

Quality Measurement and Quality Improvement						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
10.1	MDHHS should <u>develop a core set of quality metrics that are standardized across systems</u> and consistent with national standards and federal requirements, including but not limited to the State Innovation Model (SIM), and 2703 health homes.	MDHHS already currently uses a standard set of quality metrics across all Medicaid health plans that align with national standards (HEDIS) and federal requirements (CMS Core Set). The standardization is solidified by using incentive vehicles (auto assignment algorithm and bonus withhold) to ensure all MHPs use the same measures with their provider networks. HEDIS measures are reported from MHPs after being audited by a third party, and are validated by an external quality review organization (EQRO) before being published annually on the MDHHS website. The CMS Core Set measures, and stratified HEDIS measures (such as the shared metric activity described below), are pulled from the Medicaid data warehouse by Optum (the warehouse developer) using a certified rules engine (Symmetry) that is updated annually to align with current HEDIS specifications. Measures pulled from the warehouse are then vetted with MHPs to ensure accuracy and validation before use in reports and incentive calculations.	The potential for inconsistency comes at the incentive level and more likely at a regional level... Additionally, inconsistency can result at the process level; the description in Current State of using nationally and federally stewarded measures that utilize the most current measure specifications, certified data extraction algorithms, and audited calculation processes is intentional in order to distinguish from other processes currently being implemented elsewhere in MDHHS.	MDHHS will detail its plan for working across all administrations; Federal regulations require a "comprehensive quality strategy," which is inclusive of shared metrics.	10.2018	In Process
10.2	MDHHS should <u>convene a workgroup to evaluate existing performance metrics and eliminate metrics that do not align with state and national practice</u> and performance guidelines. Increased emphasis should move to measurement of outcomes from measurement of compliance.	Note: Additional detail on planning worksheet.				
10.3	MDHHS should adopt and <u>publish universally applicable standards of performance</u> (commonly known as “site review standards”) to which all providers are held accountable by a designated entity (a PIHP, CMHSP or a MHP, but not more than one).	The group noted that this issue will also be impacted by changes under the new 1115 waiver. The group noted that the waiver will build into terms and conditions that will need to be incorporated into site review standards and interpretive guidelines.  MDHHS staff recommend waiting to update the standards and guidelines until the new 1115 is approved.		1) Upon approval of the 1115 waiver, MDHHS will review current policy (e.g. reciprocity) and contract terms to clarify opportunities for improvement.  2) If opportunities for improvement are identified, MDHHS will establish plans to implement improvements (including specific tasks, assigned responsibility and timeframe for completion).  3) Finalize changes to the site review protocol (pending 115 waiver).	10/1/18 (Pending 1115 waiver)	In Process