



Minnesota Department of **Human Services**

Stakeholder Meeting for Seniors and People with Disabilities in Managed Care

May 8, 2017

Welcome

- The themes of this meeting are Quality, Compliance and Value
- Quality = how well are services being provided
- Compliance = have requirements and standards been met
- Value = what matters most
- We are interested in stakeholder on what you value about MSHO, MSC+ and SNBC and how you know when they are providing value

Overview of Medicaid Managed Care Quality Monitoring

- DHS must assess the quality and appropriateness of care and service provided by the MCOs
- Quality requirements are found in DHS contract requirements, Minnesota HMO licensing requirements and federal Medicaid regulations. Several independent non-profit quality measurement organizations also play a role. DHS also sets quality standards and performance improvement expectations.

Contractual Requirements

- Contract sets network adequacy standards, service delivery and adequacy requirements, provider credentialing, expectations that MCOs set practice guidelines, etc.
- Managed care plans must conduct performance improvement projects to enhance care and services provided to MHCP enrollees
- MCOs must have their own internal quality programs

DHS Activities

- DHS procures health plans, sets contract terms and monitors MCOs and imposes corrective actions or sanctions if MCOs fails to meet requirements and standards
- DHS monitors Grievance and Appeals activity to identify patterns of concerns, reviews networks,
- DHS pays for consumer satisfaction surveys and contracts with the EQRO and MDH
- DHS oversees health plan Performance Improvement Projects, and performance on financial withhold measures
- DHS collects and validates encounter data and calculates MCO performance on selected measures

MDH Activities

- MDH sets MCO licensing standards and monitors MCOs
- MDH evaluates HEDIS performance
- MDH assesses MCO networks
- MDH conducts triennial on-site Quality Assurance Examinations of MCOs
- MDH conducts the DHS Triennial Compliance Assessment

EQRO Activities

- DHS contracts with an independent entity called an External Quality Review organization or EQRO
- The EQRO gathers information from DHS, MDH, MCOs, NCQA and Medicare to produce a report called the Annual Technical Report or ATR. This report summarizes the year's quality monitoring and improvement activities and how the MCOs have performed. It also gives recommendations for further action
- The EQRO validates performance improvement projects, validates performance measures, and evaluates MCO compliance with Medicaid standards

NCQA Role

- The National Committee for Quality Assurance is a highly respected, private non-profit organization dedicated to improving health care quality
- NCQA develops consensus around important health care quality issues such as what's important, how to measure it, and how to promote improvement
- MCOs can pay to have NCQA conduct a rigorous examination of the MCOs adherence to dozens of standards. MCOs that pass this examination are “accredited” by NCQA
- NCQA helps HEDIS and CAHPs evolve by consensus

New Medicaid Managed Care Regs - Quality

- Comprehensive Quality Strategy, including a Managed Care State Quality Strategy 438.340
- Annual State Monitoring Report 438.66(e)
- MCO readiness reviews 438.66 (d)
- Medicaid Managed Care Quality Rating System (much like STARS) 438.334
- Annual assessment of MCO strengths and weaknesses 438.364

2017 Legislative Package

- Initial draft of 256S subd 11 included comprehensive language regarding Quality Assessment and Performance
- Trimmed back to minimum language amending 256B
- Conference committee bill posted is lean
- We are bound by federal regulations, even if not repeated in state law

HEDIS and CAHPs Overview

- By Mark Foresman

What is HEDIS? Healthcare Effectiveness Data & Information Set

- HEDIS helps us measure who is getting the healthcare they need when they need it
- HEDIS uses specific instructions and rules to measure performance, so every MCO is measured the same way
- HEDIS can help us find problems in providing healthcare to those who need it
- HEDIS can also help us fix problems. Special projects are sometimes used to make HEDIS scores better. That means problems in getting healthcare are on their way to being fixed. Sometimes, these special projects can last for several years, while DHS and MCOs work to solve problems in healthcare that are important to you
- HEDIS is important and helpful, but is only one part of understanding how providers and MCOs deliver their healthcare services to you in the way that is best for you

Example Measure: Cervical Cancer Screening

- Following HEDIS rules for this measure, we can find out how many women should get a screening for cervical cancer
- Next, we can figure out how many of those women actually got a screening for cervical cancer
- We can compare these numbers to see how well an MCO or provider is doing getting the right women the right care at the right time
- Finally, we can compare MCOs and providers on how well they do providing screenings for the women who need them
- If we find a problem (like lots of women not getting tested) we can begin a special project to change the way care is provided. This can help more women get screenings for cervical cancer and stay healthy, or treat potential cancer better if it is found early

What is the CAHPS survey?

- **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems
- Overseen by the Agency for Healthcare Research and Quality
- It is a patient experience survey
- We use CAHPS to meet federal requirements around assessing member satisfaction
- We also use CAHPS to ascertain our members' experiences with the providers from each plan and address any issues that arise
- Survey is sent by mail and followed up with by phone
- Not all members receive the survey

Approach and Measures for MSHO, MSC+, and SNBC

- We continue to strive to define the value of our programs and to measure what is being achieved
- management of transitions of care between settings (community, hospital, nursing home)
- Whole person care - weaving together primary care and behavioral health care
- Making Medicare and Medicaid work together more effectively

HEDIS measures

- Focus on transitions of care between settings and management of all benefits (Medicare, Medicaid, community supports, medical):
 - Medications reviewed after hospitalization
 - Drug-disease interactions avoided
 - Bouncing back to Hospital
- Focus on integration of behavioral health and primary care:
 - Anti-depressant medication management
 - Follow up after hospitalization for mental illness
 - Initiation of alcohol/drug treatment

CAHPS

- Integrated CAHPS (why survey twice if we build an integrated program?)
- Behavioral CAHPS
- Dental CAHPS
- Quality of life surveys like NCI

SNBC Dental Access Improvement and Evaluation Project

- Goal to improve the HEDIS annual dental visit measure from 46% to 60% and sustain
- Improve use of ED and follow up after ED
- Dental provider survey
- Dental consumer surveys- users and non-users
- Interventions: dental case management, mentoring program, tele dentistry demonstration project

Clinical Importance of Dental Services

- Dr. Linda Maytan

Group Discussion

- Quality, Compliance, and Value
 - What is the value of the managed care programs for seniors and people with disabilities?
 - What information would demonstrate to you that the programs are producing what you value?