

North Carolina

[Link](#) to Medicaid Prepaid Health Plan Model Contract (not yet implemented)

Overview
<p><i>In 2015, the North Carolina General Assembly enacted legislation directing the Department of Health and Human Services to transition North Carolina Medicaid and NC Health Choice from fee-for-service to capitated, full-risk managed care program with an expected implementation date of July 1, 2021. (See Notice about NC Medicaid Managed Care.) The excerpts contained in this compendium are from the model contract incorporated in the Request from Proposal (RFP) from prepaid health plans (PHPs). The State is transitioning to a capitated full risk managed care program.</i></p> <p><i>Promoting health equity through reduction of health disparities will be a focus within North Carolina's Quality Management and Quality Improvement requirements. PHPs will identify disparities and implement interventions through their population health management programs to reduce disparities.</i></p>
Measurement and Data Analytics
<p>E. Quality and Value</p> <p>1. Quality Management and Quality Improvement</p> <p>j. Disparities Reporting and Tracking</p> <ul style="list-style-type: none">• The PHP shall report measures against a set of stratification criteria that may include, but is not limited to: race and ethnicity, geography, eligibility category, and age and gender where appropriate and feasible for many of the Quality Measures.• The PHP shall address inequalities as determined by the Department during review of the PHP's performance against disparity measures. The Department will define the disparity stratifications for each measure after Contract Award and annually thereafter.
Quality Improvement
<p>E. Quality and Value</p> <p>1. Quality Management and Quality Improvement</p> <p>.. [NC] will work with the PHP to develop a data-driven, outcomes-based continuous quality improvement process that builds upon this history and focuses on rigorous outcome measurement against relevant targets and benchmarks, promotes equity through reduction or elimination of health disparities, and appropriately rewards PHPs and, in turn, providers for advancing quality goals and health outcomes. The PHP shall have a robust Quality Management and Improvement Program that will focus on health outcomes, not only healthcare process measures, and align with the NC Medicaid Quality Strategy and Quality Assessment and Performance Improvement (QAPI) Plan.</p> <p>The Quality Management and Improvement Program Plan shall include:</p> <ul style="list-style-type: none">• Mechanisms to conduct and assess performance improvement projects (PIPs) specified by the Department;• Mechanisms to assess the quality and appropriateness of care for Members with special health care needs• Mechanisms to assess the quality and appropriateness of care provided to Members needing long-term services and supports, including assessment of care between settings and a comparison of services and supports received with those set forth in the Member's treatment/service plan;

North Carolina (Continued)	
Quality Improvement	
	<ul style="list-style-type: none"> • Mechanisms to assess and process for identifying interventions to improve quality disparities based on age, race, ethnicity, sex, primary language, and by key population group, e.g., Long term Services and Supports (LTSS); • Mechanisms to incorporate population health programs targeted to improve outcomes measures; • Mechanisms for collection and submission of all quality performance measurement data required by the Department; • Mechanisms to detect both underutilization and overutilization of services; • Mechanisms for participation in efforts by the Department to prevent, detect, and remediate; critical incidents including those required for home and community-based waiver programs; • Mechanisms to assess and address health disparities at a statewide and regional level, including findings from the disparity report that PHPs are required to develop; • A Provider Support Plan (see additional details below in Section 11); and • The PHP’s Contributions to Health-Related Resources in alignment with improvement in particular health outcomes outlined in the Quality Strategy.
ii.	Quality Assessment and Performance Improvement Plan
c)	The QAPI Plan must include the following elements: <ul style="list-style-type: none"> • Mechanisms to assess and process for identifying interventions to improve quality disparities based on age, race, ethnicity, sex, primary language, geography and by key population group (e.g., LTSS); • Mechanisms to assess and address health disparities, including findings from the disparity report that PHPs are required to develop;

Ohio

[Link](#) to Medicaid Managed Care Plan (MCP) Agreement

Overview
<p><i>Ohio’s Medicaid Managed Care Plans (MCPs) are required to identify health disparities in health care access, services and outcomes based on member demographic data. Ohio Department of Medicaid (ODM) requires MCPs to address health disparities through their quality improvement requirements, which include implementing interventions and evaluating their success. Most of the health disparities language is in Appendix K: Quality Care.</i></p>
General Language
<p>Appendix K Quality Care; k. Addressing Health Disparities</p> <p>According to the U.S. Department of Health and Human Services’ Office of Minority Health, and for the purposes of this Agreement, a health disparity is “a particular type of health difference closely linked with social or economic disadvantage.” Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health based on characteristics historically linked to discrimination or exclusion (e.g., race or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation; or geographic location).</p>