

## **Annual Quality Assessment and Improvement (QA & I) Evaluation Report Instructions**

The health plan shall submit an annual Quality Assessment Improvement Evaluation Report to the state agency in the format specified below. The state agency shall periodically review and update the format. The health plan shall provide this report in the most up-to-date format and shall comply with all changes as specified by the state agency. The state agency shall provide the health plan with no less than ninety (90) calendar days notice of any change in the format requested.

The Annual QA&I Evaluation Report shall contain information concerning the effectiveness and impact of the health plan's quality assessment and improvement strategy. The report must provide information that indicates that data is collected, analyzed, and reported, and health 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 contain an analysis and evaluation of the quality data and activities as they relate to the health plan's Quality Improvement Program and must identify strengths, weaknesses, accomplishments, and opportunities for improvement. The report must show that the health plan's QA & I Program is ongoing, continuous, and based upon evaluation of past outcomes. The evaluation will, at a minimum, contain information from subcontractors and internal processes including:

- 1) An analysis and evaluation of member grievances and appeals and provider complaints and appeals.
- 2) An analysis and evaluation of how the health plan incorporates race, ethnicity, and primary language into its quality strategy. The Department of Social Services asks each potential enrollee their race, ethnicity, and primary language at the time of application in accordance with MO HealthNet eligibility rules. The Department of Social Services uses the federally recognized categories for race, ethnicity, and language. The state agency shall electronically provide race, ethnicity, and language to the health plan upon member enrollment.
- 3) An analysis and evaluation of utilization and clinical performance data that supports use of evidenced based practice.
- 4) An analysis and evaluation of 24 hour access/after hours availability, appointment availability, and open/closed panels.
- 5) An analysis and evaluation of the health plan's provider network including provider/participant ratios.
- 6) An analysis and evaluation of all MO HealthNet Managed Care quality indicators including the following and how the health plan will incorporate the results from this analysis and evaluation into the health plan's Quality Improvement Program and implementation of

performance improvement projects, health plan initiatives, member/provider incentives, additional benefits, etc. during the upcoming year:

- Trends in Missouri Medicaid Quality Indicators provided by the Department of Health and Senior Services
- HEDIS Indicators by MO HealthNet Managed Care Health Plans Within Regions, Live Births provided by the Department of Health and Senior Services; and
- MO HealthNet Managed Care HEDIS Measures.

It is not necessary to publish the actual HEDIS Measures, Trends in Missouri Medicaid Quality Indicators, and HEDIS Indicators by MO HealthNet Managed Care Health Plans Within Regions, Live Births in the report.

- 7) An analysis and evaluation of quality issues and actions identified through the quality strategy and how these efforts were used to improve systems of care and health outcomes.
- 8) An analysis and evaluation of action items documented in the meeting minutes of the health plan's quality and compliance committee(s).
- 9) Trends identified for focused study; results of focused studies; corrective action taken; evaluation of the effectiveness of the actions and outcomes; description of how the results of the focused studies will impact the health plan's Quality Improvement Program during the upcoming year.
- 10) An analysis and evaluation of Performance Improvement Projects that addresses clinical and non-clinical performance improvement projects and the requirement for on-going interventions and improvement.
- 11) An analysis and evaluation of subcontractor relationships that addresses integration with the health plan's QA&I program. This analysis and evaluation is not a replication of the Subcontractor Oversight Annual Evaluation report.
- 12) An analysis and evaluation of the health plan's fraud, waste, and abuse program.
- 13) An analysis and evaluation of care management activities.
- 14) An analysis and evaluation of the disease management programs to include the following information for each disease management program:
  - A narrative description of the eligibility criteria and the method used to identify and enroll eligible members;

- The active participation rate as defined by NCQA (the percentage of identified eligible members who have received an intervention divided by the total population who meet the criteria for eligibility);
  - The total number of active members having one or more of the diagnosis codes (ICD-10 Codes) relating to each of the disease management programs; and
  - Information on the programs' activities, benchmarks, and goals; the number of disease management cases closed due to non-compliance with treatment plans; and a description of activities aimed at engaging members and reducing non-compliance rates.
- 15) An analysis and evaluation of the health plan's claims processing and Management Information System.
- 16) An analysis and evaluation of the multilingual services provided, to include, at a minimum:
- A count by language of how many members declared a language other than English as their primary language;
  - A summary by language of translation services provided to members (oral and in-person);
  - A count of members identified as needing communication accommodations due to visual or hearing impairments or a physical disability;
  - A summary of services provided to members with visual or hearing impairments or members who are physically disabled (Braille, large print, cassette, sign interpreters, etc.);
  - An inventory by language of member material translated;
  - An inventory of member materials available in alternative formats; and
  - A summarization of grievances regarding multilingual issues and dispositions.

Revised January 2016