

Managed long-term services and supports

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Developing an overarching quality enterprise

States should build synergies to support quality processes that integrate the home- and community-based services (HCBS) quality framework into broader Medicaid managed care quality requirements. This often means that state staff must become educated on the different quality models in order to build synergies and decrease redundancy in the design and implementation of the state's quality assessment and performance improvement program.

States have come to Mercer with questions and challenges such as:

"CMS is asking for a comprehensive and overarching quality strategy. How do we need to amend our existing quality strategy to meet that requirement?"

"What performance measures should we look at so we know that the program is functioning as designed?"

"Many of the enrollees are dually eligible. How does this impact performance measure calculation, benchmarking, and evaluation?"

Mercer's cross-disciplinary team has experience assisting states in these areas and more.

Ensuring state readiness for monitoring and oversight

Medicaid managed care authorities and HCBS waivers have unique quality frameworks, and while their underlying principles are the same, there are fundamental differences. These differences must be united into a comprehensive quality enterprise.

State readiness review: This process explores the state's readiness to assume management, oversight, and monitoring activities for the managed long-term services and supports (MLTSS) program. During the course of the review, technical assistance is provided to help guide the state toward best practices and opportunities to streamline and/or enhance program management and oversight functions.

Many states are looking to integrate their HCBS waivers into managed care models of service delivery. Such transitions by nature can result in significant challenges for the state in terms of oversight and monitoring.



Building the quality enterprise: The Centers for Medicare & Medicaid Services (CMS) has indicated that states should develop comprehensive quality strategies that address all aspects of the state's Medicaid program. This requires thoughtful consideration of staff resources, programmatic goals, and organizational structure. Quality isn't a static process — the iterative nature of the quality cycle necessitates continual enhancement, improvement, and development of strong infrastructure and competencies to support that evolution.

Quality assessment and performance improvement

When integrating long-term services and supports (LTSS) into managed care delivery systems, there is often interest in improving organizational efficiency at the state level. The new system should also incent rebalancing efforts while maintaining specific competencies that have been developed over time in caring for very unique and vulnerable individuals.



Performance measurement: Includes identification of metrics suitable to determine whether the program is operating as designed. Performance measures should include both lead and lag measures, providing for an early warning system as well as retrospective analysis. Establishing benchmarks or baselines to compare results, before and after MLTSS program implementation is important, as is developing integrated and meaningful performance measures which can evolve over time.

Value-based payment: Incenting the right outcomes is important and can help drive improved performance across the system. There is a wide array of opportunities to integrate MLTSS value-based payment (VBP) strategies, but choosing the right mix of measures can be an arduous and overwhelming task.

Mercer can help

States seeking to integrate HCBS waivers into managed care delivery models need to recognize and address the fundamental shift that needs to occur in order to allow for integrating HCBS concepts into managed care operating principles. These changes will significantly impact how the state develops a comprehensive and overarching quality enterprise to monitor and oversee its managed care contractors.

States may face challenges in determining how to allocate limited resources and build synergies across sister agencies, divisions, or business units for quality oversight and monitoring purposes. The unique depth and breadth within Mercer can bring the combined knowledge and experience of former CMS officials, ex-state Medicaid operational staff, credentialed actuaries, financial analysts, certified public accountants, clinicians, and data analysts.

Whether you need help with a single issue or more complex concerns, Mercer is your best choice for help with:

- Assessment of state readiness for MLTSS program implementation, including areas such as information systems readiness, beneficiary protections, quality assurance, and performance improvement
- Analysis of organizational structure to ensure the efficiency and effectiveness of new MLTSS program oversight and monitoring operations
- Technical assistance to develop a comprehensive, integrated, and overarching quality strategy
- Development, calculation, and implementation of pay-for-performance and other value-based payment approaches to incent quality outcomes for MLTSS recipients
- Outcomes-based quality/performance monitoring and dashboarding
- Using assessment data to inform weightings between quality measures and resource allocation

For more information

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