



Connecting Michigan for Health

Michigan Medicaid Managed Care

Quality Improvement and Program Development:

Today's Approach and Future Plans

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Agenda

- Background
- Current approach to QI
- Recent program changes
- Future plans

Background

- 11 managed care Medicaid health plans
- 10 regional service areas
- 1 plan in Region 1 (UP)
- 8 plans in Region 10 (Oakland, Wayne, Macomb)
- 2 million+ beneficiaries
- Children, moms, pregnant women, expansion population, foster kids, CSHCS, & ABD

Michigan Medicaid Managed Care Approach to Quality Improvement and Program Development

- Measurement and monitoring
- Performance improvement incentives
- Population health program development

Michigan Medicaid Managed Care Approach to Quality Improvement and Program Development

Measurement and monitoring

- Performance Monitoring Report
 - Administrative measures
 - HEDIS rates
 - Legislatively required measures
- Audited HEDIS Aggregate Report
- Program Policies and Procedures
 - Population health
 - Community health workers
 - Health equity

Michigan Medicaid Managed Care Approach to Quality Improvement and Program Development

Performance Improvement Incentives

- 1% Capitation Withhold Bonus Pool (\$65 M)
 - HEDIS and CAHPS rates compared to national benchmarks
 - Legislatively mandated measure performance
 - Behavioral/physical health integration measures
 - Compliance review score
 - Project development, implementation and evaluation
 - Population health improvement
 - Health equity
 - Community collaboration
 - Healthy Michigan Plan oversight

Michigan Medicaid Managed Care Approach to Quality Improvement and Program Development

Performance Improvement Incentives

- Auto Assignment Algorithm (\$2 B)
 - HEDIS and CAHPS rates compared to national benchmarks
 - Provider capacity by County
 - MHP placement into “bands” to receive % of membership assignments each quarter; band 4 receives 0

Michigan Medicaid Managed Care Approach to Quality Improvement and Program Development

Population Health Program Development

- Population Health Improvement
- ED Utilization
- Health Equity
- Community Collaboration
- Methodology
 - Baseline Analysis
 - Intervention Proposal
 - Implementation
 - Interim and Final Reporting

Recent Changes to Michigan Medicaid Managed Care Quality Improvement and Program Development

- Addition of Alternative Payment Models (APM) Program
 - Objectives:
 1. Increase expenditures in shared savings/risk
 2. Improve quality of care for Medicaid beneficiaries
 3. Enhance consistency in measures for providers
 - Strategic and implementation plans
 - Regional measures

Recent Changes to Michigan Medicaid Managed Care Quality Improvement and Program Development

- Establishment of Quality Measures Data Workgroup
 - Pull claims-based HEDIS measures from data warehouse using rules engine
 - Provide member-level data that make up MHP performance rates
 - MHPs review and report data discrepancies
 - Changes as needed to improve accuracy of performance rates calculated out of warehouse

Recent Changes to Michigan Medicaid Managed Care Quality Improvement and Program Development

- Addition of Health Equity Measures pulled from Medicaid data warehouse
 - Based on trends in racial disparities since 2012 Medicaid Health Equity Report
 - Claims-based HEDIS specifications
 - Stratified by region, race/ethnicity
 - Publication in quarterly PMR
 - Assigned to MHPs in capitation withhold
 - Scored based on reducing disparity between white and African American performance rates

Recent Changes to Michigan Medicaid Managed Care Quality Improvement and Program Development

- Addition/refinement of Measures beyond HEDIS pulled from Medicaid data warehouse
 - CMS Core Set measures
 - Prevention Quality Indicators (PQIs)
 - Michigan-specific measures (dental)
 - Behavioral/physical health integration measures
 - Leverage Quality Measure Data Workgroup to continue validating data

Recent Changes to Michigan Medicaid Managed Care Quality Improvement and Program Development

- Consolidation of Population Health Programs
 - Align population health bonus pool requirements with contract requirements
 - Shift population health improvement functionality into compliance review
 - Use bonus pool to focus population health programs on specific priorities
 - Housing Stability
 - Dental ED Utilization
 - Low Birth Weight Racial Disparity

Future Plans for Michigan Medicaid Managed Care Quality Improvement and Program Development

- Score Auto Assignment Algorithm by stratified measure performance (region, race/ethnicity)
- Leverage Quality Measure Data Workgroup to expand set of Health Equity measures
- Develop quantitative measures for population health program performance measurement

Future Plans for Michigan Medicaid Managed Care Quality Improvement and Program Development

- Set standards for CMS Core Set/PQI measures
- Use rules engine to expand set of behavioral/physical health measures
- Explore a hospital-based quality linked performance measure and incentive process