Comments for MCO Quality Strategy 2024-2027

Effective Date: July 1, 2024

Number	Date Received	Comment	Response
1	5/29/2024	What does the quality strategy document mean for MCOs?	*From the CMS Toolkit:* The quality strategy is the foundational managed care tool that articulates managed care priorities, including goals and objectives for quality improvement. Additionally, States use their quality strategies to prioritize and articulate quality improvement goals in those areas where their performance can improve. *From West Virginia's Managed Care Quality Strategy 2024-2027 Section 1: Introduction and Overview:* The purpose of the BMS Managed Care Quality Strategy is to: • Serve as a tool and resource that articulates the DoHS and BMS vision for delivery of health care services. • Provide a proactive data-driven strategy for the BMS to improve health outcomes for Medicaid and WVCHIP members by strengthening quality and performance improvement. • Provide a framework for assessing and improving the quality of health care and services furnished by managed care organizations (MCOs) in accordance with 42 Code of Federal Regulation (CFR) §438.340. Required CFR elements are listed in Appendix A.

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			• Align with the Centers for Medicare & Medicaid Services (CMS) National Quality Strategy. • Serve as a roadmap for operationalizing a dynamic approach to assessing, monitoring, and improving the quality of health care provided under managed care
2	5/29/2024	Will this strategy document be referenced for consideration in determining performance withhold measures through 2027?	The Quality Withhold program is a separate program from the Quality Strategy and will be created and monitored on its own merit. The Quality Strategy document may be referenced for consideration and alignment in determining performance withhold measures.
3	5/29/2024	Will there be other potential uses for the document?	The only other potential use for this document is for internal alignment efforts.
4	5/29/2024	Referencing measures beginning on page 42, what are the implications if goals are not met?	At this point in time, there are no implications for the MCOs, if the Quality Strategy goals are not met. However, it is important to note the Quality Strategy is an expectational guide whereby we are collectively working on goals and strategies identified within our work group to continue our focus on providing and maintaining high quality health care for our members.
5	5/29/2024	How will the measures be tracked?	The BMS Office of Quality Management (OQM) is responsible for monitoring and overseeing continuous improvement of the State's two Medicaid managed care

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			programs, Mountain Health Trust (MHT) and Mountain Health Promise (MHP).
6	5/29/2024	Are the goals concurrent or consecutive for three years?	Interim goals (years 1 and 2) are not defined within the Quality Strategy. It is the expectation that the MCOs will achieve full compliance with the Year 3 targets by Year 3 (2027). For example, Goal 2.1.1's baseline is 70.57. By the completion of year 3, it is expected that the MCO will meet or exceed the 3-year target defined. In this case it is 77.56 or the 66.67th percentile.
7	5/29/2024	Referencing page 18, are there any plans in place for modifications to the state enrollment data file to better capture race and ethnicity data for all Medicaid and CHIP members to help identify and address health disparities within the demographic subset?	Currently, the topic in question is under discussion and review. No new initiatives are planned at this time, however, BMS understands the importance of stratification. As new initiatives are strategized, the MCOs will be part of the conversation surrounding operationalization.
8	5/29/2024	Page 33, In the state mandated PIPs for MHP, we suggest adding the same comment as noted in the MHT section referencing the fact that Annual Dental Visit PIP has now been retired and replaced by Lead Screening.	BMS concurs with this recommendation and has incorporated this change.
9	5/29/2024	Page 34, modification of 6.2 – the withhold program was not implemented in 2024. We suggest clarity or an update on the timeline	The Quality Withhold program is included in the SFY25 (July 1, 2024 to June 30, 2025) MCO Contract. See Comment # 2 response in Status Result above.
10	5/29/2024	Page 42, there is a reference error in the first sentence	This error has been corrected.
11	5/29/2024	Page 42, in reference to child and adolescent well-care visits – we believe the age bracket of 3-21 is an error and should be 3-11	According to the CMS Technical Specifications for the Child Core Set of quality measures, the age buckets for this measure are: 3-11; 12-17; 18-21; and Total (3-21)

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12	5/29/2024	Page 45, there is no PIP progress report due in Quarter 2 (April – June). As of the last EQR meeting in December, Q1/2 is due in November, Q3 in January, and the annual report replaces Q4. During the months of Q2 plan are preparing their annual reports which are due in July.	Appendix C; Table 10 (Implementation and Maintenance Sample Plan) has been updated to reflect the correct submission dates.
13	5/29/2024	Generally, many of the quality measures are not HEDIS measures and the MCOs will need guidance and standards on data collections that are not HEDIS-related.	Non-HEDIS Measures will be collected and compiled by OQM except for Screening for Depression and Follow Up Plan (CDF.)
14	5/29/2024	There is a lack of consistency in the table starting on page 42. Please clarify the goal strategy.	Appendix B has been updated to reflect the corrected targets. HEDIS baselines are set at the prior MY MCP Average with the three-year targets set at the 50th percentile or higher (if measure is performing well).
14	5/29/2024	The targets referenced in baseline and three-year performance are not consistent with NCQA Quality Compass National Average. Purple highlights reference current (2023) quality compass rates and Green highlights reference the NCQA current (2023) quality compass national average. Red highlights references FUM 7 day (6-17 yr. old) as target, but 30-day metrics were utilized in grid. (See attached rid pulled from the strategy document for the purple, green and red highlights.)	Appendix B has been updated to reflect the corrected targets. HEDIS baselines are set at the prior MY MCP Average with the three-year targets set at the 50th percentile or higher (if measure is performing well).
15	5/29/2024	Appendix F, pages 49-69 – we request BMS to consider updating its network standards to more closely align with other states that are more rural.	Thank you for your feedback. Changes to Network Adequacy standards are administered by the Office of Managed Care under the Bureau for Medical Services. Any proposed changes should follow the MCO Contract Review process.