



# Managed Care Quality Measures for I/DD Services

WHY THIS SESSION TOPIC?

WHY NOW?

WHY IN PENNSYLVANIA?

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WOJDAK GOVERNMENT RELATIONS

# Why are we talking about this?

- ▶ For several years there has been conversation and speculation about bringing managed care concepts to the systems that support individuals with intellectual disability and autism in Pennsylvania
- ▶ Other service systems that use managed care (here and in other states) have or are scheduled to begin using defined quality measures (QM) that are tied to outcome targets and/or payment
- ▶ The state of quality measures that are specific to intellectual and developmental disability (I/DD) is nascent and evolving
- ▶ Providers and advocates are wary of irrelevant measures and desire input into the selection of meaningful, appropriate criteria and processes
- ▶ There is lack of clarity about what is required for a provider to successfully implement a process and culture of collecting, analyzing, acting on and reporting outcome data

# Terminology

- ▶ Medicaid managed care – services provided through a federally-approved managed care authority that allows transfer of certain responsibilities to non-state entities for defined services and populations
- ▶ Capitation – the payment methodology a state uses to pay a managing entity a fixed rate for services under contract, usually per member/per month
- ▶ Quality measures – discrete measures of an aspect of a program or service at the individual, agency, or population level; expressed as process, status, outcome and client satisfaction measures
- ▶ Value-Based Payment (VBP) – payment to a provider based on identified measures described in a contract with a managing entity; can take various forms, e.g. pay for performance, capitation for specific services or care coordination, case rates, bundled rates

# What QM does PA already have?

- ▶ Health Choices – Began in 1997 and is now statewide managed care for physical health care; includes escalating expectations of type and amount of value-based payments
- ▶ Behavioral Health Choices - Began in 1997 and is the statewide managed care for behavioral health care; includes escalating expectations of type and amount of value-based payments
- ▶ Community Health Choices – Began in 2018 and will be statewide on 1/1/20 for both physical health care and long-term services and supports to individuals with physical disabilities and seniors; includes expectations of value-based payment arrangements after initial launch is completed
- ▶ Office of Developmental Programs' Quality Assessment and Improvement Process (QA&I) – Began 7/1/17 as a new process of collecting information that includes the expectation that providers use quality improvement plans to improve outcomes in identified quality focus areas

# Resources

- ▶ ANCOR <https://ancor.org/>
- ▶ National Quality Forum (NQF) [www.nqf.org](http://www.nqf.org)
- ▶ National Core Indicators <https://www.nationalcoreindicators.org>
- ▶ NCQA HEDIS Measures - <https://www.ncqa.org/hedis/measures/>
- ▶ Home Healthcare CAHPS Survey <https://homehealthcahps.org/>
- ▶ HCBS Business Acumen Center <http://hcbsbusinessacumen.org>
- ▶ ODP QA&I - [https://s3-us-west-2.amazonaws.com/palms-awss3-repository/MyODP\\_Content/Course+Content/QA%26I/QAI+Process+Document+FINAL.PDF](https://s3-us-west-2.amazonaws.com/palms-awss3-repository/MyODP_Content/Course+Content/QA%26I/QAI+Process+Document+FINAL.PDF)



# A National Perspective on Quality Measures

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Not everything that counts can be  
counted, and not everything that can  
be counted counts

But... You can't improve what you  
don't measure

# Why is this “quality” conversation confounding us?

## ▶ What we Know

- Limited experience of traditional MCOs in specialized needs of I/DD population in LTSS
- Limited state experience with MCO rate setting
- Lack of managed care experience among I/DD providers
- Unique role of I/DD case management
- Concerns regarding a return to a “medical model”
  - There’s more to life than HEDIS
- Evidence-based outcome measurement is evolving
- Lack of valid and reliable metrics to measure LTSS outcomes
  - Not widely agreed upon
  - Not easily defined
  - Its hard to measure satisfaction



# Perspectives on quality indicators

## ▶ CMS

- The building blocks of a quality MLTSS program include both existing LTSS quality systems and managed care quality systems.
- Merging these two systems may provide a state with more sophisticated data capabilities and provide a new opportunity to think holistically about beneficiary outcomes.
- A comprehensive quality strategy and oversight structure that takes into consideration the acute and primary care, behavioral health, as well as LTSS needs of beneficiaries can provide a framework for states to incorporate more meaningful goals into the program that focus on quality of care and quality of life for beneficiaries.

# Perspectives on quality indicators

## ▶ National Quality Forum

- Service Delivery & Effectiveness
- PCP and Coordination
- Choice & Control
- Community Inclusion
- Care giver support
- Workforce
- Human & Legal Rights
- Equity
- Holistic Health & Functioning
- System Performance & Accountability
- Consumer Leadership in System Development

## ▶ Barriers

- Lack of standardized measures
- Lack of or limited access to timely data
- Variability in recording across programs
  - Administrative Burden

# Perspectives on quality indicators

## ▶ CQL: 5 Personal Outcome Measures (POMs)

- My Human Security
  - Non-negotiable human and civil rights
- My Community Access
  - To be in, a part of, and included in the community
- My Relationships
  - Social support, familiarity, intimacy, and belonging
- My Choices
  - Decisions about one's life and community
- My Goals
  - Dreams and aspirations for the future

# Perspectives on quality indicators

## ▶ NCI

### • **Individual Outcomes**

- Choice & Decision Making
- Community Inclusion
- Relationships, Satisfaction,
- Self-determination
- Work

### • **Health, Welfare & Rights**

- Medications,
- Respect,
- Restraints, Safety, Wellness

### • **System Performance**

- Access,
- Service Coordination

### • **Staff Stability**

### • **Family Indicators**

- Access & Support Delivery
- Choice & Control
- Community Connections
- Family Involvement
- Family Outcomes
- Information & Planning
- Satisfaction



# MLTSS ID/DD Quality

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# MLTSS Quality - Generally

- MLTSS plans/organizations are expected to provide high quality services and providers are tasked with providing the data and reporting the plans will use to provide the quality of services provided.
- Quality monitoring, oversight, and assurance is accomplished through:
  - Reports
  - Record reviews
  - Accreditation requirements
  - Satisfaction Surveys
  - External Quality Review Organizations
  - Standard Indicators (HEDIS, CAHPS, etc.)
  - Tailored Performance Measures/Indicators

# MLTSS Quality – Pennsylvania

## ▶ CHC Quality Elements/Requirements:

- QAPI plan
- External Quality Review Organization
- Critical Incident Reporting
- Peer Review of Records
- Performance Improvement Projects
- Tracking and trending of issues
- Reporting of Designated Measures (including HEDIS, CAHPS, CMS Adult Core, CMS NF, CMS D-SNP, PA Performance Measures, etc)
- NCQA Accreditation
- National Quality Forum or other LTSS quality requirements compliance
- Quality Management Committee
- Provider Satisfaction surveys
- Participant Satisfaction surveys
- Encounter Data Validation
- + External Evaluation

# MLTSS ID/DD Quality – New York

- Has one optional fully-integrated Medicare and Medicaid (including LTSS) ID/DD program developed as part of the CMS Financial Alignment Initiative. Program name: FIDA-IDD
- Is developing a separate, larger MLTSS-type program that is not a fully-integrated M+M program. This is a provider-led, care coordination organization model that will provide care management. Program name: Health Home Care Management provided through Care Coordination Organizations (CCOs)



# MLTSS ID/DD Quality – New York

- FIDA-IDD – Measures also include
  - Medicare measures (because it's an integrated program).
  - CMS measures specific to the Financial Alignment Demo.
  - Establishment of Participant advisory board or inclusion of Participants on governance board consistent with contract requirements
  - Percent of Participants with documented discussions of care goals

# MLTSS ID/DD Quality – New York

- State-specific measures designed for this specific program and population, such as:
  - Percent of Participants in the FIDA-IDD Demonstration who reside in a nursing facility, wish to return to the community, and were referred to OPWDD Regional Office or the MFP Program.
  - Participants in the FIDA-IDD Demonstration who remained stable or improved in ADL functioning between previous assessment and most recent assessment.
  - Percent of Participants, advocates and/or their legal guardians directing their own services through self-direction or the consumer-directed personal assistance option at the plan each Demonstration Year.

# MLTSS ID/DD Quality – Tennessee

- MLTSS programs: TennCare, CHOICES, Employment and Community First CHOICES
- Since 2016, ECF CHOICES provides LTSS/HCBS to ID/DD population through managed care.
- 1915(c) Waivers continued to exist for the ID/DD population and remain fee-for-service but, the Waiver Participants receive their PH and BH through TennCare (managed care).
- Delivery system: private managed care plans

# MLTSS ID/DD Quality – Tennessee

- Requires National Committee for Quality Assurance (NCQA) accreditation for all plans and, new for 2019, the NCQA distinction for LTSS.
- The Quality Monitoring survey process for ECF CHOICES shifts the focus from compliance monitoring to true quality monitoring and continuous quality improvement.
  - A new QM tool for ECF CHOICES measures provider performance above minimum compliance expectations. Also, increases emphasis on the program's intentional focus on promoting employment and integrated community living by weighting domains focused on these outcomes. Results are used to establish each provider's "preferred provider" status, allowing members in the process of selecting specific providers to distinguish providers achieving higher levels of quality.

# MLTSS ID/DD Quality – Tennessee

- The Quality Monitoring survey process for ECF CHOICES shifts the focus from compliance monitoring to true quality monitoring and continuous quality improvement.
- ECF CHOICES Quality Monitoring surveys are completed by the managed care plans on site at provider agencies and include time spent with people receiving services, thereby obtaining invaluable information about the quality of services from the member's perspective as well as their satisfaction with services.