

Quality and Accountability in Medicaid Managed Care: Where We Stand in 2021

David Machledt



About the National Health Law Program

- National non-profit law firm committed to improving health care access, equity, and quality for underserved individuals and families
- State & Local Partners:
 - Disability rights advocates – 50 states + DC
 - Poverty & legal aid advocates – 50 states + DC
- National Partners
- Offices: CA, DC, NC
- www.healthlaw.org
- Follow us on Twitter [@NHeLP_org](https://twitter.com/NHeLP_org)
- Like us on Facebook [@NHeLPProgram](https://www.facebook.com/NHeLPProgram)



NHeLP's Equity Stance: Our Goal

Every member of our staff defends the fundamental right of all individuals to health. Staff in every role strive to approach their work—internal and external—with an equity lens.

Our goal is to continuously examine the health care system and to advocate for health laws and policies that counteract structural barriers, institutional power dynamics, and examples of overt discrimination and implicit bias that create health inequity.

<https://healthlaw.org/equity-stance/>

Overview

- Key managed care accountability tools since 2016 changes
 - External Quality Review (EQR)
 - Quality and Performance Improvement programs
 - State Quality Strategies
- Finding and Using Quality Data
- Making Health Equity Accountable

About this series

This webinar describes a series of papers that updates and expands NHeLP's 2015 [Advocates' Guide to Oversight, Transparency, and Accountability in Medicaid Managed Care](#). Companion papers include:

- [Medicaid External Quality Review: An Updated Overview](#) (Nov. 2020)
- [Finding and Analyzing Medicaid Quality Measures](#) (Jan. 2021)
- [Addressing Health Equity in Medicaid Managed Care Quality Oversight](#) (May 2021)
- State quality fact sheets: [Florida](#), [Ohio](#)
- Medicaid Managed Care: Using Sanctions to Improve Accountability (forthcoming)

What is Medicaid Managed Care?

- Nearly every state has some type of managed care
- [Seven in 10 Medicaid enrollees](#) enrolled in comprehensive capitated managed care in 2018
- Managed Care Organizations (MCOs) receive fixed per member/per month payment to cover a full benefits package.
- MCO receives same payment regardless of actual services used.

Medicaid Managed Care Regulations

- Regulations revamp finalized in 2016 (42 C.F.R. part 438)
 - Improved Beneficiary information requirements
 - Incorporated new policies for Managed Long Term Supports and Services (MLTSS)
 - Beneficiary Support System
 - New quality measure requirements
 - Stronger care coordination and seamless transitions
 - Increased transparency and accountability measures
- Many elements remain unimplemented in 2021

Key Unrealized Changes to Managed Care Quality and Accountability

- Required network adequacy standards with external validation - § 438.358(b)(iv) (pending)
- State's plan to address health disparities in State Quality Strategy - § 438.340(b)(6) (pending)
- Medicaid Quality Rating System with required quality measures - § 438.334 (pending)
- State Annual Managed Care Report - § 438.66(e) (pending)

What is External Quality Review?

- Goal: Independent validation of quality data and activities and increased public transparency
- Independent External Quality Review Organization (EQRO)
- Required activities
 - Validate performance measures
 - Validate Performance Improvement Projects (PIPs)
 - Conduct compliance review of managed care entities (every 3 yrs.)
 - Validate network adequacy (**New and still pending**)
- Various optional activities
- Enhanced federal match rate for MCO review by EQRO

EQR and Transparency

- Required Annual Technical Report publicly posted by April 30
- Often the main or only source that posts Medicaid quality measure and PIP results
- Report must include recommendations for improvement and summary of how each plan responded to prior year's recommendations

Getting Creative with EQR options

- Direct testing
 - Validating encounter data
 - Testing network adequacy (e.g. “secret shopper” surveys)
- Improving quality measurement for MLTSS
- Reporting on health disparities
 - Stratifying data by key demographics
 - Focused studies and PIPs on health equity

Finding and Using Quality Data

What's a quality measure?

- A metric used to track health system performance and quantify the quality of services received.

Structural – evaluate health system capacity, often at plan or state level

Process – track whether needed steps of health care delivery occur at the provider level.

Outcome – track the effect of a health care intervention on a patient health status or quality of life.

Locating Quality Issues

Nation

State

Plan

Provider

Provider

Locating Quality Issues

Nation

On some measures, every state performs poorly. For example, follow-up after emergency department visits for alcohol or other drug abuse occurred in only a small fraction of cases in the median reporting state (14 percent for 7-day follow-up, and 22 percent for 30-day follow-up.) This suggests broad systemic challenges or perhaps low prioritization.

Locating Quality Issues

Nation

State

Large quality differences also exist between states. Use national medians to see where your state falls, but beware of reporting differences between states.

Locating Quality Issues

Nation

State

Plan

Use EQR reports to compare plans.
Push states to set benchmarks

Locating Quality Issues

Nation

State

Plan

Provider – the level for many acute care and hospital metrics, but may not account for differences in patient mix/risk.

Finding State Results

- Federal sources
 - [Medicaid/CHIP scorecard](#) (currently 2018)
 - [Child](#) and [Adult](#) Core Measure Set chart packs
 - [Form 416 Data](#)
- State
 - Annual EQR Technical reports
 - Some states have scorecards or ratings systems (see Appendix A)
- HEDIS [Health Plan Ratings](#)
- Or just check Appendix A and Table 1 in the paper!

Creating Data Inquiries and Fact Sheets

- Look at existing data as a platform for asking questions
- National Health Law Program Fact Sheets as a model
 - [Florida](#), [Ohio](#)
- Georgetown Center for Children and Families has also profiled several states, including [Iowa](#)

What is not being measured?

What gets measured, gets attention

The HCBS Measure gap(s)

Quality Measures: What's in the works?

- HCBS Recommended Core Set
- Expansion of HCBS experience of care surveys
- Required child and behavioral health core measures (by 2024)
- Medicaid Quality Rating System (**Pending**)
- HEDIS may require stratification of a few measures by race/ethnicity in the 2022 plan year

Things to push for in quality reporting

- Data reported stratified by key demographics to track disparities
- Benchmarks, such as national averages or state-specific targets, to allow broader comparison of health plan performance
- Longitudinal data to compare performance year-over-year
- Financial accountability for performance and transparency

Accountability for Health Equity

Health Equity Imperative?

- CMS 2016 National Quality Strategy set eliminating racial and ethnic disparities as one of four foundational principles, but:
 - “Equity” and “disparity” showed up less than a handful of times in the 2016 managed care proposed rule
 - 2010 data collection provision in the ACA never went into effect
 - Few states stratify performance data by key demographics
- COVID-19 has exposed long standing and on-going gap in reporting data to identify health and health care disparities

Data Challenges

Demographic data accuracy and completeness in many public programs remains inadequate

- Legacy systems
- Questions are not mandatory
- Answers not always self-reported

Don't let the perfect be the enemy of the good

National Healthcare Quality and Disparities Report

- Produced annually by the Agency for Health Care Research & Quality (AHRQ)
- Longitudinal, but mostly nation level data
- Some state level reports, but this draws on quality data from various programs, including private insurance, Medicaid, Medicare, nursing facility quality data, and other sources

State Reporting on Health Disparities

- Some states produce annual Medicaid health disparities reports (CA, MI, MN)
- Several states did targeted PIPs aimed at reducing disparities

Building Health Equity into Quality Improvement

- Have a plan! State quality strategies must include a plan to reduce health disparities
- Demand routine and broad data stratification
- Promote intersectional analysis, such as health outcomes for Black women with disabilities.
- Hold plans and states accountable for persistent disparities

David Machledt

Machledt@healthlaw.org

Connect with National Health Law Program online:



www.healthlaw.org



[@NHeLProgram](https://www.facebook.com/NHeLProgram)



[@NHeLP_org](https://twitter.com/NHeLP_org)

WASHINGTON, DC OFFICE

1444 I Street NW, Suite 1105
Washington, DC 20005
ph: [\(202\) 289-7661](tel:(202)289-7661)

LOS ANGELES OFFICE

3701 Wilshire Blvd, Suite 750
Los Angeles, CA 90010
ph: [\(310\) 204-6010](tel:(310)204-6010)

NORTH CAROLINA OFFICE

1512 E. Franklin St., Suite 110
Chapel Hill, NC 27514
ph: [\(919\) 968-6308](tel:(919)968-6308)

6/29/2021