

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Managed Care Quality Monitoring

Health Care Financing and Policy

Cody L. Phinney, M.P.H.





Agenda

1. Quality Strategy
2. Oversight and Monitoring of Quality
 1. Measures
 2. Performance Improvement Projects
 3. Pay For Performance
 1. Managed Care Plans
 2. Providers
3. Network Adequacy
4. Procurement impact – a bit of a fresh start



Quality Strategy

- NV Medicaid Managed Care is required to have a written Quality Strategy
 - Evaluated annually and Revised not less than every three years
 - Minimum Performance Standards – as opposed to national benchmarks
 - Available at this link:
 - http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/NV2019-21_Quality%20Strategy_F1.pdf
- External Quality Review Technical Report
 - http://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Reports/NV2018-19_EQR_TR_Report_F1.pdf
 - Quality strategy progress is reported beginning on page 2-3.
 - Contains all the measures and results



Quality Strategy Goals

- Increase the use of preventative services to increase the health and wellness of recipients
- Increase the use of evidence – based services for members with chronic conditions
- Improve appropriate use of opioids
- Improve the health of mothers and newborns
- Increase the use of evidence-based services for members with behavioral health conditions
- Reduce and eliminate health disparities for Medicaid Recipients
- Increase utilization of dental services



Measures

- Measures attached to each goal
- Using National Measures – HEDIS
- Behavioral Health Measures
 - Follow-up after ED visit for mental illness
 - Follow-up after hospitalization for mental illness
 - Follow-up care for children prescribed ADHD medication
 - Initiation and engagement of abuse or dependence treatment
 - Metabolic monitoring for Children and adolescents on antipsychotic medication
 - Use of multiple concurrent antipsychotics in children and adolescents
- Measurement Issues – retired measures and COVID complications



Performance Improvement Projects

- Rapid Cycle Process: Plan – Do- Study – Act projects are aimed at a particular issue.
- Experiments – Sometimes we learn what does not work.
- When we learn what does work, we seek to implement it broadly.
- Projects in 2018- 2019 were on the following areas:
 - Follow-up After Emergency Department Visit for Mental Health Diagnosis (FUM)
 - Increase Well-Child Visits for Children 3–6 Years of Age (W34)



Pay for Performance

- Incentive to meet particular goals:
 - Children and Adolescents Access to Primary Care Practitioners—12 Months–24 Months
 - Children and Adolescents Access to Primary Care Practitioners—25 Months–6 Years
 - Children and Adolescents Access to Primary Care Practitioners—12 Years–19 Years
 - Childhood Immunization Status—Combination 10
 - Comprehensive Diabetes Care—HbA1c Testing
 - Prenatal and Postpartum Care—Timeliness of Prenatal Care
- Financing – a portion of the capitation payment is withheld (1.25%) and paid out based on the success of meeting the performance targets.
- COVID Impact: has complicated the collection of measures.
- Currently, we are seeking new measures that we can use for this in the next contract cycle and possibly next year.



Network Adequacy

- Current Standards

- Time and Distance standards for primary care, oncology, infectious diseases, endocrinology, pediatrics, rheumatology, dialysis centers, psychiatry, and psychology.
- Provider to enrollee ratios (1:1500)
- Timely access
 - Emergent: Specialist appointments (within 24 hours of referral). Emergency services in an ED 24/7.
 - Urgent: PCP (same day) Specialist appointments (within 3 calendar days)
 - Routine: PCP (within 2 weeks) Specialist appointments (within 30 days)
 - Timely access standards are placed on the MCO obtaining the appointment for the member within associated timeframes.
- Contemplating additional detail for the next contract -
 - For example – standards specific to psychiatrists
 - Stratified by recipient age bands



Re-Procurement

- Large impact on the program – something of a fresh start.
- Possible that we will have new plans enter the market.
- New plans may result in measuring new performance benchmarks.
- Critical that we measure and incentivize the right goals.
- What outcomes are most important to you?



Questions?





Contact Information

Cody L. Phinney

Deputy Administrator, DHCFP

Cphinney@dhcfp.nv.gov

775-742-9963

Theresa Carsten

Chief, Managed Care and Quality Assurance Unit

Theresa.Carsten@dhcfp.nv.gov

775-684-3655

www.dhcfp.nv.gov





Acronyms

- HEDIS – Healthcare Effectiveness Data and Information Set
- ED – Emergency Department
- ADHD – Attention Deficit/
Hyperactivity Disorder