

# NC Integrated Care for Kids (NC InCK) Alternative Payment Model

## Overview of the NC InCK Alternative Payment Model (APM)

### What is the NC InCK APM?

Alternative Payment Models (APMs) are designed to improve patient experiences and health outcomes while reducing cost. APMs promote child-centered care by linking payment to the delivery of high-quality and cost-efficient care. They also give practices the flexibility to best meet the needs of their patients. This includes providing services that may not traditionally be reimbursed in fee-for-service payment approaches (e.g., coordinating care for social needs).

The NC InCK APM has been co-designed with leaders from NC Medicaid, all five Prepaid Health Plans (PHPs), clinically integrated networks (CINs) in NC InCK's five counties, and other stakeholders. The NC InCK APM will launch in 2022. It will be available to practices that provide care for Medicaid and Health Choice (CHIP)-insured children birth to age 20 in Standard Plans in Alamance, Orange, Durham, Granville, and Vance counties. NC InCK's APM includes incentives for reporting and achieving goals in the areas of:

- 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

### How will the NC InCK APM benefit providers?

The APM is an opportunity for increased resources and flexibility for practices to support innovative approaches to caring for children and families. Providers utilizing the NC InCK APM will receive:

- **The opportunity for increased resources.** Financial incentives will be available for activities that promote child well-being, such as promoting Kindergarten Readiness, and screening for food insecurity and housing instability. In addition, providers will be invited to participate in NC InCK integrated care case rounds and will receive resource guides and recommendations for how to best meet the integrated care needs of patients.
- **More information about the kids you care for.** NC InCK, in partnership with NC Medicaid, will provide regular reports to practices on actionable data on novel child-centered measures, such as rates of Kindergarten Readiness, food insecurity, and housing instability.

### What will providers need to do differently to participate in the NC InCK APM?

Select novel measures included in the NC InCK APM that are meaningful indicators of child health and well-being may require different documentation by providers. The full list of performance measures included in the NC InCK APM are found in the table below. Those that may require different documentation by providers include:

- **Primary Care Kindergarten Readiness Promotion Bundle:** This bundle captures key activities that can promote Kindergarten Readiness from birth to age 5. The bundle will be documented with billing codes and modifiers.
- **Screening for food insecurity or housing instability:** Primary care providers may have the opportunity to add results from in-clinic screenings for food insecurity or housing instability to the screenings being completed by the PHPs. Combining responses from clinics and the outreach from the PHPs will increase the completeness of population-level estimates of unmet social needs.

## Details on the NC InCK APM

### How are NC InCK beneficiaries attributed?

Per Medicaid algorithms, NC InCK beneficiaries will be attributed to plans, CINs, and practices. As part of the care management and Advanced Medical Home (AMH) flows, the NC Department of Health Benefits will send a monthly NC InCK attributed member list to PHPs on a new modified InCK attribution and stratification list. PHPs will then provide this information to practices. The risk list will also include the NC InCK Service Integration Level (SIL) assignments.

### How is the NC InCK APM structured?

The NC InCK APM is a 5-year, targeted incentive program in the five NC InCK counties. The NC InCK APM will launch in quarter 4 of 2022 and run through Dec 2026. The APM is structured in two stages to reflect a glidepath to more advanced payment models and different levels of readiness to take on risk among practices and payers. At launch, the NC InCK APM will be called InCK Foundation, which includes AMH incentive payments, through Health Plan contracts, linked to reporting and performance against benchmark targets. AMH practices that choose to participate in InCK Foundation will have the opportunity to transition to InCK Advanced in subsequent years. InCK Advanced may include shared savings and/or losses for achieving benchmark targets for performance and total cost of care and/or prospective payments for meeting quality benchmarks. Further details on the InCK Advanced APM will be designed by the NC InCK APM Working Group and will be released at a later date.

### What are the performance measures included in the NC InCK APM?

Measure	Brief Description
<b>Cross-Sector NC InCK APM Performance Measures</b>	
<b>Kindergarten Readiness Rate (Aware)</b>	% of Kindergarten students at or above development and learning expectation in the <a href="#">Early Learning Inventory</a> , an observation-based formative assessment completed in schools that assesses 5 domains of early learning and development
<b>Primary Care Kindergarten Readiness Promotion Bundle</b>	% of patients birth to 5 years who received Kindergarten Readiness Promotion Bundle defined as a minimum of 5 universal and need-based interventions based on their eligibility and age

<b>Screening for Housing Instability</b>	% of InCK-attributed children who have been screened for housing instability using the standardized survey questions from the Medicaid Care Needs Screener
<b>Housing Instability Rate (Aware)</b>	% of survey respondents who answer one or more of the three standardized housing stability survey questions from the Medicaid Care Needs Screener with 'yes'
<b>Screening for Food Insecurity</b>	% of InCK-attributed children birth to age 20 who have a documented response to at least one of the standardized Hunger Vital Signs survey statements.
<b>Food Insecurity Rate (Aware)</b>	% of survey respondents who answer one or both of the standardized Hunger Vital Signs survey statements with 'often true' or 'sometimes true'
<b>Health Care NC InCK APM Performance Measures</b>	
<b>Ambulatory Care: ED visits</b>	Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.
<b>Screening for Clinical Depression and Follow-Up Plan</b>	% of NC InCK-attributed patients age 12 years and older screened for 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.
<b>Shared Action Plan for children in SIL-2 and SIL-3</b>	Percentage of children in NC InCK assigned to risk tiers called Service Integration Level (SIL) 2 or 3 who have a Shared Action Plan that is accessible* to the child/family and their cross-sector care team members. *Accessibility is measured by the availability of the Shared Action Plan on a platform accessible to all members of the care team and the family of the InCK beneficiary. 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).
<b>Well-Child Visits in the First 30 Months of Life (Disparity Measure)</b>	<p>The percentage of NC InCK-attributed children who had the following number of well-child visits during the last 30 months:</p> <ul style="list-style-type: none"> <li>• Children who turned 15 months old during the measurement year with six or more well-child visits.</li> <li>• Children who turned 30 months old during the measurement year with two or more well-child visits.</li> </ul> <p>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</p>

	plan’s respective enrolled population as compared to their Standard Plan peers.
<b>Total Cost of Care (Aware)</b>	To Be Determined Based on NC Medicaid Guidance

“Aware” above is defined as an InCK performance measure not explicitly linked to an incentive payment, but shared with health plans and providers for awareness of quality measure performance

### **How will providers receive NC InCK performance measures reports?**

Providers and practices will receive reports on their patients – both for their full population of children attributed to NC InCK and for children assigned to each PHP. Performance reports will be stratified by race, ethnicity, and county to allow insights on potential disparities.

### **How will NC InCK measures be linked to payments?**

Beginning in 2023, NC Medicaid will determine whether practices are achieving performance benchmarks for the NC InCK APM measures. Please refer to NC InCK Performance Measure Technical Specifications Manual for detailed benchmark targets. A practice’s performance on each measure will be assessed across all of their InCK-attributed children – across all PHPs with whom they are contracted. This type of assessment that combines or pools together all children in the Standard Plans is called pooled performance measurement.

*Note: The APM Workgroup, consisting of representatives from Prepaid Health Plans, Clinically Integrated Networks, and other key stakeholders, continues to meet regularly and iterate on overall design.*