



**Evaluation of the  
2018 State of Missouri  
MO HealthNet Division  
Quality Improvement Strategy**

**Prepared by  
The State of Missouri Department of Social Services  
MO HealthNet Division (Missouri Medicaid)  
May 2021**

The MO HealthNet Division (MHD) Quality Improvement Strategy (QIS) is a comprehensive plan incorporating quality assurance monitoring and ongoing quality improvement processes to coordinate, assess, and continually improve the delivery of quality care and services to members of the Managed Care Organizations (MCOs) participating in MHD's Managed Care Program. The QIS provides a framework to communicate the State's vision, objectives, and monitoring strategies addressing issues of health care cost, quality, and timely access.

The QIS is developed through collaborative partnerships with members, stakeholders, other state agencies, MCOs, and community groups, with a broad commitment to ensure that:

- Quality health care services are provided to Managed Care members;
- MCOs are in compliance with Federal, State, and contract requirements; and
- A collegial process is maintained to work collaboratively with the MCOs to improve care.

Missouri's current QIS was developed in 2018 (<https://dss.mo.gov/mhd/mc/pdf/2018-quality-strategy.pdf>). This document is an evaluation of that QIS.

## **Data Collection and Review Process**

Data for the QIS process and measures are collected from a variety of sources and are reviewed in multiple contexts throughout the year. These include the following:

### *Encounter Claims*

The MHD uses encounter data for rate setting and quality improvement evaluation, and conducts a complex process for assuring validity of encounter claims submitted by the MCOs. This involves using software algorithms as well as conducting a review of medical records for a random sample of claims in order to assure completeness and accuracy of submitted data.

### *Monthly and Quarterly Data Submissions*

The MCOs are required to submit monthly and quarterly data on several different topics, including member grievances and appeals, provider complaints and grievances, care management activity, disease management services, fraud, waste, and abuse investigations, claims adjudications, prior authorizations, and member customer service calls.

### *Annual Healthcare Quality Data submissions*

An extensive amount of healthcare quality data is required to be submitted by the MCOs in June of each year for the purposes of evaluating process measures, clinical outcomes, and service utilization rates, as well as geographic access to services and member satisfaction. The data submission includes both nationally defined as well as locally developed metrics. Most measures are stratified by consistent age groups and by general medical, behavioral health, and substance use disorders. A series of graphs are

prepared, comparing and contrasting the MCOs, and are provided to the MCOs as a final validation check of these data before they are posted to the MHD website (<https://dss.mo.gov/mhd/mc/pages/quality-oversight.htm>).

#### *Healthcare Effectiveness Data and Information Set (HEDIS)*

Each MCO contracts with a certified HEDIS vendor to calculate scores for a variety of HEDIS measures each year, including an annual survey of members called the Consumer Assessment of Healthcare Providers and Systems (CAHPS). Data from selected measures (as specified in the MCO contract) are provided annually to both DHSS and MHD.

#### *MO HealthNet Audits*

The MHD Behavioral Health Program collaborates with Department of Mental Health staff to conduct reviews of behavioral health services within managed care, covering a variety of indicators addressing network adequacy, utilization, timely service availability, and hospitalization follow-up, among others. The resulting data from these efforts drive program and policy decisions and assist in identifying opportunities for quality improvement.

#### *External Quality Review Organization (EQRO)*

Federal and State regulatory requirements and performance standards as they apply to MCOs are evaluated annually for the State by an independent EQRO, including measurement of quality and appropriateness of MCO care and services, synthesis of results compared to the standards, and recommendations based on the findings.

#### *Quality Assessment & Improvement (QA&I) Advisory Group*

Results from quality data analysis and evaluation activities are compiled and presented through regularly scheduled meetings of the Quality Assessment & Improvement (QA&I) Advisory Group. The QA&I Advisory Group reviews these results to identify opportunities for improvement. It may also form task forces to review specific areas for improvement and to provide input to the QA&I Advisory Group regarding actions needed.

Additionally, quarterly meetings occur with the MCOs and the State to discuss specific irregularities identified in quality data reporting. Efforts are made to ensure the MCOs have adequate guidance and a clear understanding of the State's expectations.

## **2018 QIS Goals & Objectives**

The above data collection and review processes are utilized in evaluating the goals and objectives of the MHD Quality Strategy:

### **Goal 1: Ensure Appropriate Access to Care**

#### **Objectives:**

- Increase the percentage of Primary Care Provider offices that met the urgent appointment standard (24 hours for illness or injury, requiring immediate care).

- Increase the percentage of Primary Care Provider offices that met the urgent appointment standard (30 days for routine care without symptoms).
- Increase the percentage of psychiatrist offices that met the two-week appointment standard for routine behavioral health and substance use services without symptoms.
- Increase the percentage of primary care physician offices that met mandated access standards.
- Increase the percentage of specialist offices that met mandated access standards.

**Goal 2: Promote wellness and prevention.**

**Objectives:**

- Increase well-child visits in the first 15 months of life.
- Increase well-child visits in the third, fourth, fifth, and sixth years of life.
- Increase adolescent well-care visits.
- Increase annual dental visits of Medicaid members 2-20 years of age.
- Increase the number of children 2 years of age who had one or more blood tests for lead poisoning by their second birthday.
- Increase the percentage of children 2 years of age who met the criteria for the Childhood Immunization Status (Combo 10) HEDIS measure.
- Increase the percentage of adolescents 13 years of age who met the criteria for the Immunizations for Adolescents (Combo 1) HEDIS measure.
- Increase the percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.
- Increase the percentage of deliveries that received a prenatal care visit in the first trimester of within 42 days of enrollment in Missouri Medicaid.
- Increase the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
- Increase the assessment of adults 18-75 years of age with diabetes (type 1 and type 2) who had controlled HbA1c.
- Increase the number of children 0-18 years of age who were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 75 percent of their treatment period.
- Increase the number of follow-up visits within 30 days of discharge from a mental health hospitalization for children 6 years of age or older.
- Analyze the rate of health plan members 18 years and older who receive opioids from multiple prescribers and multiple pharmacies.

**Goal 3: Ensure cost-effective utilization of services**

**Objectives:**

- Decrease the rate of behavioral health inpatient readmissions.
- Decrease the rate of ER visits due to asthma among children younger than 4 years of age.
- Decrease the rate of ER visits due to asthma among children 4 to 17 years of age.
- Decrease the rate of ER visits among children younger than 18 years of age.
- Decrease the rate of ER visits among members 18 to 64 years of age.
- Decrease the rate of preventable hospitalizations among children younger than 18 years of age.
- Decrease the rate of preventable hospitalizations due to asthma among children younger than 18 years of age.

**Goal 4:** Promote member satisfaction with experience of care.

**Objectives:**

- Increase the rate of always or usually getting needed care as soon as needed within the last six months.
- Increase the rate of always or usually getting care quickly within the last six months.
- Increase member healthcare satisfaction ratings to score an 8, 9, or 10 within the last six months.

**Findings**

*Goal 1: Ensure appropriate access to care.*

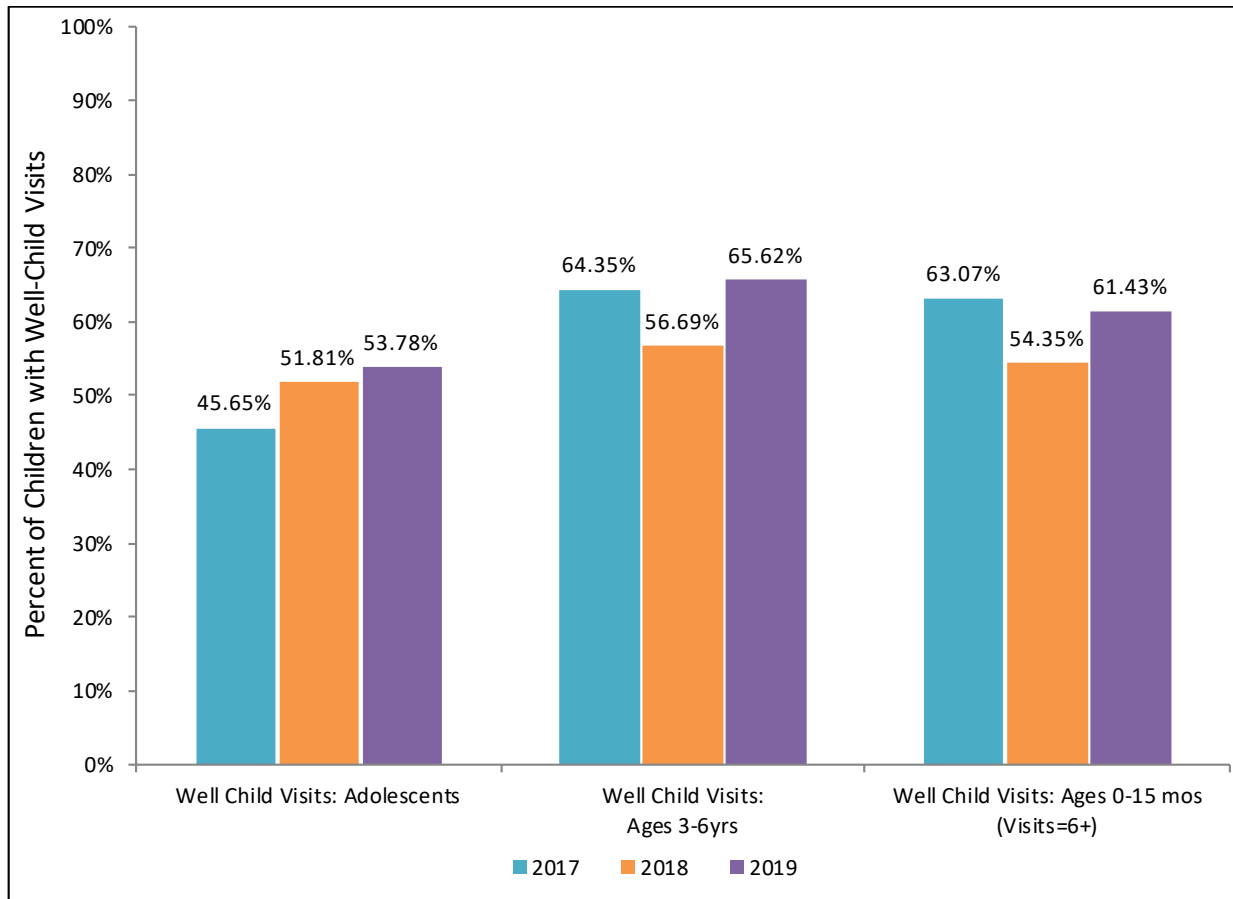
Historically, the MHD has enlisted our EQRO to conduct a secret shopper survey to determine if appointment standards for primary care providers and psychiatrists has been achieved within our program. Unfortunately, secret shopper surveys have become more difficult to administer in a Medicaid program. The MHD has continued to work closely with our EQRO to fine-tune the methods of collecting this data so valuable results could be analyzed.

Conducting a Secret Shopper Survey in order to determine the accuracy of MCO provider directories and appointment availability for PCPs, obstetric care, and psychiatrists has been an annual goal of the MHD. However, this process has become increasingly hampered by methodological challenges, and in fact these compromised both the 2018 and 2019 surveys to the degree that the results were unusable. The MHD worked extensively with our EQRO in 2020 to develop a new approach to analyzing this goal. New survey questions were developed along with a new data collection tool that allows responses to be more accurately categorized. We are optimistic that these changes will yield usable results going forward.

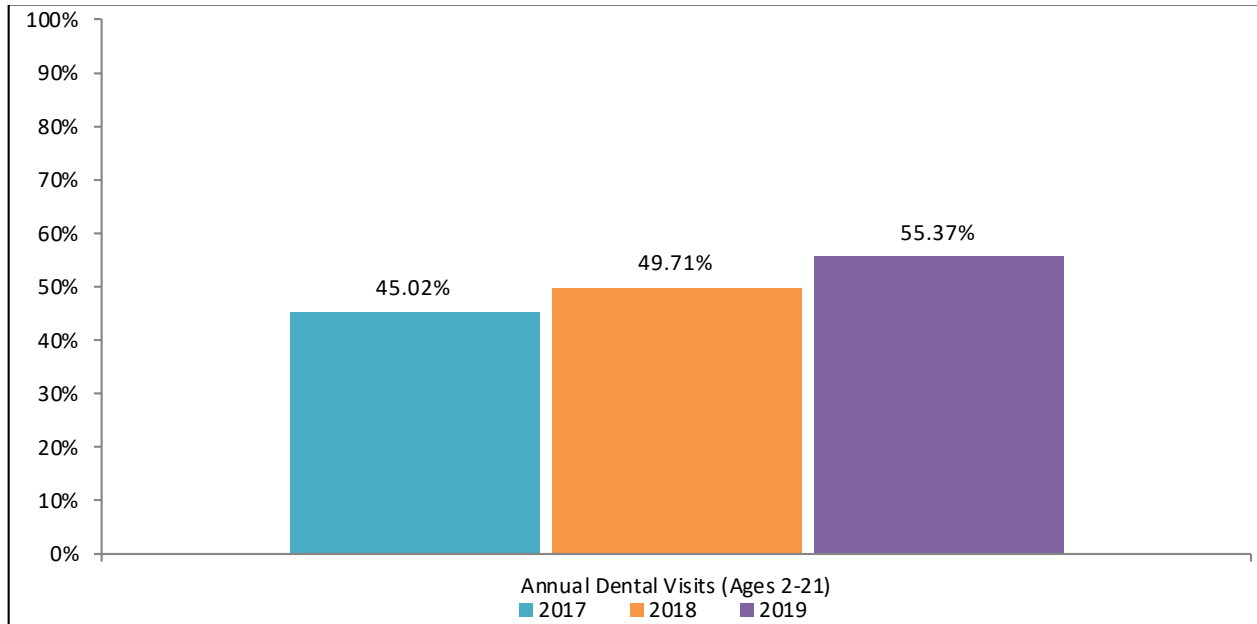
In lieu of secret shopper data in 2018 and 2019, the MHD focused on ensuring that an adequate network of primary care physicians and specialists were available to members. Annual network access plans are required to be filed by each MCO. Access plans are due March 1<sup>st</sup>, filed through Department of Commerce and Insurance for MO HealthNet review. MCOs are required to meet and maintain a 90% overall network access rate when analyzing their provider network against the entire Managed Care population. If an MCO does not meet the 90% access rate for a specific provider type, within travel distance standards, in any county, they must request an exception and demonstrate they have a contracted provider located less than 25 miles further than the nearest available provider. Additionally, per 20 CSR 400-7.095 MCOs are required to ensure members receive covered services by out-of-network providers at no greater cost to the enrollee than for access to an in-network provider if access to an in-network provider cannot be assured without unreasonable delay.

*Goal 2: Promote wellness and prevention*

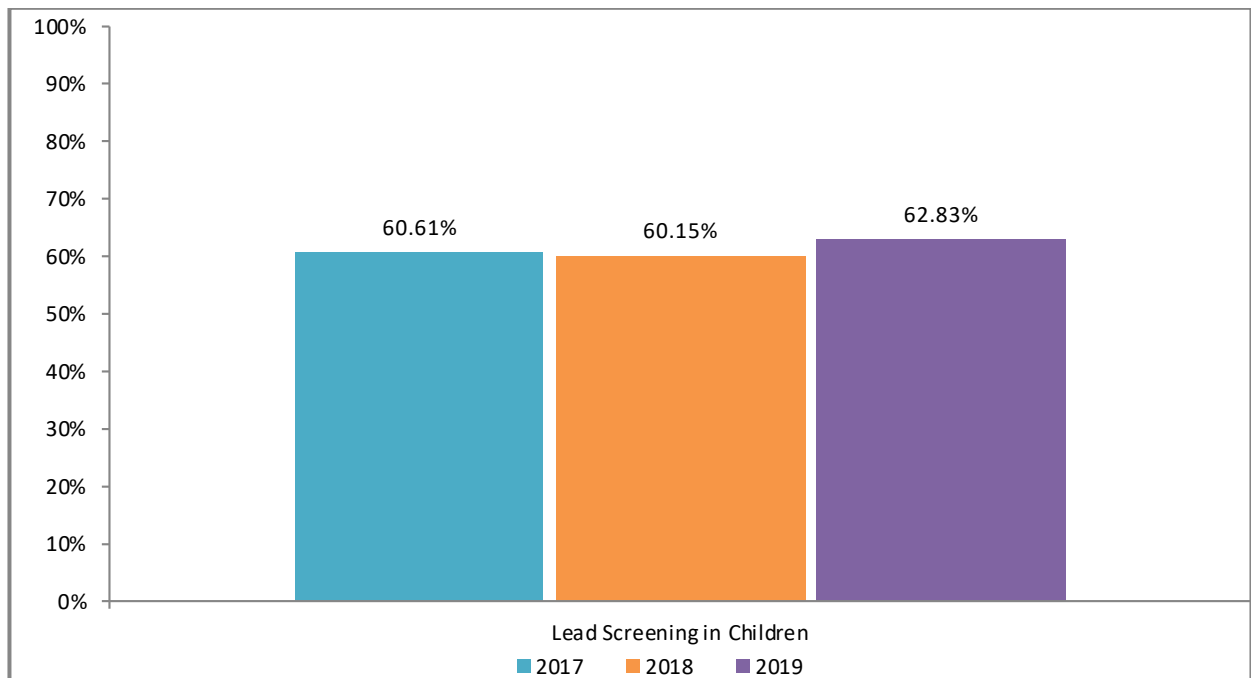
The data show variable performance regarding improving well-child and adolescent well-care visits. The rate of adolescent well-care visits increased 8.13 percentage points between 2017 and 2019, while well-child visits decreased in 2018 but rebounded in 2019 (although remain below the 2017 rate in the case of infant visits). Some Missouri health plans saw significant growth on these measures; however, as a whole, rates remain in the lower Quality Compass percentiles for well-child and adolescent well-care visit HEDIS measures. The MHD will continue utilizing these measures in the Performance Withhold to encourage improvement.



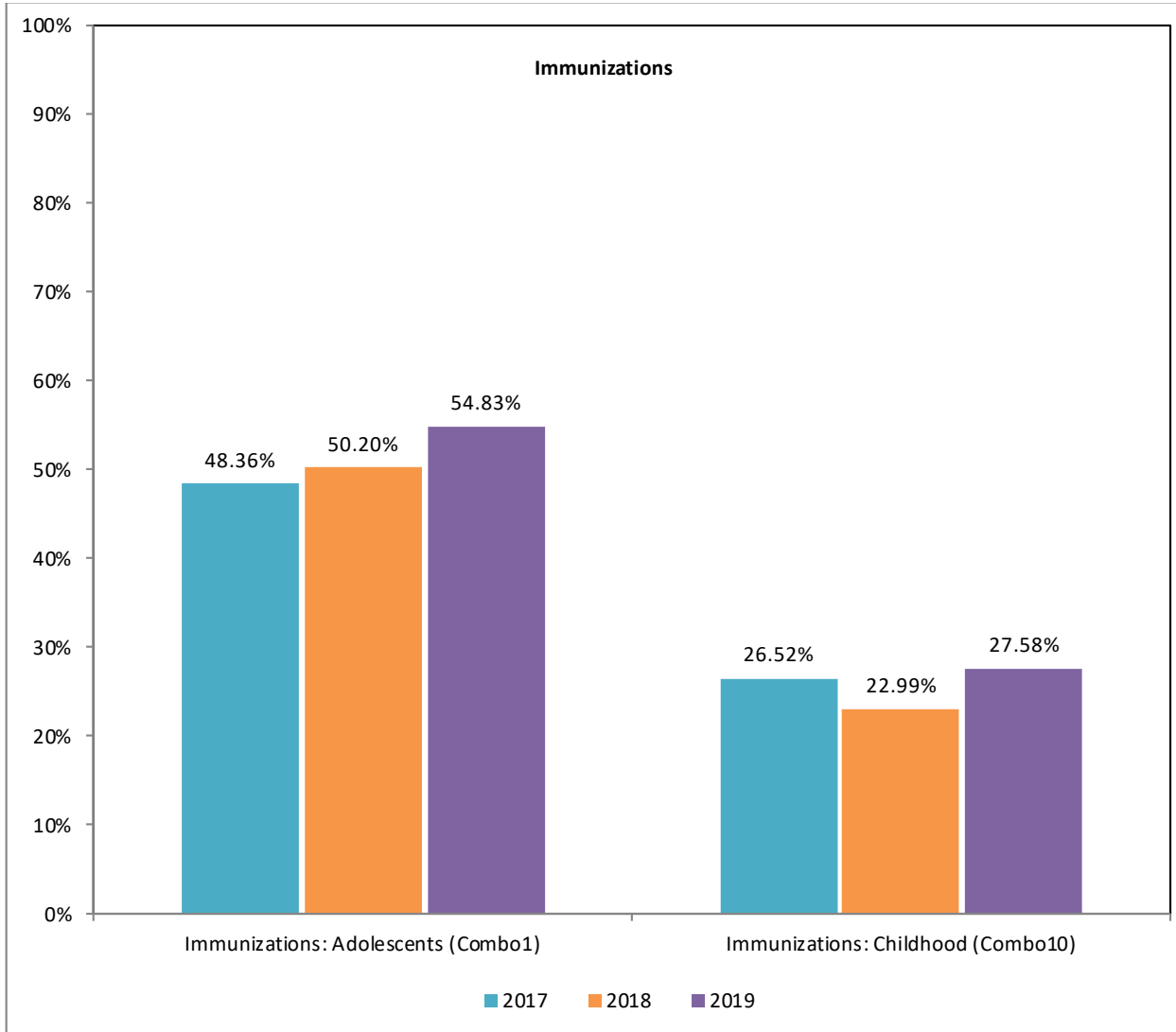
The data for annual dental visits show a consistent increase from 2017 to 2019. Rates improved by 4.69 percentage points in 2018 and 5.66 percentage points in 2019 for a total of 10.35 over the span of three years. The MHD utilizes a Dental Task Force to collaborate on quality improvement initiatives with the MCOs. The MCOs have also developed Performance Improvement Projects to improve the Annual Dental Visit HEDIS measure.



Data for lead screenings in children show an overall increase of 2.22 percentage points from 2017 to 2019. Lead screening in children saw a slight decline in 2018 with significant improvement from 2018 to 2019. MHD will continue utilizing this measure in the Performance Withhold to encourage improvement.

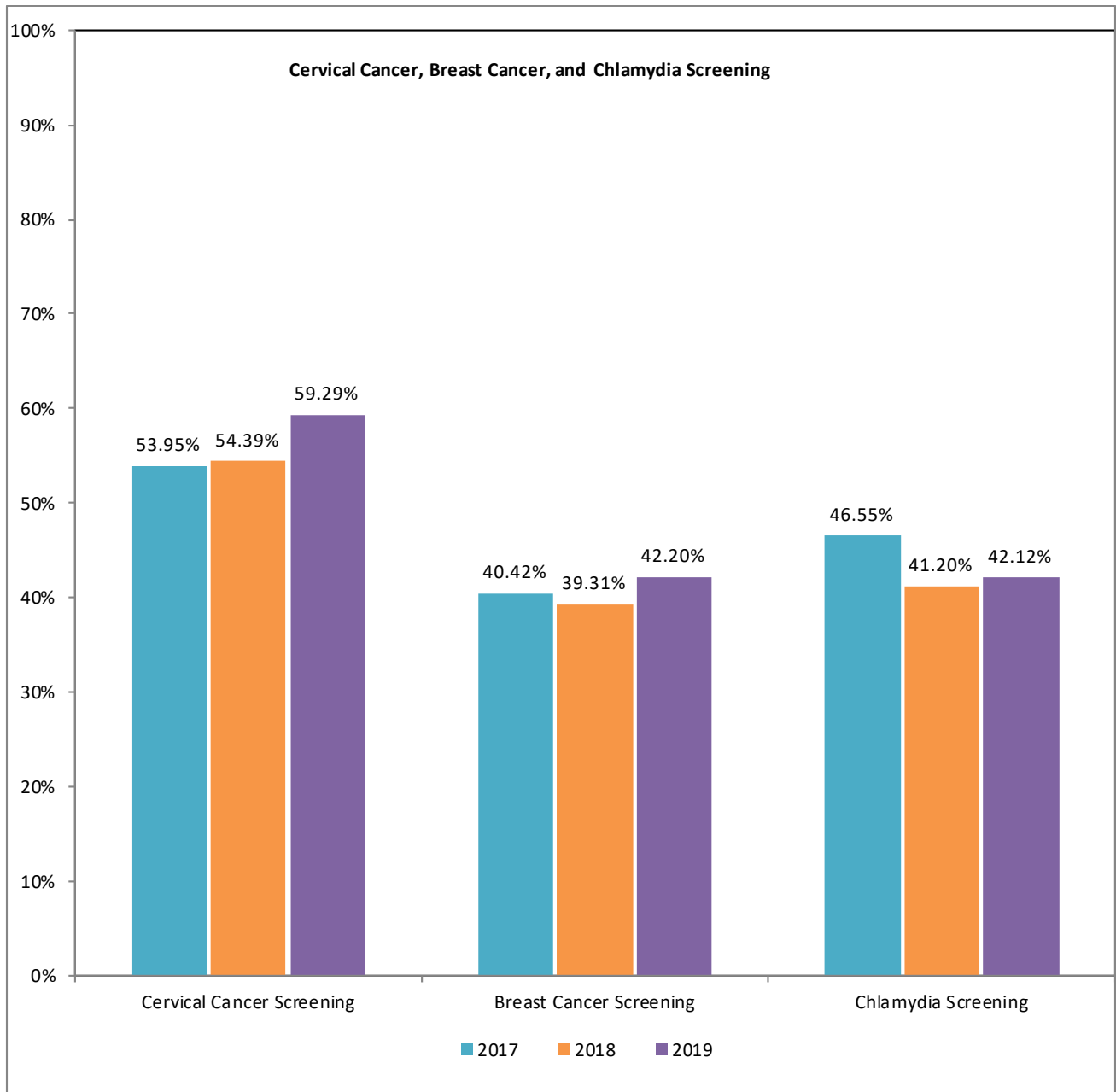


Data show immunizations for adolescents and children continue to improve in Missouri. Adolescent immunizations grew by 6.47 percentage points from 2017 to 2019. Childhood immunizations saw a slight decline of 3.53 percentage points in 2018 but improved by 4.59 percentage points in 2019. Despite these overall improvements, both immunization measures fall very low within the Quality Compass percentiles. They will continue to be part of the Performance Withhold Program to drive improvement.

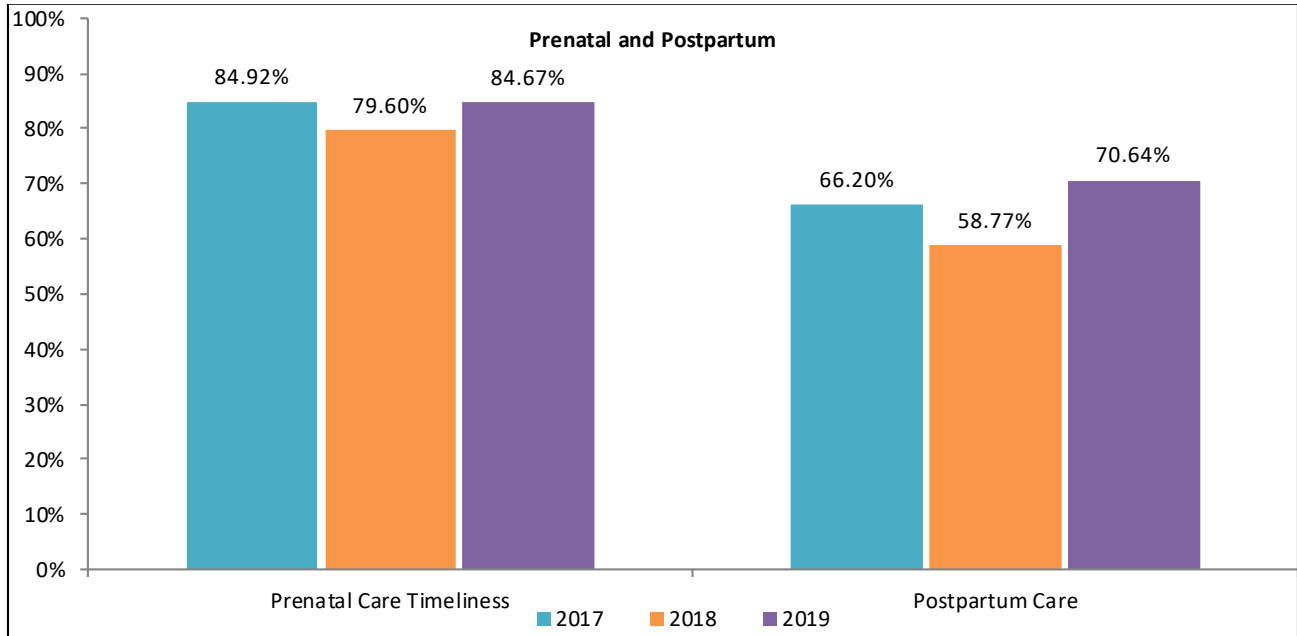




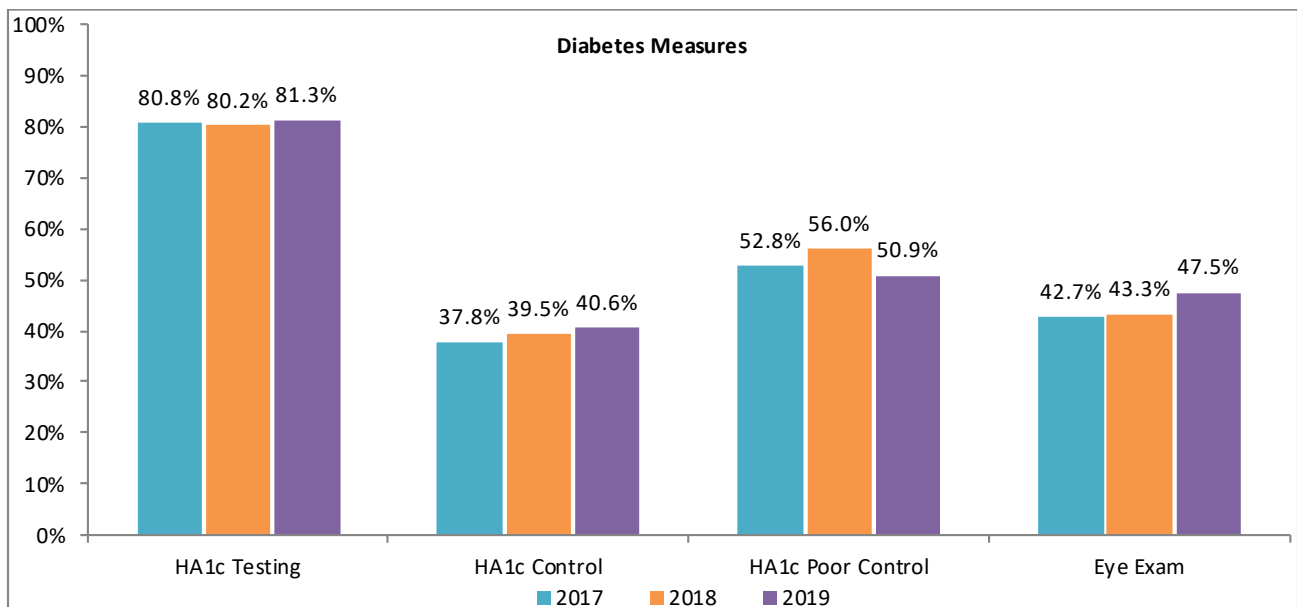
Improving health outcomes of women participating in managed care continues to be a primary focus for the MHD. Multiple quality metrics, such as cervical cancer, breast cancer, and chlamydia screening allow the MHD to determine if interventions from the MCOs are making an impact. Cervical cancer (+5.34 percentage points) and breast cancer screenings (+1.78 percentage points) improved from 2017 to 2019. Although chlamydia screenings saw a decline in 2018 of 5.35 percentage points, 2019 revealed an improvement of nearly one percentage point. The MHD has continued to encourage the MCOs to improve chlamydia screenings by including this measure in the Performance Withhold Program.



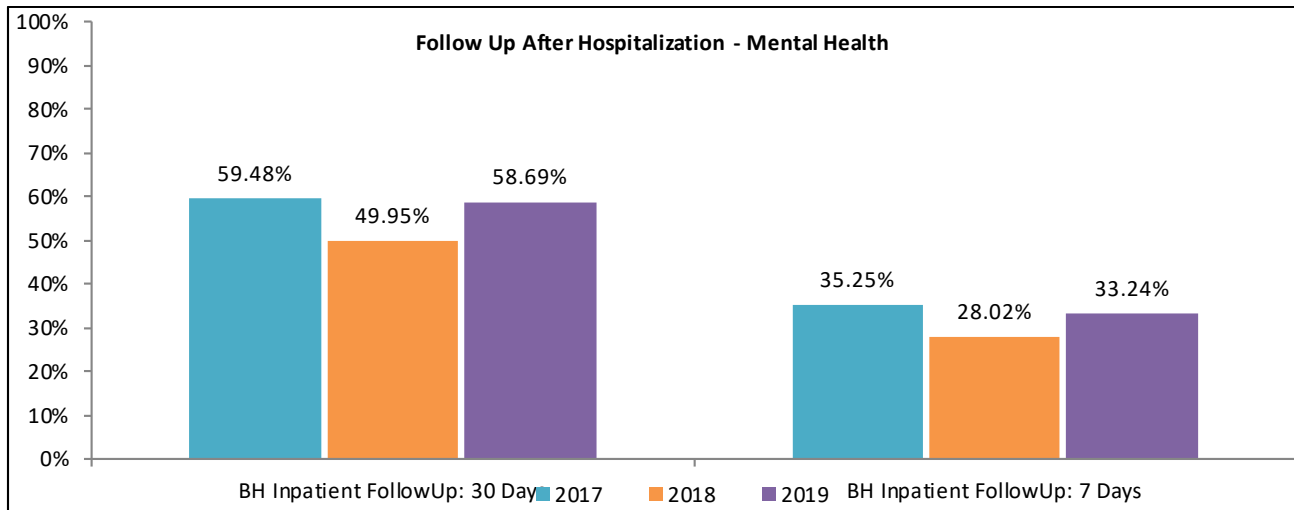
The MHD’s health plans continue to perform at a high level for prenatal and postpartum care measures. The timeliness of prenatal care in Missouri declined slightly between 2017 and 2019 but Missouri continues to be within the 50<sup>th</sup> percentile of national averages on this measure. Postpartum care also consistently ranks within the 50<sup>th</sup> percentile of national averages. This measure saw an increase of 4.44 percentage points over the three-year period.



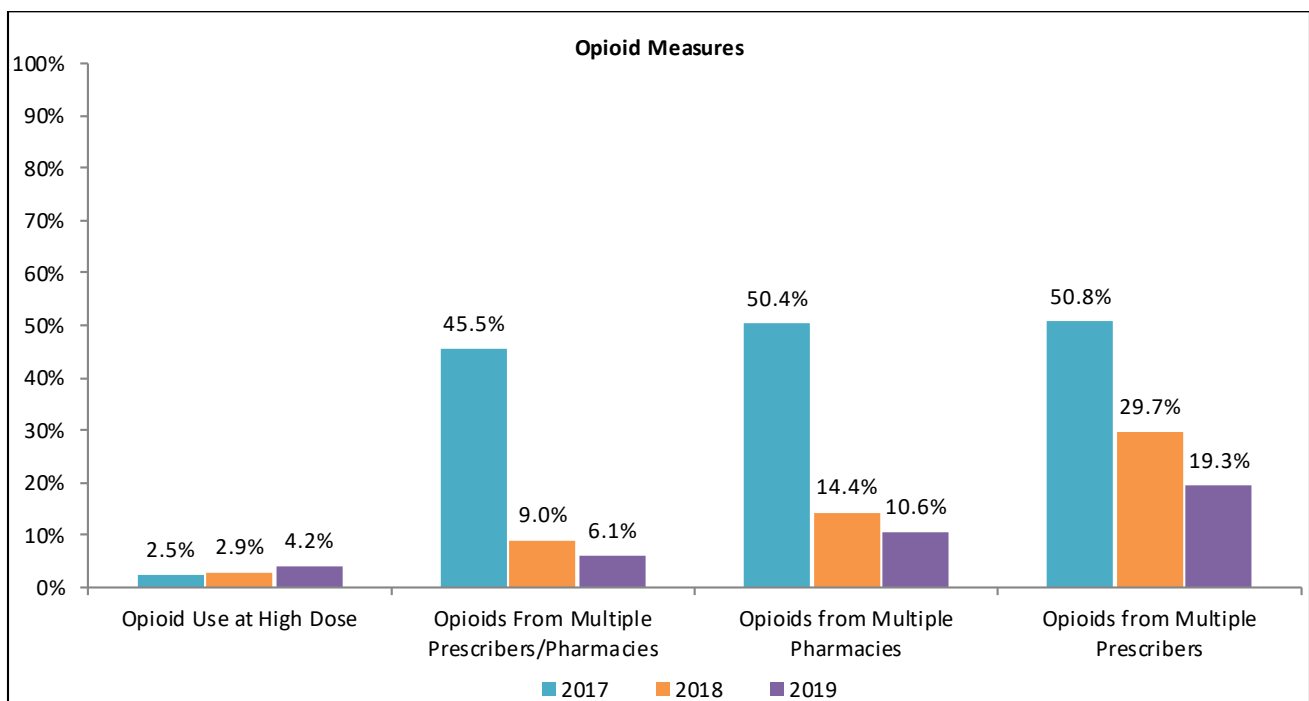
Although comprehensive diabetes care HbA1c control continues to be below national trends, testing remains high. HbA1c tests remain over 80% in Missouri’s Medicaid population. HA1c Control measures improved overall (2.8 percentage points for HA1c control and 1.9 percentage points for HA1c Poor control (for which lower rates are better)), and eye exams saw an improvement of 4.8 percentage points between 2017 and 2019. Controlling HbA1c will remain a focus in the Performance Withhold to bring Missouri’s rate more in line with national trends.



The 2019 rates for inpatient follow-up visits for behavioral health patients are lower than in 2017, but do represent an increase from a considerable drop in 2018. The MHD increased focus on this measure through the Performance Withhold Program which resulted in significant improvement in 2019. The MHD also collaborated with a stakeholder group including behavioral health specialists and MCO stakeholders to improve efforts to connect mental health inpatient facilities with care managers within the MCOs to ensure follow-up visits occurred. The Follow Up After Hospitalization Workgroup pilot program will continue through 2021 with the intention of deploying successful initiatives statewide in future years. This measure also continues to be a focus on the Performance Withhold Program.

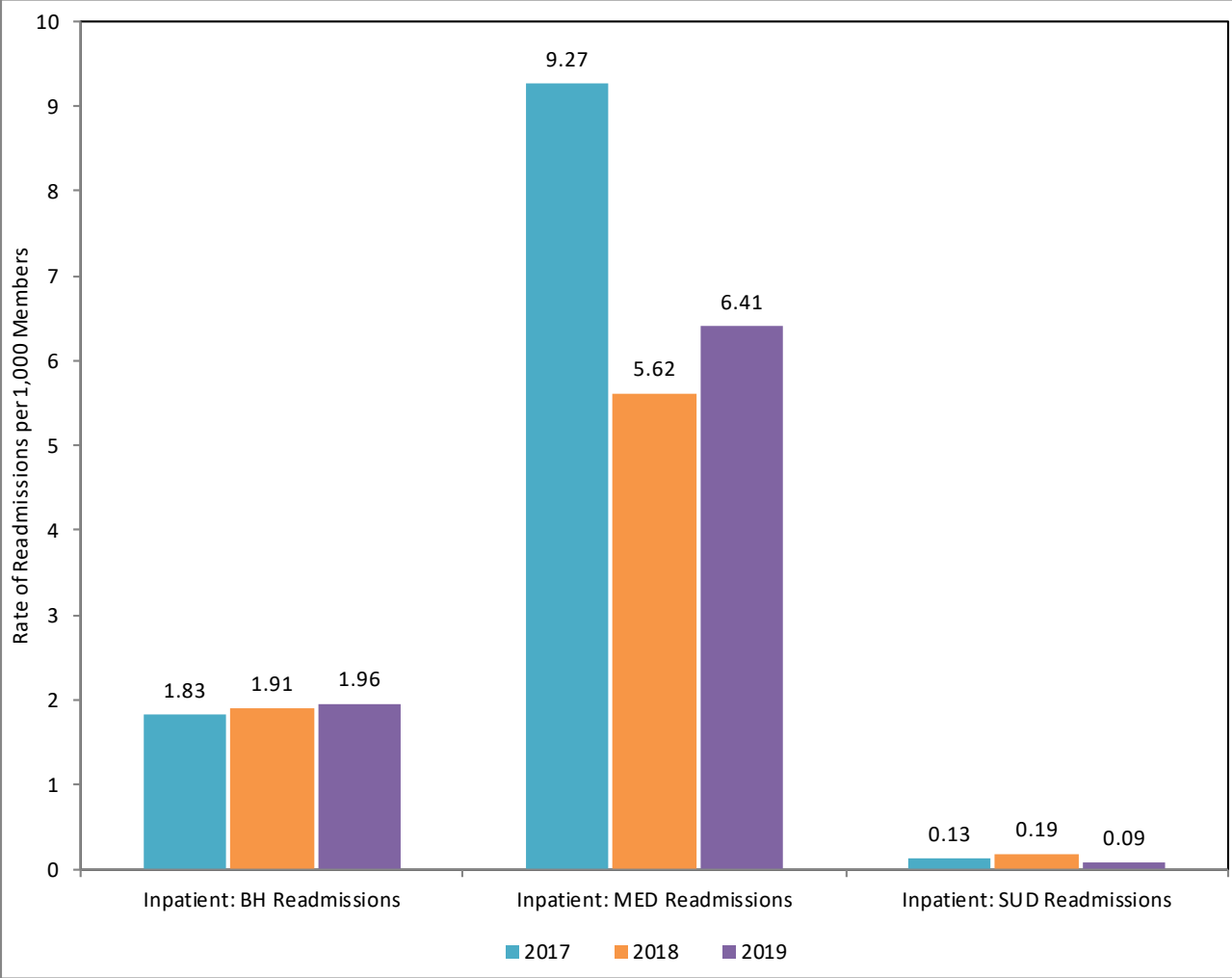


The management of opioid use disorder continues to be a focus for the MHD. When analyzing the number of opioids being prescribed from multiple prescribers/pharmacies, Missouri has seen significant improvements over the past three years. The use of opioids at a high dose remains quite low, although this rate did increase by 1.7 percentage points from 2017-2019.

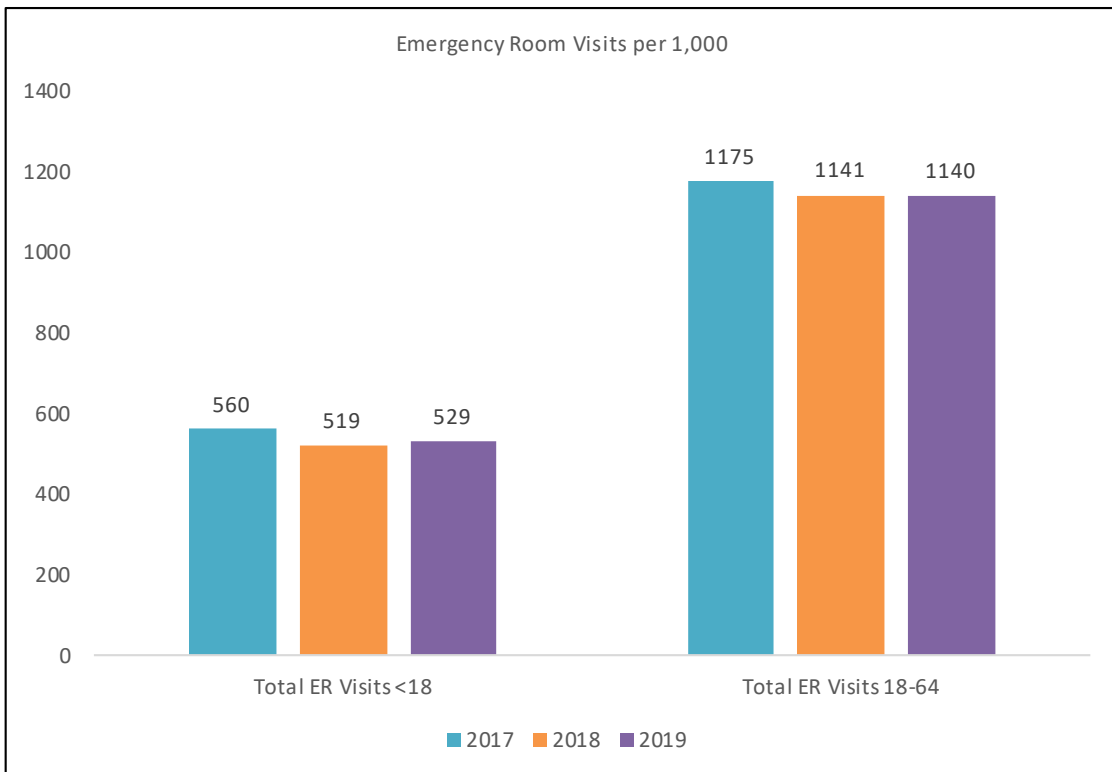
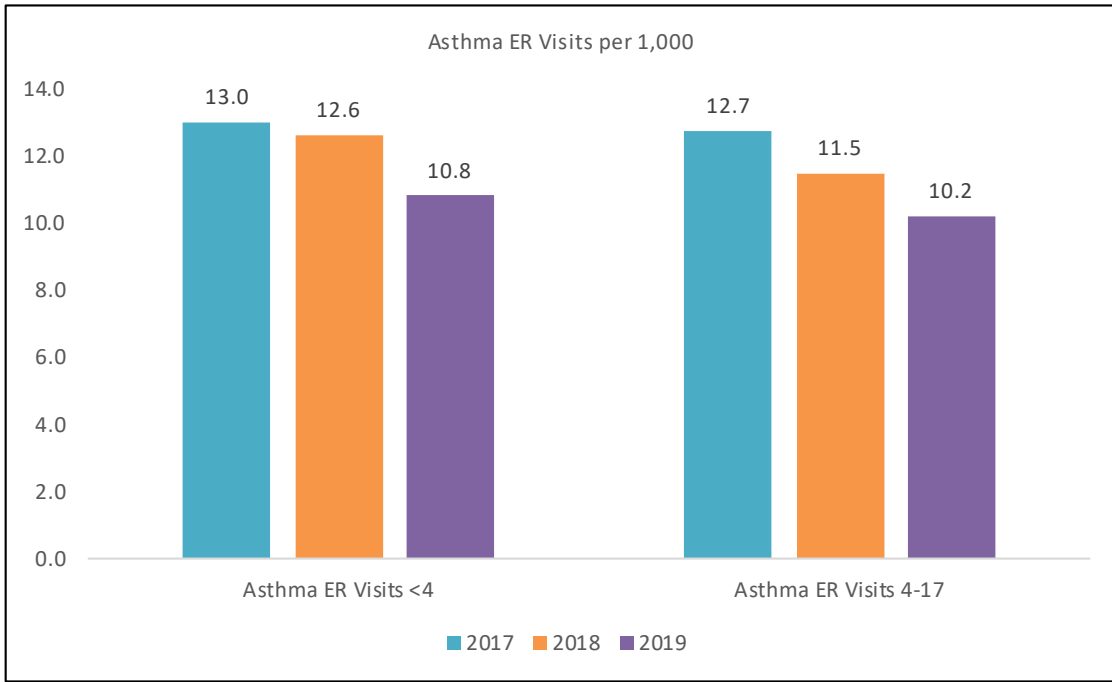


*Goal 3: Ensure cost-effective utilization of services*

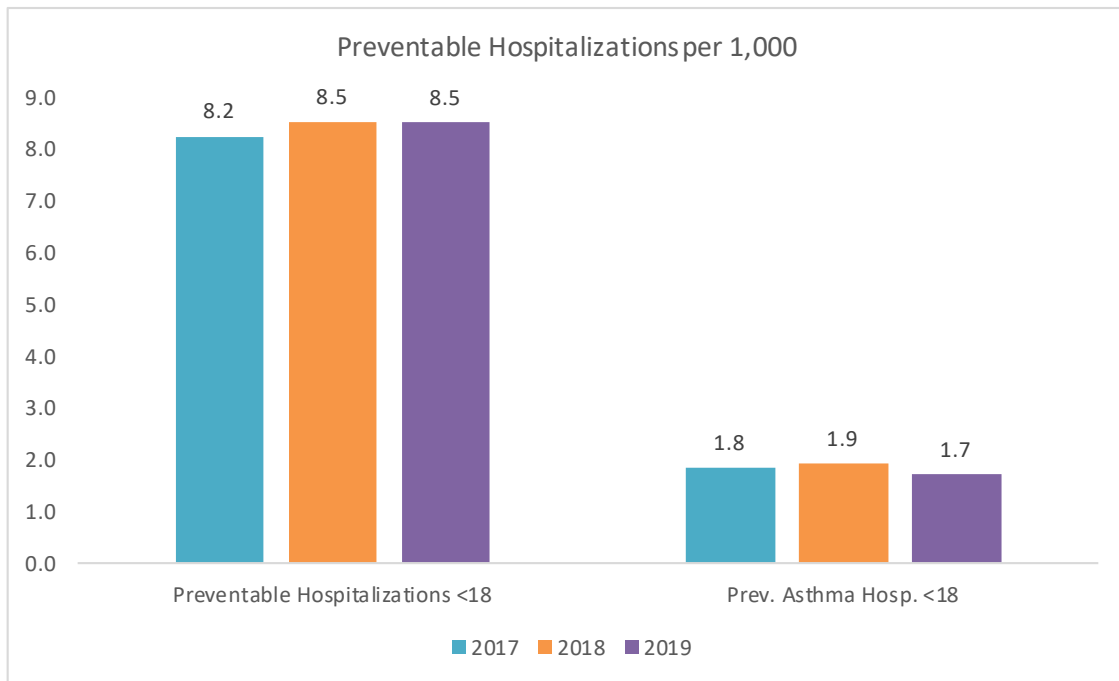
Inpatient behavioral health readmissions varied depending on the type of issues treated. Readmissions related to behavioral health concerns increased very slightly from 2017 to 2019 (+1.96 readmissions per 1,000 member months). Those for medical issues declined significantly in 2018, and then increased slightly in 2019. Rates for substance use disorders remain extremely small, changing from 0.13 readmissions per 1,000 members in 2017 to 0.09 in 2019.



The MHD continues to reduce the number of participants utilizing the emergency room. Emergency room visits related to asthma for children under four years of age and 18 years of age continued to see a downward trend. Visits for children under four declined by 2.2 per 1,000 participants between 2017 and 2019. Asthma visits for ages 4 to 17 experienced a similar decline within this timeframe of 2.5 per 1,000 participants.



Preventable hospitalization rates remained steady between 2017 and 2019. Preventable hospitalizations for ages 18 and younger had a slight increase to 8.5 per 1,000 participants in 2018 and remained at 8.5 per 1,000 participants in 2019. Preventable hospitalizations for asthma decreased by 0.1 per 1,000 participants.

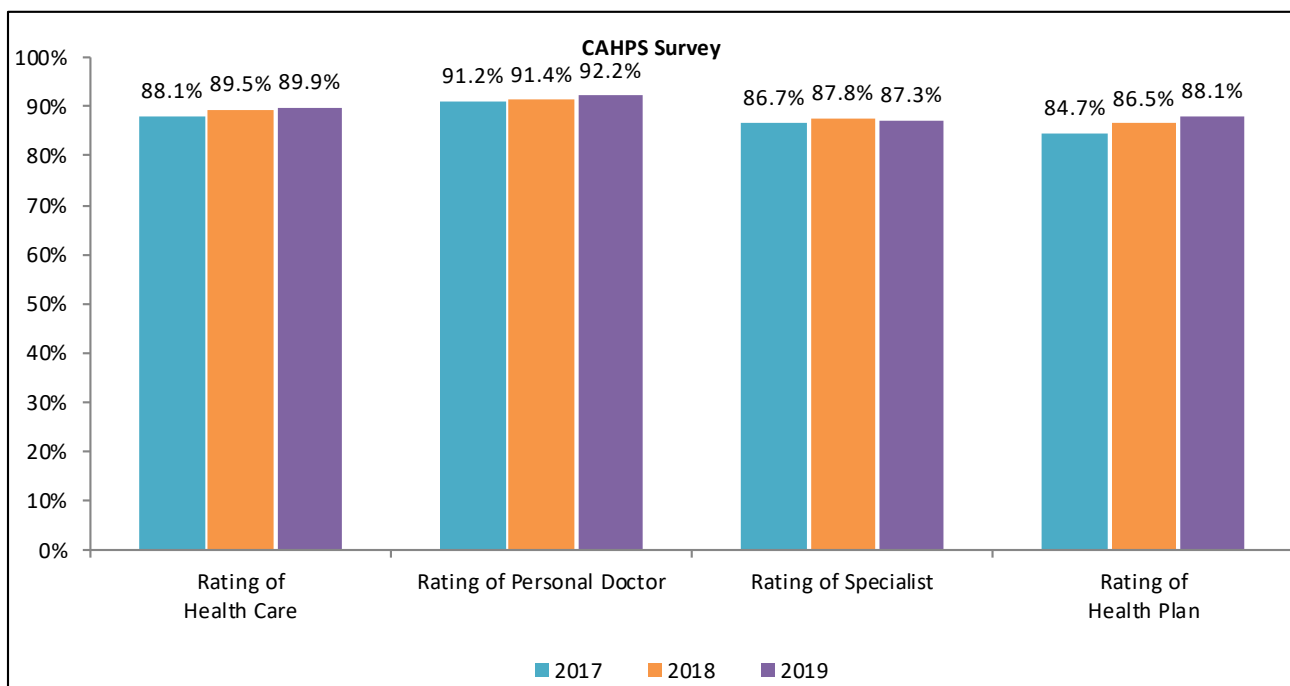
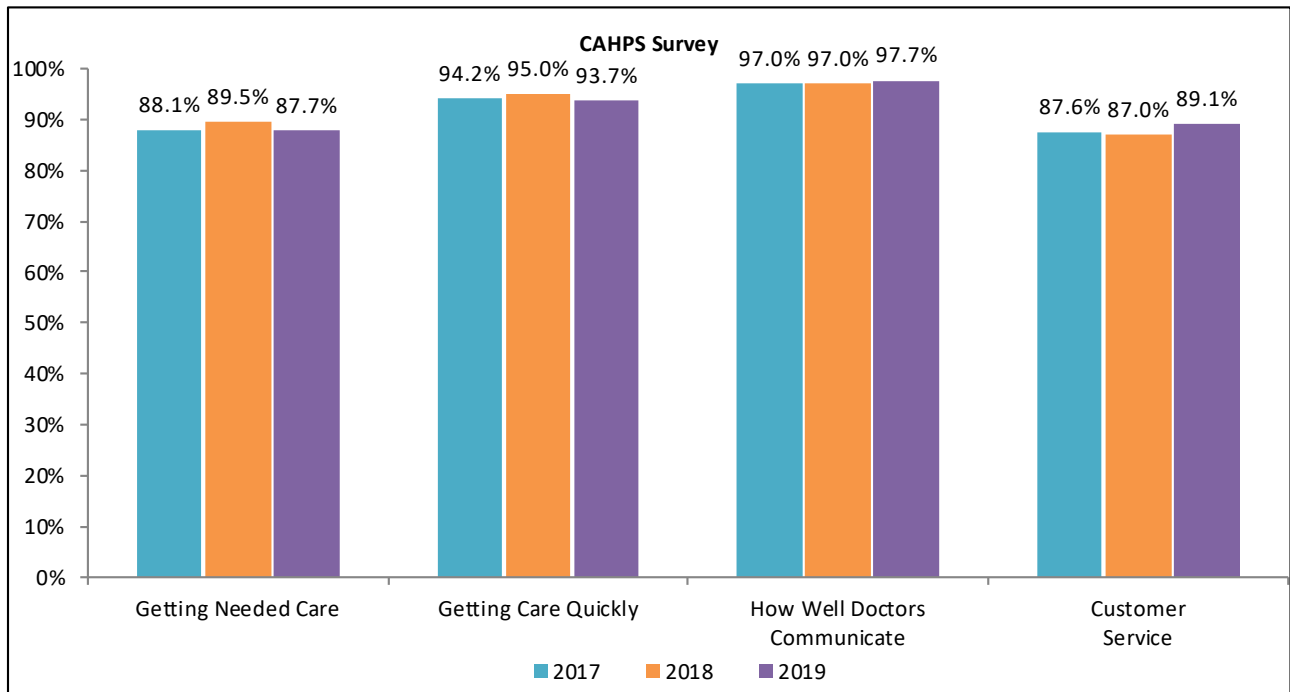


One of the methods for evaluating access to care has been through the use of a “Secret Shopper” survey conducted by Missouri’s EQRO for the past three years, although the 2018 and 2019 surveys were abandoned as noted above.

Data on the number of MCO members receiving care management, as reported by the MCOs on a quarterly log, has been available since 2015. Due to differences in data analysis MHD determined results were inaccurate. These differences are likely to be due to issues with care management reporting. The MHD is currently collaborating with the MCOs to improve the process of creating and submitting the care management log.

*Goal 4: Promote member satisfaction with the experience of care.*

A review of data from 2017 to 2019 for the Care Management Satisfaction Survey (CAHPS) continues to show high rates of satisfaction in eight composite and rating items. Scores are generally high nationally for these measures, but Missouri is above the mean for several measures. Missouri’s MCOs collectively score above the 50<sup>th</sup> percentile nationally on “Getting Needed Care”, “Ratings of Health Care” and ”Rating of Personal Doctor”. They are above the 75<sup>th</sup> percentile for “Getting Care Quickly” and above the 90<sup>th</sup> percentile nationally for “How Well Doctors Communicate”.



## **Discussion**

Missouri's ongoing evaluation of QIS processes and associated data metrics continues to evolve. A Performance Withhold Program centered on HEDIS measures has been extremely beneficial in driving quality improvement. Prior to state fiscal year 2020, this program included "home-grown" measures that often times were difficult to analyze and presented questionable results.

Collaborating with the MCOs and determining very clear objectives and goals has helped refine the withhold program. The MCOs are able to develop targeted approaches to incentivize their members and providers to improve these measures. HEDIS measures can often times be difficult to move with any significance within a year's time, however, our MCOs have witnessed very encouraging results from their initiatives, with some even seeing improvement of more than ten percentage points within the first year of dedicated focus.

Unfortunately, the Coronavirus pandemic impacted our Performance Withhold Program briefly and the MHD had to temporarily pivot and implement a focused study initiative in state fiscal year 2021. The MCOs are taking this opportunity to research specific improvement initiatives such as telehealth.

Additional analytics are also being conducted to stratify HEDIS measures by gender, race, ethnicity, and county to determine if there are specific aspects of the quality metrics that can be targeted for improvement. Lastly, the MCOs are currently conducting a study to determine the impact the Coronavirus has had on member utilization. We hope this information can be utilized by the MHD and our MCOs in the event another health emergency occurs in the future.

Workgroups, such as one focused on encounter data, have also contributed to more accurate data analytics and reliability. Both the MHD and the MCOs are able to present topics for discussion to better understand encounters that are problematic and find resolutions. Regular meetings occur one-on-one with the MCOs to ensure personalized assistance is available and group sessions occur when necessary. This has resulted in the MHD being able to utilize 100% of encounter data in the rate setting process.

The MHD has also developed a workgroup focused on improving the rate of follow-up visits for members that have experienced a mental health hospitalization. Stakeholders are currently working on a pilot program to improve the referral process and ensure inpatient members are connecting with an MCO Care Manager to establish follow-up visits. Although this workgroup is new, the MHD and our stakeholders are encouraged by the efforts and commitment to improve this very important area of our program.



The annual EQRO review of MCOs is summarized with a “report card” that considers PIPs, performance measure validation, meeting compliance standards, and case management performance. The EQRO report card shows variable success for this review period, however, the MCOs are actively working to develop and implement changes based on recommendations from the 2019 Annual Technical Report. For more information about individual MCO scores and methodology for EQRO reports, please visit <https://dss.mo.gov/mhd/mc/pages/eqro.htm>.

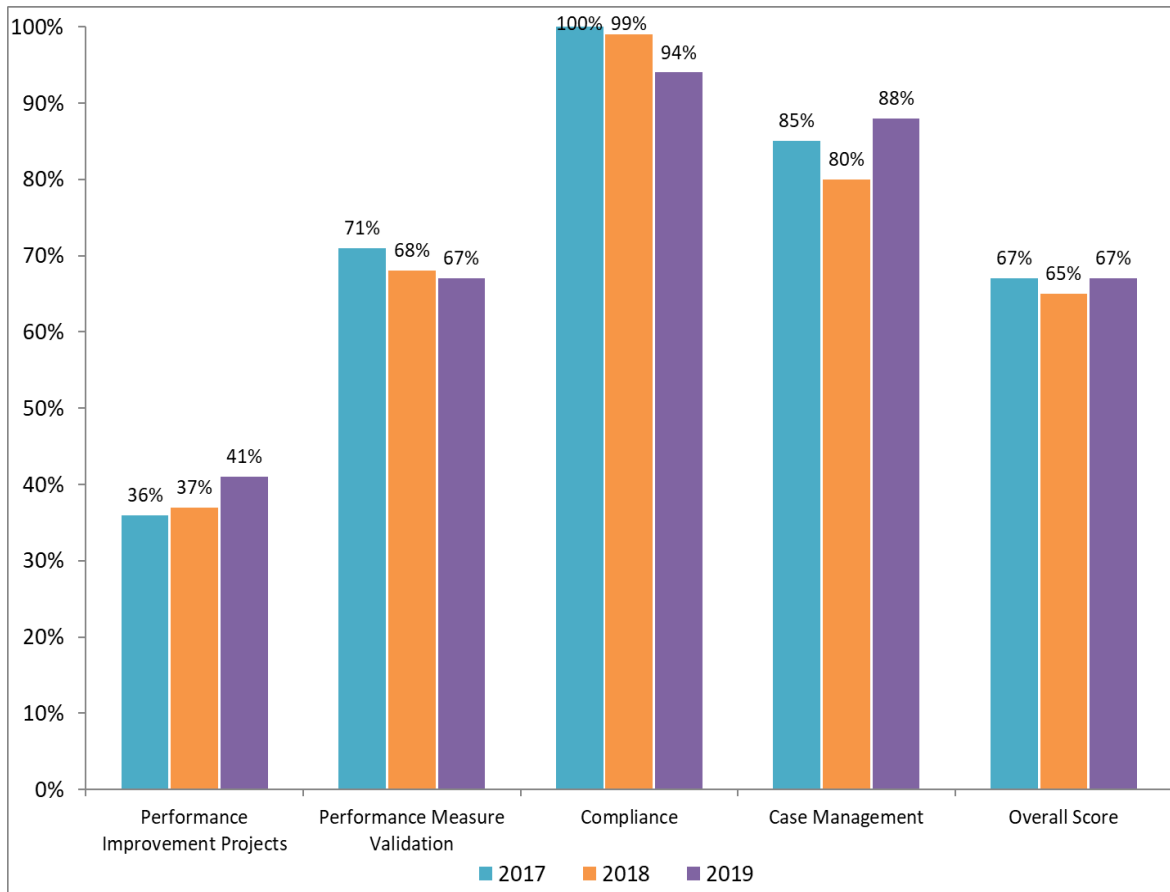


Figure 29: EQRO 'Report Card' for MCOs

### *Staffing Resources*

The MHD has implemented a Quality Oversight Unit consisting of a Manager and three data analysts that specifically address managed care quality and compliance with State, Federal, and contract requirements. These individuals work closely with clinical staff on quality projects such as the Performance Withhold Program and EQRO. This group also monitors network adequacy within the managed care program.

### *MHD Monthly Quality Data Review Committee (QDR)*

The QDR committee continues to provide a consistently scheduled opportunity for managers and administrators to review the variety of quality data that are received, primarily in the quarterly data feeds, from the MCOs. A series of aggregate and management reports were developed for review by the committee. These are also disseminated to the MHD staff designated to review and intervene in the various programs monitored by these data, including member grievances and appeals, member call center activity, claims adjudication, prior authorizations, fraud/waste/abuse, care management, and disease management. The QDC meets monthly to review three to four of these reports each meeting, with the goal of reviewing all reports generated from the MCOs' quarterly data submissions over the course of that quarter. This allows for a review of trends, formulation of questions/follow-up for the MCOs, development of interventions to address problematic or recalcitrant findings, and for general oversight. Additionally, review of data from the annual reporting cycle is analyzed in the QDR Committee as well. Quarterly meetings are conducted with the MCOs to communicate MHD's concerns within the data feeds and provide assistance and clarification regarding compliance efforts.

### *QA&I Advisory Group*

The QA&I group continues to make recommendations to ensure the focus remains on developing meaningful quality improvement ideas. Meetings take place twice per year to review quality data analysis and evaluation activities to determine if improvements or new opportunities need to be explored. In order to generate greater discussion surrounding quality improvement processes by the plans, and expectations by MHD, agendas are modified to keep the group innovative. The QA&I group will continue to establish separate task forces if specific areas of improvement are identified. The QA&I has been helpful in developing strategies that the MHD can implement to drive quality improvement.

### *EQRO*

Primaris, Inc. continues to work as the MHD EQRO. They have continued to become more familiar with our program and consistently work with our MCOs to ensure all EQRO protocols are followed when doing their analysis. In state fiscal year 2020, the EQRO provided technical assistance to the MCOs focused on performance improvement projects.

### *Revised Selection of Performance Metrics*

As part of the development of a new QIS, the MHD is in the early stages of evaluating our performance measures to identify which areas of health care can benefit from focused quality improvements efforts. Additionally, the MHD will be contracting with a single MCO to handle the health care needs of our state care and custody children. Performance metrics will be introduced to focus on the health care needs of this vulnerable population.

## **Summary**

The MHD is focused on continuous quality improvement in the Managed Care Program. Data summarized in this evaluation of the 2018 QIS has provided exceptional historical information, which will drive the 2021 QIS and the progress toward meeting new goals and objectives. The lessons learned in this process will help the MHD to focus its efforts on communicating expectations to the MCOs, improve data collection, and ensure the delivery of quality health care to MCO members. This effort will be conducted in collaboration with the MCOs, stakeholders, and members. The ultimate goal is to help meet the Department's mission, to empower Missourians to live safe, healthy, and productive lives.