MCAC
Update on Medicaid Transformation

Jay Ludlam
Assistant Secretary
Medicaid Transformation, DHB

Kelly Crosbie
Senior Program Manager
Medicaid Transformation, DHB

Taylor Zublena
Senior Program Analyst
Medicaid Transformation, DHB

October 26, 2017
Agenda

- Public comments on MCAC
- Quality Strategy
- Next Steps
Overview of Comments

• Support use of MCAC for feedback
  − Must cast wider net

• Public Facing Mechanism for feedback
  − Use webinars/options for those who cannot travel
  − Quarterly meetings for public input is inadequate

• Composition needs to include
  • Sufficient numbers and categories of beneficiaries (family members) with lived experiences
  • behavioral health (MH, SUD, I/DD) rep, incl. family and youth advocates
  • consumer advocates
  • wide variety of physicians (general and subspecialty practices)
  • Non denominational faith based partner
  • Fill current vacancy with behavioral health rep.

• Transparency
  • Website and beneficiary facing information displays members, expertise
  • Contact information, terms, interactions with members
Overview of Comments

• Transparency (continued)
  − Agendas posted in advance
  − Materials/documents made available
  − Public participation
  − Timely posting of minutes
  − Membership criteria, responsibilities, application process

• Redundancy
  • DWAC

• Interface with Ombudsman program
  − Reporting trends
  − Proactive feedback

• Commenters
  − Medical Practices (2), LME-MCO(1), Behavioral Health Providers (1), Advocacy Organizations (1), Associations (2), Private citizens (2), Hospital (1)
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)

The quality strategy aims to guide NC’s managed care implementation by establishing clear Aims, Goals and Objectives to drive improvements in care delivery and outcomes.

The Quality Strategy is intended to:

✓ Set a clear direction for priority interventions

✓ Set expectations about the standards and mechanisms the State will use to hold managed care plans accountable for desired outcomes

✓ Establish a road map for ensuring quality assurance and use of the managed care infrastructure to drive improvements in health care over time

The draft Quality Strategy is predicated on the following assumptions:

• Pending legislation has passed (e.g. Carolina Cares, delay of mandatory populations)
• Program is up and running - writing is in present tense to note that PHPs “will” perform certain functions since the strategy is a 3 year strategy.
The State’s Quality Strategy must contain several federally required elements, and be reviewed by CMS.

<table>
<thead>
<tr>
<th>The State’s Quality Strategy must include several elements related to:</th>
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<tr>
<td>✅ The State’s goals and objectives for continuous quality improvement, along with the quality metrics that will be used to measure performance.</td>
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<td>✅ The interventions and performance improvement projects that will be implemented to improve access, quality, or timeliness of care for PHP enrollees including plans to reduce health disparities.</td>
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<td>✅ Arrangements for annual external independent reviews of the quality outcomes, timeliness of, and access to, the services covered under each PHP.</td>
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<td>✅ The State’s structure and operations standards, and the mechanisms by which the State will comply with certain federal requirements (e.g. network adequacy; transition of care, etc.).</td>
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States are required to:

✅ Submit the initial Quality Strategy to CMS for review;

✅ Submit regular reports on the implementation and effectiveness of the Quality Strategy, which may be met through the federally-required external quality review (EQR) process; and

✅ Review and update the Quality Strategy at least every three years or upon a “significant change”.

Overview of the Quality Framework

PHPs will be required to report a fairly expansive set of measures that allow the State to assess priorities and performance over time; the focused set of measures defined in the Quality Strategy Appendix A prioritize key opportunities for improvement in the near term.
The Quality Strategy incorporates and aligns a series of Interventions and Innovations that address both medical and non-medical drivers of health.

- Opioid Strategy
- Social Determinants of Health
- Advanced Medical Homes (AMHs)
- Behavioral Health Integration
- Value-Based Payment
- CDC 6 I 18 Initiative
- Workforce/ Provider Supports/ Telehealth
- Accreditation
- Disparities Reporting and Tracking

Interventions are designed to:

- Drive progress toward **Quality Strategy Aims, Goals and Objectives**
- Be tied to measureable **quality measures** with appropriate **withholds/incentives** for performance
Next Steps:

We welcome your comments/questions now; any additional feedback may be submitted to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov).

Next Steps:

- We will request input from several key stakeholders (e.g., the Medical Care Advisory Committee, Tribal)
- The Quality Strategy will be released for a 30-day public comment period
- Following key stakeholder and public input, the Quality Strategy will be submitted for CMS review prior to finalization.
Next Steps

• Future meetings
  – November 15, 2017 10:30AM-12 Conference call
  – December 8, 2017 9a-12:00 p.m. Brown Building (Hearing Room #104) 801 Biggs Drive, Raleigh NC (Teleconference No. 919-733-2490)

• Subcommittees
Discussion