NC Integrated Care for Kids (NC InCK) and the Alternative Payment Model (APM)

AmeriHealth Caritas North Carolina Provider Network Management





Overview



The North Carolina Integrated Care for Kids (NC InCK) Model

Goal of NC InCK Model

Who Is the Target Population?

Advanced Payment Model (APM) Structure

Areas of Achievement

APM Design

NC InCK Foundation

InCK Advanced

Incentives & Reporting Achievements

NC InCK APM Performance Measures

Cross-Sector Grids

Performance Measure Benchmarks

Reporting Overview for Novel Measures

Reporting and Settlement Period

Resources



The North Carolina Integrated Care for Kids Model (NC InCK)

- A child-centered local service delivery structure
- Includes a payment model design
- Integrating community-based services and health care for children



GOAL of NC InCK Model



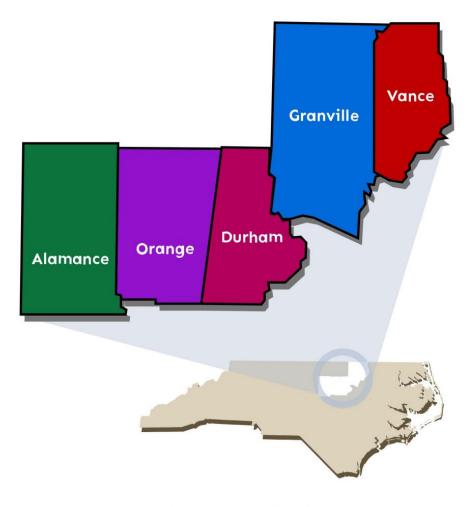
- Designed to improve the quality of care and reduce expenditures for children
- Integration of service delivery for the following:
 - Physical health care
 - Behavioral health care
 - Food insecurities
 - Housing
 - Early childcare and education
 - Maternal and child services*
 - Child welfare
 - Mobile Crisis Response services
 - Juvenile justice
 - Legal aid



* Title V of the Social Securities Act

Who Is the Target Population?





NC InCK Counties

- Children and youth ages 0 20 who are insured by Medicaid or CHIP (NC Health Choice)
- Five central North Carolina counties

Alternate Payment Model (APM) Structure



A five-year targeted incentive program, available to *practices* providing care for the target population with Medicaid in central North Carolina counties of **Alamance**, **Orange**, **Durham**, **Granville**, **and Vance**.

Areas of Achievement

- ✓ Kindergarten Readiness
- ✓ Housing instability
- ✓ Food insecurity
- ✓ Completion of a Shared Action Plan for children with higher needs
- ✓ Screening for clinical depression and documenting a follow-up plan
- ✓ Emergency department utilization
- ✓ Disparities by race and ethnicity in well-child visit completion in the first 30 months of life

The NC InCK APM will launch in Quarter 4 of CY 2022 and run through December 2026.

APM Structure



The APM is structured in two stages to reflect a glide path to more advanced payment models and different levels of readiness to take on risk among practices and payers.

NC Inck Foundation

- Advanced Medical Home (AME) incentive payments
- Health plan contracts
- Linked to reporting and performance against benchmark targets
- Defined in Exhibit 2*

As AMH practices build capacity and infrastructure, they will have the opportunity to transition to InCK Advanced.

InCK Advanced

- Further details on this structure will be designed by the InCK APM Working Group and will be released later.
- May include shared savings and/or losses for achieving benchmark targets for performance and total cost of care
- Prospective payments for meeting quality benchmarks

^{*}May be modified in subsequent years based on the evolution of the model

APM Design Continued



North Carolina Department of Health and Human Services (NCDHHS) requires AmeriHealth Caritas North Carolina to use a tiered performance benchmark structure for the InCK APM.

NC InCK members will be attributed to AMH practices per NC Medicaid algorithms at the PHP, Clinically Integrated Network (CIN), and practice levels.

NCDHHS may provide performance measure risk scores to AMHs participating in the APM for informational purposes only.

Tiered performance benchmarks will be determined using:

Historical rates where comparable historical data is available at the regional, state, or national levels

or

Program goals where requirements have been set forth by the Center for Medicare and Medicaid Services (CMS)

APM Design Continued



Participating AMH practices will receive more information about the children attributed to their practice. This model leverages multi-sector state data to compile and calculate many of the quality measures for this program.

Incentive Payment Structures (NC InCK Foundation) reward practices that

Successfully report on specific applicable quality measures

Pay-for-Outcomes

Based on outcomes for HEDIS measures that are also included in Exhibit 1

NC InCK, in partnership with NC Medicaid, will provide regular reports to practices with actionable data on novel child-centered measures, such as rates of kindergarten readiness, chronic absenteeism from school, food insecurity, and housing instability.

Billable Codes for Pay-for-Reporting



- CPT code to capture receipt of the Primary Care Kindergarten Readiness Bundle (CPT 1003F)
- HCPCS codes to capture screening for food insecurity and housing instability (G9919, G9920, G9921)
- ICD-10 codes to capture rates of food insecurity and housing instability (Z59.00, Z59.1, Z59.89, Z59.41)
- Well-child visits codes: 99391, 99392, 99393; Diagnosis codes are:
 Z00.121, Z 00.129

Exhibit 1

NC IncK Standard Plan Measures and Descriptions



NC InCK Standard Plan	Brief Description	Numerator	Denominator	Denominator Exclusions
Measures Ambulatory Care: ED	Rate of emergency department (ED)	Number of ED visits. Count each	Number of beneficiary months	Exclude children not
Visits	visits per 1,000 beneficiary months	visit once. Multiple visits on the	Beneficiary months are	continuously enrolled in
VISICS	among children up to age 19	same date of service count as	calculated by summing the	Medicaid for at least 90 days
	among children up to age 19	one visit.	total number of months each	during the measurement year.
		one visit.	beneficiary is enrolled in the	Exclude mental health or
			program during the	chemical dependency services.
				chemical dependency services.
Well-Child Visits in the	Percentage of NC InCK-attributed	Number of children who	measurement year. • Children who turn 15 months	Exclude children not
First 30 Months of Life	children who had the following	received six or more well-care		continuously enrolled in
	1		old during the measurement	·
(Disparity Measure)	number of well-child visits during	visits (Well-care Value Set) on different dates of service on or	year.	Medicaid for at least 90 days
	the last 15 months:		Children who turn 30 months	during the measurement year.
	Children who turned 15 months	before the 15-month birthday.	old during the measurement	
	old during the measurement year	Number of children who	year.	
	with six or more well-child visits.	receive two or more well-care		
	Children who turned 30 months	visits (Well-care Value Set) on		
	old during the measurement year	different dates of service		
	with two or more well-child visits.	between the child's 15-month		
		birthday plus 1 day and the 30-		
		month birthday.		
Screening for Clinical	Percentage of NC InCK-attributed	Patient screened for depression	All patients aged 12 years and	Exclude children not
Depression & F/U plan	patients aged 12 years and older	on the date of the encounter or	older at the beginning of the	continuously enrolled in
	with a screening for depression	up to 14 days prior to the date	measurement period with at	Medicaid for at least 90 days
	documented on the date of the	of the encounter using an age-	least one eligible encounter	during the measurement year.
	encounter or 14 days prior to the	appropriate standardized tool,	during the measurement	Exclude children if there is an
	date of the encounter using an age-	AND if positive, a follow-up plan	period.	active diagnosis of depression
	appropriate standardized	is documented on the date of		prior to any encounter during
	depression screening tool, AND if	the eligible encounter.		the measurement period or if
	positive, a follow-up plan is			patient has a diagnosed bipolar
	documented on the date of the			disorder prior to any
	eligible encounter.			encounter during the
				measurement period. Exclude
				children with a documented
				reason for not screening for
				depression.

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NC InCK Standard Plan	Brief Description	Numerator	Denominator	Denominator Exclusions
Measures				
Primary Care	% of InCK-attributed children	Number of children with a	All children from birth to 5	Exclude children not
Kindergarten Readiness	birth to 5 years who received	CPT 1003F code documented	years at the beginning of the	continuously enrolled in
Bundle	kindergarten readiness bundle	in claims data for a well-child	measurement period whose	Medicaid for at least 90 days
	defined as a minimum of five	visit	Medicaid administrative	during the measurement
	universal and need-based		county has been an InCK	period
	interventions based on their		demonstration county with	
	eligibility and age		continuous enrollment in	
			Medicaid for at least 90 days	
			during the measurement	
			period with a 1-year look-	
			back period.	
Food Insecurity and	% of InCK-attributed children	Number of children with at	Children 0 through 20 years	Exclude children not
Housing Instability	who have been screened for	•	of age whose Medicaid	continuously enrolled in
Screening	housing- and food-related needs	•	administrative county has	Medicaid for at least 90 days
	by a provider	measurement year who have	been an InCK demonstration	during the measurement
			county with continuous	year
		code documented in claims	enrollment in Medicaid for at	
		data	least 90 days with a 1-year	
			look-back period and with at	
			least one visit with a primary	
			care provider in the	
			measurement year.	
Shared Action Plan for	Percentage of children in NC InCK		Number of children whose	Exclude children not
Children in Service	Service Integration Level 2 and		Medicaid administrative	continuously enrolled in
Integration Level 2 and	Service Integration Level 3 who	county has been an InCK	county has been an InCK	Medicaid for at least 90 days
3 (SIL-2 and SIL-3)	have a Shared Action Plan that is	•	demonstration county with	during the measurement
	accessible to the child/family and	,		year
	their cross-sector care team	-	Medicaid for at least 90 days	
	members	_	with a 1-year look-back	
		and 3 with a completed	period in NC InCK assigned to	
			Service Integration Level 2 or	
		created or updated within the		
		performance measure period		
			period	

NC InCK Standard Plan Measures	Brief Description	Numerator
Food Insecurity Rate **This measure is not linked to an incentive payment. The rate will be shared for awareness.**	% of InCK attributed children who have been identified as being food insecure during a provider screening	Number of children with at least one visit with a primary care provider in the measurement year who have either a G9919 or G9921 code AND a Z59.41 code documented on a claim
Housing Instability Rate **This measure is not linked to an incentive payment. The rate will be shared for field awareness.**	% of InCK-attributed children who have been 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 a G9919 or G9921 code documented in claims data, as well as at least one of the following Z codes documented on the same claim: Z59.00, Z59.1, or Z59.89.
Kindergarten Readiness Rate **This measure is not linked to an incentive payment. The 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 five domains of early learning and development	Number of kindergarten students at or above development and learning expectation within individual objectives and dimensions
Total Cost of Care **This measure is not linked to an incentive payment. The rate will be shared for field awareness.**	easure is not linked to an centive payment. The rate will	

^{** &}quot;Aware" above is defined as an NC InCK performance measure not explicitly linked to an incentive payment but shared with health plans and providers for awareness of quality measure performance.**

Exhibit 2

List of NC InCK APM Foundation Performance Measure Benchmarks





NC InCK APM Foundation Performance Measure Benchmarks

NC InCK Standard Plan Measures	Tier 1 (50% quality payment)	Tier 2 (75% quality payment)	Tier 3 (100% quality payment)
Ambulatory Care: ED Visits	State compared to 2-yr historical baseline	2.5% lower than 2-yr historical baseline	5% lower than 2-yr historical baseline
Well-Child Visits in the First 30 Months of Life (Disparity Measure)	Increase Black/African American rate by 5% × 1 year and overall rate is stable (+/- 1%) or improving*	Increase Black/African American rate by 10% × 1 year and overall rate is stable (+/-1%) or improving*	Increase Black/African American rate by 15% × 1 year and overall rate is stable (+/-1%) or improving*
Screening for Clinical Depression & F/U plan	Documented on 20% panel	Documented on 40% panel	Documented on 60% panel

^{*}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 exceeds the standard plan targets for this measure.



NC InCK APM Foundation Performance Measure Benchmarks

NC InCK Novel APM Measures	Tier <u>1 (</u> 50% quality payment)	Tier 2 (75% quality payment)	Tier 3 (100% quality payment)
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% - 80% panel
Shared Action Plan for children in Service			
Integration Level 2 and 3 (SIL 2 and SIL 3) SIL-2 and SIL-3	Plan documented for 5% SIL 2 and 10% SIL 3	Plan documented for 10% SIL 2 and 20% SIL 3	Plan documented for 10% SIL 2 and 30% SIL 3
Food Insecurity Rate	Aware	Aware	Aware
Housing Instability Rate	Aware	Aware	Aware
Kindergarten Readiness Rate	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 targets for this measure.

Reporting Overview for Novel Measures in NC InCK APM Measures



Performance Measure	Data Source	First Report Available
Ambulatory Care: ED Visits	Claims	Late 2022
Well-Child Visits in the First 30 Months		
of Life (Disparity Measure)	Claims	Late 2022
	NC Department of Public Instruction (DPI)	
Kindergarten Readiness Rate	Data File	Early 2023
Screening for Clinical Depression &		
Follow-Up Plan	HEI, Claims and Encounter Data	Early 2023
Primary Care Kindergarten Readiness		
Bundle	Claims with Nonreimbursable Code	Spring 2023
Shared Action Plan for Children in SIL-2		
and SIL-3	PHP Report to Medicaid (BCM051)	Spring 2023
Food Insecurity and Housing Instability		
Screening	Claims with Nonreimbursable Code	Summer 2023
Food Insecurity Rate	Claims with Nonreimbursable Code	Summer 2023
Housing Instability Rate	Claims with Nonreimbursable Code	Summer 2023
Total Cost of Care	Claims	Fall 2023

No risk adjustment will be used in InCK Foundation, though the NCDHHS may provide performance measure risk scores to AMHs participating in the APM for informational purposes only. These risk scores may also be shared with the provider, as available.

Reporting and Settlement Period



NCDHHS will generate a series of reports at least annually that will be shared with AmeriHealth Caritas North Carolina (ACNC) and the provider for quality improvement and administration of the InCK APM.

Initial Measurement Period	Payment Date
Calendar Year 2023	Projected September 2024

How will NC InCK measures be linked to payments?

Pooled Performance Measurement

- DHHS will determine whether practices are achieving performance benchmarks.
- Exhibit 2 Benchmark Targets
- The practice's performance on each measure will be assessed across
 - all their NC InCK-attributed children
 - all PHPs with whom they are contracted

Resources



- NC InCK Providers Link
- NC InCK Providers One Pager
- Provider FAQs PDF
- APM Talking Points PDF
- Kindergarten Readiness Promotion Bundle Talking Points PDF

Further Questions?

Contact your <u>ACNC Dedicated Account Executive</u>

