MEDICAID MANAGED CARE QUALITY STRATEGY

For over 25 years, Rhode Island Medicaid has utilized managed care as a strategy for improving access, service integration, quality and outcomes for Medicaid beneficiaries while effectively managing costs.

Rhode Island's vision, as expressed in the 2015 Reinventing Medicaid Report is for *"…a reinvented Medicaid in which our Medicaid managed care organizations (MCOs) contract with Accountable Entities (AEs), grated provider organizations that will be responsible for the total cost of care and healthcare quality and outcomes of an attributed population."*

Guiding Principles:

1. Pay for value, not volume
2. Coordinate physical, behavioral, and long-term health care
3. Rebalance the delivery system away from high-cost settings
4. Promote efficiency, transparency and flexibility

Managed Care Strategic Goals

1. **Maintain high level managed care performance on priority clinical quality measures**
2. **Improve managed care performance on priority measures that still have room for improvement**
3. **Improve perinatal outcomes**
4. **Increase coordination of services among medical, behavioral, and specialty services and providers**
5. **Promote effective management of chronic disease, including behavioral health and comorbid Conditions**
6. **Analyze trends in health disparities and design interventions to promote health equity**
7. **Empower members in their healthcare by allowing more opportunities to demonstrate a voice and choice**
8. **Reduce inappropriate utilization of high-cost settings**

How does RI monitor MCE Performance?

- **Contract Management** - All Managed Care Entity (MCE) contracts and contracts with entities participating in capitated payment programs include quality provisions and oversight activities. Contracts include requirements for quality measurement, quality improvement, and reporting. Active Contract Management is a critical tool in RI Medicaid's oversight.
- **State-level Data Collection and Monitoring** – Annually, Rhode Island collects HEDIS and other performance measure data from its MCEs and compares plan performance to national benchmarks, state program performance, and prior plan performance. RI's health plans continue to rank in the top percentile of health plans nationally.
- **Performance Improvement Projects** - Each managed care entity is required to complete at least two performance improvement projects annually in accordance with 42 CFR 438.330(d). In Rhode Island, the MCOs are contractually obligated to conduct 4 PIPs annually.
- **Annual Quality Plan**-Each MCE must submit an annual quality plan to RI Medicaid. This plan must align the RI Medicaid's goals and objectives.
- **Accreditation Compliance Audit**-the External Quality Review Organization conducts an annual audit and reports recommendations to RI.
- **Reporting Calendar-** in 2018 Rhode Island Medicaid conducted an in-depth analysis of its reporting and accountability process for routine oversight and monitoring to standardize data collection.

RI Medicaid has established specific objectives to reach its goals, as identified below. The state has aligned each of the previously noted seven core managed care goals with one or more of the following objectives:

Managed Care Objectives	Aligned with Goal #
A. Work collaboratively with MCOs, AEs, OHIC and other stakeholders to strategically review and modify measures and specifications for use in Medicaid managed care quality oversight and performance incentives. Establish consequences for declines in MCE performance.	1
B. Continue to work with MCEs and the EQRO to collect, analyze, compare and share clinical performance and member experience across MCOs and programs.	1-8
C. Create non-financial incentives such as increasing the transparency of MCE performance through public reporting of quality metrics & outcomes – both online & in person.	1,2
D. Review and potentially modify financial incentives (rewards and/or penalties) for MCO performance to benchmarks and improvements over time.	1-5
E. Work with MCOs and AEs to better track and increase timely, appropriate preventive care, screening, and follow up for maternal and child health. F. Incorporate measures related to screening in managed care via contracts and increase the use of screening to inform appropriate services.	3, 5, 6, 8
G. Increase communication and the provision of coordinated primary care and behavioral health services in the same setting for members attributed to AEs. H. Monitor and assess MCO and AE performance on measures and reports that reflect coordination including: follow up after hospitalization for mental health and data from the new care management report related to the percentage and number of care plans shared with PCPs.	4,5,8
I. Develop a chronic disease management workgroup and include state partners to promote more effective management of chronic disease, including behavioral health and co-morbid conditions.	5,8
J. Review trend for disparity-sensitive measures and design interventions to improve health equity, including working with MCOs and AEs to screen members related to social determinants of health and make referrals based on the screens. K. Share and aggregate data across all Health and Human Service agencies of Rhode Island to better address determinants of health. Develop a statewide workgroup to resolve barriers to data-sharing.	6
L. Continue to require plans to conduct CAHPS 5.0 surveys and annually share MCO CAHPs survey results with the MCAC. M. Explore future use of a statewide survey to assess member satisfaction related to AEs, such as the Clinician Group (CG-CAHPS) survey for adults and children receiving primary care services from AEs. N. Explore use of focus groups to solicit additional member input on their experiences & opportunities for improvement.	7