

NC Department of Health and Human Services

Medicaid Research Initiative ("MAST")

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Agenda

- Welcome
 - -This webinar is being recorded
- Overview of the Program
- Research Priorities
- Process
- Q&A

Vision

High-quality, data-driven, timely actionable analysis and policy recommendations for NC Medicaid





Parameters

- Short-term analyses using Medicaid claims data (limited dataset)
- Up to \$68,000 per project
- Deliverables:
 - Executive summary
 - Report with findings
 - Presentation to DHHS/Medicaid leaders
 - Analytic file

Priority Area	General Questions
Behavioral Health Integration	 What do we know about our population with co-occurring behavioral and physical health needs that can help Medicaid with current and future design (Tailored Plans in particular)?
Beneficiary Engagement	 How can Medicaid promote beneficiary engagement with seeking services at the appropriate time and setting? What methods are most effective in reaching beneficiaries?
Early Childhood	 What interventions will have the most impact on children's health? How can we measure it? Can we identify which children are most at-risk for poor health outcomes?
Long-Term Services and Supports	 What do we know about our dual and non-dual population that uses long-term services and supports that can help Medicaid with current and future design?
Medicaid Reform	 Not formal evaluation of our demonstration itself, but topics that could influence policy (e.g., network adequacy, experiences of special populations)

and their impact on health outcomes?

How do we prevent maternal mortality and morbidity?

reduction strategies from Medicaid claims data?

What upstream factors are most important for Medicaid to track and address?

What do we know about Medicaid beneficiaries' social determinants of health

What is the impact of federal/state opioid policies on opioid-related outcomes

What can we learn about prevention, treatment, mitigation, and harm

in Medicaid? NCDHHS Division of Health Benefits | Medicaid Research Initiative Webinar | October 31, 2018

Perinatal Health (Maternal and

Infant)

Social Determinants of Health

Opioids

What are the current gaps in clinical care for Medicaid patients?

associated health outcomes and costs?

Policy Area General Questions That Could Apply to Various Clinical Areas

How quickly are beneficiaries getting access to services?

How can we evaluate the comparative cost effectiveness of similar clinical services?

What is the current use of evidence-based services/treatments in a given clinical area, and what are the

What is the current treatment capacity vs. demand for a given service across the state? Where does the

How many requests are received for non-covered services, and what type of services are they? Does the

Given the myriad health behaviors to target for a certain disease/condition/population, where should

What are the most important "intervenable" risk factors for a given disease/condition? What are these

What can we learn from provider/practice behavior, and what are the implications for health outcomes

What impact have recent Medicaid policy changes had on health outcomes and costs?

analysis indicate a need to cover new services? What is the best setting/level of care for patients to receive certain services that improves health outcomes and reduces costs? **Settings** Are some settings more cost-effective than others?

demand furthest exceed capacity?

Prioritization

Predictors

Effectiveness

Access

Medicaid focus our investments and efforts to maximize health impact? What is the cost-effectiveness of different interventions aimed at preventing/treating a given condition? Can we predict which beneficiaries (or subsets of beneficiaries) are at most risk of a certain

and costs?

disease/condition?

Policy Impact What is the impact of a particular system design (e.g., case management, value-based payment)?

risk factors for special populations within Medicaid?

Integration populations to be examined would include adults and children with IDD, the elderly in nursing homes and beneficiaries who are in adult care homes, hospice and assisted living facilities. Is the use of silver diamine fluoride (SDF) to arrest early childhood caries effective in reducing the

fees) for preschool children at high risk for decay?

Perinatal Health What impact did coverage of lactation counseling have on lactation services and related outcomes? Does the delivery of earlier and more frequent oral health care for pregnant Medicaid beneficiaries (Maternal and result in better oral health outcomes for the mother and her child? Infant)

NC Medicaid administers 1915(c) waivers to provide HCBS to disabled Medicaid beneficiaries. All 100 Long-Term counties in North Carolina are designated a specific "slot allocation" to serve individuals needing HCBS **Supports &** through 1915(c) waivers. How can Medicaid develop a formula to assign waiver slots per county based on beneficiary utilization of LTSS services by dual and non-dual Medicaid beneficiaries, rather than the

Services (LTSS)

Priority Area

Behavioral Health

Early Childhood

- current formula based on number of people who are aged, blind, or disabled in a given county? What are the top 10 most utilized services across the state and are they accessible now to all Medicaid beneficiaries?
- **Managed Care** Reform
- Social **Determinants of** What is the cost-effectiveness of NEMT vs. public transportation for non-ambulatory beneficiaries? Health
 - **Opioids** utilization of substance use services? NCDHHS Division of Health Benefits | Medicaid Research Initiative Webinar | October 31, 2018

What impact has the urine drug testing policy (implemented 11/1/2017) had on beneficiary

How can we evaluate the comparative cost effectiveness of SUD interventions (OBOT vs. OPT)?

Current Research Needs

Is the use of silver diamine fluoride (SDF) effective on children and adults with special health care

number of visits to the hospital outpatient or ambulatory surgical center setting for treatment under

general anesthesia and related expenditures (dental professional, anesthesia services and facility

needs with dental decay for whom caries-related treatment must be rendered under GA? The

Guiding Principles

- Analysis should inform program administration
- Medicaid open to questions
 - Contact <u>Madhu Vulimiri</u> with questions first (contact below)
 - Does not guarantee project selection
- Don't underestimate the value of "simple" data analysis
- Caveat on opioids: SUD data excluded from limited dataset

Project Timeline

- Wednesday, Oct 31: Informational Webinar
- Monday, Nov 19: Proposals due
 - That week: Finalists selected
 - Feedback from DHB
- Friday, Dec 7: Finalist presentations at DHHS
- Mid-December Early January: Projects notified

FAQs/Reminders

- Medicaid may not award full funding in December
 - Can accept, amend, or reject proposal
- Should plan on project funds being expended (and deliverables complete) by June 30, 2019
- Direct costs should not exceed \$68,000
- Formal budget not required for proposal stage; budget justification sufficient (e.g. "\$35,000 (about 3 months) of Alice Adams, an analyst programmer")
- Programming cost: data <u>extract</u> included, but projects must budget for any <u>analysis</u>
 - Sheps has a pool of programmers that can be used, or you can use your own
- Focus should be on supporting the Medicaid program, not on "R01-type" research
- Subcontracts allowed, but PI must be permanent UNC
- Data dictionary available at http://go.unc.edu/ccqidata

Contact Information

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