

Presentation to the Medical Care Advisory Committee
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AHCA is Focused on Quality Inside & Out

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MAKING MEDICAID MANAGED CARE WORK FOR FLORIDA PATIENTS



AHCA is Focused on Quality Inside & Out

- AHCA re-org created Bureau of Quality to focus on a broader perspective of value:
 - Are Medicaid recipients experiencing better outcomes?
 - If value = positive health outcomes, is Florida getting value for its capitated payments?



New AHCA Unit: Bureau of Quality

Mission:

Support the design of innovative, evidence-based enhancements to the quality of Florida's Medicaid Managed Care system.



New AHCA Unit: Bureau of Quality

Strategy:

Broaden our lens so that improvements address all outcome factors

Tactics:

Monitor

Measure

Make Improvements



New AHCA Unit: Bureau of Quality

Four units:

- Performance, Evaluation and Research Unit
- Clinical Quality, Review and Initiatives Unit
- Clinical and Care Coordination Unit
- Fee-for-Service Utilization Management Unit



Bureau of Quality

Performance, Evaluation and Research Unit

- Establishes benchmarks for the managed care plans to meet and analyzes results:
 - Quality Improvement Plans
 - Performance Improvement Projects
 - Enrollee and Provider Surveys
 - External Quality Review Organization
- Leads quality improvements:
 - Consumer Report Cards allow Recipients to Compare Plans
- Monitors these programs for improvement opportunities
 - Children's Health Insurance Program
 - Family Planning Waiver
 - Florida KidCare (and others)



Bureau of Quality

Clinical Quality, Review and Initiatives Unit

- Creates evidence-based strategies to improve performance and enhance quality of services.
- Compares managed care plans' (MCOs) performance and identifies qualities that predict higher performance and better outcomes.
- Ensures that all MCOs understand they are expected to adopt these qualities.
- Provides clinical expertise to the entire Agency.



Bureau of Quality

Clinical and Care Coordination Unit

- Ensures that MCOs' behavioral and medical clinical programs, care coordination, and case management serve patients appropriately and effectively.
- Lead continuing dialogue with plans to address gaps in care and improve outcomes.



Bureau of Quality

Fee-for-Service Utilization Management Unit

- Ensures that Medicaid recipients not enrolled in managed care plans receive medically necessary, quality services in the most cost-effective manner.
 - Prior authorization and utilization contracts
 - Monitoring and technical assistance for FFS programs



AHCA Report on Quality and Outcomes

Comprehensive Quality Strategy 2014

- Covers SFY 2013-14.
- Required by federal CMS as part of Florida waiver for Medicaid Managed Medical Assistance.
- Reflects the state's aim:
 - Continuous quality improvement through planning, designing, assessing, measuring, and monitoring the health care delivery system for all Medicaid managed care organizations, prepaid inpatient health plans, long-term care services and supports, and fee-for-service populations.



Comprehensive Quality Strategy 2014

Purpose

Demonstrate that AHCA:

- Ensures access, quality and continuity of care;
- Utilizes partnerships with other state agencies;
- Documents improved outcomes;
- Coordinates with the External Quality Review Organization (Health Services Advisory Group).

Process

- Submitted annually
- 30-day review period for MCAC and other stakeholders



How the Report is Organized

- Introduction
- Assessment
- Improvement
- Review of Quality Strategy
- Achievements and Opportunities



What's New in the 2014 Report?

Infrastructure is in Place

1. Executed contracts with 20 MCOs, including specialty plans for HIV/AIDS patients and people with Serious Mental Illness.
2. March – Completed statewide consolidation of Long-term Care (LTC) home and community-based services.
3. August – Completed roll-out of Managed Medical Assistance.



What's New in the 2014 Report?

Updated Measurable Outcomes

Healthcare Effectiveness Data and Information Set (HEDIS)
(Performance Measures for Managed Care Organizations)

- 22 measures cover broad spectrum:
 - » Transportation
 - » Screenings and Immunizations
 - » Dental, Prenatal, Well-Child, Mental Health
 - » Diabetes, HIV, Chlamydia, ADHD



Recipient and Stakeholder Input

- Monthly calls with plans and providers
- EQRO and plans have on-going communication
- Posted on web and social media
- Public Meetings
- Complaint hub and hotline



We Invite Your Comments

- Is the Agency focused on the right quality areas?
- Are there quality areas where we should increase our focus?
- Should we be measuring quality differently?
- Is the report useful and understandable?



We Invite Your Comments

You can find the document on the AHCA website:

[http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Florida Medicaid Draft Comprehensive Quality Strategy 2014 Update.pdf](http://ahca.myflorida.com/Medicaid/quality_mc/pdfs/Florida_Medicaid_Draft_Comprehensive_Quality_Strategy_2014_Update.pdf)

Comments are due by October 15, 2014. Please send to:

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