MO HEALTHNET MANAGED CARE ANNUAL EVALUATION REPORT TEMPLATE

TABLE OF CONTENTS

EXECUTIVE SUMMARY
  Overview of the Quality Improvement Program
  Overview of the Effectiveness of the Quality Improvement Program

DEVELOPMENT, APPROVAL AND MONITORING OF THE QI PROGRAM
  Quality and Compliance Committee
  Analysis of Quality Improvement Process
  Overall Effectiveness of the Quality Improvement Program
    Strengths and Accomplishments
    Opportunities for Improvement

POPULATION CHARACTERISTICS
  Race/Ethnicity
  Special Needs
  Languages Identified
  Opt Outs

QUALITY INDICATORS
  HEDIS Measures
  Trends in Missouri Medicaid Quality Indicators
  HEDIS Indicators by MO HealthNet Managed Care Health Plans Within Regions, Live Births

ACCESSIBILITY OF SERVICES
  Average Speed of Answer
  Call Abandonment Rate
  Non-Routine Needs Appointments
  Routine Needs Appointments
  Access to Emergent and Urgent Care
  Network Adequacy -- Provider/Enrollee Ratios
  24 Hour Access/After Hours Availability
  Open/Closed Panels
  Cultural Competency
  Multilingual Services
  Requests to Change Practitioners

FRAUD AND ABUSE
  Prevention, Detection, Investigation
  Training and Education

INFORMATION MANAGEMENT
  Claims Processing – Timeliness of Claims Payment
  Membership
  Providers

QUALITY MANAGEMENT
  Provider Satisfaction
  Case Management
  Disease Management Program
  Behavioral Health Care Management including Case Management
Clinical Practice Guidelines
Credentialing and Re-Credentialing
Medical Record Review

RIGHTS AND RESPONSIBILITIES
Provider Complaint, Grievance and Appeal Management
Member Grievance and Appeal Management
Confidentiality

UTILIZATION MANAGEMENT
Utilization Improvement Program Scope
Discharges Per Year*
Inpatient Visits*
Average Length of Stay
Re-Admissions*
Emergency Department Utilization*
Outpatient Visits*
Over/Under Utilization
Inter-Rater Reliability
Timeliness of Care Delivery
Timeliness of Prior Authorization/Certification Decision Making

*Per 1000 members

PERFORMANCE IMPROVEMENT PROJECTS (PIP)
Clinical
Non-Clinical
On-going Interventions and Improvements
Effect on Health Outcomes and Member Satisfaction

WORKPLAN FOR NEXT YEAR

APPENDICES
SUBCONTRACTOR OVERSIGHT EVALUATION

The Subcontractor Oversight Evaluation Report shall contain information concerning the effectiveness and impact of the health plan’s quality assessment and improvement strategy as it relates to subcontractors. The report must provide information that indicates that data is collected, analyzed, and reported and health plan operations are in compliance with State, Federal, and MO HealthNet Managed Care contractual requirements. The report must incorporate multiple year outcomes and trends. The report must show that the health plan’s QA&I Program is ongoing, continuous, and based upon evaluation of past outcomes. At a minimum, the Subcontractor Oversight Evaluation shall include the following:

OVERVIEW OF SUBCONTRACTOR INCLUDING CONTRACT EFFECTIVE DATES

DESCRIPTION OF DELEGATED SERVICES/PRODUCTS/ACTIVITIES

DESCRIPTION OF MO HEALTHNET MANAGED CARE HEALTH PLAN’S OVERSIGHT PROCESS FOR ALL SUBCONTRACTORS (must include, but shall not be limited to, the following:)

- Review of subcontractor contract compliance with requirements included in the MO HealthNet Managed Care contract with state
- Subcontractor policies and procedures comply with subcontractor/ MO HealthNet Managed Care health plan’s/state contract requirements
- Implementation of policies/procedures/contract requirements

OVERSIGHT OUTCOMES/FINDINGS (must include, but shall not be limited to, the following:)

- Access/availability
- Fraud and abuse
- Grievances and appeals
- Performance projects and HEDIS measures
- Encounter data
- Prior authorization denials
- Timely payment

WORK PLAN FOR NEXT YEAR