MANAGED CARE ORGANIZATION PERFORMANCE MANAGEMENT

HEALTH PERFORMANCE ACCELERATOR by

HMA | HealthEC

THE CHALLENGE

State Medicaid agencies (SMAs) have struggled with implementing and operating managed care organization (MCO) performance management systems that take into consideration differences in program design, the number and mix of MCOs operating within their Medicaid/CHIP programs, and the number and mix of measures they should include in MCO contracts. Often the systems in use are not scalable, flexible, or supportive of modeling and reporting, not to mention labor-intensive to maintain.

THE SOLUTION

SMAs can benefit from advice related to MCO contracting and building MCO performance management systems that include a "balanced scorecard" approach, multi-dimensional views into MCO performance, and drivers of quality and efficiency. This better positions SMAs to define measures, isolate performance issues, and ascertain the root causes of said issues – these may include measures tied to value-based contracting programs. Additionally, the same framework and technology used to manage MCO performance can be deployed to support management of the performance of provider-led entities such as accountable care organizations (ACO).

Health Management Associates (HMA) has a unique combination of experience and expertise including many colleagues who were responsible for Medicaid managed care programs and have also been MCO executives. HealthEC has tailored information technology (IT) solutions that vastly improve an array of critical processes. Leveraging these powerful assets as the Health Performance Accelerator (HPA), we help clients stand up optimized MCO performance management systems and stay ahead of the changing landscape.

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KEY SERVICES

» **Development and implementation of MCO procurement** including RFP and contract design and development, proposal evaluation support, and contracting support

» **Quality assessment and performance improvement (QAPI)** program design and implementation support, including utilizing a quality rating system (QRS) to report MCO performance measures

» **Design of custom performance/quality measures to support** development of a more comprehensive, better-balanced performance management system that incorporates a wide variety of measures

» **Performance management information system design** and procurement support to ensure SMAs have the data management infrastructure to stand up an effective MCO performance management system

» **Data Aggregation and Universal Data Warehouse: Machine Learning (ML) and artificial intelligence (AI)- based analytics,** claims adjudication and outlier pattern recognition, and monitoring of coordination and referral program impact on cost and quality

» **MCO performance monitoring for key contract metrics; inpatient utilization, total cost of care and emergency room use tracking,** utilization, costs by major diagnostic categories (MDC), and monitoring of performance against capitation and expenditure against medical loss ratio (MLR)

» **Claims Analytics: Track expenditures against budget, previous year and by MDC; identify provider or supplier outliers by unit cost and volume; monitor adjudication against fee schedules; track network adequacy and efficiency tracking**

» **Quality Reporting: Including more than 500 industry-certified quality measures; benchmarked dashboards for the state by program; HEDIS and Star measure compliance monitoring by agency and MCO; analytics on statewide performance and monitor performance by disease and domains; opioid and medication therapy management (MTM) modules; Social determinants of health (SDOH) data aggregation**

» **Custom measure analysis and development with capability as performing as a Qualified Clinical Data Registry (QCDR)**

PROVEN RESULTS

Our tailored consulting and advisory services and customizable analytics platforms have positioned an array of clients to succeed.

OUR WORK INCLUDES:

Health Plan

HMA provided strategic planning and process redesign support using the utilization management process of revaluation and redesign. During the process, the team reviewed current policies and procedures, workflows, and audit findings to assess the medical management organization and structure. Upon completion of the project, the health plan was well positioned for the state's whole-person care and health home pilots.

Managed Care Plan

After a full assessment of the client's behavioral health service delivery model along with the plan's population and utilization, HMA developed a gap analysis and recommended approaches to redesign the plan's approach. The recommendations included a redesign of the approach to delivering behavioral health services to members. In addition, HMA helped the plan deliver more effective behavioral health services and prepare for growth in the expansion of a children's program.

Health Plan

HMA was engaged to address External Quality Review Organization (EQRO) findings and provide rapid-cycle interventions for the client. The work included developing policies and procedures to address the findings in multiple operational areas including encounter data management, complaints and grievances, critical incident management, and provider directory management. HMA evaluated care management system alternatives and developed a staffing model for the health plan's clinical operations department as well as behavioral health assessment tools. With the support HMA provided, the plan was able to address the External Quality Review Organization (EQRO) findings and retain its state Medicaid contract.

Three Comprehensive Accountable Entities (CAEs)

A Medicaid accountable care organization (ACO) engaged HMA to assess their methodologies and performance including examining risk adjustment, attribution, baseline, and performance calculations. The report created by HMA was shared with the state to advocate for modifications in contracting methodologies. By completing this process, HMA was able to help position the client, and other Medicaid ACOs, to succeed through contract changes and performance improvement.

State Medicaid Program

HealthEC stood up a comprehensive universal data warehouse in less than six months including analytical and care management modules. In addition to supporting a decision support system, the solution provided relevant MCO analysis and reporting on performance (utilization/cost), key performance indicators, and quality measures that delivered cost saving insights to the program. These outputs are equally relevant to MCOs interested in driving efficiencies, measuring care outcomes, and influencing contacting. Project highlights included:

» Aggregation of 10 years of claims data and various clinical data sources including the regional health information exchange

» Supporting analysis of both fee-for-service Medicaid and individual MCO attributed populations

» Tracking performance measures annually for Health Homes 1 & 2

» Enhanced care coordination for beneficiaries on the MY Health GPS program

» Return on investment for the HealthEC investment was achieved in less than 12 months

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Health Performance Accelerator
by HMA and HealthEC:
Consulting services you can trust –
IT solutions you can count on.