



# AHCCCS Quality Strategy

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Jakenna L. Lebsock, MPA

Clinical Administrator

Arizona Health Care Cost Containment System



# Overview

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- Purpose of the Quality Strategy
- Federal Requirements
- Stakeholder Engagement
- Strategy Development Process
- Project Timeline
- Strategy Content
- Recommendations and Feedback

# Purpose of the Quality Strategy

- A coordinated, comprehensive, and proactive approach to drive quality throughout the AHCCCS system
- Promotes utilization of creative initiatives, monitoring, assessment, and outcome-based performance improvement
- Outlines expectations around quality of services received; focus on meeting/exceeding standards related to access to care and quality of care/services

# Quality Strategy Regulation

- Required of states with Managed Care delivery system
- In accordance with 42 CFR 438.340 – Managed Care State Quality Strategy
- Update to the previous Quality Strategy
  - Annual Review
  - Comprehensive update at least every three years going forward

# Federal Regulation Requirements

- State-defined network adequacy and availability of services standards for MCOs
  - Including examples of evidence-based clinical practice guidelines
- State goals and objectives for continuous quality improvement
  - Must include all populations in the State served by MCOs
- Detailed description of quality metrics and performance targets, some of which must be published to the State's website at least annually

# Federal Regulation Requirements

- Performance Improvement Projects including interventions being proposed to improve access, quality or timeliness of care
- Arrangements for annual, external independent reviews (External Quality Review process)
- Transition of Care Policy overview
- Plan to identify, evaluate, and reduce health disparities based on age, race, ethnicity, sex, primary language, and disability status; this information must be provided to the MCOs

# Federal Regulation Requirements

- Descriptions of use of appropriate intermediate sanctions with MCOs
- Mechanisms to how individuals in need of long-term supports and services (LTSS or LTC in Arizona) are identified
- How the State ensures there is not a duplication of effort related to External Quality Review activities
- The State's definition of "significant change" as it related to the Quality Strategy

# Stakeholder Engagement Requirements

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In drafting or revising the Quality Strategy, the State must:

- Make the Strategy available for Public Comment
- Obtain input from SMAC
- Obtain input from Tribal Consultation



# Quality Strategy Review and Implementation Process

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- Cross-Agency review team including SMEs for every aspect of the plan
- Core Team Steering Committee (DHCM leadership and clinical staff)
- Will be scheduled for review every Fall post 07/01/2018
  - Will allow for time for updates and public comments if significant changes are necessary

# Quality Strategy Timeline

MILESTONES	TARGET DATES
Stakeholder Feedback	Ongoing through January 2018
Completion of Initial Draft	11/30/2017
Executive Management Review and Feedback	12/15/2017 – 1/5/2018
Complete Draft Document Finalized	1/16/2018
Posting for Public Comments	1/19/2018 – 3/16/2018
Revisions Completed Based on Public Comments	3/30/2018
Post Executive Management Review	4/4/2018-4/13/2018
Final Revisions Completed	4/19/2018
Submission to CMS	4/20/2018
Review and Incorporation of CMS Questions/Feedback	6/20/2018-6/28/2018
Online Posting	6/29/2018

# Major Highlights of the Quality Strategy



# Agency Introduction

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- Background/History of Agency as well as the Strategy
- Mission
- Vision
- Organizational Structure

# Agency Initiatives

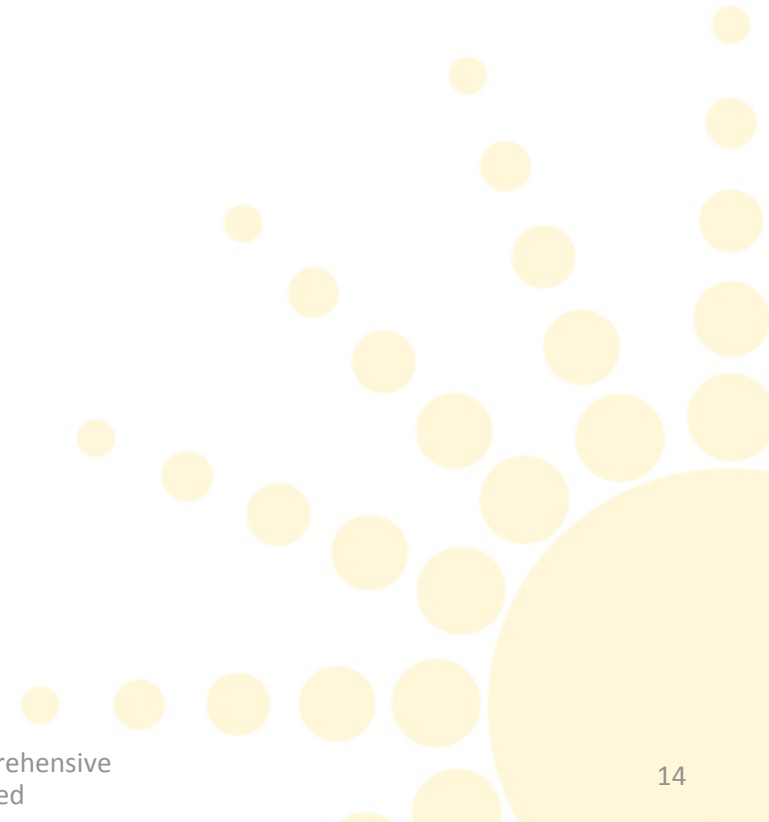
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- Autism Spectrum Disorder
- Integrated Health Care
- Opioid Crisis
- Care/Services for Children in the Foster Care System
- Justice Population (Early Reach-In)
- Commitment to Ongoing Learning

# Agency Initiatives

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- Grants
- Workforce Development
- Employment
- Housing



# Agency Efforts

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- Public Information/Transparency
- Relationship with CMS
- OIG/Quality Management Collaboration
- Technical Assistance
- Stakeholder Engagement

# Major Areas of Focus

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- Alignment with the Agency Strategic Plan
- Value-Based Purchasing
- Targeted Investment
- Quality Management (Critical Incident investigation)
- Managed Long Term Supports and Services
- Emergency Preparedness
- Centers of Excellence



# Major Areas of Focus – AI-Specific

- American Indian fluidity between FFS and Managed Care
- Integration and Ease of System Navigation
- Policy Efforts
- Care-Coordination
- American Indian Medical Home (AIMH) Model
- Data/Information Sharing

# Quality Metrics

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- Outlined in MCO contracts as well as several Agency initiatives (e.g. Targeted Investments)
- Posted to the website:  
<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/quality.html>
- Self-reported quarterly by MCOs
- Regularly reported to CMS via quarterly and annual processes as well as via the electronic reporting system and EQRO reports

# Performance Improvement Projects

- Not outlining specific topics but rather the process by which PIPs are conducted
- Language being added back in about potential for self-selected PIPs as an MCO-required activity
- Included in CMS quarterly/annual reporting as updates are available

# External Quality Review Process

- Conducted in accordance to 42 CRF 438.350, 438.52, and 438.364
- Use of CMS-designated External Quality Review Organization
- AHCCCS participates in mandatory activities:
  - Validation of Performance Measures
  - Validation of Performance Improvement Projects
  - Review of MCO compliance oversight
  - Network Adequacy (as of 07/01/2018)
- Managed through DHCM; limits duplication of effort at the MCO level

# Stakeholder Engagement



# Stakeholder Review Process

- State Medicaid Advisory Committee (10/11/17)
- AHCCCS Tribal Consultation (10/18/17)
- AHCCCS Quality Management Quarterly Committee (11/30/17)
- AHCCCS ALTCS Advisory Committee (tentative 12/07/17)
- AHCCCS Update (CEO) Meeting (Date TBD)
- AHCCCS CMO Meeting (Date TBD)
- Public Comment (Posting Date TBD)

# Feedback or Questions?



Thank you.

[Jakenna.Lebsock@azahcccs.gov](mailto:Jakenna.Lebsock@azahcccs.gov)  
602-417-4229

