

Call to Action for Quality in Medicaid

Medicaid presents tremendous opportunities to demonstrate the business case for improving health care quality. Of the more than 55 million people served by the program, adults with disabilities and chronic conditions represent only one quarter of the population, yet consume nearly 70 percent of Medicaid's resources. By shifting the focus from managing the costs to managing the care of this population, Medicaid can reap long-term value in improved health outcomes and reduced costs. This approach can ensure greater value for every Medicaid dollar spent, while providing the highest quality health care for those who need it most.

The Center for Health Care Strategies (CHCS) is working with states, managed care organizations, and providers to develop innovations to improve care for people with complex

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health needs. After a decade of working with national Medicaid leaders, CHCS has identified eight action steps that are critical to building the infrastructure for comprehensive care. By implementing these eight action steps, states and

health plans can improve health services and outcomes, reduce unnecessary utilization, and lower costs within the Medicaid program. All of these action steps need to be in place for meaningful and sustainable system-wide improvement.

Eight Action Steps for Medicaid Quality

1. Endorse evidence-based practices to guide appropriate care.
2. Adopt standardized process and outcome measures.
3. Support innovative health information technology to inform quality decisions.
4. Promote continuous quality improvement for states, plans, and provider practices.
5. Implement pay-for-performance strategies to reward improvements in care.
6. Build multidisciplinary care management approaches.
7. Integrate acute, long-term, and behavioral health services.
8. Engage consumers in managing their own care.

Turn the page for brief examples from innovative states and health plans that have applied these quality action steps.

MEDICAID QUALITY ACTION STEP	EXAMPLES
EVIDENCE-BASED PRACTICES	New York is implementing standardized asthma guidelines. Indiana adopted standardized guidelines for select chronic conditions.
STANDARDIZED MEASURES	Rhode Island developed a set of 31 measures to consistently track and reward plan performance. California designed its Dashboard Report to provide an “at-a-glance” view of targeted performance measures.
HEALTH INFORMATION TECHNOLOGY	Indiana Medicaid developed an electronic patient data registry for the state’s chronic disease management program. Numerous health plans are using asthma and diabetes registries.
CONTINUOUS QUALITY IMPROVEMENT	Many states, e.g. Wisconsin and California, are working with health plans to implement and track quality efforts. Numerous Medicaid health plans, like CareOregon and Molina Healthcare of Michigan, have adopted CHCS’ quality framework to standardize ongoing quality improvement processes.
PAY FOR PERFORMANCE	New York is distributing up to \$13 million to plans through its incentive program. Seven plans in California are paying a provider bonus to improve HEDIS well-visit rates for babies and teens. Many states, e.g., Michigan and New Mexico, are using auto-assignment to reward high-performing plans.
CARE MANAGEMENT	North Carolina’s PCCM program assigns nurse care managers to local practices to assist with chronically ill, high-risk patients. Oklahoma, Oregon, Pennsylvania, and Washington provide special/exceptional needs coordinators for consumers with chronic health care needs.
INTEGRATED CARE	Commonwealth Care Alliance in Massachusetts uses a comprehensive care coordination approach to address members' physical, behavioral, and social needs. Minnesota and Wisconsin have also established integrated acute and long-term care programs. Arizona and New York are utilizing special needs plans to virtually integrate Medicaid and Medicare services and funding.
CONSUMER ENGAGEMENT	States and plans are engaging consumers in managing their own care. Washington doubled the number of consumers using personal asthma action plans. Cash and counseling demonstration programs, e.g., in Arkansas and New Jersey, have shown that consumers can manage personal care services.