Medicaid Quality Management and Evaluation

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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)

North Carolina Medicaid Quality Framework

The Quality Framework defines and drives the overall vision for advancing the quality of care provided to Medicaid beneficiaries in North Carolina.

Source: North Carolina Medicaid Managed Care Quality Strategy
• Quality Measure Reporting w/Benchmarking, Performance Targets, Disparity Reporting and Tracking

• 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 processes for monitoring and correcting performance, conducting performance improvement projects, addressing disparities in care, and provider support plans.

• Value-Based Payment/Provider Incentives
  – 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

• External Quality Assurance Validation
  – The External Quality Review Organization (EQRO) will validate PHP measure reporting and validate PHP contract compliance.

• NCQA Accreditation
  – Accountability for quality performance is layered into accreditation requirements.

• Public Reporting of Performance
  – Consumer & Provider Surveys, Annual Report Cards, Equity Report, Access Report, Accreditation Reports, EQRO report
PHPs will be required to report on a robust measure set, but must focus on a narrower subset for quality improvement. DHHS expects PHPs will incorporate these measures into their contracting and other engagement with practices.

For a full list of quality measures, please see here.
DHHS will conduct a rigorous evaluation of the waiver to ensure North Carolina is achieving its goals.

- Consistent with federal requirements, DHHS has contracted with a third-party entity (UNC-Sheps) to conduct independent evaluations of the waiver.
  - 1115 Waiver + IMD-SUD Waiver
  - Healthy Opportunities (HO) Pilots

- DHHS will receive quarterly & annual updates that can help inform continuous quality improvement; HO pilots require a rapid cycle evaluation (RCE).

- DHHS 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).
Medicaid Quality: Published Resources

Medicaid Quality Strategy


Health Plan Quality Performance and Accountability


Quality Measure Technical Specifications


Initial (Year 1) Value Based Purchasing (VBP) Guidance


Evaluation Updates

- Will be added as they become available