May 21, 2019

The Honorable Mandy Cohen, MD
Secretary, N.C. Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2001

Dear Secretary Cohen:

Thank you for the opportunity to respond to *North Carolina’s Medicaid Managed Care Quality Measurement Technical Specification Manual*. The NC Pediatric Society represents more than 2,000 pediatricians and other child health professionals across North Carolina. We have a strong interest in Medicaid reform issues since the vast majority of patients to be covered in Standard Plans are children.

We applaud many aspects of the Technical Specifications Manual, including:

- Emphasis on addressing health disparities
- Focus on a few key indicators
- Reliance on existing measures
- Attention to minimizing provider administrative burden
- Inclusion of a clinician satisfaction survey
- Promotion of healthy births through modification of the low birthweight measure
- Inclusion of range of measures, including oral health, screening for social determinants of health, and key health drivers (such as weight and tobacco use)
- Publication of PHP quality performance where feasible
- Balance of confidentiality and HIPAA with transparency and quality information

We also have some concerns:

**Quality withhold measures on well-child visits** (Future Use of Quality Withholds and Overall Quality Results; Practice-level quality measurement for AMH; Table of Quality and Administrative Measures): Thank you for the inclusion of well-child visits in the withhold set. We also appreciate that the indicators in total address a wide age range of children. We are concerned that by focusing on ages three to six, that the well-child visits during the first year of life may be inadvertently de-emphasized. Infants can decompensate quickly, so well-child visits during this time period are some of the most likely exams to save lives. We would recommend substituting an infant visit for one of the early childhood visits.

**Inclusion of infant UTI for AMH quality** (Practice-level quality measurements for AMH): We appreciate the concern that practice-level monitoring be sensitive to limitation such as population size. We urge that more guidance is provided on what would constitute adequate population size and what might constitute “population.” For example, UTIs are not generally a preventable cause of hospital admission for infants.
Asthma: We appreciate that the asthma medication ratio is noted as likely rare in pediatric populations (Table 3 – Measures Selected for Use in PHP Assessments of AMH Practice Quality). We are concerned that it is included across all four categories in Appendix A: Table of Quality and Administrative Measures. In addition, we note that asthma has a strong seasonal component.

Health Equity (Promoting equity in care and outcomes): We applaud the inclusion of addressing equity. We urge that the EQRO measure focus on conditions that can be well-addressed through medical or social interventions, rather than those condition that have a strong genetic component (such as sickle cell).

Screening (only) for Social Determinants of Health (SDOH) (Select Administrative Measures): We applaud the infusion of addressing social determinants of health throughout the move to managed care. We are concerned that one of the select administrative measures is the screening for SDOH. We are concerned that if screening is emphasized over linkages to assistance then families may not get the help they need. There could also be a self-defeating cycle if the grapevine suggests that answering screening questions takes time but does not lead to assistance. In general, pediatricians are frustrated when needs are identified that cannot be addressed. We understand that screening occurs at the PHP – not practice – level; ultimately, however, practices will interact with families who need (and perhaps expect) assistance with SDOH. We urge inclusion of a mechanism to determine if families get help with SDOH.

Transparency: We understand that ultimately the PHP is responsible for the deliverables. However, it would be helpful to providers to also be informed about the specific desired targets. How these indicators are measured and the ability of a practice to understand and replicate the methodology to determine whether or not a target is being met at the practice-level is an important component to achieving desired results. It is also important information for contracting purposes.

Thank you to you and your team for your thoughtful approach to the transition to Medicaid Managed Care along with the inclusion of many stakeholder voices. If you have any questions, please let me, or our Executive Director, Elizabeth Hudgins, know.

Sincerely,

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