

Minutes

Date: January 17, 2019

SUMMARY

A quorum was established. (X) Yes

READING AND DISPOSITION OF MINUTES	Motion Approved (X) Yes () No Minutes for October meeting approved via email/ with updated changes.
REPORTS:	
Attendance: The following people were in attendance: Linda Burhans (MCAC/chair), Jaimica Wilkins (DHB), Kelly Crosbie (DHB), Taylor Griffin, Eugenie Komives, Samuel Cykert, Amanda Van Vleet, Pam Perry, Sharlene Mallette	
The following people participated via the Web-Ex/Phone: Kim Schwartz (MCAC/chair), Marianna Daly, Ari Anderson, Peter Charvat, Andy Bowman, Charles Dunham, Jason Higginson, Chris DeRienzo, Kelsi Knick, Jason Foltz, Robert Eberle, Jean Anderson, Kate Menard, Carinna Bender, Calvin Tomkins, Monique Mackey, Debbie Grammer, Kimberly Wooten	
Interested Parties via Web-Ex/Phone: Mardy Peal, Amy Lung, Nicholas D’Ambra, Lindsey Arneson	
Agenda Item :	External Quality Review Organization update : Jaimica Wilkins (Senior Program Analyst-quality & Population, DHB)
<ul style="list-style-type: none"> • External Quality Review Organization update • External Quality Review Organization (EQRO) update 	<p>Jaimica gave a brief description of where the Department is with Managed care. The department is still in a silent period. She stated that the Department has set the stage for Managed care, prepping for implementation. The PHP RFP will be rewarded<u>awarded</u> soon. Policy papers have been released, in the current stages of the Standard plan and designing for the Tailored plan</p> <p>EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO) UPDATE</p> <p>Jaimica presented (EQRO) Procurement Background and Purpose</p> <ul style="list-style-type: none"> • The EQRO is federally mandated to have an External review organization to conduct the external reviews for the PHPs. • The Department will be working collaboratively with the (EQRO) to ensure that they are helping to improve the quality of health care services by meeting the goals, aims and objectives of the quality strategy
<ul style="list-style-type: none"> • Waiver Evaluation 	

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- Work was done prior to drafting the RFP with 5 different (EQRO) vendors to verify services and what they can bring to the table and that information was used to help guide draft for the RFP
- A Cross functional team was used to ensure all needs are met to have competitive solicitation.

Waiver Evaluation

Jaimica briefly went of the waiver evaluation

- Legislation passed to get the 1115 waiver approval Oct 2018
- Key provision for the waiver
 - Behavioral Health integration and Tailored Plans
 - Opioid Strategy
 - The Department (DHB) Increase access to inpatient and residential substance use disorder treatment by beginning to reimburse for substance use disorder services provided in institutions of mental disease (IMD) as well as expand the substance use disorder service array to ensure the Department provides access to the full continuum of services
 - Impact: To ensure that the Department is improving care quality and outcomes for patients with substance use disorders, including decreasing long-term use of opioids and increasing use of medication-assisted treatment and other opioid treatment services.
 - The Pilot program will be in two to four regions of the state.
 - There are 5 priority areas as drivers of health outcomes and cost; housing, food, transportation, employment and interpersonal safety. **Healthy Opportunities Pilots**
 - Kelsi Knick spoke briefly regarding the Tailored plans
 - The Tailored plan is an integrated care plan that will treat physical, behavioral, pharmacy, and long-term services and support.
 - Recipients should get to the correct plan quickly and easily
 - Recipients do have a choice, however if the service needed is only offered in the Tailored plan; they must be in a tailored plan.

QUALITY STRATEGY REVIEW: KELLY CROSBIE DEPUTY DIRECTOR – QUALITY & POPULATION HEALTH

Kelly gave a brief overview of the evaluation strategy

- The Department will conduct a rigorous evaluation of the waiver to ensure North Carolina is achieving its goals
 - Measurably improve health outcomes via a new delivery system
 - Maximize high-value care to ensure sustainability of the Medicaid program
 - Reduce Substance Use Disorder
- Measurably Improve Health
- Maximize High-Value Care to Ensure the Sustainability of the Program
- Reduce Substance Use Disorder (SUD)
- The Quality Approach
- Robust Measure Set Allows Broad Data Collection with Focus on DHHS Priorities for Eventual Financial Accountability
- Stratified Reporting Will Ensure Improvements in Quality Performance Maintain or Promote Health Equity
- Measures to Assess Advanced Medical Home Performance
- Measures of Avoidable/Preventable Utilization Allow State to Assess PHP Utilization Management Efforts
 - PHPs will be required to use the following publicly available specifications to report avoidable/preventable utilization: Avoidable/Preventable ED visits, avoidable/preventable inpatient hospitalization, Hospital readmissions
- PHP Accountability for Quality from Day 1
 - Public Reporting- PHPs required to provide interim and gap reports to demonstrate trends and identify where care is needed.
 - Financial Accountability- Implemented through withhold measures (year 3).
- PHP Performance Will Be Assessed Against Annual Benchmarks
 - In Year 1, benchmarks for each measure will be calculated in one of two ways
 - For measures for which North Carolina’s prior-year average performance fell below the NCQA national 50th percentile, the benchmark will be set at the NCQA national 50th percentile.
 - For measures for which North Carolina’s prior-year average performance was above the NCQA national 50th percentile, the benchmark will be set at twenty percentile points above North Carolina’s prior year average.

	<ul style="list-style-type: none"> • Immediate Attention to Disparities and Public Health <ul style="list-style-type: none"> ○ Immediate Attention to Low Birth Weight use of Outcome measures and Process measures to find risk stratification approach before year 3. <ul style="list-style-type: none"> • Expert workgroup recommended DHHS pursue an outcome measure and a process measure
Announcements	
Next Steps	There are 3 open spots on the committee due to 3 members that have changed jobs or moved (Ann Lefebvre, J. Thomas Newton, Katherine Knutson) will need to be replaced
	<p>Implementing recommendations:</p> <p>Linda Burhans: Next meeting April 11th April 18th , April 25th a poll will be sent out to confirm</p> <p>Next Steps for Managed Care Launch/Contract Year 1</p> <ul style="list-style-type: none"> • Recommendations to be implemented in Year 1 will be shared in an external facing technical specifications manual that includes an overview of Year 1 quality approach and all measure specifications. • DHHS will review the recommendations on an annual basis. • DHHS will publish current quality measures in February 2019 • What quality measures are being ask of surgeons • Discussions about measures and inviting the health plans once awarded to join the discussion • View of where we are now and baselines around those measures • Extending our membership and inviting health plans to join the discussions once award
Action Items	

Minutes Prepared by: Sharlene Mallette
Date Approved _____