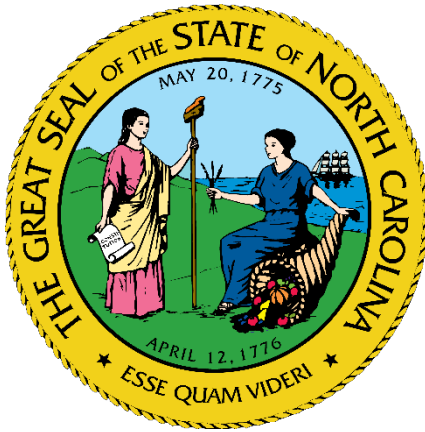


# Quality and Population Health:



## Advanced Medical Homes: Incentive Plans

NC Division of Health Benefits  
NC Area Health Education Centers, and  
Standard Plan Prepaid Health Plans

### **RCC (Relay Conference Captioning)**

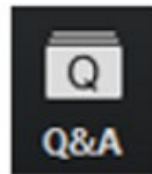
Participants can access real-time captioning for this webinar here:

<https://www.captionedtext.com/client/event.aspx?EventID=4980967&CustomerID=324>

December 9, 2021

# Logistics for today's webinar

Question during the live webinar



**Technical assistance**

[technicalassistanceCOVID19@gmail.com](mailto:technicalassistanceCOVID19@gmail.com)

# Presenters

## DHHS- NC Medicaid

Kelly Crosbie, MSW, LCSW- Chief Quality Officer  
Taylor Zublena, RN, MSN, CCM, CPHQ- Associate Director-Quality Management  
Sam Thompson, MSW- Associate Director-Program Evaluation

## NC AHEC

Carol Stanley, MS, CPHQ- Manager, Medicaid Transformation  
Monique Mackey- Manager, Practice Support



**NCDHHS**  
NC Medicaid  
Division of Health Benefits



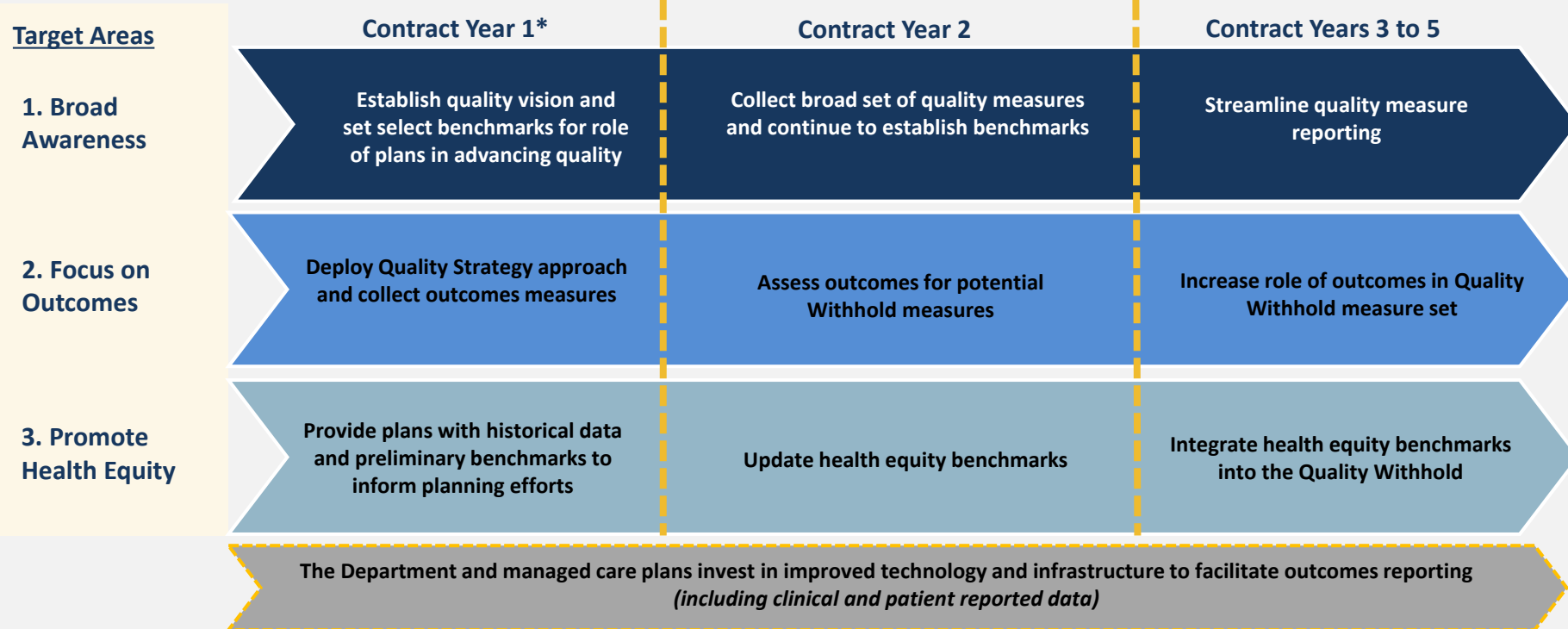
# Agenda

- 
- Vision for NC Quality**
  - Advanced Medical Home (AMH) Quality**
  - Standard Plan Quality Measures, Rates, and Targets**
  - Data Strategy and Vision for AMH**
  - Incentives Plan and Support by PHP**
  - AHEC Practice Support**
  - Q&A**
  - Appendix**

# **Vision for NC Quality**

# The Department's Quality Vision

The Department seeks to develop a data-driven, outcomes-based, continuous quality improvement process that rewards Standard Plans and Behavioral Health I/DD Tailored Plans for advancing quality outcomes in targeted areas.



\*Refers to the Contract Year for Standard Plans and BH I/DD Tailored Plans, respectively, recognizing their different launch dates. Each Contract Year will run from July 1 to June 30.

# Timelines for Quality Measurement and Contracting

Each contract year, Standard Plans and Behavioral Health I/DD Tailored Plans will submit quality performance data collected during the calendar year that began immediately before the contract year.

## Standard Plan Timeline



The first observation period Standard Plans and Behavioral Health I/DD Tailored Plans will report standardized quality measures covers parts of Calendar Years 2022 and 2023.

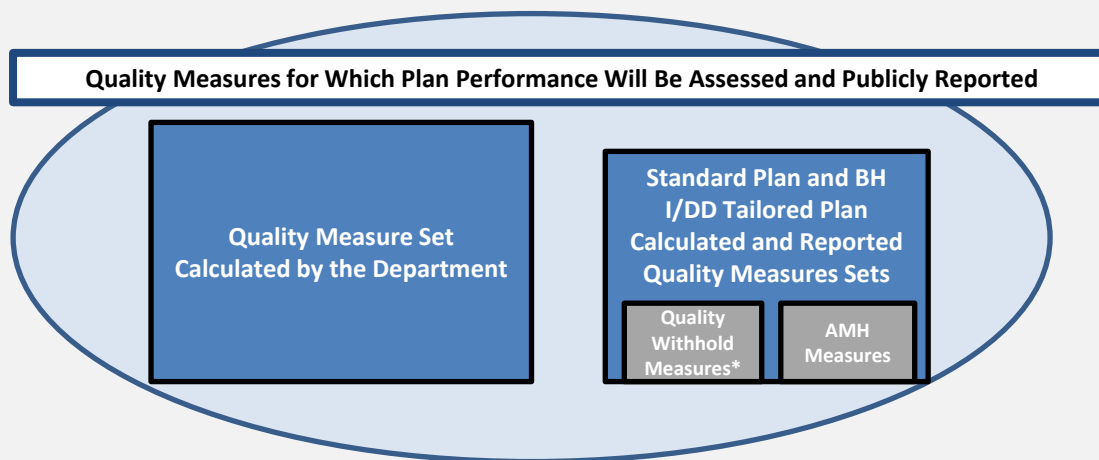
# AMH Quality



# Quality and Administrative Measure Reporting

North Carolina has developed standard performance measures, some of which Standard Plans and Behavioral Health I/DD Tailored Plans are required to measure and report to the Department. Others will be directly measured by the Department.

- The Standard Plan and BH I/DD Tailored Plan measure sets continue to reflect the Department's commitment to reporting measures aligned with HEDIS and the CMS Adult and Child Core sets.
- In the future, the Department will update quality measure sets and performance benchmarks annually to reflect the:
  - Evolution of measure sets and technical specifications; and
  - Discontinuity in performance reporting as providers transition to managed care.



# Quality Initiatives within the AMH Program

The Department requires Standard Plans to monitor the performance of AMHs in all tiers to ensure delivery of high-quality care.

- All practices will be eligible to earn negotiated Performance Incentive Payments based on the set of measures in the AMH measure set, which were selected for their relevance to primary care and care coordination.
  - Performance Incentive Payments are optional for Tier 1 and 2 AMHs.
  - Standard Plans are required to offer opportunities for such payments to Tier 3 AMHs.
- Standard Plans are not required to use all the AMH measures, but any quality measures they choose must be drawn from this set; plans are not permitted to use measures drawn elsewhere.

**CY2022 = First Measurement Period**  
**CY2019 = Baseline Statewide Rates**

## Advanced Medical Home Measure Set

NQF#	Measure Name	Steward	Frequency*
<b>Pediatric Measures</b>			
NA	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
0038	Childhood Immunization Status (Combo 10) (CIS)	NCQA	Annually
1407	Immunizations for Adolescents (Combo 2) (IMA)	NCQA	Annually
NA	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually
<b>Adult Measures</b>			
0032	Cervical Cancer Screening (CCS)	NCQA	Annually
0033	Chlamydia Screening in Women (CHL)	NCQA	Annually
0018	Controlling High Blood Pressure (CBP)	NCQA	Annually
0059	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	NCQA	Annually
1768	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
0418/ 0418e	Screening for Depression and Follow-up Plan (CDF)	CMS	Annually
NA	Total Cost of Care		Annually

\*Monthly gap measure reports are also required.

# **Standard Plan Measure Rates and Targets**

# NC Medicaid Quality Measure Mechanics

Targets: *Benchmark for each SP measure will be a 5% relative improvement over the 2019 Statewide Rates*

- Targets to Promote Health Equity: *For measures with a race/ethnicity disparity (10% relative difference), the Plan target is a 10% relative improvement over 2019 Statewide Rates.*
- Measure Specifications: [technical specifications and targets](#)
  - *DHB will calculate measure performance by Health Plan. Health Plans will calculate measures for providers.*
- Attribution: *DHB/SP finalizing a standardized attribution model that aligns with PCP assignment*
- FUTURE EVOLUTION: *DHB will update the quality measure sets and benchmarks annually to address:*
  - *Evolution of measure sets and technical specifications.*
  - *Disparate performance by region, plan, group*

# Standard Plan Measures: 2019-20 Rates and PHP Targets

Measure	NQF #	Measure Group	CY2019 NC Rate	CY2019 US Median	CY2020 NC Rate	CY2022 PHP Target
Adolescent Well-Care Visit (AWC)* <b>(Retired measure)</b>		Pediatric	43.4	57.18	x	N/A
Childhood Immunization Status (Combination 10) (CIS-CH)	0038	Pediatric	35.02	37.47	36.16	36.77
Immunization for Adolescents (Combination 2) (IMA)	1407	Pediatric	31.55	36.86	31.21	33.13
Well-Child Visits in the First 15 Months of Life - 6 or More Visits (W15)* <b>(Retired Measure)</b>	1392	Pediatric	65.71	67.88	N/A	N/A
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)* <b>(Retired measure)</b>	1516	Pediatric	70.48	74.7	N/A	N/A
Well-Child Visits in the First 30 Months of Life <b>(New)</b>		Pediatric	N/A	N/A	66.38	-
Child and Adolescent Well-Care Visits <b>(New)</b>		Pediatric	N/A	N/A	45.62	-
Cervical Cancer Screening (CCS)	0032	Adult	43.82	61.31	42.83	46.01
Chlamydia Screening in Women (Total Rate) (CHL)	0033	Adult	58.22	58.44	57.19	61.13
Plan All-Cause Readmissions - Observed to expected ratio (PCR)	1768	Adult	0.93	-	0.99	0.88

Rates and Targets not available until results available for CY2021 for Screening for Depression and Follow up, Controlling High Blood Pressure, Comprehensive Diabetes Care: Poor Control >9%, Total Cost of Care measures.

\*Measure included here to report historical rates. PHPs will report the revised NQQA measures, **W30 and WCV**.

# **Data Reporting, Sharing, and Health Information Exchange**

# Data Strategy Vision for Advanced Medical Homes

**AMH practices must have access to multiple types of data from PHPs and other sources to assume responsibility for population health**

## Required data flows to **all AMHs\***:

- Beneficiary assignment information from PHPs
- Initial Care Needs Screening information from PHPs
- Risk scoring data from PHPs
- Common quality measure performance information from PHPs

## Required data flows to **AMH Tier 3 practices\***:

- Encounter data from PHPs
- **ADT information from NC HealthConnex or other source**
- *Cost data is not required, but high level of interest from providers*

## Additional data all AMHs are **encouraged to access**:

- **Clinical and other health information for population health/care management processes from NC HealthConnex or other sources**
- Data about available local human services accessed via NCCARE360
- Data sharing with consumers

DHB and Accenture continue to update the data formats and flows based on lessons learned and the need to support new programs (e.g., NC Integrated Care for Kids).

# Connecting to HIEA

## Updated legislation<sup>1</sup> passed May 2021:

- Extends the connection deadline for most providers of Medicaid and State-funded health care services, and affiliated entities, until January 1, 2023 (currently October 1, 2021).
- Extends the connection deadline for physicians who perform procedures at ambulatory surgical centers, dentists, psychiatrists, and the State Laboratory of Public Health until January 1, 2023 (currently June 1, 2021).
- Extends the connection deadline for pharmacies and State health care facilities operated under the Secretary of the N.C. Department of Health and Human Services (State psychiatric hospitals, developmental centers, alcohol and drug treatment centers, neuro-medical treatment center, and residential programs) until January 1, 2023 (currently June 1, 2021).

1. Full policy analysis available here - <https://hiea.nc.gov/about-us/what-does-law-mandate>



# Medicaid/HIE Quality Initiatives

## Priority Data Elements

Focus on using key data elements currently in the HIEA needed to support quality measurement and population health

## Data Quality Improvement

Work with PHPs and providers to ensure priority data elements are completed consistently and accurately

## NCQA

Initiate NCQA Data Aggregator Validation Program (DAV) efforts to validate data input. Initial effort will look at up to 8 cohorts for data validation.

## **Quality Measures that Require NC HIEA Data**

- **Comprehensive Diabetes Care - Pharmacological, Lab data**
- **Controlling High Blood Pressure - Vital signs data**
- **Screening for Depression and Follow-up - pharmacotherapy, lab data, follow-up data**
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents; Body Mass Index and follow up - clinical data**
- **HIV Viral Load Suppression - diagnosis and lab data**

# Phase 1 – Priority HIEA Data Elements

HIEA will begin sending extracts to the PHPs and DHB by the end of Q1 2022

HIEA Priority Data Elements	Category
A1C value (diabetics)	Clinical Values
Blood pressure	Clinical Values
Name	Member Demographics
Depression screening (adolescents, adults)- positive screening	Screenings/Exams
DOB	Member Demographics
Depression screening (adolescents, adults)- PHQ-9 score	Screenings/Exams
Labs/testing/assessments/imaging and results	Current Treatment
Cervical cytology (CCS)	
Pregnancy test (CHL)	
Chlamydia screening test (CHL)	
Blood glucose and cholesterol testing (APM) *Note: Only for Tailored Plans	
Medications	Current Treatment
Antipsychotics (APP)	
Contraceptive medications (CHL)	
Antidepressants/Anxiolytics (CDF)	
Opioids (OHD and OMP)	
Antipsychotics ( ADD, AMM, APM) *Note: Only for Tailored Plans	
Screening for Depression and Follow-Up	Current Treatment
Depression screening (maternal)- positive screening	Screenings/Exams
BMI, height, and weight (child, adolescent, adult) *Note: Just height and weight	Clinical Values
Phone number	Member Demographics
Address	Member Demographics
NPI/TIN	Provider Demographics
Preferred language	Member Demographics
Name	Provider Demographics
Race	Member Demographics
Address	Provider Demographics
Sex assigned at birth	Member Demographics
Facility name	Provider Demographics

## **Incentives Plan and Support by PHP**

# Healthy Blue APM Strategy & Support

**2021**

Pay for Reporting

**2022**

- P4P begins for Blue Premier Medicaid VBP Arrangements
- Launch of LAN Cat. 3A Quality Incentive Program for eligible AMHs

**2023**

A host of other performance-based incentive programs will be made available for multiple specialties (i.e., OB, BH, LTSS)

# Healthy Blue APM Strategy & Support

## AMH Performance Feedback Progress

Mostly focused on programmatic support for delegated care management including process implementation, reinforcement of compliance-based requirements, performance expectations

## Current Successes

- **100%** provider engagement
- **Zero** performance/compliance-based AMH tier downgrades or terminations

## Provider Opportunities for VBP Support

Connection to HIE, or volunteer to submit supplemental files for more efficient quality performance monitoring

# Healthy Blue Network Provider Support Resources

Resource	Web Link
<b>Availity</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/learn-about-availity">https://provider.healthybluenc.com/north-carolina-provider/learn-about-availity</a>
<b>Provider Manual</b>	<a href="https://provider.healthybluenc.com/docs/gpp/NCNC_CAID_ProviderManual.pdf">https://provider.healthybluenc.com/docs/gpp/NCNC_CAID_ProviderManual.pdf</a>
<b>Prior Auth Lookup Tool</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/prior-authorization-lookup">https://provider.healthybluenc.com/north-carolina-provider/prior-authorization-lookup</a>
<b>Policies, Manuals, Guides</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides">https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides</a>
<b>HB Training Academy</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/training-academy">https://provider.healthybluenc.com/north-carolina-provider/training-academy</a>
<b>Patient360</b>	<a href="https://provider.healthybluenc.com/north-carolina-provider/patient360">https://provider.healthybluenc.com/north-carolina-provider/patient360</a>

- Incentive programs
  - Frances Johnson, Sr. Director Quality Improvement
  
- Support of data exchange
  - Frances Johnson, Sr. Director Quality Improvement
  
- Provider resources
  - Charlene King, Manager Provider Relations



## ■ Incentive Programs

- Shared Savings Program with a Quality gate
- Incentive Program for individual care gap closure

## ■ Support of Data Exchange

- Good collaboration to date!
- Accurate coding and billing
- Begin/continue dialogue
  - Process discussion
  - Test
  - Implement
  - Identification of key individuals to promote good communication
- Communication/Contact
  - Nathan Hamilton [Nathan.Hamilton@wellcare.com](mailto:Nathan.Hamilton@wellcare.com)
  - Assigned Quality Practice Advisor
    - [Michelle.Minton@wellcare.com](mailto:Michelle.Minton@wellcare.com) if Quality Practice Advisor is unknown

## ■ Provider Resources

- Provider Portal – [www.wellcare.com](http://www.wellcare.com)
- Provider newsletters
- Direct visits by assigned Network Performance Advisor
  - Provider onboarding
- Communication/contact - [SM\\_NCProviderRelations@wellcare.com](mailto:SM_NCProviderRelations@wellcare.com)

# AmeriHealth Caritas APM Strategy & Support

## 2021

- Gaps in Care payment program (Interim Program)

## 2022

- P4P through VBP Arrangements
- QEP/AMH Programs
- Any other Payment programs or incentives for AMH Tier 3's
- HEDIS Measures as identified

## 2023

- AMH Metrics
- VBP Arrangements
- QEP/AMH Program
- Any other P4P Programs
- Any other Payment programs or incentives for AMH Tier 3's
- HEDIS Measures as identified
- Ongoing Performance Improvement
- Move to Shared Savings/More advanced APM Strategies

# Performance Feedback Practices

## AMH Delegation Oversight Outreach

- Population Health Management (PHM) will be focusing on the delegation management language of our contract with the AMH's.

## Provider Support Plan

- ACNC has a provider support plan included in their orientation manual

## NaviNet Provider Portal

## Newsletters to Providers

## CAP Situations starting in 2023

## Provider Report Cards starting in 2022

## Data Access Mentoring and Coaching for Practice Transformation

## Joint Operating Committee Meetings

## Additional Feedback related to REL and Diversity pilot programs

# DATA Exchange

- HIE Exchange
- Internal Data Files required to be shared with DHB
- Provider Reports and Dashboard Access
- NCQA Data Sharing for Accreditation
- Other State or Accreditation Reports (Ad Hoc)
  - NCIR ?
  - LHD

# Working Well

## Working Well

- Contracting
- Closing of gaps for first 6 months of launch
- High Level interest in VB Programs

## Needed from Providers

- Better Provider Engagement
- Engagement around Data Exchange with Providers
- Operationalizing the HIE Data Exchange Process
- Review their orientation manuals
- Access to the Provider Webpage and Provider Portal

# Resources or Forms

Resource	Where to Access
Provider Portal (NaviNet)	Sign up: <a href="https://navinet.secure.force.com/">https://navinet.secure.force.com/</a> NaviNet Logon: <a href="https://identity.navinet.net/Account/Login">https://identity.navinet.net/Account/Login</a>
Provider Manual	<a href="https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf">https://www.amerihealthcaritasnc.com/assets/pdf/provider/provider-manual.pdf</a>  <a href="https://www.amerihealthcaritasnc.com/provider/forms/index.aspx">https://www.amerihealthcaritasnc.com/provider/forms/index.aspx</a>
Amerihealth Webpage Site	<a href="https://www.amerihealthcaritasnc.com/provider/index.aspx">https://www.amerihealthcaritasnc.com/provider/index.aspx</a>
Clinical Policies	<a href="https://www.amerihealthcaritasnc.com/provider/resources/clinical/policies.aspx">https://www.amerihealthcaritasnc.com/provider/resources/clinical/policies.aspx</a>

# Contact List

Department	Contact	Email
Population Health Management	Barb Matthews	<a href="mailto:Barb.matthews@amerihealthcaritasnc.com">Barb.matthews@amerihealthcaritasnc.com</a>
Provider Network Management (Interim)	Peggy Vickery	<a href="mailto:pvickery@Selecthealthofsc.com">pvickery@Selecthealthofsc.com</a>
Quality Management	Pamela Harris	<a href="mailto:pharris@amerihealthcaritasnc.com">pharris@amerihealthcaritasnc.com</a>
Member Engagement	Brenda Radford	<a href="mailto:bradford@amerihealthcaritasnc.com">bradford@amerihealthcaritasnc.com</a>
Data Integrity	Hazen Weber	<a href="mailto:hweber@amerihealthcaritasnc.com">hweber@amerihealthcaritasnc.com</a>
Corporate Compliance	Toni Johnson	<a href="mailto:twjohnson@amerihealthcaritasnc.com">twjohnson@amerihealthcaritasnc.com</a>
Plan Operations	Danielle Quinn	<a href="mailto:dquinn@amerihealthcaritasnc.com">dquinn@amerihealthcaritasnc.com</a>
Communications	Julie Henry	<a href="mailto:jhenry@amerihealthcaritasnc.com">jhenry@amerihealthcaritasnc.com</a>
Value Based Programs	Rita Orr & Pinkey Slade	<a href="mailto:rorr@amerihealthcaritas.com">rorr@amerihealthcaritas.com</a> <a href="mailto:pslade@amerihealthcaritasnc.com">pslade@amerihealthcaritasnc.com</a>
Behavioral Health Medical Director	Bryan Smith	<a href="mailto:bsmith@amerihealthcaritasnc.com">bsmith@amerihealthcaritasnc.com</a>
Chief Medical Officer	George Cheely	<a href="mailto:gcheely@amerihealthcaritasnc.com">gcheely@amerihealthcaritasnc.com</a>



# Provider Incentives and Support

## High Level Overview

**Primary Care Provider Incentive (PCPi)** is the standard provider incentive program offered by UHC to eligible AMH Providers at all tiers. This program is a pay for performance model based on allowable AMH quality measures. Other value-based arrangements outlined by HCP-LAN APM categories are negotiated on a cases by case basis with providers.

### Progress to Date

- **Patient Care Opportunity Reports (PCOR) are available**
  - Located on the UHC Provider Portal to view quality metrics and gap closure opportunities on a monthly basis
- **Provider Clinical Leadership Meetings launched to:**
  - review population health & quality metrics,
  - discuss member care gaps,
  - improvement opportunities
- **UHC Accessed, aggregated and leveraged clinical data through the following methods:**
  - primary (claims, registry and HIE pending certification)
  - secondary - (EHR feeds, CCD,)
  - tertiary - (chart review-based method)
- **Provider requested actions:**
  - Access the UHC portal to review PCOR information
  - Continued participation in clinical leadership meetings
  - Participation in strategy and action plan for quality improvement activities
  - Facilitate access to clinical data by consenting to EMR connections

### What's Working Well

- Claims ingestion for performance measure identification
- Provider engagement
- Data access for providers

### Opportunities

- Make HIE data exchange operational for PHPs to obtain clinical data to support performance measure calculation

### Provider Resources

- [Physician Performance Based Compensation | UHCprovider.com](https://uhcprovider.com)
- [2022 UnitedHealthcare PATH Reference Guide \(uhcprovider.com\)](https://uhcprovider.com)
- [Patient Care Opportunity Report \(PCOR\) \(chameleoncloud.io\)](https://chameleoncloud.io)
- Clinical guidelines
- Educational offerings



# Clinical Quality Provider Support

**UHC has dedicated teams to support providers with:**

1. Access to clinical quality data,
2. Performance measure management,
3. Member care gaps closure,
4. Identification of of improvement opportunities

## **Provider & Local Health Department Support Teams**

Oversee and Monitor AMH performance

Facilitation of practice performance improvement activities

Educate on QI support, transformation efforts, incentives, population health and Tier 3 oversight

## **Quality Improvement Team**

Collect, Stratify and Analyze data to identify opportunities

Create overall strategy for performance improvement

Disseminate information to teams

Contact UHC clinical quality support:

[uhc-amh-support@uhc.com](mailto:uhc-amh-support@uhc.com)



# CCH – Provider Engagement

Each **Advanced Medical Home and Hospital/Health System** will have a dedicated Carolina Complete Health Network Provider Engagement Coordinator

- [Meet the team!](#)
- Connect with your PEC directly, by phone or email using our [directory](#)

Provider Engagement Coordinators will provide hands-on support with:

- Provider education and orientation
- HEDIS/care gap reviews
- Financial analysis on P4P or risk arrangement in VBC
- Innovation and Transformation
- AMH oversight in partnership with CCH
- EHR utilization
- Facilitate inquiries related to administrative policies, procedures, and operational issues
- Monitor performance patterns

# CCH – Portal & Dashboards

Eligibility Patients Authorizations Claims Messaging Help

Viewing Dashboard For: TIN [ ] Plan Type Medicaid [ ] GO

### Quick Eligibility Check for Medicaid

Member ID or Last Name: 123456789 or Smith Birthdate: mm/dd/yyyy [Check Eligibility](#)

### Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	05/15/2020	[REDACTED]	T136
✓	05/18/2020	[REDACTED]	T139
✓	05/18/2020	[REDACTED]	T139
✓	04/23/2020	[REDACTED]	T114
✓	04/21/2020	[REDACTED]	T112

### Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >

### Recent Activity

Date	Activity
------	----------

### Quick Links

**Register for the Carolina Complete Health  
Secure Provider Portal:**  
[Provider.carolinacompletehealth.com](https://Provider.carolinacompletehealth.com)

Resources

- Case Study Support Resource
- FAQ
- Tool Navigation Guide

### P4P and Quality Reporting

Quality

- 2021 NC Med (Adults)
- 2021 NC Medicaid (Peds)

### Dashboards

No data returned for this view. This might be because the applied filter excludes all data.

Reference Materials  
[Data Dictionary](#)

# CCH – Provider Tools & Resources

HEDIS® Adult Pocket Guide: 2021 Measurement Year		
Prevention and Screening		
Measure	Best Practice	Codes
Annual Wellness Visit (Age 18+)	Once a year	G0438-G0439, Z00.00, Z00.01
COL - Colorectal Cancer Screening (Age 50-75)	Colonoscopy - within past 10 years	44388-44394, G0105, G0121
	Flexible Sig - within past 5 years	45330-45335, G0104
	CT Colon - within past 5 years	74261-74263
	FIT-DNA - within past 3 years	81528, G0464
BCS - Breast Cancer Screening (Female Age 50-74)	FOBT - within measurement year	82270, 82274, G0328
	Mammogram - every 2 years	77061-77063, 77065-77067, G0202, G0204, G0206
CCS - Cervical Cancer Screening (Female Age 21-64)	PAP	88141-88143, 88147, 88148, 88150, 88152-88154, G0123-G0124
	HPV (Member must be age 30 or older)	87624-87625, G0476
CHL - Chlamydia Screening (Female Age 16-24)	Urine Analysis	87110, 87270, 87320, 87490-87492, 87810
	Vaginal Swab	
COA - Care of Older Adults		
Measure	Best Practice	Codes
Advanced Care Planning	Evidence of advanced care planning	99483, 99497, 1123F, 1124F, 1157F, 1158F, S0257, Z66
Medication Review	Medication List & Medication Review	1159F and 1160F
Functional Status Assessment	ADLs/IADLs assessment	1170F
Pain Screening	Pain assessment	1125F, 1126F

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

© 2021 Carolina Complete Health

Provider-facing guides available at: <http://www.network.carolinacompletehealth.com/HEDIS>  
 Website Resources and Training: <http://www.network.carolinacompletehealth.com>

# AHEC Practice Support Resources

## AHEC & NC Medicaid Webinars & Virtual Office Hours

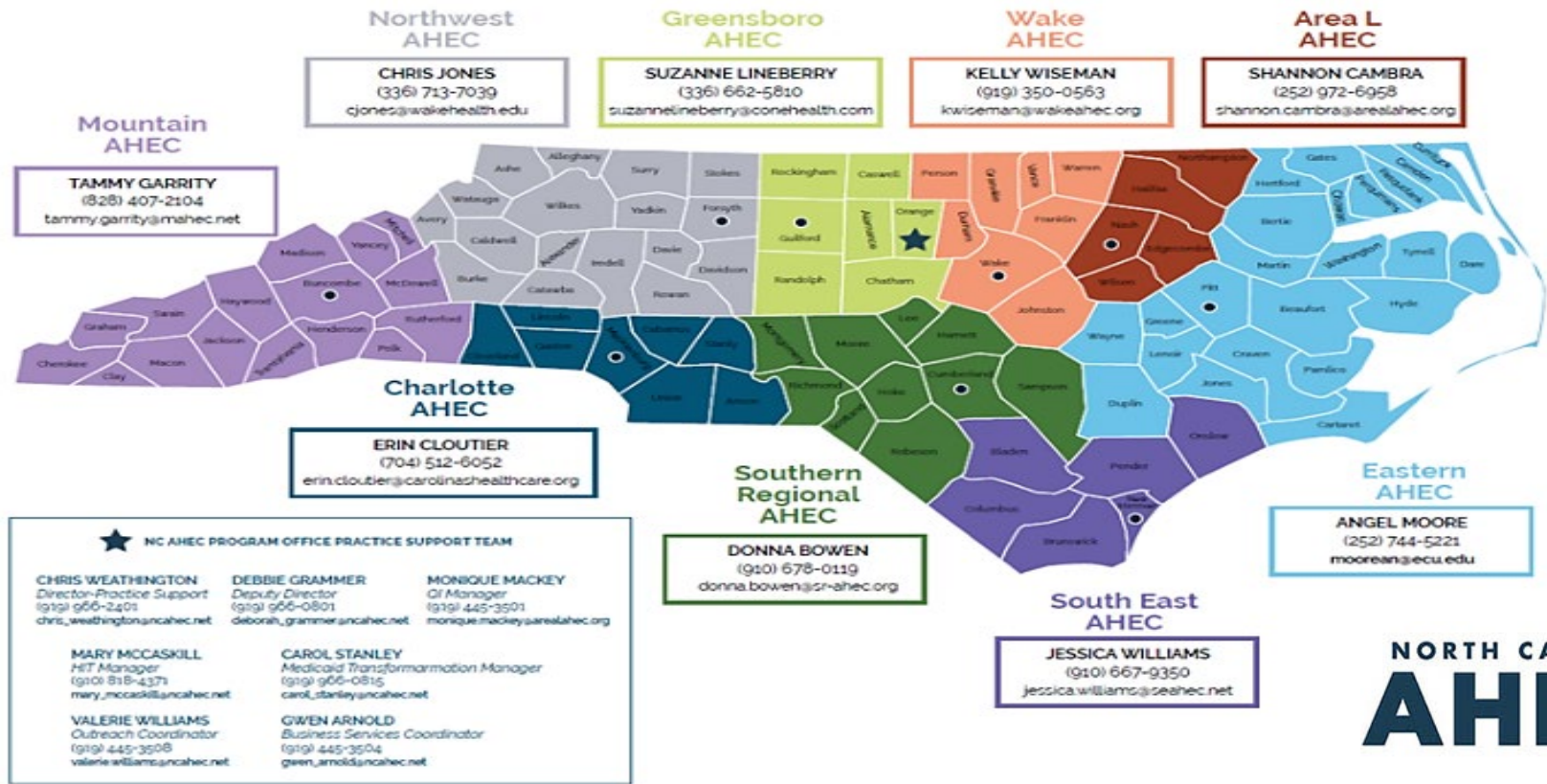
[Medicaid Managed Care Webinar Series for Providers | NC AHEC](#)

### Practice Support Services (available at no cost to practice)

- Medicaid managed care education & issue resolution
- Quality Improvement (Medicaid, MIPS/QPP, PCMH, etc.)
- Clinical workflow redesign
- Practice operational assessments
- HIT optimization (EHR & Telehealth) & HIE training and optimization
- Billing & coding guidance
- COVID19 vaccine & clinical workflow assistance
- AMH Tier Support
- TCM (AMH+/CMA) Support
- Community Health Worker Optimization



# AHEC Practice Support Direct Contacts





# AHEC Practice Support Contacts

- You may also contact us at [practicesupport@ncahec.net](mailto:practicesupport@ncahec.net). We will ensure a Practice Support Consultant follows up with you by next business day.
- More information is listed at [Practice Support | NC AHEC](#)





## Other Resources

**AHEC & NC Medicaid Webinars & Virtual Office Hours**

[Medicaid Managed Care Webinar Series for Providers | NC AHEC](#)

**NC Medicaid Quality Management and Improvement**

<https://medicaid.ncdhhs.gov/transformation/quality-management-and-improvement>





# Appendix

# Health Plan Practice Support Contacts

## NC Medicaid Division of Health Benefits

Phone: **1-833-870-5500**

(TTY: 1-833-870-5588)

Monday – Saturday 7am-8pm



## HealthyBlue of NC:

**HealthyBlueNC.com**

**AMH@healthyblue.com**



## AmeriHealth Caritas: **amerihealthcaritasnc.com**

Phone: **1-888-738-0004**

(TTY: 1-866-209-6421)

24 hours a day, 7 days a week



## United Healthcare Community Plan:

**uhcommunityplan.com/NC**

Phone: **1-800-349-1855**

(TTY: 711)

Monday – Saturday 7am-6pm



## Carolina Complete Health: **carolinacompletehealth.com**

**NetworkRelations@CCH-Network.com**

Phone: **1-833-552-3876, # 7**

(TTY: 711)

Monday – Saturday 7am-6pm



## WellCare:

**wellcare.com/NC**

**NCProviderRelations@Wellcare.com**

Phone: **1-984-867-8637**

(TTY: 711)



# COVID Vaccination Incentives

## ACTIVE PROJECT LIST (IN-PROGRESS PROJECTS)

What	When
Outreach for Unvaccinated Members (possibly 99401 with Modifier)	Goal to Launch October 15
COVID Vaccine Administration Rate	Goal Launch Early November, Retro 4/1/2021
COVID Vaccine Member Incentives- Managed Care Beneficiaries	Deploy in October, Reach Field November
COVID Vaccine Member Incentives- Medicaid Direct Beneficiaries	Goal Deploy in November
COVID Vaccine Incentive (Pay for Providers- P4P)	Goal Measurement June 2022, Payout September

# AHEC Practice Support

- We are the contracted partner with NC Medicaid to provide practice support services and educational programming for providers across all 100 counties.
- AHEC has a 50-year history of serving the state's health workforce needs and a national leader in practice support.
- The aim is to help providers thrive with value-based care across entire patient panel including Medicaid and all other payors.
- This service is offered at no cost via a team of nearly 40 practice support coaches located at 9 regional AHEC centers across North Carolina.
- Our coaches work 1:1 with independent primary care and specialists, FQHCs and rural health centers, health departments with primary care services and behavioral health providers.



# AHEC Practice Support Resources

- **Quality & Health Equity Improvement (Medicaid, All Payors)**
- Medicaid managed care education & issue resolution
- Clinical workflow redesign & process improvement
- COVID19 vaccine & clinical workflow assistance
- Practice operational assessments
- EHR optimization, telehealth integration
- HIE training and optimization
- Revenue cycle management
- Billing & coding guidance
- Advanced Medical Home (AMH) Tier Support
- Tailored Care Management (AMH+/CMA) Support
- Community Health Worker optimization
- Social Determinants of Health Workflow Optimization
- Virtual Collaborative Educational Programming

