

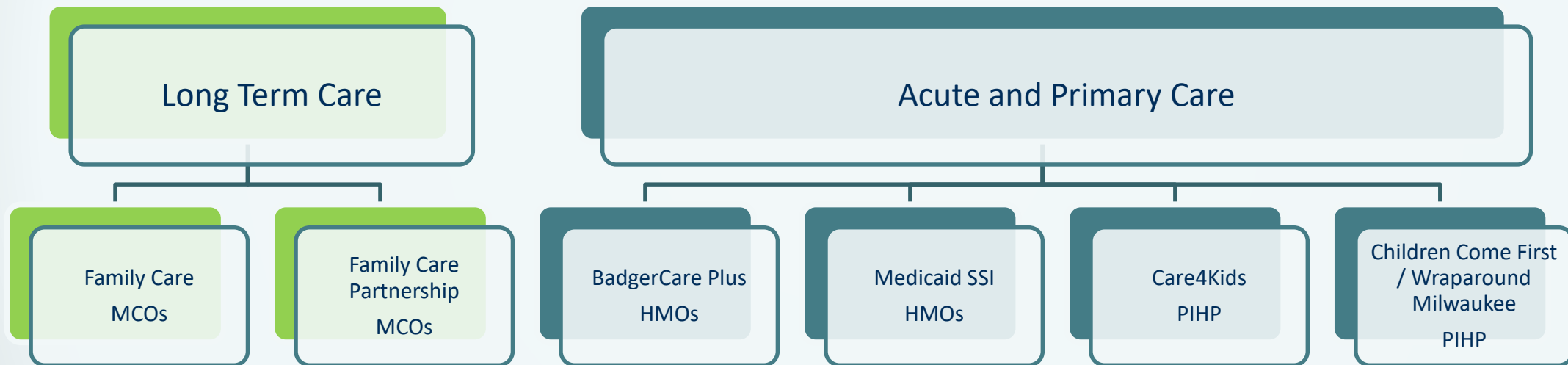
2021 Medicaid Managed Care Quality Strategy

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Medicaid Managed Care Quality Strategy

- The strategy outlines managed care quality goals, objectives, strategies, and programs intended to achieve the overarching vision of DMS, as well as establish a process for monitoring progress toward these goals.
- Submitted to CMS every three years, meets the federal requirements of [42 C.F.R. §438.340](#)
- The first strategy was published in 2018 and is available on the [DHS website](#). The 2021 Strategy and Effectiveness Evaluation will be posted for public comment before DMS submits to CMS summer 2021.
- All stakeholders will be invited to provide comments.

Programs Included in the Medicaid Managed Care Quality Strategy



DMS Mission, Vision, and Values

- **Mission**

- Improving lives through high-value services that promote health, well-being and independence.

- **Vision**

- People empowered to realize their full potential.

- **Values**

- Serve people through culturally competent practices and policies.
- Foster a supportive and trusting, team-oriented culture that recognizes excellence and provides opportunities for development.
- Build collaborative relationships with both internal and external stakeholders and partners.
- Encourage innovative, data-driven, and collaborative decision-making.
- Communicate respectfully and effectively.
- Hold accountability for high-value service delivery and customer service.

2021 Strategy Effectiveness Evaluation

- At least once every three years, the state is required to 1) update the quality strategy and 2) conduct a strategy effectiveness evaluation.
- The 2021 effectiveness evaluation consisted of:
 - Review of stakeholder feedback from the previous quality strategy to identify key themes and areas for improvement
 - Incorporation of direct feedback from CMS to clarify key elements of the strategy
 - Internal review by our interdisciplinary DMS quality team and External Quality Review Organization

2018 Quality Strategy Stakeholder Feedback

National

- National Committee on Quality Assurance (NCQA)

State

- Wisconsin Association of Family and Children's Agencies
- Wisconsin Association of Health Plans
- Wisconsin Hospital Association
- Wisconsin Medical Society
- Wisconsin Primary Health Care Association
- Disability Rights Wisconsin
- Oconomowoc Residential Programs

HMO

- Aurora Health Care
- United Healthcare

MCO

- Wisconsin Family Care Association
- iCare
- Care Wisconsin

2018 Quality Strategy Stakeholder Feedback

Accreditation	Publicize quality info	Better discharge planning and care management	Support for people with challenging conditions
Data: Increase access to data and reduce reporting burden	Policy and care coordination alignment	Co-development of performance measures, quality goals, & payment standards	Communication: Health care interpreters
Uniformity of quality standards	Physician satisfaction	Patient outcomes and member engagement	Efficiencies in care delivery
	Pay for Performance Development	Alignment: Division of Quality Assurance goals and DMS quality strategy	

Increase stakeholder engagement

- **Wisconsin Hospital Association**
- “The successful implementation of an innovative, long-term, strategic managed care vision must include meaningful involvement and dialogue with the stakeholder groups ultimately responsible for operationalizing the strategy.”

Define specific quality metrics

- **Wisconsin Family Care Association**
- “We seek more information on the types of baseline data and proposed benchmarks which DHS will use to track progress on their proposed quality measures. We hope that stakeholders will have input into the development of these two pieces of data.”
- **WFCA, Aurora Health Care, WAFCA, WI Hospital Association:** Initiate and support collaborative metrics development

Equity and reducing disparities

- **Wisconsin Primary Health Care Association**
- “In terms of health disparities, we recommend that the department provide more clarity and identify more specific areas of disparity in order to promote more robust engagement from payers and providers around strategies to reduce health disparities.”

CMS Feedback

CMS asked us to provide more information on:

- Incorporating recommendations from our External Quality Review Organization (EQRO)
- Specific performance measures and targets
- Plan to identify, evaluate, and reduce disparities across age, race, ethnicity, sex, primary language, and disability status
- Additional detail on performance improvement projects, identification of members with LTSS or special health care needs, clinical practice guidelines, administration of sanctions, and accreditation information

Key 2021 Strategy Improvements

1. Alignment of quality goals to measurable objectives
2. Selection of performance metrics based on measurement best practices and data availability
3. Inclusion of baseline data and target-setting for performance metrics
4. Development of an ongoing effectiveness evaluation system for continuous improvement
5. Increased focus on reducing health disparities

Improvement 1: Alignment of Quality Goals to Measureable Objectives

- Movement toward quality goals which are linked to measureable objectives
- Prioritization of outcomes measures with annual tracking for significant improvement
- General → Specific
- In the transition from general to more specific goals, groups or “domains” of quality measurement were established for both Long Term Care and Acute and Primary Care.
- Domains of quality measurement allow us to be nimble in the selection of performance metrics. Prioritized performance metrics may change over time as the focus for improvement changes, but the domains of quality ensure we always account for the key program outcome areas.

Acute and Primary Care

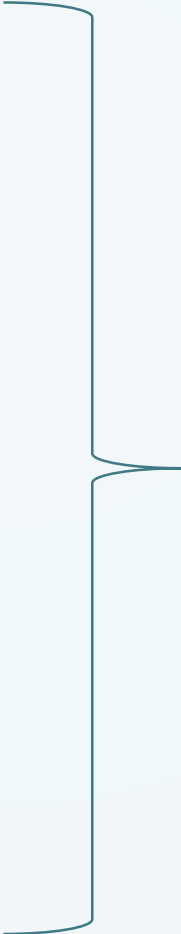
Quality domains are based on the annual **CMS Adult and Child Core Sets**.

- **Primary Care Access and Preventive Care**
 - Well-child visits
 - Immunizations for Children and Adolescents
- **Maternal and Perinatal Health**
 - Prenatal Care
 - Postpartum Care
- **Care of Acute and Chronic Conditions**
 - Controlling High Blood Pressure
- **Behavioral Health Care**
 - Initiation and Engagement of Treatment
 - Follow-up after Emergency Department Visits or Hospitalizations due to Mental Illness or Substance Use

Long Term Care

Quality priorities are based on the 2020 **CMS Recommended Measure Set for Medicaid-Funded HCBS.**

- **Care Plan and Services**
 - Service Delivery and Effectiveness
 - Person-Centered Planning and Coordination
 - Choice and Control
 - Equity
- **Community Engagement**
 - Community Inclusion
 - System Performance and Accountability
- **Supports**
 - Caregiver Support
 - Workforce
 - Human and Legal Rights
 - Consumer Leadership in System Development
- **Well-Being**
 - Holistic Health and Functioning



11 Domains of Quality
in Home and
Community-Based
Services (National
Quality Forum)

Improvement 2: Selection of performance metrics based on measurement best practices

- **12 Acute and Primary Care Performance Measures**
 - Current Pay for Performance (P4P)* HEDIS measures from the CMS Adult and Child Core Sets
- **15 Long Term Care Performance Measures**
 - One to two recommended measures from each of the 11 domains in the CMS Recommended Measure Set, many of which are National Core Indicators (NCI) Survey measures
- **Children's Performance Measures**

*Note that Pay for Performance measures may change due to measure steward updates to measures methodology, such as the 2021 NCQA updates to well-child visit measures.

What to look for in the quality strategy:

Acute and Primary Care

Maternal and Perinatal Health		
<p>Goal 2: Set the stage for healthy birth outcomes and long-term well-being of mothers and infants.</p>	<p>Improve outcomes on the following measures:</p> <p>Objective 2a: Prenatal and Postpartum Care: Timeliness of Prenatal Care</p> <ul style="list-style-type: none"> • 2017: 80.6% • 2018: 84.0% • 2019: 89.2% <p>Objective 2b: Prenatal and Postpartum Care: Postpartum Care</p> <ul style="list-style-type: none"> • 2017: 67.3% • 2018: 65.5% • 2019: 76.5% 	<p>Data Source: CMS Child Core Set CMS Adult Core Set NCQA HEDIS Measures</p> <p>Objective 2a. PPC-CH Objective 2b. PPC-AD</p>

Long Term Care

Care Plan and Services		
<p>Goal 1: Service Delivery and Effectiveness Provide services and supports in a manner consistent with a person's needs, goals, preferences, and values that help the person to achieve desired outcomes.</p>	<p>Objective 1. Increase the percentage of people who know whom to ask if they want to change something about their services.</p> <ul style="list-style-type: none"> • 2016-2017: N/A* • 2017-2018: 81% AD • 2018-2019: 81% IPS / 79% AD 	<p>Data Source(s): National Core Indicators – In-Person (NCI-IPS) Survey</p> <p>National Core Indicators – Aging and Disabilities (NCI-AD) Survey</p> <p>*This was a new question for the IPS survey starting 2018-2019.</p>

Improvement 3: Inclusion of Baseline Data and Target-Setting for Performance Metrics

- DMS monitors outcomes on performance measures to look for an improvement trend
- **Acute and Primary Care**
 - Statewide performance is compared against national performance results provided by NCQA
 - DMS sets P4P targets for each measure for each HMO based on national percentile results and, in some cases, statewide average results.
- **Long Term Care**
 - Baseline statewide performance is compared with national average results for NCI measures.
 - NCI survey results serve as a “barometer” to indicate how well Wisconsin performs nationally on survey questions, but formalized targets are not set based on national averages.

What to look for in the quality strategy:

Acute and Primary Care

Metric Name	Metric Specifications	Baseline (2019)	Bottom Quartile (25th)	Median Quartile (50th)	Top Quartile (75th)	Program	
						BC+	SSI
Adolescent Well-Care Visits (AWC-CH)*							
Adolescent Well-Care Visits	Child Core Set	47.4	48.42	57.18	64.72	x	
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH)*							
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Child Core Set	67.9	68.61	74.7	80.28	x	
Well-Child Visits in the First 15 Months of Life (W15-CH)**							
Well-Child Visits in the First 15 Months of Life - 6 or more visits	Child Core Set	60.0	61.31	67.88	72.99	x	
Childhood Immunization Status (CIS-CH)							
Childhood Immunization Status - Combo 3	Child Core Set	71.3	66.67	71.05	75.18	x	
Immunizations for Adolescents (IMA-CH)							
Immunizations for Adolescents - Combo 2	Child Core Set	40.5	31.02	36.86	43.06	x	

Improvement 4: Development of an Ongoing Effectiveness Evaluation System for Continuous Improvement

Key Features

- Long Term Care and Acute and Primary Care as one team (DMS Restructure)
- Quality Improvement Steering Committee
- Promoted and expanded awareness of current quality initiatives and outcomes across programs
- A fluid and dynamic system of reviewing key data when it is available (surveys, MetaStar reviews, dashboards, HEDIS results, performance improvement projects)
- Data-driven decision-making
- Comprehensive and Innovative



COMPREHENSIVE
What we know

Ongoing Review of:

- MCO Member Satisfaction Survey
- HMO Adult and Child Core Set HEDIS Measures
- National Core Indicators Surveys
- EQRO Quality and Compliance & Care Management Review
- HMO and MCO Pay for Performance Results
- Adult Long Term Care Scorecard
- Performance Improvement Projects (PIPs)
- HMO Quality Guide



INNOVATIVE
Where we want to grow

Prioritization of:

- Areas for Improvement in Managed Care
- Health Equity, Drivers of Health, and Reducing Disparities
- Dental Care Quality Metrics Development
- Behavioral Health Quality Metrics Development

Ongoing Effectiveness Evaluation

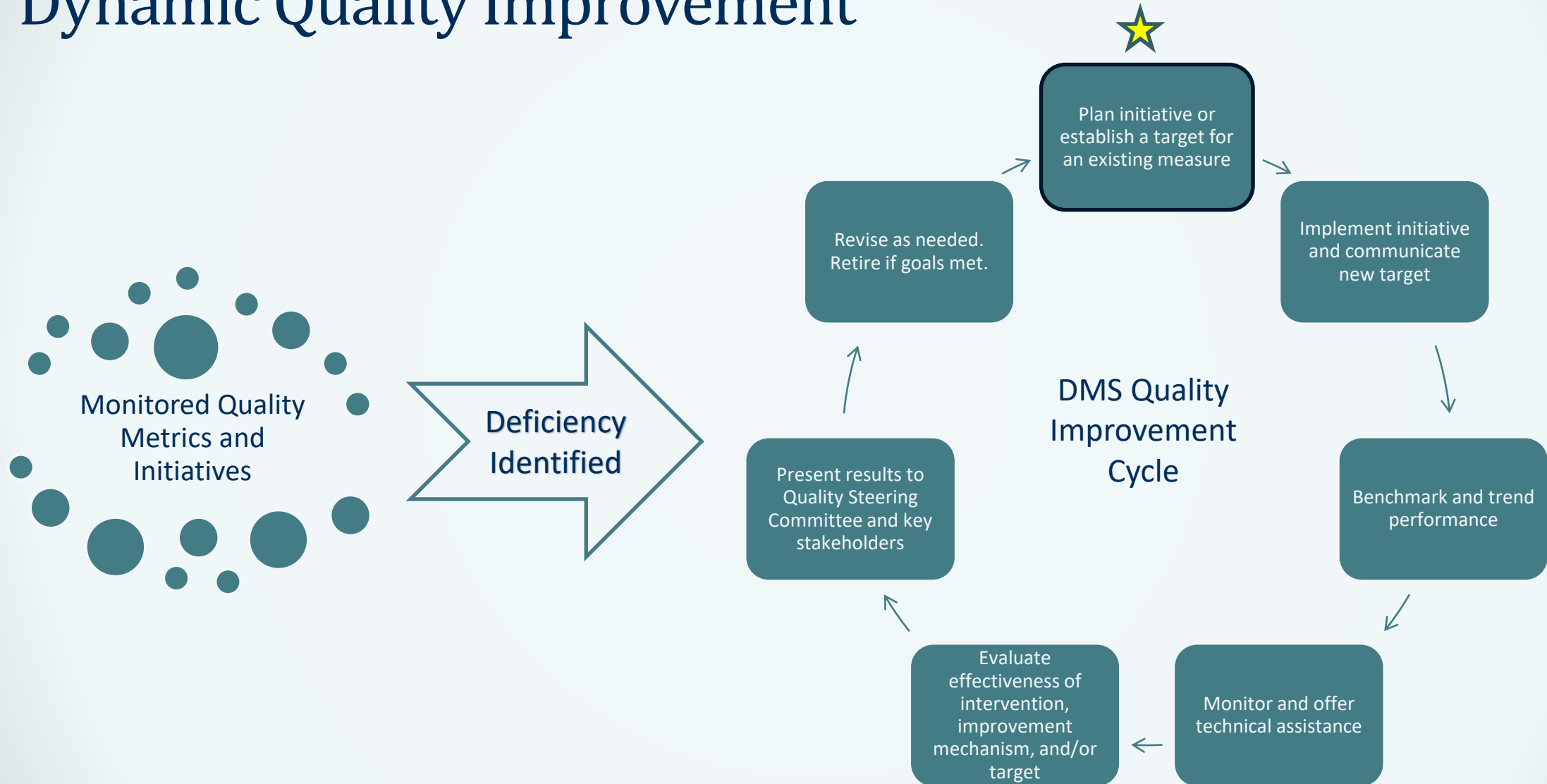
- **Comprehensiveness**

- Based on the data we have available, how well are we doing on process, outcome, quality of life, and system outcomes?
- Which outcomes indicate the most significant opportunities for improvement?
- Where do we need to take action?

- **Innovativeness**

- Which areas are gaps in our quality management system?
- What should we be tracking that we are not?
- How do we develop relevant measures for new populations?
- Where do we need to take action?

Dynamic Quality Improvement

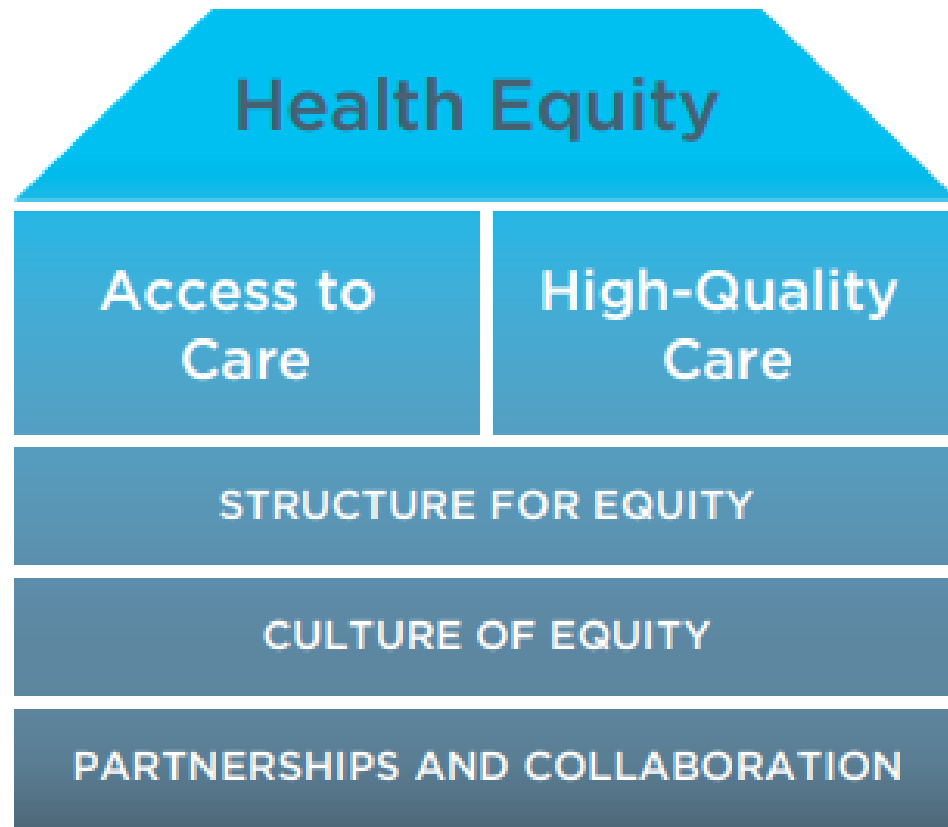


Improvement 5: Increased Focus on Reducing Health Disparities

- 2020 & 2021 Health Disparities Performance Improvement Project for HMOs and area of strong interest for MCO PIPs
- Stratification of some HMO performance measures by race, ethnicity, language starting 2021
- Identification of Drivers of Health measures relevant to the Medicaid population
- Equity and Inclusion Strategic Planning
 - Alignment with the national CLAS Standards (Culturally and Linguistically Appropriate Services in Health and Health Care)
 - Alignment with the National Quality Forum's Roadmap for Promoting Health Equity and Eliminating Disparities
 - HMO Health Equity workgroup to develop improvement plan

Improvement 5: Increased Focus on Reducing Health Disparities

FIGURE 3A. DOMAINS OF HEALTH EQUITY MEASUREMENT



→ Includes engagement with members and community leaders

Timeline

- DHS must share the draft Quality Strategy with key stakeholders, including tribes, the Medical Care Advisory Committee, and LTC MCOs, HMOs, and PIHPs. **In April**, we plan to continue discussions with MCO and HMO partners.
- The 2021 Medicaid Managed Care Quality Strategy will be posted on the DHS website and available for public comment from **April 26 to May 21, 2021**.
- DHS will then review public comments, incorporate feedback, and submit the strategy to CMS summer **2021**.

Sources

- **2021 CMS Adult Core Set**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-adult-core-set.pdf>
- **2021 CMS Child Core Set**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2021-child-core-set.pdf>
- **CMS Recommended Measure Set for Medicaid-Funded HCBS**
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/rfi-hcbs-recommended-measure-set.pdf>
- **NQF’s “Quality in Home and Community-Based Services to Support Community Living: Addressing Gaps in Performance Measurement”**
 - http://www.qualityforum.org/Publications/2016/09/Quality_in_Home_and_Community-Based_Services_to_Support_Community_Living_Addressing_Gaps_in_Performance_Measurement.aspx
- **National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care**
 - <https://thinkculturalhealth.hhs.gov/clas>
- **NQF’s “A Roadmap for Promoting Health Equity and Eliminating Disparities: The Four I’s for Health Equity”**
 - https://www.qualityforum.org/Publications/2017/09/A_Roadmap_for_Promoting_Health_Equity_and_Eliminating_Disparities_The_Four_I_s_for_Health_Equity.aspx