

MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HealthNet DIVISION

Comparative Analysis of Quality of Care and Access to Services in MO HealthNet



Presented By:

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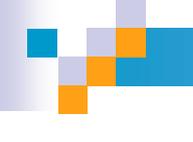


MO HealthNet GOALS

- The system must pay attention to the wellness of the individual, including health education.
- Participants must have access to chronic care management.
- MO HealthNet should provide services in the appropriate setting at the right cost.
- Care plans should emphasize the needs of the individual.
- Care should be based on evidence-based guidelines to improve quality.
- Participants should be responsible for their own health.

MANAGED CARE

- **Managed Care** – a system of health care delivery where some portion of the activities in the delivery of health care is contracted out. These contracts can be:
 - Comprehensive Risk : Managed Care Organization (MCO);
 - Partial Risk : Prepaid Inpatient Health Plan (PIHP) or Prepaid Ambulatory Health Plan (PAHP);
 - Non-Risk : Administrative Services Organization (ASO), as in the Chronic Care Improvement Program (CCIP); or
 - Primary Care Case Management (PCCM)



TOOLS TO MANAGE CARE WAIVERS/BBA

- 1915(b) – Medicaid waiver that allows the state to waive State Plan requirements for Freedom of Choice, Statewidedness, and Comparability.
- 1115 – A research and demonstration waiver that allows greater flexibility for the state to modify other requirements in the State Plan, including eligibility.
- The Balanced Budget Act of 1997 allows states to have managed care under a state plan amendment.

NATIONAL TRENDS

	MEDICAID POPULATION	MANAGED CARE	% MANAGED CARE
■ YEAR			
■ 2008	47,142,791	33,427,582	70.91%
■ 2007	45,962,271	29,463,098	64.10%
■ 2006	45,652,642	29,830,406	65.34%
■ 2005	45,392,325	28,575,585	62.95%
■ 2004	44,355,955	26,913,570	60.68%
■ 2003	42,740,719	25,262,873	59.11%
■ 2002	40,147,539	23,117,668	57.58%
■ 2001	36,562,567	20,773,813	56.82%
■ 2000	33,690,364	18,786,137	55.76%
■ 1999	31,940,188	17,756,603	55.59%



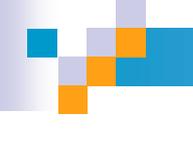
NATIONAL TRENDS (cont.)

- All but two states (Alaska and Wyoming) have some form of managed care.
- 70% enrollment figure can be deceiving. Not all of those participants are enrolled in full-risk managed care. Many states offer PCCM, ASO, or partial-risk options.



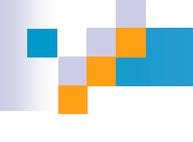
FEE-FOR-SERVICE

- Traditional method of administering the Medicaid State Plan where the state staff of the Single State Agency is responsible for provider enrollment, determining the scope of coverage and the rates of reimbursement. States may contract out certain activities such as disease management or claims processing.
- Even in instances when the state has contracted all or part of these duties under managed care, the ultimate authority for decisions and responsibility to the federal government still resides with the Single State Agency.



ADVANTAGES OF FEE-FOR-SERVICE

- Open provider network for those providers who meet state standards.
- Maximum state control over rates, services, medical necessity determinations.
- Claims data is maintained within the state MMIS system.



ADVANTAGES OF MANAGED CARE

- Budget predictability.
- Provider network is contractually obligated to meet state standards.
- Quality reporting to the state is enhanced with supplemental data (chart reviews, client satisfaction surveys) that goes beyond administrative claims data.



MEDICAID IN MISSOURI

- Single State Agency – the Department of Social Services
- Medicaid Division – MO HealthNet (fee-for-service and managed care)

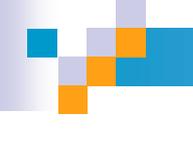
ENROLLMENT AS OF SEPTEMBER, 2009

■ Managed Care

			MO		
	Adults	Pregnant Women	HealthNet Kids	CHIP Kids	Total
■ East	27,990	7,479	150,465	19,500	205,434
West	16,493	5,427	98,333	13,759	134,012
Central	9,671	3,595	58,323	9,883	81,472
■ Total	54,154	16,501	307,121	43,142	420,918

■ Fee-For-Service

■ FFS	25,677	10,291	153,720	27,890	217,578
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TIMELINE

- September 1, 1995 – Missouri introduces MC+ in the Eastern Region.
- March 1, 1996 - Missouri introduces MC+ in the Central Region.
- November 8, 1997 - Missouri introduces MC+ in the Western Region.



MANAGED CARE QUALITY MEASURES

- Performance measurement – HEDIS (Healthcare Effectiveness Data and Information Set)
- EQRO (External Quality Review Organization)
- Accreditation by NCQA (National Committee for Quality Assurance)
- Provider Access Standards

VIEW FROM SURROUNDING STATES

STATE	Population	Median Annual Income 2006-2008	Urban/Rural Distribution 2008	% of Individuals Under 133% of FPL 2008	Unemployment Rate Sept. 2009	Medicaid Enrollment 2006	Match Rate June 2009
INDIANA	6.2M	\$48,095	72% - U 28% - R	22.7%	9.6%	1M 16% of the population	64.26% vs. ARRA Rate 74.21%
ARKANSAS	2.8M	\$40,507	64% - U 36% - R	26.6%	7.1%	754,700 27% of the population	72.81% vs. ARRA Rate 80.46%
OKLAHOMA	3.5M	\$44,154	68% - U 32% - R	25.9%	6.7%	701,300 20% of the population	65.90% vs. ARRA Rate 75.83%
MISSOURI	5.8M	\$47,139	77% - U 23% - R	23.3%	9.5%	1M 18% of the population	63.19% vs. ARRA Rate 73.27%

SOURCES:

1. KAISER FAMILY FOUNDATION STATE HEALTH FACTS.ORG
2. BUREAU OF LABOR STATISTICS
3. DEPT. OF HEALTH & HUMAN SERVICES WEBSITE

VIEW FROM SURROUNDING STATES

(cont.)

- Indiana - Moved from a mixed model of PCCM and at-risk MCOs to statewide MCOs
- Arkansas - Moved from Fee-for-Service to statewide PCCM
- Oklahoma - Moved from Fee-for-Service, to a mixed Model (MCOs and PCCM), to statewide PCCM

RESEARCH METHODOLOGY

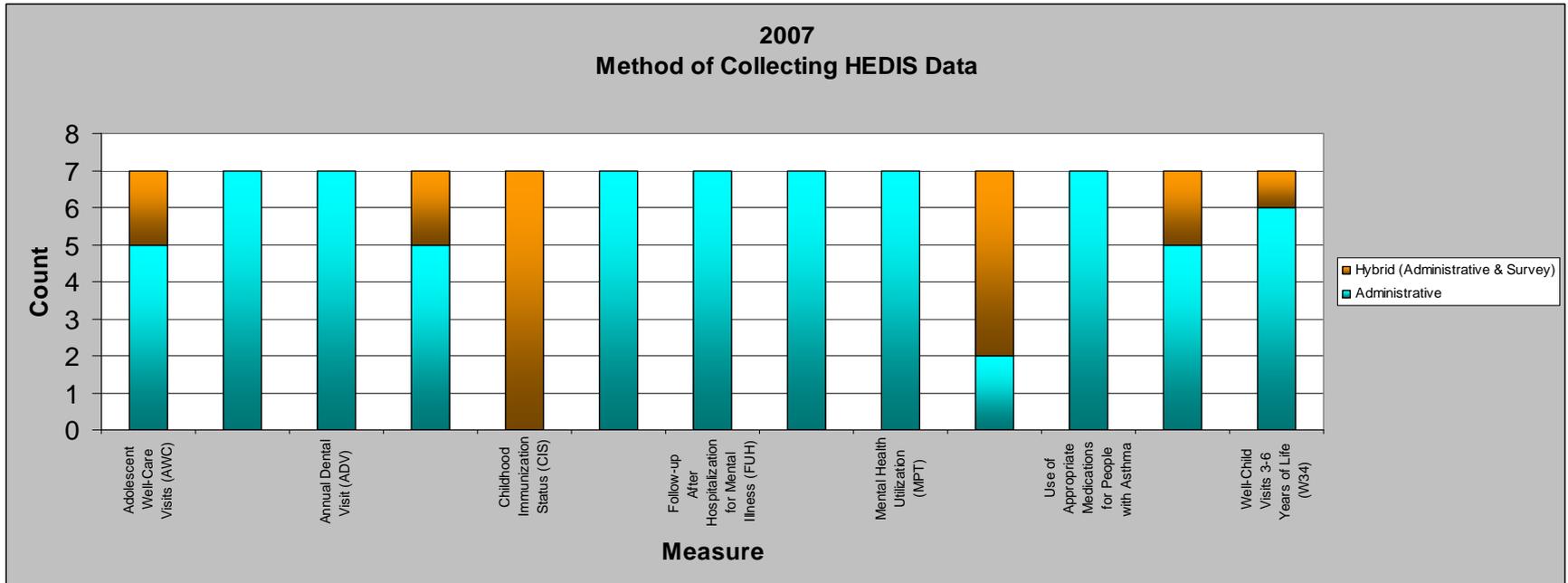
- HEDIS and HEDIS-like measures for fee-for-service developed by MO HealthNet
 - Well-Child Visits, first 15 months: 6+ visits
 - Well-Child Visits 3rd through 6th Year
 - Childhood Immunizations
 - Timeliness of Prenatal Care
 - Postpartum Care
 - Cervical Cancer Screening



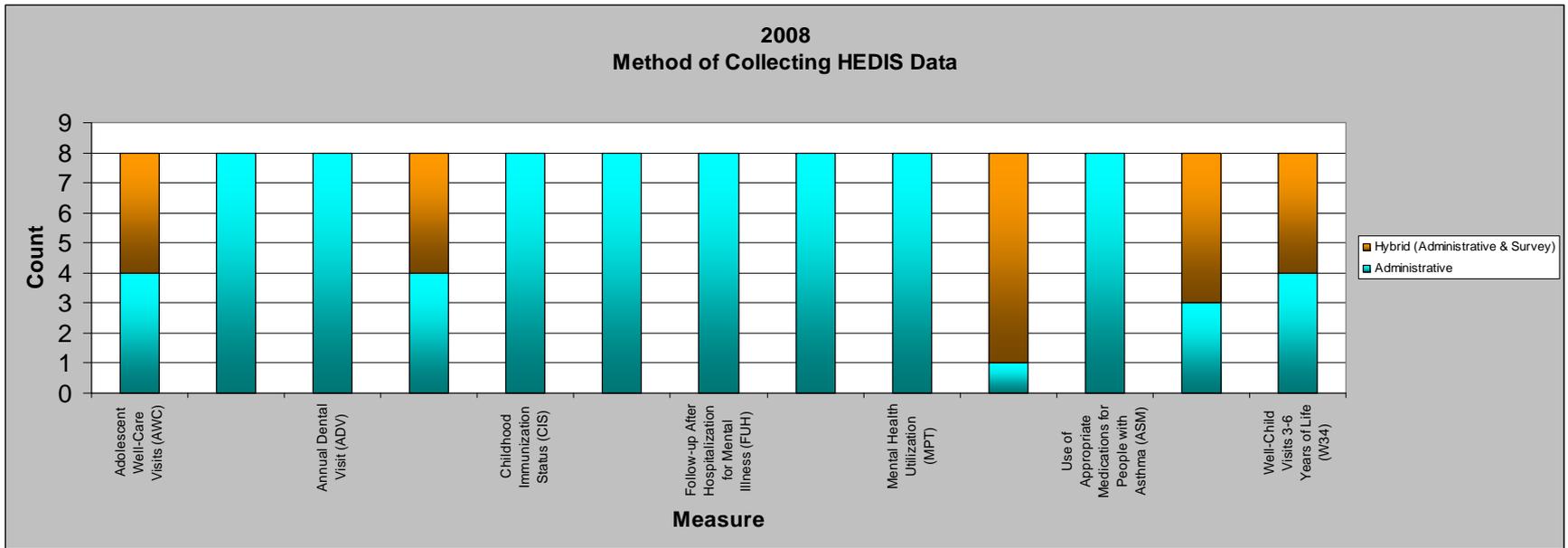
HEDIS vs. ADMINISTRATIVE DATA

- Both Fee-for-Service and Managed Care report administrative data (paid claims, encounter data)
- MCOs also report on HEDIS measures using supplemental data (i.e. sample chart reviews, surveys)

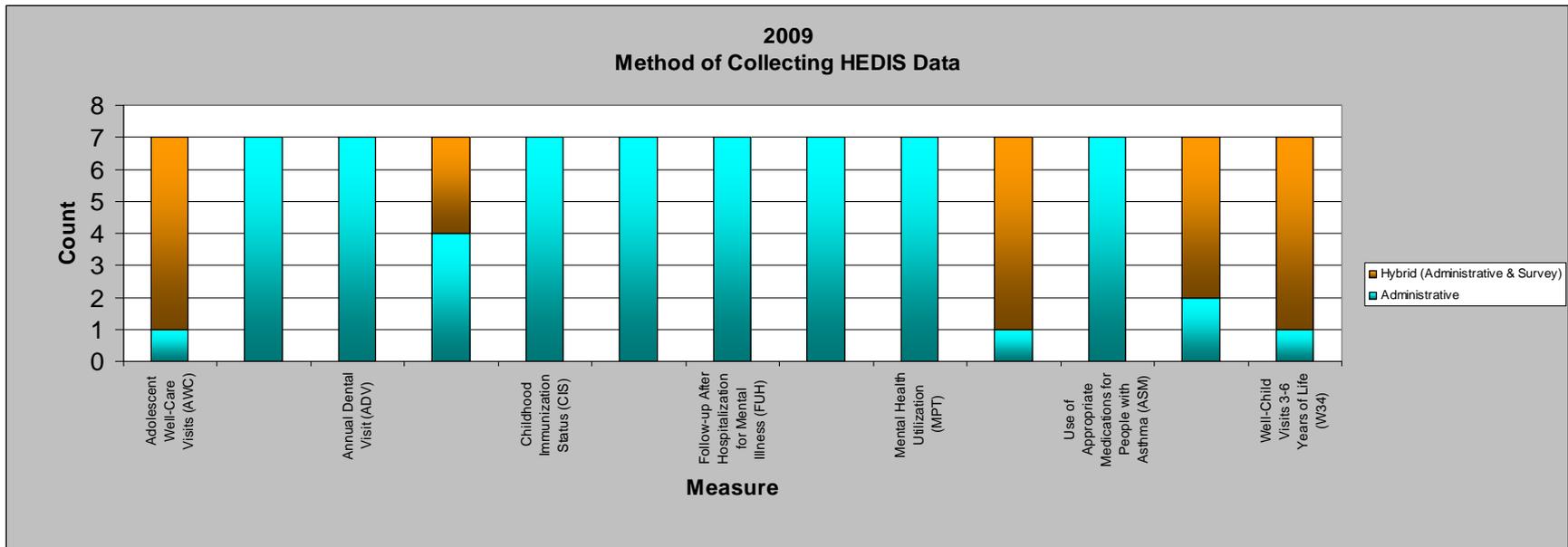
MCO HEDIS METHODS: ADMINISTRATIVE vs. HYBRID



MCO HEDIS METHODS: ADMINISTRATIVE vs. HYBRID (cont.)



MCO HEDIS METHODS: ADMINISTRATIVE vs. HYBRID (cont.)



HEDIS RESULTS: FFS vs. MANAGED CARE

MO HealthNet Division 09/2009

FFS and Managed Care HEDIS-Like Measures Managed Care HEDIS* Measures

			2006 FFS	2007 FFS	2006 Managed Care	2007 Managed Care	2007 Medicaid HEDIS Avg.
Well Child Visits in the First 15 Months of Life - 6+ Visits	HEDIS-Like**	Numerator	3,042	3,112	3,368	4,183	
		Denominator	5,405	5,503	7,359	8,965	
	HEDIS*	Percent	56.28%	56.55%	45.77%	46.66%	
		Percent			51.74%	51.24%	55.6%
Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	HEDIS-Like	Numerator	65,387	53,130	109,951	95,368	
		Denominator	170,890	135,337	263,542	215,132	
	HEDIS*	Percent	38.26%	39.26%	41.72%	44.33%	
		Percent			57.81%	53.69%	66.8%
Prenatal Care	HEDIS-Like	Numerator	1,295	932	1,770	1,674	
		Denominator	13,367	8,293	18,421	12,689	
	HEDIS*	Percent	9.69%	11.24%	9.61%	13.19%	
		Percent			79.88%	77.95%	81.2%
Post-Partum Care	HEDIS-Like	Numerator	5,542	3,438	6,569	4,433	
		Denominator	13,367	8,293	18,421	12,689	
	HEDIS*	Percent	41.46%	41.46%	35.66%	34.94%	
		Percent			61.69%	58.68%	59.1%
Childhood Immunizations (Combo 2)	HEDIS-Like**	Numerator	63	2,123	197	2,162	
		Denominator	7,943	8,501	12,219	12,952	
	HEDIS*	Percent	0.79%	24.97%	1.61%	16.69%	
		Percent			60.01%	55.73%	73.4%
Cervical Cancer Screening	HEDIS-Like	Numerator	6,506	5,219	13,017	12,094	
		Denominator	11,659	8,233	23,626	18,960	
	HEDIS*	Percent	55.80%	63.39%	55.10%	63.79%	
		Percent			65.77%	56.78%	65.7%

*HEDIS measures submitted by MHD managed care health plans.

**Data source only had data available from 2005 to the present. These measures look back 15 months (Well Child Visits) to two years (Childhood Immunizations, Cervical Cancer Screenings) therefore for data year 2006 we would need 2004 through 2006 data. Only having 2005 and 2006 data will result in lower numbers for data year 2006; 2007 data year will not be affected.

RESEARCH METHODOLOGY

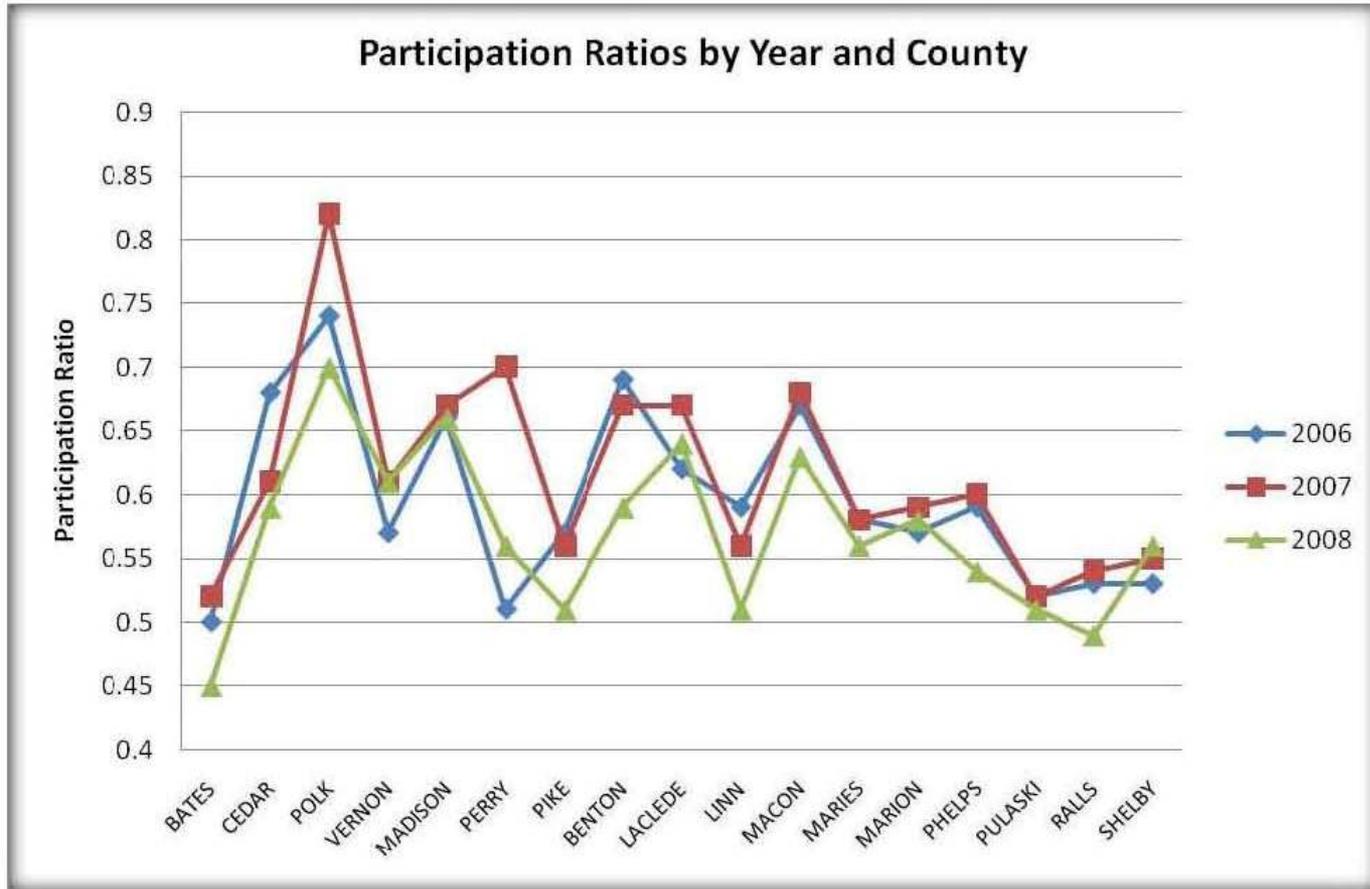
- Early and Periodic Screening, Diagnosis and Treatment program
 - Participation Rate (percentage of eligible children who received at least one well-child screen)
 - Screening Rate (percentage of total expected screens that occurred)
 - Referred for Treatment

2007 EPSDT PARTICIPANT RATIO COMPARISON – TOP TEN STATES

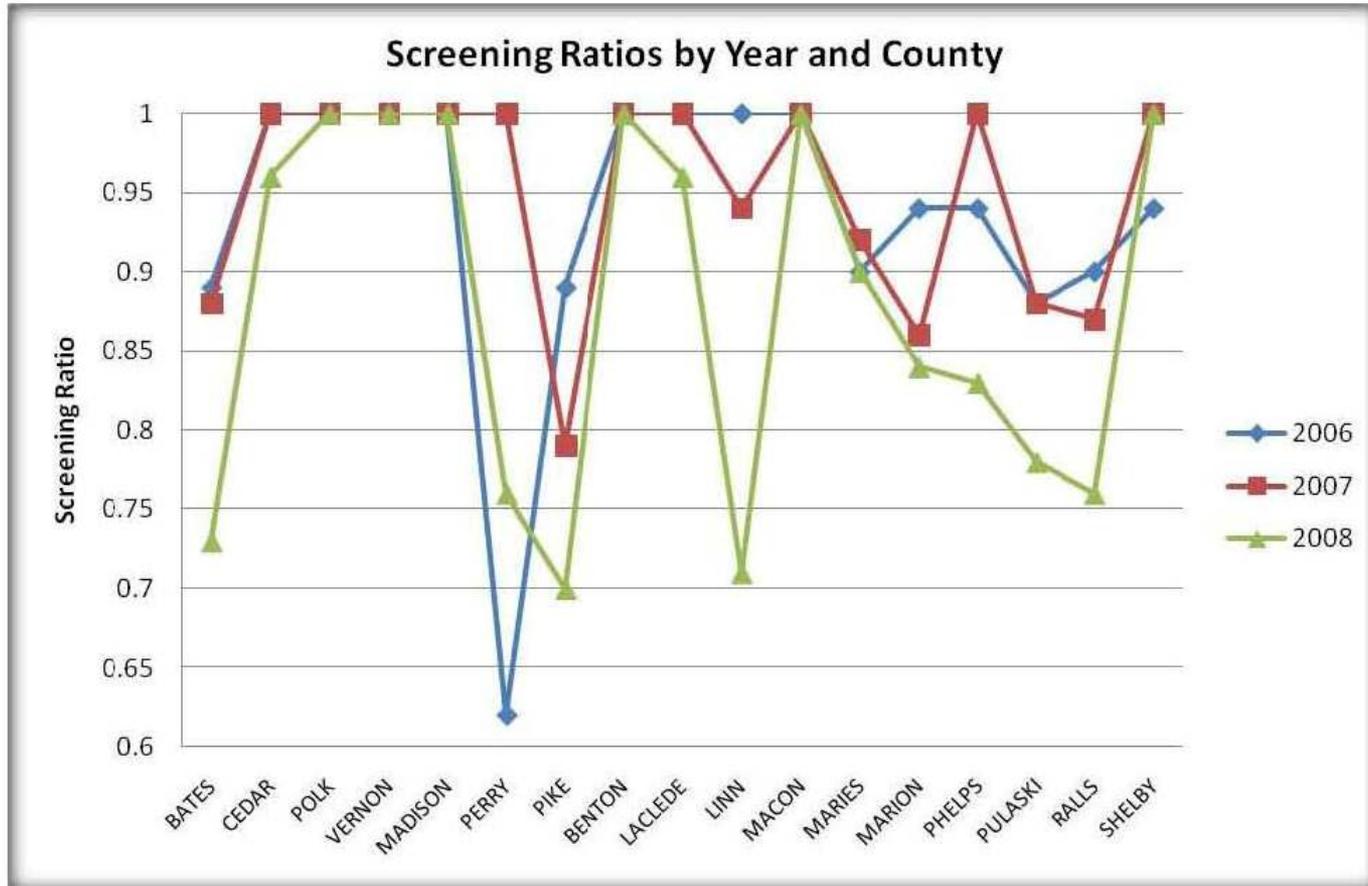
STATE	RATIO
INDIANA	100%
NORTH CAROLINA	79%
MASSACHUSETTS	78%
DISTRICT OF COLUMBIA	73%
ARIZONA	70%
ILLINOIS	69%
MISSOURI	69%
FLORIDA	68%
HAWAII	68%
IOWA	68%

Source: CMS 416
Report

PARTICIPATION RATIOS BY YEAR AND COUNTY



PARTICIPATION RATIOS BY YEAR AND COUNTY



RATIO OF ELIGIBLES THAT WERE REFERRED FOR CORRECTIVE TREATMENT

	Fee For Service			Managed Care		
	Total Eligibles Referred for Corrective Treatment	Total Eligibles Receiving at least One Initial or Periodic Screening Service	Ratio	Total Eligibles Referred for Corrective Treatment	Total Eligibles Receiving at least One Initial or Periodic Screening Service	Ratio
2006	69,755	107,961	0.65	97,531	167,140	0.58
2007	69,666	107,990	0.65	95,883	167,628	0.57
2008	60,376	92,279	0.65	111,313	186,343	0.60

RESEARCH METHODOLOGY

- Birth trends and Outcomes
- Data reported by Department of Insurance
- 1994-2008
 - Low Birth Weight (<2500grams)
 - Pre-term Births (<32 weeks)
 - Inadequate prenatal care

BIRTH TRENDS: FFS vs. MANAGED CARE

	Percent Change	Percent Change Inadequate Prenatal Care	Percent Change Low Birth Weight < 2500 grams	Percent Change Pre-Term Births <32 weeks
	1993-2008	2003-2008	2003-2008	2003-2008
Managed Care	-32.0%	+ 12.7%	-9.3%	-23.6%
Fee-For-Service	-27.2%	+5.3%	-2.5%	-14.9%



PROVIDERS TO PARTICIPANTS RATIOS

- Primary Care Providers (PCP) to Participants
- Dentists to Participants
- Mental Health Providers to Participants

FFS PROVIDER NETWORK ACCESS

PROVIDER TYPE	Number of unique FFS providers that had more than 50 paid claims in SFY 2009	Number of unique FFS providers as of 01/01/2009 (per ad-hoc)
Doctors	7,855	12,848
APRNs	619	1,153
Dentist	292	612
Psych & Counselors	1,146	3,276

PCPs TO PARTICIPANTS

2008 Managed Care PCP to Enrollee Ratios

EAST	PCPs	Enrollees	PCP/Enrollee Ratio
Harmony	611	10,294	1 / 17
Healthcare USA	931	117,951	1 / 127
Molina Healthcare of Missouri	921	64,277	1 / 70
			1/71

CENTRAL	PCPs	Enrollees	PCP/Enrollee Ratio
Healthcare USA	506	26,061	1 / 52
Molina Healthcare of Missouri	451	5,764	1 / 13
Missouri Care	789	40,413	1 / 51
			1/39

WEST	PCPs	Enrollees	PCP/Enrollee Ratio
Blue Advantage Plus	455	27,557	1 / 61
Childrens Mercy Family Health Partners	585	48,284	1 / 83
Healthcare USA	760	37,280	1 / 49
Molina Healthcare of Missouri	605	7,675	1 / 13
			1/51

2008 Fee for Service PCP to Enrollee Ratios

PCPs	Enrollees	PCP/Enrollee Ratio
7,066	471,583	1/67

DENTISTS TO PARTICIPANTS

2008 Managed Care Enrollees -DENTISTS to Enrollees

EAST	Dentists	Enrollees	Dentist/Enrollee Ratio
Harmony	148	10,294	1 / 70
Healthcare USA	198	117,951	1 / 596
Molina Healthcare of Missouri	204	64,277	1 / 315
			1/327

CENTRAL	Dentists	Enrollees	Dentist/Enrollee Ratio
Healthcare USA	36	26,061	1 / 724
Molina Healthcare of Missouri	30	5,764	1 / 192
Missouri Care	55	40,413	1 / 735
			1/550

WEST	Dentists	Enrollees	Dentist/Enrollee Ratio
Blue Advantage Plus	116	27,557	1 / 238
Childrens Mercy Family Health Partners	196	48,284	1 / 246
Healthcare USA	101	37,280	1 / 369
Molina Healthcare of Missouri	141	7,675	1 / 54
			1/226

2008 FFS Enrollees -DENTISTS to Enrollees

Dentists	Enrollees	Dentist/Enrollee Ratio
561	471,583	1 / 841

MH PROVIDERS TO PARTICIPANTS

2008 Managed Care Enrollees - MH PROVIDERS

EAST	MH Providers	Enrollees	MH Provider/ Enrollee ratio
Harmony	264	10,294	1 / 39
Healthcare USA	1,081	117,951	1 / 109
Molina Healthcare of Missouri	187	64,277	1 / 344
			1/164

CENTRAL	MH Providers	Enrollees	MH Provider/ Enrollee ratio
Healthcare USA	202	26,061	1 / 129
Molina Healthcare of Missouri	334	5,764	1 / 17
Missouri Care	415	40,413	1 / 97
			1/81

WEST	MH Providers	Enrollees	MH Provider/ Enrollee ratio
Blue Advantage Plus	2,567	27,557	1 / 11
Childrens Mercy Family Health Partners	858	48,284	1 / 56
Healthcare USA	308	37,280	1 / 121
Molina Healthcare of Missouri	575	7,675	1 / 13
			1/50

2008 FFS Enrollees - MH PROVIDERS

MH Providers	Enrollees	MH Provider/ Enrollee ratio
3,648	471,583	1 / 129



MANAGED CARE SPECIFIC DATA

- CAHPS (Community Assessment of Healthcare Providers and Systems)

CAHPS RESULTS 2006-2008

2006 Show Me Consumer's Guide:

Medicaid (MC+) Managed Care

Member Satisfaction*

(8/8/06) (2005 data year)

XNAICID	Plan Name
4717131	Blue-Advantage Plus of Kansas City, Inc.
9563631	Children's Mercy Family Health Partners
9560931	Community Care Plus
9536431	FirstGuard Health Plans
9531832	Healthcare USA of Missouri-Central
9531831	Healthcare USA of Missouri-Eastern
9531833	Healthcare USA of Missouri-western
9530931	Mercy MC+
9571531	Missouri Care Health Plan
999999	Statewide 2005

Getting Needed Care			Customer Service			Rating of Plan		
% Not Prob	Z-stat	Z-test	% Not Prob	Z-stat	Z-test	% 8,9,10	Z-stat	Z-test
81%	0.81	AV	77%	0.46	AV	81%	0.75	AV
82%	1.40	AV	80%	0.06	AV	82%	1.29	AV
80%	-0.04	AV	72%	0.43	AV	79%	-0.33	AV
80%	0.22	AV	79%	0.16	AV	79%	-0.65	AV
79%	-0.85	AV	71%	0.13	AV	79%	-0.41	AV
80%	0.01	AV	77%	0.30	AV	86%	3.96	HI
79%	-0.63	AV	71%	0.23	AV	77%	-1.71	AV
80%	-0.21	AV	75%	0.97	AV	83%	2.08	AV
79%	-0.47	AV	71%	0.28	AV	73%	-3.17	LO
80%			75%			80%		

* Numerators and denominators are not shown since all measures (except Overall Ratings) are composites of multiple questions with varying numerators and denominators.

CAHPS RESULTS 2006-2008 (cont.)

2007 Show Me Consumer's Guide:

Medicaid (MC+) Managed Care

Member Satisfaction*

(2/6/08) (2006 Data Year)

XNAICID	Plan Name
4717131	Blue-Advantage Plus of Kansas City, Inc.
9563631	Children's Mercy Family Health Partners
9560931	Community Care Plus
9531832	Healthcare USA of Missouri-Central
9531831	Healthcare USA of Missouri-Eastern
9531833	Healthcare USA of Missouri-western
9530931	Mercy MC+
9571531	Missouri Care Health Plan
999999	Statewide 2006

Getting Needed Care			Customer Service			Rating of Plan		
% Not Prob	Z-stat	Z-test	% Not Prob	Z-stat	Z-test	% 8,9,10	Z-stat	Z-test
80%	0.00	AV	84%	0.01	LO	82%	1.20	AV
83%	1.73	AV	86%	0.00	HI	83%	1.65	AV
81%	0.75	AV	73%	0.80	AV	78%	-1.15	AV
82%	1.12	AV	70%	0.21	AV	81%	0.43	AV
79%	-0.95	AV	76%	0.43	AV	82%	1.01	AV
73%	-3.99	LO	67%	0.05	AV	79%	-0.77	AV
81%	0.75	AV	73%	0.80	AV	78%	-1.15	AV
81%	0.97	AV	79%	0.04	AV	78%	-1.28	AV
80%			73%			80%		

* Numerators and denominators are not shown since all measures (except Overall Ratings) are composites of multiple questions with varying numerators and denominators.

CAHPS RESULTS 2006-2008 (cont.)

2008 Show Me Consumer's Guide:
 Medicaid (MC+) Managed Care
 Member Satisfaction*
 (9/26/08) (2007 Data Year)

XNAICID Plan Name

9591631 Blue-Advantage Plus of Kansas City, Inc
 9563631 Children Mercy Family Health Partners
 1122931 Harmony Health Plan
 9531832 HealthCare USA of MO - Central
 9531831 HealthCare USA of MO - Eastern
 9531833 HealthCare USA of MO - Western
 9560931 Mercy Care Plus - Eastern
 9560933 Mercy Care Plus - Western
 1291331 Missouri Care Health Plan

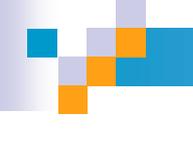
999999 Statewide 2008

Getting Needed Care			Customer Service			Rating of Plan		
% Not Prob	Z-stat	Z-test	% Not Prob	Z-stat	Z-test	% 8,9,10	Z-stat	Z-test
82%	2.58	AV	74%	0.57	AV	80%	1.05	AV
80%	1.42	AV	74%	0.47	AV	85%	3.59	HI
67%	-3.22	LO	61%	0.06	AV	71%	-1.82	AV
81%	2.46	AV	81%	0.00	HI	84%	3.70	HI
82%	2.42	AV	78%	0.03	AV	84%	3.37	HI
80%	1.61	AV	74%	0.48	AV	79%	0.66	AV
80%	1.31	AV	75%	0.24	AV	78%	0.44	AV
65%	-3.50	LO	60%	0.02	AV	63%	-3.33	LO
80%	1.69	AV	69%	0.50	AV	75%	-1.03	AV
77%			72%			78%		

* Numerators and denominators are not shown since all measures (except Overall Ratings) are composites of multiple questions with varying numerators and denominators.

CONCLUSIONS AND RECOMMENDATIONS

- We did not observe any consistent difference in access to care or quality of care between fee-for-service and managed care. Managed care performed better on access and birth outcomes and on providing education to participants. Fee-for-Service performed better on Well-Child Screenings for newborns and the early initiation of prenatal care.
- However, managed care does provide the state with an accountable system, backed by improved reporting (HEDIS)
- MO HealthNet should be applauded for their efforts to develop HEDIS-like measures to provide a comparison between fee-for-service and managed care.



CONCLUSIONS AND RECOMMENDATIONS (cont.)

- MO HealthNet should consider eligibility and enrollment strategies to improve access for pregnant women to prenatal care
- HEDIS results on immunization rates for children are significantly below the national average for both fee-for-service and managed care.
- There was a slight difference in the percentage of children who received a well-child screen who were referred on for corrective treatment between FFS and managed care.
- MO HealthNet should consider additional measures in both FFS and managed care to audit provider networks.