COMPREHENSIVE QUALITY STRATEGY REPORT (CQS)

2017 Report Draft

CQS Report--Purpose

- Florida Medicaid is required to furnish a written quality strategy to the federal Centers for Medicare and Medicaid Services (CMS) every three years.
- The CQS Report describes strategies for assessment and continuous improvement of the quality of health care and services provided by managed care organizations and other providers through Florida Medicaid.

Draft CQS Report for 2017 Includes

- Outline of Florida Medicaid's priorities and goals for quality improvement
- Specific quality metrics and performance targets to measure performance and continuous improvement
- Publication of health plan quality metrics and comparisons on the Agency's Florida Health Finder and Medicaid websites
- Descriptions and updates on performance improvement efforts and quality cycle activities that promote these priorities and goals

Draft CQS Report 2017

Agency for Health Care Administration
Division of Medicaid
Bureau of Medicaid Quality

Florida Medicaid
Comprehensive Quality Strategy Summary

PRIORITIES:				
Improved Health Outcomes	**Simplified and streamlined service delivery to promote efficient, timely, appropriate use of health services**	**Support for person and family-centered care**	**Greater transparency and accountability to promote cost effectiveness and efficient administration**	**Improved care coordination via performance monitoring and communication**
GOALS:				
Focus on priority populations with needed, improved services	**Reduce unnecessary ED visits, unplanned pregnancies, C-sections, hospital readmissions, inappropriate use of medications, etc. through prevention, planning, service accessibility**	**Improve health literacy to engage recipients, families, consumers in healthcare planning and service delivery**	**Promote a quality-focused, data-informed and continuous learning Agency**	**Promote clear communication among providers, plans, patients, families; promote care that is accessible, coordinated, co-located, optimal**
CURRENT INITIATIVES SUPPORTING GOALS				
• Dental Services for Children, Adults • Behavioral Health Programs • Serious Mental Illness (SMI) • Substance Abuse Disorders (SUD) • Hemophilia Contracting • Diabetes Management • Prescribed Pediatric Extended Care (PPEC) • Long-Term Care (LTC) • HIV/AIDS • Waivers for coverage of specialized services	• Medicaid Physician Incentive Program (MPIP) • Single Preferred Drug List (PDL) • Early Elective Deliveries (EED) Policy • Long-Acting Reversible Contraceptives Initiatives (LARCs) • Performance Improvement Projects: - Prenatal Care - Well Child Visits in First 15 Months • Healthy Start Services Re-Design for Managed Medical Assistance (MMA) • Family Planning Waiver	• Health Plan Consumer Report Cards • Dental Consumer Engagement • Patient Centered Medical Homes • Healthy Behaviors Initiatives • Early Intervention Services (EIS) • Health Plan Consumer Forums • Medical Care Advisory Committee (MCAC) Consumer Input	• Health Plan Performance Measure Reporting Requirements • Health Plan Consumer Report Cards • Health Plan Satisfaction Surveys (CAHPS) and Reporting • Long-Term Care (LTC) Consumer Survey and Reporting • MMA and LTC Program Independent Evaluations • Encounter Claims Monitoring • Business Intelligence Quarterly Reports • Complaint Hub Reports • Medicaid Data Visualization Series (Tableau Reports)	• Clinical Quality Monitoring • Recipient and Provider Assistance • Complaint Hub • Quality PIP Teams • Physical and Behavioral Health Integration • Statewide Inpatient Pediatric Psychiatric (SIPP) Care Coordination • Inter-agency Child Services Coordination • Care Coordination for Medically Complex Children

Quality Priorities

- Improved health outcomes
- Simplified and streamlined service delivery to promote efficient, timely, appropriate use of health services
- Person-centered and family-centered care
- Transparency and accountability
- Improved care coordination

Major Quality Goals

- Birth Outcomes and Related Care
- Children's Dental Health
- Consumer Engagement and Informed Health Care Choices
- Continuous Measurable Improvement
- Reduction of Preventable Hospitalizations

Examples of Initiatives Supporting Quality Goals

I. Stakeholder collaborations to implement best practices in quality health care

II. Technical assistance for health plans to support Performance Improvement Projects

III. Publication of health plan performance comparisons to inform consumers and drive improvement

IV. Physician incentive program

I. Stakeholder Collaboration for Positive Birth Outcomes for Medicaid: What's at Stake?

63%

Of births in Florida were covered by Medicaid SFY 15/16

Total Medical Costs over $801 million

For 14,837 babies who started out in NICU.

Many were born pre-term/ low birthweight.

MORE THAN

74,000

Of women whose deliveries were covered by Medicaid only attained eligibility for the program through pregnancy.

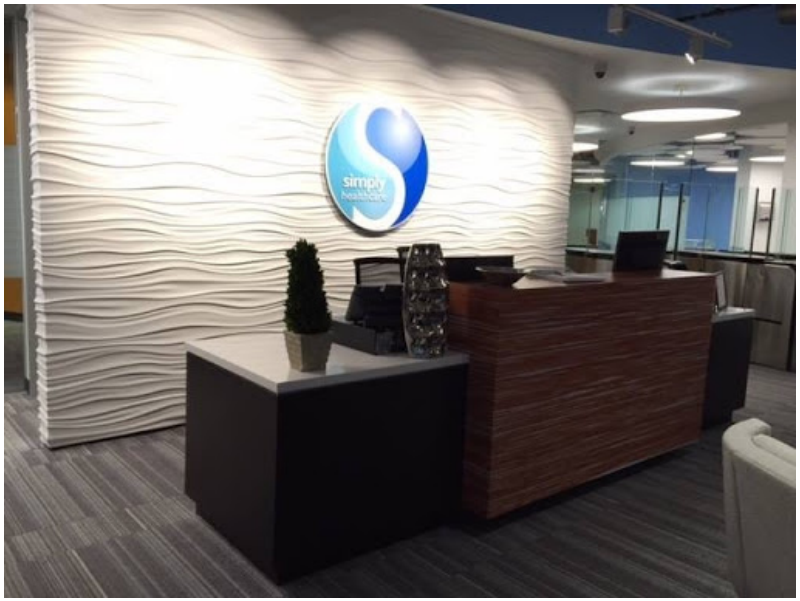
- CMS and CHIP Services launched the Maternal and Infant Health Initiative in July 2014.
- CDC identifies Long Acting Reversible Contraceptives (LARCs) as the most effective family planning method.

I. Aligning Stakeholder Efforts for Access to Reproductive Life Planning to Reduce Unplanned Births and Improve Outcomes, cont'd.

Implemented projects and processes that meet or exceed MMA contractual requirements and national benchmarks to drive continuous maternal and infant health outcomes.

II. PIP Teams: Technical Assistance for Performance Improvement Projects

- Sharing of ideas and best practices across health plans
- Hands-on assistance in using the plan-do-study-act (PDSA) process to drive rapid cycle improvement
- Introduction of Quality Improvement tools to plans
- Discussion of the importance of rapid cycle improvement between HEDIS cycles



Simply Healthcare Plan, Miami, Florida

SHP PIP Check-In Team

State Oral Health Action Plan (SOHAP)

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS	INTERVENTIONS
By the end of FFY 2015, increase by 10 percentage points from FFY 2012 the proportion of children enrolled in Medicaid for at least 90 continuous days who receive a preventive dental service.	1. Complete & Accurate Oral Health Performance Data	1a. Increased data submitters' (health plans) knowledge level and enhanced skills in data collection and submission	1a. Educate data submitters on data collection and submission protocols - develop/adopt educational materials - create clear specifications for submission - disseminate materials through webinars or workshops - include as deliverable(s) for health plan & fiscal agent contracts
		1b. Improved quality of utilization data reporting	1b. Use single, streamlined query for CMS-416 data collection
	2. Increased Level of Engagement of Families and Children for Oral Health Care	2a. Increased family/recipient understanding of and appreciation for the importance of oral health	2a. Develop/adopt and distribute materials (working primarily through health plans) to educate parents on the importance of oral health
		2b. Increased use of dental services by families and children	2b. Outreach to enrollees to improve understanding of how to use services and reduce missed appointments, including appointment assistance from health plans
	3. Adequate Dental Service Delivery & Workforce	3a. Refined Medicaid coverage policies & procedures related to the delivery of dental services	3a. Identify and determine if new codes should be opened to expand access (e.g., after hours codes) - clarify coverage and reimbursement policy for services for children less than 3 years of age
		3b. Increased dental provider participation in the Medicaid network	3b. Streamlined provider credentialing process for managed care (in progress)
		3c. Increased utilization of health access settings	3c. Work with health plans to connect enrollees with dental homes such as those offered through health access settings

II. Activities to Support Improvement in Use of Preventive Dental Services for Children, cont'd.

Review of the Health Plans' Dental PIPs

- Assessed barriers and interventions
- Consulted stakeholders and literature
- Meet with health plans face-to-face/via phone quarterly
- Share results and successes as agreed by health plans

II. Activities to Support Improvement in Use of Preventive Dental Services for Children, cont'd.

Consumer Engagement

- Assessed literature and consulted stakeholders
- Learned from other states
- Developed a plan
- Developed content
  - Website, social media

Available to all health plans
and recognizable by all recipients

II. Activities to Support Improvement in Use of Preventive Dental Services for Children, cont'd.

Examples of health plans' innovative interventions:

- Mobile Dental Vans collaborate with Primary Care Providers (PCP)
- Health Plans collaborate with County Health Departments' School-Based Sealant programs
- Health Plans train Primary Care Providers to identify patients in need of dental care

II. Activities to Support Improvement in Use of Preventive Dental Services for Children, cont'd.

Examples of innovative interventions (continued)

- Gap in care reports sent to providers
- Dental vendor logo and contact added to all enrollee materials, to include the enrollee identification card
- Enrollee dental poster contest (member must be scheduled with a dentist to be entered)
- Referral of pregnant enrollees to a dental home, so that when the child is born they are more likely to become a part of that dental home as well

III. Publication of health plan performance comparisons to inform consumers and drive improvement

Florida Medicaid measures health plans' performance annually via:

- Audited Health Plan performance measure submissions
- Child Health Check-Up/CMS-416 reports
- Enrollee satisfaction surveys, and
- Provider satisfaction surveys

III. Publication of health plan performance comparisons to inform consumers and drive improvement, cont'd.

- Each year, SMMC plans are required to report on performance measures based on the services that their enrollees received in the previous calendar year.
- The Agency requires SMMC plans to report on a variety of measures from various measure stewards, which includes some Healthcare Effectiveness Data and Information Set (HEDIS®) measures from the National Committee for Quality Assurance (NCQA), some Federal CMS Adult and Child Core Set measures, and certain Agency-defined measures that are as HEDIS-like as possible.

Reporting Quality Metrics

- Medicaid MMA Health Plan contracts include specific performance measure standards
- HEDIS* and Agency-defined measures are included
- Health Plans are subject to liquidated damages, corrective action, and sanctions if standards are not met; and many Plans can retain an additional 1% of revenue incentive by exceeding specified performance measure thresholds in a calendar year
- Health Plan-specific performance measures and comparisons are available to the public

The Health Plan Report Card is available on these websites:
Medicaid Quality Website: http://ahca.myflorida.com/medicaid/Policy_and_Quality/Quality/index.shtml

AHCA Florida Health Finder site: http://www.floridahealthfinder.gov/HealthPlans/Search.aspx?p=5

Medicaid Choice Counseling site: http://www.floridahealthfinder.gov/HealthPlans/Search.aspx?p=5

Specific MMA Plan HEDIS scores are posted:
Medicaid webpage: http://ahca.myflorida.com/Medicaid/quality_mc/submission.shtml

*The Healthcare Effectiveness Data and Information Set (HEDIS) is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. The measures are developed by the National Committee for Quality Assurance (NCQA).

III. Publication of health plan performance comparisons to inform consumers and drive improvement, cont'd.

- Plans are compared against national Medicaid benchmarks published by NCQA using a five-star rating scale.
- Six performance measure categories:
  - Pregnancy-related Care
  - Keeping Kids Healthy
  - Children's Dental Care
  - Keeping Adults Healthy
  - Living with Illness
  - Mental Health Care
- Enrollees may view the plans' 1-5 star ratings and scores for the individual measures that make up each category.

IV. Physician Incentive Program Moving Toward Value-Based Payment

- Health plans participating in SMMC are statutorily required to increase compensation for physicians to equal or exceed Medicare rates for similar services. (s. 409.967(2)(a), *F.S.)*
- These payments are to be funded from savings realized through efficiencies in health care coordination.
- Florida Medicaid's new Medicaid Physician Incentive Program (MPIP) promotes this.

IV. Physician Incentive Program
Moving Toward Value-Based Payment, cont'd.

- The Agency developed its MPIP with input from each health plan.
- Plans could adopt the MPIP model defined by the Agency, or establish their own unique program with Agency approval.
- Initial implementation is for pediatricians and OB/GYNs; other physician types will be included in the future.

IV. Physician Incentive Program
Moving Toward Value-Based Payment, cont'd.

- MPIP also promotes Patient-Centered Medical Homes (PCMH) in Florida.

- The PCMH model of care emphasizes care coordination and communication to transform traditional primary care into patient-centered, value-based care.

CQS Draft Report

A draft of the 2017 Comprehensive Quality Strategy report is located at the following link:

[Comprehensive Quality Strategy Report 2017]

We welcome your feedback and suggestions on how to make this a useful resource.

Medicaid Quality

The Quality Bureau provides data-driven, focused and systematic feedback on the quality of Florida's Medicaid program to federal and state agencies, Medicaid recipients, Medicaid managed care plans, and providers. Florida's 2014 transition from a mix of fee-for-service and managed care to mostly managed care hastened a newly-honed focus on quality: providing more comprehensive care, improving health outcomes, and reducing costs.

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The Quality Bureau is responsible for the following:

- Quality measurement and improvement
- Research and evaluation of Medicaid managed care plans
- Monitoring Medicaid managed care clinical outcomes
- Oversight of prior authorization of services
- Management of remaining Medicaid fee-for-service programs
- Providing clinical consultation to the entire Agency

Federal Reports

The State of Florida is required to furnish a written quality strategy to the federal Centers for Medicare and Medicaid Services (CMS) every three years. This report must include a written quality strategy for assessing and improving the quality of health care and services furnished by the managed care organizations and other providers within Florida Medicaid. The Medicaid Quality Bureau of the Agency for Health Care Administration (the Agency) is compiling a new Comprehensive Quality Strategy (CQS) report, outlining Florida Medicaid's priorities and goals for continuous quality improvement, the performance improvement efforts that align with and promote these priorities/goals, and the quality metrics and performance targets to be used in measuring performance and improvements to provide "better health care for all Floridians".

A draft of the 2017 Comprehensive Quality Strategy report is located at the following link: Comprehensive Quality Strategy Report. Email your comments and suggestions to: qualityinmc@ahca.myflorida.com

Thank You