



North Dakota Healthy Steps Quality Strategy

July 1, 2011 – June 30, 2014

I. Quality Strategy Introduction and Overview

“Healthy Steps” is North Dakota’s Children’s Health Insurance Program (CHIP). The State of North Dakota Department of Human Services Medical Services Division is required to develop and maintain a (CHIP) Quality Strategy, with requirements specified in 42 CFR 438.202. The Medical Services Division takes this opportunity to assess past and current quality efforts and build a cohesive quality strategy encompassing the division’s goals, objectives, interventions, and ongoing evaluation.

The Quality Strategy is comprehensive, systemic, and continuous. It will be amended as necessary to support the continuous quality improvement process, to reflect changes from state, federal or other regulatory authority, and to respond to any significant changes in membership or provider demographics. The purposes of the strategy include:

- Monitoring that the services provided to clients conform to professionally recognized standards of practice and code of ethics;
- Identifying and pursuing opportunities for improvements in health outcomes, accessibility, efficiency, client and provider satisfaction with care and service, safety, and equitability;
- Providing a framework for the division to guide and prioritize activities related to quality; and
- Assuring that an information system is in place to support the efforts of the quality strategy.

Mission

The Quality Strategy supports the mission of the North Dakota Department of Human Services, which is:

To provide quality, efficient and effective human services, which improve the lives of people.

The Medical Services Division will ensure that its clients receive high quality care by providing effective oversight of managed care organizations (MCOs) and other contracted entities to promote accountability and transparency for improving health outcomes. The Medical Services Division has adopted a framework of quality and strives for our clients to receive care that is:

- Safe – prevents medical errors and minimizes risk of patient harm
- Effective – evidence-based services consistently delivered to the population known to benefit from them

- Efficient – cost-effective utilization that avoids waste, including waste of equipment, supplies, ideas, and energy
- Patient-centered – respectful of and responsive to individual patient preferences, needs, and values
- Timely – medically appropriate access to care and healthcare decisions with minimal delay
- Equitable – without disparities based on gender, race, ethnicity, geography, and socioeconomic status.

Guiding Principles

The Medical Services Division's quality approach aspires to the following:

Collaborative Partnerships

To a large extent in North Dakota, the same providers deliver healthcare to patients who have public or private health insurance. Improving the quality of healthcare for Healthy Steps clients means improving the care for all North Dakota residents and requires collaboration among State Agencies, MCO's and private sector stakeholders. Quality measures alignment among CHIP, Medicaid and private health plans would promote evidence based care, simplify reporting and measurement for providers, and allow for an easier and more transparent comparison for consumers. Measures will be evidence-based and follow the technical specifications outlined by the Centers for Medicare and Medicaid Services (CMS).

Transparency

The Medical Services Division is committed to making information readily available to the public. Information about performance measures, including satisfaction, access, immunization, dental, behavioral health, etc., will be available through public reporting. In addition, the Medical Services Division will include a quality section in the North Dakota Department of Human Services annual report.

Access

Ensure and support efforts to remove any barriers to healthcare services and resources.

Cultural and Linguistic Competence

Ensure that members have access to appropriate services that are responsive and accessible to a diverse population.

Integrity

Perform responsibilities with honesty, sincerity, courtesy and the highest quality of ethical and professional conduct.

History of Managed Care

In the State of North Dakota the Medicaid program is a fee for service. The North Dakota legislature chose to implement managed care for the CHIP population. This arrangement has proved to be advantageous for the children enrolled in CHIP program.

Quality Strategy Development

The Quality Strategy Leadership Team within the Medical Services Division initiates the development of the Quality Strategy, reviews its effectiveness, and revises it accordingly. This team is a multidisciplinary group with representation from various program Administrators within the Medical Services Division. Input is also incorporated from the External Quality Review Organization (EQRO), partner government agencies, providers, clients, and advocates, all providing information useful in identifying quality activities important to the CHIP population. In forming the Quality Strategy, assessments of the previous year's quality plan, the EQRO technical report and the results from the MCO reports will be analyzed.

The Medical Services Division has the overall responsibility for the quality oversight process that governs all CHIP recipients. The Leadership Team serves as the unifying point which tracks trends and report information from MCOs and provides recommendations for improvement and corrective action.

Quality Flow Process

The Healthy Steps Administrator in the Medical Services Division receives and reviews all monitoring and quality reports from the MCO and the EQRO. Standardized reporting and review tools have been developed to allow for improved oversight and trending over time.

The Quality Strategy Leadership Team will review all findings from the reports. The Leadership Team will analyze the data received, root causes, barriers, and improvement interventions and provide feedback to the MCO. Corrective action will be requested, if needed. Findings and recommendations will be properly documented.

Semi-annually, the Leadership Team will meet collaboratively with the MCO. These meetings will allow an opportunity for dialogue, feedback, follow-up of corrective actions, and

performance improvement projects (PIPs), exchange of information, and identification of best practices.

Objectives

The Medical Services Division is focused on ensuring that clients receive high quality care that is safe, effective, efficient, patient-centered, timely, and equitable, by providing effective oversight of the health plan and to promote accountability and transparency for improving health outcomes.

Program Initiative Objectives:

- The MCO will demonstrate a 2% improvement each year for the next three years in the number of children receiving preventative dental services.
- The MCO will demonstrate a 2% improvement each year for the next three years in the number of children who are compliant with the recommended adolescent vaccinations.
- The MCO will demonstrate a 2% improvement each year for the next three years in the number of children in the third, fourth, fifth and sixth years of life that are compliant with the recommended number of well-child visits.

II. Assessment

The Medical Services Division must implement an effective Quality Improvement (QI) system that monitors, evaluates performance measurements and implements strategies to improve the quality of care delivered by healthcare providers rendering services on its behalf, regardless of setting. The Medical Services Division is also accountable for demonstrating: evidence of an internal QI system that includes governing body participation in QI activities, designated QI committee(s) with oversight and performance responsibility, and is in the development and performance review of the QI system.

The Medical Services Division has established the following strategies to monitor access, appropriateness and quality of care provided by the MCO and their network providers:

Enrollee Race, Ethnicity and Primary Language Data

Information about the race, ethnicity and primary language information of enrollees is collected by eligibility workers at local county social services offices and the state office during the Healthy Steps enrollment process. The information is self-reported by the individual on the application or redetermination form. County and state staff enter the

information into the VISION system (North Dakota's eligibility system) along with the individual's other enrollment application information.

External Quality Review

The Medical Services Division will be contracting with an External Quality Review Organization (EQRO) to perform, on an annual basis, an external, independent review of quality outcomes of timeliness, and access to, the services provided to Healthy Steps recipients, as outlined in 42 CFR 438, Subpart E.

The EQRO must meet the competency and independence requirements detailed in 42 CFR 438.354. Competency of its staff is demonstrated by experience and knowledge of: a) the CHIP program; b) managed care delivery systems; c) quality assessment and improvement methods; and d) research design and methodology, including statistical analysis. The EQRO must have sufficient resources and possess other clinical and nonclinical skills to perform the EQR activities and oversee the work. To maintain its independence, the EQRO must be governed by a board whose members are not government employees; and must not: a) review an MCO if the EQRO or the MCO exerts control over the other as evidenced by stock ownership, stock options, voting trusts, common management, and contractual relationships; b) furnish health care services to Medicaid recipients; c) perform Medicaid managed care program operations related to the oversight of the quality of the MCO on the State's behalf, except for the activities specified in 42 CFR 438.358; or d) have a financial relationship with the MCO that it will review.

The EQRO is responsible to perform mandatory and optional activities as described in 42 CFR 438.358. Mandatory activities for each MCO include: a) validation of performance improvement projects; b) validation of performance measures reported as required by the State of North Dakota; and c) a review, conducted within the previous three year period, to determine compliance with standards established by the State with regards to access to care, structure and operations, and quality measurement and improvement. Optional activities as required by the State of North Dakota include the provision of technical assistance to the MCO to assist in conducting activities related to the EQR activities.

For the EQR activities conducted, the EQRO will submit an annual detailed technical report that describes data aggregation and analysis, and the conclusions that were drawn regarding the quality, timeliness, and access to the care furnished by the MCO. The report will also include: a) an assessment of the MCO's strengths and opportunities for improvement; b) recommendations for improving quality of health care; c) comparative information about the MCO; and d) an evaluation of how effectively the MCO addressed the improvement recommendations made by the EQRO the prior year.

The EQR results and technical reports will be reviewed by the Quality Strategy Leadership Team. The team will analyze the information and make recommendations for corrective actions, quality improvement and system changes to the MCO and will monitor MCO compliance to corrective actions. The Quality Strategy Leadership Team will provide oversight of implementation of quality recommendations and will review and revise the Quality Strategy accordingly.

Clinical Standard and Guidelines

The Medical Services Division uses clinical guidelines to guide its policy development. Guidelines are adapted or adopted from national professional organizations, such as the Centers for Disease Control/American committee on Immunization Practices from immunization recommendations, the American Academy of Pediatrics/Bright Futures for Early Periodic Screening Diagnosis and Treatment (EPSDT) periodicity of screening and diagnostic testing, and the American Academy of Pediatric Dentistry. The State and the MCO will use the CHIPRA Initial Core Set Technical Specifications Manual 2011 to pull all data.

Performance Measures

Since CMS, in consultation with the States, has not mandated specific performance measures and topics for performance improvement projects (PIPs), the Medical Services Division has identified a set of performance measures and PIP topics that address a range of priority issues for CHIP recipients. The measures have been identified through a process of analysis and trending data with the CHIP population, from MCO reports.

Regulatory Requirements and Contract Compliance

Contract provisions established for the North Dakota Healthy Steps managed care plan incorporate specific standards for the elements outlined in 42 CFR 438.204: access to care, structure and operations, and quality measurement and improvement. Plans are responsible for communicating established standards to network providers, monitoring provider compliance and enforcing corrective actions, as needed.

Access to care

The Provider Contractors and Education Consultants meet regularly with the large health systems as well as new clinics. And, our Member Services area alerts them to any reported issues by members. As issues arise, the MCO follows-up with the providers to provide the necessary education.

Provider Directory

Upon enrollment each member will receive provider directories for health, dental and vision services. In addition, the member can go to the MCO's website and obtain a list of participating providers. Enrollees may request and obtain a provider directory at anytime.

Member Handbook

Every two years, the MCO must submit to the Medical Services Division the member handbook for approval or, as needed, in order to comply with all Federal and State regulations. Upon enrollment, the MCO will mail the handbook on health, dental and vision, to each member. The members will also receive ID cards for the plans, a welcome letter, and a book entitled, "Taking Care of Your Child".

At a minimum, the enrollee handbook must include the following information: a) member services contact information; b) enrollee services; c) emergency services; and d) appeals process.

Consumer Satisfaction Survey

The MCO administers and analyzes the Consumer Satisfaction Survey each year. The survey is distributed annually to all families that have at least one child enrolled in the Healthy Steps plan. Survey results are compiled by the MCO and a final report is sent to the State.

MCO Report Card

Annually, the MCO is required to compile a report card comparing the performance on selected measures. These measures will be also be reported annually by the Medical Services Division to CMS.

Health Information Technology

Data collection systems, such as registries, pay-for-performance tracking, profiling systems, electronic record information exchanges, regional Health Information Technology (HIT) collaborative activities, and telemedicine initiatives largely occur at the health plan level.

The Medical Services Division will continue to be a collaborative partner with the MCO and with providers and stakeholder groups to develop policies that support the adoption of HIT and health information exchange solutions to improve access and health care quality.

III. Improvement

Interventions for improvement of quality activities are varied and based on the review and analyses of results from each monitoring activity. As results from assessment activities are produced, it is likely that the Medical Services Division will be able to further and more clearly define interventions for quality improvement as well as progress towards objectives.

State Agency Collaboration

The Medical Services Division is in regular communication with other divisions and programs within the North Dakota Department of Human Services as well as the Department of Health. These include the Oral Health program, the Mental Health and Substance Abuse Division, the Maternal and Child Health Programs, and the Developmental Disabilities Division, among others. The MCO performance on measures may trigger discussion to collaborate on assisting the MCO in improving their performance. These programs often work together on common issues, such as early screening and intervention, mental health and access to dental care.

Performance Measure Validation

Performance measures will be tracked and trended. The information will be used to focus future quality activities and direct interventions for existing quality activities. If the MCO is performing poorly in certain performance measures, they are expected to conduct root cause analyses and causal barrier analyses to identify appropriate interventions. The EQRO, in the review of the performance measures, may offer recommendations for improvements to the MCO and provide follow-ups to make sure that these recommendations are implemented.

Performance Improvement Projects

A PIP is intended to improve the care, services, or member outcomes in a focus area(s) of study. The Medical Services Division selects certain PIP topics to be performed by the MCO. The current mandatory PIP topics for the MCO are focused on children's utilization of preventative dental services, adolescent immunization services, and children's well-child checks.

For each PIP, the MCO will submit baseline data to the State along with a complete description of the methodology used to pull the data, background information on the topic, timeframes, any barriers identified and interventions taken. All PIP(s) will be measured at least annually.

IV. Review of Quality Strategy

Performance Assessment

The Medical Services Division will implement the following ongoing review and updating process to assure timely release of Quality Strategy updates whenever appropriate:

- Each year, when the annual EQR report is released, the Medical Services Division will schedule a management discussion of any EQRO findings and recommendations related to the current Quality Strategy within 60 days of the report's release. Any action items that result from this meeting will be shared with the EQRO and tracked by Medical Services Division staff.
- The EQRO will report on the results of any action items related to the Quality Strategy in the following year's report until such time that the Quality Strategy is again updated.
- Every three years, the Medical Services Division will coordinate a comprehensive review and updating of the Quality Strategy.

Frequency of Reporting

As described above, the Medical Services Division is establishing an annual review of any findings and recommendations related to the Quality Strategy that are included in the EQRO's annual report. This annual review process will include tracking and follow up on any recommended action items. In addition, every three years the Medical Services Division will conduct a comprehensive review of the Quality Strategy and release an updated strategy.

Strategy Effectiveness

In preparing the annual report, which includes an evaluation of the Medical Services Division implementation of its most recent Quality Strategy, the EQRO considers the following documentation:

- Plans annual HEDIS scores (reported to State in July)
- Plans PIP proposals and annual status reports (reported periodically throughout each year as determined by each PIP's schedule)
- Plans CAHPS survey results each year when the survey is administered (survey is administered annually)
- Other relevant documentation

These documents and activities each have specific schedules and performance targets, which are discussed throughout this document.

To periodically update the Quality Strategy document, the Medical Services Division will convene a workgroup representing all program areas and also include the EQRO, as appropriate.

V. Achievements and Opportunities

Achievements

Drafting the Quality Strategy has allowed the Medical Services Division to think strategically about quality data and management intervention activities. This is the first time that the Medical Services Division has a cohesive Quality Strategy that can guide monitoring and intervention activities for the MCO and programs. The plan will regularly guide reviewers and recommend corrective action/follow-up, additionally, it will, guide the Leadership Team, which will be an important step to ensuring the implementation of quality activities.

The Medical Services Division continues to promote and support ongoing efforts of transparency and sharing. There has also been significant improvement in the collaboration between the Medical Services Division and the MCO as well as between the Medical Services Division and other programs on quality activities. The plan to institute formal quality strategies on a regular basis will strengthen these collaborations and assure a forum for dialogue, review of interim results, follow-up of corrective action, sharing of best practices, and identification of systems changes.

Challenges and Future Plans

Since this Quality Strategy is in the beginning stages of development and implementation, there will be modifications to the process at various stages of implementation. It will be important to continuously assess and revise the quality process to ensure the successful implementation of the Quality Strategy. In addition, performance measures and targets will be continuously evaluated to ensure that the measures meet appropriate populations and domains of care. Plans for the future include the establishment of performance measures and improvement activities for Medicaid children.

The Medical Services Division has had no standardization amongst programs, with each program implementing its own quality activities and forming silos within the Medical Services Division. The Quality Strategy will focus on quality activities for the whole division, informed from analyses of previous performance data and input from a variety of sources, breaking down barriers to promote quality efforts within the Medical Services Division.

With the Quality Strategy, the Medical Services Division will ensure the implementation of quality improvement process from reporting to systems improvement.