Alabama Medicaid Quality Strategies and RCO Quality Assurance Program

Alabama Medicaid Agency Quality Strategy

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DISCLAIMER

- The information in this presentation is for discussion purposes only and does not represent a final determination of the topics discussed by the Alabama Medicaid Agency. This information represents the Medicaid Agency's current thoughts, which are subject to change based on further deliberation on stakeholder feedback, discussions with CMS, applicable law and any changes to state and federal law.

AMA Quality Strategy

- National Quality Strategy DHHS
- CMS Quality Strategy
- State Medicaid Agencies encouraged to develop Quality Strategy November 2013
- States with Managed Care already required to have Quality Strategies

Regional Care Organizations

Vision:

To optimize health outcomes of Medicaid beneficiaries by

- **Improving clinical quality**
- **Transforming the health care delivery system for Alabama Medicaid**
- **Reducing costs**

Regional Care Organizations

Mission:

To serve Medicaid beneficiaries, health care providers, other state agency partners, external stakeholders, elected leaders, and the people of Alabama with a focus on improving outcomes, beneficiary experience of care, population health, and reducing health care costs through improvement

Regional Care Organizations

Values:

- Beneficiaries come first
- Public Service
- Integrity
- Accountability
- Teamwork
- External Collaboration
- Innovation
- Excellence
- Respect

Regional Care Organizations

Three Broad Aims:

1. Better care
2. Healthy People/Healthy Communities
3. Affordable Care/Smarter Spending

Regional Care Organizations

Six Priorities/Goals:

1. Making care **safer** by reducing harm caused by delivery of care
2. Ensuring that each person/family is **engaged** as partners in their care
3. Promoting effective **communication** and **coordination** of care
4. Promoting the most effective **prevention** and **treatment** practices for the leading causes of mortality, starting with chronic conditions such as cardiovascular disease
5. Working with stakeholders to promote wide **use of best practices** to enable healthy living
6. Making **quality care** more **efficient** and **effective** for individuals, families, employers, and government

Regional Care Organizations

Questions

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RCO Quality Strategy and Quality Assurance Program

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Agenda

- Why is the Agency developing a Quality Strategy?
- How was the Quality Strategy developed and can stakeholders provide feedback?
- What are the components of the Quality Strategy?
- How will the Agency approach quality oversight, monitoring and performance improvement?

Quality Strategy Potential Impacts

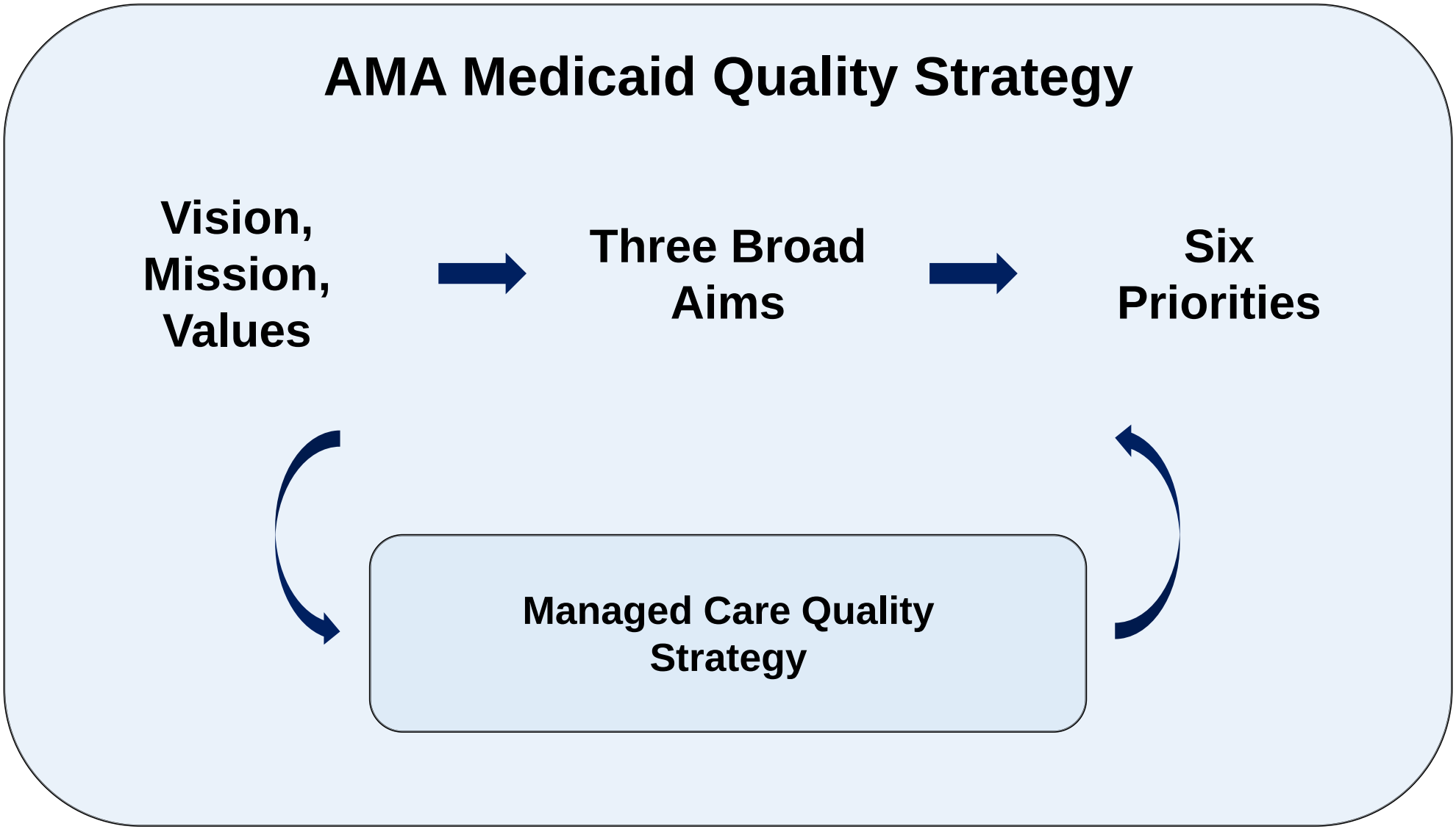
Federal Managed Care Regulations

- CMS proposed rule to strengthen managed care for Medicaid/CHIP
- Proposed quality strategy impacts:
  - Add external quality review activity (network adequacy validation)
  - Expand Medicaid managed care quality strategy to include FFS
  - Create quality rating system (similar to STARS)

Section 1115 Demonstration Application Waiver

- CMS will provide Standard Terms and Conditions (STCs) with waiver approval
- The STCs will include:
  - Timeframe and ad-hoc requirements for submission of the quality strategy
  - Statewide accountability (or other) measures

AMA Quality Strategy Impact



Managed Care Quality Strategy

RCO Program Overview

The RCO program will improve the quality of care for over half a million Medicaid beneficiaries through:

- Improved care coordination
- Aligned incentives
- Increased access

Region	Probationary RCOs
A	• **Alabama Community Care – Region A** • Alabama Healthcare Advantage North • **My Care Alabama**
B	• **Alabama Care Plan** • Alabama Healthcare Advantage East
C	• **Alabama Community Care – Region C** • Alabama Healthcare Advantage West
D	• **Care Network of Alabama** • Alabama Healthcare Advantage
E	• Alabama Healthcare Advantage South • **Gulf Coast Regional Care Organization**

Bold text indicates a Probationary RCO is currently operating a Health Home program

Quality and Value

Regional Care Organizations

The Quality Strategy describes how the RCO Program objectives support Alabama's vision for Medicaid

ALABAMA MEDICAID VISION

To optimize health outcomes of Medicaid beneficiaries by:

1. Improving clinical quality
2. Transforming the health care delivery system for Alabama Medicaid
3. Reducing costs

RCO OBJECTIVES

- Improve care coordination and reduce fragmentation in the State's delivery system
- Create aligned incentives to improve beneficiary clinical outcomes
- Improve access to health care providers
- Reduce the rate of growth of Medicaid expenditures

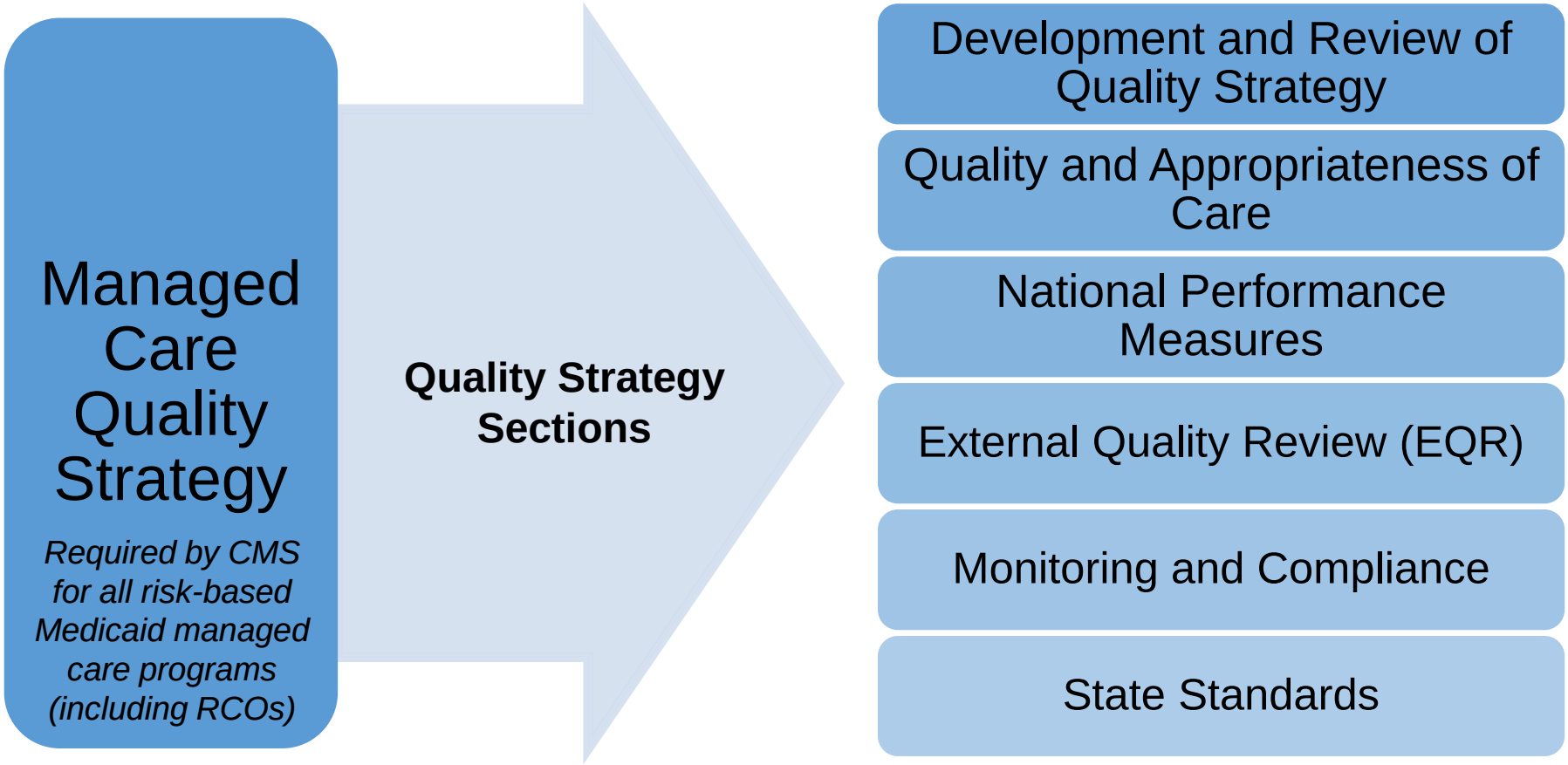
Quality Strategy Guiding Principles

The Agency used the following guiding principles while drafting the quality strategy:

- Serves as a roadmap to assist the Agency in implementing and monitoring quality improvement
- Reflects program priorities and underlying principles
- Outlines strategic goals, targets and action plans to achieve program goals
- Focuses on collaboration with RCO Program stakeholders
- Regularly updated based on feedback regarding the effectiveness of the program

Quality Strategy Overview

State Medicaid quality efforts are governed by federal regulations and described in a State's quality strategy



RCO QA Committee

Alabama RCO Legislation

SB340

- ***Section 5 (b):*** *The committee shall identify objective outcome and quality measures, including measures of outcome and quality for ambulatory care, inpatient care, chemical dependency and mental health treatment, oral health care, and all other health services provided by coordinated care organizations.*

- ***Section 5 (f):*** *…The information published shall report, by regional care organizations, all of the following:*
  - *(1) Quality measures.*
  - *(2) Costs.*
  - *(3) Outcomes.*
  - *(4) Other information, as specified by the contract between the regional care organization and the Medicaid Agency, that is necessary for the Medicaid Agency to evaluate the value of health services delivered by a regional care organization.*

Purpose of the RCO QA Committee:

- To ensure through ongoing measurement that regional care organizations deliver quality health care services to Alabama Medicaid Recipients.

- While there may be incentives tied to the metrics, the Committee's charge is to determine the RCO quality measures, not the incentives.

- The Committee is also not responsible for developing metrics to measure provider performance within the RCOs.

Purpose of the RCO QA Committee:

- Initial quality metrics should be **simple, well-defined, reliable, limited in number** and to the greatest extent possible, **readily available** and **easily analyzed**. Metrics should also reflect the **populations to be served by the RCOs**.

Selected measures should be considered important to measure and report as demonstrated by:

- Evidence of improved clinical or health outcomes, processes, or structures;
- A performance gap with considerable variation or quality of care across providers and/or disparities of care across population groups;
- Affecting a large number of patients and/or having substantial impact for a smaller population, being a leading cause of morbidity/mortality and high resource utilization.

RCO Program Performance Measures Alignment

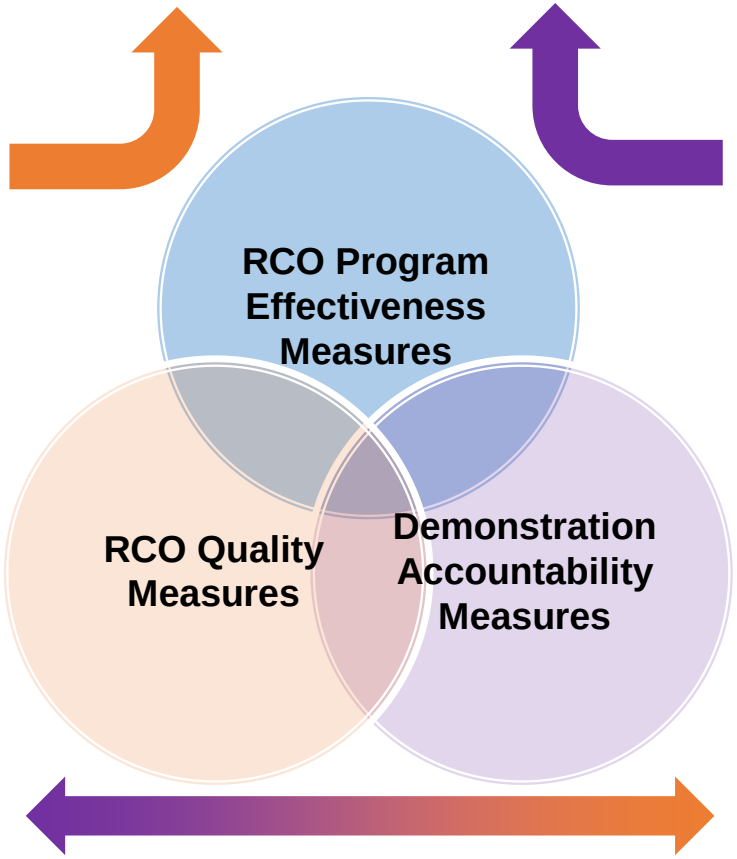
Regional Care Organizations

RCO Program Effectiveness Measures

- ***Target:*** RCO program
- ***Purpose:*** Assess effectiveness and success of the overall RCO program
- ***Measures:*** 14 measures

RCO Quality Measures

- ***Target:*** RCOs
- ***Purpose:*** Monitor and assess individual RCO performance
- ***Measures:*** 42 measures (including 10 Quality Withhold Program Incentive Measures)



Demonstration Accountability Measures

- ***Target:*** The Agency and RCOs
- ***Purpose:*** Monitor and assess demonstration
- ***Measures:*** TBD

These will be identified by CMS

RCO Program Performance Measures Alignment (Cont.)

Program Effectiveness Measure Categories

1. Clinical – Maternity
2. Clinical – Utilization and Prevention
3. Clinical – Mental Health
4. Administrative

RCO Quality Measure Categories

1. Internal Medicine
2. Pediatrics
3. Inpatient Care
4. Oral Health
5. Maternity/Infant Mortality
6. Chemical Dependency
7. Mental Health/Behavioral Health
8. Cardiovascular/Obesity
9. Access to Care/Equitable Health Outcomes
10. Patient Safety
11. Transition of Care
12. Care Coordination

Program Effectiveness and RCO Quality Measures are closely aligned, and in some cases, are the same.

Quality Measures Identified

Disease	Category	Identification	Measure
Diabetes	Effectiveness of Care	Ambulatory Care	**Comprehensive Diabetes Care**
Asthma/COPD	Effectiveness of Care	Ambulatory Care	**Medication Management for People with Asthma**
Asthma/COPD	Effectiveness of Care	Ambulatory Care	ER Utilization Rate for Asthma Patients

***Bold Measures are Incentive Measures**

Administrative measure calculated from existing coding
MH/SA measures not yet defined. Anticipate administrative
Survey results from existing hospital survey
Chart review required until functional HIE is operating

Quality Measures Identified

Disease	Category	Identification	Measure
Other	Effectiveness of Care	Ambulatory Care	Breast Cancer Screening
Other	Effectiveness of Care	Ambulatory Care	**Cervical Cancer Screening**
Other	Effectiveness of Care	Ambulatory Care	Childhood Immunization Status
Other	Effectiveness of Care	Ambulatory Care	Immunizations for Adolescents
Other	Access/Availability of Care	Ambulatory Care	Children's and Adolescents' Access to Primary Care Practitioners
Other	Utilization and Relative Resource Use	Ambulatory Care	Well-Child Visits in the First 15 Months of Life
Other	Utilization and Relative Resource Use	Ambulatory Care	Developmental Screening in the First Three Years of Life
Other	Utilization and Relative Resource Use	Ambulatory Care	**Well-Child Visits in the Third, Fourth, Fifth, and Six Years of Life**
Other	Utilization and Relative Resource Use	Ambulatory Care	**Adolescent Well-Care Visits**
Maternity	Maternity	Inpatient Care	Elective Delivery
Other	Utilization and Relative Resource Use	Inpatient Care	Plan All-Cause Readmission
Other	Effectiveness of Care	Ambulatory Care	**Ambulatory Care-Sensitive Condition Admission**

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Quality Measures Identified

Disease	Category	Identification	Measure
Dental	Access/Availability of Care	Oral Health care	Total Eligibles who received Preventive Dental Services (ages 1-20)
Oral Health	Access to Care	Inpatient Care	Rate of Dental Procedures performed in surgical units
Maternity	Access/Availability of Care	Ambulatory Care	**Prenatal and Postpartum Care**
Maternity	Utilization and Relative Resource Use	Ambulatory Care	Frequency of Ongoing Prenatal Care
Maternity	Maternity	Ambulatory Care	**Percentage of Live Births Weighing Less Than 2,500 Grams**
Maternity	Maternity	Ambulatory Care	Percentage of Live Births Weighing Less Than 1,500 Grams

Administrative measure calculated from existing coding
MH/SA measures not yet defined. Anticipate administrative
Survey results from existing hospital survey
Chart review required until functional HIE is operating

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Quality Measures Identified

Disease	Category	Identification	Measure
Chemical Dependency	Substance Abuse	Substance Abuse	**Initiation and Engagement of Alcohol and Other Drug Dependence Treatment**
Chemical Dependency	Substance Abuse	Substance Abuse	**Identification of Alcohol and Other Drug Services**
Chemical Dependency	Substance Abuse	Substance Abuse	**Medical Assistance With Smoking and Tobacco Use Cessation**
Chemical Dependency	Effectiveness of Care	Ambulatory Care	**Assessment and management of chronic pain**

Administrative measure calculated from existing coding
MH/SA measures not yet defined. Anticipate administrative
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***Bold Measures are Incentive Measures**

Quality Measures Identified

Disease	Category	Identification	Measure
Mental Health	Effectiveness of Care	Mental Health	Follow-Up Care for Children Prescribed ADHD Medication
Mental Illness	Effectiveness of Care	Mental Health	Antidepressant Medication Management
Mental Illness	Effectiveness of Care	Mental Health	**Follow-Up After Hospitalization (within 30 days) (behavioral health-related primary diagnosis)**
Mental Illness	Effectiveness of Care	Mental Health	Mental illness: risk-adjusted rate of readmission following discharge for a mental illness.
Mental Illness	Effectiveness of Care	Mental Health	Screening for Clinical Depression and Follow-up
Mental Illness	Effectiveness of Care	Mental Health	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment
Mental Illness	Effectiveness of Care	Mental Health	Diabetes Screening for people With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
Mental Illness	Effectiveness of Care	Mental Health	Adherence to Antipsychotic Medications for Individuals With Schizophrenia

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MH/SA measures not yet defined. Anticipate administrative
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***Bold Measures are Incentive Measures**

Quality Measures Identified

Disease	Category	Identification	Measure
Other	Effectiveness of Care	Ambulatory Care	**Weight Assessment and Counseling for Nutrition and Physical Activity for Children / Adolescents**
Other	Effectiveness of Care	Ambulatory Care	**Adult BMI Assessment**
Other	Utilization and Relative Resource Use	Ambulatory Care	**Ambulatory Care, ED Visits**
Other	Access/Availability of Care	Ambulatory Care	**Adults' Access to Preventive/Ambulatory Services [All Ages]**
Other	Effectiveness of Care	Inpatient Care	**Patients who reported that staff "Always" explained about medicine before giving it to them.**
Other	Effectiveness of Care	Inpatient Care	**Patients who reported that YES, they were given information about what to do during their recovery at home**
Other	Effectiveness of Care	Ambulatory Care	**Care Transition – Transition Record Transmitted to Health care Professional**
Care Coordination	Effectiveness of Care	Care Coordination	**HBIPS-6 Post discharge continuing care plan created**
Care Coordination	Effectiveness of Care	Care Coordination	**HBIPS-7 Post discharge continuing care plan transmitted to next level of care provider upon discharge**

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MH/SA measures not yet defined. Anticipate administrative
Survey results from existing hospital survey
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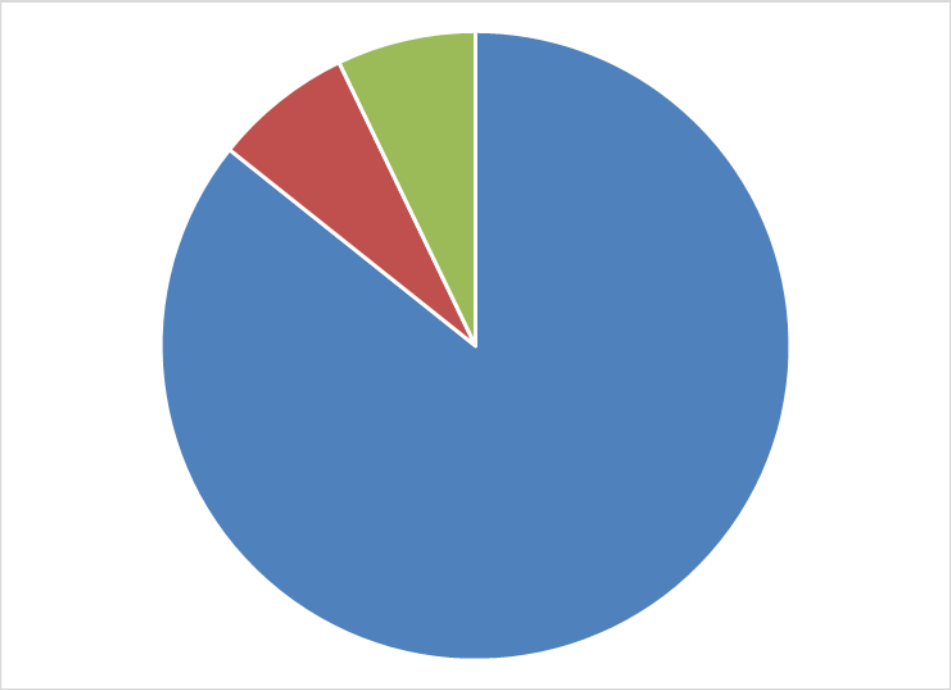
***Bold Measures are Incentive Measures**

Difficulty Calculating Measures

Administrative / Claims	
HEDIS	19
Other National	10
Mental Health	5
Dental	2
36	

Chart Review
Future HIE
3

Survey
2 Hospital and 1 MH measure on CAHPS
3



Provider Impact for Collection of Measures

Area	Documentation Requirement	Measure	Provider Impact
Physicians	Document Standard of Practice procedures (12 measures)	HBA1C	Normal Billing Procedure / Diagnosis
		Eye Exam	Normal Billing Procedure / Diagnosis
		Mammogram	Normal Billing Procedure / Diagnosis
		Pap Smear	Normal Billing Procedure / Diagnosis
		BMI	Normal Procedure But Underreported
		Vaccination	Normal Billing Procedure / Diagnosis
		Depression Screen	Added Work
		Developmental Screening	Normal Billing Procedure / Diagnosis
	Document the Office Visit (9 measures)	Well child	Normal Billing Procedure / Diagnosis
		Primary Care Access	Normal Billing Procedure / Diagnosis
		Prenatal and Postpartum Care	Normal Billing Procedure / Diagnosis
	Dental visits and procedures (2 Measures)	Dental Visits	Normal Billing Procedure / Diagnosis
Pharmacy	Did the patient remain on the medication (3 Measures)	Adherence to antipsychotics, Asthma Medication Management, etc.	Normal Billing Procedure / Diagnosis
	Where they prescribed medicine for:	Tobacco, chronic pain	Normal Billing Procedure / Diagnosis
Hospital	Document ER Visit and Diagnosis (2 Measures)	Ambulatory, ER visits for Asthma	Normal Billing Procedure / Diagnosis
	Document Admissions and discharge status (3 measures)	Readmission, Ambulatory Care sensitive, Dental in Surgery, etc.	Normal Billing Procedure / Diagnosis
	Document gestational age and weight at delivery (3 measures)	Elective Delivery, Low birth weight	Normal Billing Procedure / Diagnosis
	Create care plan and send transition record (3 measures)	Care plan	Normal Billing Procedure / Diagnosis
		Transition of record	Unknown
Substance Abuse	Did the patient have a substance abuse diagnosis and treatment (2 measures)	Initiation and engagement , identification of Alcohol and other drug services	Unknown
Survey	Survey results (2 measures)	HCAHPS	Normal Billing Procedure / Diagnosis

Already in Practice | Unsure | Expansion of practice

External Quality Review (EQR)

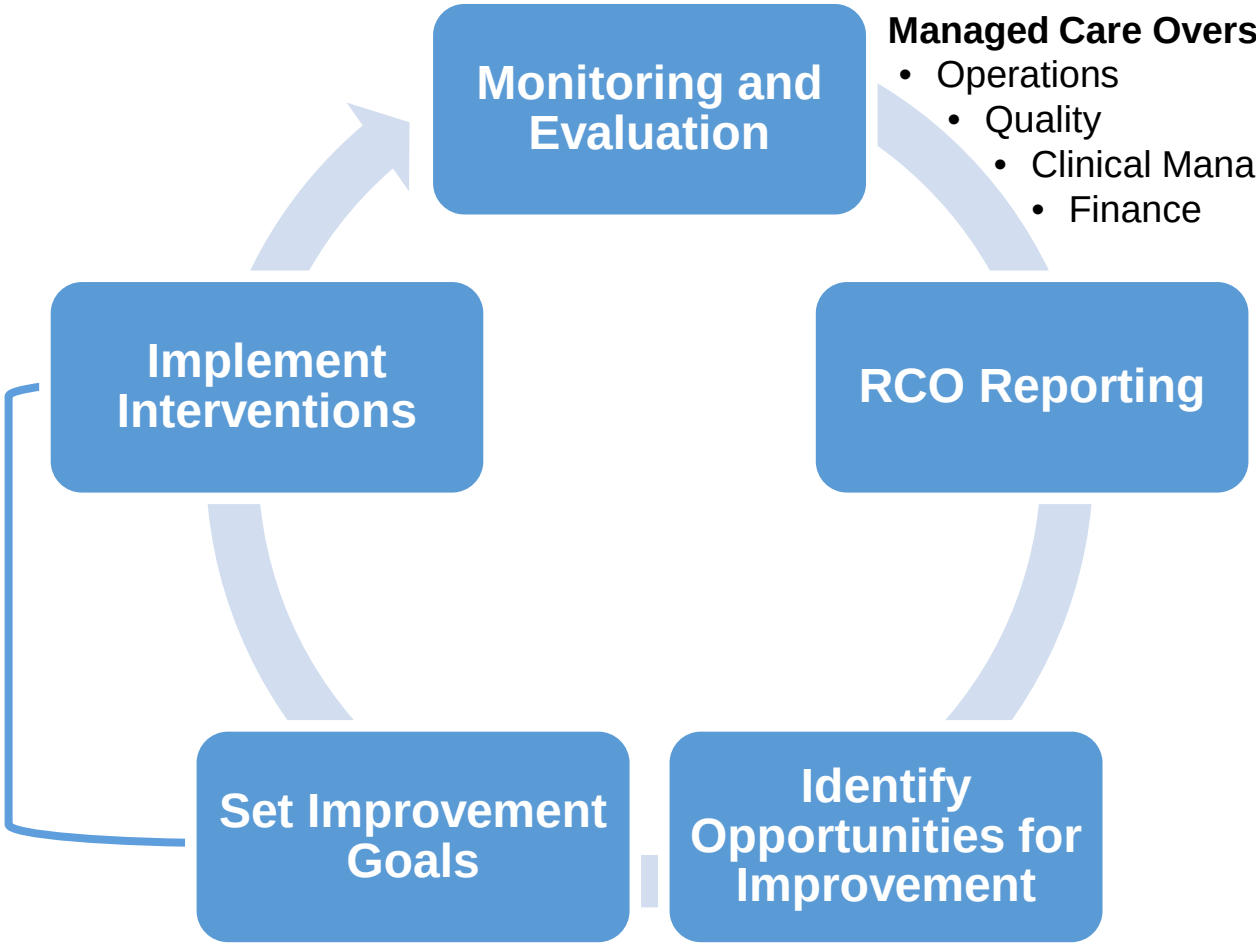
The Agency will conduct an annual, external independent quality review of services (as required by 42 CFR Part 438)

Mandatory EQR Activities	Optional EQR Activities
• Compliance review of state standards of access to care, structure and operations and quality measurement and improvement • Validate performance measures • Validate performance improvement projects (PIPs)	• Validate encounter data • Administer (or validate) consumer and provider quality of care surveys • Calculate performance measures • Conduct PIPs • Conduct focused quality study

The results of the review will impact future RCO contracting and Agency efforts to improve the quality of care

RCO Monitoring and Performance Improvement

The Agency organizational structure and RCO contract requirements create a foundation for ongoing quality improvement



Managed Care Oversight Areas
- Operations
- Quality
- Clinical Management
- Finance

Sample Reports
- Financial
- Care Coordination
- RCO Quality Measures
- Performance Improvement Projects
- Grievance and Appeals
- CAHPS Survey
- Provider Survey

Agency – RCO Collaboration and Engagement
- Active RCO participation
- Regular (at least quarterly) meetings
- Proactive communication of challenges and solutions

RCO Manager Technical Assistance
- Identify trends and outliers (positive/negative)
- Bring larger issues for discussion with RCOs

Initiatives Supporting RCO Program Objectives

The RCO program was designed to include various quality initiatives to support the RCO Program Objectives

Initiatives	RCO Program Objectives			
	Improve care coordination and reduce fragmentation in the State's delivery system	Create aligned incentives to improve beneficiary clinical outcomes	Improve access to health care providers	Reduce the rate of growth of Medicaid expenditures
RCO Care Coordination	✓	✓	✓	✓
Performance Improvement Projects	✓	✓	✓	✓
Quality Measures and Withhold	✓	✓	✓	✓
Non-Emergency Transportation	✓	✓	✓	✓
Health Information Technology	✓	✓		✓
Transition to APR-DRGs		✓		✓

Questions

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