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# Division of Health Care Financing & Policy

## Expanding Managed Care Quality



# Quality Federal Requirements

- Contract Managed Care Quality Oversight
  - Per 42CFR 438.356, CMS Requires States to contract with an EQRO when states have Managed Care Health Plans
  
- External Quality Review Organization (EQRO)
  - Goal: Enrollees Have Timely & Appropriate Access to Quality Health Care Services.



➤ DHCFP works directly with EQRO vendor- Health Services Advisory Group (HSAG)

➤ To Ensure: \*Quality \* Access \* Timeliness

○ **Quality:** The ability to increase the desired health outcomes through the provision of effective health care services

○ **Access:** The ability to make services available and accessible

○ **Timeliness:** Impacts and improves the effectiveness of care delivered



## ➤ **Quality Oversight**

### ➤ **DHCFP**

- Intervene with Provider Complaints
- Intervene with Recipient Complaints
- Research Advocacy Group Concerns
- Monitor Provider Network Access

### ➤ **MCO Deliverables**

- Evaluate Performance Improvement Projects (PIP)
- If Necessary-Implement Corrective Action Plans (CAP)
- Discuss Medicaid Policy update/s at Quarterly meetings



## HSAG Performs External Quality Review Activities For Nevada Medicaid programs:

- Performance Measure Validations:
  - EQR Technical Report development
  - Network Access and Availability Monitoring
  - Health Care Guidance Program Quality Program Evaluation
- Performance Improvement Project (PIP) Validation
- Quality Assessment and Performance Improvement Strategy (QAPIS) development, review and evaluation.
- Internal Quality Assurance Program (IQAP) compliance monitoring.
- Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS) analysis and reporting.



## Annual EQR Technical Reporting and monitoring:

- Compares Nevada Medicaid MCOs to each other
- Compares MCOs to National rankings
- Compares MCOs past year to current performance
  
- Report:
  - ❑ Explains how data was gathered and how studies were conducted.
  - ❑ Summarizes all quality activities for the year in one document.
  - ❑ HSAG assists DHCFP in reviewing corrective action plans and follow-up.



## Quality Activities:

- Measures the **Utilization and Relative Resource use** including ...
  - Mental Health Utilization
  - Well Child Visits
  
- Measures the **Availability** of Care, including ...
  - Children & Adolescent access to Primary Care Physicians
  - Annual Dental visit for children
  
- A **Health Plan Descriptive Information** including ...
  - Race / Ethnic makeup of MCOs membership
  - MCO's Cultural Diversity Competency Plan



# Quality Moving Forward

- Expanding Nevada Quality Strategy:
  - Currently: Revisions to the Nevada Quality Strategy to CMS;
    - Two (2) Years
  - Proposed: Updated Revision Every Year to CMS
    - State already reviews & evaluates every year and is reflected in our annual EQR Technical Report
  
- 2015 Public Workshop: Top areas from Community and Stakeholders
  - Control of Mental Health (Substance Abuse, Depression, etc...)
  - Tobacco Cessation
  - Obesity
  - Control: Diabetes and Blood Pressure
  - Transportation coordination
  - Medicaid Enrollee Engagement/Care Coordination



# Nevada Quality Strategy

- Current: Goals and Objectives
  - 2014-2015 only four(4) Goals  
(1-5 Objectives with each Goal)
  
- New: Goals and Objectives
  - **2016-2018 increased to Six (6) Goals**  
**(2-14 Objectives within each Goal)**



# New Goals and Objectives

- **Improve the health and wellness of Nevada's Medicaid and Nevada Check Up population by increasing the use of preventive services.**  
**(9 Objectives)**
- **Increase use of evidence-based practices for members with chronic conditions.**  
**(7+Objectives)**
- **Reduce and/or eliminate health care disparities for Medicaid and Nevada Check Up recipients.**  
**(3 Objectives)**



# New Goals and Objectives

- **Improve the health and wellness of new mothers and infants, and increase new-mother education about family planning and newborn health and wellness.**

**(4 Objectives)**

- **Increase use of evidence-based practices for members with behavioral health conditions.**

**(5+ Objectives)**

- **Increase reporting of CMS quality measures.**

**(2 Objectives)**



- Managed Care collects **information** beyond what is required;
  - Adult BMI Assessment
  - Antidepressant Medication Management
  - Breast & Cervical Cancer Screening
  - Controlling High Blood Pressure
  - Engagement of Alcohol and Other Drug Dependence Treatment
  - Appropriate Treatment for Children with Upper Respiratory Infection
  - Nevada Check Up-Weeks of pregnancy at time of enrollment
  - Etc...



# Nevada

- Integrating Fee For Service and Managed Care into one Medicaid Quality Program.
  - Collect quality measures on the Fee For Service population.
- Public Workshops on an Annual basis.
  - Including other Divisions
- Update CMS on Nevada Quality Strategy from a two year to an Annual update outside of the Annual EQR Technical Report.
- Enhance Collaboration with Stakeholders & Community.
- Continued Resources focused on the overall Mission;
  - **Prevention, Early Intervention, & Quality of Treatment**



Feedback welcomed.

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