Rhode Island’s Comprehensive Quality Strategy
Measurement of Quality of Care and Access to Care Improvement

Integrated Care Initiative
Consumer Advisory Committee
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Rhode Island’s Quality Strategy

- In 2005, Rhode Island’s Strategy for Assessing and Improving the Quality of Managed Care Services Offered Under RIte Care was one of the first quality strategies approved for a State’s Medicaid managed care program by the Centers for Medicare & Medicaid Services (CMS).

- In 2006, CMS invited Deb Florio to present an overview of RI’s Quality Strategy during a CMS-sponsored Webinar for States.

- In 2008, CMS described RI’s Quality Strategy as one which “…is comprehensive in addressing access, health care service, regulatory and contractual aspects of a State Health Quality Strategy. It encompasses a program approach with clearly outlined strategy components, which is identified as a best practice nationally.”

- In 2012, the Quality Strategy was updated to include Rhody Health Partners, RIte Smiles, and Connect Care Choice and approved by CMS in Spring of 2013.
Rhode Island’s Quality Strategy

Why is Rhode Island’s Quality Strategy being revised?

- To reflect the inclusion of the State’s managed care programs that have been implemented since 2012:
  - Rhody Health Options
  - Connect Care Choice Community Partners
  - Enrollment of the State’s Affordable Care Act (ACA) Adult Expansion population, starting on 01/01/2014

- To meet the Special Terms and Conditions (STCs) in the State’s Waiver Renewal regarding the measurement of Quality of Care and Access to Care Improvement
Rhode Island’s Quality Strategy

Per the Waiver Renewal’s Special Terms and Condition (STCs), the State’s Comprehensive Quality Strategy (CQS) (STC # 128) must include all components of the Medicaid state plan, including but not limited to Rlte Care, Rhody Health Partners, Connect Care Choice, Rlte Smiles, and the HCBS programs. The CQS must also:

- Develop a Quality Strategy that addresses the State’s goal for improvement using claims and encounter data, quality metrics and expenditure data
- Include all Quality Improvement Projects (QIPs)
- Discuss monitoring and evaluation methods, including components for discovery, remediation, and improvement
- Delineate Medicaid and contracted providers responsibilities
- Obtain Stakeholder input, including the Medical Care Advisory Committee (MCAC), as well as others. The strategy must be available for public comment prior to implementation
- Include a crosswalk of standards that overlap with the NCQA’s Health Plan Accreditation process
Rhode Island’s Quality Strategy

CQS Long Term Goals & Strategy:

- Cost of Care measures
- Measurement at several levels of aggregation (State, MCO, and potentially at each direct service provider)
- Inclusion of a detailed timeline of metric development, contract amendment's, data submission and review and so forth..
Rhode Island’s Quality Strategy

- The 2014 update to Rhode Island’s Quality Strategy builds upon the core principles that have been previously approved by CMS for RIte Care, Rhody Health Partners, Connect Care Choice and RIte Smiles.

- The next series of slides provide an overview of the quality designs that have been implemented for the State’s newer managed care programs:
  - Enrollment of the State’s Affordable Care Act (ACA) Adult Expansion population, starting on 01/01/2014
  - Rhody Health Options
  - Connect Care Choice Community Partners
Rhode Island’s Quality Strategy: Medicaid Expansion

- The new Medicaid Expansion population is enrolled under the Rhody Health Partner under the CMS approved Alternative Benefit Package (ABP), which includes additional substance abuse, mental health and HIV covered services and benefits.
- Medicaid Expansion members are included in Rhody Health Partners quality design and framework.
- During the initial implementation phase the Plans are required to provide metrics on a weekly and monthly basis of the following indicators:
  - Outreach & Engagement
  - Call Center Statistics (Average Speed Answer (ASA), Call Abandonment Rate, Member Handbook and ID cards distribution w/in 10 calendar days
  - Initial Health Screen and Care Management enrollment
  - Utilization Management
  - Informal Complaints
  - Grievances & Appeals
  - Provider Network Accessibility & Capacity
- The above information is in addition to the established quarterly reporting
Rhode Island’s Quality Strategy: Rhody Health Options

- Rhody Health Options (RHO) is the integration of Long Term Services and Supports (nursing home and home and community based services) into a managed care delivery system
  - Neighborhood Health Plan of RI is the Health Plan option for RHO

- Effective November 1, 2013, Medicare-Medicaid eligible beneficiaries and Medicaid only receiving long-term services and supports (LTSS) were enrolled in NHPRI. Rhode Island used a phased approach. The last phase of enrollment occurred in February with an effective date of April 1, 2014.

- Those who do not select an option are automatically assigned to either model using an algorithm established by EOHHS

- Medicare services will continue to be administered by the Medicare program.
Rhode Island’s Quality Strategy: Rhody Health Options

- As of February 1, 2014 approximately 11,000 individuals were enrolled in RHO. Eligibility for enrollment in RHO is based on the State’s determination of Medicaid.

- The following safeguards were implemented to ensure access and continuity of care:
  - All newly enrolled members have access to out-of-network providers for six months post enrollment,
  - The MCO must honor all prior authorizations, including LTSS authorizations, and
  - Members residing in an out-of-network nursing facility can remain in that facility if and when the member chooses to change nursing homes.

- Services for individuals with intellectual/developmental disabilities and individuals with severe and persistent mental illness will continue to be funded and managed by the RI Department of Behavioral Health, Developmental Disabilities and Hospitals.
Rhode Island’s Quality Strategy: Rhody Health Options

- The following populations are exempt from enrollment in an MCO:
  - Medicare beneficiaries who are not eligible for full Medicaid benefits, i.e. Qualified Medicare Beneficiaries (QMBs)
  - Specified Low-Income Beneficiaries (SLMBs)
  - Qualified Individuals (QIs)
  - Individuals who are eligible for partial Medicare benefits (Part A only or Part B/D)
  - Individuals residing at Tavares, Eleanor Slater Hospital or out-of-State hospitals
  - Individuals who are incarcerated (adjudicated and in prison)
  - Individuals who are in hospice on the enrollment start date
  - Tavares Pediatric Center is an intermediate care facility for the Developmentally Disabled.
  - Eleanor Slate Hospital is a State hospital providing care and treatment to patients with acute and long term medical illnesses as well as patients with psychiatric disorders. This hospital is operated by the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals.
Rhode Island’s Quality Design Components: Rhody Health Options

- Informed by community stakeholders through a series of three (3) public forums which were held during the Summer of 2012
- A key component is care management and delivering a person-centered system of care focused on improving health outcomes, coordination of care and services, access to timely health care, LTSS, and other community-based services, and optimizing resources.
- The State works with Neighborhood Health Plan of Rhode Island & Care Link to ensure the continued monitoring of the following four quality assurances:
  - Level of Care: Persons enrolled in Nursing Facilities have needs consistent with an institutional level of care
  - Service Plan: Participants have a service plan that is appropriate to their need and that they receive the services and supports specified in the plan
  - Qualified Providers: LTSS providers are qualified to deliver services and supports
  - Health and Welfare: Enrollees’ health and welfare are safeguarded and monitored
Rhode Island’s Quality Design Components: Rhody Health Options

- Defining access and quality performance standards in the State’s contract with Health Plans

- Arranging for the annual, Federally-mandated independent reviews which are conducted by an External Quality Review Organization (EQRO)

- Requiring NHPRI to maintain NCQA accreditation

- Monitoring and trending encounter data
Rhode Island’s Quality Design Components: Rhody Health Options

- Requiring a Quality Improvement Project specific to the RHO population

- Analyzing the findings from the MCO’s annual CAHPS® Adults in Medicaid survey, which includes RHO members

- Including the MCO’s RHO enrollment in the State’s annual Performance Goal Program, with cohort analysis for appeals, the engagement of new members, care management, and nursing home transitions

- Analyzing a series of quarterly reports specific to the MCO’s Rhody Health Partners (RHO) enrollment, including but not limited to informal complaints, grievances and appeals, and care management
Rhode Island’s Quality Design Components: Connect Care Choice Community Partners (CCCP)

- CCCCP is built on the State’s Primary Care Case Management (PCCM) model which serves adult populations with complex medical and behavioral, and offers extensive care management services through 17 comprehensive medical home practice sites throughout the State.

- The CCCCP practices are NCQA certified PCMHs and as such must meet a high standard of performance, provide evidenced-based chronic disease management, nurse care management, primary and preventive care while encouraging self-management supports and education.

- The CCCCP program addresses the needs for greater integration of services across the continuum through high touch care coordination via a contracted Coordinating Care Entity (CCE).

- The CCE coordinates the collection of performance data, quality assurance and quality improvement activities. A key feature of the CCE is that it provides a Community Health Team (CHT) that coordinates the social supports and services for both Medicaid-only and Medicare-Medicaid eligible (MME) members.
Informed by community stakeholders through a series of three (3) public forums which were held during the Summer of 2012

A key component is the Community Health Team (CHT) which coordinates the social supports and services for both Medicaid-only and MME members

Reviewing the series of quarterly reports submitted by Care Link including care management, member specific, informal complaints, long term services and supports, and additional operational reports.

Claims based analysis

Conducting an annual CAHPS® like survey and a Quality Improvement Project

Monitoring of clinical quality is key to measuring practice based performance and outcomes. Several HEDIS® measures will be used to as part of the clinical quality design framework for CCCCP
Next Steps

- Continue to obtain stakeholder feedback
- Make available for public input 30 days prior to submission to CMS
- Submit to CMS no later than April 23, 2014