

North Carolina's Medicaid Managed Care Quality Strategy

Overview

As North Carolina transitions to NC Medicaid Managed Care, the Department's goal is to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care and measurement of quality, which addresses both medical and non-medical drivers of health. While the mechanics of reimbursement for health care are changing, the goal of NC Medicaid remains improving beneficiaries' health and well-being by delivering the right care, in the right place, at the right time with a positive caregiver experience.

The Quality Strategy is a roadmap through which the Department will use the managed care infrastructure to facilitate improvements in health and health care. It details Medicaid Managed Care aims, goals and objectives for quality management and improvement and details specific quality improvement (QI) initiatives that are priorities for the Department. The quality strategy also describes a series of interventions, including [advanced medical homes \(AMHs\)](#), [BH I/DD Tailored Plan Care Management](#) and [Healthy Opportunities Pilots](#) outlined in more detail in previous papers and specifically designed to improve quality outcomes in North Carolina.

The Quality Strategy covers all entities that will deliver services to Medicaid and NC Health Choice enrollees after managed care launch, including:

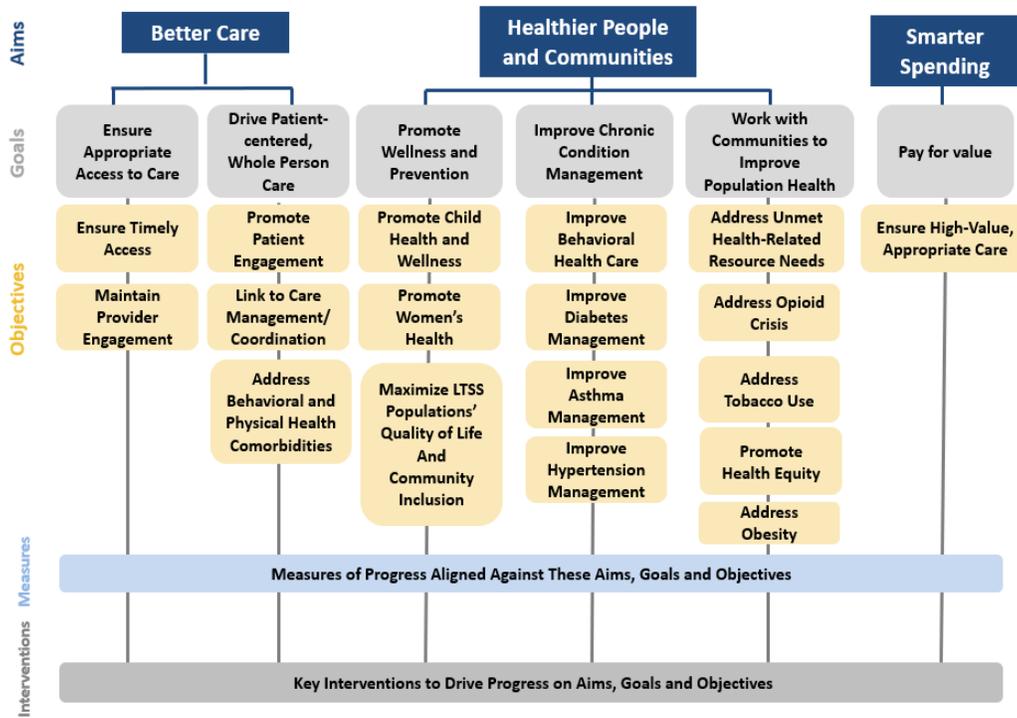
- Managed Care Plans
 - Standard Plans
 - Behavioral Health and Intellectual/Developmental Disability Tailored Plans
- Children and Families Specialty Plan (CFSP)
- Primary Care Case Management Programs (PCCM)
 - The Eastern Band of Cherokee Indians Tribal Option
 - Community Care of North Carolina

Quality Strategy Framework

The Quality Strategy includes a framework reflecting the Department's commitment to three broad Aims: Better Care, Healthier People and Communities and Smarter Spending. Included within each of these three Aims is a series of Goals and Objectives, highlighting key areas of expected progress and quality focus (see Figure 1). The framework was developed as part of significant community and stakeholder input organized by the North Carolina Institute of Medicine (NCIOM) and reflects thoughtful consideration of the quality issues that are most important in North Carolina.¹

¹ More information is available at: <http://nciom.org/metrics-to-drive-improvements-in-health-a-report-of-the-task-force-on-health-care-analytics/>

Figure 1. Quality Strategy Aims, Goals and Objectives Framework



Quality and Accountability

The Quality Strategy describes the Department’s approach to promoting health plan accountability in a new managed care environment. The Department developed a data-driven, outcomes-based continuous quality improvement process, which includes:

- Focus on rigorous outcome measurement compared to relevant targets and benchmarks,
- Promoting equity through reduction or elimination of health disparities, and
- Appropriately rewarding health plans and, in turn, providers for advancing quality goals and health outcomes.

Mechanisms North Carolina uses to ensure focused attention on quality improvement, including Quality Indicators, Quality Management and Improvement Programs (QMIP), and external review by EQROs, are described below.

Quality Indicators. As described in the Quality Strategy, the Department will collect a robust set of quality data from managed care plans and PCCM programs. The data which will paint a clear picture of service delivery and clinical care at a statewide and, eventually, a regional level, and across demographic measures, such as age, gender, race and ethnicity, and disability status. Additional details on how the Department will use quality indicators to drive quality improvement and directly tie financial accountability to quality measures are provided in North Carolina’s Medicaid Quality Measurement Technical Specifications Manual for Standard Plans and BH/IDD Tailored Plans.

QMIP. Managed care plans are required to establish and implement a comprehensive Quality Management and Improvement Program (QMIP). The QMIP will focus on not only healthcare process measures but health outcomes and includes the managed care plan’s approach to completing Department-specified performance improvement projects (PIPs) aimed at improving health outcomes and enrollee satisfaction. The Department has mandated PIP topics to support statewide priorities, such as diabetes prevention and prenatal care. The Quality

Strategy includes a summary of Standard Plan PIPs for Calendar Year 2021.

EQRO. The EQRO provides the Department with the results of the **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey**, which asks beneficiaries to report on their experiences accessing care. The Department requires reporting on beneficiary responses including adult and child measures. The EQRO will also play a critical role in ensuring the validity of plan and program reported encounter data, and in the validation and calculation of quality measures.

For more information, please visit the [Medicaid Quality Management and Improvement webpage](#) or email Medicaid.NCengagement@dhhs.nc.gov.