MCAC Quality Subcommittee

January 17, 2018

Agenda

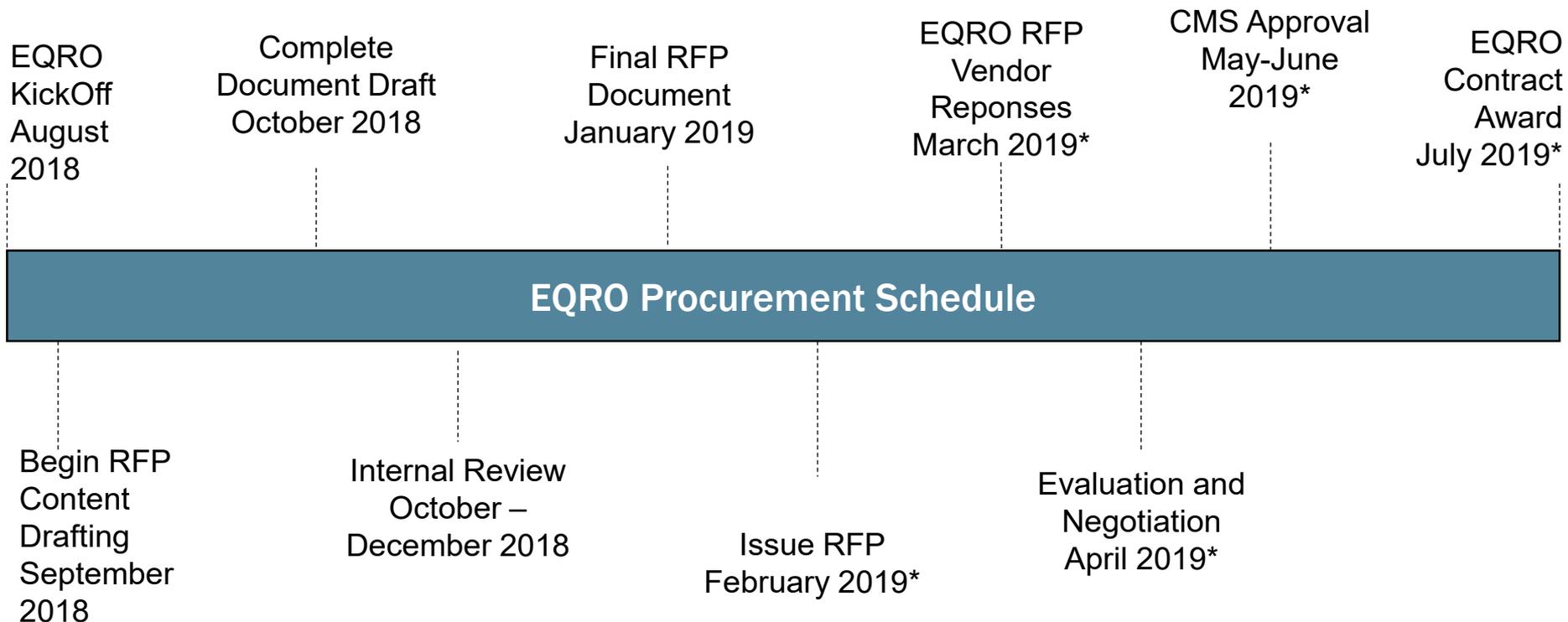| TIME	ITEM	PRESENTER
1:00-1:15 PM	Call to Order Roll Call	Linda Burhans, Quality Chair Kim Schwartz, Quality Chair
1:15-1:30 PM	External Quality Review Organization Update	Jaimica Wilkins Senior Program Analyst-Quality & Population Health, DHB
1:30-2:00PM	Waiver Evaluation	Kelly Crosbie Deputy Director-Quality & Population Health, DHB Jaimica Wilkins
2:00-2:45 PM	Quality Strategy Review, Measure Sets	Kelly Crosbie
2:45-3:00 PM	Final Questions and Next Meeting Agenda Adjourn	Quality Chairs

EQRO

EQRO Procurement Background and Purpose

As North Carolina's Medicaid program transitions to a managed care structure, the Department needs to procure an EQRO to assess the quality of care provided by its Prepaid Health Plans (PHPs).

- **Federal regulations require states to conduct external quality reviews** of their PHPs.

- **CMS revised the external quality review protocols in 2012** to address significant changes in national health care policy that offered new opportunities in measuring and improving the quality of health care.

- The awarded **EQRO will work collaboratively with the Department to improve the quality of health care services** to meet the Aims, Goals, and Objectives of the Program's Quality Strategy.

- Since market research indicates there are multiple EQROs that could provide external quality reviews to the Department, a **cross-functional team is needed to develop and conduct a competitive solicitation** to select the best value EQRO.

Project Details – Timeline/Schedule

EQRO
KickOff
August
2018

Complete
Document Draft
October 2018

Final RFP
Document
January 2019

EQRO RFP
Vendor
Reponses
March 2019*

CMS Approval
May-June
2019*

EQRO
Contract
Award
July 2019*

EQRO Procurement Schedule

Begin RFP
Content
Drafting
September
2018

Internal Review
October –
December 2018

Issue RFP
February 2019*

Evaluation and
Negotiation
April 2019*

*Tentative

Project Details – Scope

The Quality Strategy[1] that outlines the EQR activities the Department expects the EQRO to perform is a key input to the development of the EQRO specifications.

Mandatory EQRO Activities	*Protocol 1:* Assessment of compliance with Medicaid Managed Care regulations
	Protocol 2: Validation of performance measures
	Protocol 3: Validation of performance improvement projects (PIPs)
	Validation of PHP network adequacy
	Annual technical report that summarizes findings on access and quality of care
Optional EQRO Activities	*Protocol 4:* Validation of PHP-reported encounter data
	Protocol 5: Administration of CAHPS Plan Survey
	Protocol 8: Completion of studies on quality that focus on an aspect of clinical or nonclinical services at a point in time
Additional EQRO Activities	Review of each PHP's compliance with contract requirements
	Technical assistance
	Annual disparity report
	Tracer audits of each PHP for program integrity

[1] https://files.nc.gov/ncdhhs/documents/DRAFT_QualityStrategy_20180320.pdf

Project Details – Scope

What additional activities could be included in the EQRO solicitation?

- ✓ Administration of Provider Satisfaction Survey
- ✓ Additional Measure Validation
- ✓ Access Validation (i.e. Secret Shopper Program)
- ✓ PHP Report Card

- ❑ Protocol 6: Calculation of performance measures
- ❑ Protocol 7: Administration of optional PIPs
- ❑ Assessment of compliance with EPSDT contract requirements
- ❑ HEDIS Quality Measures Report
- ❑ Quality Forums
- ❑ Semi-Annual Audit
- ❑ Annual Summary Report
- ❑ Geo-mapping
- ❑ Other….

Sources: Internal Discussions, NC LME-MCO Solicitation, Other State EQRO RFPs

WAIVER EVALUATION

1115 Waiver Approval is Key Milestone

Receiving waiver approval is a key milestone in the effort to pursue North Carolina's broader Medicaid transformation goals

- DHHS recently received approval from the federal Centers for Medicare & Medicaid Services (CMS) for North Carolina's 1115 demonstration waiver that:

  – Provides the Department with the authority to implement Medicaid managed care

  – Allows the Department to incorporate innovative features that require federal waiver authority into its new managed care delivery system

Key Provisions of the Approved Waiver

1 • Behavioral Health Integration and Tailored Plans

2 • Opioid Strategy

3 • Healthy Opportunities Pilots

1 Behavioral Health Integration and Tailored Plans

Physical, behavioral and pharmacy benefits will be integrated into both Standard Plans and Tailored Plans. Tailored plans will provide:

- Integrated physical, behavioral and pharmacy benefits to people with a serious mental illness, serious emotional disturbance, severe substance use disorder, intellectual/developmental disability or a traumatic brain injury

- A specific, more intensive set of behavioral health benefits not available in Standard Plans (as approved in the 1115 demonstration waiver)*

- Care management through a specialized behavioral health home model designed to meet beneficiaries' complex needs

IMPACT: Supports the Department's goal to provide managed care beneficiaries seamless access to coordinated care and benefits through one managed care plan and to ensure those with serious behavioral health conditions get the care they need.

* Individuals eligible for Tailored Plans may elect to enroll in either Standard Plans or Tailored Plans, but will only have access to more intensive behavioral health benefits in the Tailored Plans

2 **Opioid Strategy**

As part of North Carolina's comprehensive strategy to address the opioid crisis, the Department will:

- 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), and

- Expand the substance use disorder service array to ensure the Department provides access to the full continuum of services

IMPACT: Strengthens the Department's approach to 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.

3 Healthy Opportunities Pilots

- North Carolina will implement within Medicaid managed care a groundbreaking pilot program in two to four regions of North Carolina to improve health and reduce health care costs.

- Working with managed care plans, these pilots will identify cost-effective, evidence-based strategies focused on addressing Medicaid enrollees' needs in five priority areas that drive health outcomes and costs: housing, food, transportation, employment and interpersonal safety.

- DHHS will increasingly link pilot payments to improvements in health outcomes and efficiency.

- DHHS will use a rigorous rapid-cycle assessment strategy to evaluate pilot performance and tailor service offerings to those with demonstrated efficacy.

IMPACT: Up to 80 percent of a person's health is determined through social and environmental factors and the behaviors that are influenced by them. The Healthy Opportunities pilots leverage federal funding to ensure the most efficient and effective managed care program and to strengthen work already underway in communities to improve population health.

Evaluation Strategy

The Department will conduct a rigorous evaluation
of the waiver to ensure North Carolina is achieving its goals.

- Consistent with standard waiver practice, the Department will arrange for a third-party entity to conduct an independent evaluation of the waiver.

- The Department will submit to CMS two publicly available reports prepared by the independent evaluator: one in the middle of the demonstration and one after the five-year demonstration period ends (2019-2024).

Evaluation Strategy

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

*The Health Opportunity Pilots will have a separate evaluation.

Evaluation Strategy-Draft Hypotheses

Measurably Improve Health

The implementation of tailored plans and the specialized foster care plan will increase the quality of care for individuals with serious mental illness, serious emotional disturbance, substance use disorder, and intellectual and developmental disability (I/DD), and for children in foster care and North Carolina former foster care youth.

The implementation of Medicaid managed care will increase the rate of use of behavioral health services in the appropriate level of care and improve the quality of behavioral health care received.

Evaluation Strategy-Draft Hypotheses

Maximize High-Value Care to Ensure the Sustainability of the Program

The implementation of Medicaid managed care will decrease the use of emergency departments for non-urgent use and hospital admissions for ambulatory sensitive conditions.

The implementation of Medicaid managed care will increase the number of enrollees receiving care management, overall and during transitions in care.

Evaluation Strategy-Draft Hypotheses

Reduce Substance Use Disorder (SUD)

Expanding coverage of SUD services to include residential services furnished in institutions for mental disease (IMDs) as part of a comprehensive strategy will decrease the long-term use of opioids and increase the use of MAT and other opioid treatment services.

Expanding coverage of SUD services to include residential services furnished to short-term residents in IMDs with a SUD diagnosis as part of a comprehensive strategy will result in improved care quality and outcomes for patients with SUD.

Key Elements of Quality Approach for Medicaid Transformation
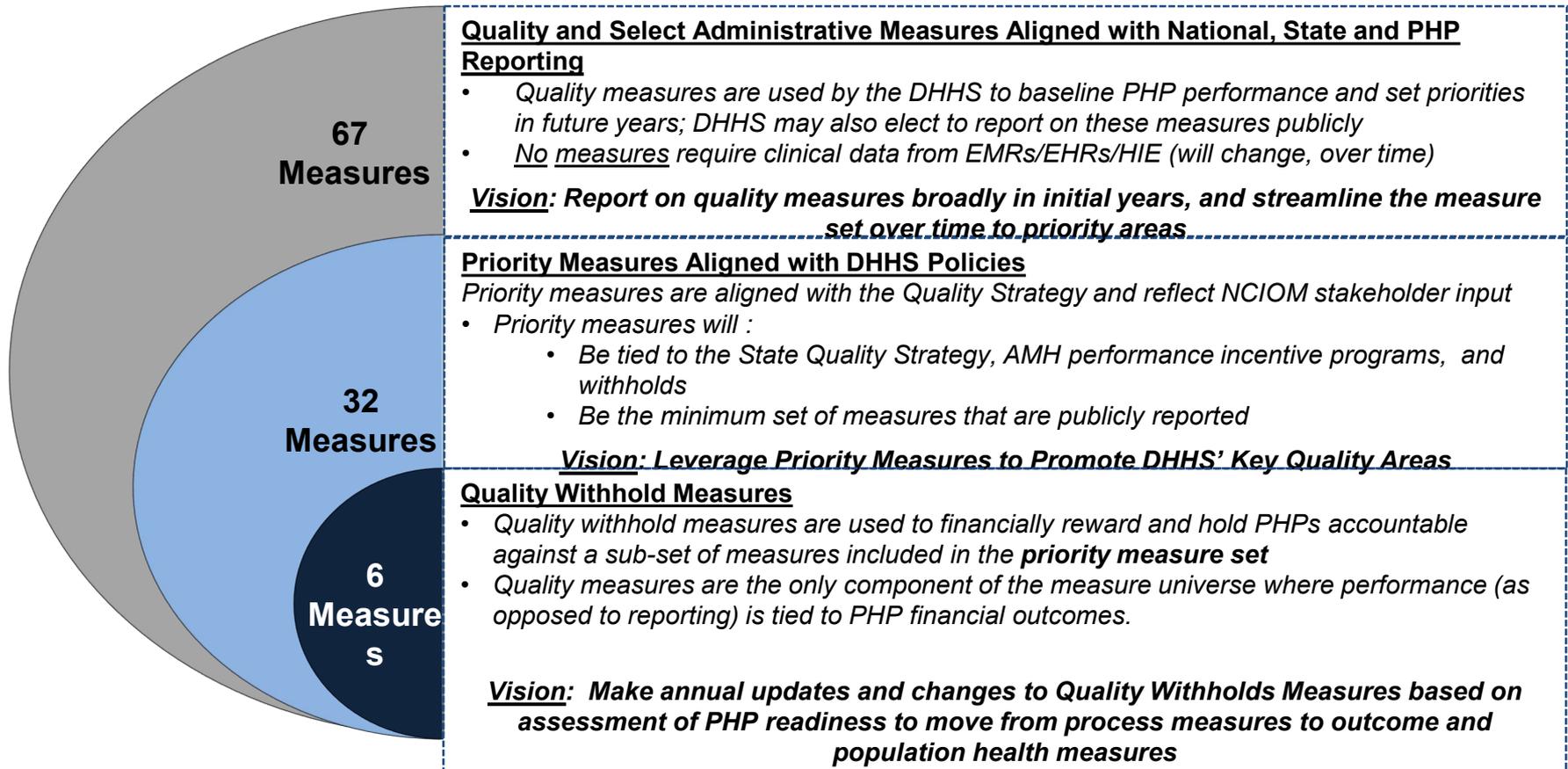
Our Quality Approach

Medicaid Charge

1. Robust measure set and measure reporting that allow NC to track process against quality priorities at a stratified level

2. PHP Accountability for Quality from Day 1

3. Immediate attention to disparities, low birth weight babies and public health

Findings that Shaped Our Approach

- NCSL passed an amendment to Section 5(a) of S.L.2015-245, stating that withholds could not be implemented until at least 18 months after managed care launch

- Review of prior years' Medicaid data suggests that providers have not been consistently coding information needed for accurate measurement

- In some cases, data does not support expected narrative for reasons that may extend beyond coding/documentation issues

- Low birth weight measure required respecification for PHP-level accountability

Charge 1: Robust Measure Set Allows Broad Data Collection with Focus on DHHS Priorities for Eventual Financial Accountability

67 Measures

32 Measures

6 Measures

Quality and Select Administrative Measures Aligned with National, State and PHP Reporting
- *Quality measures are used by the DHHS to baseline PHP performance and set priorities in future years; DHHS may also elect to report on these measures publicly*
- *No measures require clinical data from EMRs/EHRs/HIE (will change, over time)*

*Vision: **Report on quality measures broadly in initial years, and streamline the measure set over time to priority areas***

Priority Measures Aligned with DHHS Policies
Priority measures are aligned with the Quality Strategy and reflect NCIOM stakeholder input
- *Priority measures will :*
  - *Be tied to the State Quality Strategy, AMH performance incentive programs, and withholds*
  - *Be the minimum set of measures that are publicly reported*

*Vision: **Leverage Priority Measures to Promote DHHS' Key Quality Areas***

Quality Withhold Measures
- *Quality withhold measures are used to financially reward and hold PHPs accountable against a sub-set of measures included in the **priority measure set***
- *Quality measures are the only component of the measure universe where performance (as opposed to reporting) is tied to PHP financial outcomes.*

*Vision: **Make annual updates and changes to Quality Withholds Measures based on assessment of PHP readiness to move from process measures to outcome and population health measures***

Charge 1: Stratified Reporting Will Ensure Improvements in Quality Performance Maintain or Promote Health Equity

Stratification Element	Strata*	Source
Age	For pediatric measures: 0-1, 2-3, 4-6, 7-10, 11-14, 15-18 For maternal health:<19, 19-20, 21, 22-24, 25-34, 35+ For adult/full pop. measures: 0-18, 19-20, 21, 22-44, 45-64, 65+	DHHS enrollment data
Race/ethnicity	Hispanic, Non-Hispanic Black, Non-Hispanic White, American-Indian/Alaska Native, Asian/Pacific Islander, Other	DHHS enrollment data (self-reported where possible)
Gender	Male, Female, Third Gender (Other)	DHHS enrollment data (self-reported where possible)
Primary Language	English, Spanish, Other	DHHS enrollment data (self-reported where possible)
LTSS Needs Status	Yes, No	PHP screening
Disability Status	Disability, No disability	DHHS enrollment data
Geography	Rural, urban	DHHS enrollment data
Service Region	1-6	DHHS enrollment data

*If a measure's specifications include stratification for any of the above elements, that stratification will supersede the stratifications listed above.

Charge 1: Measures to Assess Advanced Medical Home Performance

PHPs will use a subset of priority measures, selected for their relevance to primary care and care coordination, to assess AMH performance and calculate performance-based payments

NQF#	Measure Title	Relevant Population	
		Adult	Pediatric
0038	Cervical Cancer Screening	X	
0032	Childhood Immunization Status (Combination 10)		X
0059	Comprehensive Diabetes Care: HbA1c poor control (>9.0%)	X	*
1800	Asthma Medication Ratio	X	*
0576	Follow-up After Hospitalization for Mental Illness	X	X
0027	Medical Assistance With Smoking and Tobacco Use Cessation	X	*
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life		X
1407	Immunization for Adolescents		X
0024	Weight Assessment and Counselling for Children and Adolescents		X
0018	Controlling High Blood Pressure	X	*
N/A	Total Cost of Care		
N/A (NYU/ Billings)	Avoidable/Preventable ED Utilization	X	X
N/A (AHRQ)	Avoidable/Preventable Inpatient Utilization	X	*
1768	Readmission Rates	X	*

Measures for PHP Assessment of AMH Practice Quality

* = Likely low rate for pediatric-only practices

Charge 1: Measures of Avoidable/Preventable Utilization Allow State to Assess PHP Utilization Management Efforts

While the State will continue to assess overall utilization, these measures will assess the degree to which PHPs' care management and utilization management efforts reduce avoidable and preventable utilization

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
Measured using the NYU/Billings Algorithm	Measured using AHRQ Prevention Quality Indicators and Pediatric Quality Indicators	Measured using NQF #1768, Plan All-Cause Readmissions

Charge 2: PHP Accountability for Quality from Day 1

Public Reporting

- Plans will be required to report their performance on a wide range of quality measures, and this performance will be publicly reported.

- Because of the offset between the quality reporting year (calendar year) and contract year (July-June), PHPs' data collection for submission to DHHS will begin with the first calendar year after managed care implementation (January 1, 2020).

- **Benefits: Public reporting promotes improved performance.** Public comparison against peer organizations stratified to avoid unduly penalizing plans that serve higher-need members is an incentive to improve quality performance.

Financial Accountability

- Financial accountability will be implemented through the quality withhold.

- Because of the legislatively-mandated delay in the withhold program, financial accountability will be implemented in Contract Year 3 (corresponding to quality performance in calendar year 2021).

- **Benefits: Financial accountability will more closely reflect state needs.**

- PHPs will be required to generate **interim reports** on quality measure performance to DHHS where appropriate, allowing rapid identification of performance trends.
- PHPs will also provide **gap reports** to practices where appropriate, identifying specific members who are not getting recommended care.

  See Appendix for list of interim and gap measures

Charge 2: 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.

Example Benchmark Calculation		
	NCQA Medicaid Managed Care Percentile Score	
	NC Prior Year Percentile Score	Performance Year Benchmark Percentile Score
Measure A	35	50
Measure B	70	90

Benchmarks are informational only and are not used to calculate performance for quality withholds, which will begin in the third contract year of managed care.

Charge 3: Immediate Attention to Disparities and Public Health

Disparities

- Prior year stratified data reveals complex picture and does not identify clear targets for action. As practice approaches to documentation become more standardized, targets *may* emerge.

- PHPs will report stratified data for quality measures and EQRO will draft disparities report starting with first quality performance year (calendar year 2020).

- Disparities in low birth weight can be focus for DHHS engagement with PHPs around modified LBW accountability measure.

- **Benefits: Disparities focus will be best positioned to promote equity in outcomes.** Incentivizing attention to process measures with no evidence or inconsistent evidence of inequity may do little to improve outcomes.

Public Health

- Healthy NC 2020 goals correspond to several areas of intended PHP quality focus.

- DHHS will report state-level and program-level data from BRFSS related to smoking cessation, diet and exercise, and opioid-related mortality and compare against PHP-level performance.

- **Benefits: Linking PHP performance and state-level or program-level outcomes can inform state public health efforts.** PHP activities may have ripple effects that affect clinical practice and health beyond the Medicaid covered population. DHHS can leverage these efforts to promote progress toward public health goals.

Charge 3: Immediate Attention to Low Birth Weight

Low Birth Weight

- Expert workgroup recommended DHHS pursue an outcome measure and a process measure.*

    - **Outcome measure sets broad accountability for LBW**: Of <u>all pregnant members with continuous coverage by a PHP from 16 weeks' gestation</u>, what proportion delivered <u>low birth-weight (<2500 g) and very low birthweight (<1500 g) babies</u>?

    - **Process measure focuses on high prevalence of tobacco use, a LBW risk factor, among pregnant Medicaid enrollees**: Of <u>all pregnant members who screened positive for tobacco use</u>, what proportion <u>engaged in tobacco cessation activities</u>?**

- DHHS will report both measures and experiment with different risk stratification approaches, with the aim of finalizing approach before Contract Year 3.

- **Benefits: DHHS will have the opportunity to pilot different approaches to LBW measurement prior to incorporating financial accountability.** In the event that outcome measure proves infeasible due to small population sizes at the PHP level, DHHS can default to process measure.

*Recommendations statement is currently undergoing final review by expert workgroup members
**Will be paired with tobacco use screening measure to avoid creating disincentive for screening

Next steps: Implementing recommendations

Next Steps for Managed Care Launch/Contract Year 1

- 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.

Appendix

List of Quality Measures- Part 1/4

Measure Name	Priority Measure	AMH Measure	Interim Measure	Gap Measure
Adherence to Antipsychotic Medications for Individuals With Schizophrenia			x	X
Adult Body Mass Index (BMI) Assessment	x			X
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (the total of all ages for each of the 3 rates)	x			
Total BMI Percentile Documentation				
Total Counseling for Nutrition				
Total Counseling for Physical Activity				
Annual Dental Visits (Total Rate)				X
Dental Sealants for 6-9 Year Old Children at Elevated Carries Risk				X
Percentage of Eligibles Who Received Preventive Dental Services	x			X
Antidepressant Medication Management (Both Rates)			X	x
Acute Phase Treatment				
Continuation Phase Treatment				
Appropriate Testing for Children With Pharyngitis			x	
Appropriate Treatment for Children With Upper Respiratory Infection			x	
Medication Management for People With Asthma (Medication Compliance 75% Rate only)			x	
Asthma Medication Ratio (Total Rate)	x	x	x	x
Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis			x	
Breast Cancer Screening				x
Cervical Cancer Screening	x	x		x
Childhood Immunization Status (Combination 10)	x	x		x
Chlamydia Screening in Women (Total Rate)				x
Comprehensive Diabetes Care (BP Control [<140/90], HbA1c Control [<8.0%], Eye Exam)				x
Hemoglobin A1c (HbA1c) Testing (HA1C)				
Hemoglobin A1c (HbA1c) Poor Control (>9.0%)			X (12 month rolling average)	
Eye (Retinal) Exam			x	
Comprehensive Diabetes Care: HbA1c poor control (>9.0%).	x		X (12 month rolling average)	x

List of Quality Measures- Part 2/4

Measure Name	Priority Measure	AMH Measure	Interim Measure	Gap Measure
Statin Therapy for Patients With Diabetes (Both Rates)				x
Received Statin Therapy			X (12 month rolling average)	
Statin Adherence 80%				
Comprehensive Diabetes Care (CDC)			X (12 month rolling average)	
Controlling High Blood Pressure	x	x	x	x
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications				x
Diabetes Care for People with Serious Mental Illness:HbA1c Poor Control (>9.0%)				
Statin Therapy for Patients With Cardiovascular Disease (Both Rates)				x
Received Statin Therapy Total			x	
Statin Adherence 80% Total			X (12 month rolling average)	
Annual Monitoring for Patients on Persistent Medications				x
ACE/ARB				
Digoxin				
Diuretics				
Total Combined Rate				
Flu Vaccinations for Adults Ages 18-64				x
Follow-Up After Hospitalization for Mental Illness	x	x	x	
7- Day Follow-up				
30-Day Follow-up				
Follow-Up for Children Prescribed ADHD Medication (Both Rates)				x
Initiation Phase				
Continuation and Maintenance (C&M) Phase				
Frequency of Prenatal Care (≥81 percent of expected visits only)				
Prenatal and Postpartum Care (Both Rates)	x			
Timeliness of Prenatal Care				
Postpartum Care				x

List of Quality Measures- Part 3/4

Measure Name	Priority Measure	AMH Measure	Interim Measure	Gap Measure
Contraceptive Care: Postpartum	x			
Contraceptive Care: Most & Moderately Effective Methods	x			
Immunizations for Adolescents (Combination 2)	x	x		x
Adolescent Well-Care Visit				x
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (Both Rates)	x			
Age 13-17 yrs: Initiation of AOD Treatment				
Age 13-17 yrs: Engagement of AOD Treatment				x
Age 18+ years: Initiation of AOD Treatment				
Age 18+ years: Engagement of AOD Treatment				x
Total Rate: Initiation of AOD Treatment				
Total Rate: Engagement of AOD Treatment				x
Medical Assistance With Smoking and Tobacco Use Cessation	x	x		x
Pharmacotherapy Management of COPD Exacerbation (Both Rates)				x
Systemic Corticosteroid				
Bronchodilator				
Well-Child Visits in the First 15 Months of Life				
0 Visits				
1 Visit				
2 Visits				
3 Visits				
4 Visits				
5 Visits				
6 or More Visits				
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	x	x		x
Use of opioids from multiple providers in persons without cancer				
Continuity of Pharmacotherapy for Opioid Use Disorder				
SUB-3 Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a Alcohol and Other Drug Use Disorder Treatment at Discharge				

List of Quality Measures- Part 4/4

Measure Name	Priority Measure	AMH Measure	Interim Measure	Gap Measure
Children and Adolescents' Access to Primary Care Practitioners				
12 - 24 months of age				
25 months - 6 years old				
7- 11 years old				
12- 19 years old				
Live Births Weighing Less than 2,500 Grams	x			x
Use of Opioids at High Dosage in Persons Without Cancer				x
Current use of Prescription Opioids and Benzodiazepines	x			
Follow-up After ED Visit for Mental Illness or Alcohol or Other Drug Abuse				
Diabetes Care for People with Serious Mental Illness: HbA1c Poor Control (>9.0%)				
Screening for Pregnancy Risk				
Screening for Opportunities for Health				
Getting Care Quickly	x			
Getting Needed Care	x			
Coordination of Care	x			
Customer Service	x			
Rating of Health Plan				
Rating of All Health Care	x			
Rating of Personal Doctor	x			
Rating of Specialist Seen Most Often				
Overall Provider Satisfaction with PHP	x			
Use of Imaging Studies for Low Back Pain				
Total Cost of Care	x	x		
Ambulatory Care (AMB)				
Inpatient Utilization- General Hospital/Acute Care (IPU)	x			
Plan All-Cause Readmissions	x	x		
Measures of Avoidable Utilization	x	x		
• Emergency Department Visits				
• Hospitalizations				
• Pediatric Hospitalizations				

Links to Avoidable/Preventable Utilization Measure Specifications

Avoidable ED Visits

https://wagner.nyu.edu/faculty/billings/nyued-background

Avoidable Inpatient Utilization- Adult

https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

Avoidable Inpatient Utilization- Pediatric

https://www.qualityindicators.ahrq.gov/modules/pdi_resources.aspx

QUESTIONS?