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# State of Nevada

# Department of Health and Human Services

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## Quality Strategy

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*Helping people. It's who we are and what we do.*



# Agenda

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2. DHCFP Mission and Strategic Goals
3. Purpose of the Quality Strategy
4. Quality Strategy Goals
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# Background

- Under regulations at 42 Code of Federal Regulations (CFR) §438.340(a) and 42 CFR §457.1240(e), and in accordance with the *Medicaid and Children's Health Insurance Program (CHIP) Managed Care Quality Strategy Toolkit* CMS requires state Medicaid and CHIP agencies that contract with managed care entities (MCEs) to develop and maintain a Medicaid and CHIP quality strategy to assess and improve the quality of healthcare and services provided by the MCEs.
- The Division of Health Care Financing and Policy (DHCFP), administers and oversees the Nevada Medicaid managed care program, which provides Medicaid and CHIP (referred to as Nevada Check Up) benefits to members residing in urban Clark and Washoe counties.
- In alignment with DHCFP's mission, the written quality strategy is the foundational managed care tool that articulates managed care priorities, including goals and objectives to improve the quality of healthcare services.

# DHCFP Mission and Strategic Goals

DHCFP's mission: to purchase and provide quality healthcare services, including Medicaid services, to low-income Nevadans in the most efficient manner. Further, DHCFP seeks to promote equal access to healthcare at an affordable cost to Nevada taxpayers, to restrain the growth of healthcare costs, and to review Medicaid and other State healthcare programs to maximize potential federal revenue.

## Nevada DHCFP Strategic Plan:

- Promote health coverage for all Nevadans
- Increase access to and use of primary care and preventive services
- Improve the quality of and access to behavioral health services available to members
- Ensure all pregnant women, children, and parents have the support they need for a strong start
- Plan to support healthy aging for Nevadans
- Develop a comprehensive strategy for prescription drug coverage and pricing



# Purpose of the Quality Strategy

DHCFP's Quality Strategy has two basic purposes:

- 1) to ensure compliance with federal and State statutory and regulatory requirements on quality, and
- 2) to go beyond compliance with the minimum statutory and regulatory requirements by implementing multiple methods for continuous quality improvement (CQI) in order to raise the quality of care provided to, and received by, Medicaid and Nevada Check Up members.





# Quality Strategy Goals

| Quality Strategy Goals |   | Nevada Medicaid | Nevada Check Up |
|------------------------|---|-----------------|-----------------|
| <b>Goal 1</b>          | Improve the health and wellness of Nevada's Medicaid population by increasing the use of preventive services by December 31, 2024 | ✓               | ✓               |
| <b>Goal 2</b>          | Increase use of evidence-based practices for members with chronic conditions by December 31, 2024                                 | ✓               | ✓               |
| <b>Goal 3</b>          | Reduce misuse of opioids by December 31, 2024   | ✓               |                 |
| <b>Goal 4</b>          | Improve the health and wellness of pregnant women and infants by December 31, 2024  | ✓               |                 |
| <b>Goal 5</b>          | Increase use of evidence-based practices for members with behavioral health conditions by December 31, 2024                       | ✓               | ✓               |
| <b>Goal 6</b>          | Increase utilization of dental services by December 31, 2024  | ✓               | ✓               |
| <b>Goal 7</b>          | Reduce and/or eliminate health care disparities for Medicaid members by December 31, 2024   | ✓               | ✓               |





# Quality of Care Activities and Initiatives

- DHCFP uses HEDIS and the Adult Core Set and Child Core Set performance measures to assess the MCEs' performance with specific indices of quality, timeliness, and access to care.
- DHCFP's External Quality Review Organization (EQRO) conducts an independent audit of each MCO and an annual performance measure validation (PMV) of the Dental Benefit Administrator (DBA)
- Implementation of PIPs, which measure and assess targeted performance improvement interventions on specific topics.
- Mechanisms to detect over- and underutilization of services.
- Use of clinical care standards/practice guidelines.
- Analysis of clinical care, including interventions specifically designed to reduce or eliminate disparities in healthcare.
- Assessment of member satisfaction to determine how satisfied Nevada Medicaid managed care members are with care and services they receive.
- Implementation and assessment of plans of correction.
- Evaluation of the continuity and effectiveness of the QAPI program.



# Monitoring and Compliance

DHCFP regularly reviews the MCEs' reports and deliverables as required by the contract. DHCFP monitors all aspects of the Medicaid managed care program through its State monitoring and/or EQR-related activities, including the performance of each MCE in at least the following areas:

- Administration and management
- Appeal and grievance systems
- Claims management
- Member materials and customer services, including activities of the member support system
- Finance, including medical loss ratio reporting
- Information systems (IS), including encounter data reporting
- Marketing
- Medical management, including utilization management and case management
- Program integrity
- Provider network management, including provider directory standards
- Availability and accessibility of services, including network adequacy standards
- Quality improvement
- Other contract provisions, as needed





# Monitoring and Compliance Cont'd

- DHCFP contracts with its EQRO to perform a comprehensive review of compliance of the MCEs within a three-year review cycle to determine compliance with federal standards and applicable State contract requirements.

|   | Year One<br>(2021)  | Year Two<br>(2022) | Year Three<br>(2023)  |
|---|---------------------|--------------------|---|
| Standard  | Review of Standards |                    | CAP Review  |
| Standard I—Disenrollment: Requirements and Limitations              | ✓                   |                    | Review of Standards/Elements that received a <i>Not Met</i> score during the SFY 2021 and 2022 reviews. |
| Standard II—Member Rights and Member Information                    | ✓                   |                    |   |
| Standard III—Emergency and Poststabilization Services               | ✓                   |                    |   |
| Standard IV—Availability of Services                                | ✓                   |                    |   |
| Standard V—Assurances of Adequate Capacity and Services             | ✓                   |                    |   |
| Standard VI—Coordination and Continuity of Care                     | ✓                   |                    |   |
| Standard VII—Coverage and Authorization of Services                 | ✓                   |                    |   |
| Standard VIII—Provider Selection                                    |                     | ✓                  |   |
| Standard IX—Confidentiality   |                     | ✓                  |   |
| Standard X—Grievance and Appeal Systems                             |                     | ✓                  |   |
| Standard XI—Subcontractual Relationships and Delegation             |                     | ✓                  |   |
| Standard XII—Practice Guidelines                                    |                     | ✓                  |   |
| Standard XIII—Health Information Systems                            |                     | ✓                  |   |
| Standard XIV—Quality Assessment and Performance Improvement Program |                     | ✓                  |   |



# Tools Used to Evaluate Quality Strategy

DHCFP uses several tools to evaluate the effectiveness and achievement of goals, including:

- The annual EQR technical report
- Validated PIP results
- Validated performance measure results
- Validated network adequacy results
- Encounter Data Validation (EDV) results
- MCE compliance review results
- Ongoing review of contractually required MCE deliverables
- Member grievance and appeal information
- MCE cultural competency and QAPI programs
- Stakeholder feedback emailed to DHCFP via DHCFP's website



# Public and Tribal Comment Process

- The Quality Strategy is tentatively scheduled to be presented at the Medical Care Advisory Committee (MCAC) on April 19, 2022.
- In addition to soliciting input from DHHS, the MCAC, and through tribal consultation, DHCFP also publishes the draft Quality Strategy for a 30-day public comment period before finalizing the Quality Strategy.
- DHCFP invites public comment and tribal consultation by way of public workshops, tribal consultation meetings, and by emailing DHCFP at [dhcftp@dhcftp.nv.gov](mailto:dhcftp@dhcftp.nv.gov).
- Once the public comment period ends and consensus is reached by all stakeholders, including the MCAC, members, and tribes, the Quality Strategy is finalized, shared with all pertinent stakeholders, sent to CMS, and posted on DHCFP's website for public view.



What is important to  
you?





# Questions?





# Contact Information

| Contact Person  | Phone and Email  |
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<https://dhcfp.nv.gov/Resources/AdminSupport/Reports/CaseloadData/>



# Acronyms

- **CFR** – Code of Federal Regulations
- **CHIP** – Children’s Health Insurance Program (Nevada Check Up)
- **CMS** – Centers for Medicare & Medicaid Services
- **CQI** – Continuous Quality Improvement
- **DBA** – Dental Benefits Administrator
- **DHCFP** – Division of Health Care Financing & Policy
- **EDV** – Encounter Data Validation
- **EQRO** – External Quality Review Organization
- **MCAC** – Medical Care Advisory Committee
- **MCE** – Managed Care Entity
- **MCO** – Managed Care Organization
- **PIP** – Performance Improvement Project
- **QAPI** – Quality Assurance and Performance Improvement

