Quality Strategy Plan

2019 Draft Plan Overview





Outline

- Quality Strategy Plan Development
- Monitoring Activities
- 2019 Initiatives and Goals
- 2019 Pay for Outcomes
- 2019 Additional Initiatives



Quality Strategy Plan Development

- Developed by the Quality and Outcomes Section of OMPP with input from internal stakeholders and leadership
- Released for public comment on May 1st through a Medicaid news announcement
 - https://calendar.in.gov/site/fssa/event/qsp-posted-for-public-comment/
- The 2019 and previous year Quality Strategy Plan are posted on our quality and outcomes reporting website
 - https://www.in.gov/fssa/ompp/5533.htm



Quality Strategy Plan Development

- What is included in the development:
 - Analysis of quality initiatives in the past and present year
 - Determination of what initiatives align with Medicaid's current initiatives, goals, and objectives
 - Updates to progress on initiatives from previous years (HEDIS and Pay for Outcomes results)



Quality Strategy Plan Development

- The 2019 and previous year Quality Strategy Plan are posted on our quality and outcomes reporting website
 - https://www.in.gov/fssa/ompp/5533.htm

 After the 30 day public comment window is closed, the quality strategy plan is updated to reflect any feedback and submitted to CMS.



Quality Strategy Plan Overview

- Monitoring activities
- Quality improvement objectives
- New and existing initiatives



Quality Strategy Plan: Monitoring Activities

- OMPP Quality and Outcomes staff oversees contract compliance using a variety of methods
 - Quality Management and Improvement Program Work Plans (QMIPs)
 - Reporting on MCE operations (examples below)
 - Enrollee and provider call centers
 - Geographic mapping of the provider network
 - Claim processing timeliness and disputes
 - Prior authorization timeliness and appeals
 - Health Needs Screening completion
 - External Quality Review (EQR)
 - On-site Monitoring Reviews
 - Recognized performance measures reports (HEDIS reporting)
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys
 - Data Analysis



- Quality Strategy Initiatives are developed based on:
 - Identified trends in health care issues within the State of Indiana
 - Attainment of the current quality strategy goals
 - Close monitoring by OMPP of the Managed Care Entities' performance and unmet objectives
 - Opportunities for improvement identified in the External Quality Review (EQR)
 - Issues raised by external stakeholders and partners.



Hoosier Healthwise	
Improvements in Children and Adolescents Well-Care (HEDIS)	2018 Continuation
Early Periodic Screening, Diagnosis and Treatment (EPSDT)	2018 Continuation
Improvement in Behavioral Health (HEDIS)	2018 Continuation
Ambulatory Care (HEDIS)	2018 Continuation
Annual Dental Visit	2019 New
Lead Screening in Children	2018 Continuation
Medication Management for People with Asthma	2018 Continuation



HIP	
Access to Care (primary care within 30 miles, two providers each	2018 Continuation
specialty type within 60)	
Access to Care (dental care within 30 miles, vision within 60)	2018 Continuation
POWER Account Roll-Over	2018 Continuation
ER Admissions per 1000 member months (HEDIS)	2018 Continuation
Improvement in Behavioral Health (HEDIS)	2018 Continuation
Timeliness of Ongoing Prenatal Care (HEDIS)	2018 Continuation
Frequency of Post-partum Care (HEDIS)	2018 Continuation
Pregnant Women Smoking Cessation	2018 Continuation
Completion of Health Needs Screen	2019 New



HCC	
Preventive Care (HEDIS)	2018 Continuation
ER Admissions per 1000 member months (HEDIS)	2018 Continuation
Completion of Health Needs Screen	2018 Continuation
Completion of Comprehensive Health Assessment Too	2018 Continuation
Improvement in Behavioral Health (HEDIS)	2018 Continuation



Traditional	
Preventive Care	2018 Continuation
Ambulatory Care	2018 Continuation
Improvement in behavioral health follow up after hospitalization	2018 Continuation



- Managed Care Entities have a portion of their payments withheld unless they meet certain quality measures.
- Managed Care Entities that meet specified measures receive back the Pay for Outcomes (P4O) withheld funding.



Program	Description
HHW	Ambulatory Care- ED visits
HHW	Well-Child Annual in the First 15 Months - Six or More Visits
HHW	Well-Child Annual Visits in the Third, Fourth, Fifth and Sixth Years of Life
HHW	Adolescent Well Child Visits
HHW	Follow-up After Hospitalization for Mental Illness: 7-Day Follow-Up
HHW	Lead Screening for Children
HHW	Medication Management for People with Asthma
HHW	Annual Dental Visit



Program	Description
HIP	ED Admissions per 1000 Member Months
HIP	Adult Ambulatory and Preventive Care
HIP	Follow-up After Hospitalization for Mental Illness: 7-Day Follow-Up
HIP	Health Needs Screen
HIP	Referral to the Quitline for Pregnant Members who Smoke
HIP	Timeliness of Ongoing Prenatal Care
HIP	Postpartum Care – Percentage of Deliveries with Post-Partum Visit



Program	Description
НСС	Follow-up After Hospitalization for Mental Illness: 7-Day Follow-Up with MRO Services
НСС	Follow-up After Hospitalization for Mental Illness: 30-Day Follow-Up
НСС	Health Needs Screen
HCC	Comprehensive Health Assessment Tool
HCC	ED admissions per 1000 member months
HCC	Adult Ambulatory and preventive care



2019 Initiatives

• In addition to normal duties for monitoring compliance and ensuring quality healthcare is delivered to members, OMPP is undertaking several initiatives enhance and mature oversight infrastructure and compliance processes.



2019 Additional Initiatives

- Additional monitoring of prenatal services and birth outcomes to help identify and inform quality initiatives and strategies.
- Collaborating with ISDH on programs and strategies aimed at decreasing infant mortality
- Managed Care Entity (MCE) alignment, beginning with the adoption of MCG guidelines by all MCEs before July 1st
- Voluntarily reporting both child and adult health measures to CMS annually



Thank you

