

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-62-.13 Quality Assurance Committee

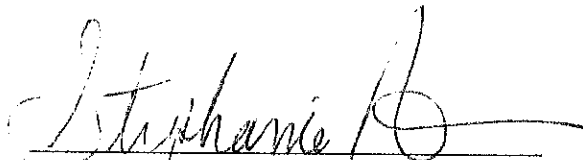
INTENDED ACTION: Add New Rule 560-X-62-.13

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being added to set forth the requirements of a quality assurance committee appointed by the Medicaid Commissioner pursuant to Code of Alabama, 1975, Section 22-6-154.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than August 4, 2014.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



Stephanie McGee Azar
Acting Commissioner

Rule No. 560-X-62-.13 Quality Assurance Committee – NEW RULE

- (1) Pursuant to Section 22-6-154 of the Alabama Code, the Medicaid Agency shall have a quality assurance committee appointed by the Medicaid Commissioner.
 - a. The members of the committee shall serve two-year terms.
 - b. At least 60 percent of the members shall be physicians who provide care to Medicaid beneficiaries served by a regional care organization.
 - c. In making appointments to the committee, the Medicaid Commissioner shall seek input from the appropriate professional associations.
 - d. The Medicaid Commissioner shall also select an alternate to each appointed committee member who shall be permitted by the Committee Chair to participate and/or vote in the event of an appointed member's absence pursuant to subsections 10(d) and 11(e) of this rule. The alternate shall be of the same profession as the absent member for whom the alternate is selected.
- (2) The committee shall identify objective outcome and quality measures, including measures of outcome and quality for ambulatory care, inpatient care, chemical dependency and mental health treatment, oral health care, and all other health services provided by regional care organizations.
- (3) Quality measures adopted by the committee shall be consistent with existing state and national quality measures.
- (4) The Medicaid Commissioner shall incorporate outcome and quality measures into regional care organization contracts to hold the organizations accountable for performance and customer satisfaction requirements.
 - a. The committee shall adopt outcome and quality measures annually and adjust the measures to reflect the following:
 - i. The amount of the global budget for a regional care organization.
 - ii. Changes in membership (RCO enrolled population) of the organization.
 - iii. The organization's costs for implementing outcome and quality measures.
 - iv. The community health assessment and the costs of the community health assessment conducted by the organization.

- (5) The Medicaid Agency shall continuously evaluate the outcome and quality measures adopted by the committee.
- (6) The Medicaid Agency shall utilize available data systems for reporting outcome and quality measures adopted by the committee and take actions to eliminate any redundant reporting or reporting of limited value.
- (7) The Medicaid Agency shall publish the information collected under this section at aggregate levels that does not disclose information otherwise protected by law. The information published shall report, by regional care organizations, all of the following:
 - a. Quality measures.
 - b. Costs.
 - c. Outcomes.
 - d. Other information, as specified by the contract between the regional care organization and the Medicaid Agency, that is necessary for the Medicaid Agency to evaluate the value of health services delivered by a regional care organization.
- (8) Except as otherwise provided in rules promulgated by the Medicaid Agency, the Medicaid Quality Assurance Committee shall not participate in the data validation or performance evaluation of regional care organizations by the Medicaid Agency.
- (9) The Medicaid Quality Assurance Committee shall select a Committee Chair and a Committee Co-Chair, who shall each reside in different regions.
- (10) The Medicaid Quality Assurance Committee shall meet at least annually to approve the regional care organization outcome and quality measure set for the upcoming calendar year.
 - a. A quorum of at least fifteen (15) Medicaid Quality Assurance Committee members (or their selected alternates) shall be required to take such action on behalf of the Committee.
 - b. The Committee shall approve or disapprove outcome and quality measures based on a simple majority vote (50 percent +1 member) of those present and eligible to vote.
 - c. If approved by the Committee Chair, a committee member may participate and/or vote in a meeting of the committee by means of telephone conference, videoconference, or similar communications equipment by

means of which all persons participating in the meeting may hear each other at the same time. Participation by such means shall constitute presence in person at a meeting for all purposes, including the establishment of a quorum.

- d. In the event that a Medicaid Quality Assurance Committee member is unable to participate in a Medicaid Quality Assurance Committee meeting, the Committee Chair shall, upon receipt of advance written, facsimile or email request from the member explaining the reason for the member's absence, permit the alternate member selected by the Medicaid Commissioner pursuant to subsection 1(d) of this rule to participate and/or vote in the member's place.

(11) The performance standards and quality measures reviewed or developed by a regional care organization's Provider Standards Committee shall be subject to the approval of the Quality Assurance Committee in accordance with Section 22-6-151 (h) and the procedures set forth in Rule No. 560-X-62-.09.

- a. No member of the Medicaid Quality Assurance Committee who also served on a provider standards committee which developed a performance standard or quality measure that is at issue shall vote or participate in the Medicaid Quality Assurance Committee's review of that performance standard or quality measure.
- b. A quorum of at least fifteen (15) Medicaid Quality Assurance Committee members (or their selected alternates) shall be required to take such action on behalf of the Committee.
- c. The Committee shall approve or disapprove outcome and quality measures based on a simple majority vote (50 percent +1 member) of those present and eligible to vote
- d. If approved by the Committee Chair, a committee member may participate in a meeting of the committee by means of telephone conference, videoconference, or similar communications equipment by means of which all persons participating in the meeting may hear each other at the same time. Participation by such means shall constitute presence in person at a meeting for all purposes, including the establishment of a quorum.
- e. In the event that a Medicaid Quality Assurance Committee member is unable to participate in a Medicaid Quality Assurance Committee meeting, the Committee Chair shall, upon receipt of advance written, facsimile or email request from the member explaining the reason for the member's absence, permit the alternate member selected by the Medicaid

Commissioner pursuant to subsection 1(d) of this rule to participate and/or vote in the member's place.

Author: Sharon Weaver, Administrator, Administrative Procedures Office.

Statutory Authority: Code of Alabama, 1975 Section 22-6-150 *et seq*; 42 CFR Part 438.

History: New Rule: Filed June 19, 2014.