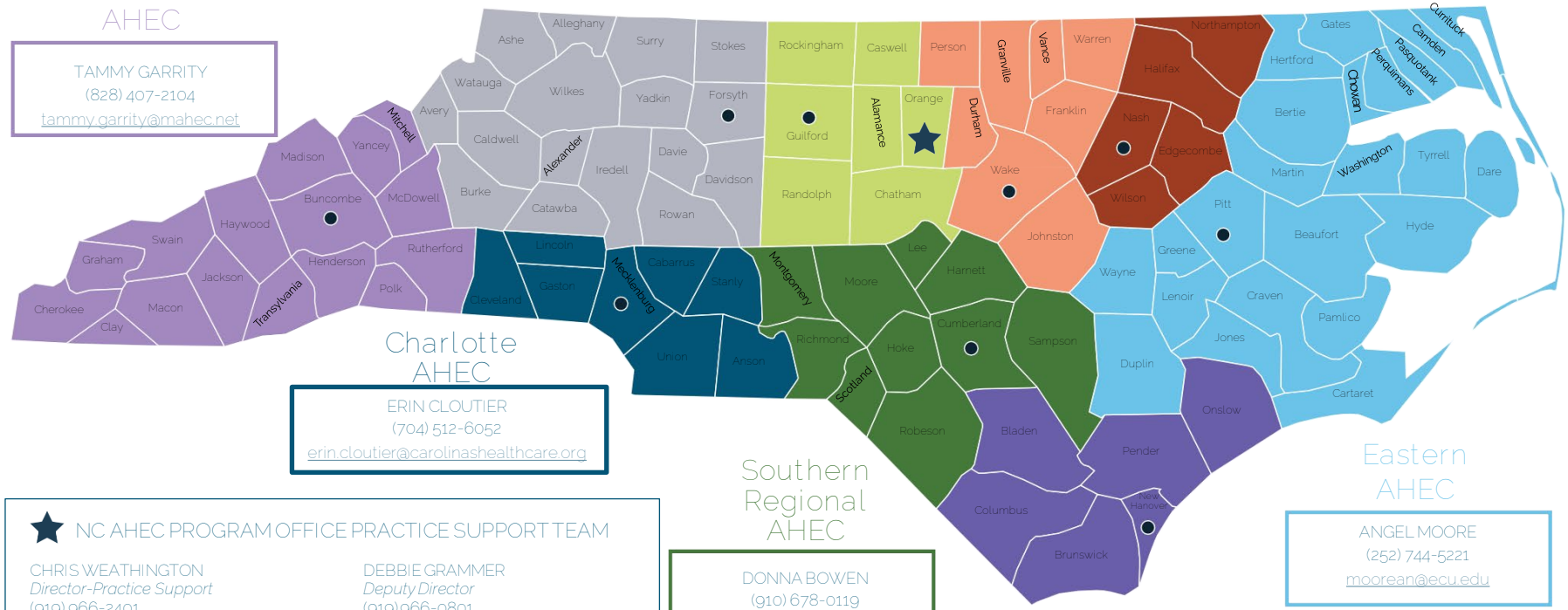
wellcare.com/NC

NCProviderRelations@Wellcare.com

Phone: **1-984-867-8637**

(TTY: 711)

NC AHEC Has Nine Regional Centers & Program Office



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AHEC Practice Support Contacts

- You may also contact us at practicesupport@ncahec.net.
- More information is listed at Practice Support | NC AHEC.

Questions & Answers

Appendix

AMH Provider Forum Meeting Presentation:

2022 Quality Measure Cycle Review Appendix

August 11, 2022

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

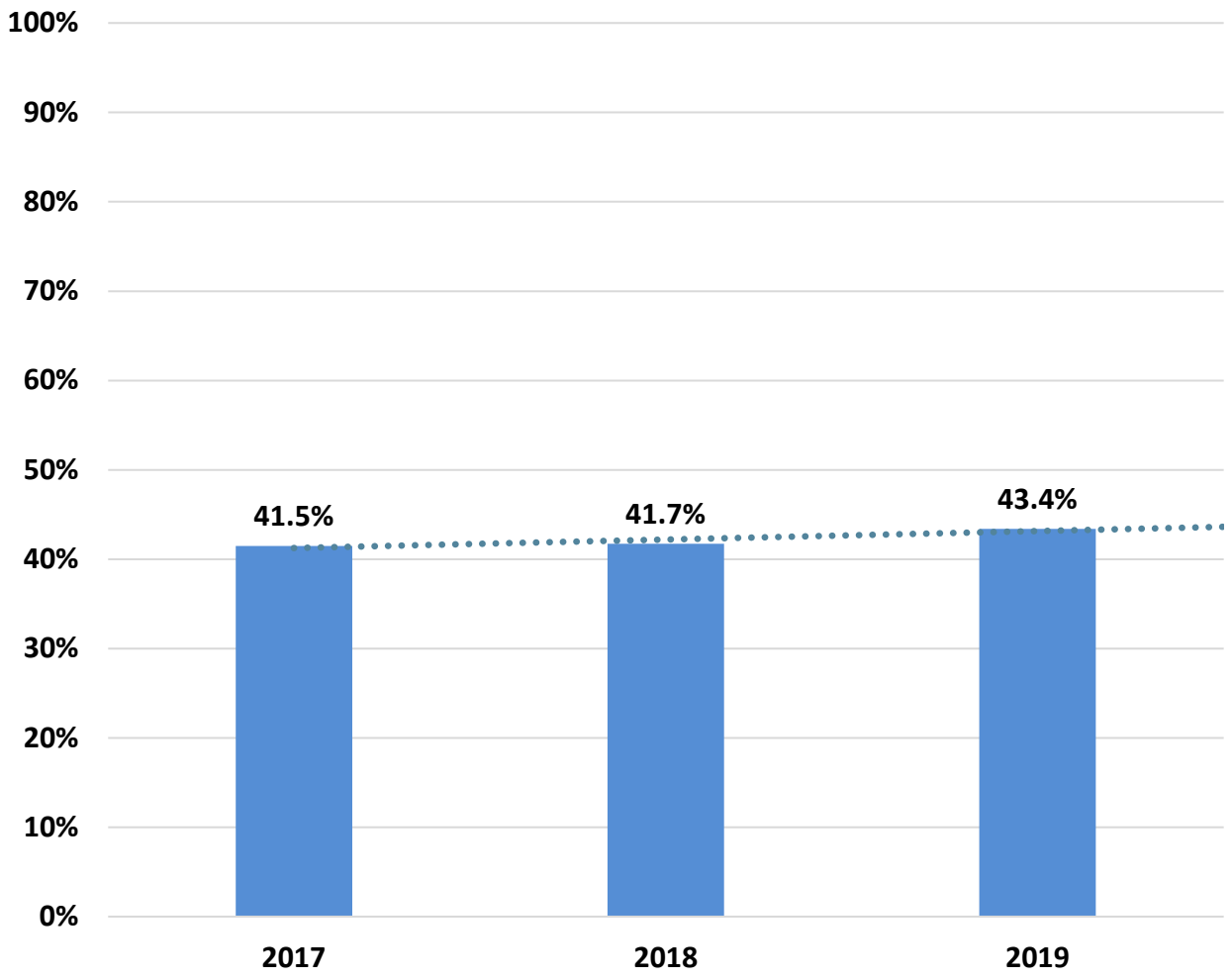
Key: Increasing Trend; Flat Trend; Decreasing Trend; NC above national trend (>5%); NC at or near national trend; NC below national trend (>5%)

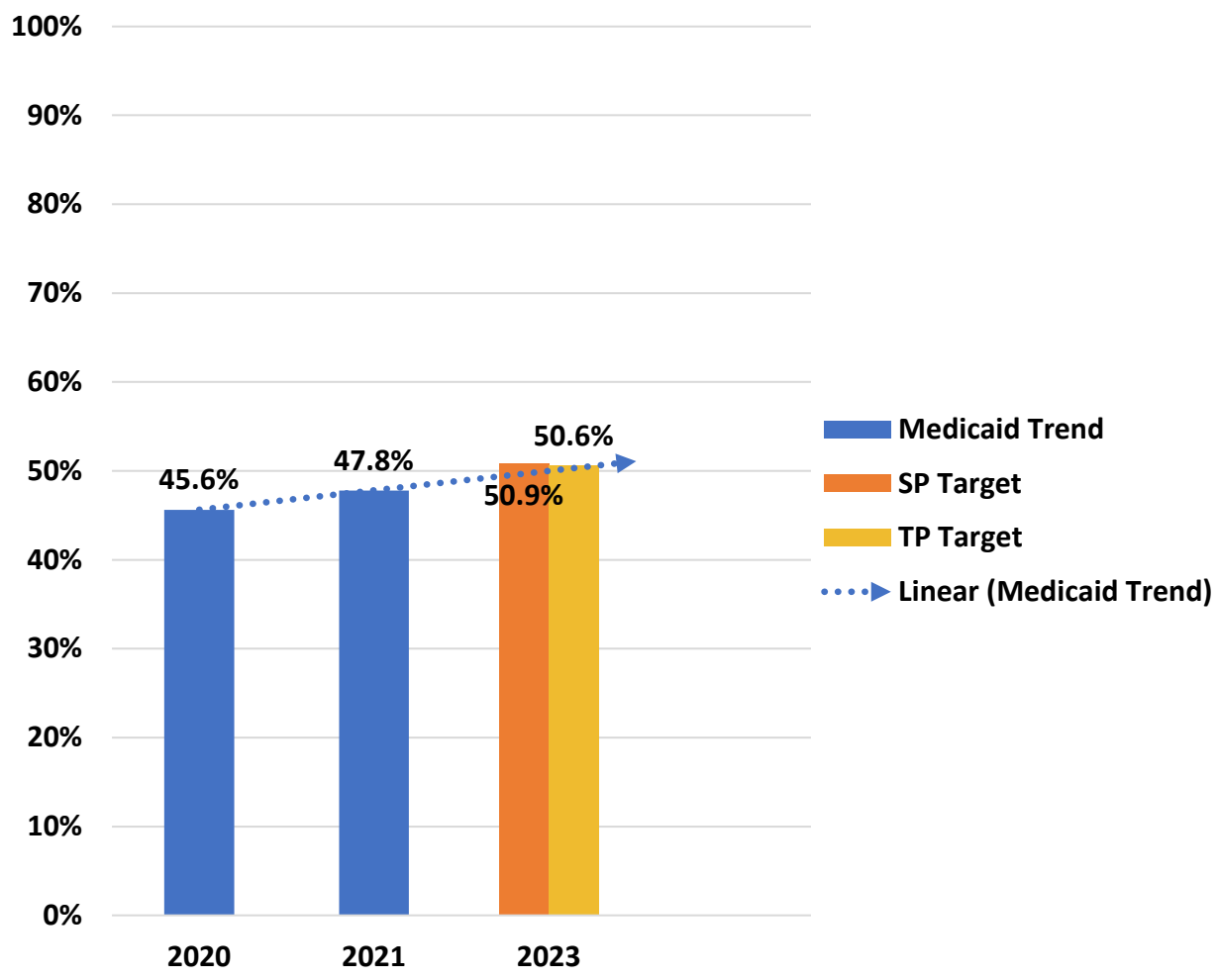
	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** See Next Slide	**National Rates:** 46.1% Medicaid HMO; 53.7%/53.1% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022.	
	Selected Equity Results/Considerations	NCQA introduced race and ethnicity stratifications to this measure in 2022. Slight disparities in 2021 performance for Black enrollees (<10%) (see slide 8).	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core Withhold measures for Plans: VA, OR MA Monitoring Measure* NY P4P measure** RI Core measure***	

Recommendation to QHO: Maintain this measure in AMH measure set; closely monitor whether disparity widens for Black enrollees.

*Measures that the Taskforce identified to be a priority area of interest, but because recent health plan performance has been high, or data are not currently available, were not endorsed for Core or Menu Set use.
**Intended to be used in the determination of shared savings amounts for which VBP Contractors are eligible.
***Required for use by insurers in provider contracts which incorporate quality measures with financial implications for performance.

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





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

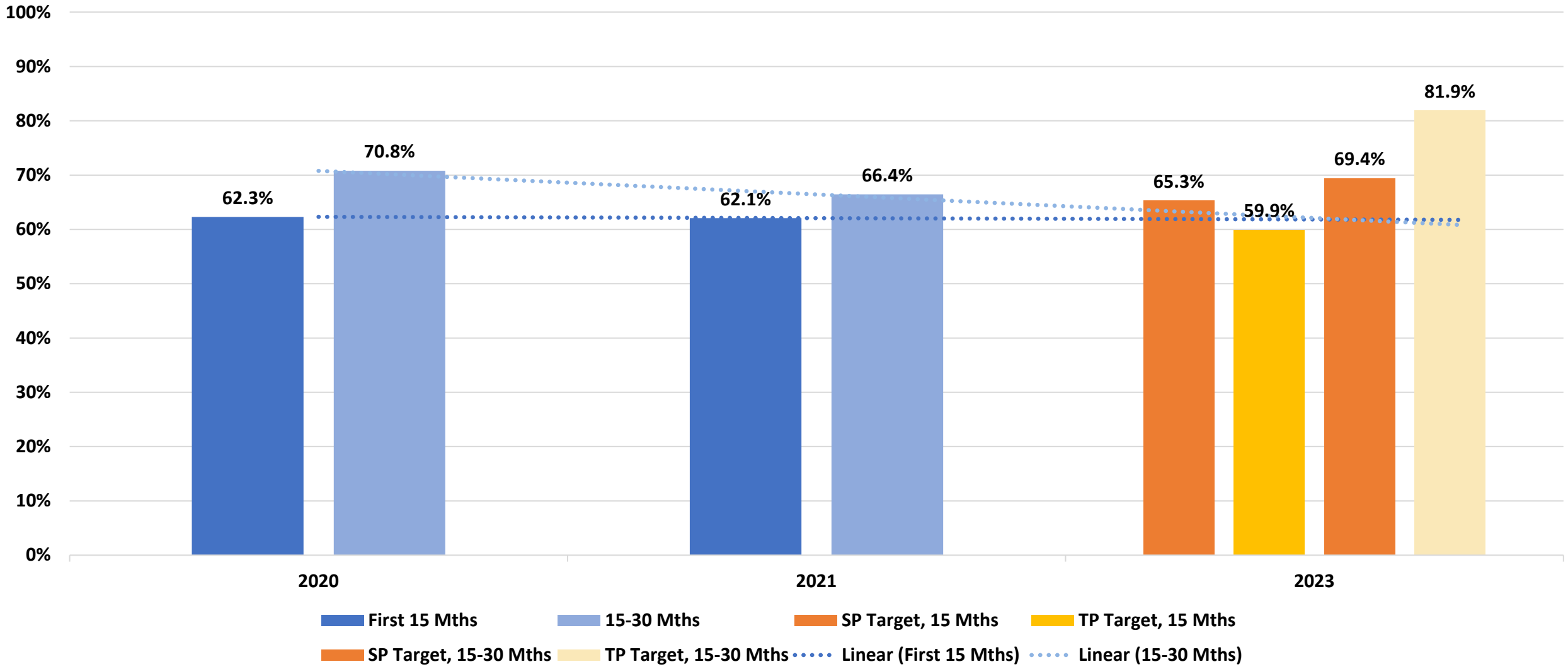
Well-Child Visits in the First 30 Months of Life (W30) (NQF# 1392, NCQA, Process Measure)

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

	Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	15 Mths 15-30 Mths **NC:** See Next Slide	**National Median:** *First 15 Months:* 52.9% Medicaid HMO; 78.5% Commercial HMO, Commercial PPO (HEDIS 2020) *15-30 Months:* 71% Medicaid HMO; 87%/88% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022. Disparities in 2021 performance for Black enrollees (>10% for both rates) (see slides 11-12).	
	Selected Equity Results/Considerations	N/A	
Optional Fields	Data Collection/Reporting Considerations	Administrative	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core	

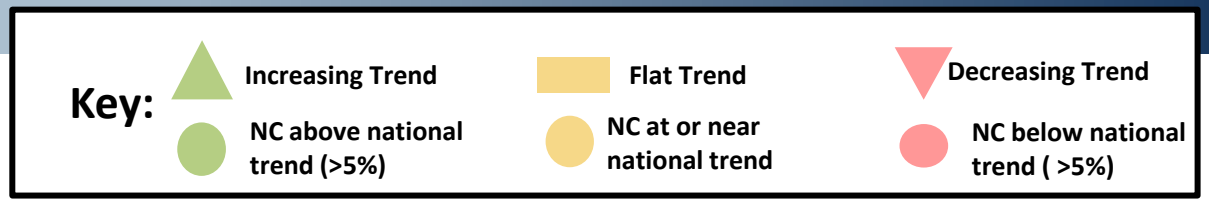
Recommendation for QHO: Maintain this measure in AMH measure set; 1) identify causes of declining Standard Plan trend for children between 15-30 months; 2) explore sources of disparities in well-child visit rates to identify potential policy solutions.

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



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

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

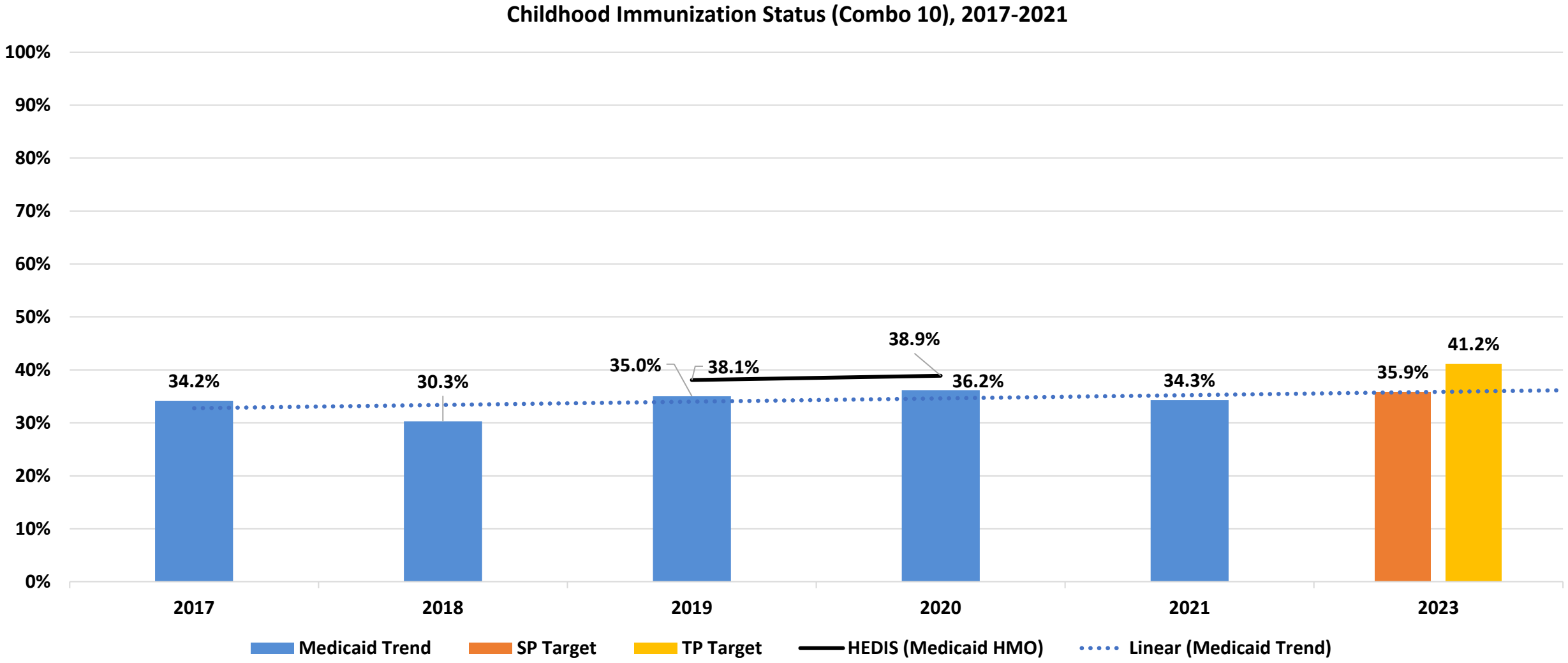


	Review Area		
Core Fields	**Endorsement Status (e.g., Active, Retired, Pending)**	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** See Next Slide	**National Median:** 38.9% Medicaid HMO; 58%/51.4% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022	
	Selected Equity Results/Considerations	Large disparities in 2021 performance for Black enrollees (<40%) (see slide 15).	
Optional Fields	**Data Collection/Reporting Considerations**	Administrative Electronic Clinical Quality Measure (eCQM)	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core VA, OR, NY report Combo 3 Withhold measures for Plans: VA, OR MA menu measure* NY P4P measure	

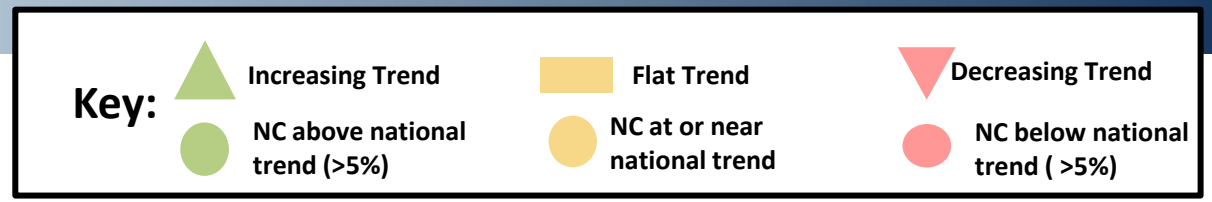
Recommendation for QHO: Maintain this measure in AMH measure set and explore sources of disparities in immunization rates to identify potential policy solutions.

*Includes all other measures from which payers and providers may choose to supplement the Core measures in their global budget-based risk contracts.

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



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

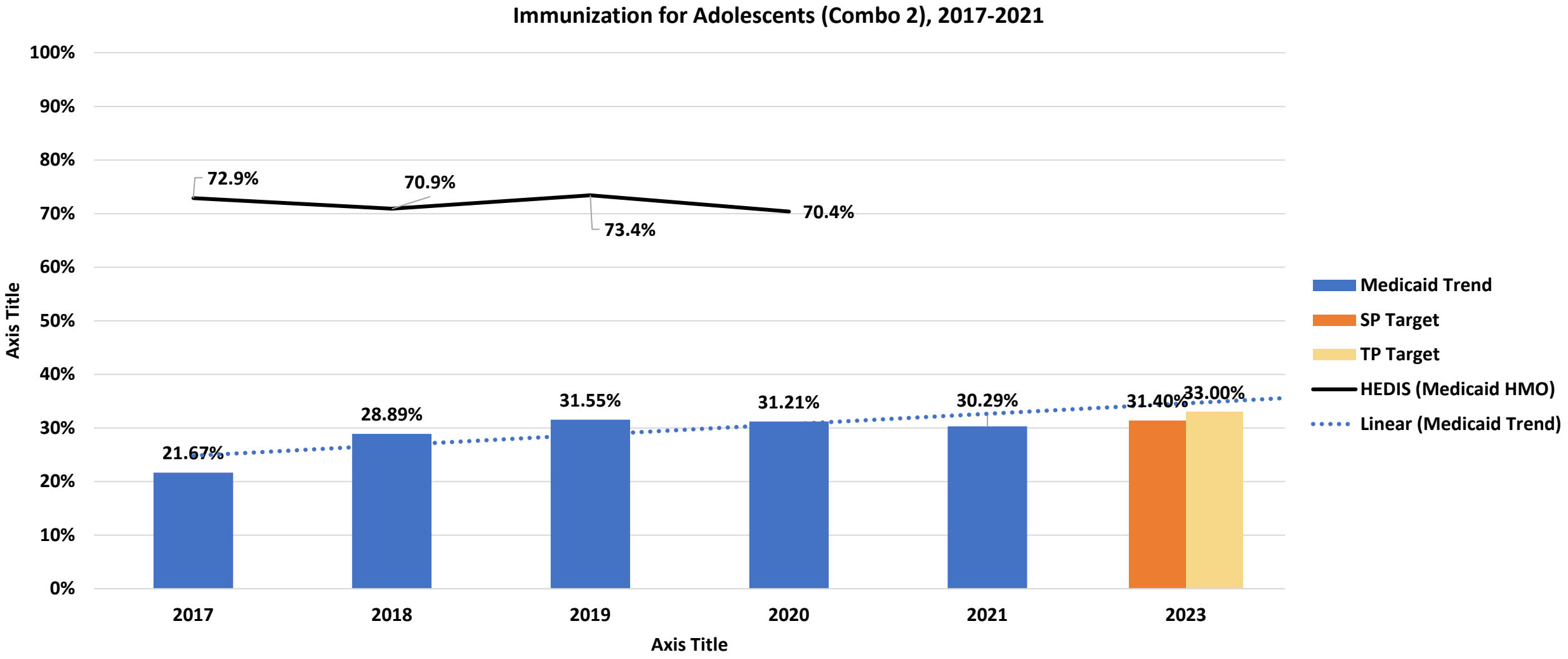


	Review Area		
Core Fields	Endorsement Status (e.g., Active, Retired, Pending)	Active	
	Performance (e.g., National, State, Comparison to Prior Years)	**NC:** See Next Slide	**National Median:** 70.4% Medicaid HMO; 76.2%/69.5% Commercial HMO, Commercial PPO (HEDIS 2020)
	Measure Specifications Changes	No changes in 2022	
	Selected Equity Results/Considerations	20% disparity for Black Standard Plan enrollees in 2021 (see slide 18).	
Optional Fields	Data Collection/Reporting Considerations	Administrative NCQA will now allow voluntary Electronic Clinical Data Systems (ECDS) reporting for this measure.	
	PHP Feedback	None	
	Measure alignment with CMS and other state Medicaid programs	CMS Child Core Withhold measures for Plans: OR MA menu measure* NY P4P measure	

Recommendation for QHO: Maintain this measure in AMH measure set and explore sources of disparities in immunization rates to identify potential policy solutions.

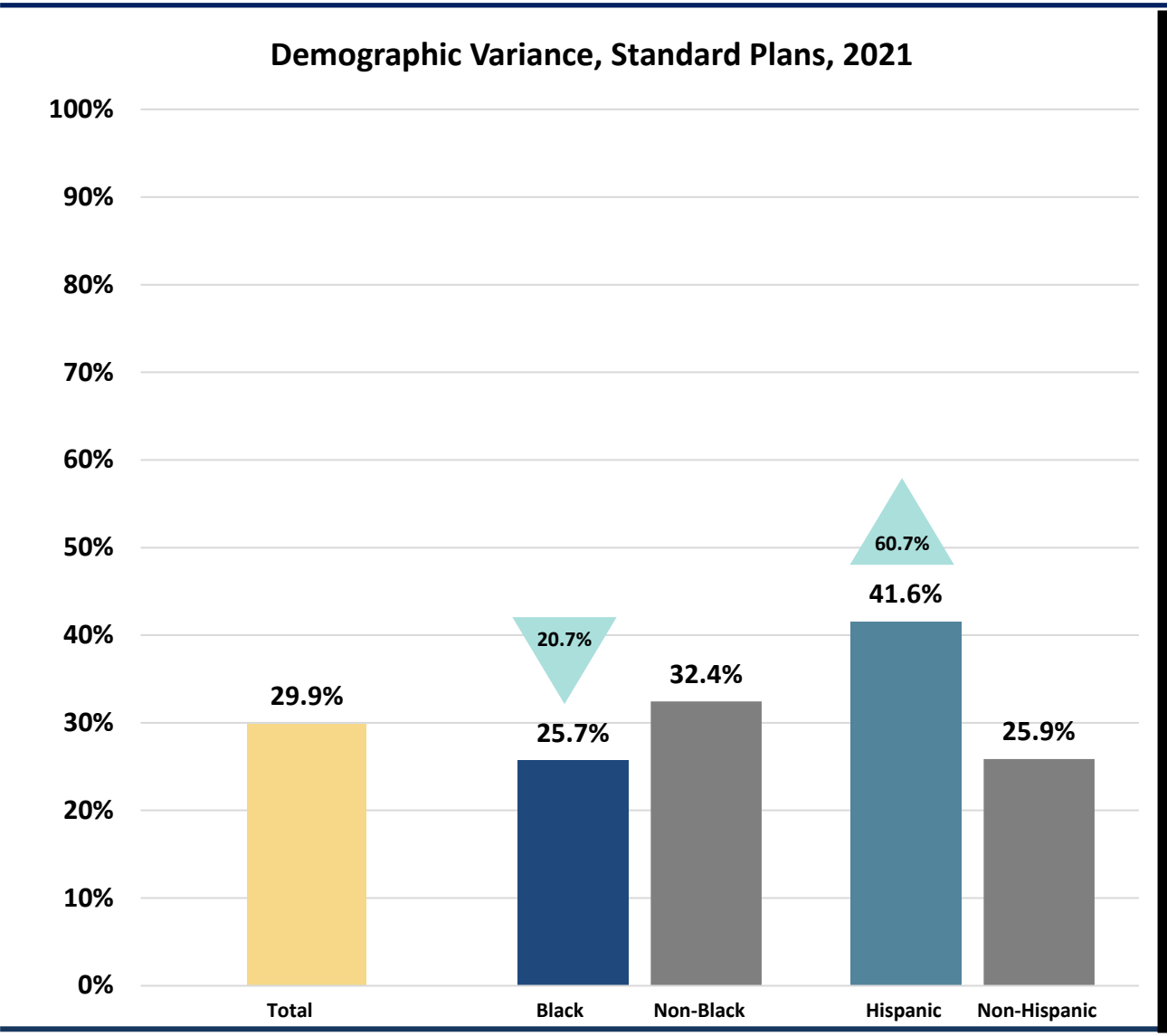
*Quality measures incorporated into provider contracts without financial implications for performance.

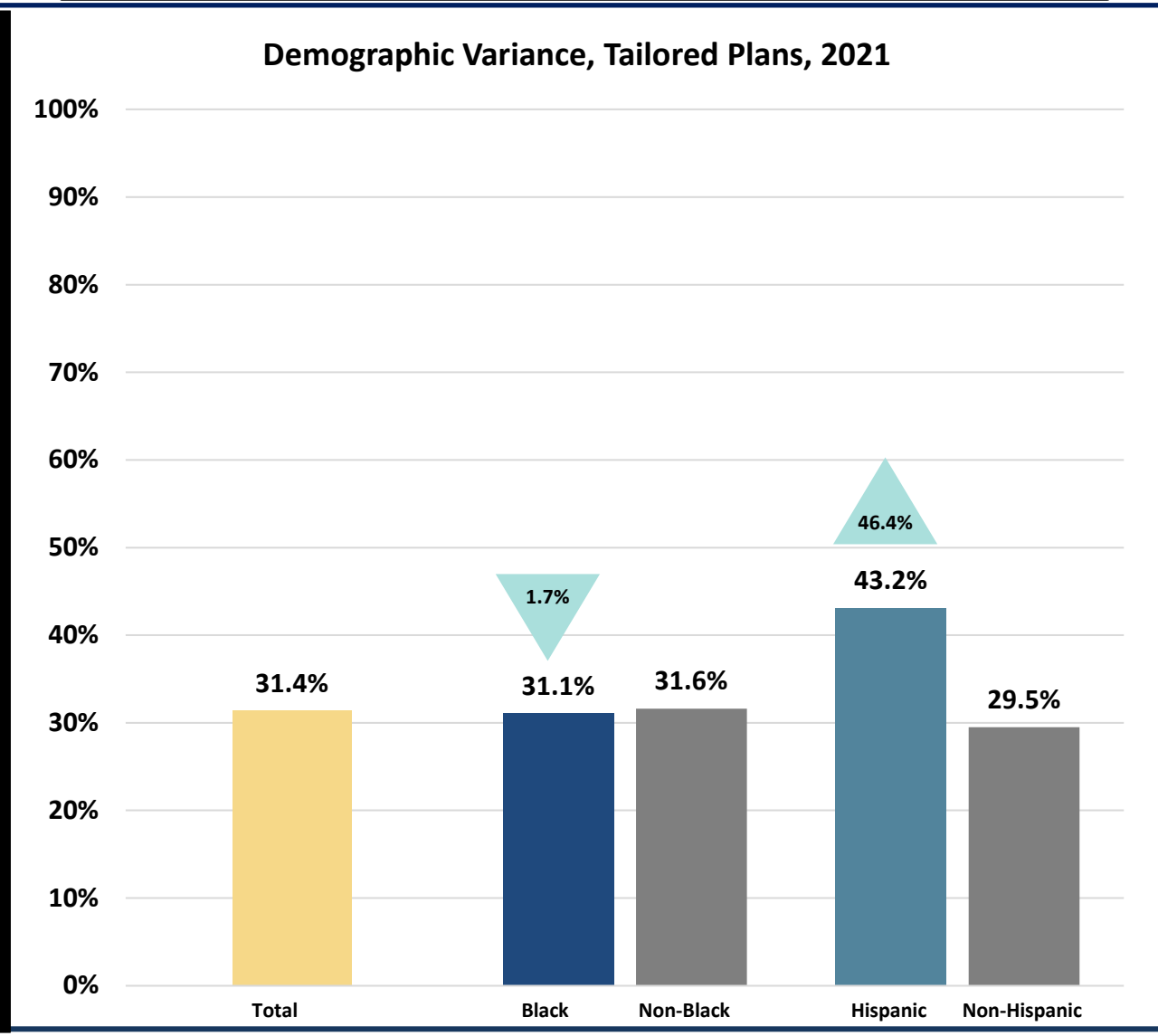
Immunization for Adolescents (Combo 2) (IMA) (NQF# 1407, NCQA, Process Measure)



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

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





Technical Specifications

Measure Name	Description	Numerator	Denominator	Exclusions
Child and Adolescent Well-Care Visits	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit during the measurement year.	One or more well-care visits (Well-care Value Set) during the measurement year.	The eligible population.	None.
Childhood Immunization Status	Percentage of children two years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three Hemophilus influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine.	Children who received the recommended vaccines by their second birthday	Children who turn two years of age during the measurement year.	Exclude children who had a contraindication for a specific vaccine from the denominator for all antigen rates. The denominator for all rates must be the same.
Immunization for Adolescents	Percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine; one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine; and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	Adolescents who had at least one dose of meningococcal vaccine; at least one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap); and the HPV vaccination series completed by their 13th birthday.	Adolescents who turn 13 years of age during the measurement year.	This measure excludes patients who have a contraindication for the vaccine and patients who use hospice services during the measurement year.

For full measure specifications, please refer to the HEDIS® Measurement Year 2021 & Measurement Year 2022 Volume 2 Technical Specifications for Health Plans.

Technical Specifications

Measure Name	Description	Numerator	Denominator	Exclusions
Cervical Cancer Screening	Percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria: • Women age 21–64 who had cervical cytology performed every three years. • Women age 30–64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every five years	The number of women who were screened for cervical cancer.	Women 24–64 years of age as of the end of the measurement year.	Members in palliative care. Women who had a hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix any time during their medical history through the end of the measurement year.
Controlling High Blood Pressure	The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (	The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient's BP to be controlled, both the systolic and diastolic BP must be	Patients 18–85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.	• Exclude all patients with evidence of end-stage renal disease (ESRD) on or prior to the end of the measurement year. Documentation in the medical record must include a related note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD. • Exclude all patients with a diagnosis of pregnancy during the measurement year. • Exclude all patients who had an admission to a non-acute inpatient setting during the measurement year.

For full measure specifications, please refer to the HEDIS® Measurement Year 2021 & Measurement Year 2022 Volume 2 Technical Specifications for Health Plans.

NC Medicaid Quality Measure Mechanics

NC Medicaid Quality Measure Mechanics

- HISTORY: DHB selected the Standard Plan (SP) quality measure set to reflect key focus areas informed by prior performance.
- MCAC Quality Subcommittee
- NCIOM Task Force (Managed Care Metrics)
- Managed care plans given historical baselines for all measures for which comparable historical data are available at the state level.
- State rates (when available) back to 2016 were published in the AQR.
  - Performance on these measures has varied: some are above and others below the National Median.
  - In some cases, measure performance is difficult to interpret due to limitations in coding and documentation.
- Baselines for Plans/Providers: CY 2019 Statewide Rate
- The AMH set is a sub-set of health plan measures. *They were selected for their relevance to primary care and care management.*

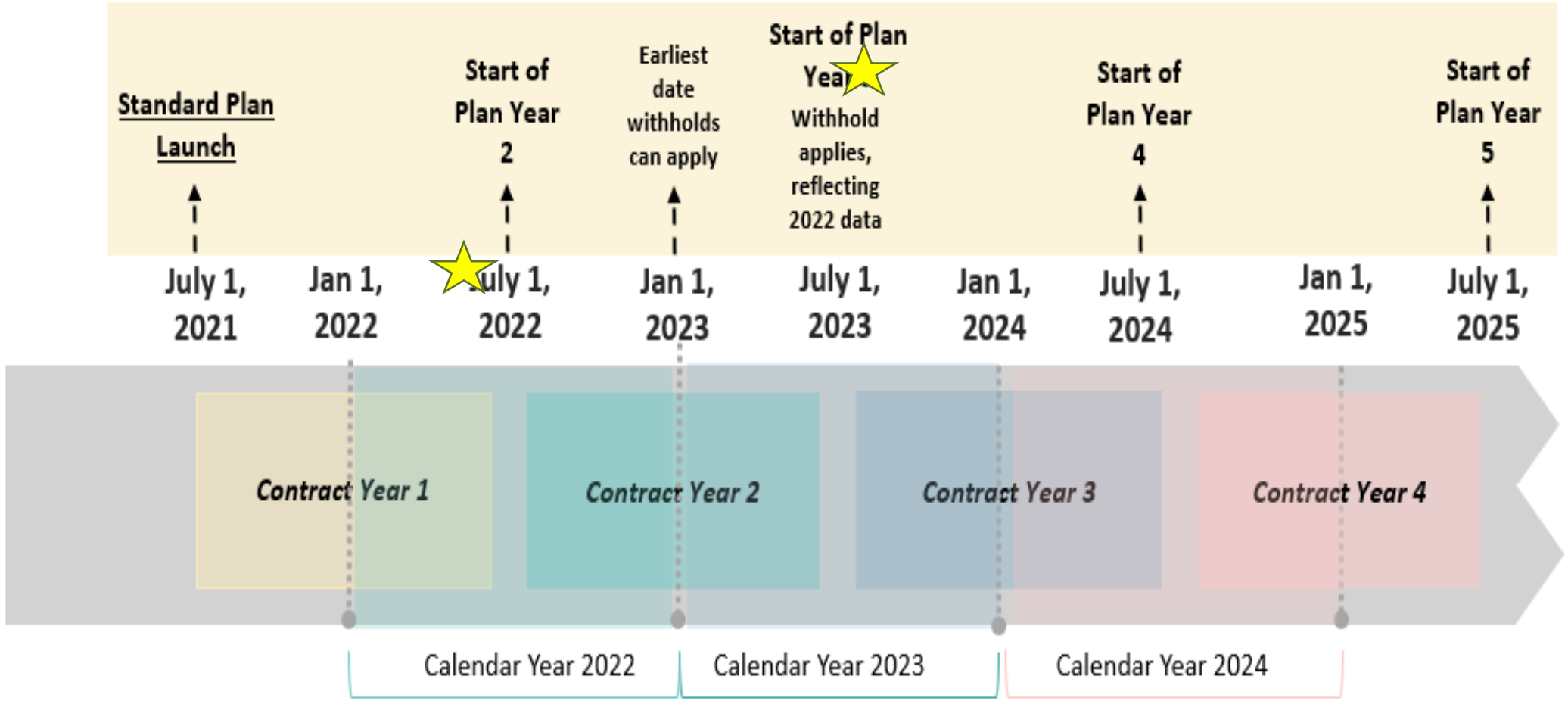
NC Medicaid Quality Measure Mechanics

Targets: *Benchmark for each SP measure will be a 5% relative improvement over the 2019 Statewide Rates*

- Targets to Promote Health Equity: *For measures with a race/ethnicity disparity (10% relative difference), the Plan target is a 10% relative improvement over 2019 Statewide Rates.*
- Withholds/Incentives: *18 months after managed care launch*
- Measure Specifications: technical specifications and targets
  - *DHB will calculate measure performance by Health Plan. Health Plans will calculate measures for providers.*
- Attribution: *DHB/SP working on a standardized attribution model that aligns with PCP assignment*
- FUTURE EVOLUTION: *DHB will update the quality measure sets and benchmarks annually to address:*
  - *Evolution of measure sets and technical specifications.*
  - *Disparate performance by region, plan, group*

Stay Tuned for Information on eMeasures in a future webinar

Standard Plan Quality Measurement Timeline



Continuous Quality Improvement: Benchmarking and Attention to Addressing Health Equity

The Department is committed to developing targets for all <u>health plan-reported</u> quality measures that promote overall continuous quality improvement and health equity.

<u>Contract Year 1 and 2:</u>

The Department's **benchmark for each plan-reported quality measure* will be a 5% relative improvement over the prior year's North Carolina Medicaid statewide performance for that measure.**

Plans will each be **compared against their respective program's historical performance** (i.e., Medicaid Managed Care plan-level targets will be a 5% relative increase from the previous year's product-line-wide rate).

Measures will be risk-adjusted where appropriate based on the specifications of each measure.

<u>Contract Year 3 and Beyond:</u>

The Department will **hold Standard Plans and BH I/DD Tailored Plans financially accountable for ensuring that improvements in quality narrow or eliminate health disparities.**

The Department **may adjust the benchmarking methodology** based on information gathered in the first two years.

The Department will **continue to promote accurate data collection.**

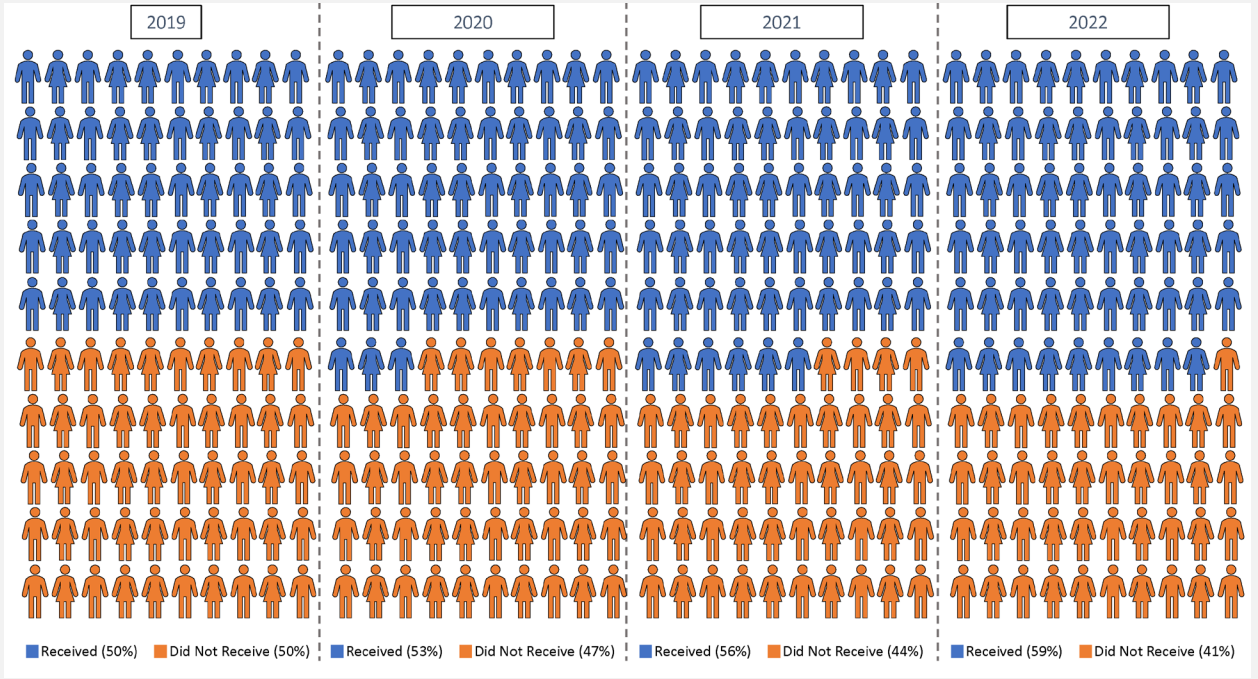
See the Next Slides for Further Detail

*For measures of contraceptive care, the Department will not apply an external performance benchmark, reflecting the preference-sensitive nature of contraceptive care. The Department will monitor measure results to assess where contraceptive access may be insufficient.

Contract Years 1-2: Incremental Quality Measure Targets

<u>Health plans</u> will be compared against their program's historical performance and are expected to show at least a 5% relative improvement over the prior year's North Carolina Medicaid statewide performance for that measure.

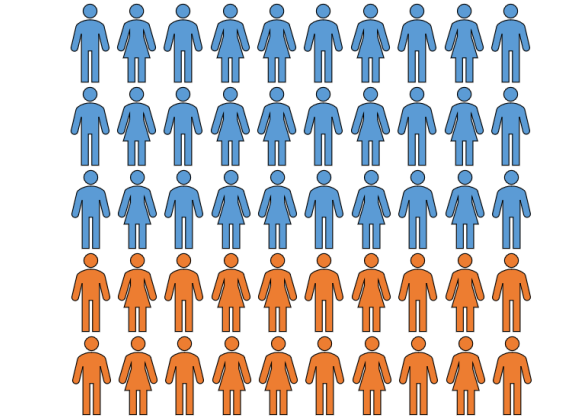
Example: Each year the proportion of eligible women in health plan A that receive a Chlamydia screening increases by 5%. Each blue icon represents 10 women who received their screening. Health plan A's performance goes from 50% (500/1000) in 2019 to 59% (590/1000) in 2022, meaning that health plan A meets the target.



Contract Years 3 and Beyond: Disparity Definition

The Department will identify selected quality measures with significant disparities, defined as a greater than 10% relative gap in performance between a group of interest and a reference group.*

Example: 60% (300/500) of Black patients in health plan B receive the flu vaccine, while 70% (350/500) of white patients in health plan B receive the flu vaccine. (Each icon represents 10 patients.) This 50-patient difference equates to a 14% disparity, so the measure of influenza vaccination demonstrates a significant disparity.

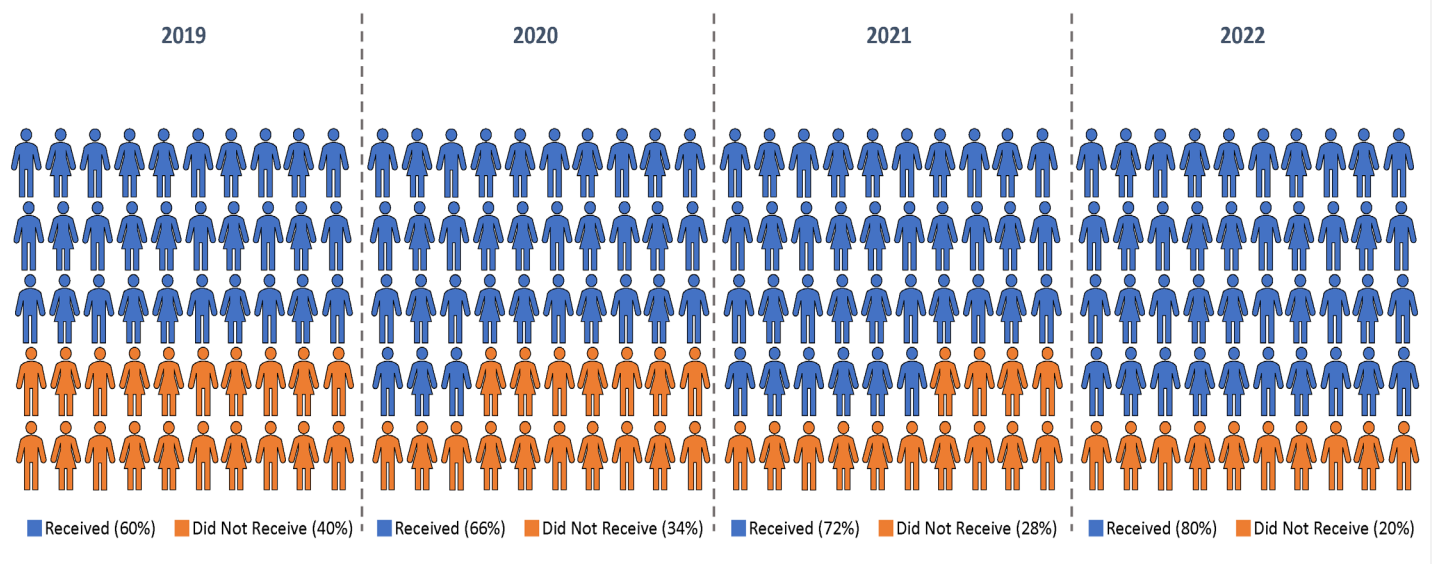


* This disparity definition was developed by AHRQ as outlined in the 2019 National Healthcare Quality and Disparities Report, available here: https://www.ahrq.gov/research/findings/nhqrdr/nhqdr19/index.html

Contract Years 3 and Beyond: Incremental Disparity Targets

The Department expects a 10% relative improvement in the performance for the group of interest for at least two years and until the gap between a group of interest and the overall population is less than a relative 10%.

Example: Each year the proportion of Black patients in health plan B that receive the flu vaccine increases by 10%. Each blue icon represents 10 vaccinated patients. Performance within health plan B's Black population goes from 60% (300/500) in 2019 to 80% (400/500) in 2022, meaning that health plan B meets the disparity target.

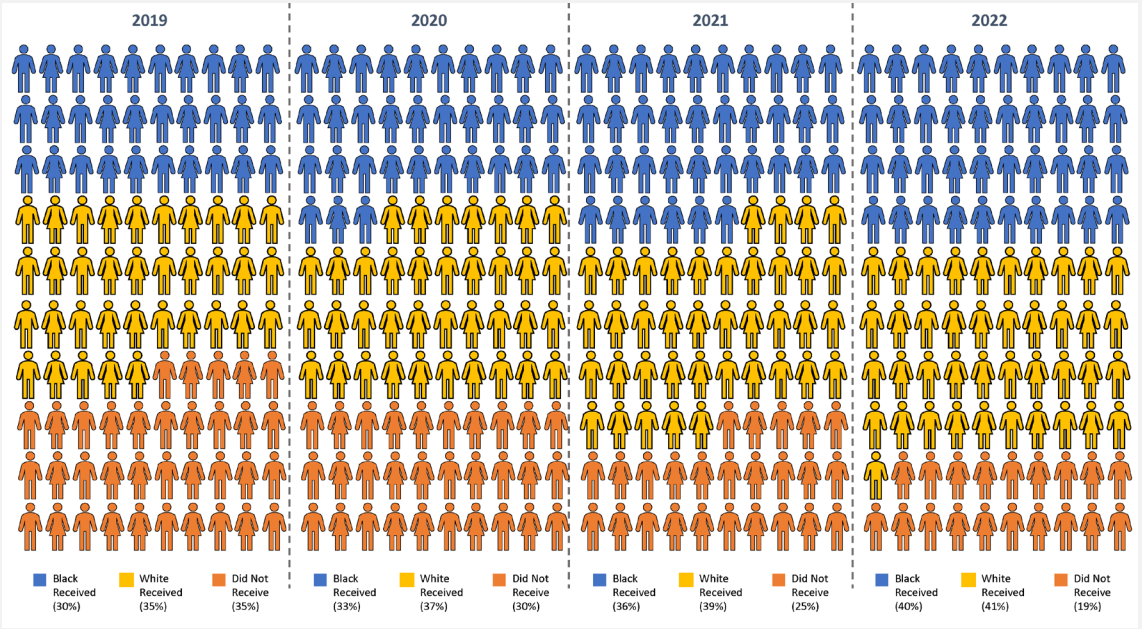


! Plans must achieve the disparity target for two years consecutively.

Contract Years 3 and Beyond: Incremental Disparity Targets
Combining Overall and Disparity Targets

The Department plans to assess whether disparities have narrowed <u>in addition</u> to considering overall performance improvement for each plan's respective enrolled population compared against their Standard Plan or BH I/DD Tailored Plan peers.

Example: Each year the proportion of Black beneficiaries in health plan B that receive a flu vaccine (blue icons) increases by 10% while the proportion of white beneficiaries that receive a flu vaccine (yellow icons) increases by 5%. Health plan B's performance across their total population increases from 65% (650/1000) in 2019 to 81% (810/1000) in 2022 and the disparity has **also** been reduced, meaning that health plan B meets the combined target and is eligible for any withhold.



Performance Improvement Projects (PIPs)

FY2022 Medicaid Performance Improvement Priorities

Standard Plans are required to conduct Performance Improvement Projects (PIPs) that:

- Designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction;
- Include measurement of performance using objective quality indicators;
- Include implementation of interventions to achieve improvement in access to and quality of care;
- Include evaluation of the effectiveness of the interventions; and
- Include planning and initiation of activities for increasing or sustaining improvement.
- Address disparities and promote health equity

FY22 PIPs

- **Diabetes prevention and control**
- **Childhood Immunizations**
- **Maternal Health- Timeliness of Prenatal Care**

FY2022 Medicaid Performance Improvement Priorities

Measure Name	2016 Rates %	2017 Rates %	2018 Rates %	2019 Rates %	Comparison to 2019 National Median
Childhood Immunization Status (Combination 10)[28]	32.81	34.16	30.29	35.02	★★
Timeliness of Prenatal Care (HEDIS)	37.66	36.92	36.37	35.53	★
Hemoglobin A1c (HBA1c) Testing ★	77.71	77.35	75.71	74.76	★

★ While historical rates for this measure are not available for HbA1c Control, secondary indicator rates of hemoglobin A1c (HbA1c) testing provide historical performance on diabetes care in NC Medicaid

* https://files.nc.gov/ncdma/documents/AnnualReports/AnnualReport_SFY2017_20171230.pdf

Childhood Immunization Status (CIS) Combo 10

Childhood Immunizations Combo 10 PIP
Measure Steward: National Committee for Quality Assurance

Clinical Guidelines: Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP)

- 2021 Recommended Child and Adolescent Immunization Schedule (cdc.gov)
- www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf

Measure Overview:

- Improve the rate of compliance for childhood immunizations among children in North Carolina receiving Medicaid, EPSDT or Health Choice benefits
- The "combination 10" vaccine measurement consists of the following series which aligns with the American Academy of Pediatrics (AAP) Bright Futures Periodicity Schedule

4	DtaP (Diphtheria, tetanus, acellular Pertussis
1	MMR (Measles, Mumps, Rubella)
4	PCV (Pneumococcal Conjugate)
1	VZV (Varicella Zoster Vaccine)
3	HiB (Haemophilus Influenza type)
1	Hep A (Hepatitis A)
3	Hep B (Hepatitis B)
3	PV (Polio)
2	Influenza (flu)
2 to 3	Rotavirus

Childhood Immunizations Combo 10 PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

NC MEDICAID FFS Rates & Comparisons to Targets

US Medicaid FFS Median CY2019	NC Medicaid FFS Rate CY2019	NC DHHS + 5 Percentage Points	NC Medicaid FFS Rate CY2020	NC DHHS + 5 Percentage Points
37.47*	35.02	36.77	36.16	37.97

Impact Questions:

- Does the implementation of targeted education and awareness campaigns increase the rate of compliance with childhood immunizations combo 10 (from a baseline of 35.07 percentile in CY2019) for eligible members as measured by HEDIS?
- Are we addressing social determinants of health to improve childhood immunization compliance?

**Source: NC DHHS, 2016-2019 Standard Plan Measure Set, 8/11/2021*

Childhood Immunizations Combo 10 PIP
Measure Steward: National Committee for Quality Assurance (NCQA)

Awareness:

- Data capture impacting provider VBP results and payout:
  - Importance of billing correct codes and/or provider reporting to NCIR
  - Remember to include correct codes when billing for administration of vaccines from federal Vaccines for Children (VFC) immunization stock

Potential Interventions:

- Offer drive-through vaccination clinics
- Provide handouts for parents in clinics/practices
- Mail post card reminders to families
- Implement a well child/immunization promotion monthly with gift card drawing
- Partner with PHPs and NC DHHS to
  - Promote preventive care in conjunction with child care centers and faith based groups
  - Public service announcements and state agency funded events
  - PHP initiated care alerts via text messaging, emails, live outbound calls or Integrated Voice Response (IVR) messaging

Childhood Immunizations Combo 10 PIP
Measure Steward: National Committee for Quality Assurance NCQA)

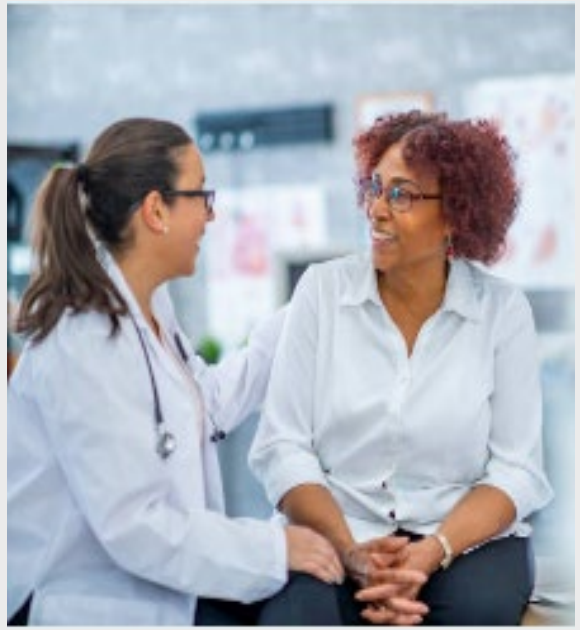
Suggested Practical Strategies for Improvement:

- Target disparate populations by generating a list from Electronic Health Record (EHR) systems (Ex: families in rural areas and/or those with transportation issues)
- Document in the EHR and NC Immunization Registry if immunizations were received elsewhere
- Develop a workflow document to determine if immunizations were received elsewhere
- Use standing orders to empower nurses or other qualified health care professionals to administer vaccines (see www.immunize.org/catg.d/p3067.pdf)
- Use already developed handouts for parents related to importance of vaccines (www.immunize.org/catg.d/p4314.pdf)
- Partner with local Health Departments and PHPs to ensure communication/coordination flow
- Utilize NCCARE360 to streamline information for community connections
- Partner with school systems to advertise immunization clinics/dates being provided
- Run kid-friendly videos in well child clinics on importance of vaccinations

Comprehensive Diabetes Care (HbA1c) Poor Control > 9.0
Measure Steward: National Committee for Quality Assurance (NCQA)

Clinical Guidelines:

NCQA HEDIS measures are based on industry guidelines, such as the *American Diabetes Association (ADA) Standards of Medical Care in Diabetes*



Measure Overview:

- Diabetic patients diagnosed with Type I or II Diabetes whose most recent HbA1c results indicate poor control > 9.0
- A "reverse measure" focused on improving evidence of diabetes population glucose control by lowering overall HbA1c results
- HbA1c lab results ideally identified through --
  - Submission of CPTII codes or
  - Connection with electronic data exchanges, such as NC HealthConnex

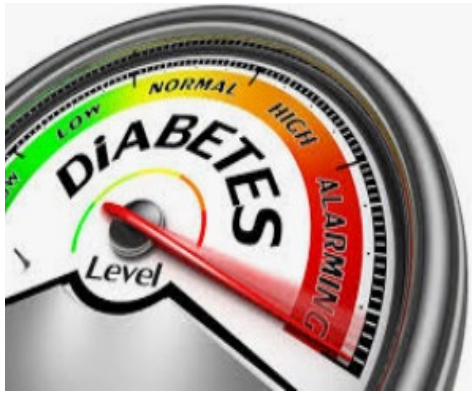
Awareness:

- Data capture impacting provider VBP results and payout:
  - Consistent billing CPT II codes reflecting HbA1c results
  - Electronic submission choices (1) connection to HealthConnex or (2) direct submission of electronic files to Standard Plans

Comprehensive Diabetes Care (CDC) HbA1c >9.0

Comprehensive Diabetes Care (HbA1c) Poor Control > 9.0

Measure Steward: National Committee for Quality Assurance (NCQA)



NC MEDICAID FFS Rates & Comparisons to Targets

- CDC HbA1c > 9.0 (Lower is Better)
- CDC HbA1c Test Completed

Measure	US Medicaid FFS Median CY2019	NC FFS Medicaid Rate 2019	NC DHHS Target CY 2019 + 5 Percentage Points	NCQA HEDIS 25th Percentile 2019	NCQA HEDIS 50th Percentile 2019	NCQA HEDIS 75th Percentile 2019	NCQA HEDIS 90th Percentile 2019
HbA1c > 9.0	Unavailable	Unavailable	NA	46.72	38.52	32.85	27.98
HbA1c Test	Unavailable	74.76	78.50	85.16	88.55	90.51	92.94

**Source: NC DHB Quality & Population Health and NCQA Quality Compass 2019*

CY 2020 US Medicaid FFS Rates or NC Medicaid FFS rates not available

Comprehensive Diabetes Care (HbA1c) Poor Control > 9.0

Measure Steward: National Committee for Quality Assurance (NCQA)

Healthy Opportunities Considerations:

The American Diabetes Association (ADA) reports that health inequities related to diabetes and its complications are well documented and have been associated with greater risk for diabetes, higher population prevalence, and poorer diabetes outcomes.

ADA Recommendations for Tailoring Treatment for Social Context:

- Assess food insecurity, housing insecurity/homelessness, financial barriers, and social capital/social community support and apply that information to treatment decisions.
- Refer patients to local community resources when available. Utilize North Carolina resource NCCARE 360.
- Provide patients with self-management support from lay health coaches, navigators, or community health workers when available

American Diabetes Association. Diabetes Care

Comprehensive Diabetes Care (HbA1c) Poor Control > 9.0

Measure Steward: National Committee for Quality Assurance (NCQA)

Best Practices: ADA Chronic Care Management Model – Six Core Strategies to Optimize the Care of Patients with Chronic Disease

"Redefining the roles of the health care delivery team and empowering patient self-management are fundamental to the successful implementation of the Chronic Care Management. Collaborative, multidisciplinary teams are best suited to provide care for people with chronic conditions such as diabetes and to facilitate patients' self-management."

Delivery system design --- move from a *reactive* to a *proactive* care delivery system where planned visits are coordinated through a team-based approach
Self-management support --- consistent effort to educate patients/caregivers to manage their illness
Decision support --- base care on evidence-based, effective care guidelines
Clinical information systems --- use registries that can provide patient-specific and population-based support to the care team
Community resources and policies --- identify or develop resources to support healthy lifestyles
Health systems --- create a quality-oriented culture

American Diabetes Association. Diabetes Care

Comprehensive Diabetes Care (HbA1c) Poor Control > 9.0

Measure Steward: National Committee for Quality Assurance (NCQA)

ADA Strategies for Improvement: Utilizing A Systems Approach

- **Maximize Multi-Disciplinary Care Team** – advise to focus on prioritizing timely, appropriate intensification of lifestyle and/or pharmacologic therapy for patients who have not achieved the recommended metabolic targets

- **Use of Telemedicine** – Increasingly, evidence suggests that various telemedicine modalities may be effective at reducing A1C in patients with type 2 diabetes compared with usual care or in addition to usual care.

- **Patient Behavior Change** – Implementation of quality diabetes self-management education and support (DSMES).

  https://diabetesmanagementnc.com/learn-about-dsmes

DSMES
Diabetes Self-Management Education and Support

Timeliness of Prenatal Care

Timeliness of Prenatal Care PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

Measure Overview:

- **Type:** process measure which means that it is captured when an activity has been accomplished.
- **Description:** The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 6 of the measure year. For these women, the measure assesses the following facets of prenatal and postpartum care:
- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization.

Timeliness of Prenatal Care PIP
Measure Steward: National Committee for Quality Assurance (NCQA)

Clinical Guidelines:

NCQA HEDIS measures are based on industry guidelines, such as the following:

- Guidelines published by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend a prenatal visit in the first trimester for all women
- ACOG also recommends that all women have contact with their obstetrician-gynecologists or other obstetric providers within 3 weeks postpartum, followed by ongoing care as needed, concluding with a comprehensive postpartum visit no later than 12 weeks after birth

Timeliness of Prenatal Care PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

Healthy Opportunities Considerations:

The ACOG Committee on Health Care for Underserved Women issued a white paper and released a collective opinion (reaffirmed in 2018) ---

"Projections suggest that people of color will represent most of the U.S. population by 2050, and yet significant racial and ethnic disparities persist in women's health and health care. Although socioeconomic status accounts for some of these disparities, factors at the patient, practitioner, and health care system levels contribute to existing and evolving disparities in women's health outcomes."

"Although the existing literature is replete with examples of differences in outcomes in black and white women, more work is needed to explore disparities among American Indian, Alaska Native, and Asian women. In addition, more granular data collection on ethnicity would help to elucidate the heterogeneity of health outcomes within the broad categories of Asian, Hispanic, and other groups.

Details can be accessed at the web-link below which includes national disparity rates for prenatal care in the first trimester:

https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2015/12/racial-and-ethnic-disparities-in-obstetrics-and-gynecology

Timeliness of Prenatal Care PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

NC MEDICAID FFS Rates & Comparisons to Targets

US Medicaid FFS Median CY2019	NC Medicaid FFS Rate CY2019	NC DHHS + 5 Percentage Points	NC Medicaid FFS Rate CY2020	NC DHHS + 5 Percentage Points
89.05	35.53	37.31	39.98	41.98

**Source: NC DHHS, 2016-2019 Standard Plan Measure Set, 8/11/2021*

Timeliness of Prenatal Care PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

Awareness:

- Data Capture**:** If submitting a global bill for payment, the prenatal visit is not included. Make sure to submit a separate claim.

Potential Interventions:

- Establish Peer Supports
- Engage Doula Supports
- Engagement with Pregnancy Care Management
- Schedule post-partum care visit late in the third trimester or before discharge
- Perform outreach within a week after discharge (identifies issues with feeding, anxiety, depression, and connect to supports if needed)
- SDOH, Depression and PPD Screening
- Reproductive Life Planning

Timeliness of Prenatal Care PIP

Measure Steward: National Committee for Quality Assurance (NCQA)

Strategies for Improvement:

- Group Prenatal Care
- Peer Support Networks
- Creative Scheduling
- Implicit Bias Trainings
- Targeted Interventions With Sub-Populations
- Expand pregnancy care management
- Member and Provider Incentives
- Incorporate primary care providers; pre-conception health discussion at every wellness visit