Assessing MLTSS Oversight Capacity

- **Structure and Resources**
  - Staff with the right mix of skills and experience, IT, partners, eg. MCO licensing and quality of care experts, LTSS experts, EQROs, and consumer advisory groups

- **Core Functions**
  - Contract Monitoring and Performance Improvement
  - Provider Network Adequacy and Access to Services
  - Quality Assurance and Improvement
  - Member Education and Consumer Rights
  - Rate Setting

- **Management and integration of monitoring functions and information**
Classification of MLTSS Oversight Practices

- Three types of oversight practices emerged by comparing state oversight activities with federal managed care regulations
  - **Norms**: consistent with federal rules and requirements, or used by most of the experienced states
  - **Promising Practices**: go beyond federal regulations, appear to improve plan performance or beneficiary outcomes, often involve more frequent review, or require greater capacity or resources than are typical in most states.
  - **Caution Flags**: may pose a risk to beneficiaries or to achieving program goals because they involve sporadic or cursory oversight and monitoring of plan performance, or do not use incentives or apply penalties

Promising Practices

- **Contract Monitoring & Performance Improvement**
  - Automated workflow tools to ensure that MCO reports are submitted, reviewed, and acted upon appropriately
  - Audit of MCOs’ internal management processes done on-site
  - Regular contract revisions to raise performance targets
  - Incentives for MCOs that meet or exceed quality standards

- **Member Education & Consumer Rights**
  - One set of consistent Medicaid/Medicare Advantage – SNP member materials (for integrated programs)
  - Dedicated ombudsman to investigate managed LTSS member problems
  - Critical incidents monitored daily
Promising Practices

- **Provider Network Adequacy & Access to Services**
  - Medicaid agency or "mystery shoppers" verify that provider offices are open and accepting new patients
  - Telehealth services are covered in the benefit package for underserved areas

- **Quality Assurance & Improvement**
  - Electronic visit verification system is used to monitor home care services in real time
  - Dashboard of quality indicators presents a comprehensive picture of performance
  - Encounter data are used to construct quality measures and monitor performance

Link between State Oversight and Beneficiary or LTSS System Outcomes?

- **State oversight is one of many activities and factors that contribute to MCO performance, and LTSS system and beneficiary outcomes**
  - Also depends on availability and quality of care delivered by providers, beneficiary health status and health behaviors, federal and state funding, and MCO financial and marketplace incentives

- **But we found encouraging signs that state oversight can make a difference**
  - AZ – e.g. improved care for diabetics
  - AZ and TN – increased share of LTSS members who live in home & community settings (rebalancing)
Implications for States Developing New MLTSS Programs

- At least 10 states proposing to implement new MLTSS programs by January 2014
  - Lack of experience or expertise in MLTSS oversight will require more resources to develop, operate, and oversee new managed LTSS programs — build, borrow, or buy

- State Readiness Reviews — CMS, policymakers, and other stakeholders need to ensure key state oversight capacities and functions are ready to go when enrollment begins, e.g.
  - Ability to monitor LTSS provider network adequacy, development of care plans and initiation of services
  - Content and schedule of MCO data files and reports
  - Collection and reporting of encounter data

Conclusions

- MLTSS requires a greater level of oversight than “regular” Medicaid managed care because LTSS users are more vulnerable to under-service

- Experienced states offer valuable models and lessons about effective oversight practices

- Norms, promising practices and caution flags can help assess state capacity and need for improvement

- For states lacking experience running MLTSS programs, need greater attention to readiness reviews, training and technical assistance
A few caveats . . .

- Point-in-time analysis
  - State practices in flux
  - Early experience (and missteps) not systematically examined

- Need stronger evidence to demonstrate a link between promising practices and better outcomes for beneficiaries before viewing them as “best practice”
  - But their adoption and use by experienced states suggests they warrant close attention