

NC InCK Alternative Payment Model (APM) Data Companion Guide for Providers

Well-Child Visits in the First 30 Months of Life

Measure at a Glance

Well-Child Visits in the First 30 Months of Life measure is a standardized HEDIS measure that consists of two separate rates: Well-Child Visits in the First 15 Months of Life and Well-Child Visits for Ages 15 Months to 30 Months. Both of these rates are detailed below.

The NC InCK APM specifically focuses on closing existing disparities in well-child visits between Black/African American children and the overall population. NC InCK's APM performance measure payment is formulated based on an Advanced Medical Home's (AMH) performance on the Well-Child Visits in the First 15 Months of Life rate.

Rate Name	Well Child Visits in the First 15 Months of Life (Payment Rate)
Rate Abbreviation	W15
Measure Type	HEDIS (NOTE: The NC InCK APM uses different continuous enrollment criteria than the standard HEDIS measure, and, thus, rates are not directly comparable.)
Data Source	Administrative
Description	Percentage of children who had six or more well-child visits from ages 0-15 months
Numerator	Number of children who received six or more well-child visits before their 15 month birthday
Denominator	Number of children who turned 15 months old during the measurement year

Rate Name	Well Child Visits for Ages 15 Months to 30 Months (Awareness Rate)
Rate Abbreviation	W30
Measure Type	HEDIS (NOTE: The NC InCK APM uses different continuous enrollment criteria than the standard HEDIS measure, and, thus, rates are not directly comparable.)
Data Source	Administrative
Description	Percentage of children who had two or more well-child visits from ages 15 month to 30 months
Numerator	Number of children who received two or more well-child visits between their 15 month birthday and their 30 month birthday
Denominator	Number of children who turned 30 months old during the measurement year

Well-Child Visits: Clinical and Public Health Significance

Infant well-child visits are essential to promoting health during a critical period of life. Well-child visits track growth and developmental milestones, make time for recommended vaccinations, and provide early intervention to address health concerns. Research shows that children who receive the recommended number of well-child visits in early life are more likely to be up to date on immunizations, have developmental concerns recognized early, and are less likely to visit the emergency department. Read more about the research referenced above at [this link](#).

Why does this measure matter to NC InCK?

Well-child visits are a critical tool for promoting child and family well-being. In addition to the role they play in the prevention of health and developmental concerns, well-child visits provide an opportunity to address unmet resource needs and promote holistic well-being. NC InCK Family Navigators can play a key role in conducting outreach and connecting child and families in Service Integration Level (SIL) 2 and 3 to preventive care and maintaining an ongoing relationship with the child's primary care provider.

Compared to non-Black/African American children, fewer Black/African American children in NC receive the recommended number of well-child visits. Driven by equity, one of the model's core values, NC InCK explicitly focuses on racial disparities in this measure so that children have equal healthy opportunities.

What data will I receive on this measure for the NC InCK APM?

In Spring 2023, Prepaid Health Plans (PHPs), Clinically Integrated Networks (CINs), and Advanced Medical Homes (AMHs) will receive data on well-child visit measures for calendar year 2021 (the most recent year for which data is available). These data will serve as the baseline for NC InCK APM performance year 2023.

Your CIN/AMH will receive member-level information, generated by the department, indicating which of your NC InCK members was included in the numerator and denominator for this measure. CINs will calculate AMH-level rates for this measure. Payment will be based on an AMH's performance, pooled across PHPs. CINs will distribute member-level information and quality performance rates to each AMH. The member-level information will include numerator and denominator indicators, demographic information, and billing provider information so that CINs and practices can use these data as a tool to support further opportunities for action.

How should I interpret the data I receive?

Among Medicaid beneficiaries in 2021, statewide performance on the Well-Child Visits in the First 15 Months of Life (W15) measure was 62.06%, with a Black/African American rate of 56.78%. For the same year, statewide performance on the Well-Child Visits for Ages 15 Months to 30 Months (W30) measure was 66.44%, with a Black/African American rate of 59.88%. For this measure, a higher percentage indicates better performance.

NOTE: The statewide rate is not directly comparable to your NC InCK rates due to a difference in the inclusion criteria used related to continuous enrollment in Medicaid. This difference may make NC InCK rates look slightly lower.

How is this data linked to quality payments?

The W15 rate is linked to incentives, whereas the W30 rate is shared only for awareness. Incentive payments are specifically linked to increasing the proportion of Black/African American members who receive the recommended number of well-child visits. In order to earn incentive payments, an AMH must meet the following targets for the W15 measure. These targets were set by the NC InCK external APM Workgroup that included representatives from PHPs, CINs, NC Medicaid, physicians, and NC InCK staff.

Tier 1 (50% Quality Payment)	Tier 2 (75% Quality Payment)	Tier 3 (100% Quality Payment)
Increase Black/African American rate by 5% over the year, with overall rate stable (+/-1%) or improving	Increase Black/African American rate by 10% over the year, with overall rate stable (+/-1%) or improving	Increase Black/African American rate by 15% over the year, with overall rate stable (+/-1%) or improving

If there is no existing disparity and an AMH's over rate meets or exceeds the Standard Plan target for this measure (defined as an AMH's Black/African American rate for this measure being no more than 2% below the overall rate), an AMH will qualify for a Tier 1 payment.

The data you receive in Spring 2023 serve as the baseline and can help practices determine the specific targets that they need to hit in performance year 2023 to earn incentive payments.

Example Calculations to Determine Incentive Targets

Table 1. Calculating the disparity between the overall rate and the Black/African American rate

	W15: Overall Baseline	W15: Black/African American Baseline	Current Disparity
Example	70%	60%	$(70\% - 60\%) / 70\% = 14.2\%$

Table 2. Calculating target rates for the Black/African American population

	W15: Black/African American Baseline	Tier 1 Target (5% Increase)	Tier 2 Target	Tier 3 Target
Example	60%	$60\% * 1.05 = 63\%$	$60\% * 1.1 = 66\%$	$60\% * 1.15 = 69\%$

How can I improve my practice's performance on this measure?

The list below contains a menu of options that have been used in different settings. Different interventions may work for different patient groups and different clinic settings.

Understanding Barriers

- Involve community health workers, patient navigators, and individuals from parent support organizations who reflect the racial and ethnic composition of families served to determine core challenges to engaging in well-child visits.
- Utilize Medicaid Non-Emergency Medical Transportation (NEMT) services to support families in attending visits:

Health Plan	NEMT Broker	Contact Information
WellCare	MTM	877-598-7602
UnitedHealthcare Community Plan	ModivCare	800-349-1855
Healthy Blue	ModivCare	855-397-3602
AmeriHealth Caritas	ModivCare	833-498-2262
Carolina Complete Health	ModivCare	855-397-3601

Communication and Scheduling

- Send patient reminders to schedule well-visits in advance, including texts and phone calls
- Provide outreach to families with delayed or missed care in multiple ways
- Schedule the next well-visit before the family leaves the office
- Expand access by offering appointment times later in the day or on weekends
- Facilitate access by offering visits for multiple siblings on the same day

Building Partnerships

- Partner with key agencies serving children and work together to promote attendance to well-child visits
- Provide incentives (like books!)