

NC Medicaid Managed Care

NC InCK APM Performance Measure Reporting Templates, Calculation Instructions, and Data Flow

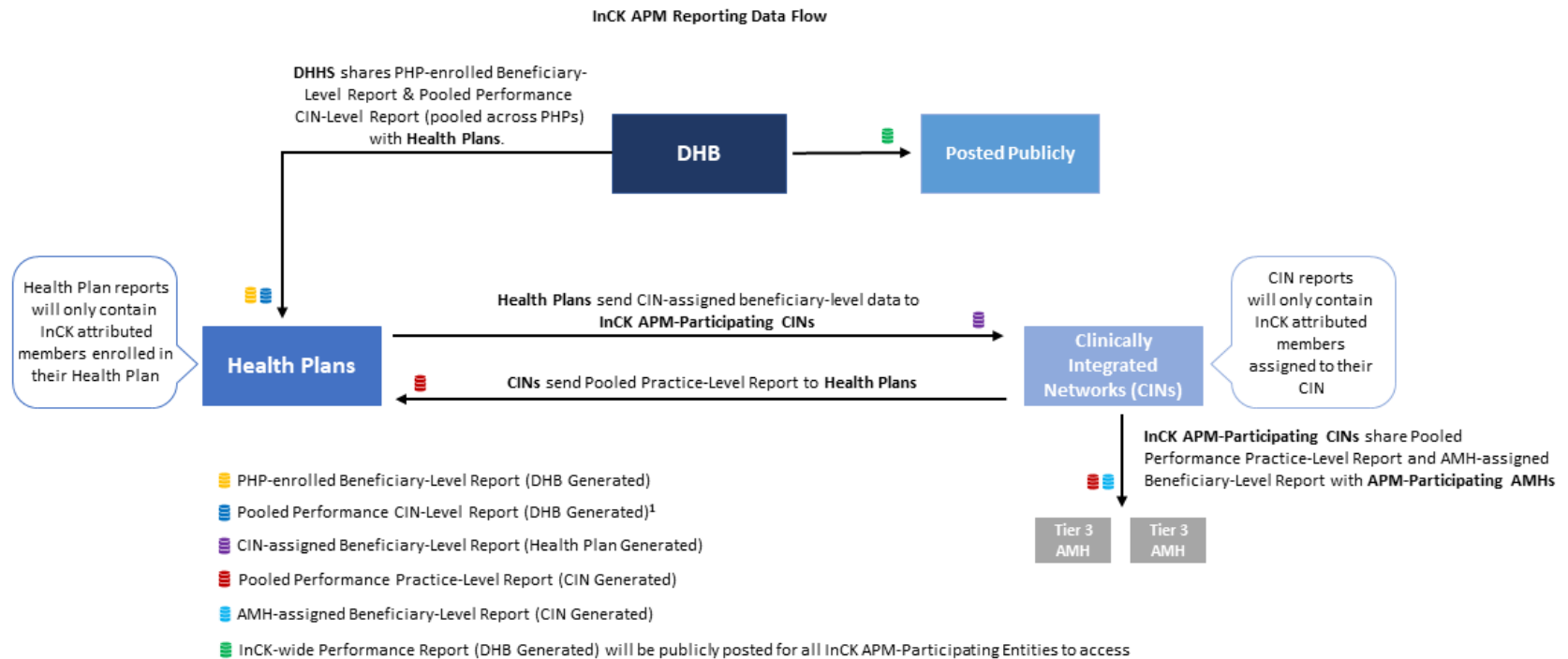
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Change Log		
Version	Date	Updates/Change Made
01	08/15/2022	Initial Publication
02	09/09/2022	Updated years used for baseline data. Minor updated made to templates, including valid values tab, field definitions tab, and naming convention. More detailed timeline added.
03	09/27/2022	Updated to reflect change in file format from .CSV to .XLSX.
04	10/13/2022	Updated both Pooled templates to reflect removal of double layer of header.
05	11/03/2022	Updated Pooled Practice-Level template to correct field definitions tab.
06	11/8/2022	Updated “Field Definitions” tab in all templates to format “Location Code” as “text.”
07	11/10/2022	Updated version logs in two templates.
08	12/28/2022	Updated naming convention in CIN-Level Pooled Performance Report. Updated measure production timeline.

I. InCK APM Reporting Data Flow

NC Medicaid will generate a series of reports beginning in 2024, at least annually, that will be shared with Health Plans and providers for quality improvement and administration of the InCK APM performance measure results for measurement year 2023. The following data flow is taken from Page 8 of the *NC InCK Performance Measure Technical Specifications Manual*.



¹ CINs will take on production of the Pooled CIN-Level Report once the CIN registration process is fully implemented in NCTracks

Beginning late 2022, NC Medicaid will begin scheduled releases of preliminary reports (**baseline** and **annual performance**) utilizing the templates referenced in this guidance document. The timing of these scheduled releases are shown in the table below. After receiving the two reports from DHB, PHPs are expected to generate and distribute the CIN-assigned beneficiary level report and share with CINs within ten business days. After receiving this report from PHPs, CINs are expected to generate and distribute the Pooled Performance Practice-Level Report and AMH-Assigned Beneficiary-Level Report within thirty calendar days. See table below for a more detailed timeline.

Beginning in 2024, performance across all measures will be released in a single report. Initial reporting will be annual, with the goal of moving toward more frequent reporting in future years of the APM.

There are two measures with APM benchmarks that rely on a historical baseline: the **Ambulatory ED Visits measure** and **Well-Child Visits measure**. The Late 2022 release of these two measures is intended to calculate baselines for performance year 2023. In future years, baseline reports for these measures will be released and calculated prior to each performance year. These baseline reports will be separate from the annual performance reports sent after each performance year, but they will be used to calculate benchmarks to which annual performance is compared for the purposes of incentive payments.

For performance year 2023, the Ambulatory ED Visit measure and the Well-Child Visits measure will use year 2021 as its baseline. For future performance years, the Ambulatory ED visit measure will use the two most recent available years of data as its baseline, and the Well-Child Visits measure will use the most recent year.

Measure(s)	DHB-Generated Reports: Send Date	PHP-Generated Reports: Send Date	CIN-Generated Reports: Send Date
Ambulatory Care: ED Visits Well-Child Visits in the First 30 Months of Life (Disparity Measure) <i>Baseline for 2023 performance year</i>	01/06/2023	01/20/2023	02/17/2023
Shared Action Plan	03/10/2023	03/24/2023	04/24/2023
Food Insecurity and Housing Instability Screening Food Insecurity Rate Housing Instability Rate	07/21/2023	08/04/2023	09/04/2023
Primary Care Kindergarten Readiness Bundle Screening for Clinical Depression and Follow-up Plan	08/18/2023	09/01/2023	10/02/2023
Ambulatory Care: ED Visits Well-Child Visits in the First 30 Months of Life (Disparity Measure) <i>Baseline for 2024 performance year</i>	11/03/2023	11/17/2023	12/18/2023
First Full Report (2023 Annual Performance)	07/19/2024	08/02/2024	09/02/2024

Reports will be sent around 4pm on the given date.

III. InCK APM Reporting Templates and Instructions

a. PHP-Enrolled Beneficiary Level Report (yellow icon in the diagram above)



PHPEnrolledBeneficia
ryLevel_v04.xlsx

- i. Each plan will receive one report from DHB that includes only their members.

b. Pooled-Performance CIN-Level Report (dark blue icon in the diagram above)



PooledPerformanceCI
NLevel_v05.xlsx

- i. DHB will send each plan a single report that includes data on each CIN with whom they are contracted.

c. CIN-assigned Beneficiary-Level (purple icon in the diagram above)



CINAssignedBeneficia
ryLevel_v04.xlsx

- i. Only one template is provided, to be filled in by plans with the correct PHP and CIN names and data.
- ii. This template is nearly identical to the PHP-Enrolled Beneficiary Level Report (yellow) template.
- iii. Each CIN will receive one of these from each of the plans, which should include only their own members.
- iv. Plans should disaggregate the PHP-Enrolled Beneficiary Level Report, provided by DHB, by CIN and share an individual file with each CIN that includes only their affiliated members.

d. Pooled Performance Practice Level Report (red icon in the diagram above)



PooledPerformanceP
racticeLevel_v06.xlsx

- i. Only one template provided, to be filled in by CINs. Each APM + Measure Title combination should be its own row.

- ii. This template is similar to the Pooled Performance CIN-Level Report (dark blue).
- iii. Each APM-participating AMH will receive one of these reports from their CIN. The reports sent to AMHs should *only* include the AMH's own performance data.
- iv. Additionally, CINs will send a version of this report to all plans with whom they are contracted for the APM. The version of this report sent to plans should include data for all of the CIN's AMHs and will be used to determine the amount of financial incentives.
- v. CINs should disaggregate each of the five CIN-Assigned Beneficiary Level reports (purple), provided by the five PHPs, by AMH. They should then total the numerator and denominator counts across all five reports to determine the total number of the AMH's members that are in the numerator and denominator for each measure.
 - 1. *Baseline reports (applicable to the Ambulatory ED Visit and Well-Child Visit Measures only):* For baseline reports, the numerator and denominator indicators should be used to calculate the baselines as indicated in Columns F and G.
 - a. Please note that the rate for the Ambulatory ED Visit measure is calculated differently from other measures. All other measure rates are calculated as a percent (number of members in the numerator divided by number of members in the denominator). The Ambulatory ED Visit measure is calculated as a rate (number of total ED Visits divided by number of eligible member months, multiplied by 1,000).
 - i. Additionally, the Ambulatory ED Visits measure uses a two-year baseline. Both years of data will be provided in the member-level templates in baseline reports for this measure. The numerator and denominator calculations should sum both years.
 - b. The Well-Child Visit Measure requires two baselines; one baseline for the overall rate, and one baseline for the Black/African American rate. This measure uses a one-year baseline.
 - 2. *Annual performance reports:* For annual performance reports, Columns I and J should be filled with the numerator and denominator. These numbers should be used to calculate the annual performance rate for Column H.
 - a. As outlined above, the Ambulatory ED Visits measure rate should be calculated as a rate rather than a percent (ED Visits divided by Member Months, multiplied by 1,000).
 - i. Although the baseline for the Ambulatory ED Visit measure uses two years, the annual performance rate will just be based on the performance year.
 - b. Baselines for the Ambulatory ED Visit and Well-Child Visit measures, as previously calculated, should be appropriately matched and added into the templates in Columns F and G.
 - c. CINs should then stratify the member-level data using the race, ethnicity, and county stratifications that are provided in the CIN-

Assigned Beneficiary Level Reports. The process above should be repeated to calculate the annual performance rate for each of these groups.

e. AMH-Assigned Beneficiary Level Report (light blue icon in the diagram above)



AMHAssignedBeneficiaryLevel_v04.xlsx

- i. Only one template is provided, to be filled in by CINs with the correct AMH name and data.
- ii. This template is nearly identical to the CIN-Assigned Beneficiary Level (purple) template.
- iii. Each AMH will receive one of these from their affiliated CIN, which includes only their own members.
- iv. CINs should disaggregate each of the five CIN-Assigned Beneficiary Level reports (purple), provided by the five PHPs, by AMH. They should then combine all of the AMH's members from across the five files into one file. Each AMH should receive one file that lists all the member attributed to their AMH, regardless of plan.