

North Carolina Chapter

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American Academy of Pediatrics

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May 5, 2021

Secretary Mandy Cohen, MD
NC Department of Health and Human Services
2001 Mail Service Center
Raleigh, NC 27699-2000

Dear Secretary Cohen:

Thank you for the opportunity to provide input on the NC Medicaid Managed Care Quality Strategy dated April 18, 2021. The NC Pediatric Society represents 2,300 pediatricians and other child health professionals across North Carolina.

Since we have provided detailed feedback previously, we will focus on a few high-level points. (Previous written comments are here: <https://www.ncpeds.org/page/MedicaidReform>)

Measure and monitor provider engagement: We applaud the inclusion of provider engagement as aim 1.2 of the proposal (page 11). We think this aim would be strengthened if the proposal included measures and strategies to encourage engagement. Examples of measures could include

- percentage of providers/practices taking patients covered by Medicaid on the same basis as patients with other insurance compared to a pre go-live baseline
- percentage of pediatric subspecialists (especially when there are fewer than 30 of a subspecialty in the state) taking all Plans
- Substantial and widespread change in coverage mix of patients
- provider satisfaction survey data.

Examples of strategies could include

- supports for practices moving forward
- providing information back to the provider on referrals to address SDOH (i.e., letting doctors know that their asthmatic patient actually got new carpet),
- forums that allow stakeholder feedback on proposals before policies are finalized, and
- strong workforce development supports, especially for rural and underserved areas.

Promote transparency – help practices understand their data: Understanding how the measures – including the denominator - work and how a practice is measured is critical for improvement. Appropriate time frames are also an important consideration. (For example, if it is a two year look back and the measure is children aged 13 with HPV vaccination, how do children vaccinated more than two years ago count in that measure? Is the denominator children who have been enrolled in Medicaid for at least a year? Medicaid and the PHP? Medicaid and the practice? Medicaid, the PHP and practice?) This will also be critical for assuring reliable data on equity and helping maintain vigilance for distortion moving forward with equity concerns. Baseline data should be provided.

Promote transparency - use a dashboard: Understanding how PHPs perform is important to practices in contracting with PHPS and more importantly, to patients in choosing PHPS. The Department has effectively utilized dashboards to share critical and timely information during COVID. We urge a similar approach for sharing information on PHP performance in Medicaid Managed Care. Here is an article with more detail from the Georgetown Center for Children and Family Policies with a sample and ideas for improvement: <https://ccf.georgetown.edu/2021/02/04/improving-medicaid-managed-care-for-children-what-a-dashboard-could-do/> Here is a sample from Louisiana: <https://qualitydashboard.ldh.la.gov/> We urge consistent measurement across all plans from the beginning and provision of baseline data back to at least calendar year 2019 (pre-pandemic). We also encourage an “all Medicaid” indicator to capture patients who may change Plans or otherwise not be included in the data (denominator) otherwise. (This would be a way to make sure there was a measure that captured all children, not just ones who had been care managed for a year.) We also urge data reported by race and ethnicity when possible.

Continue a strong focus on EPSDT: We applaud the continued inclusion of the extra PIP when a 75% threshold of screening is not met. We understand why the 416 measure is being used. The measure might be strengthened by inclusion of a HEDIS measure for fully vaccinated children 0 to 15 months and/or mental health screening for teens. We would appreciate it if QMAF data could be reported again, comparing child and youth in foster care to the general Medicaid population or other appropriate comparison group.

Thank you for the opportunity to provide input and continue the conversation on ways to promote child health.

Sincerely,



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President
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