



CABINET FOR HEALTH  
AND FAMILY SERVICES

**Kentucky Department for Medicaid Services**  
***Driving Quality in Kentucky's Healthcare System***  
**Provider Forum – Fall 2024**

# Objectives

- Overview of Kentucky Department for Medicaid Services (DMS) Quality Initiatives
- Overview of the Medicaid efforts and goals on improving the quality and equity of Medicaid member's health care.
- Identify and understand the challenges of obtaining equitable quality health care

# How do YOU Measure Quality?



# Division of Quality and Population Health (DQPH)

## Division Goal:

Work together to achieve optimum, equitable health outcomes for all Kentucky Medicaid members





- Access to care/Network adequacy
- Clear agreement on evidence-based practice
- Adoption and optimization of health delivery systems including information technology
- New payment models that reward quality and value
- Health equity

# Quality Strategy Goals

- **Goal 1:** Improving enrollee health outcomes through **improved screening, recognition, and treatment retention** for individuals with behavioral health conditions.
- **Goal 2: Improve outcomes** associated with people with the chronic diseases of diabetes mellitus, hypertension, COPD, and asthma.
- **Goal 3: Increase use** of preventative services
- **Goal 4: Promote Access** to high-quality care and **reduce unnecessary spending**
- **Goal 5: Improve outcomes** for identified special populations
- **Goal 6: Improve assessment, referral, and follow-up** for social determinants of health (SDoH) among the Medicaid members in KY

**Link for Quality Strategy:** <https://www.chfs.ky.gov/agencies/dms/dpqo/mco-qb/Pages/reports.aspx>

# DQPH Quality Initiatives

- ✓ **Continuous Glucose Monitor Grant** - It aims to expand access to continuous glucose monitors (CGMs) and transform diabetes care for Medicaid beneficiaries. We are evaluating current policy and potential changes to improve access to CGMs
- ✓ **Hospital Rate Improvement Plan** - Along with our Fiscal Management Division, we are working with hospitals to be able to obtain additional funds by improving on certain quality measures, examples include evaluating social determinants of health that may lead to poorer health outcomes, preventive services, such as immunizations, decreasing readmissions to the hospital, depression and SUD screening.
- ✓ **Value Based Purchasing Program**

# Value Based Payment Program (VBP)

- VBP model will align incentives for enrollees, providers, managed care organizations (MCOs), and the Commonwealth to achieve Medicaid program goals in access, outcomes, quality of care, and savings in alignment with the 2023-2025 Medicaid Managed Care Quality
- Performance measures and related targets to be incentivized through the VBP program and the payment strategies are tied to achievement of the outcomes.
- Program started January 1, 2024



# MCO VBP Program Design

- 2% withhold from total contract value
- 6 core measures plus a bonus pool for eligible MCOs
- Achieve 3% or 4% point improvement to earn withhold dependent on the baseline
- Must earn withhold on 4 core measures and maintain performance on all core measures to be eligible for bonus pool
- Pass/Fail
- No withhold earned for missing 3% or 4% minimum improvement
- HEDIS Measures from external quality review (EQR) Reporting

# Program Development: Strategy and Goals

- Improve Kentucky's national state health ranking
- Reward plans that perform well and penalize plans that perform poorly
- Include performance targets that are realistic and achievable
- Incentivize quality outcomes (not process or operations measures)
- Consider regional or population-based goals to improve disparities
- Be operationally straightforward to oversee/manage
- Ease administrative burdens for providers to participate

# VBP Core Measures

- **HBD-Good Control (HbA1c<8):** The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was measured to be in good control during the measurement year
- **Postpartum Care (PPC) Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7-84 days after delivery.
- **Child and Adolescent Well Care Visits 3-21 years of age (WCV) sum of stratifications (total):** The percentage of members 3-21 years of age who had one or more well-child visits with a PCP or an OB/GYN practitioner during the measurement year.
- **Childhood Immunization Status (CIS Combo 10):** The percentage of children 2 years of age who had combination 10 vaccines by their second birthday.
- **Immunization for Adolescents (IMA Combo 2):** The percentage of adolescents 13 years of age who had one-dose of meningococcal vaccine, one-dose tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and three doses of the human papillomavirus (HPV) vaccine by their 13<sup>th</sup> birthday. (HPV report only 1<sup>st</sup> year)
- **Social Need Screening and Intervention (SNS-E):** The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive. (Report only 1<sup>st</sup> year)

# Bonus Pool Measures

- **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM):** The percentage of children and adolescents 1-17 years of age with ongoing antipsychotic medication use who had metabolic testing during the year.
- **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence (FUA), Follow-Up Within 7 Days of ED Visit (Total):** The percentage of emergency department visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug abuse or dependence, who had a follow up visit within 7 days of the ED visit.
- **Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC) Counseling for Nutrition Total:** Percentage of children and adolescents 3-17 years of age who had an outpatient visit with a primary care practitioner or OB/GYN during the measurement year and had evidence of:
  - Body mass index (BMI) percentile documentation.
  - Counseling for nutrition.
  - Counseling for physical activity.
- **Breast Cancer Screening (BCS):** The percentage of women 50-74 years of age who had at least one mammogram to screen for breast cancer in the past two years.

# Challenges

- Access to care
- Provider time constraints
- Patient education levels
- Patient Language/literacy barriers
- Patient compliance
- Provider Buy-in
- Reimbursement
- Resources



# Questions?



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**Thank you!!!!!!!**

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# Improving the quality of Maternal Health

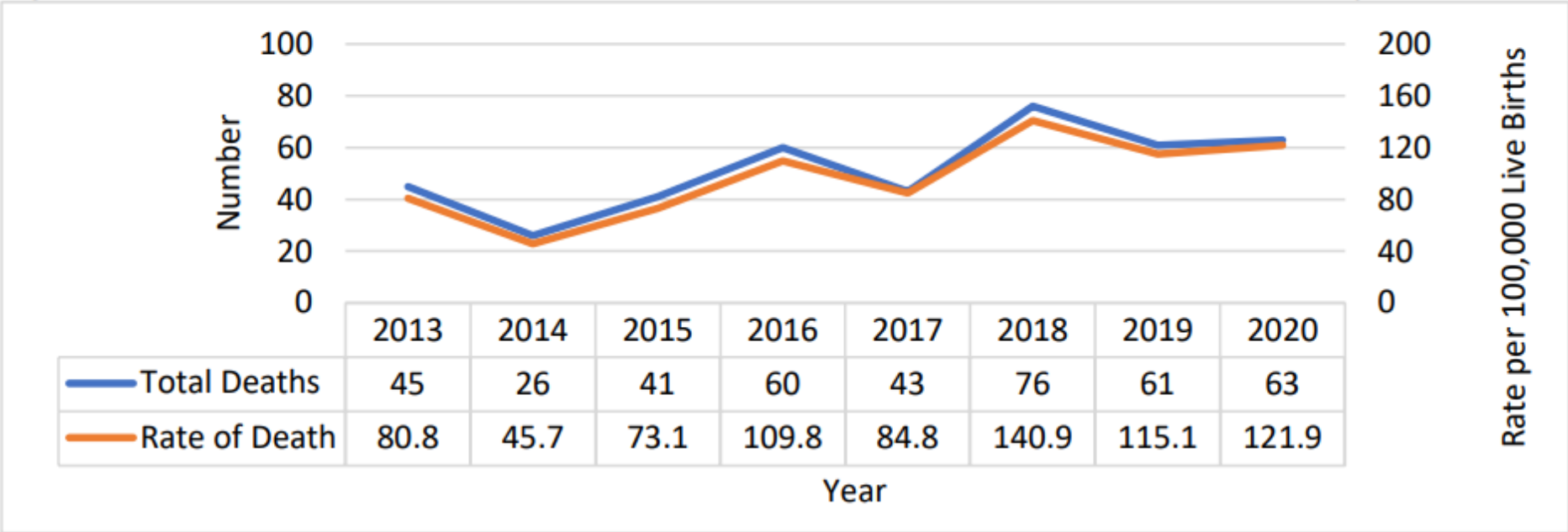
- Maternal Morbidity
- Data Collection and identifying inequities
- Congenital Syphilis
- Notification of Pregnancy Form





# Maternal Deaths in Kentucky

**Figure 1: Total Number of Maternal\* Deaths and Rate of Death from All Causes; Kentucky, 2013-2020**

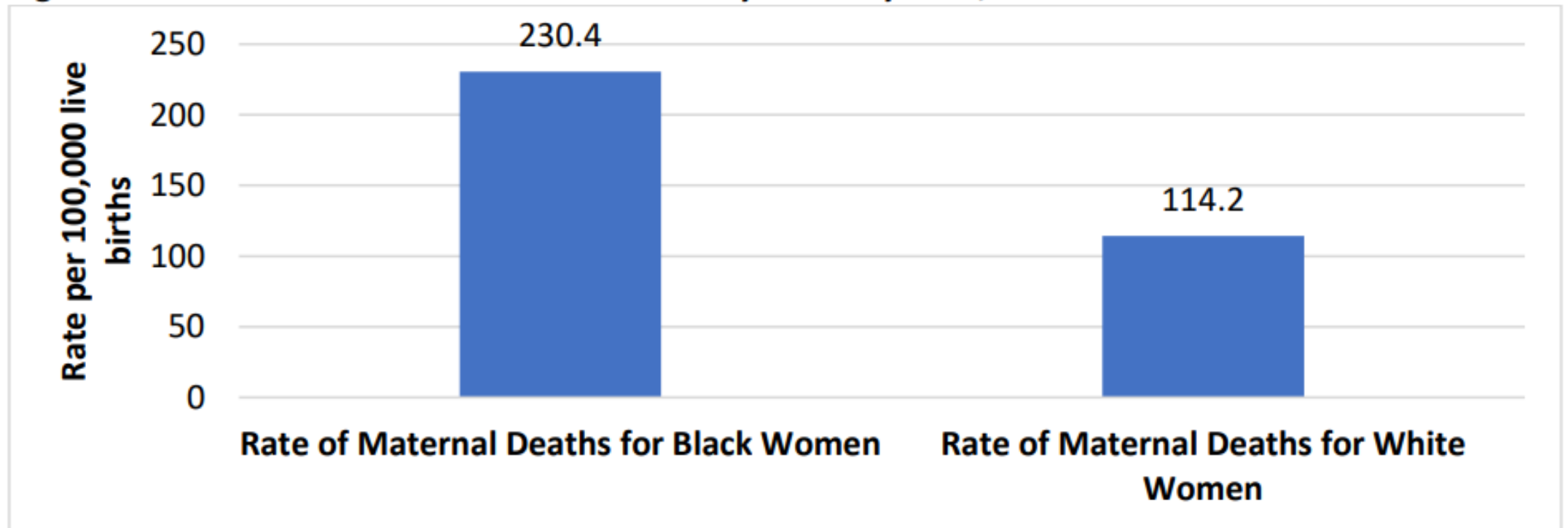


\*Maternal death is defined as any female between the ages of 15-55 that was pregnant within one year prior to death or pregnant at death and died from any cause. The 2016-2020 data is preliminary, and numbers may change.

Data Sources: KY Vital Statistics files, linked live birth, and death certificate files years 2013-2020.

# Disparities

**Figure 4: Difference in Maternal Deaths from Any Cause by Race, 2020**

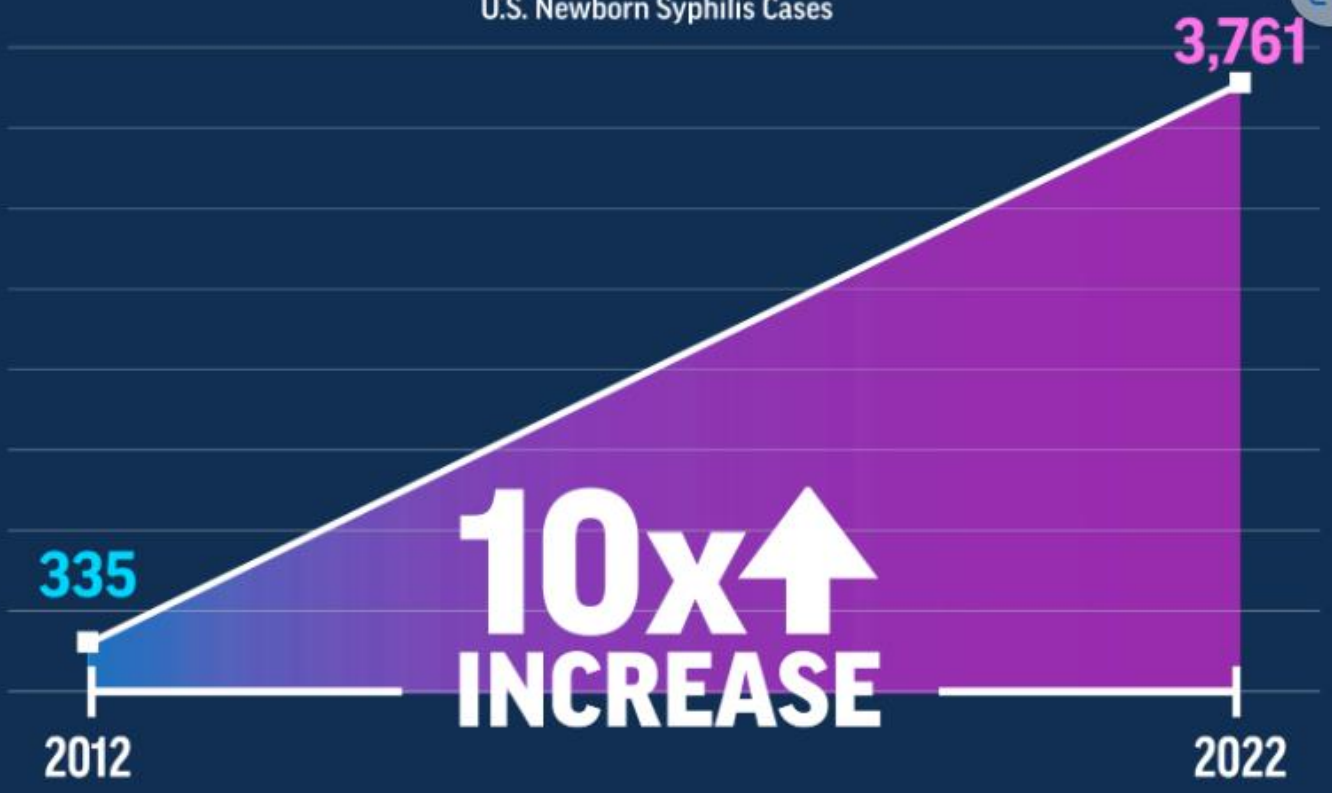


# Racial Disparities

- Kentucky's population is:
  - 87.5% White
  - 8.5% Black
- Majority of women live in the metro areas with access to hospitals with specialists
- Black mothers are more likely to die from cardiovascular issues such as hemorrhage than white
- Substance use is a primary factor in many of the deaths of white mothers
- To decrease white and black maternal deaths will require a two-pronged approach

# U.S. Newborn Syphilis Cases Surge Over 10 Years

U.S. Newborn Syphilis Cases



**Vitalsigns**<sup>CDC</sup><sup>TM</sup>

Source: November 2023 Vital Signs



CS341746

# Congenital Syphilis

## National

2012-2022

334 babies to 3761 babies

Increase of 1026%

## Kentucky

2012-2022

2 babies to 35 babies

Increase of 1650%





# Congenital Syphilis is Preventable!

If not prevented it can lead to:

- Still birth
- Premature birth
- Blindness
- Deafness
- Developmental delay
- Other lifelong effects

# Improve Quality by Screening

- Health Alert sent out 12/15/2023 asking providers to:
  - Conduct routine syphilis testing in pregnant individuals at three time points: 1) the first prenatal visit; 2) between 28-32 weeks gestation; and 3) at delivery, regardless of perceived risk and more frequently if indicated.
  - Discharge newborns only after the birthing parent's delivery syphilis test results are known. Pregnant people or infants that test positive for syphilis require immediate treatment.
  - Report suspected or confirmed syphilis or congenital syphilis cases.

# Notification of Pregnancy Form

- Started July 2024
- All Medicaid managed care organizations (MCOs) will ask their providers to complete the form when they see a new pregnant patient and return it to the MCO
- The form contains clinical and psychosocial information that can be used to identify the mother as high-risk and connect her to services
- Accessing care during pregnancy, including routine prenatal care can decrease the risk of having a baby prematurely

***A Healthier mom means a healthier baby***





# Questions?





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# Pharmacy Overview

- Kentucky moved to a single MCO pharmacy benefits manager (PBM) on July 1, 2021
  - MedImpact awarded
- MedImpact responsibilities
  - Pharmacy prior authorization review
  - Member/provider call center
  - Claims adjudication
  - Drug utilization review
  - Pharmacy provider payments
- MedImpact awarded FFS PBM contract; Effective 1/1/24

# Prior Authorization Process

- Prescribers should direct all pharmacy prior authorization requests to MedImpact
  - Electronic prior authorizations can be submitted via CoverMyMeds, SureScripts Prior Authorization Portal and CenterX
  - Telephonic prior authorization requests or inquiries should flow through MedImpact's Clinical Call Center
    - (844) 336-2676
    - 8:00am EST to 7:00pm EST/7 days a week
  - Fax prior authorization requests can be sent to the following number:
    - (858) 357-2612
  - More information can be found at:  
<https://kyportal.medimpact.com/provider-forms/provider-forms>

# Pharmacy RetroDUR Program

- Historically, RetroDUR (retrospective drug utilization review) letters were sent via paper mail to providers
- Beginning August 1, 2024, DMS/MedImpact moved all retro DUR activities to an online portal
  - Providers can access the portal by establishing a Kentucky Online Gateway (KOG) account
  - Each organization will need an individual designated as the RetroDUR Org Admin
  - For questions on this process, email [DMSPharmacy@ky.gov](mailto:DMSPharmacy@ky.gov)

# RetroDUR Online Portal Topics

- Current Topics
  - Children with Antipsychotics
  - ADHD Stimulants for Children under 6
- Upcoming Topics
  - HPV Vaccines
    - Identify members aged 9-14 years old who have less than two HPV vaccines in history
  - Consistent benzodiazepine use in generalized anxiety disorder (GAD) and panic disorder (PD)
    - Identify members who have a diagnosis of GAD or PD, and had at least 60 days of anxiolytic benzodiazepine prescriptions within the past quarter but without a first-line agent for GAD/PD

# GLP-1 Prescribing

- Requests must be for members with a valid diabetes diagnosis
  - Confirmed by documented ICD-10 or Hgb A1c
- Pharmacy claims and provider documentation are subject to audit by the Commonwealth
- GLP-1's FDA approved for diabetes should not be prescribed for weight loss
  - Kentucky Medicaid currently does not cover drugs for the treatment of obesity
- Non-preferred drugs require a trial of at least 2 preferred agents for a 3-month period



# Addressing Polypharmacy in Long Term Care

- Polypharmacy is often defined as the use of 5 or more medications concurrently for one patient and the negative effects outweigh the benefits.
  - Adverse drug events
  - Drug-drug interactions
  - Medication errors
  - Geriatric syndromes (i.e., falls, confusion, incontinence)

# Kentucky Medicaid Polypharmacy Initiative

- Aim to improve the lives of Kentucky long-term care residents by promoting awareness of deprescribing and medication optimization.
- Educational initiative targeted toward long-term care prescribers, administrators, and consultant pharmacists
  - Discuss best practices for deprescribing and medication optimization

# Questions



THANK  
YOU!

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# Preventive Service Reminder

