MCAC Quality Subcommittee
April 19, 2018

Kelly Crosbie, MSW, LCSW
Project Lead—Quality & Population Health

Jaimica Wilkins, MBA
Senior Program Analyst—Quality
<table>
<thead>
<tr>
<th>TIME</th>
<th>ITEM</th>
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<tbody>
<tr>
<td>1:00 PM – 1:15 PM</td>
<td>Call to Order&lt;br&gt;Roll Call</td>
<td>Linda Burhans, Quality Chair&lt;br&gt;Kim Schwartz, Quality Chair</td>
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<tr>
<td>1:15 PM – 1:45 PM</td>
<td>Role of Subcommittee&lt;br&gt;Quality Subcommittee Charter&lt;br&gt;Membership, Terms, Vacancies</td>
<td>Jaimica Wilkins&lt;br&gt;Senior Program Analyst - Quality, DHB</td>
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<tr>
<td>1:45 PM – 2:30 PM</td>
<td>Quality Strategy</td>
<td>Kelly Crosbie&lt;br&gt;Project Lead — Quality &amp; Population Health, DHB</td>
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<tr>
<td>2:30 PM – 3:00 PM</td>
<td>Discussion – Public Comment&lt;br&gt;Next Steps, Next Meeting</td>
<td>Quality Committee Chairs</td>
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States are required to implement a Quality Strategy to assess and improve the quality of managed care services offered within the state.

The Quality Strategy is “intended to serve as a blueprint or road map for states and their contracted health plans in assessing the quality of care beneficiaries receive, as well as for setting forth measurable goals and targets for improvement” (Medicaid.gov)

PHPs will be required to report a fairly expansive set of measures that allow the State to assess priorities and performance over time; the focused set of measures defined in the Quality Strategy Appendix A prioritize key opportunities for improvement in the near term.
# Interventions and Objectives

![Figure 5. Linking Interventions to Objectives](image)

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<td>(13) Disparities Reporting &amp; Tracking</td>
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There are three measure sets designed to baseline PHP performance, set future priorities, and hold PHPs accountable to achieve quality outcomes for their enrollees.

**Quality 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 (“Appendix A” of the Quality Strategy)**
- 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 subset of measures included in the priority measure set
- Quality withholds account for 30% of the total withholds in Year 1 and 60% in subsequent years
- 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*

*1 measure- Hypertension- required for Accreditation requires a clinical component; Withholds related to areas outside of quality measures comprise the rest of the withhold program.
### Summary of Primary Levers for Quality Performance

<table>
<thead>
<tr>
<th>Number</th>
<th>Lever Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Quality Measure Reporting</td>
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<tr>
<td>2</td>
<td>Quality Baselining, Benchmarking, and Performance Target Development</td>
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<tr>
<td>3</td>
<td>Disparities Reporting and Tracking</td>
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<tr>
<td>4</td>
<td>Quality Assessment and Performance Improvement Programs (QAPIs)</td>
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<tr>
<td>5</td>
<td>Value-Based Payment/Provider Incentives</td>
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<tr>
<td>6</td>
<td>Cross-Cutting Quality Levers</td>
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**4 Quality Assessment and Performance Improvement Programs (QAPIs)**
- PHPs must develop a QAPI aligned to NC DHHS goals, and annually approved by NC DHHS
- Key components include internal-to-PHP processes for monitoring and correcting performance, conducting performance improvement projects, and addressing disparities in care

**5 Value-Based Payment/Provider Incentives**
- PHPs are required to develop a provider incentive program for AMH Tier 3 providers; incentives must be based on AMH quality measure list (a subset of the measures used for Quality reporting)
- PHPs are given flexibility to develop provider incentives – a tool for: (1) meeting NC DHHS-set minimums for payments attributed to alternative payment models; and (2) meeting NC DHHS-set quality targets

**6 Cross-Cutting Quality Levers**
- Accountability for quality performance is layered into accreditation requirements, member auto-assignment processes, and provider credentialing decisions
Quality Management/Improvement Cycle

**Evaluate**
- PHP Compliance/Performance: Withhold/Incent., Sanctions
- CMS required reporting
- PHP PIPs
- PHP monitoring reports/metrics
- Quantitative and Qualitative Analysis of data, reporting
- DHHS operational performance, QM metrics
- 416, CMS Core, HEDIS, CHIP, CAHPS
- Quality Strategy Priority Performance Measures
- OB performance measures
- AMH performance measures
- AMH designation
- PHP PIPs
- PHP monitoring

**Measure**
- DHHS operational performance QI
- AMH operational performance measures
- Provider/AMH Monitoring
- PHP QIP
- DHHS- internal/operational quality improvement, Quality Strategy CQI revision
- PHPs- Quality Strategy Aims, Goals and Objectives
- State-Led Transformation- Support PHPs and providers on engagement in and implementation of State-directed transformation initiatives and interventions noted in the Quality Strategy

**Monitor**
- Metric indicates performance gap
- MCAC | MEDICAID TRANSFORMATION MARCH 16, 2018
- Providers- Quality Strategy Aims, Goals and Objectives
DHHS Quality Goal: Develop a data-driven, outcomes-based continuous quality improvement process that focuses on rigorous outcome measurement against relevant targets and benchmarks, promotes equity, and appropriately rewards PHPs for advancing quality goals.

### Now Through Launch
- Establish Quality Vision and Set Expectations for Role of PHPs in Advancing Quality
- Finalize State Baselines and Set Quality Withhold Targets and Benchmarks
- Release Quality Strategy, Quality Measures and Quality Withhold Details
- Improve Tools for Data Reporting/Collection and Risk Adjustment at State level; Refine CQI Process
- Allow PHPs Time to Invest in Systems, Build Performance Improvement Programs and Establish Provider Relationships

### Years 1 – 2 Approach
- Collect Broad Set of Quality Measures for Baselining
- Adjust Quality Measures/Withholds Annually
  - Collect Process Measures
  - Set statewide targets
- Reward Achievement Against Quality Withholds
- Integrate Disparities Tracking into PHP Reporting

### Years 3 – 5 Approach
- Streamline Quality Measure Reporting
- Adjust Quality Measures/Withholds Annually
  - Advance Toward Outcomes Measurement
  - Set Targets Against Stratified Data (e.g. Regional)
- Reward Achievement Against Quality Withholds
- Incorporate Disparities into Targets and Benchmarking (as feasible)
MCAC Quality Committee Meetings

Meeting Topics (TENT)

- April 2018 - 1st Meeting, Quality Strategy Overview, Charter and Role of Subcommittee

- July 2018 – PHP Measure Set, Provider Survey, CAHPs Surveys

- October 2018 - EQRO Functions & Planning

- January 2019 – PHP Quality Reporting Cycle, EQRO Cycles, Planned Quality Reports (Utilization, Disparity, Access, etc.)
Quality Subcommittee Members

- Provide guidance on processes to promote evidence-based medicine, coordination of care and quality of care for health and medical care services that may be covered by the NC Medicaid Program.
- Review and advise on Quality Strategy (QS), Metrics, and Priorities
- Review and advise NC DHHS on quality policies and recommend any needed changes
- Discuss measure reporting and timeline
- Discuss targeted quality initiatives (PIPs, approach for special populations and/or conditions)

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<th>Slot Represented</th>
<th>Proposed Individual</th>
<th>Company</th>
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<tr>
<td>MCAC</td>
<td>Kim Schwartz</td>
<td>Roanoke Chowan Community Health Ctr</td>
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<td>MCAC</td>
<td>Linda Burhans</td>
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<td>MCAC</td>
<td>Chris DeRienzo</td>
<td>Mission Health</td>
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<td>Board-certified physician internal medicine/family practice</td>
<td>Genie Komives</td>
<td>Duke Primary Care</td>
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<td>Board-certified physician internal medicine/family practice</td>
<td>Robert L. Rich, Jr</td>
<td>Bladen Family Medicine</td>
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<td>Board-certified physician pediatrics</td>
<td>Calvin Tomkins</td>
<td>Mission Health Partners</td>
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<td>Board-certified physician pediatrics</td>
<td>Jason D. Higginson</td>
<td>Maynard Children's Hospital</td>
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<td>Board-certified physician obstetrics &amp; gynecology</td>
<td>Kate Menard</td>
<td>UNC Health Care</td>
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<td>Behavioral health professional (or psychiatrist)</td>
<td>Charles “Ken” Dunham</td>
<td>Novant Health</td>
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## Quality Subcommittee Members

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<td>Beneficiary</td>
<td>Aaron Ari Anderson</td>
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<td>Health Plan Association</td>
<td>Ken Lewis</td>
<td>NCHP</td>
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<td>AHEC/Quality in the Field</td>
<td>Ann Lefebvre</td>
<td>NC AHEC</td>
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<td>Hospital</td>
<td>Robert A. Eberle</td>
<td>Novant</td>
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<td>Hospital</td>
<td>Samuel Cykert</td>
<td>UNC School of Medicine</td>
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<td>Andy Bowman</td>
<td>NC Board of Pharmacy</td>
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<td>Provider Association</td>
<td>Michelle F. Jones</td>
<td>Board Member, NC Medical Society/ Wilmington Health Assoc.</td>
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<td>Provider Association- Hospital</td>
<td>Karen Southard</td>
<td>NC Healthcare Association</td>
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<td>Local Health Departments</td>
<td>Marianna TePaske Daly</td>
<td>Madison County Health Department</td>
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<td>Peter Charvat</td>
<td>Johnston Health</td>
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<td>UNC Population Health</td>
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<td>Wake Emergency</td>
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<td>Primary MD</td>
<td>J. Thomas (Tommy) Newton</td>
<td>Clinton Medical Center</td>
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<td>LME-MCO</td>
<td>Katherine Hobbs Knutson</td>
<td>Alliance Behavioral Healthcare</td>
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