NC InCK

NC INTEGRATED CARE FOR KIDS

NC Integrated Care for Kids (NC InCK)

An Innovative Model to Promote Child and Family Well-being in Central North Carolina

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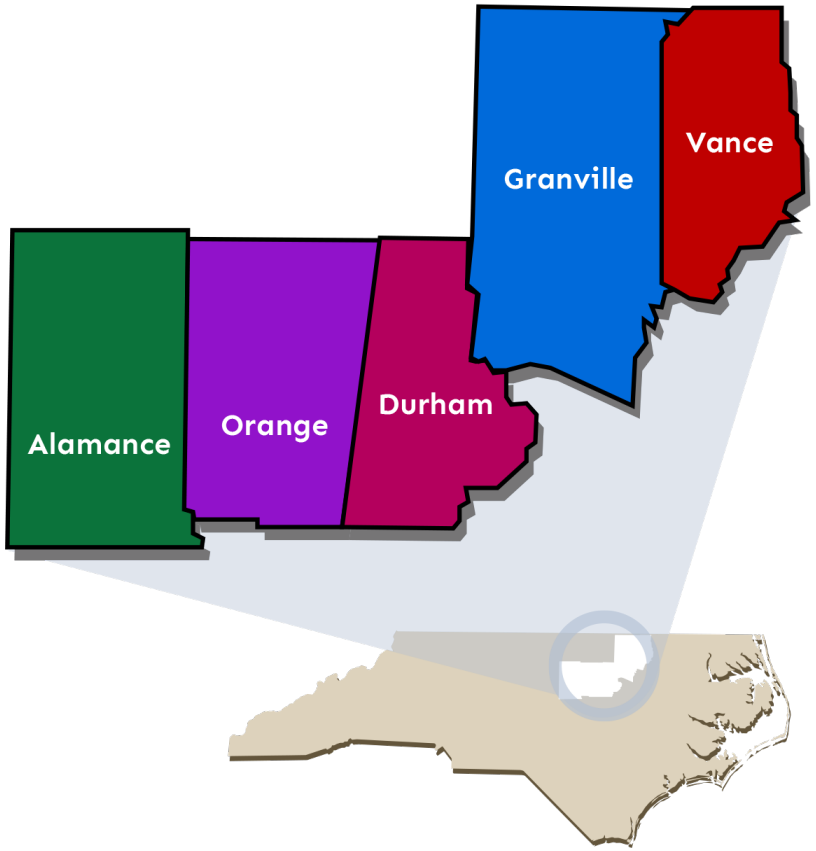
NC InCK: Brief Overview

- **Attributed population: All Medicaid and CHIP-insured children in this 5-county area**
  - Birth to age 21
  - Regardless of where they receive medical care
  - ~95,000 children overall



- **Funding: A 7-year, $16M grant from CMS to the following institutions:**

Duke UNIVERSITY

THE UNIVERSITY of NORTH CAROLINA at CHAPEL HILL

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

The NC InCK model launched in January 2022.

NC InCK is led by Coalition of Cross-Sector Partners Representing the NC InCK Core Child Services

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Family Council & Partnership Council

Public Schools of North Carolina
State Board of Education
Department of Public Instruction

SNAP Supplemental Nutrition Assistance Program

United Healthcare

Alliance Health

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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DAYMARK Recovery Services

WellCare

Providers and Practices Face These Challenges Every Day

- We understand the critical impact of **social drivers of health** – and want to help families address needs that aren't being met beyond the walls of the clinic
- We have **limited time** during appointments and many patients to provide care for
- We often **do not know what other services** our patients are receiving, particularly those delivered via schools or other community organizations
- We are often unsure who to talk with to **coordinate and integrate care and supports** for our patients and to see the full picture

NC InCK partners with providers to support and bridge services where children live, learn, and play.

How NC InCK Supports Integrated Care for Children

1 UNDERSTAND NEEDS

For the first time, North Carolina is using **administrative data** from schools, health care, child welfare and juvenile justice together to **prioritize families for outreach**

2 SUPPORT AND BRIDGE SERVICES

NC InCK has **built the infrastructure** and NC Medicaid has authorized **contracting changes to strengthen integrated care for ~15,000 children**

3 FOCUS HEALTH CARE INVESTMENTS

Leaders from NC Medicaid, PHPs and health systems have built a new payment model to **link payments to meaningful measures** of children's health and well-being

NC InCK will Integrate Services Across These Core Child Services

1. Schools
2. Early Care and Education
3. Food – SNAP, WIC, Food banks
4. Housing
5. Physical and Behavioral Healthcare
6. Maternal and Child Services – Title V
7. Social Services – Child Welfare
8. Mobile Crisis Response
9. Juvenile Justice
10. Legal Aid

Public Schools of North Carolina
State Board of Education
Department of Public Instruction

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SNAP Supplemental Nutrition Assistance Program

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Recovery Services

Understanding Needs: Data Integrated for Service Integration Levels

2 Data Use Agreements anchored by Medicaid link data across DPS, DPI and DHB for stratification of children

NCDHHS

- Healthcare utilization & medical complexity
- Tailored Plan Eligibility
- Foster Care Status
- Guardian Health
- SDOH Needs
- CAP/C or CMARC Enrollment

NORTH CAROLINA DEPARTMENT OF PUBLIC SAFETY

- Detention Stays
- Youth Development Center Stays
- Probation
- Diversion
- Intake Status

North Carolina Department of PUBLIC INSTRUCTION

- Enrollment
- Attendance & Absences
- In School Suspensions
- Out of School Suspensions
- Expulsions

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NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY ← Merges data and produces SIL level

Overview: NC InCK's Service Integration Levels

The Child's Health and Healthcare Experiences

Physical, behavioral, and developmental diagnoses

Healthcare utilization

The Child's Context

Socioeconomic, educational, developmental, and parent/guardian risk factors

Out-of-Home Placement

Prior or current out-of-home placement or markers of risk of future out-of-home placement

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SIL-3: Estimate ~5,000 children

Children who are out-of-home or have high risk of out-of-home placement.

Children experiencing multiple, complex health and education, JJ, CW, SDOH risks.

SIL-2: Estimate ~15,000 children

Children experiencing multiple, moderate-severity health, SDOH, education or guardian risks.

Focus is on impactable rising risks to improve well-being and reduce future out-of-home placement

SIL-1: Estimate ~80,000 children

All other children in NC InCK counties.

May have isolated health and contextual risks.

Key Roles in the NC InCK Model

INTEGRATION CONSULTANT
Team of 15 NC InCK clinical staff available for consultation support to Family Navigators

FAMILY
NC InCK members in SIL 2 or 3 and their guardians and caregivers will work with a Family Navigator

CARE TEAM
Existing staff within PHPs, CCNC, AMHs, cross-sector representatives (juvenile justice, schools, child welfare), and natural supports who facilitate integrated care for children assigned to SIL 2 and SIL 3

FAMILY NAVIGATOR
Existing staff within PHPs, CCNC, and AMHs who support care management who are assigned to NC InCK SIL 2 and SIL 3 members

A Child's NC InCK Journey

Child is identified through NC InCK's integrated **cross-sector data** as needing additional supports

Child is assigned a **Family Navigator** to serve as their care manager

Family meets with Family Navigator to form their **Care Team** of trusted individuals across sectors

Family, Family Navigator, and Care Team collaborate to create a **Shared Action Plan**

Family and Family Navigator meet at least **quarterly** to discuss unmet or emerging needs

Integrated care consultation, education, ongoing training and support by the InCK Integration Consultant

INTEGRATION CONSULTANT
Team of 16 NC InCK clinical staff available to support a child

What is an Alternative Payment Model (APM)?

- Alternative way for delivering payment linked to health care services
- Traditionally, providers under fee-for-service model
  - Payment per service delivered
- Prioritizes **quality** and **cost-efficiency**
- Typically draws from evidence-based medicine
- Shift from **volume** to **value**
- NC InCK's APM is an "upside risk" only

NC InCK'S APM highlights the work that pediatricians and pediatric health care providers already do **every day**

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Investing in Health: NC InCK's Alternative Payment Model

- NC InCK has been working with Medicaid and health systems to design a payment model that **links incentive payments to more meaningful measures of child well-being**
- **Goal**: Increase resourcing and flexibility for practices to support more whole child care approaches

	NC InCK APM Performance Measures
Cross-sector child well-being metrics	Kindergarten Readiness Promotion Bundle
	Screening for Food Insecurity and Housing Instability
	Shared Action Plan
Health care utilization metrics	Screening for Clinical Depression & Follow-Up
	Rate of Emergency Dept Visits
	Equity: Reduction in disparity in infant well child visits
	Total Cost of Care

Additional Rates Shared for Awareness without Incentive:
Total Cost of Care, Kindergarten Readiness, School Attendance, Housing Instability, Food Insecurity

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APM Performance Measure Benchmarks

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

Additional Awareness Measures Include: Rates for K-Readiness, Food Insecurity, Housing Instability, Well-Child Visits for Age 15-30 Months, and Total Cost of Care

Timeline for Report Releases

Performance Measure	Data Source	First report available
Ambulatory Care: ED visits	Claims	Late 2022
Well-Child Visits in First 30 Months (Disparity Measure)	Claims	Late 2022
Kindergarten Readiness Rate	DPI data file	Spring 2023
Screening for Clinical Depression and Follow-Up Plan	HIE, Claims and Encounter Data	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 non-reimbursable code	Summer 2023
Food Insecurity Rate	Claims with non-reimbursable code	Summer 2023
Housing Instability Rate	Claims with non-reimbursable code	Summer 2023
Primary Care Kindergarten Readiness Bundle	Claims with non-reimbursable code	Summer 2023
Total Cost of Care	Claims	Late 2023

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The first full reports with all measures included will be released in Summer 2024. Full reports will be shared annually thereafter.

Spotlight on Kindergarten Readiness Promotion Bundle (Early Childhood Well Visits+)

Kindergarten Readiness Promotion Bundle for Primary Care: An NC InCK Innovation

NC InCK Early Childhood Innovation Committee identified interventions that primary care practices can take to promote kindergarten readiness from birth to age 6


Well visit


Office-Based Literacy Promotion


Developmental screening


Social emotional screening

PreK referral


Parenting support programs


Early intervention referral


Early childhood mental health services


Community-based literacy programs

- **Goal**: Encourage and give providers credit for taking these actions
- **Incentive**: Bundle documentation via a new Medicaid administrative code will be linked to an incentive payment in the NC InCK APM

Components of KRPB: CPT Code 1003F can be applied when any five or more of components are addressed

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

CPT Code 1003F

- Applicable to all well child visits from birth until the 6th birthday.
- **CPT code 1003F** can be applied when any **5 or more bundle components** (interventions) are provided
- Add bundle **CPT code 1003F to usual CPT and diagnosis codes for well visits.**
- Reimbursement is not provided for the KRPB code, but **many individual Bundle components can be coded and reimbursed** (see Health Check guide).
- Document **well visits** using the applicable CPT and diagnosis codes (for example, diagnosis codes Z00.121/Z00.129 with CPT codes 99391/99392/99393).

KRPB Coding

CPT 1003F (can be used with or without modifiers)

Activities completed to deliver the KRPB	Appropriate coding
Provided office-based literacy program	CPT 1003F + modifier SE
Provided referral to Pre-K	CPT 1003F + modifier TS
Provided office-based literacy program **AND** referral to Pre-K	CPT 1003F + modifiers SE **AND** TS
Did not provided office-based literacy program or referral to Pre-K	CPT 1003F

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Spotlight on Screening for Food Insecurity and Housing Instability

Overview: New Food & Housing Codes

HCPCS G Codes	ICD-10 Z Codes
3 new codes to capture screening activities	4 new codes to capture rates of housing- and food-related needs

- All G and Z codes are billable but non-reimbursable
- Z codes cannot be used as a primary diagnosis code

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Billing Guidance: HCPCS G Codes

G9920 Screening Performed and Negative	G9919 Screening Performed and Positive and Provision of Recommendations	G9921 Positive Screening Without Recommendations
• Screening performed, but no needs identified	• At least one need identified • Must also bill at least one of the four Z codes (next slide) • Referrals provided for all identified needs	• At least one need identified • Must also bill at least one of the four Z codes (next slide) • Referrals *not* provided for one or more identified needs

- To use one of the above G codes, providers must have screened for *both* housing- and food-related needs.
- "Referrals provided"= Provider referred patients on to human service organization(s) for service delivery
  - **Provider are highly encouraged to refer patients via NCCARE360.**

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Billing Guidance: ICD-10 Z Codes

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

***Z codes cannot be used as a primary diagnosis code**

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