Medicaid Quality Management and Evaluation

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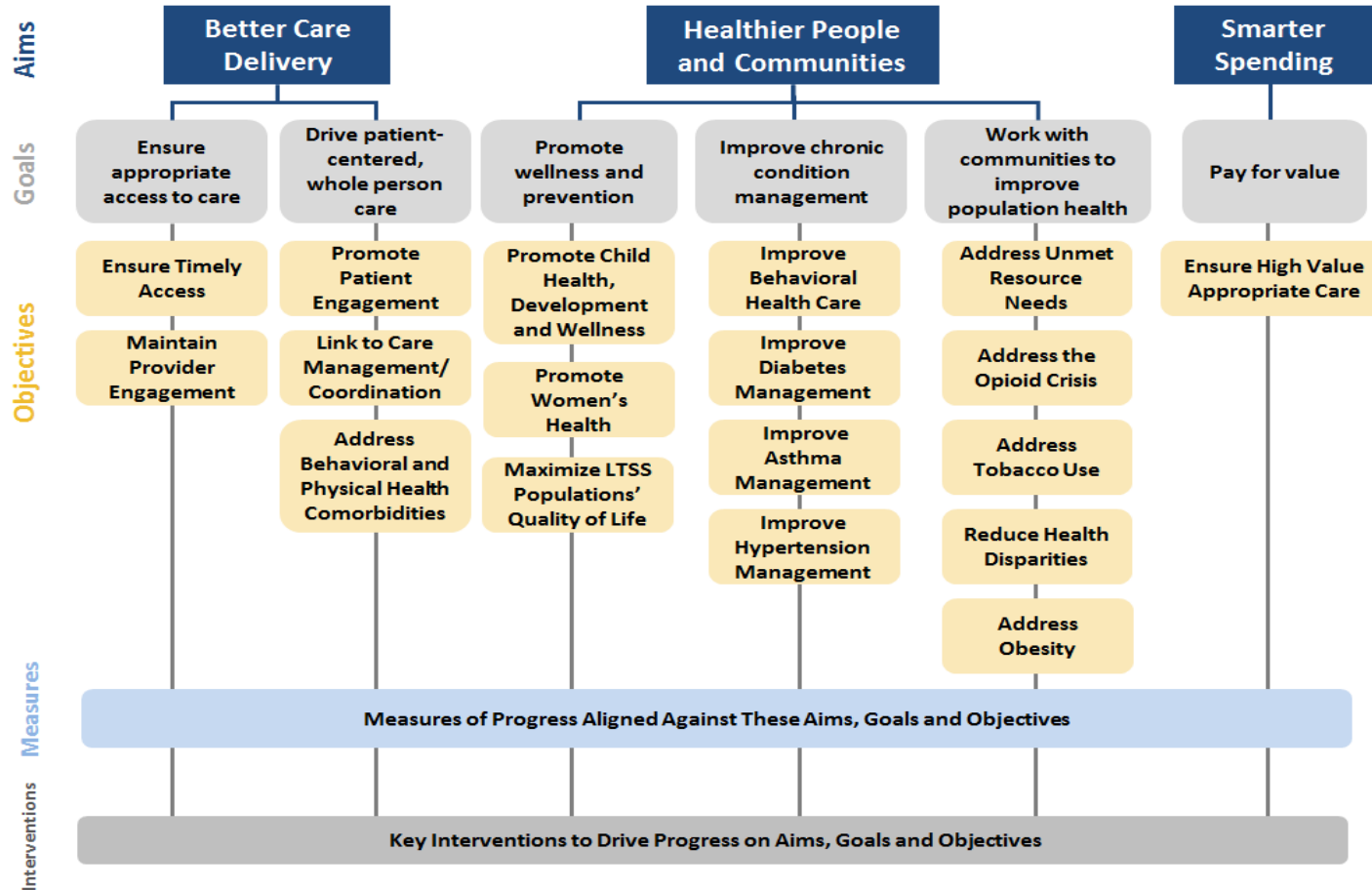Division of Health Benefits (DHB)

State Medicaid Managed Care Quality Strategy

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)

Source: State Quality Strategies. https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/state-quality-strategy/index.html

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.

Aims

Better Care Delivery		Healthier People and Communities			Smarter Spending

Goals

| Ensure appropriate access to care | Drive patient-centered, whole person care | Promote wellness and prevention | Improve chronic condition management | Work with communities to improve population health | Pay for value |

Objectives

Ensure Timely Access	Promote Patient Engagement	Promote Child Health, Development and Wellness	Improve Behavioral Health Care	Address Unmet Resource Needs	Ensure High Value Appropriate Care
Maintain Provider Engagement	Link to Care Management/ Coordination	Promote Women's Health	Improve Diabetes Management	Address the Opioid Crisis	
	Address Behavioral and Physical Health Comorbidities	Maximize LTSS Populations' Quality of Life	Improve Asthma Management	Address Tobacco Use	
			Improve Hypertension Management	Reduce Health Disparities	
				Address Obesity	

Measures

Measures of Progress Aligned Against These Aims, Goals and Objectives

Interventions

Key Interventions to Drive Progress on Aims, Goals and Objectives

Source: North Carolina Medicaid Managed Care Quality Strategy

Summary of Primary Levers for Quality Performance

- **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

North Carolina Medicaid Quality Measures

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.

PHPs **must report all** of these measures to DHHS annually (baseline & maintain)

67 Measures — **Quality and Select Administrative Measures Aligned with National, State and PHP Reporting**

DHHS will set **benchmarks for performance**. Measures used for QAPI and VBP contracts.

32 Measures — **Priority Measures Aligned with DHHS Policies**

DHHS **will hold PHPs financially accountable** for these measures starting in Year 3 (July 2021) against targets.

6 Measures — **Quality Withhold Measures**

For a full list of quality measures, please see here.

NC Medicaid Managed Care Evaluation Strategy

**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

- https://files.nc.gov/ncdma/documents/Quality_Strategy_4.5.19.v2.pdf

Health Plan Quality Performance and Accountability

- https://files.nc.gov/ncdhhs/documents/PHP-QualityPerformance-and-Accountability_ConceptPaper_FINAL_20180320.pdf

Quality Measure Technical Specifications

- https://files.nc.gov/ncdma/documents/NC-Medicaid-Managed-Care-Quality-Measurement-Technical-Specifications-Public.pdf

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

- https://files.nc.gov/ncdma/NC-VBP-Initial-Guidance-Final-for-Comms-20190218.pdf

Evaluation Updates

- Will be added as they become available