



NCIOM Task Force on Health Care Analytics

Medicaid Overview and Current Measures

Briefing

December 7, 2016



Today

- Medicaid background
- Current measures reported
- 2015 work on ACO measure set
- New MCO Rule - Federal reporting requirements for quality and access



Medicare and Medicaid: The difference

MEDICARE

- Health care for older adults & some people with disabilities
- Federal program attached to Social Security
- Income is not an eligibility factor
- One program for U.S.

BOTH

Federally legislated,
government-sponsored
programs to help cover
health care costs

Established in 1965

Taxpayer funded

MEDICAID & CHIP

- Health care for low-income people
- Jointly managed federal and state programs
- Income is an eligibility factor
- Programs for each state

North Carolina Medicaid program

North Carolina:

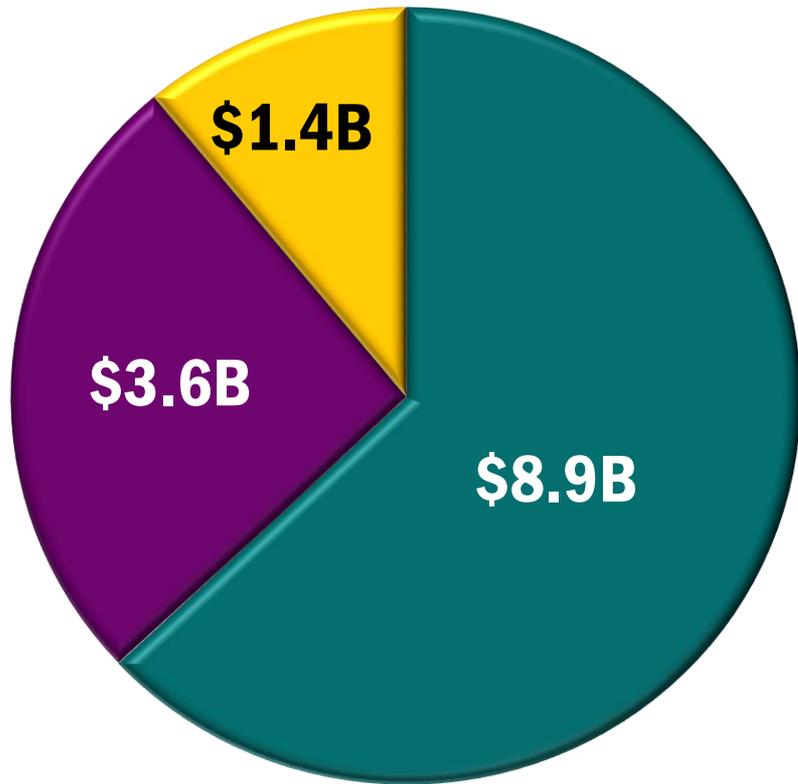
- **10th largest** Medicaid program in the U.S.
- Covers more than **1.9 million** North Carolinians
- Approx. **\$14 billion** in expenditures

ENROLLMENT RATES BY POPULATION			
	Total	Elderly/ Disabled	Parents/ Children
North Carolina	1.9M	25%	75%
Ohio	2.3M	25%	75%
Texas	4.8M	22%	78%
Arizona	1.5M	16%	84%
Georgia	1.8M	25%	75%

NC: SFY 2015 annual report, average enrollment by program aid category; other states: MacArthur Foundation's *State Health Care Spending on Medicaid* published July 2014 via PCG



NC Medicaid funding sources



■ Federal ■ State ■ Other

Provider payments are the most significant part of budget at 95%

Source: Division of Medical Assistance SFY 2015 Annual Report. "Other" includes drug rebates, fraud recoveries and cost settlements.

Medicaid and NC Health Choice for North Carolinians

Medicaid and NC Health Choice programs serve
2 million North Carolinians (20% of the total population)

Aged, Blind, Disabled (420,000)

Family & Children (1,446,000)

Medicare-Aid (76,400)

Breast and Cervical Cancer (400)

Aliens/Foreign Nationals (16,800)

NC Health Choice (92,300)

Eligibility category: Aged, Blind, Disabled

SUB-CATEGORY	QUALIFICATION	DEFINITION
Aged	100% of poverty level	65 and older
Blind	100% of poverty level	Per Social Security standards
Disabled	100% of poverty level	Per Social Security standards

Eligibility category: Family and Children

SUB-CATEGORY	QUALIFICATION	DEFINITION
<ul style="list-style-type: none">• Aid to Families with Dependent Children• Other Child• Medicaid for Infants and Children• Maternal and Child Health Integrated Program	Varies based on age, foster status, parent / caretaker status, etc.	Children; Variety of factors determine program aid category placement
Pregnant women	195% of poverty level	Self-attestation and due dates serves as proof unless county has contradictory information
Family planning	195% of poverty level	Eligible for limited family planning services, including exams and screenings

Eligibility category: Medicare-Aid (MQB)

SUB-CATEGORY	QUALIFICATION	DEFINITION
MQB-Q	100% of poverty level; higher resource limits than Medicaid	Medicare Part B and some copays & deductibles
MQB-B	120% of poverty level	Medicare Part B premium
MQB-E	135% of poverty level	Medicare Part B premium (federally funded)

NC Health Choice program eligibility

QUALIFICATION

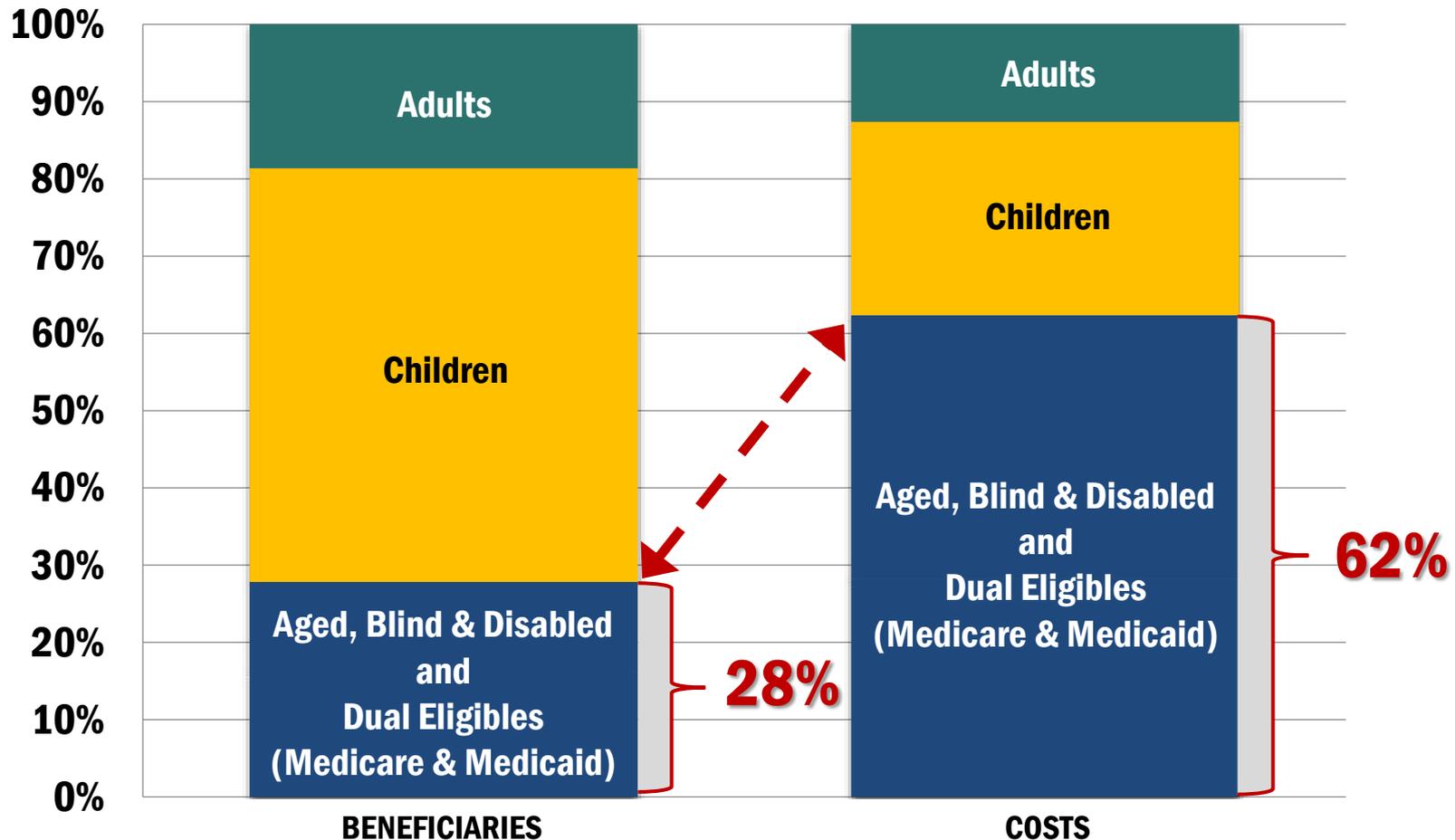
211% of poverty level

DEFINITION

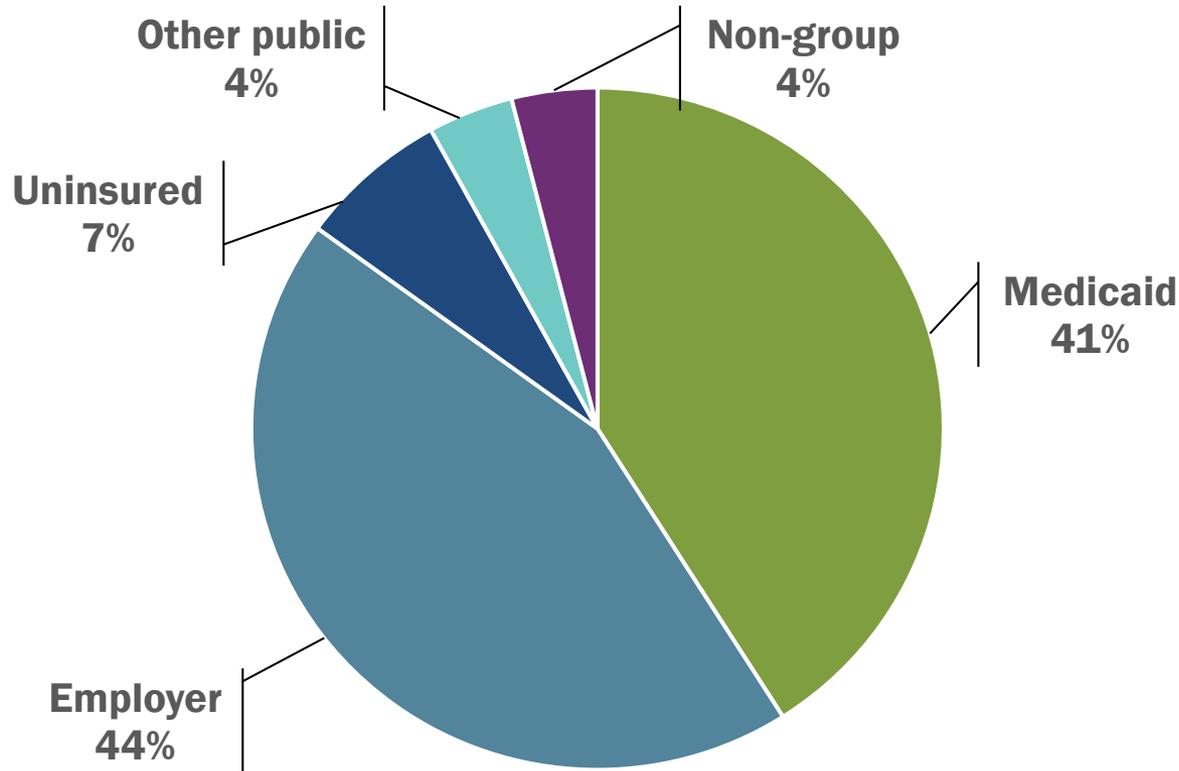
- Household income that is too high for Medicaid but too low to pay for health insurance premiums
- Based on household size

NC Medicaid enrollees and expenditures

Smaller portion of beneficiaries account for larger share of costs



Health care coverage for NC children 0-18 years



54% of births in NC are financed by Medicaid.

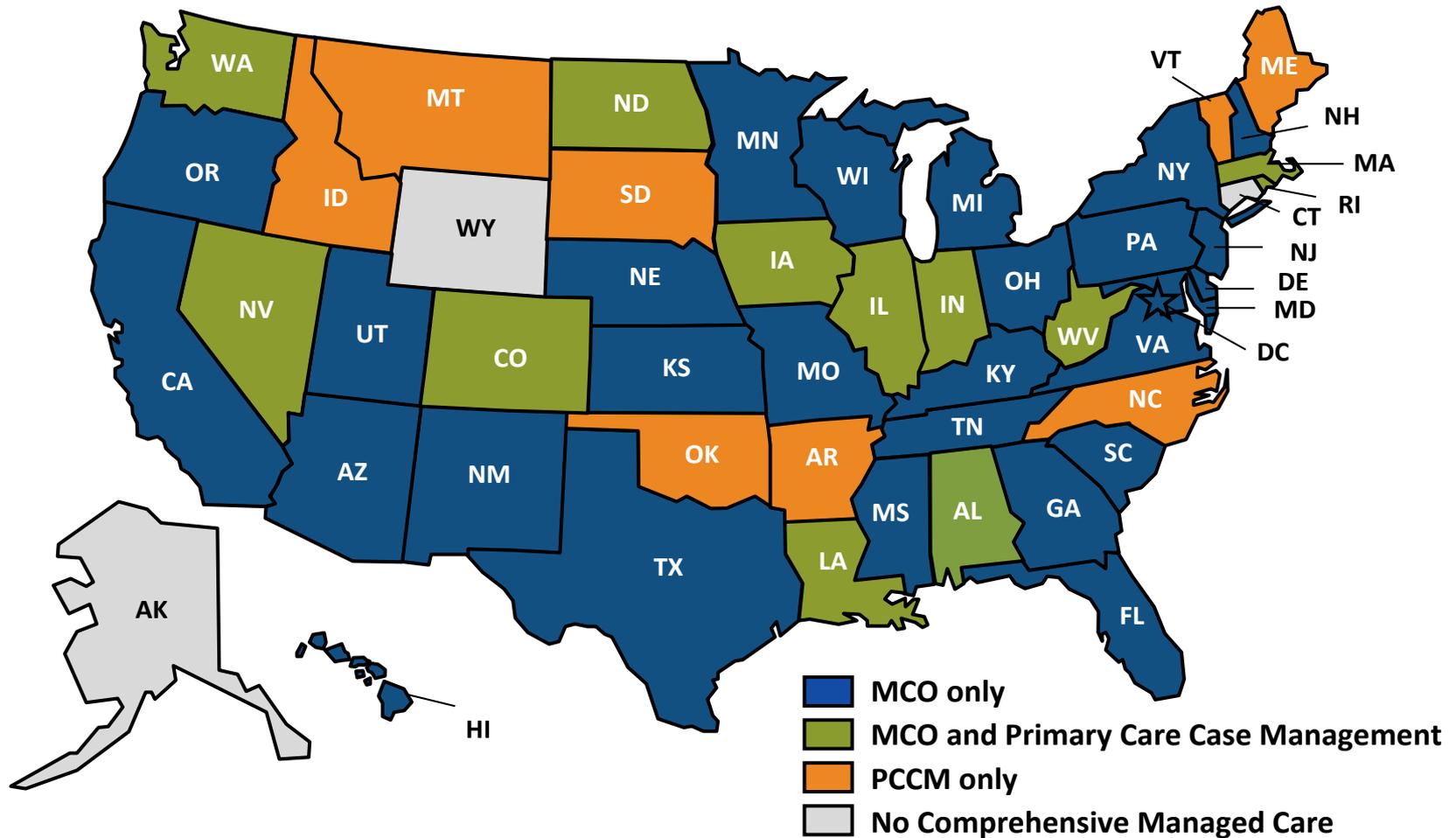
About 20% of NC residents are covered by Medicaid.

Sources

Kaiser Family Foundation estimates based on the Census Bureau's March 2014, March 2015 and March 2016 Current Population Survey (CPS: Annual Social and Economic Supplements). "Medicaid" includes Medicaid, NC Health Choice and dual eligibles.

Smith, Gifford, Ellis and Edwards, Health Management Associates; and Rudowitz, Hinton, Antonisse and Valentine, Kaiser Commission on Medicaid and the Uninsured. "Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017." The Henry J. Kaiser Family Foundation, October 2016.

39 states use comprehensive MCOs



Source: Adapted from findings of Health Management Associates survey conducted for Kaiser Family Foundation, October 2014

**Under federal managed care definitions,
NC currently has managed care via
the Primary Care Case Management model.
NC's PCCM is called "Community Care of NC."**

**NC is moving to managed care under the federal
Managed Care Organization definition (CFR 438).**

Session law 2015-245: Key legislation features

Feature	Reform Component
Capitation	Full capitation
Excluded populations and services	<ul style="list-style-type: none">• Dual eligible beneficiaries• Dental• LME/MCOs continue under existing waivers
Timeline	Approx. 3-4 years
Health Plans	<ul style="list-style-type: none">• Up to 12 PLEs in 6 regions• Up to 3 statewide MCOs
Oversight	New DHHS Division of Health Benefits

January 2016 Enrollment Summary

Eligibility Group	Medicaid Only	Full Duals	Partial Duals	Total
Aged	2,500	116,500	-	119,000
Aged - Special Assistance	-	12,600	-	12,600
Blind	1,000	800	-	1,800
Children/Families	1,461,400	1,900	-	1,463,300
Disabled	183,400	113,800	-	297,200
Disabled - Special Assistance	4,900	7,800	-	12,700
Medicare-Qualified Beneficiaries	-	-	77,400	77,400
Refugees (100% federally funded)	1,000	-	-	1,000
Total	1,654,200	253,400	77,400	1,985,000
Percent of Total	83%	13%	4%	100%

- Enrollments fluctuate throughout the year



Population enrolled in PCCM/CCNC

- **1.6 million of North Carolina's approximately 2 million Medicaid and NCHC beneficiaries**
- **Over 1.1 million beneficiaries are children, most with relatively few medical needs**
- **Adult population includes many individuals with complex clinical and behavioral health needs, including aged, blind or disabled (ABD) beneficiaries**
- **Over 40% of ABD beneficiaries have at least one type of mental illness, developmental disability or substance use issue**



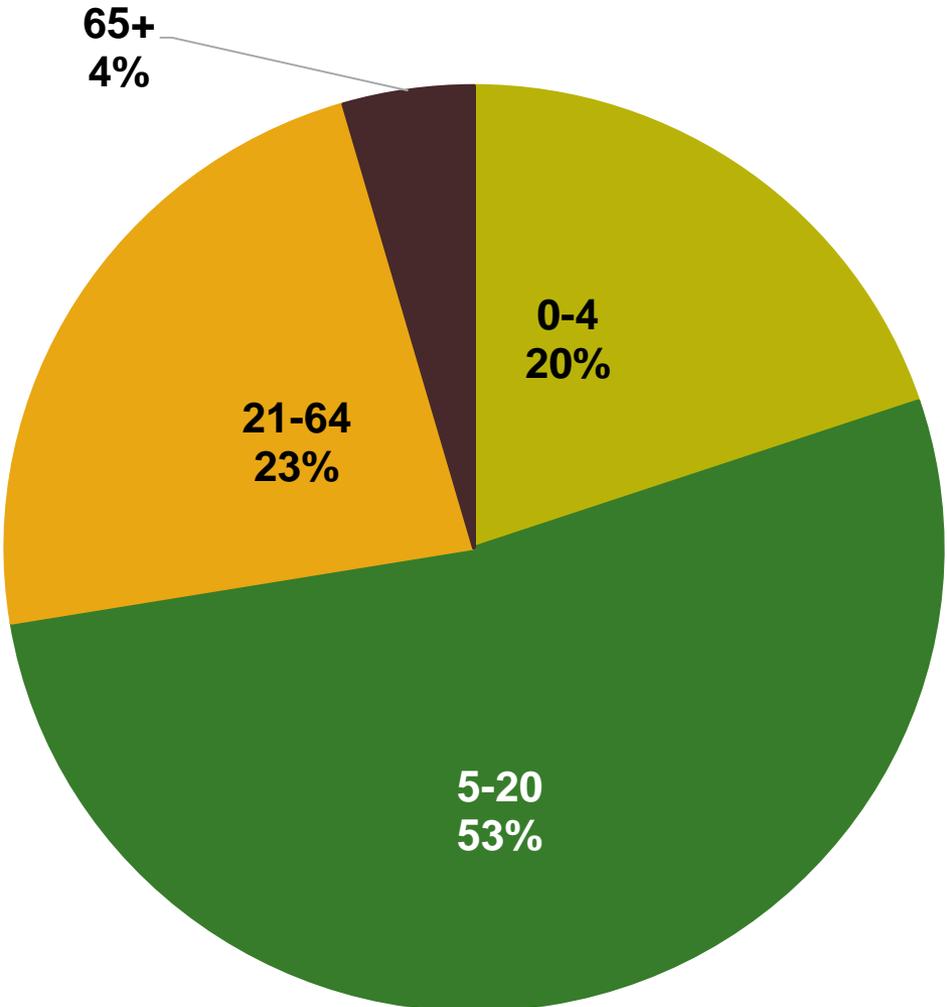
NC PCCM services

- **1990:** Under Governor Jim Martin's administration, 12-county pilot was launched to provide "medical homes" for certain Medicaid beneficiaries
- **1991 and 1998:** DMA submitted a federal 1915(b) waiver to cover the costs of the program
- **2004:** Federal Centers for Medicare & Medicaid Services approved a request from DMA to shift from a 1915(b) waiver program to a program authorized by Medicaid State Plan
- **2007:** PCCM and medical home model had become statewide and present in all 100 counties

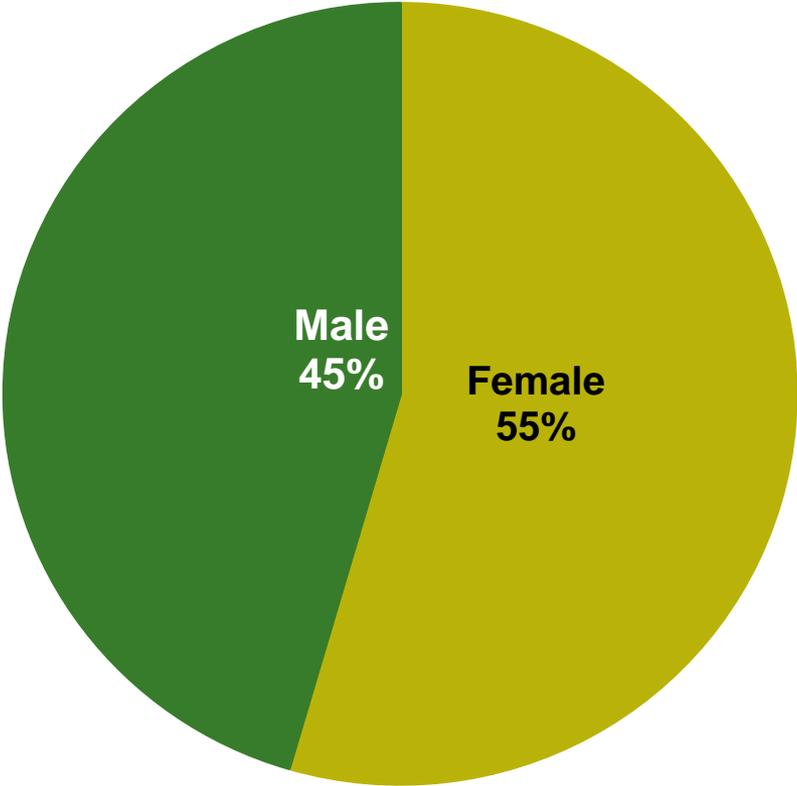
Current PCCM/CCNC

- More than 1,800 participating primary care medical homes
- 380 pregnancy medical homes
- 8,000+ primary care providers and 1,700 maternity care providers
- 14 CCNC networks employ approximately 1,600 care managers, pharmacists, psychiatrists and clinical leadership to support population health management activities
- Network partnerships with local hospitals, health departments, safety net providers, social services, community-based organizations and specialty practices, including mental health and substance use treatment entities, to create interdisciplinary care teams to manage care of enrolled beneficiaries

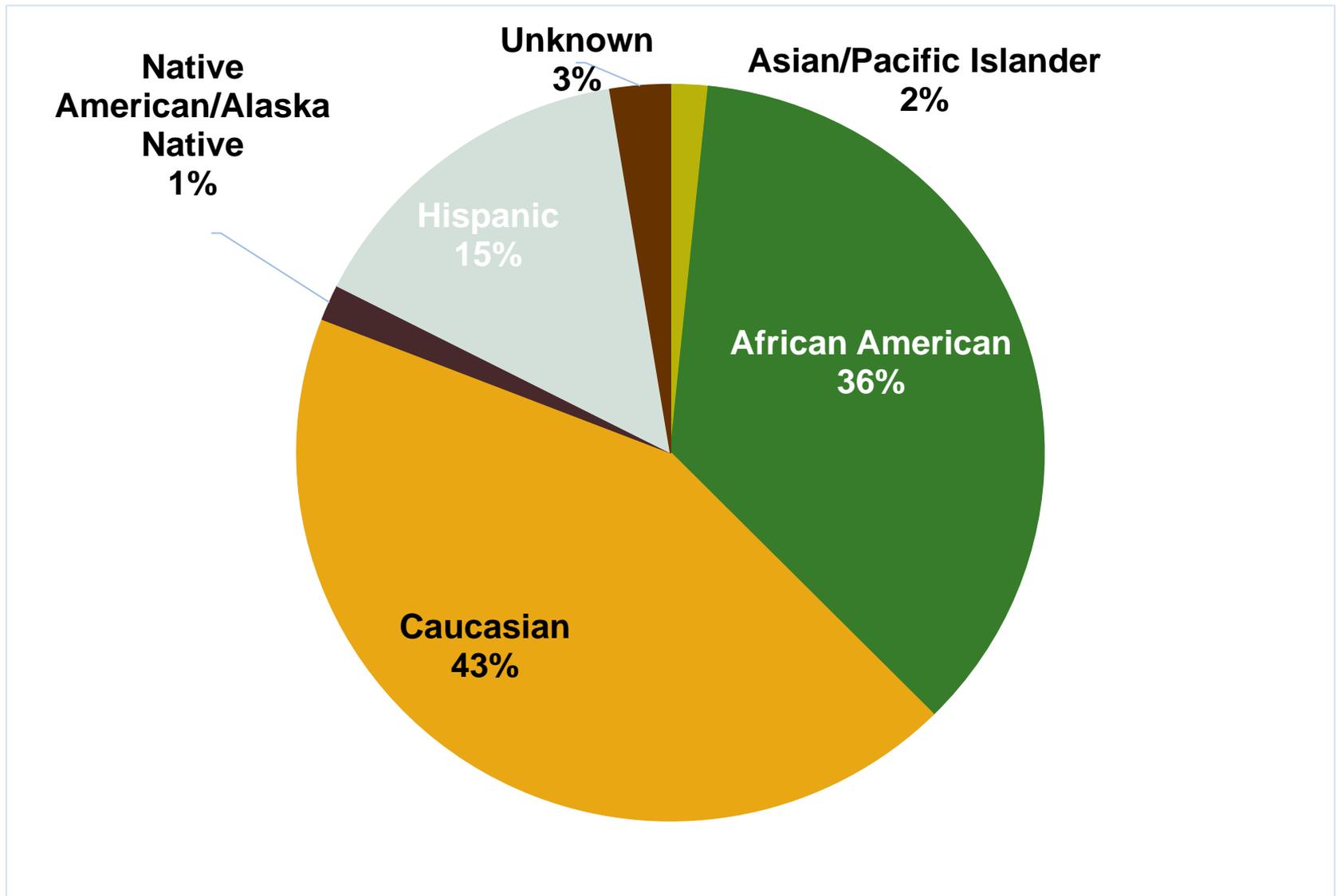
PCCM/CCNC population by age



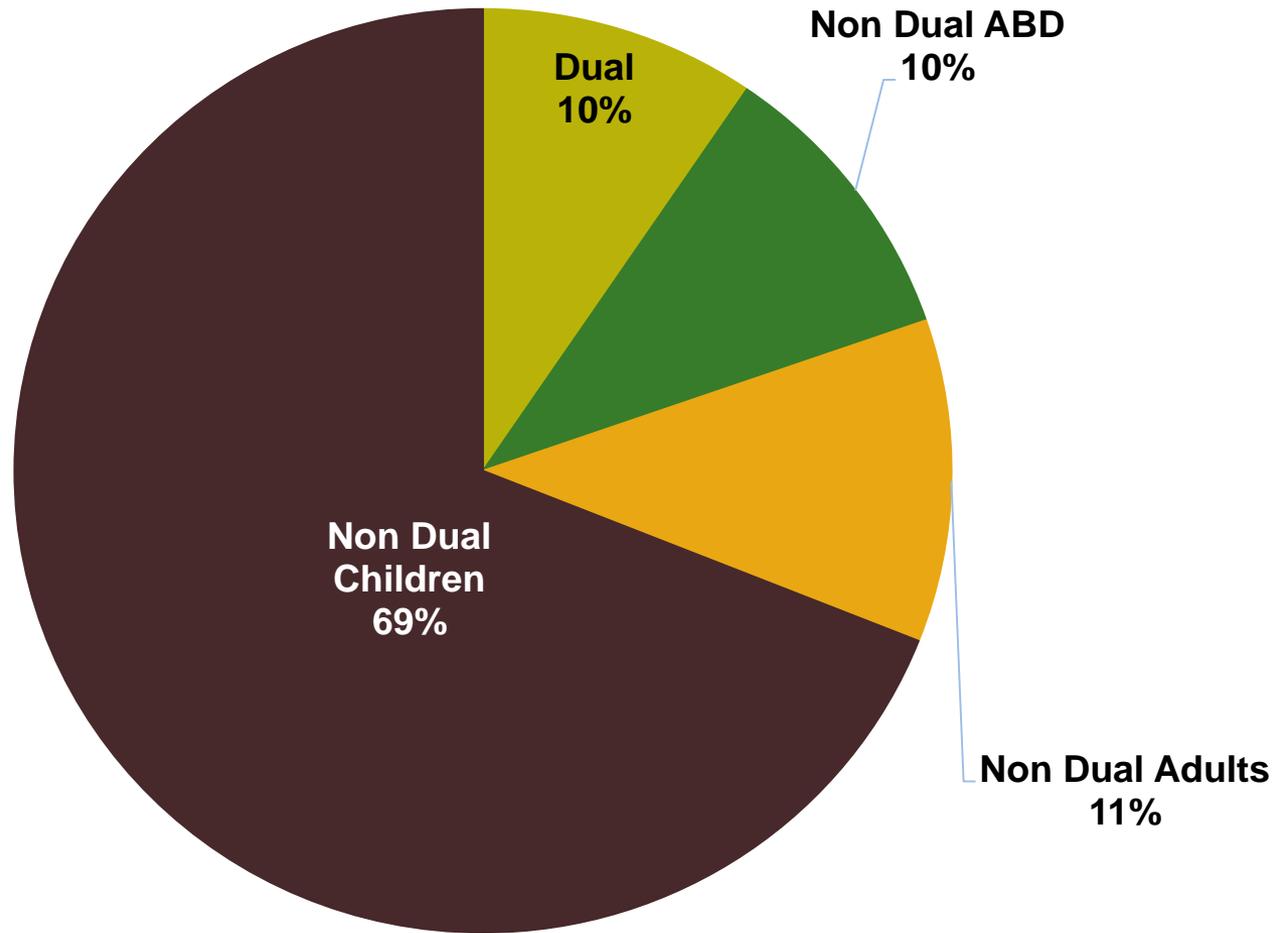
PCCM/CCNC population by gender



PCCM/CCNC population by race and ethnicity



PCCM/CCNC population by programs & groupings



Chronic condition types PCCM/CCNC population

Condition	Patient Count	% of Patients
No Conditions	1,269,245	64.07%
Mental Health Condition	293,382	14.81%
Hypertension	247,700	12.50%
Asthma	176,579	8.91%
Chronic GI Disease	143,588	7.25%
Diabetes	128,798	6.50%
ADHD	79,176	4.00%
Chronic Neurological Disease	77,760	3.93%
Developmental Disability	76,276	3.85%
Depression	69,563	3.51%
COPD	68,386	3.45%
Ischemic Vascular Disease	65,169	3.29%
Cerebrovascular Disease	41,320	2.09%

Condition	Patient Count	% of Patients
Chronic Kidney Disease	39,970	2.02%
Dementia	33,581	1.70%
Bipolar Disease	32,070	1.62%
Cancer	29,990	1.51%
Schizophrenia or Schizoaffective Disorder	27,035	1.36%
Chronic Liver Disease	21,151	1.07%
Posttraumatic Stress Disorder	17,087	0.86%
Pressure Ulcer Or Stasis Ulcer	16,541	0.84%
Musculoskeletal/Connective Tissue Disease	15,602	0.79%
Heart Failure	14,492	0.73%
History of Myocardial Infarction	6,184	0.31%
HIV	6,039	0.30%
Sickle Cell	2,777	0.14%

Behavioral health: key points

- All specialty behavioral health, substance use, and IDD services and measures are under a different waiver
- Except primary care behavioral health services and measures defined in the primary care/integrated care space
- About 75% of specialty BH and IDD beneficiaries have a PCP in CCNC

Present Quality Measurement and Reporting



Present Quality Measurement and Reporting

- **CMS Core Measures: adult and child**
 - Presently voluntary reporting
- **HEDIS: Used by Medicaid Managed Care Organizations**
 - Presently voluntary reporting for NC Medicaid
- **CCNC's Key Performance Indicators and Clinical Quality Measures**
- **CAHPS Surveys: adult and child**
 - Consumer Assessment of Healthcare Providers and Systems
- **Access**

CAVEATS

- **Measures reported by NC Medicaid are dependent on accuracy of reported claims data from DMA's claims payment system(NCTracks).**
- **Measures reported by NC Medicaid are dependent on work by subcontractors for the data warehouse and for analytics.**
- **When the system switches from Fee for Service to Managed Care Organizations, the data process will change to one driven by “encounter claims” from up to 15 Prepaid Health Plans (per statute).**

CMS Child Core Measures: 26 Measures

VOLUNTARY REPORTING

- **Measure categories:**
 - Access to Care
 - Preventive Care
 - Maternal and Perinatal Care
 - Behavioral Health
 - Care of Acute & Chronic Conditions
 - Oral Health
 - Experience of Care
- **NC Medicaid to report: 20 measures in 2016, no chart review measures**
- **Includes CAHPS**

CMS Adult Core Measures: 28 measures

VOLUNTARY REPORTING

- **Measure categories:**
 - Preventive Care
 - Maternal and Perinatal Care
 - Behavioral Health/Substance Use
 - Care of Acute & Chronic Conditions
 - Care Coordination
 - Experience of Care
- **NC to report: 22 measures in 2016, no chart review measures**
- **Includes CAHPS**

HEDIS: Healthcare effectiveness data and information set

- Available benchmark is Medicaid MCO plans
- NC Medicaid reports
 - Effectiveness of Care
 - Immunizations
 - Preventive screening
 - Asthma care
 - Diabetes care
 - Various BH
 - Medication persistence
 - Access/Availability
 - Adult and child prevention and primary care
 - Alcohol and drug treatment
 - Prenatal and post partum care
 - Utilization: well visits and all cause readmissions
- ~63 measures – claims based

CCNC key performance indicators and quality measures

- Overall PCCM Program Performance
- Pediatric Measures
- Maternal Health Measures
- Behavioral Health Measures
- **Methods: Claims and chart review measures across chronic conditions, population specific preventive care and utilization measures**
 - **41 measures: 15 pediatric measures, 12 maternal health measures and three behavioral health measures**
 - **13 are benchmarked against the 2015 NCQA HEDIS national Medicaid MCO average (mean)**

CCNC Key Performance Indicators and Quality Measures

Clinical quality measures are reported at state, network, and practice levels. They are used to inform practices about performance and for guiding clinical improvement priorities at the practice level.

Examples of performance

- **The program performs well in managing chronic conditions. Clinical measures for several chronic conditions including diabetes and hypertension exceed five of six HEDIS benchmarks.**
- **The program also outperforms in well-child visit rates, developmental screenings and annual dental visits. For the overall pediatric population, CCNC is above HEDIS benchmarks for four of the seven HEDIS measures and dental visit rates for 2-3 year olds are double the HEDIS average (65% vs. 36%).**
- **For children in foster care, the rates for all seven pediatric HEDIS measures exceed HEDIS benchmarks.**

PCCM/CCNC key performance indicators

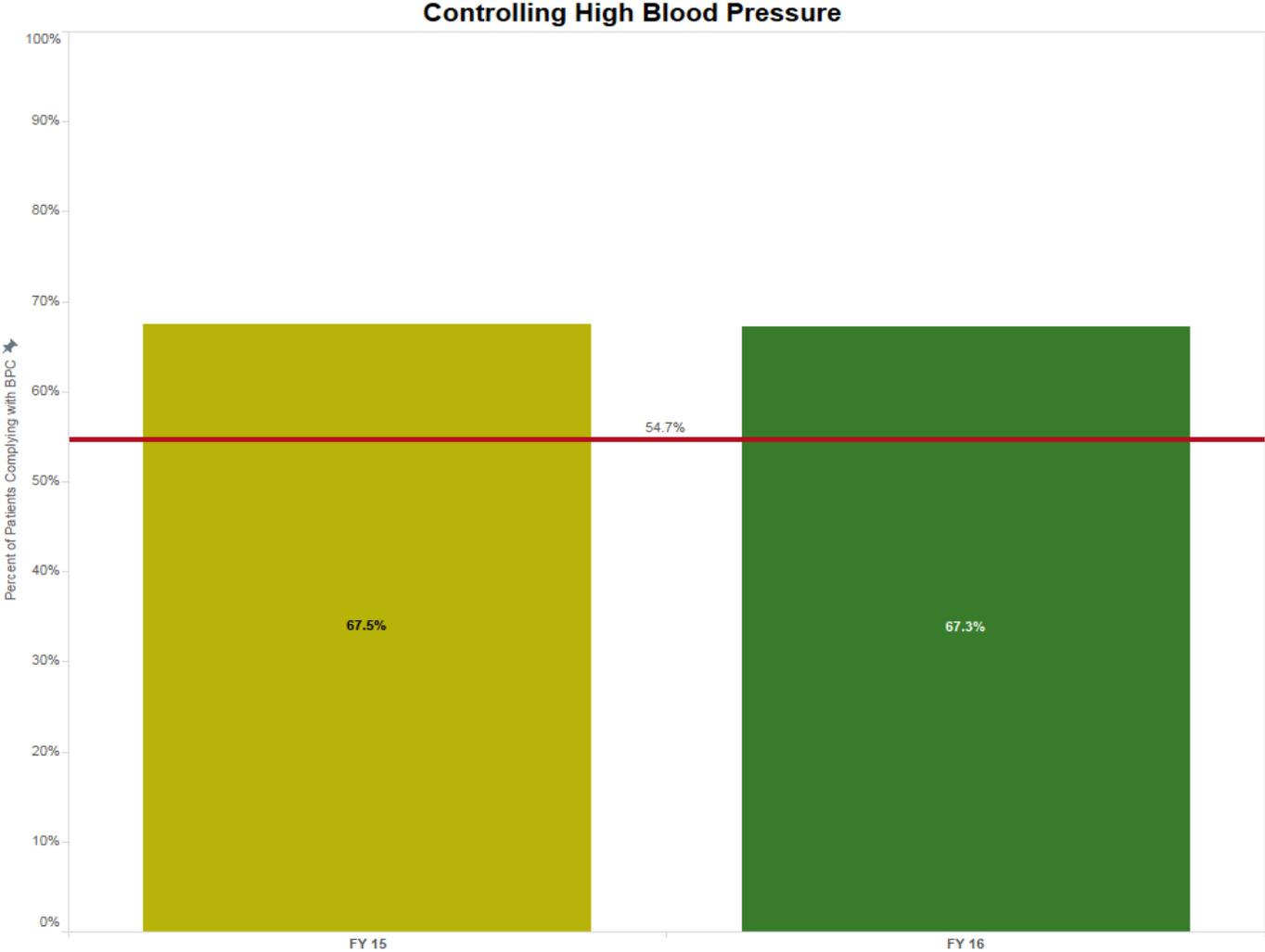
All four measures demonstrate a favorable trend against NC baseline years

- **Total Medicaid Spend Per Member Per Month**
- **ED Visits Per 1,000 Member Months**
- **Inpatient Admissions Per 1,000 Member Months**
- **Potentially Preventable Readmissions Per 1,000 Member Months**

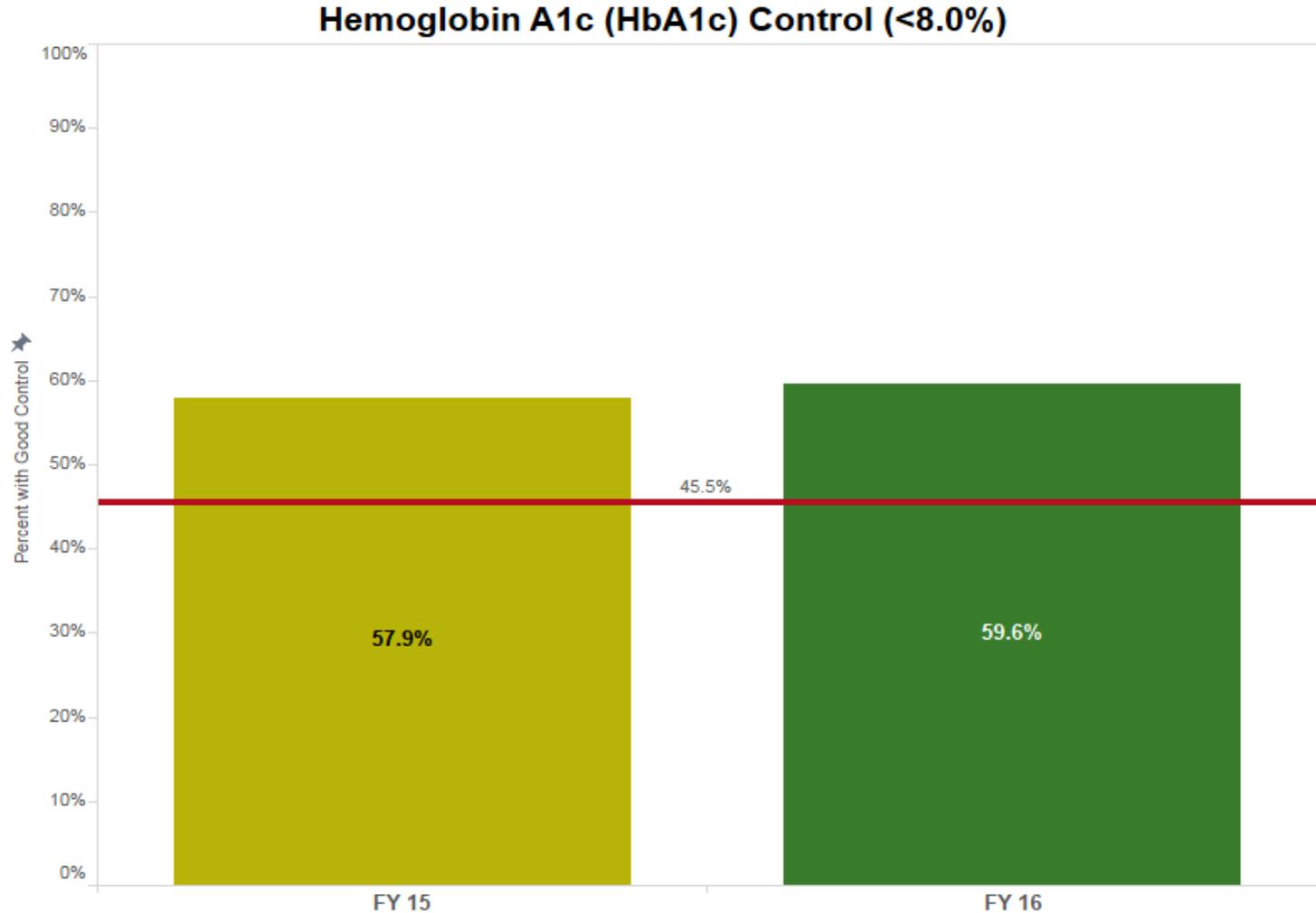
Examples of CCNC HEDIS Reporting with Benchmarks



CONTROLLING HIGH BLOOD PRESSURE(HEDIS)



HEMOGLOBIN A1c (HbA1c) CONTROL (<8.0%) (DIABETES)(HEDIS with Benchmark)

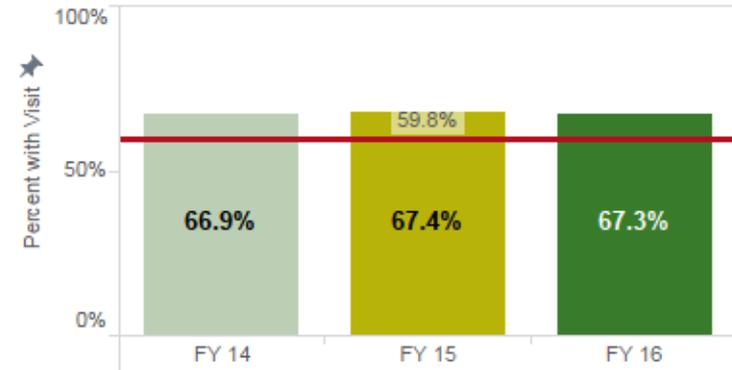


Well-Child Visits in the first 15 Months of Life

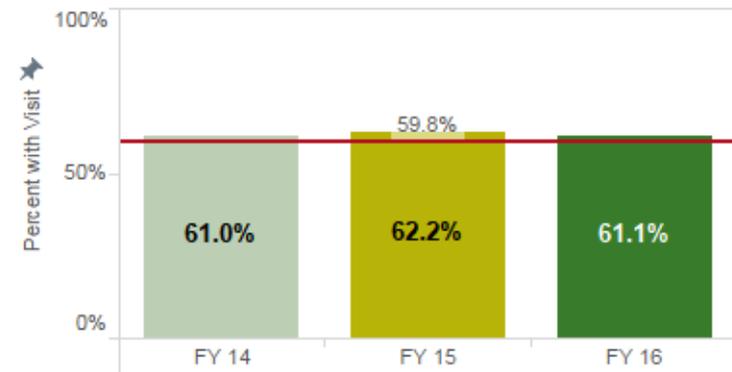
Well-Child Visits in the First 15 Months of Life



Well-Child Visits in the First 15 Months of Life: Non-Foster Care



Well-Child Visits in the First 15 Months of Life: Foster Care



Access measures

- **At present, CMS requires (FFS) access measures for:**
 - NC primary care (includes medical and dental)
 - Physician specialists
 - Behavioral health
 - Pre-natal and post-natal obstetric services, including labor and delivery
 - Home health
- **NC has presented baseline measures and a plan for measurement going forward (Oct 2016)**
- **Basic measure include:**
 - Availability of Medicaid providers
 - Utilization of Medicaid services
 - Beneficiary perception of access
- **Managed care access measure much more rigorous**

QUESTIONS?

2015 DMA work on ACO common measures

Goal: Initial assessment & discussion of quality measures for ACO-focused Medicaid reform

- **Scan of measure sets**
- **Quality Measures Framework**
 - Principles for measure selection
 - Implementation considerations
- **Draft measure set: Focus on alignment**
- **Stakeholders: NC ACO Consortium, NCAFP, NC Peds, NC CHC Association, NCHA, DPH and LHD reps**
- **2nd draft of measures >> paused**

CMS New Medicaid Managed Care Rules

CMS New Medicaid Managed Care Rules

Must comply with new CMS Medicaid managed care rule

ACCESS

- Time and distance standards
- Appointment availability and office waiting time
- Variation for rural vs. metropolitan/urban areas

QUALITY & SATISFACTION

- Services
- Outcomes



CMS MCO final rule

CMS MCO final rule advances the agency's mission of *better care, smarter spending and healthier people*

Key Goals

- Support State efforts to advance **delivery system reform** and **improve quality of care**
- Strengthen **beneficiary experience of care** and key beneficiary protections
- Strengthen program integrity by **improving accountability and transparency**
- **Align** key Medicaid and CHIP managed care requirements with other health coverage programs

CMS proposed quality reporting system

- CMS to establish a common set of performance measures across states contracting with MCOs, PIHPs and PAHPs
- Specific measures within each summary indicator may differ; states may have some flexibility to offer alternatives
- A public engagement process to develop a proposed QRS framework and methodology
- Publication of a proposed QRS in the *Federal Register* with opportunity to comment, followed by notice of final Medicaid and CHIP QRS expected in 2018

Summary: Divergent Thinking >> Convergent Thinking



Nancy S. Henley, MPH, MD, FACP

Chief Medical Officer

Division of Medical Assistance

N.C. Department of Health and Human Services

(Office) 919-855-4262

nancy.henley@dhhs.nc.gov