

Community HealthChoices Key Quality Components

MEDICAL ASSISTANCE ADVISORY COMMITTEE
Long-Term Services and Supports Subcommittee

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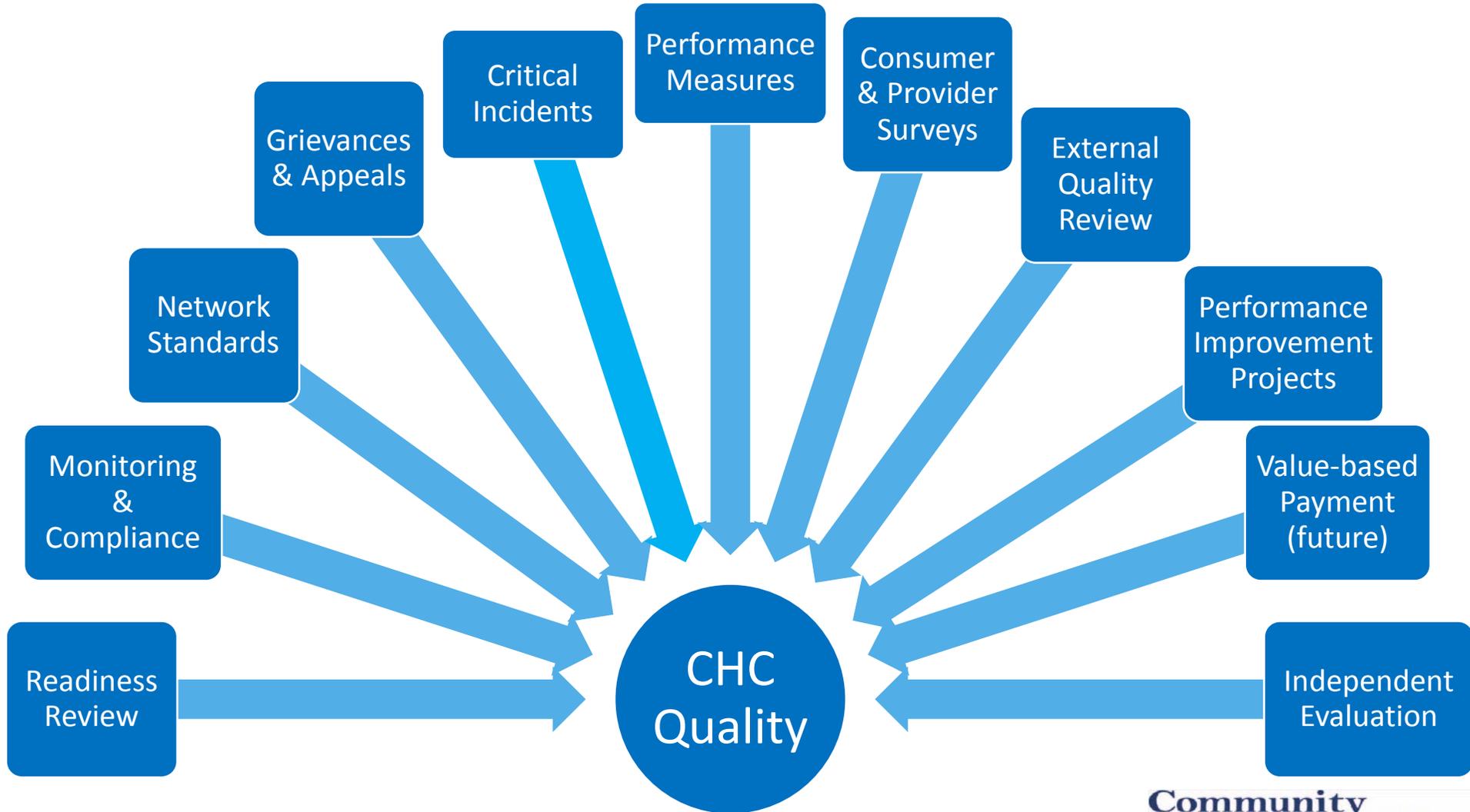
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Overview

- Many pieces are required to ensure a quality program
- Today we will outline key components of the Quality Strategy for Community HealthChoices
- These components will be reflected in the DHS Quality Strategy Plan to be published in the PA Bulletin (date to be determined)
- Update on CHC Evaluation Plan

CHC Quality Key Components



➤ Readiness Review

- Prior to enrolling any members, each CHC MCO must pass a readiness review process
- A team of DHS staff will review documents and make on-site observations to determine if each MCO is able to meet program requirements
- This includes adequate provider networks, appropriate information systems, financial capacity, staffing, policies, procedures, experience, etc.
- Systems will be tested to ensure the MCOs can exchange information electronically with DHS and other key parties
- This area was discussed at a previous sub-committee meeting

▶ Monitor and Compliance

- DHS will have teams dedicated to continuous monitoring of CHC MCOs to ensure compliance with the CHC contract
- This component will be discussed further in another presentation today

➤ Network Standards

- MCOs must demonstrate that they have adequate and appropriate provider networks in place that meet the needs of their members
- MCOs must submit information to DHS demonstrating this
- The Department of Health ensures that providers are appropriately licensed, and DHS will monitor the network for ongoing adequacy
- During the continuity of care period, MCOs must offer contracts to all existing LTSS providers. However, providers are not obligated to accept contracts from MCOs

➤ Grievances & Appeals

- Members are encouraged to raise any grievances or concerns they have directly with MCOs so the MCOs can address the concerns
- Members may also appeal a decision made by an MCO that impacts them negatively, such as a denial of a request for additional personal care hours
- MCOs must report monthly to DHS on all grievances and appeals received and how they were resolved
- Members also retain the right to request a fair hearing with the State if they are not satisfied with an MCO's response

➤ Critical Incidents

- MCOs must report all critical incidents to DHS. Critical incidents include injury, abuse, neglect, theft, death and other events
- DHS will continue to use its Enterprise Incident Management system for collecting, monitoring and following up on critical incidents
- CMS requires that DHS report all critical incidents that occur for waiver program participants

▶ Performance Measures (PMs)

- PMs are specific items that are collected and reviewed to see how the program is doing, compared to similar programs or compared to itself over time
- **National measures** are preferred when available, because they have been tested extensively, and they allow comparison to other states and programs
- Although the National Quality Forum is working on national measures for MLTSS, they are not ready yet. PA is developing **state measures** in this area
- PA is also developing measures specifically for use during the **program launch** phase, when longer-term data will not yet be available
- The measures under consideration for CHC will be outlined in the draft Quality Strategy.

▶ Performance Measures: Categories

National

- Healthcare Effectiveness Data & Information Set (HEDIS)
- CMS Adult Core
- CMS Nursing Facility
- Consumer Assessment of Healthcare Providers & Systems (CAHPS)
- CMS Medicare measures for Dual Eligible Special Needs Plans

State

- Grievances, Appeals & Critical Incidents
- LTSS Community Based Services
- Service Coordination and Care Coordination
- Nursing Facility Admissions and Discharges
- CHC Waiver Assurances

Program Launch

- Continuity of Services
- Service Coordination
- LTSS Provider Participation

▶ Annual Surveys

- **Consumer Surveys**

- The CAHPS HCBS, recently endorsed by the national CAHPS Consortium, and applicable across different groups of HCBS waiver participants
- The CAHPS Health Plan Adult survey for Medicaid
- The CAHPS Nursing Home Long Stay survey

- **Provider Surveys**

- All LTSS providers (nursing facility and HCBS) will be invited to participate in an annual web-based survey

External Quality Review Organization: CMS Requirement

Assess Regulatory Compliance

- Complies with federal Medicaid managed care regulations
- Complies with any relevant state regulations

Validate Performance Measures

- Evaluate the accuracy of performance measures reported by the MCOs to the state
- Confirm that the MCO calculated the measures properly

Validate Performance Improvement Projects (PIPs)

- MCOs must conduct projects to improve quality in targeted areas
- The EQR assesses the appropriateness of the study method, indicators, and data collection

Validate Network Adequacy (New)

- Validate adequacy of MCO networks in the previous year
- Takes effect 1 year after CMS issues new protocol

▶ Performance Improvement Projects (PIPs) (future)

- As part of its ongoing monitoring and analysis of data, OLTL will establish annual performance improvement areas with MCOs
- To address these areas, MCOs will establish performance improvement plans (PIPs)
- The External Quality Review Organization will validate the PIPs:
 - Method is appropriate
 - Measures are valid
 - MCO has the capacity to collect the needed data

▶ Value-Based Payment (future)

- Value-based payments tie a portion of payments to specific quality measures
- DHS is participating in a national CMS-sponsored program to advance quality incentives in community-based services (Medicaid Innovation Accelerator Program, Incentivizing Quality Outcomes)
- Through this effort and drawing on the experience of HealthChoices, OLTL will develop one or more quality incentive initiatives in a future year, after CHC has been fully implemented

▶ Independent Program Evaluation

- University of Pittsburgh Health Policy Institute is studying the effects of CHC over time, and whether or not it is meeting its goals
- After reviewing over 200 stakeholder comments this summer, the CHC Evaluation Plan was revised and posted on DHS website
- Evaluators have begun conducting focus groups with program participants to help in the design of survey instruments
- Evaluators have started interviewing stakeholders in the SW in preparation of CHC launch (July, 2017)
- They have also begun analyzing data from existing OLTL programs to establish a baseline for the evaluation

Next Steps

- Publication of DHS Quality Strategy Plan for public comment in the Pa Bulletin, including PMs for CHC
- Upcoming presentations to Subcommittees on DHS Quality Strategy Plan