Department of Health & Human Services

DHHS
N E B R A S K A

Division of Medicaid and Long-Term Care

State of Nebraska
Pete Ricketts, Governor

Quality Management Committee
DHHS Division of Medicaid and Long-Term Care (MLTC)

MISSION

The Quality Management Committee (QMC) advises MLTC on clinical and operational quality initiatives and provides oversight of the Heritage Health quality management program.

GUIDING PRINCIPLES

❖ Heritage Health members should enjoy the highest level of care quality.
❖ Quality improvement initiatives should focus on achieving optimal clinical and operational outcomes.
❖ Quality measurement selection should reflect input from diverse sources including comprehensive operational and clinical reporting, consultations with medical experts, and feedback from members, providers, and other stakeholders.

CORE FUNCTIONS

❖ Recommend measurements and provide ongoing monitoring for a dashboard of key performance indicators to be compared against established benchmarks.
❖ Monitor Medicaid managed care organizations' (MCOs) quarterly and annual quality reports and make recommendations for improvement or enforcement.
❖ Review and recommend updates to MLTC's Quality Strategy Plan.
❖ Review results of the MCOs' performance improvement projects (PIPs) and make recommendations for improvements.
❖ Recommend topics for new PIPs.
❖ Recommend actions to improve the quality of care, access, utilization, and client satisfaction.
❖ Recommend actions to improve member satisfaction.
❖ Form subcommittees to address special quality related issues as needed.

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MEMBERSHIP

The QMC will include broad representation from medical experts, providers, patient and community advocates, managed care contractors, and State program administrators and systems and policy experts. Members, excluding those representing the State or MCOs, will serve two-year terms.

Committee Participants
❖ Participant categories will be added based on final membership list.

MEETINGS

The QMC will hold its initial meeting on June 8, 2016. Additional meetings are scheduled for:

- September 15, 2016
- December 8, 2016
- March 8, 2017
- June 7, 2017

GUIDANCE

- ❖ 2017 MLTC Quality Strategy (under development)
- ❖ Healthcare Effectiveness Data and Information Set (HEDIS) Quality Measures
- ❖ CMS (Adult and Child) Core Set of Healthcare Quality Measures
- ❖ Federal regulations 42 CFR 431, 433, 438, 440, 457 and 495
- ❖ CMS proposed rule changes for Managed Care
- ❖ National Committee for Quality Assurance (NCQA)
- ❖ External Quality Review (EQR) Technical Reports
- ❖ Nebraska Administrative Code NAC 471
- ❖ MCO's Quality Management Program, including Quality Assurance and Improvement (QAPI) Program; PIPs; Quality Performance Measurement and Evaluation; Member and Provider survey results; MCO Accreditation Requirements.