NC Medicaid and
NC Integrated Care for Kids (NC InCK)

An Innovative Partnership to Promote Child and Family Wellbeing

Welcome NC Medicaid Health Care Providers!

- For two years, NC InCK and NC Medicaid have collaborated to build NC InCK to improve health and well-being outcomes for children and youth
- NC InCK model is being piloted in five counties with the goal of scaling across the state

Today you will:

- Hear updates on the new **NC InCK Alternative Payment Model** (APM) and its associated measures
- Learn about a **new set of billing codes** <u>available to providers statewide</u> focused on activities in the primary care setting to promote kindergarten readiness and address food- and housing-related needs
- Discuss **provider materials** and **engagement opportunities** to prepare to operationalize new measures

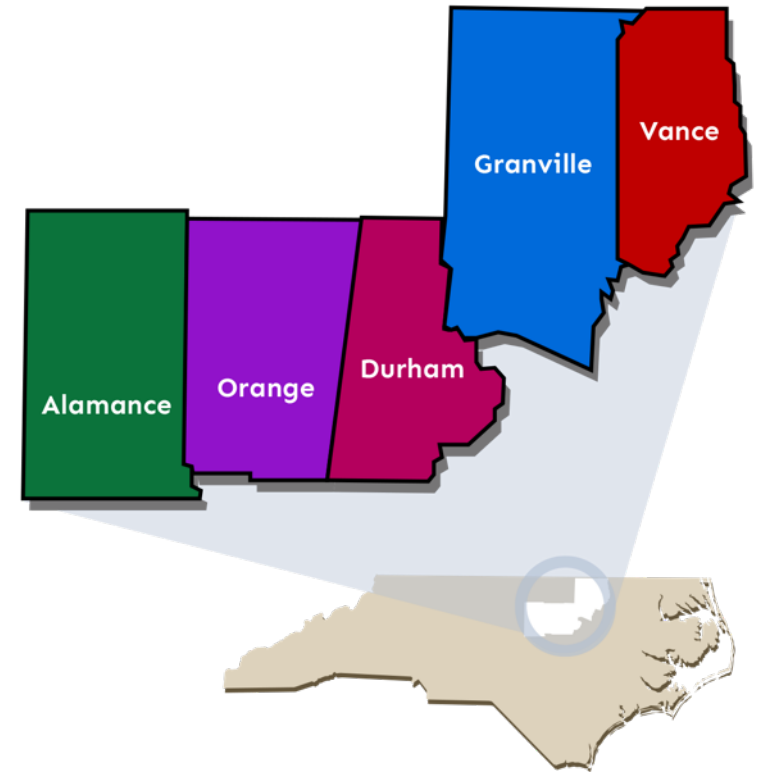# NC InCK AHEC Presentation: May 24th

- NC InCK Overview

- Alternative Payment Model Structure

- Spotlight on Measures: Food and Housing Screening + Kindergarten Readiness Promotion Bundle Overview

- Health Care Provider Engagement

NC InCK: Brief Overview

- **Population: All Medicaid and CHIP-insured children in this 5-county area**
  - Birth to age 20
  - Regardless of where they receive medical care
  - ~95,000 children

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

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

Family Council & Partnership Council

Three Key Strategies to Integrate Care for Children in NC InCK

1 UNDERSTAND NEEDS

More holistically understand the needs of children and youth

2 SUPPORT AND BRIDGE SERVICES
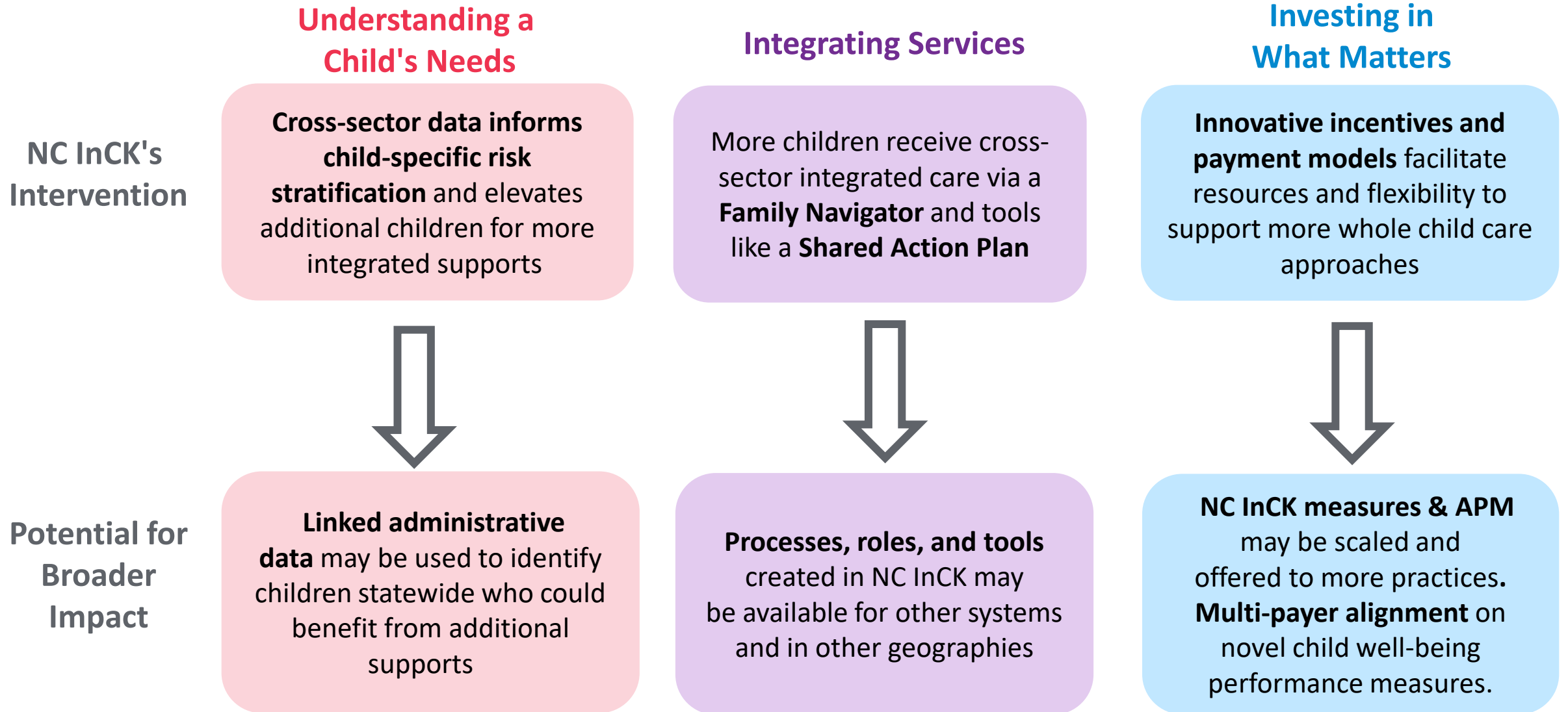
Integrate services across sectors for children and youth who could benefit from additional support

3 FOCUS HEALTH CARE INVESTMENTS

Find ways to invest resources into what matters most for children, youth, and families
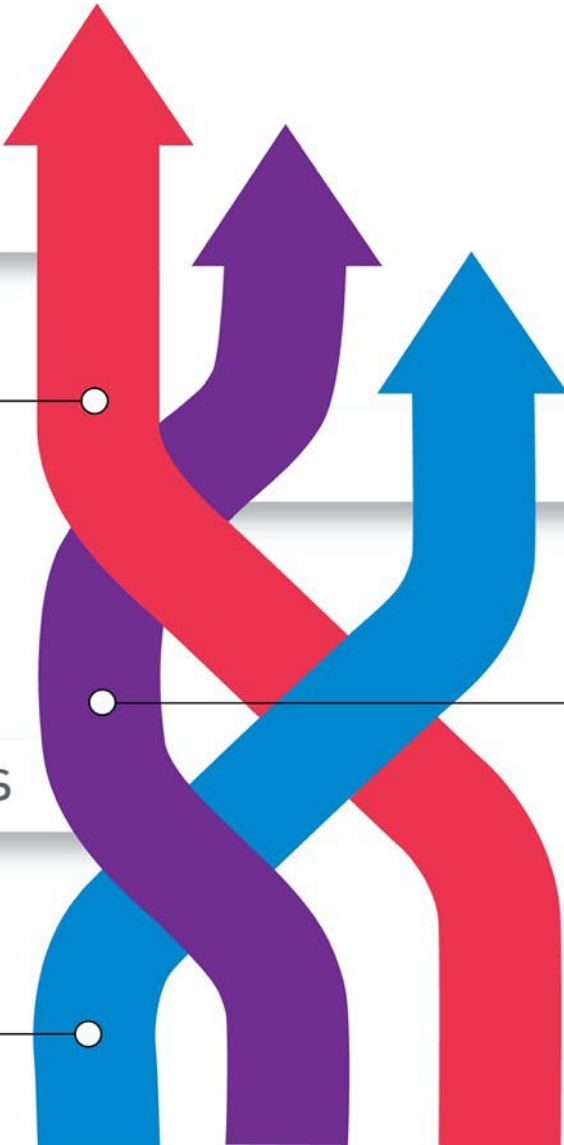
NC InCK + NC Medicaid: A Pilot for NC Children

	Understanding a Child's Needs	**Integrating Services**	**Investing in What Matters**
NC InCK's Intervention	**Cross-sector data informs child-specific risk stratification** and elevates additional children for more integrated supports	More children receive cross-sector integrated care via a **Family Navigator** and tools like a **Shared Action Plan**	**Innovative incentives and payment models** facilitate resources and flexibility to support more whole child care approaches
Potential for Broader Impact	**Linked administrative data** may be used to identify children statewide who could benefit from additional supports	**Processes, roles, and tools** created in NC InCK may be available for other systems and in other geographies	**NC InCK measures & APM** may be scaled and offered to more practices. **Multi-payer alignment** on novel child well-being performance measures.

NC InCK AHEC Presentation: May 24th

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Alternative Payment Model Structure

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Health Care Provider Engagement

Investing in Health: NC InCK's Alternative Payment Model

- NC InCK has been working with NC Medicaid, the PHPs 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

Performance measure selection ▸ Pooled performance measures ▸ Setting performance measure benchmarks

- **NC InCK APM Working Group** established the goals of:
  1. Matching the payment model to the delivery model with a focus on cross-sector integration
  2. Embedding equity in the model
  3. Creating a coalition to advance child health and well-being via payment innovation

Investing in Health: NC InCK's Alternative Payment Model

- **InCK Foundation APM** (APM Stage 1)
  - Upside only (no downside risk)
  - Will be available from all 5 PHPs for AMH 3s in InCK Counties (optional for PHPs to offer it to AMH 1 and 2)
  - Uses pooled performance measures across all InCK patients in an AMH
  - Standardized benchmarks set by the InCK APM Workgroup
  - PHPs determine measure weighting and incentive amounts, although they must include all measures and "meaningful" incentives
  - First measurement year calendar 2023
- **InCK Advanced APM** (APM Stage 2)
  - May include shared savings and/or losses
  - Further details will be designed by the NC InCK APM Working Group in 2023

Investing in Health: NC InCK's Alternative Payment Model

| Year 1 (2023): NC InCK APM Performance Measures	
Kindergarten Readiness Promotion Bundle	Pay-for-Reporting For Documenting Kindergarten Readiness Bundle
Food Insecurity and Housing Instability Screening	Pay-for-Reporting For Documenting Screenings Performed
Shared Action Plan	Pay-for-Reporting For Documenting the Completion of a SAP
Screening for Clinical Depression & Follow-Up	Pay-for-Reporting For Documenting Clinical Depression Screening & Follow-up Plan
Rate of Emergency Dept Visits	Pay-for-Performance For Reducing Rate
Equity: Reduction in disparity in Infant Well Child Visits	Pay-for-Performance For Reducing Black-White Disparity

Cross-sector child well-being metrics — applies to first three rows (Kindergarten Readiness Promotion Bundle; Food Insecurity and Housing Instability Screening; Shared Action Plan)

Health care metrics — applies to last three rows (Screening for Clinical Depression & Follow-Up; Rate of Emergency Dept Visits; Equity: Reduction in disparity in Infant Well Child Visits)

Additional Rates Shared for Awareness without Incentive: Kindergarten Readiness; Housing Instability; Food Insecurity
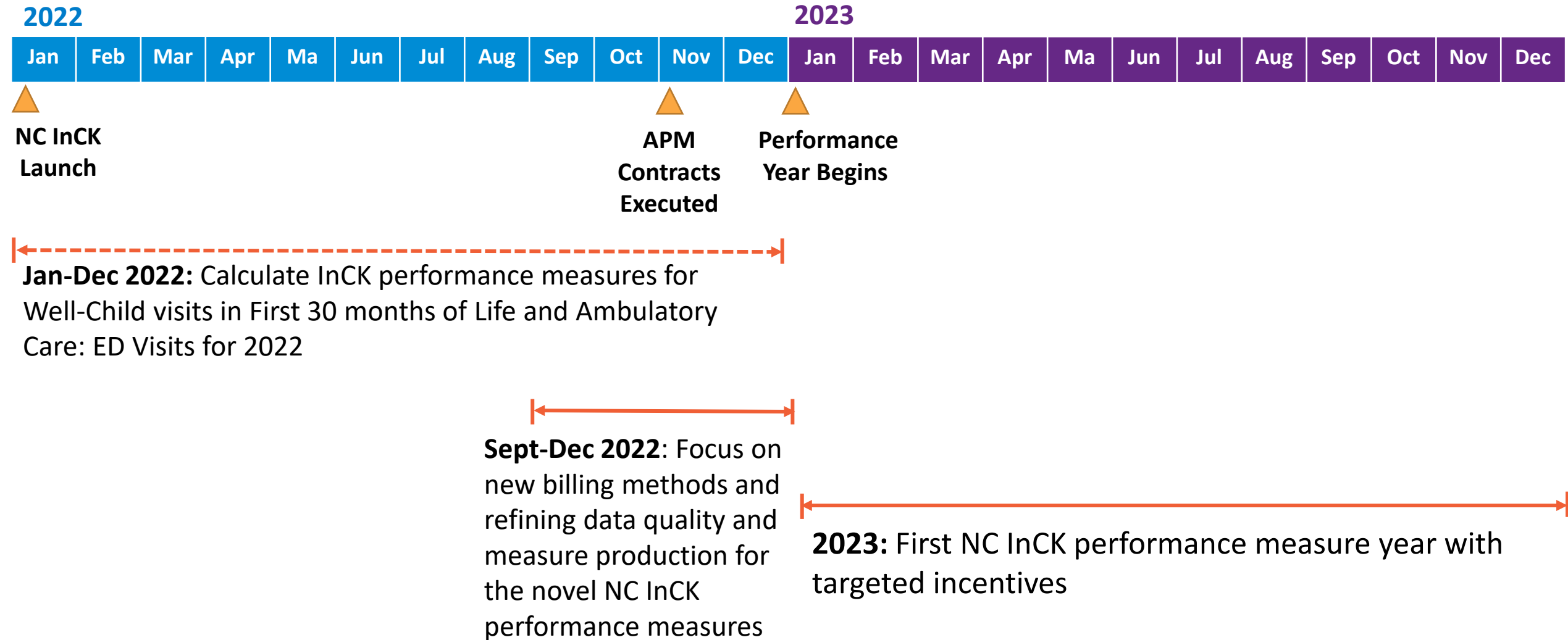
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Health Care Provider Engagement

Overview: New Codes

- New billable codes capture primary care activities to address social drivers of health:
  - 1) Screening for and addressing food- and housing-related needs
  - 2) Interventions to promote kindergarten readiness
- Providers can begin billing these codes on Sept. 1, 2022
- All codes are used to capture data but reimburse at zero dollars

Although these new codes will be used to determine incentives in the InCK APM, all Medicaid providers are encouraged to use these codes because Medicaid is considering use of these measures in other Medicaid programs and APMs.

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NC Medicaid Provider Bulletin

This information is also available in a provider bulletin published by NC Medicaid on May 20:

https://medicaid.ncdhhs.gov/blog/2022/05/20/new-billing-codes-social-drivers-health

Food and Housing

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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Food & Housing Measures in the InCK APM

Screening for housing instability and food insecurity

- Linked to financial incentives in NC InCK Foundation APM

Food insecurity rate

- For awareness only in NC InCK Foundation APM

Housing instability rate

- For awareness only in NC InCK Foundation APM

Suggested Screening Questions

- All food & housing measures will use new billing codes based on Social Determinants of Health (SDOH) screenings performed by providers

- Providers are encouraged to use the food & housing questions from the standardized NC Medicaid-wide SDOH screening tool

Food
Within the past 12 months, did you worry that your food would run out before you got money to buy more?
Within the past 12 months, did the food you bought just not last and you didn't have money to get more?

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)?
Are you worried about losing your housing?
Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?

Billing Guidance: HCPCS G Codes

G9920	G9919	G9921
Screening Performed and Negative	Screening Performed and Positive and Provision of Recommendations	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

	Suggested Z code for 'yes' response
Food	
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

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*Z codes cannot be used as a primary diagnosis code

Kindergarten Readiness Promotion Bundle Overview

Kindergarten Readiness: A Whole-Child, Cross-Sector Well Being Measure

- **Definition**
  - The condition of children as they enter school, based on the following five domains of development:

Health & physical development

Social & emotional development

Approaches toward learning

Language development & communication

Cognition & general knowledge

  - The capacity of schools to serve all kindergartners effectively

- **Measurement**: Early Learning Inventory, which includes an observation-based formative assessment on the above domains

Kindergarten Readiness Promotion Bundle for Primary Care

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
- **How**: Bundle documentation via a new Medicaid administrative CPT code (1003F)

Kindergarten Readiness Promotion Bundle

- Applicable to all well child visits from birth until the 6th birthday

- CPT code 1003F can be applied when <u>any 5 or more bundle components (interventions)</u> are provided

- Add bundle CPT code 1003F to usual CPT and diagnosis codes for well visits

- Reimbursement is <u>not</u> provided for the Bundle code but many individual Bundle components can be coded and reimbursed (see Health Check guide)

Kindergarten Readiness Promotion Bundle: Interventions in Primary Care

		Birth to 3	3 to 5
Well-Child Visit	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	✓	✓

Billing Guidance for Kindergarten Readiness Promotion Bundle

- **Billing Guidance**:
  - CPT 1003F with no Modifier:
    - Bundle **without** *Office-based Literacy Promotion or Referral to PreK*
  - CPT 1003F + Modifier SE:
    - Bundle including **Office-based Literacy Promotion**
  - CPT 1003F + Modifier TS:
    - Bundle including **Referral to PreK**
  - CPT 1003F + Modifiers SE <u>and</u> TS:
    - Bundle including **BOTH Office-based Literacy Promotion & Referral to PreK**

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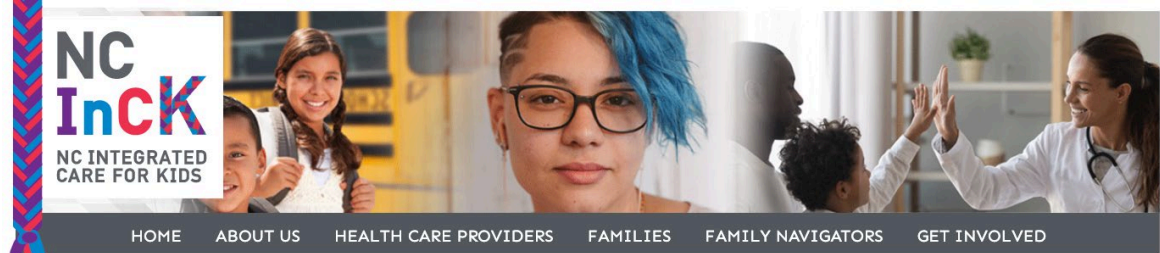
Health Care Provider Engagement

General APM Health Care Provider Materials

General APM Health Care Provider Materials
Health Care Provider Section on Website
Health Care Provider One Page Overview
Health Care Provider FAQs
Health Care Provider Overview Slide Deck
APM Talking Points
Health Care Provider Playbook

https://ncinck.org/providers

Measure-Specific Health Care Provider Materials

Measure-Specific APM Health Care Provider Materials
Kindergarten Readiness Promotion Bundle Talking Points
Kindergarten Readiness section of NC InCK Health Care Provider Playbook
Health Care Provider Resource Table for Kindergarten Readiness Promotion Bundle
Kindergarten Readiness Slide Deck for Health Care Providers
Sample EHR Order Sets to capture Kindergarten Readiness Promotion Bundle
Food/Housing Screening Guidance Overview

Let us know if there are other materials that would be helpful!
Email Dan Kimberg at daniel.kimberg@unchealth.unc.edu

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APM Provider Engagement Opportunities

Event	Timing
Presentations to Clinics with > 1,500 InCK attributed children	**Completed** (July, 2021 to February, 2022)
CIN Leader and Electronic Health Record Expert Meeting	**Completed** (Jan. + March, 2022)
Recorded Webinar on all Measures	**Anticipated** September, 2022
Provider Office Hours	**Anticipated** beginning November, 2022
Cross-Practice Learning Opportunities	**Anticipated** beginning January, 2023

If you have ideas of other engagement opportunities that would be helpful or if you want us to come to meet with your network, please let us know!

Email Dan Kimberg at daniel.kimberg@unchealth.unc.edu

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Questions and Connections?

Appendix

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

SIL-3: ~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, and social risks

SIL-2: ~10,000 children

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

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

SIL-1: ~80,000 children

All other children in NC InCK counties.

May have isolated health and contextual risks.

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Merging New Data to Stratify Children in InCK

Value: NC InCK will integrate statewide data beyond healthcare

Category	Examples of Data used to Assess Needs
SDOH Needs	• Food, housing, transportation needs from Care Needs Screen • Social Deprivation Index for member address
Education	• # of school absences and suspensions
Juvenile Justice	• Placement in detention or development center • Probation status
Child Welfare	• Current foster care placement • Recently returned home from foster placement
Guardian	• Casehead substance use during pregnancy • Casehead qualifies for Tailored Plan
Medical Complexity	• Pediatric Medical Complexity Algorithm, Level 3

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 and Family Navigator form **Integrated Care Team** of trusted cross-sector individuals

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

Updated APM Implementation Timeline

Features & Tasks	Owner	Start Date	End Date
Release **AMH manual** and **InCK tech specs** for formal feedback from **PHPs** and Providers/CINs	Medicaid	Current	**3/11/2022**
Feedback on documents from **PHPs** and Providers/CINs	**PHPs**/CINs	3/14/2022	**3/25/2022**
Release **FINAL** AMH manual and tech specs for **PHPs** and Providers/CINs	Medicaid	3/28/2022	**4/20/2022**
PHPs submit APM details to Medicaid	**PHPs**	4/21/2022	**5/20/2022**
Medicaid provides feedback to **PHPs** on APM details	Medicaid	5/23/2022	**6/17/2022**
PHPs submit proposed PHP:Provider contracts to Medicaid for a 3-week review	**PHPs**	6/20/2022	**7/8/2022**
Medicaid (Plan Admin) sends final contract amendments back to **PHPs** via PCDU	Medicaid	7/11/2022	**7/29/2022**
PHPs send PHP:Provider contracts to Providers/CINs	**PHPs**	8/1/2022	**8/5/2022**
CCPN shares opportunity to CCPN practices	CCPN	9/1/2022	**10/10/2022**
PHP:Provider Contracts Executed	PHPs	10/10/2022	**11/4/2022**

Kindergarten Readiness Promotion Bundle Components

Well-Child Visit Components of Kindergarten Readiness Promotion Bundle

- Aligned with EPSDT/Health Check guidelines

- Apply universally to all children from birth until the 6th birthday

- Kindergarten Readiness Promotion Bundle can be delivered by documenting 5 or more of these components at any well visit for children who do not have additional identified needs

Conduct Well Visit

More children coming for well visits means more opportunities to deliver and receive credit for the Kindergarten Readiness Promotion Bundle

- Conducting a well child visit at each age indicated by [NC Health Check Program Guide/EPSDT Guidelines](#) is a component of the Kindergarten Readiness Promotion Bundle

- Health care providers should document well visits using the applicable CPT and diagnosis codes (for example, diagnosis codes Z00.121/Z00.129 with CPT codes 99391/99392/99393).

- Many practices will benefit from outreach to identify children in need of well visits

Provide Office-Based Literacy Promotion

Reach Out and Read programs can be used for this component

- Consists of:
  - Providing a new book at each well visit
  - Counseling caregivers about benefits of early book sharing
- Practices that want to use alternative approaches to office-based literacy promotion should ensure they include the above criteria

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Conduct Developmental Screening to Identify Risk for Developmental Delay

Use a validated and structured developmental screening tool

- Developmental screening is required though the North Carolina Medicaid Health Check program at the 6-month, 12-month, 18- or 24- months, and ages 3, 4, and 5-year visits

- Practices should document developmental screening as is currently advised in the NC Health Check Program Guide and code using **CPT code 96110** and modifier EP.

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Conduct Social-Emotional Screening

Bright Futures recommends a psychosocial/behavioral assessment at every well child visit

Examples include:
- [ ] Ages and Stages Questionnaire: Social Emotional 2 (ASQ SE-2)
- [ ] Baby/Preschool Pediatric Symptom Checklist (included in the Survey of Well-Being of Young Children or SWYC)

Apply **CPT code 96127** with the EP modifier

Apply Fluoride Varnish

Prevent dental caries

- Apply fluoride varnish every 3-6 months from tooth eruption to 3 ½ years.
- Follow all guidance in the NC Medicaid Physician Fluoride Varnish Services Clinical Coverage Policy.
- Apply CDT codes D0145 and D1206

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Conduct Hearing and Vision Screening

> Objective vision screening annually ages 3 to 6
> Objective hearing screening annually ages 4 to 6

- Aligns with NC Medicaid Health Check guidelines
- Apply usual vision screening codes **(99173/99177)**
- Apply usual hearing screening codes **(92551/92552 +EP)**

Need-Based Components of the Kindergarten Readiness Promotion Bundle

- Many children will benefit from programs, connections, and referrals that are based on their specific needs

- Children's health care providers can promote kindergarten readiness by actively connecting children to the following need-based components of the Bundle as applicable

Refer to PreK

> Referral to high-quality PreK can significantly improve kindergarten readiness

- <u>Provide on-site assistance</u> with PreK application completion

- <u>Connect families to an application counselor:</u>
  - Child Care Referral Central 1-855-EARLY-ED or 1-855-327-5933 or
    https://www.childcareservices.org/families/find-child-care/
  - Durham County, the Durham PreK line: 1-833-773-5338 or
    https://durhamprek.org/dpk-application/

- Document referral to PreK and **use the TS modifier in combination with the Bundle code 1003F**

Refer to CDSA

> Referring children from birth to age 3 puts early intervention services into place that facilitate kindergarten readiness

Refer children to a local CDSA (Children's Developmental Services Agency) if they have:

- Developmental delay
- Specific physical or mental conditions with a high probability of developmental delay
- Document CDSA referral within the medical record

- Consider developing a system that allows referrals to the CDSA to be tracked and followed up

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Refer to Exceptional Children's Program

Referring children who are 3-5 years of age to local school districts can help to put services into place that facilitate kindergarten readiness

- Refer children local school district's Exceptional Children Preschool Programs if they:
  - Have a developmental delay
  - Received services previously through the CDSA
- Consider using the **Physician Notification to Exceptional Children form** located here to refer children
- Consider providing the parent with contact information for the Exceptional Children's program to School District Preschool Coordinators
- Document Exceptional Children's Program referral within the medical record.

Provide/refer to parenting support program

Parenting support programs can improve kindergarten readiness by promoting healthy development and early relational health and supporting caregivers.

- Provide/refer to parenting support programs
  - Can occur in the office, remotely, or within the home or other settings
  - Consider programs with a strong evidence base and include skill practice
- Programs should have:
  - a minimum of 2 planned contacts with caregivers
  - structured training for program leaders
- Include: Triple P, Incredible Years, PriCARE, Parents as Teachers, Healthy Steps, Family Connects
- Document referral in medical record

Provide/refer to early childhood mental health program or service

Early childhood mental health services can help to support social and emotional components of kindergarten readiness.

- Refer child based on parent concerns, observation, or social-emotional screening
- Refer to therapists with experience with young children and evidence-based therapies (eg., parent-child interaction therapy)
- Providers may contact the North Carolina Psychiatry Access Line to identify therapists: (NC-PAL.) 919-681-2909, https://ncpal.org/
- Includes
  - On-site behavioral health therapist
  - Off-site therapists or other mental health professionals

Provide/refer to community-based literacy program

Access to books builds literacy skills and contributes to kindergarten readiness

- In addition to in-office literacy promotion through Reach Out and Read community-based literacy programs offer free books and literacy supports

- Examples include:
  - Dolly Parton Imagination Library
  - Book Babies through Book Harvest
  - Raising a Reader Family literacy program (Orange County)

- To meet this component of the Bundle, practices should provide on-site assistance with registering for these free programs.

- This component of the Bundle should be documented in the medical record.

Sample Improvement Steps for Kindergarten Readiness Promotion Bundle

- **Electronic health record modifications.** Bundle can be documented with standardized procedures, such as standard order sets and electronic well child check templates

- **Addition of on-site programs and services.** Practices may want to consider partnering to develop additional developing on-site or virtual programs.

- **Identified staff member to support kindergarten readiness efforts.** Practices may want to consider identifying a specific staff member who can assist with kindergarten readiness-related efforts

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Sample Coding for Kindergarten Readiness Promotion Bundle Using EHR Order Set: 4 Year Old, Well Child, PreK Referral

☑ Kindergarten Readiness Promotion Bundle CPT 1003F

☑ SE modifier

☑ TS modifier

☑ Well child visit Z00.121
☐ Dental varnish codes D1405/1206
☑ Developmental screen code 96110
☑ Social emotional screen code 96127
☑ Vision screening 99173/99177
☑ Hearing screening 92551/92552+ EP
☑ Office-based literacy promotion
☑ PreK referral
☐ Parenting program referral
☐ CDSA referral
☐ Exceptional Children's referral
☐ Community literacy program referral
☐ Early childhood mental health referral

Sample Coding for Kindergarten Readiness Promotion Bundle Using EHR Order Set: 3 Year Old, Well Child

☑ Kindergarten Readiness Promotion Bundle CPT 1003F

☑ SE modifier

☐ TS modifier

☑ Well child visit Z00.121

☑ Dental varnish codes D1405/1206

☑ Developmental screen code 96110

☑ Social emotional screen code 96127

☑ Vision screening 99173/99177

☑ ☐ Hearing screening 92551/92552+ EP

☑ Office-based literacy promotion

☐ Parenting program referral

☐ PreK referral

☐ CDSA referral

☐ Exceptional Children's referral

☐ Community literacy program referral

☐ Early childhood mental health referral

Sample Coding for Kindergarten Readiness Promotion Bundle Using EHR Order Set: 3-Year-Old, Developmental Delay and Behavior Problems

☑ Kindergarten Readiness Promotion Bundle CPT 1003F

- SE modifier

- TS modifier

☑ Well child visit Z00.121

☑ Dental varnish codes D1405/1206

☑ Developmental screen code 96110

☑ Social emotional screen code 96127

☑ Vision screening 99173/99177

❑ Hearing screening 92551/92552+ EP

❑ Office-based literacy promotion

❑ PreK referral
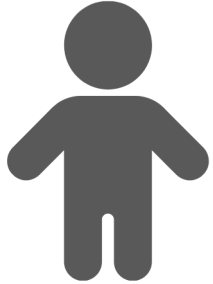
☑ Parenting program referral

☑ CDSA referral

❑ Exceptional Children's referral

❑ Community literacy program referral

❑ Community literacy program referral

❑ Early childhood mental health referral

Meeting Matthew's Needs: Applying the Kindergarten Readiness Promotion Bundle

Michael's doctor's office reaches out to schedule his 3-year-old checkup

Michael's doctor:
- ✓ Completes well visit
- ✓ Gives Reach Out and Read book and counsels about book sharing
- ✓ Notes speech delay on developmental screening tool
- ✓ Notes behavioral concerns on social-emotional screening tool
- ✓ Refers to Exceptional Children's program for developmental delay
- ✓ Refers to parenting program for social-emotional concerns
- ✓ Refers to Child Care Services Association for help with Head Start enrollment
- ✓ Applies dental varnish
- ✓ Notes normal vision screening

Kindergarten Readiness Materials and Engagement Opportunities for Health Care Providers

- **AHEC Webinar, Date in May of 2022 to be announced:** Join NC InCK and NC Medicaid staff to discuss the Kindergarten Readiness Promotion Bundle. Register here.

- Kindergarten Readiness Promotion Talking Points

- Health Care Provider Guide
    - Links to county-specific resources to match each component of Bundle