2014

MO HealthNet Managed Care Program

External Quality Review

Report of Findings

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Contract Number: C312155001

Review Period: January 1, 2014 to December 31, 2014

Draft Submitted on: October 1, 2015

Final Submitted on: December 1, 2015

Submitted by: Behavioral Health Concepts, Inc.

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1.0 EXECUTIVE SUMMARY

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I.1 Introduction

The United States Department of Health and Human Services (DHHS) Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Managed Care Health Plans (MCHPs) and their contractors to participants of Managed Care services. The CMS rule[1] specifies the requirements for evaluation of Medicaid Managed Care programs. These rules require a desk review as well as an on-site review of each MCHP.

The State of Missouri contracts with the following MCHPs represented in this report:

MCHP	**MCHP Parent Company**	**Date Contract Began**
HealthCare USA (HCUSA)	Aetna, Inc.	September 1995
Home State Health Plan (Home State)	Centene Corporation	July 2012
Missouri Care (MO Care)	WellCare Health Plans, Inc.	March 1998

The EQR technical report analyzes and aggregates data from three mandatory EQR activities and one optional activity:

1) Validating Performance Improvement Projects (PIPs)[2]
2) Validation of Performance Measures[3]
3) Compliance with Medicaid Managed Care Regulations[4]
4) Optional Activity: Special Project – Case Management Record Review.

[1] 42 CFR §433 and §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations

[2] Validating Performance Improvement Projects: Mandatory Protocol for External Quality Review (EQR), Protocol 3, Version 2.0, September, 2012. Washington, D.C.: Author.

[3] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR), Protocol 2, Version 2.0, September, 2012. Washington, D.C.: Author.

[4] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2012). EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR), Protocol 1, Version 2.0, September 1, 2012. Washington, D.C.: Author.

1.2 Validating Performance Improvement Projects

The EQRO validated a total of six PIPs that were conducted during 2014. The focus of PIPs is to study the effectiveness of clinical or non-clinical interventions. Projects should improve processes associated with healthcare outcomes and/or the healthcare outcomes themselves. They are to be carried out over multiple re-measurement periods to measure: 1) improvement; 2) the need for continued improvement; or 3) stability in improvement as a result of an intervention. Under the MCHPs' contracts with the State of Missouri, each MCHP is required to have two active PIPs: one of which is clinical in nature, and one non-clinical.

The EQRO reviews each PIP to determine if it was designed, conducted, and reported in a methodologically sound manner. The EQRO incorporates document review, interview, and observation techniques to fully evaluate the components of each PIP. Specific feedback and technical assistance are provided to each MCHP by the EQRO during on-site visits. The technical assistance focuses on improving study methods, data collection, and analysis.

Eligible 2014 PIPs for validation were identified by the MCHPs, State Medicaid Agency: Missouri Department of Social Services, MO HealthNet Divsion (SMA), and the EQRO, and the final selection was made by the SMA in February 2015. Improving Oral Health, a statewide PIP, was selected as the non-clinical PIP for all of the MCHPs.

A list of all evaluated PIPs and brief summary of compliance is included in Table 1.

Table 1 – Summary Performance Improvement Validation Findings, by MCHP

PIP Title	Overall Rating
HCUSA Reducing the Re-admission Rate for Asthma Patients Project	100%
HCUSA Improving Oral Health	100%
Home State Reducing Overall ER Utilization by Home State Members	100%
Home State Improving Oral Health	100%
MO Care Timeliness of Prenatal Care	100%
MO Care Improving Oral Health	95.83%

Note: This table is a summary of the data contained in Table 3 of this report, found in Section 2.3.

Final Assessment

The following summarizes the quality, access, and timeliness of care assessed during the review of the PIPs and provides recommendations based on the EQRO findings during the Validation of Performance Improvement Projects.

Quality of Care

When addressing the issue of quality services to all members at all MCHPs, several areas were reviewed. Topic identification was one area that provided evidence of the attention paid to this topic. Intervention development for PIPs also focused on the issue of quality services. The PIPs reviewed focused on topics that required improvement in the direct provision of services delivered. PIPs included interventions that addressed barriers to quality care and targeted improved health outcomes. The interventions employed in these PIPs exemplify an attention to quality healthcare services. Examples include the following:

- HCUSA's collaborating with a home health vendor to develop and enhanced intervention team to conduct targeted activities for all members discharged from an acute care setting as the result of asthma issues;

- HSHP implementing physician in-home visits for ED super-utilizer adults. Members are given the option to choose visiting physicians as their PCP; and
- MO Care developing an incentive program encouraging members to obtain timely prenatal care.

Access to Care

Access to care was an important theme addressed by all MCHPs. PIPs targeting improved access to dental care, early access to prenatal care, and intensive case management including in-home services are all examples of the MCHP's focus on access to care. Each of these projects can lead to improved preventive and primary care for members. The EQRO's on-site discussions with MCHP staff indicated that improving access to care is an ongoing aspect of all projects that are developed.

Timeliness of Care

Timeliness of care was also a major focus of the PIPs reviewed. These projects addressed early involvement in prenatal care, case management to assist members who have used the ER as a method to obtain primary care, and immediate management of members' health when hospitalized as the result of asthma. The projects addressed the need for timely and appropriate care for members to ensure that services are provided in the best environment quickly and efficiently. The PIPs related to Improved Oral Health included a focus on obtaining timely screenings and recognized that this is an essential component of effective preventive care.

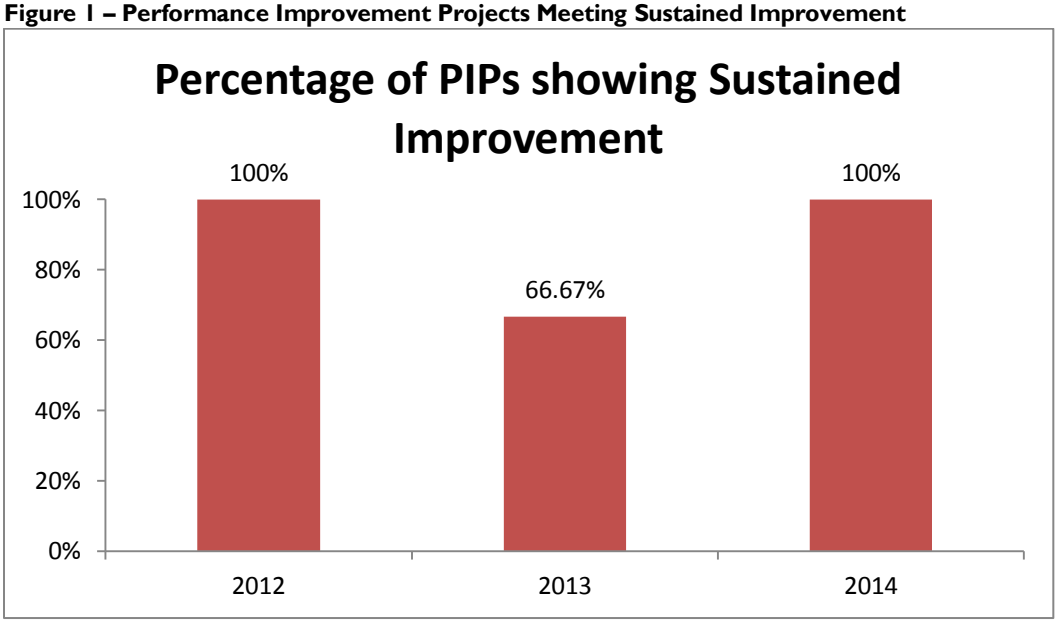
Conclusions

The MCHPs have made significant improvements since the EQRO measurement process began. During the first year the PIPs were reviewed against the requirements of the CMS protocols (2004), the MCHPs earned an aggregate rating of 25.1%. In 2014 the MCHPs aggregate rating has increased to 99.10% for meeting all the requirements of PIP Validation Rating. The MCHPs are actively using the PIP methodology to design studies and quality improvement processes to improve services to members.

Figure 1 depicts the final element of validating these projects; analyzing the projects' ability to create sustained improvement. For this element, the EQRO assesses each PIP to determine if real change is the result of changes in the fundamental processes of the MCHPs' health care delivery system, or if change is only a "one time" improvement that can be attributed to accidental occurrences or random chance. This is determined by evaluating a number of factors, including:

- Calculating the degree to which the MCHPs' interventions have produced statistically significant results: a sustained upward (or downward) trend in desired results;
- Reviewing outcomes and submitted data for quality indicators that denote "meaningful change in performance relative to the performance observed during the baseline measurement"; and
- Observing changes in baseline and repeated measurements over comparable periods of time, indicating that the desired improvements have occurred.

Figure 1 – Performance Improvement Projects Meeting Sustained Improvement



Source: BHC, Inc., 2010-2014 External Quality Review Performance Improvement Projects Validation

In 2012, 2013, and 2014, three PIPs were considered mature enough to evaluate for sustained improvement. One non-clinical PIP, Improving Oral Health submitted by HCUSA, was determined to have reached sustained improvement in each of the three years. MO Care's Improving Oral Health non-clinical PIP submission reached sustained improvement in the 2012 and 2014 review years. Although MO Care's PIP was mature enough to evaluate in 2013, data issues prevented the PIP from meeting all requirements necessary to achieve sustained improvement during that review year. Additionally, in each of these years one clinical PIP met the requirements of achieving sustained improvement. In 2012, it was the Comprehensive Diabetes clinical PIP submitted by MO Care; in 2013 it was the Notification of Pregnancy Form clinical PIP submitted by HSHP; and in 2014 it was HCUSA's Reducing Readmission Rate for Asthma Patients clinical PIP that met the requirements of reaching sustained improvement.

1.3 Validation of Performance Measures

The Validation of Performance Measures Reported by the MCO Protocol requires the validation or calculation of three performance measures at each MCHP by the EQRO. The measures selected for validation by the SMA are required to be submitted by each MCHP on an annual basis. The measures were also submitted to the State Public Health Agency (SPHA; Missouri Department of Health and Senior Services; DHSS). Since the 2011 review, the three performance measures selected for validation by the SMA have been Annual Dental Visits (ADV), Childhood Immunization Status Combo 3 (CIS3), and Follow-Up After Hospitalization for Mental Illness (FUH). Detailed specifications for the calculation of these measures were developed by the National Committee for Quality Assurance (NCQA) (a national accrediting organization for managed care organizations) and can be found in their technical manual.[5] The EQRO examined the information systems, detailed algorithms, MCHP extract files, medical records, and data submissions provided to the SPHA to conduct the validation activities of this protocol.

QUALITY OF CARE

The HEDIS 2014 FUH measure is categorized as an Effectiveness of Care measure and is designed to measure the quality of care received by MCHP members.

Two of the three MCHPs received ratings of Fully Compliant with the specifications for calculation of this measure and one (MO Care) was Substantially Compliant. (see Table 5)

For the 7-day follow up rate, one MCHP reported a rate higher than the National Medicaid Average (42.30%) for this measure. The rate for this measure varies between MCHPs. HCUSA's rate of 46.36% is the highest rate reported and MO Care's rate of 39.36% is the lowest. The MCHPs' average rate of 44.28% is 2.02 percentage points higher than the National Medicaid Average, and is a 9.38 point increase over the 2013 rate.

This measure has been audited by the EQRO annually since 2009. The 7-Day reported rate for all MCHPs in 2014 (44.28%) returns the All MCHP Rate to a rate similar to previous years' reported rates.

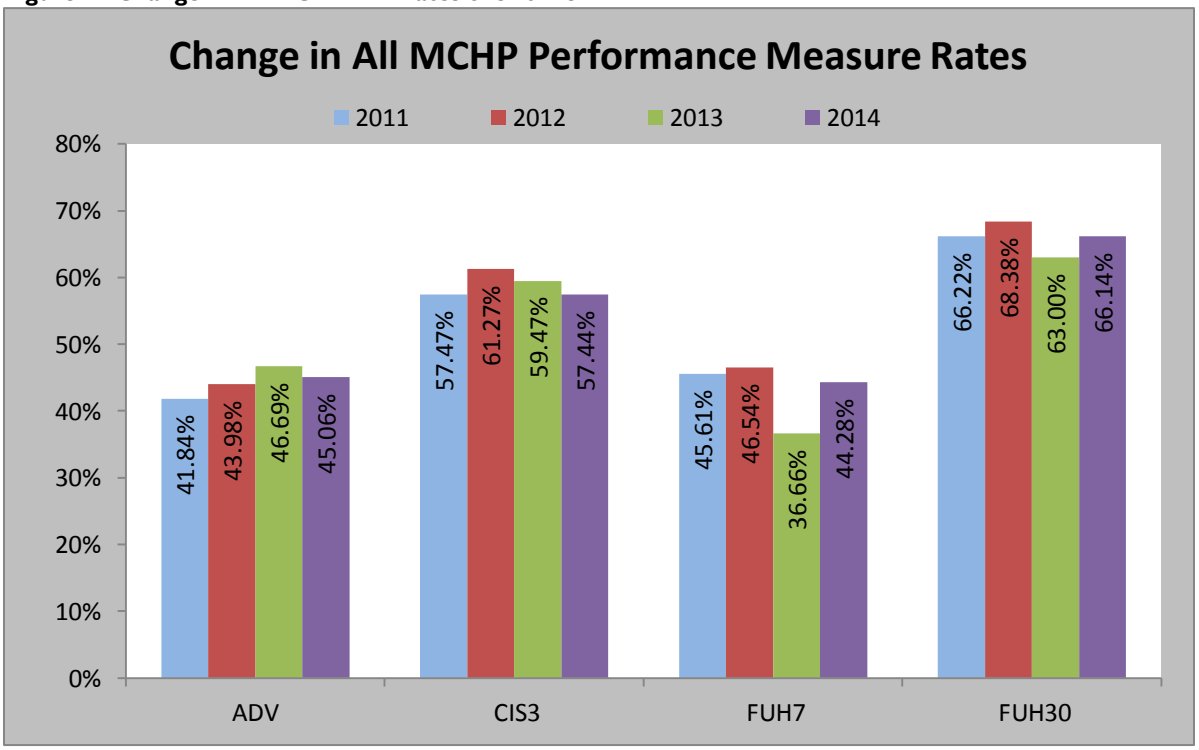
[5] National Committee for Quality Assurance (NCQA), *HEDIS 2013 Volume 2: Technical Specification,* 2012.

The rate for the 30-day follow up rate is higher for HCUSA (69.53%) than for Home State (59.84%) and MO Care (61.56%). The average of the MCHPs is 7.3 points below the National Commercial Average and 1.5 points above the National Medicaid Average.

This measure has been audited by the EQRO annually in six of the last seven years. The 30-Day reported rate for all MCHPs in 2014 is consistent with prior years.

Both the 7-day and 30-day Follow Up After Hospitalization rates for all MCHPs demonstrates that MO HealthNet members are receiving more follow-up services within 7 and 30 days after mental health hospitalization than the average Medicaid participant in the United States.

Figure 2– Change in All MCHP PM Rates over time



Source: BHC, Inc., 2011-2014 External Quality Review Performance Measure Validation

Access to Care

The HEDIS 2014 ADV measure is categorized as an Access/Availability of Service measure and aims to measure the access to care received. Members need only one qualifying visit from any appropriate provider to be included in this measure calculation.

Two of the three MCHPs were Fully Compliant and one was Substantially Compliant with the specifications for calculation of this measure.

The ADV measure has been reviewed for the last eight audit years, and rates have increased each year except for the current year (HEDIS 2014) which shows a slight drop. In 2014, none of the MCHPs reported rates higher than the National Medicaid Average (52.65%).

The overall drop in the All MCHP Statewide rate appears due to a decrease in MO Care's ADV rate, which fell by 12.52 points from 2013. This drop was attributed to data issues when the company underwent a transfer of ownership during the Calendar Year 2013. After their HEDIS rates dropped significantly for two consecutive years, an investigation found that a significant amount of relevant data did not transfer from the old system.

The EQRO believes that if full data were available from MO Care that statewide HEDIS 2014 rates would reflect the upward trend that has been observed for the past 8 years in Missouri. In fact, available HEDIS 2015 rates (although not published in this report) have shown a return to prior years' rates. The EQRO largely attributes the continued increase in the ADV rate to the SMA's concentration on a Statewide Oral Health initiative that has fostered a statewide PIP. This information can be found in the review of Performance Improvement Projects (Section 2.0) of this report.

Timeliness of Care

The HEDIS 2014 CIS3 measure is categorized as an Effectiveness of Care measure and aims to measure the timeliness of the care received. To increase the rates for this measure, members must receive a series of immunizations within a very specific timeframe (i.e. prior to age 2).

Two MCHPs validated by the EQRO were Fully Compliant with the specifications for calculation of this measure and the other (MO Care) was Substantially Compliant with the specifications for calculation.

All MCHPs fell well short of the National Medicaid Average of 72.9% and the National Commercial Average of 77%.

HCUSA's CIS3 rate of 66.67% represented a 1.39 point increase from the 2013 rate of 65.28%. MO Care's rate of 50.93% represented a 6.19 point decrease from the 2013 rate and a 15.49 point decrease since 2012.

Combination 3 for this measure was audited in 2011, 2012, 2013 and 2014. Therefore, trend analysis was examined for this 2014 audit year. The statewide rate fluctuates within a 4 point range (57.44% - 61.27%), showing no clear trends. (see Figure 2)

1.4 Compliance with Medicaid Managed Care Regulations

The purpose of the protocol to monitor MCHP Compliance with Managed Care Regulations is to provide an independent review of MCHP activities and assess the outcomes of timeliness and access to the services provided. The CMS protocol requires the utilization of two main sources of information to determine compliance with federal regulations. These sources of information are document review and interviews with MCHP personnel. This combination of information was designed to provide the SMA with a better understanding of organizational performance at each MCHP.

The policy and practice in the operation of each MCHP was evaluated against the regulations related to operating a Medicaid managed care program. The regulations were grouped into three main categories: Enrollee Rights and Protections, Quality Assessment and Improvement, and Grievance Systems. The category of Quality Assessment and Improvement was subdivided into three subcategories: Access Standards, Structure and Operation Standards, and Measurement and Improvement. Initially, the SMA reviewed each MCHP's policy to determine compliance with the requirements of the Managed Care Contract. These determinations and their application to the requirements of the federal regulations were assessed by the EQRO.

This year's review (calendar year 2014) is a follow-up review to the full compliance review that was completed for 2012. The SMA reviewed current policies and procedures to ensure they were in compliance with the both current contractual requirements and federal regulations. The EQR Compliance Review focused on implementation of policies and procedures. The review also included a focus on Case Management including case record reviews and interviews with Case Management and Administrative staff. The results of the Case Management review are reported in detail in section 5.0 of this report as a "Special Project". The interview tools used were based on information obtained from each MCHPs' 2014 Annual Report to the SMA and the SMA's Quality Strategy.

The EQRO's review process included gathering information and documentation from the SMA about policy submission and approval, which directly affects each MCHP's contract compliance. This information was analyzed to determine how it related to compliance with the federal regulations. Next, interview questions were prepared, based on the need to investigate if practices existed in areas where approved policy was or was not available, and if local policy and procedures were in use

when approved policy was not complete. The interview responses and additional documentation obtained on-site were then analyzed to evaluate how they contributed to each MCHP's compliance. All information gathered was assessed, re-reviewed, and translated into recommended compliance ratings for each regulatory provision.

For the fifth consecutive year, none of the MCHPs were able to demonstrate 100% compliance with all requirements related to case management and care coordination.

Quality of Care

The 13 regulations for Enrollee Rights and Protections were 100% "Met" by all MCHPs. Communicating Managed Care members' rights to respect, privacy, and treatment options, as well as communicating, orally and in writing, in their own language or with the provision of interpretive services is an area of strength for all MCHPs. The MCHPs were aware of their need to provide quality services to members in a timely and effective manner.

The 10 regulations for Structure and Operations Standards were 100% "Met" by all MCHPs. These included provider selection and network maintenance, subcontract relationships, and delegation. The MCHPs had active mechanisms for oversight of all subcontractors in place. This is the fourth consecutive year that all of the MCHPs maintained a 100% rating in this set of regulations.

Access to Care

Two MCHPs **improved** in their compliance with the 17 federal regulations concerning Access Standards during this year's review. However, the highest rating in this area was 82.35% compliant. There is still more room to improve in this area.

For the 2014 review, there were no regulations rated as "Not Met". This is an improvement over both the 2013 and 2012 reviews, when 4 regulations were rated as "Not Met". Across all MCHPs, the rate of regulations "Met" for the 2014 review (78.43%) is an increase over the 2013 rate of 74.51%. HCUSA and MO Care were found to be 76.47% compliant and Home State was 82.35% compliant.

Each MCHP described measures they used to identify and provide services to MO HealthNet Managed Care members who have special healthcare needs. All of the MCHPs could describe efforts to participate in community events and forums to provide education to members regarding

the use of PCPs, special programs available, and how to access their PCP and other specialist service providers that might be required.

Timeliness of Care

No MCHP achieved 100% compliance in the Measurement and Improvement area, as only nine of the eleven applicable regulations were 100% "Met." All of the MCHPs adopted, disseminated and applied practice guidelines to ensure sound and timely healthcare services for members. All used their health information systems to examine the appropriate utilization of care using national standard guidelines for utilization management. However, lower Performance Measure rates contributed to the decline in compliance ratings in the area of Measurement and Improvement.

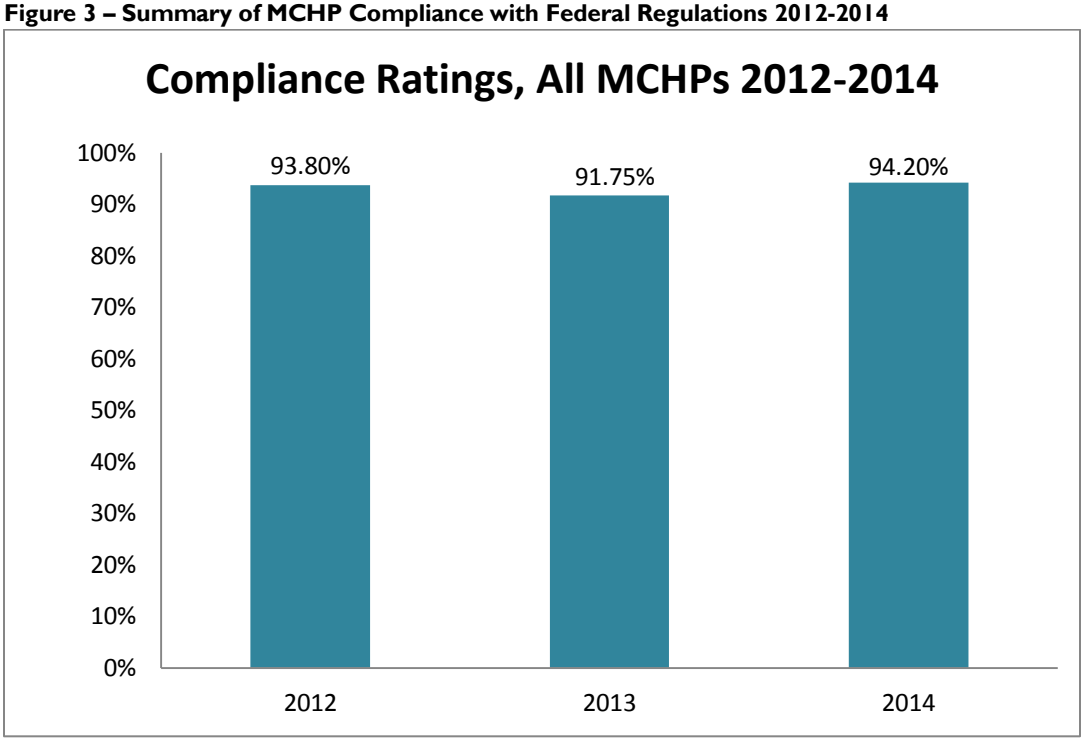
The MCHPs continue to use member and community based quality improvement groups to assist in determining barriers to services and methods to improve service delivery. The Case Management departments reported integral working relationships with the Provider Services and Relations Departments of the MCHPs. However, this relationship was not always evident in the documentation reviewed.

All of the regulations for Grievance Systems were 100% compliant for all of the MCHPs. These regulations all pertained to the written policy and procedure of the MCHPs.

Conclusions

Since the EQRO began reviewing compliance in 2004, the MCHPs have shown significant improvement in their ability to meet the requirements of compliance with the federal regulations. Initially, the MCHPs did not have complete and approved written policies and procedures and MCHP processes did not exhibit compliance with contractual and regulatory requirements. This review examined not only the written policy, but also conducted interviews to identify if the activities of front line and administrative staff were in compliance. The MCHPs have used previous EQR report recommendations to ensure compliant and member-focused procedures.

Figure 3 – Summary of MCHP Compliance with Federal Regulations 2012-2014



Source: BHC, Inc., 2012-2014, External Quality Review Compliance Validation

All MCHPs were 100% compliant with three of the compliance areas validated during this review year. For the fifth year in a row, none of the three MCHPs were 100% compliant with all requirements, due in large part to the issues the EQRO found in the MCHP's compliance with Case Management requirements. The 2014 overall rating of 94.20% compliance for all MCHPs is a 3.45 percentage point increase from 2013. This is the highest overall compliance rating received by the MCHPs to date.

1.5 MO HealthNet MCHP Special Project – Case Management Performance Review

In 2010 the EQRO began conducting a special project related to the provision of Case Management services by the MCHPs. The objective of this special project is to complete an in-depth follow-up review of Case Management by assessing the MCHPs' improvement in service delivery and record keeping. This involved the evaluation of the MCHPs' compliance with the federal regulations and the Managed Care contract as it pertained to Case Management.

The focus of this review was as follows:

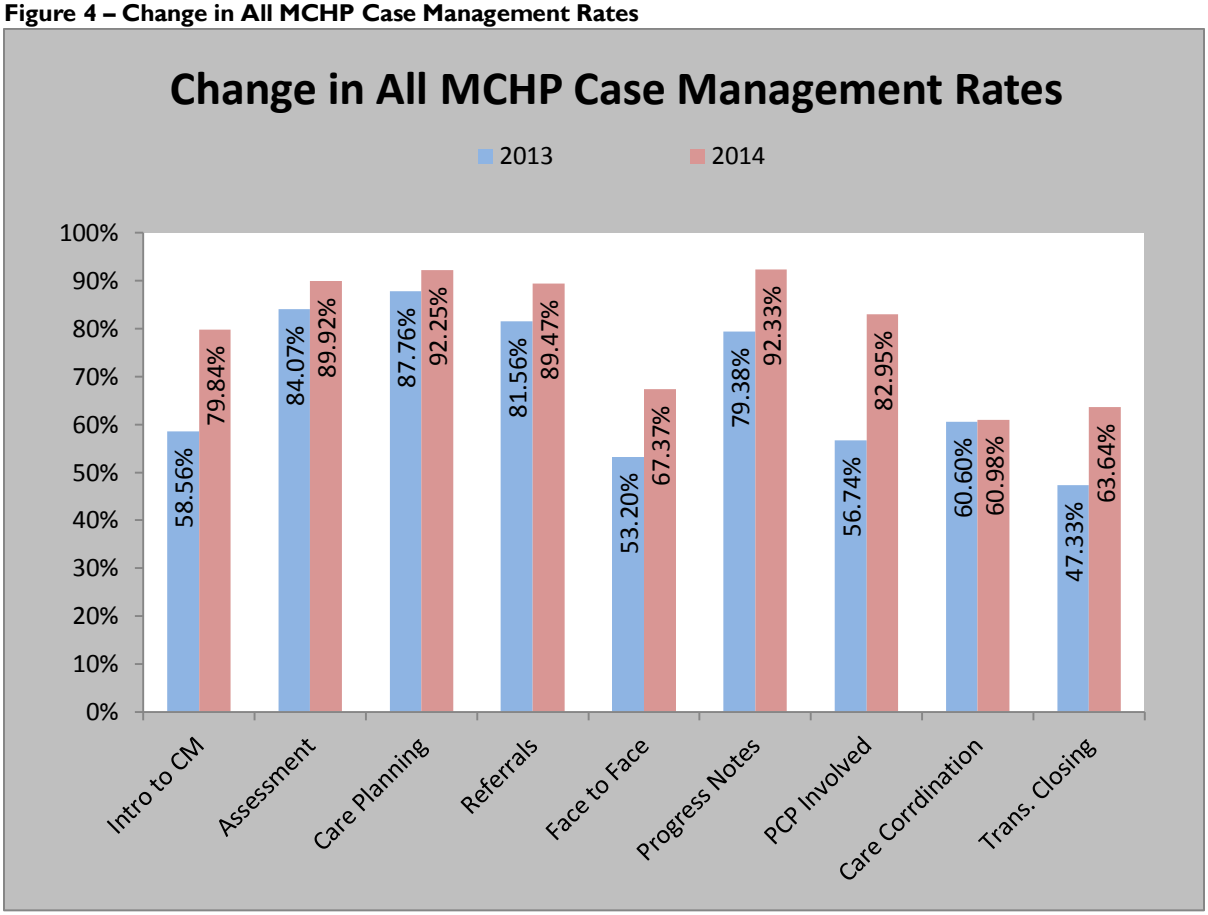
- Assessing the MCHPs' attention to and performance in providing case management to:
    a. Pregnant members;
    b. Members with special health care needs; and
    c. Children with elevated blood lead levels.
- Evaluating compliance with the case management requirements of MHD Managed Care contract; and
- Exploring the effectiveness of case management activities provided by the MCHPs on cases reported as open in each MCHP system.

There are nine categories in which each MCHP is evaluated for compliance with the Case Management requirements of their MHD Managed Care Contract. These contract categories include:

- Introduction to Case Management
- Assessment
- Care Planning
- Referrals
- Face to Face Contacts
- Progress Notes
- PCP Involvement
- Care Coordination
- Transition At Closing

The following figure depicts the change in Case Management ratings received for all MCHPs between 2013 and 2014.

Figure 4 – Change in All MCHP Case Management Rates



Source: BHC, Inc., 2013-2014, External Quality Review Case Management Review

QUALITY OF CARE

When members are properly introduced to and engaged in case management, the quality of service delivery improves. Case managers maintain contact and in some cases advocate for extraordinary services to meet members healthcare needs.

- MO Care improved in eight of the nine areas measured in this review. The MCHP partners with the Children's Mercy Pediatric Care Network in the Western Region. These cases indicated exemplary case management services that promoted quality care for members.
- Home State improved in seven of the nine areas measured. The two areas where the MCHP declined were assessment and case planning. These both reflect a problem with contacting and engaging members who have elevated blood lead levels. During the measurement year, the MCHP has introduced improved methods of contacting members, including using services to

meet members in their homes. However, they do continue to struggle with members requiring lead case management. Lead cases remain open until the child's tested blood lead level falls below the standard. Families did not cooperate with case managers' efforts to obtain current blood testing, particularly when the affected child reached their teens. The MCHP attempts continued contact but often without success.

- HCUSA improved in six of the nine areas measured, although in two of these areas the improvement was less than 1%. During on-site discussions the MCHP advised that they plan to implement new approaches in several areas of their case management program in an effort to garner significant levels of improvements. The static numbers observed during 2014 do require attention to maintain previous accomplishments.

Access to Care

Access to care was enhanced when case managers actively worked with families. Reviews indicated creative efforts to locate members, including contractors who "drive by" members reported addresses to learn if the member is actually living there and to obtain forwarding information whenever possible. Case managers contact a variety of sources to track members' whereabouts, such as the PCP office, schools, community service providers, and community-based clinics. In many instances, the MCHPs are partnering with home health agencies to ensure that members follow through on their part of a case plan and obtain the services they need.

- Access was improved by case managers' efforts to obtain community or provider based services, which uniquely met members' needs.
- Access was improved when case managers remained in contact with members receiving OB services. This ensured members' access to services such as a follow-up with their OB-GYN and a first visit to the pediatrician for the baby.
- The following problems were observed and had a less desirable effect on members' access to services and health care:
    - Face-to-face contacts are still not occurring as often as necessary, even when a contracted provider is authorized to see the member and report their contacts. In some of these cases the member did not receive services needed, which negatively impacted healthcare outcomes.
    - Duplication of services was noted in instances where consistent case/care coordination did not occur.

TIMELINESS OF CARE

When case managers are actively serving a member there are fewer emergency department visits, greater attendance at scheduled appointments, and an increased use of specialists when indicated.

- When case management occurred in OB cases, follow-up visits with the OB and initial pediatrician appointments for the newborn were more likely to occur within specified time frames. Parents who utilized these services often chose their current MCHP when enrolling their infant in MO HealthNet, rather than allowing auto assignment with another MCHP. When this occurred, ongoing preventive care continued.
- Case managers continue to report that they are unable to create a useful transition plan with the member when it appears the case should be closed.
    - It often appears that after members' health care needs are met, the member loses interest in case management and no longer returns calls or responds to letters to arrange a transition plan. Case managers do point out that they often hear from a member months later when a new problem arises. The member tells them, "I still have your card and number."
- Information sharing with PCP offices requires improvement.
    - Case managers' lack of attention to this aspect of service delivery negatively impacts members' ability to obtain needed services in a timely manner.
        - Case notes reflect that in many instances instructions are given to the member with the hope that they will take responsibility for follow-up and timely self-care.
        - The case managers admit that when they have a relationship with the physician's office it is beneficial to their work with the member.
        - Timeliness is greatly improved by ensuring that members, particularly members with special health care needs, obtain all necessary medical services with some oversight.

1.6 Managed Care Heath Plan Report Card

Figure 5– 2014 Managed Care Report Card

MCHP	PIPs	PM Validation 1	PM Validation 2	Compliance	Case Management	Score	Grade
HealthCare USA	100%	100%	78.35%	94.20%	74.04%	89.32%	**B+**
Home State Health Plan	100%	100%	74.16%	94.20%	67.92%	87.25%	**B+**
MO Care	97.5%	86.36%	72.67%	94.20%	76.21%	85.38%	**B**

The MCHPs were given scores in each of the validated areas; these scores were averaged in order to award each MCHP an Overall Score and Grade.

The scores for each validation area were calculated as follows:

Performance Improvement Projects – This score is an average of the ratings awarded by the EQRO for each of the two PIPs validated. For the scores awarded on each PIP, please see Table 3 in Section 2.0 of this report.

Performance Measures – This score is an average of the following:

1. Average of ratings received for Final Validation of each Performance Measure (see Tables 7,9,12 in Section 3.0 of this report).
2. Weighted rate for each PM (weighted with the Medicaid 90th Percentile)
   (Average of ratings received for PM calculation) * (PM Reported Rates weighted on a scale with the Medicaid 90th Percentile)/2

Compliance – This score is an average of the ratings awarded by the EQRO for each of the Compliance standards. For the scores awarded on each standard, please see the MCHP Individual sections of this report (Sections 6.0 – 8.0).

Case Management - This score is an average of the ratings awarded by the EQRO for each of the Case Management components. For the scores awarded on each component, please see Section 5.0 of this report.

2.0 VALIDATING PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

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2.1 Definition

A Performance Improvement Project (PIP) is defined by the Centers for Medicare and Medicaid Services (CMS) as "a project designed to assess and improve processes, and outcomes of care…that is designed, conducted and reported in a methodologically sound manner." The State Medicaid Agency (SMA: the Department of Social Services, MO HealthNet Division) elected to examine projects that were underway during the preceding calendar year 2014. This included evaluating the Statewide Project entitled "Improving Oral Health." The Statewide Project's aggregate report was the foundation of each individual MCHP's PIP.

2.2 Purpose and Objectives

The focus of the PIPs is to study the effectiveness of clinical or non-clinical interventions. These projects should improve processes associated with healthcare outcomes and/or the outcomes themselves. They are to be carried out over multiple re-measurement periods to measure: 1) improvement; 2) the need for continued improvement; or 3) stability in improvement as a result of an intervention. Under the MCHPs' contracts with the State of Missouri, each MCHP is required to have two active PIP; one of which is clinical in nature, and one non-clinical.

The EQRO reviews each PIP to determine if it was designed, conducted, and reported in a methodologically sound manner. The EQRO incorporates document review, interview, and observation techniques to fully evaluate the components of each PIP. Specific feedback and technical assistance were provided to each MCHP by the EQRO during on-site visits.

2.3 Findings

The PIPs identified for validation at each MCHP are:

HealthCare USA	Reducing the Re-admission Rate for Asthma Patients Project Improving Oral Health
Home State Health Plan	Reducing Overall ER Utilization by Home State Members Improving Oral Health
MO Care	Timeliness of Prenatal Care Improving Oral Health

The findings for each section of the evaluation of the PIPs, as required by the PIP Protocols: Validating Performance Improvement Projects are located in Table 2.

Table 2 – Performance Improvement Validation Findings, by MCHP

		HCUSA		Home State		MO Care	
Steps		Reducing Re-Admissions for Asthma Patients	Improving Oral Health	Reducing Overall ER Usage by Home State Members	Improving Oral Health	Timeliness of Prenatal Care	Improving Oral Health
	1.1	2	2	2	2	2	2
	1.2	2	2	2	2	2	2
1: Selected Study Topics	1.3	2	2	2	2	2	2
2: Study Question	2.1	2	2	2	2	2	2
	3.1	2	2	2	2	2	2
3: Study Indicators	3.2	2	2	2	2	2	2
	4.1	2	2	2	2	2	2
4: Study Population	4.2	2	2	2	2	2	2
	5.1	NA	NA	NA	NA	NA	NA
	5.2	NA	NA	NA	NA	NA	NA
5: Sampling Methods	5.3	NA	NA	NA	NA	NA	NA
	6.1	2	2	2	2	2	2
	6.2	2	2	2	2	2	2
	6.3	2	2	2	2	2	2
	6.4	2	2	2	2	2	2
	6.5	2	2	2	2	2	2
6: Data Collection Procedures	6.6	2	2	2	2	2	2
7: Improvement Strategies	7.1	2	2	2	2	2	2
	8.1	2	2	2	2	2	2
	8.2	2	2	2	2	NA	2
8: Analysis and Interpretation of Study Results	8.3	2	2	2	2	NA	2
of Study Results	8.4	2	2	2	2	NA	2
	9.1	2	2	NA	NA	NA	2
	9.2	2	2	NA	NA	NA	2
	9.3	2	2	NA	NA	NA	1
9: Validity of Improvement	9.4	2	2	NA	NA	NA	2
10: Sustained Improvement	10..1	2	2	NA	NA	NA	2
Number Met		24	24	19	19	16	23
Number Partially Met		0	0	0	0	0	1
Number Not Met		0	0	0	0	0	0
Number Applicable		24	24	19	19	16	24
Percent Met		100%	100%	100%	100%	100%	95.83%

CLINICAL PIPS

HCUSA

HCUSA's clinical PIP started as a Health Care Initiative (HCI) to provide new and unique tools to manage the member population with asthma. It was developed into a PIP in April 2013 and this review occurred at the end of the PIP's second year. The PIP was designed to reduce unnecessary readmissions for MCHP members who were hospitalized due to an asthma related illness. The MCHP identified asthma as a chronic and serious health care condition that affects the quality of life and creates additional healthcare issues for their members. The MCHP found that inadequate treatment for asthma and poor medication adherence resulted in frequent emergency department visits. The goals of the PIP for the second year of study are:

- To increase the membership enrollment in the PIP project by 10%;
- To maintain the incidence of 30-day readmissions at less than 10/1,000; and
- To assess the effectiveness of the program out to 60 days post-discharge.

Focusing MCHP resources on reducing unnecessary hospital readmissions for members with asthma related illness is designed to ensure that members receive the appropriate services in the appropriate setting.

HCUSA collaborated with a home health vendor to form an enhanced intervention team to conduct activities with all members discharged from an acute care setting, beginning January 1, 2014. The team:

- Provided individualized education to members/families with asthma regarding the disease processes (acute and chronic);
- Developed an asthma assessment and action plan, as derived from the HCUSA Asthma Booklet, for each member who was admitted to inpatient care;
- Provided members with an admission for asthma, information regarding the appropriate medication use and assessment;
- Assisted the member with asthma with identification of triggers inside and outside of the home;
- Assisted the member in assessing their individual barriers to care;
- Assisted the member in assuring proper healthcare provider follow-up, including specialist referral;

- Educated and informed the member regarding HCUSA benefits pertaining to transportation and resource coordinators;
- Performed ongoing collaboration with the enhanced intervention team as needed; and
- Educated the members on services available through their social and behavioral health staff.

Members were successful at avoiding re-hospitalization when they participated in the enhanced intervention process. The number of members who experienced readmissions at 30 days was reduced for HEDIS year 2015 by 2%. The number of members who cooperated with all interventions was increased by an additional 7% at 30 days. Members who utilized all the interventions had no readmissions at 60 days. The number of members who received no interventions was reduced from 60% in CY 2013 to 54% in CY 2014. The MCHP did not achieve the goal of increasing the number of members who participated by 10%. The MCHP asserted their belief that the best opportunity to enroll more members in this project lies with the members who are currently coded as "Unable to Locate." However, EQRO suggests an intervention targeting case management contact with the member while they are in the hospital should be considered.

Interventions to improve in this area remain active. The MCHP plans to continue this project with a new "Plan-Do-Check-Act" procedures improvement methodology woven into their intensive intervention plan. Although the MCHP was unable to reach their goal of expanding member participation by 10"%, they did maintain readmission rates at less than 10/1000.

Home State Health Plan

HSHP's clinical PIP was implemented in January 2013. The goal of this project is to ensure that members receive appropriate clinical care in the correct setting. The MCHP has evidence that their members are using the Emergency Department at a greater percentage than other populations based on their research and comparisons to their parent company's (Centene Corporation) percentages. The MCHP used innovative interventions, including in-home physician visits, to accomplish these goals.

The interventions included:

- Implementing a Dental Emergency Department outreach program with the MCHP vendor to assist with appointments and services.

- Implementing physician in-home visits for ED super utilizer adults. Members are given the option to choose visiting physicians as their PCP.
- Enhancing the Sickle Cell Program to promote prevention.
- Implementing a High-Touch Asthma program to focus on members with ED visits due to asthma.
- Implementing an Asthma Tele-Care Device Pilot.
- Developing Provider Incentives for member engagement with their PCP.
- Expanding physician in-home visits for the pediatric population in Kansas City and St. Louis.

The results of these initiatives were not as positive as anticipated. At the end of 2014, the MCHP data indicated that the rate of ED utilization was 1% above the target rate. Early 2015 data also showed an increase in the ED utilization rate that exceeds the MCHP's targets. The MCHP continues to analyze data and member perceptions to gain an understanding of factors that may contribute to why ED utilization exceeds their targets. The MCHP conducted member focus groups to enhance their understanding of member issues and to engage members in problem solving. The MCHP will utilize the information they gathered from new and established members to develop strategies to impact this issue. The MCHP will continue to track ED utilization in order to identify factors contributing to this issue and to identify corresponding interventions that are effective in decreasing the use of the ED as a primary method of obtaining healthcare.

Missouri Care

MO Care's clinical PIP focused on improving the health of expectant women and their infants by encouraging early prenatal care. The MCHP initiated this PIP in 2014, recognizing that good prenatal care contributes to positive birth outcomes, such as decreased preterm deliveries. The MCHP utilized research on the national level as well as local data to develop this PIP. The MCHP will determine success by reaching goals defined by the NCQA Effect Size Table to measure meaningful improvement.

The following improvement strategy became active in late 2014:

- Member Incentive – Expectant members will be given a $25 gift card if they have a prenatal visit in their first trimester or within 42 days of enrollment with the MCHP.

The HEDIS 2015 rates serve as the baseline for this PIP. The MCHP plans ongoing comparisons to the HEDIS 2015 rate in order to identify significant increases in rates. A HEDIS-like methodology, one that does not require eligibility exclusions, will be included to provide the MCHP with real-time assessment information on a quarterly basis to monitor the outcomes of the interventions planned. This PIP addresses an important aspect of members' health and is well constructed.

NON- CLINICAL PIPS

Each of the MCHPs conducted a non-clinical PIP that focused on the Statewide PIP initiative "Improving Oral Health."

HCUSA

HCUSA's non-clinical PIP included information related to the statewide PIP and addressed the MCHP's population individually. The goal of this PIP was for each eligible HCUSA member to obtain one dental visit during the measurement year.

The following interventions were added to this project for CY 2014:

- Collaborating with Early Childhood programs such as Head Start;
- Emphasizing to parents the need for childhood dental preventive services and sealant; and
- Sealant Application (these objectives were formed to align with the Statewide Dental PIP).

The MCHP results included the growth in percentage points and the percent increase over the base year for the number of Annual Dental Visits obtained by HCUSA members. In all three regions, the aggregate numbers indicate an improvement of 15.38 percentage points and a new increase of 44.13% from the baseline measure in the rate of Annual Dental Visits obtained by HCUSA members. The statewide goal of 52.19% was missed by -1.96%. The HEDIS 2014 rate was 50.67% and the HEDIS 2015 rate was 50.23%. The MCHP has met the goal of 3% improvement each year this PIP has been underway until 2014. Their analysis asserts that the MCHP is "stuck" in the 50% range. The MCHP admits that engaging membership to comply with available opportunities to obtain good dental care is an area that has eluded them. The MCHP is focusing future interventions on continued education and encouraging change in member behavior. The MCHP continues to evaluate the engagement and member behavior barriers and plans to implement interventions targeted toward these areas in the future.

Home State Health Plan

HSHP's rationale for addressing this PIP included information related to the statewide PIP study topic and addressed Home State's population individually. They were thorough and focused on enhancing available and preventive dental care in their quest to increase the number of members obtaining an Annual Dental Visit.

The following intervention was added to their 2014 project:

- Telephonic reminders from Member Services and Case Management. This also included written follow-up reminders via Weekly and Quarterly Care Gap letters sent by Quality Improvement.

The MCHP now has two full years of developing interventions to impact this issue and has HEDIS data from HEDIS years 2014 and 2015. The HEDIS rates for these two years were 42.27% and 41.77% respectively. These year's results were relatively flat, although the MCHP experienced a 22% increase in eligible members during HEDIS 2015. Both the HEDIS 2014 and 2015 rates are a significant increase over their 2013 HEDIS-like results of 19.65% for their first six months of operation. The MCHP identified access and availability barriers for their members and created new and innovative interventions planned for calendar year 2015.

Missouri Care

MO Care's individualized approach to the Statewide PIP "Improving Oral Health" had stated goals to "Improve members' oral health outcomes" and "Improve the HEDIS ADV rate to reflect this outcome".

The interventions implemented in 2014 were as follows:

- Collaboration with one elementary school in Kansas City. This involves a partnership with Samuel Rogers FQHC.
- Telephone Outreach – This intervention is focused on reminding "members of services due, including Annual Dental Visits." The member is transferred to a DentaQuest representative if they are in need of an annual dental visit.
- Dental Reminder – This is an intervention new to 2014, and focused on members who need a dental visit.

- Expanded Dental Van – A Dental Van initiative exists within MO Care. A new van was added to the Central Region and visits "rural locations, including Pettis, Benton, and Johnson Counties".

The MCHP supplied their HEDIS 2015 rates. The MCHP achieved the goal of a 3% improvement for the calendar year 2014. The rates and data presented indicate a statistically significant improvement over the previous year. The current HEDIS rates are the highest achieved by the MCHP to date.

VALIDATION STEPS

Each PIP is validated based on ten steps that are identified in Table 3. This table also provides a summary of how each of these steps was addressed in the studies submitted. In the 2014 review, only one element was not completely met. In one PIP (MO Care - Non-Clinical) the MCHP did not include or address any statistical significance testing and the analysis was not considered complete. For further information and specifics, including the completed PIP Validation Tool for each MCHP's response to these steps, please see sections 6.1, 7.1 and 8.1 of this report.

Table 3. Summary of Performance Improvement Project Validation Ratings by Item – All MCHPs

	All MCHPs					
Step	Item	Number Met	Number Partially Met	Number Not Met	Total Number Applicable	Rate Met
Step 1: Selected Study Topics	1.1	6	0	0	6	100%
	1.2	6	0	0	6	100%
	1.3	6	0	0	6	100%
Step 2: Study Questions	2.1	6	0	0	6	100%
Step 3: Study Indicators	3.1	6	0	0	6	100%
	3.2	6	0	0	6	100%
Step 4: Study Populations						100%
	4.1		0	0	6	
	4.2		0	0	6	100%
Step 5: Sampling Methods	5.1	NA	0	0	0	NA
	5.2	NA	0	0	0	NA
	5.3	NA	0	0	0	NA
Step 6: Data Collection Procedures	6.1	6	0	0	6	100%
	6.2	6	0	0	6	100%
	6.3	6	0	0	6	100%
	6.4	6	0	0	6	100%
	6.5	6	0	0	6	100%
	6.6	6	0	0	6	100%
Step 7: Improvement Strategies	7.1	6	0	0	6	100%
Step 8: Analysis and Interpretation of Study Results						100%
	8.1	6	0	0	6	
	8.2	5	0	0	5	100%
	8.3	5	0	0	5	100%
	8.4	5	0	0	5	100%
Step 9: Validity of Improvement	9.1	3	0	0	6	100%
	9.2	3	0	0	3	100%
	9.3	2	1	0	3	66.67%
	9.4	3	0	0	3	100%
Step 10: Sustained Improvement	10.1	3	0	0	3	100%
Number Met		**110**	**1**	**0**	**111**	**99.10%**

Note: Percent Met = Number Met/ Number Applicable; Item refers to the Protocol specifications.

Source: BHC, Inc., 2014 External Quality Review Performance Improvement Project Validation.

2.4 Conclusions

Across all MCHPs, the range in proportion of criteria that were "Met" for each PIP validated was 95.83% through 100%. Across all PIPs validated statewide, 99.10% of criteria were met. All sources of available data were used to develop the ratings for the PIP items. The EQRO comments were developed based on the written documentation and presentation of findings. On-site interviews and subsequent information revealed an in-depth knowledge of the PIPs by the MCHP staff developing and monitoring the results.

The PIPs presented included thoughtful and complex information. In the three clinical PIPs, the research, literature reviews, and conclusions presented supporting the development of each PIP were complete and convincing. In some of the PIPs, enhanced information obtained at the on-site review made it clear that the MCHPs intended to use this process to improve organizational functions and the quality of services available to or delivered to members. PIPs are to be ongoing with periodic re-measurement points. At least quarterly re-measurement is recommended to provide timely feedback to the MCHP regarding the need to address barriers to implementation. MCHP personnel involved in PIPs had experience in clinical service delivery, quality improvement, and monitoring activities. It was clear in the PIPs reviewed that the MCHPs had made a significant investment in designing valid evaluation studies using sound data collection and analysis methods. This requires technical expertise in health services research and/or program evaluation design.

Based on the PIP validation process, all of the MCHPs had active and ongoing PIPs as part of their quality improvement programs. An improved commitment to the quality improvement process was observed during the on-site reviews at all three MCHPs. Throughout the review year, each MCHP submitted ideas, study outlines, and sought technical assistance in developing new projects. The two PIPs rated with “High Confidence” are on-going and active PIPs (see Table 4). These ratings are based on outcomes that demonstrated repeated improvements and documented planning for additional and ongoing changes that support these improvements. These projects were presented well and exhibited excellent planning and reporting. Even though the PIPs were not always final, the information presented was methodologically sound and the results of their successes are attributed to the interventions employed.

Table 4 - Validity and Reliability of Performance Improvement Project Results

PIP Name	Rating
Reducing Re-admission for Asthma Patients (HCUSA)	High Confidence
Improving Oral Health	High Confidence
Reducing Overall ER Usage by Home State Members (Home State)	Confidence
Improving Oral Health	Confidence
Timeliness of Prenatal Care	Confidence
Improving Oral Health	Confidence

Note: Confidence = Many aspects of the PIP were described or performed in a manner that would produce some confidence that findings could be attributed to the intervention(s); High Confidence = The PIP study was conducted or planned in a methodologically sound manner, with internal and external validity, standard measurement, and data collection practices, and appropriate analyses to calculate that there is a high level of confidence that improvements were a result of the intervention. A 95% to 99% level of confidence in the findings was or may be able to be demonstrated.
Source: BHC, Inc., 2014 External Quality Review Performance Improvement Project Validation.

The EQRO voices a continuing concern regarding the ongoing development of new PIPs at each MCHP. At the onset of the review year, the MCHPs are asked to submit a listing of all PIPs underway during the previous year; very few clinical PIP topics are submitted. It is noted that each MCHP did request technical assistance in the area of clinical PIP topic development during 2014. The MCHPs must be aware that they are to continue to develop and carry out the PIP process to ensure compliance with their contract and the federal protocols as part of their quality strategy.

Final Assessment

The following summarizes the quality, access, and timeliness of care assessed during this review, and provides recommendations based on the EQRO findings during the Validation of Performance Improvement Projects.

Quality of Care

When addressing the issue of quality services to all members at all MCHPs, several areas were reviewed. Topic identification was one area that provided evidence of the attention paid to this topic. The study topics, particularly those presented in the clinical PIPs, presented in-depth research that resulted from internally identified areas of concern. Intervention development for PIPs also focused on the issue of quality services. The PIPs reviewed focused on reducing hospital readmissions for members with asthma, decreasing the use of the ED as a method of obtaining primary health care, and improving the timeliness of prenatal care. PIPs included interventions that addressed barriers to quality care and targeted improved health outcomes. Interventions included in-home care in collaboration with enhanced telephonic case management and targeted initiatives to

get members enrolled in OB case management early in their pregnancy. Enhanced case management and in-home services were provided to members after a hospitalization for an asthma-related illness. Members who went to the ED were provided in-home physician visits, and were able to establish a PCP relationship in this manner. The interventions employed in these PIPs exemplify quality healthcare services.

Access to Care

Access to care was an important theme addressed throughout the PIP submissions. A major goal of the statewide non-clinical PIP is improved access to dental care. This goal was reflected in the individual oral health PIP projects developed by each MCHP. Enhanced access included working with Early Head Start to educate members and their parents regarding the need for and local availability of dental services and providers. Expanding the use of Dental Vans into rural areas that had been assessed as having limited provider availability also helped improve acces.. Access to care was also an important focus in the clinical PIPs, which is evident in the examples presented earlier. The clinical PIP topics focused on early access to prenatal care, case management interventions to facilitate improved healthcare, and intensive case management linked to in-home services for members with asthma who have had an inpatient hospitalization. All of these projects have the potential to lead to improved preventive and primary care for members. The EQRO's on-site discussions with MCHP staff indicated that improving access to care is an ongoing aspect of all projects that are developed.

Timeliness of Care

Timeliness of care was also a major focus of the PIPs reviewed. These projects addressed early involvement in prenatal care, case management to assist members who have used the ER as a method to obtain primary care, and immediate management of members' health when hospitalized as the result of asthma. The projects addressed the need for timely and appropriate care for members to ensure that services are provided in the best environment quickly and efficiently. The PIPs related to Improved Oral Health included a focus on obtaining timely screenings and recognized that this is an essential component of effective preventive care. PIPs included interventions that began contacting members by phone and mail weekly and quarterly when Annual Dental Visits were missed. The need for timely access to preventive and primary health care services was recognized as an essential component of each project. Projects reflected this awareness, as they addressed internal processes and direct service improvement.

The MCHPs have made significant improvements since the EQRO measurement process began. During the first year the PIPs were reviewed against the requirements of the CMS protocols (2004), the MCHPs earned an aggregate rating of 25.1%. In 2014 the MCHPs aggregate rating has increased to 99.10% for meeting all the requirements of PIP Validation Rating. The MCHPs use the PIP methodology to design studies and quality improvement processes that improve services to members.

RECOMMENDATIONS

1. MCHPs must continue to refine their skills in the development and implementation of new Performance Improvement Projects. Training, assistance and expertise for the design, statistical analysis, and interpretation of PIP findings are available. Ensuring that a variety of topics are recognized each year and that more than one PIP is in process is essential.
2. PIPs should be conducted on an ongoing basis, with at least quarterly measurement of some indices to provide data about the need for changes in implementation, data collection, or interventions.
3. Ongoing PIPs should include new and refined interventions. Next steps should be included in the narrative and planning for all on-going PIPs. On-going PIPs should include necessary data and narrative. Data analysis is not just the presentation of graphs and tables. What the data tells us, and how they are interpreted by the MCHP, is essential in the development of an effective project and should be reflected in the narrative. Documentation must discuss how external factors threaten internal or external validity, and what was learned from statistical significance testing.
4. The MCHPs must ensure that adequate narrative is presented explaining and interpreting the PIP outcomes and how these outcomes are related to the interventions employed.
5. Efforts to improve outcomes related to the Statewide PIP topic should be continued. The MCHPs must evaluate the success or lack of success of current interventions, maintain those that are successful, and develop new strategies when others do not work.

6. The MCHPs are all involved in an effort to update the Statewide PIP and improve its focus and meet the goals proposed by CMS. It is recommended that all three MCHPs maintain their involvement and commitment to this process.

7. MCHPs must remember that utilizing the PIP process as part of organizational development must be ensured to maintain compliance with the State contract and the federal protocols. Use of NCQA improvement strategies does not replace Performance Improvement Projects as an essential component of the Quality Improvement Program.

3.0 VALIDATION OF PERFORMANCE MEASURES

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3.1 Purpose and Objectives

The EQRO is required by the Validating Performance Measures Protocol to evaluate three performance measures reported by each MCHP. These measures are selected by the SMA each year. For the HEDIS 2014 evaluation period, the three performance measures selected for validation were Annual Dental Visit (ADV); Childhood Immunizations Status, Combination 3 (CIS3); and Follow-Up After Hospitalization for Mental Illness (FUH).

Protocol activities performed by the EQRO for this audit included: 1) Review of the processes used by the MCHPs to analyze data; 2) Evaluation of algorithmic compliance with performance measure specifications; and 3) Recalculation of either the entire set of performance measure data (administrative rates) or a subset of the data (hybrid rates) to verify and confirm the rates reported by the MCHPs are based upon accurate calculations.

The objectives for validating performance measures were to: 1) evaluate the accuracy of Medicaid performance measures reported by, or on behalf, of the MCHPs; and 2) determine the extent to which MCHP-specific performance measures calculated by the MCHPs (or by entities acting on behalf of the MCHPs) followed specifications established by the SMA and the State Public Health Agency (SPHA; Missouri Department of Health and Senior Services; DHSS) for the calculation of the performance measure(s).

3.2 Findings

All MHCPs used the Administrative method to calculate the ADV and the FUH measures. The Hybrid method was used by all MCHPs to calculate the CIS3 measure.

The validation of each of the performance measures is discussed in the following sections with the findings from each validation activity described. Subsequent sections summarize the submission of the measures to SMA and SPHA, the Final Audit Ratings, and conclusions.

The EQRO is required by the CMS Protocol to assess each performance measure in the areas of:

- Data Integration and Control
- Documentation of Data and Processes
- Processes Used to Produce Denominators
- Processes Used to Produce Numerators
- Sampling Procedures (for Hybrid Method)
- Submission of Measures to the State

The EQRO assess these areas based on the methodology and technical methods described in their Supplemental Report of Technical Methods, which is available on the MO HealthNet website.

All MCHPs met all criteria for every audit element in the area of data integration and control, documentation of data and processes, sampling procedures, and submission of measures to the State. One MCHP (MO Care) did not meet the validation elements regarding accuracy and completeness of data sources for the denominator or numerator. MO Care attributed their significant ADV and CIS3 rate reductions to data issues when the company underwent a transfer of ownership during the Calendar Year 2013. The impact of these data issues were not fully analyzed by MO Care until their HEDIS rates dropped significantly. After investigation, the MCHP found that both numerator and denominator data did not transfer from the old system. The issue has been rectified and their HEDIS 2015 rates show a rebound.

Overall Validation Findings

The rate of compliance with the calculation of each of the three performance measures across all MCHPs was 93.94% for Annual Dental Visits; 96.49% for Childhood Immunizations Combo 3; and 95.24% for Follow-Up After Hospitalization for Mental Illness.

Table 5 summarizes the final audit ratings for each of the performance measures by MCHPs. The final audit findings for each of the measures was based on the evaluation of processes for calculating and reporting the measures, medical record review validation findings, and MCHP extract files from repositories. The ratings were based on the impact of medical record review findings and the degree of overestimation of the rate as validated by the EQRO. The calculation of measures was considered invalid if the specifications were not properly followed, if the rate could not be properly validated by the EQRO due to missing or improper data, or if the rate validated by the EQRO fell outside the confidence intervals for the measure reported by the MCHPs on the DST.

Table 5 - Summary of EQRO Final Audit Ratings, HEDIS 2014 Performance Measures

MCHP	Annual Dental Visit	Childhood Immunization Status Combo 3	Follow-Up After Hospitalization for Mental Illness (7 day)	Follow-Up After Hospitalization for Mental Illness (30 day)
Healthcare USA	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Home State Health	Fully Compliant	Fully Compliant	Fully Compliant	Fully Compliant
Missouri Care	Substantially Compliant	Substantially Compliant	Substantially Compliant	Substantially Compliant

Source: BHC, Inc. 2014 EQR Performance Measure Validation Note: Fully Compliant = Measure was fully compliant with State specifications; Substantially Compliant = Measure was substantially compliant with State specifications and had only minor deviations that did not significantly bias the reported rate; A significant bias in the rate was defined as a number calculated by the EQRO that fell outside the 95% confidence interval of the rate reported by the MCHP. Not Valid = Measure deviated from State specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported; Not Applicable = No Managed Care Members qualified for the measure.

HEDIS 2014 Annual Dental Visit

The ADV measure is defined as an Access to Care measure by HEDIS. The ADV measure reflects the percentage of members 2-21 years of age who had at least one dental visit during the measurement year.

Processes Used to Produce Numerators

The objectives of this activity were to evaluate the MCHPs' ability to accurately identify medical events, evaluate the MCHP's ability to identify events from other sources, evaluate procedures for non-duplicate counting of multiple events, review time parameters and the use of non-standard code maps, and assess the processes and procedures for collecting and incorporating medical record review data. The Technical Specifications for the HEDIS 2014 ADV measure required the measure be calculated using the Administrative Method; the Hybrid Method procedures do not apply. Table 6 shows the numerators, denominators, and rates submitted by the MCHPs on the Data Submission Tool (DST) for the HEDIS 2014 ADV measure.

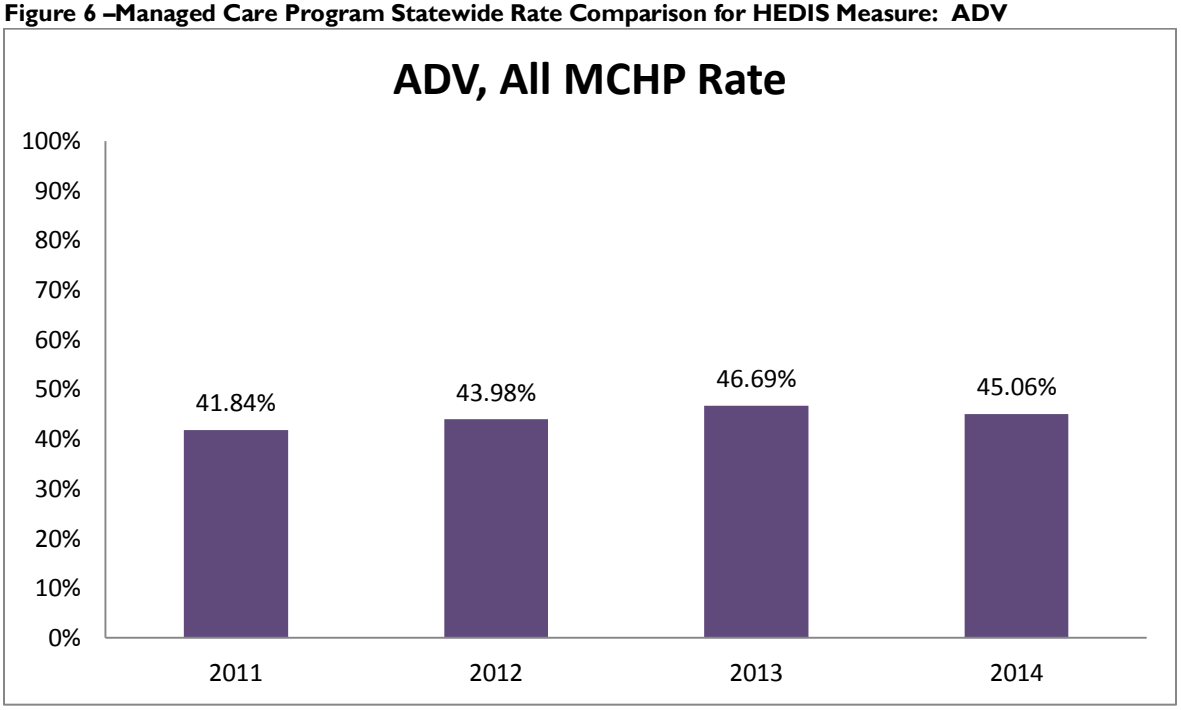
It is the task of the EQRO to compare MCHP to MCHP on a statewide level. Each MCHP reported a rate for each MO HealthNet region to DHSS and a statewide rate to NCQA for accreditation purposes. Home State was not required to report a statewide rate to NCQA, but did calculate a statewide rate for each measure (those rates are used here for comparisons).

Table 6 - Data Submission and Final Validation for HEDIS 2014 ADV (combined rate)

Managed Care Health Plan	Eligible Population	Number Administrative Hits Reported by MCHP (DST)	Rate Reported by MCHP (DST)	Administrative Hits Validated by EQRO	Rate Validated by EQRO	Estimated Bias
HealthCare USA	140,990	71,439	50.67%	71,439	50.67%	0.00%
Home State Health	31,176	13,023	41.77%	13,023	41.77%	0.00%
Missouri Care	50,402	15,823	31.39%	15,823	31.39%	0.00%
All MCHPs	**222,568**	**100,285**	**45.06%**	**100,285**	**45.06%**	**0.00%**

Note: DST = Data Submission Tool; NA = Not Applicable; EQRO = External Quality Review Organization (Behavioral Health Concepts, Inc);Rate Validated by EQRO = Administrative Hits Validated by EQEO / Eligible Population. Estimated Bias = Rate Reported by MCHP (DST) - Rate Validated by EQRO. Positive bias indicates an overestimate.
Source: MCHPs' HEDIS 2014 Data Submission Tools (DST).

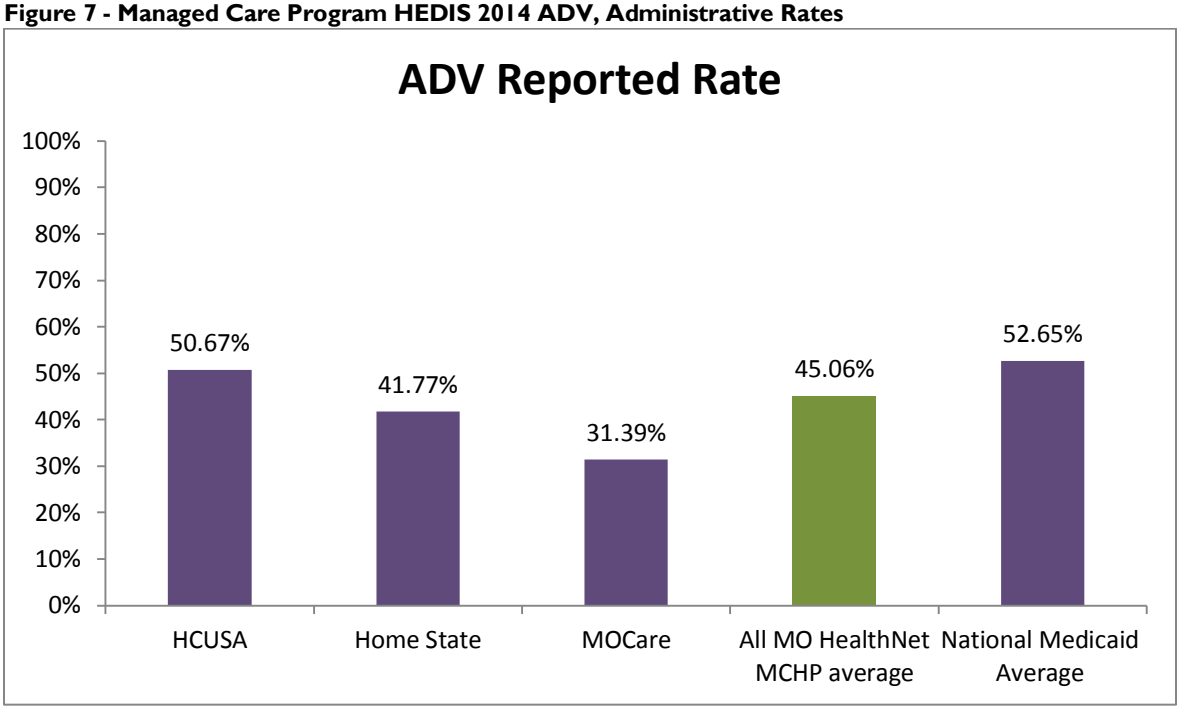
Figure 6 –Managed Care Program Statewide Rate Comparison for HEDIS Measure: ADV



Source: BHC, Inc., 2011-2014 External Quality Review Performance Measure Validation

The ADV measure has been reviewed for the last eight audit years; the data for the last four years are analyzed here (see Figure 6). The rates for all MCHPs were 41.84%, 43.98%, 46.69% and 45.06% in 2011, 2012, 2013 and 2014 respectively. This indicates an increase in access to dental visits over time within the MO HealthNet Managed Care population. This increase is likely attributable to the efforts each MCHP has focused on this area in their respective approaches to the Statewide PIP (discussed in Section 2.0 of this report). There is a decrease between the 2013 and 2014 statewide rate, attributable primarily to data transfer problems experience by MO Care and the corresponding drop in their ADV rate, which fell by 12.52 percentage points.

Figure 7 - Managed Care Program HEDIS 2014 ADV, Administrative Rates



Sources: MCHP HEDIS 2014 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

Each of the MCHPs reported individual rates lower than the National Medicaid Average, which was 52.65% for 2014 (see Figure 7).

Two MCHPs met all validation for the process used to produce numerators. One MCHP (MO Care) did not meet the validation element regarding accuracy and completeness of data sources for the numerator. The overall drop in the All MCHP Statewide rate appears due to a decrease in MO Care's ADV rate, which fell by 12.52 points from 2013. This drop was attributed to data issues when the company underwent a transfer of ownership during the Calendar Year 2013. After their HEDIS rates dropped significantly for two consecutive years, an investigation found that a significant amount of relevant data did not transfer from their old system.

HEDIS 2014, Childhood Immunization Status, Combo 3

The CIS3 measure is defined as an Effectiveness of Care measure by HEDIS. It measures the percentage of children 2 years of age who had four diphtheria tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three H influenza type B (HiB); three hepatits B (HepB), one chicken pox (VZV); and four pneumococcal conjugate (PCV) vaccines by their second birthday.

Processes Used to Produce Numerators

The objectives of this activity were to evaluate the MCHPs' ability to accurately identify medical events, evaluate the ability to identify events from other sources, evaluate procedures for non-duplicate counting of multiple events, review time parameters and the use of non-standard code maps, and assess the processes and procedures for collecting and incorporating medical record review data. For the HEDIS 2014 CIS3 measure, the sources of data included enrollment, eligibility, claim files, and medical records. A statewide rate for Home State was calculated by the EQRO based on combining the reported rates for each region (Central, Eastern, and Western). The denominator for each MCHP is the Final Sample Size as approved by HEDIS Technical Specifications. The rate for all MCHPs was 61.19%.

Table 7 illustrates the rates reported by the MCHPs and the rates of administrative and hybrid hits for each MCHP. The rate reported by each MCHP was compared with the rate for all MCHPs.

Table 7 - Data Submission for HEDIS 2014 Childhood Immunizations Status Combo 3 Measure

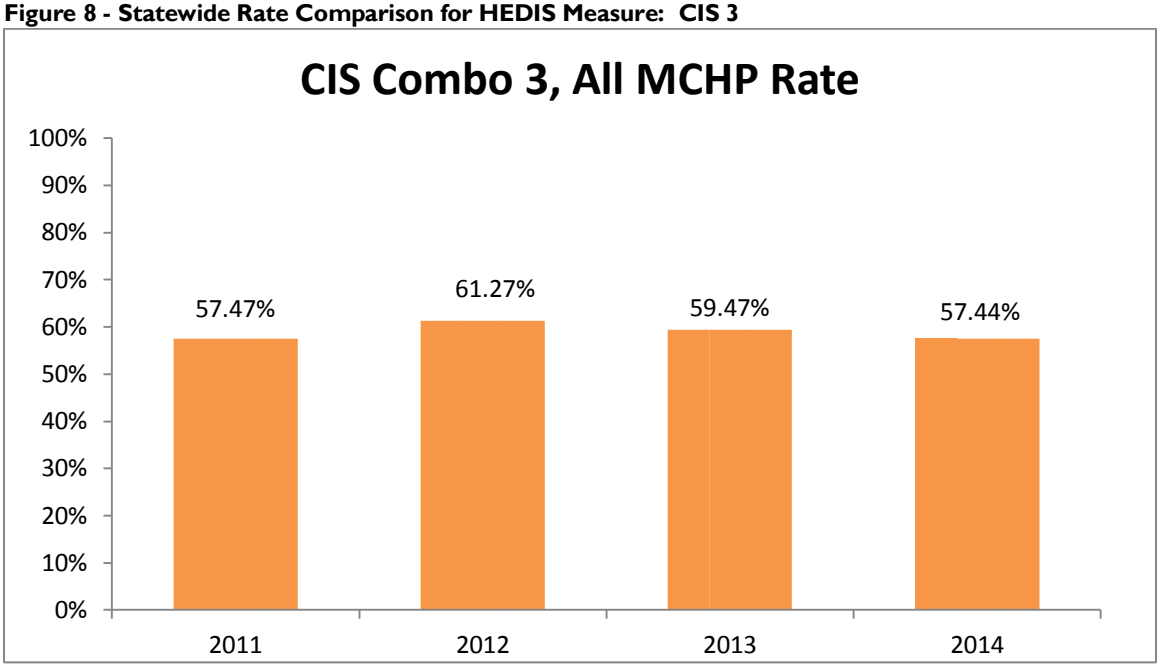
MO HealthNet MCHP	Final Data Collection Method Used	Denominator (DST)	Administrative Hits Reported by MCHP (DST)	Hybrid Hits Reported by MCHP (DST)	Total Hits Reported by MCHP (DST)	Rate Reported by MCHP (DST)
HealthCare USA	Hybrid	432	208	80	288	66.67%
Home State Health	Hybrid	1044	391	197	588	56.32%
Missouri Care	Hybrid	432	56	164	220	50.93%
All MO HealthNet MCHPs		**1,908**	**655**	**441**	**1,096**	**57.44%**

Note: The statewide rate for all Home State Health was calculated by the EQRO using the sum of numerators divided by sum of denominators. Source: MCHPs' HEDIS 2014 Data Submission Tools (DST)

CIS3 was audited in 2011, 2012, 2013 and 2014; therefore, trend analysis was examined for this 2014 audit year. The statewide rate fluctuates within a 4 point range, showing no clear trends.

The statewide rate reported for CIS3 in 2014 (57.44%) was **lower** than the 2013 rate (59.47%) and 2012 rate (61.27%) and **comparable** to the rate reported in 2011 (57.47%). The same data transfer issues that were observed for MO Care's ADV rate also affected this CIS3 rate.

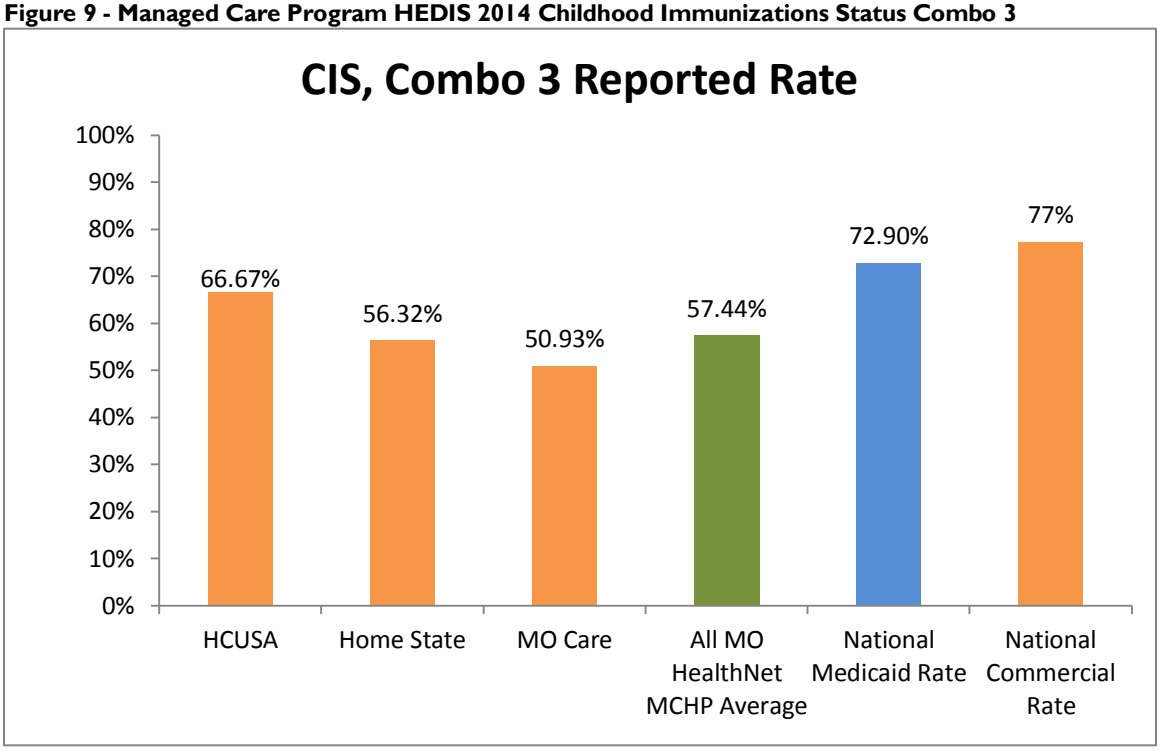
Figure 8 - Statewide Rate Comparison for HEDIS Measure: CIS 3



Sources: MCHP HEDIS 2014 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

HCUSA's rate of 66.67% represented a 1.39 percentage point increase from their 2013 rate of 65.28% and a 5.67 point increase from the 2012 rate of 61.56%. MO Care's rate of 50.93% represented a 6.19 point decrease from their 2013 rate of 57.12% and a 15.42 point decrease from the 2012 rate of 66.44%. This was the first year that Home State reported the CIS rate. The same data transfer issues that were observed for MO Care's ADV rate also affected this CIS3 rate.

Figure 9 - Managed Care Program HEDIS 2014 Childhood Immunizations Status Combo 3



Sources: MCHP HEDIS 2014 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

The rate for all MCHPs (57.44%) was lower than both the National Medicaid rate (72.90%) and the National Commercial Rate (77%) (see Figure 9).

Each MCHP calculated the Childhood Immunizations Status measure using the hybrid method for calculation. There were no statistically significant differences between the average for all MCHPs found in these rates. All MCHPs operate in multiple regions. For this review HCUSA and MO Care supplied the EQRO with an audited statewide rate; however, Home State did not. Therefore, for Home State, the sample sizes selected for each region were combined to represent the overall MCHP rates. A total of 90 of the 463 medical record hybrid hits reported by the MCHPs were sampled for validation by the EQRO. Of the records requested, 90 were received for review. The EQRO was able to validate all 90 of the records received, resulting in an Error Rate of 0% across all MCHPs. There were no False Positive Records (the total amount that could not be validated). This shows no bias in the estimation of hybrid rates for the MCHPs based upon medical record review.

Two MCHPs met all validation for the process used to produce numerators. One MCHP (MO

Care) did not meet the validation element regarding accuracy and completeness of data sources for the numerator.

Sampling Procedures for Hybrid Method

The objective of this activity was to evaluate the MCHPs' ability to randomly sample from the eligible members for the measure when using the Hybrid Method of calculation. Across all MCHPs, the criteria for sampling were met 100.0% of the time. All MCHPs used the Hybrid Method of calculating the HEDIS 2014 Childhood Immunizations Status Combination 3 measure and all met 100.0% of the criteria for proper sampling.

HEDIS 2014 Follow-Up After Hospitalization For Mental Illness

The FUH measure is defined as an Effectiveness of Care measure by HEDIS. It measures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a mental health practitioner. Two rates are reported:

- The percentage of discharges for which the member received follow-up within 30 days of discharge.
- The percentage of discharges for which the member received follow-up within 7 days of discharge.

Processes Used to Produce Numerators

The objectives of this activity were to evaluate the MCHPs' ability to accurately identify medical events, evaluate the MCHP's ability to identify events from other sources, evaluate procedures for non-duplicate counting of multiple events, review time parameters and the use of non-standard code maps, and assess the processes and procedures for collecting and incorporating medical record review data. For the HEDIS 2014 FUH measure, the procedures for the Hybrid Method did not apply, as HEDIS 2014 technical specifications allow only for the use of the Administrative Method of calculating the measure.

One MCHP (MO Care) did not meet the validation element regarding accuracy and completeness of data sources for the numerator. Tables 8 and Table 9 show the numerators, denominators, and rates submitted by the MCHPs to the SPHA for the FUH measure.

Table 8 - Data Submission and Final Data Validation for HEDIS 2014 FUH (7 days)

Managed Care Health Plan	Eligible Population	Number Administrative Hits Reported by MCHP (DST)	Rate Reported by MCHP (DST)	Administrative Hits Validated by EQRO	Rate Validated by EQRO	Estimated Bias
HealthCare USA	2,127	986	46.36%	986	46.36%	0.00%
Home State Health	513	226	44.05%	226	44.05%	0.00%
Missouri Care	874	344	39.36%	344	39.36%	0.00%
All MCHPs	**3,514**	**1,556**	**44.28%**	**1,556**	**44.28%**	

Note: DST = Data Submission Tool; EQRO = External Quality Review Organization (Behavioral Health Concepts, Inc). Rate Validated by EQRO = Administrative Hits Validated by EQEO / Eligible Population. Estimated Bias = Rate Reported by MCHP (DST) - Rate Validated by EQRO. Positive bias indicates an overestimate. Source: Managed Care Organization HEDIS 2014 Data Submission Tools (DST).

Table 9 - Data Submission and Final Data Validation for HEDIS 2014 FUH (30 days)

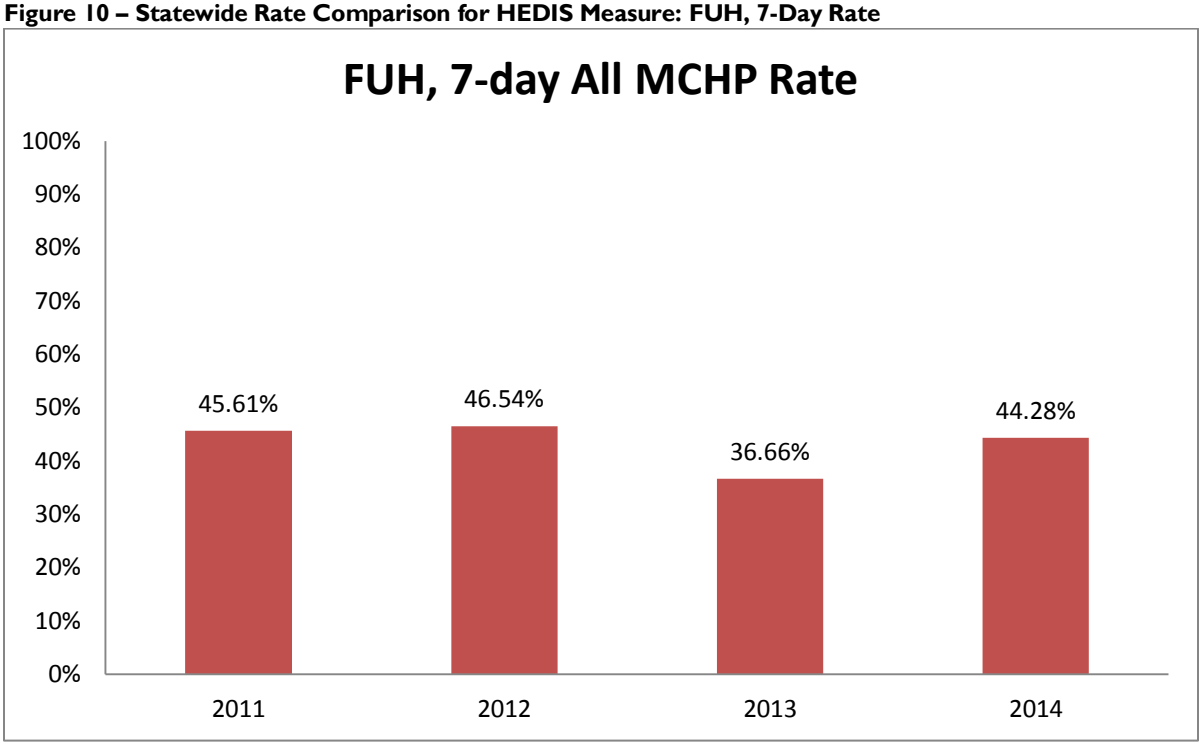
Managed Care Health Plan	Eligible Population	Number Administrative Hits Reported by MCHP (DST)	Rate Reported by MCHP (DST)	Administrative Hits Validated by EQRO	Rate Validated by EQRO	Estimated Bias
HealthCare USA	2,127	1,479	69.53%	1,479	69.53%	0.00%
Home State	513	307	59.84%	307	59.84%	0.00%
Missouri Care	874	538	61.56%	538	61.56%	0.00%
All MCHPs	**3,514**	**2,324**	**66.14%**	**2,324**	**66.14%**	

Note: DST = Data Submission Tool; EQRO = External Quality Review Organization (Behavioral Health Concepts, Inc). Rate Validated by EQRO = Administrative Hits Validated by EQEO / Eligible Population. Estimated Bias = Rate Reported by MCHP (DST) - Rate Validated by EQRO. Positive bias indicates an overestimate. Source: Managed Care Organization HEDIS 2014 Data Submission Tools (DST).

This measure was previously audited by the EQRO in six of the last seven years. The analysis contained here will include 2011-2014 data (see Figure 10).

The 7-Day reported rate for all MCHPs in 2014 (44.28%) is significantly higher than the 2013 rate (36.66%). The 2013 rate was **significantly lower** than the 2012 rate of 46.54% and the rate reported in 2011 (45.61%). The 2014 rate is comparable to the 2012 and 2011 rates.

Figure 10 – Statewide Rate Comparison for HEDIS Measure: FUH, 7-Day Rate

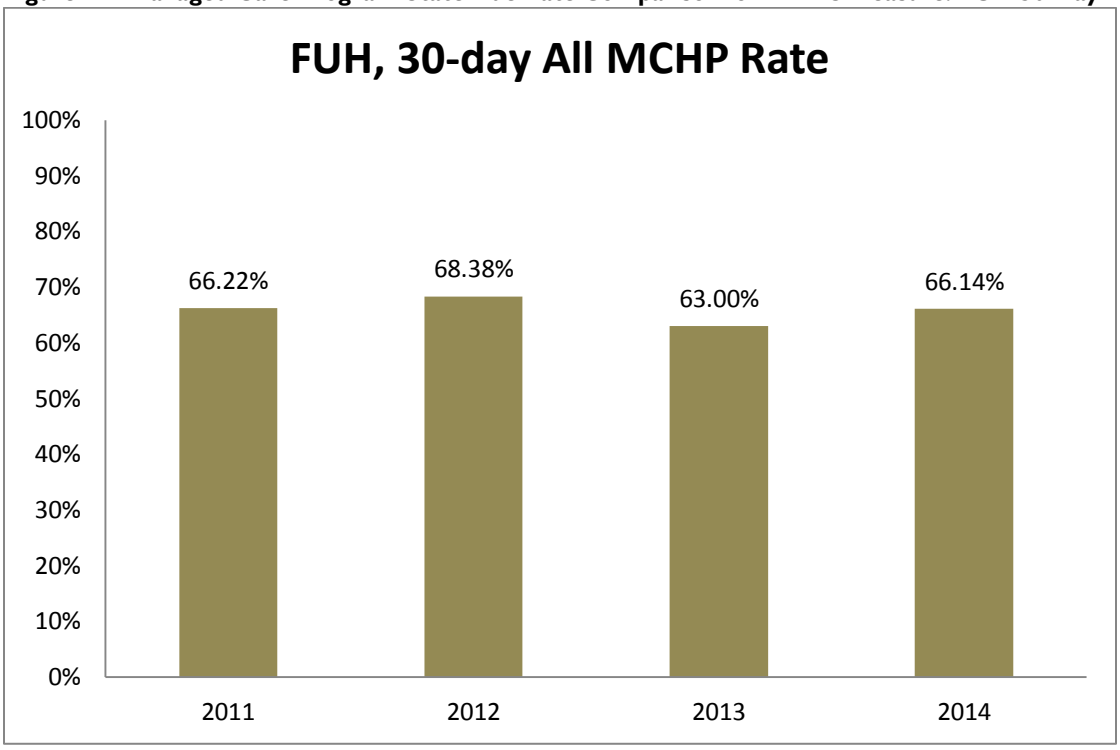


Source: BHC, Inc., 2011-2014 External Quality Review Performance Measure Validation

The 2013 All MCHP Rate was partially explained by HCUSA. The decrease in their rate was attributable to a software glitch in HCUSA's NCQA-certified software, Inovalon. It was explained that the date of service was not being pulled accurately by the software. Specifically, if a claim form had more than one date of service, the system was not capturing all of the dates of service. This error has since been corrected and the HCUSA 2014 rate (46.36%) significantly increased over their 2013 rate (36.51%).

The 30-Day reported rate for all MCHPs in 2013 (63.0%) was the lowest rate reported during all the years of analysis. The rate has **increased significantly** in 2014 (66.14%), but is still lower than the 2011 and 2012 rates.

Figure 11 –Managed Care Program Statewide Rate Comparison for HEDIS Measure: FUH 30-Day

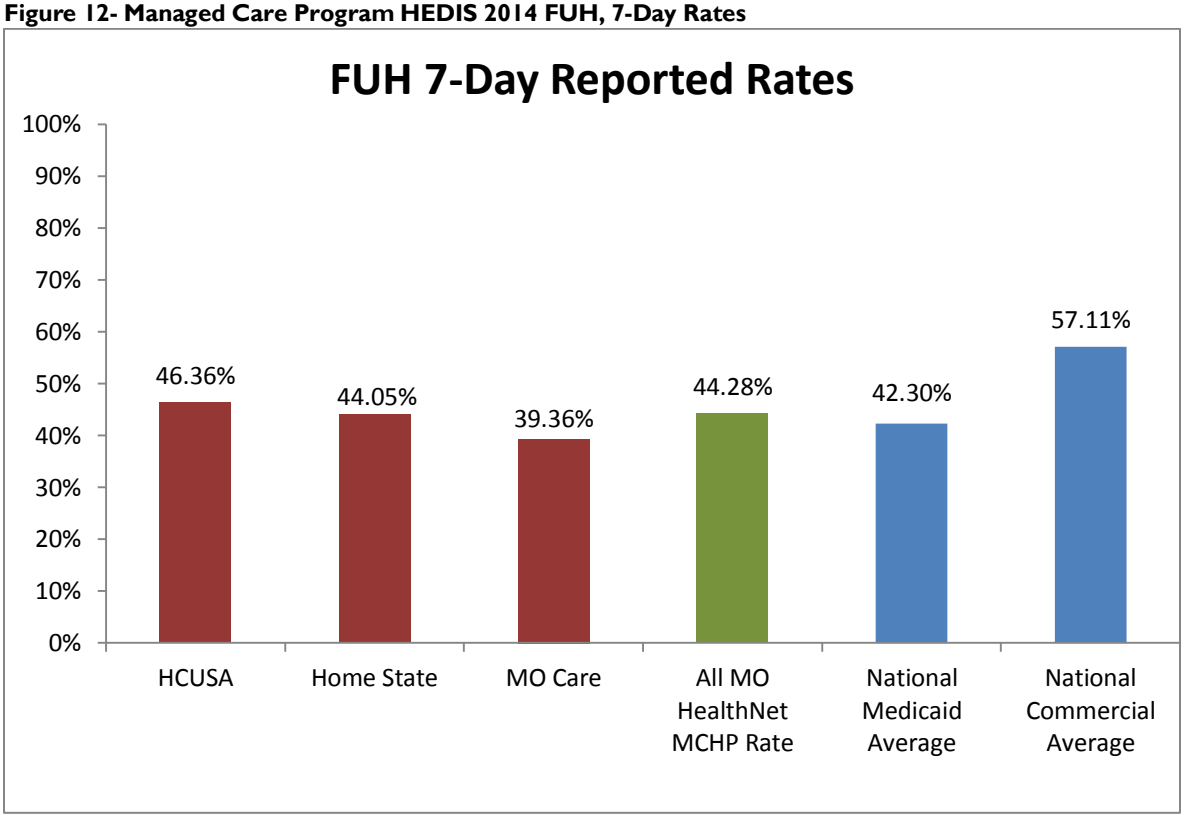


Source: BHC, Inc., 2011-2014External Quality Review Performance Measure Validation

Figure 12 and Figure 13 illustrate the 7-Day and 30-Day rates reported by the MCHPs. The rate reported by each MCHP was compared with the rate for all MCHPs.

The All MCHP 7-Day rate was **higher** than the National Medicaid Rate (44.28%), but **significantly lower** than the National Commercial Rate (57.11%).

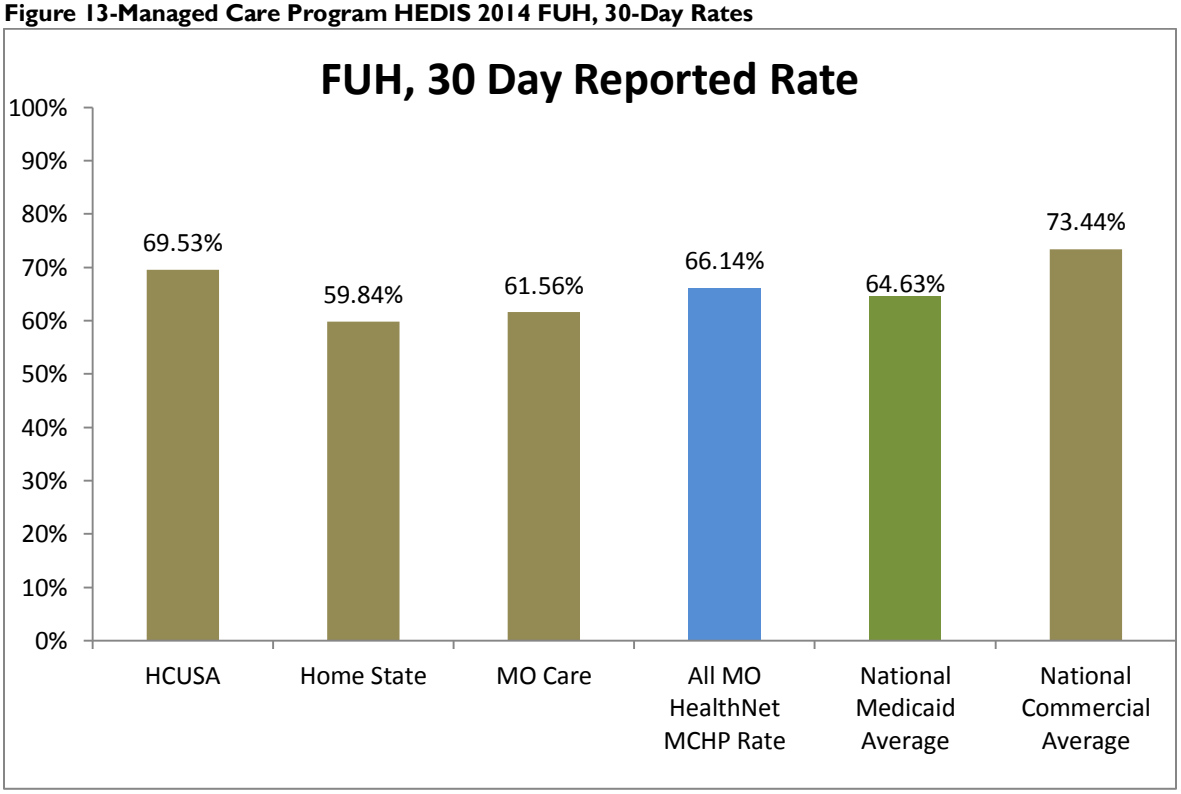
Figure 12- Managed Care Program HEDIS 2014 FUH, 7-Day Rates



Sources: MCHP HEDIS 2014 DST; National Committee for Quality Assurance (NCQA).

The National Medicaid and National Commercial Average rates have decreased from the HEDIS 2012 rates for the last two HEDIS measurement years. The 30-Day All MCHP rate reported was **higher** than the HEDIS 2013 National Medicaid Average (64.63%) and **slightly lower** than the National Commercial Rate of 73.44%.

Figure 13-Managed Care Program HEDIS 2014 FUH, 30-Day Rates



Sources: MCHP HEDIS 2014 DST; National Committee for Quality Assurance (NCQA)

3.3 Conclusions

In calculating the measures, all of the MCHPs have adequate information systems for capturing and storing enrollment, eligibility, and claims information for the calculation of the three HEDIS 2014 measures validated.

Among MCHPs there was good documentation of the HEDIS 2014 rate production process. The rate of medical record submission for the one measure allowing the use of the Hybrid Methodology was 100%; the EQRO received all the medical records requested. This review also marked the third review year in which all contracted MCHPs performed a hybrid review of the measure selected, allowing for a complete statewide comparison of those rates.

QUALITY OF CARE

The HEDIS 2014 FUH measure is categorized as an Effectiveness of Care measure and is designed to measure the quality of care received by MCHP members.

Two of the three MCHPs received ratings of Fully Compliant with the specifications for calculation of this measure and one (MO Care) was Substantially Compliant. (see Tables 6,7,8)

For the 7-day follow up rate, one MCHP reported a rate higher than the National Medicaid Average (42.30%) for this measure. The rate for this measure varies between MCHPs. HCUSA's rate of 46.36% is the highest rate reported and MO Care's rate of 39.36% is the lowest. The MCHPs' average rate of 44.28% is 2.02 percentage points higher than the National Medicaid Average, and is a 9.38 point increase over the 2013 rate.

This measure has been audited by the EQRO annually since 2009. The 7-Day reported rate for all MCHPs in 2014 (44.28%) returns the All MCHP Rate to a stable trend.

The rate for the 30-day follow up rate is higher for HCUSA (69.53%) than for Home State (59.84%) and MO Care (61.56%). The average of the MCHPs is 7.3 points below the National Commercial Average and 1.5 points above the National Medicaid Average.

This measure has been audited by the EQRO annually in six of the last seven years. The 30-Day

reported rate for all MCHPs in 2014 is consistent with prior years.

Both the 7-day and 30-day FUH rates for all MCHPs demonstrate that Missouri MO HealthNet members are receiving a higher quality of services after mental health hospitalization than the average Medicaid participant in the United States.

ACCESS TO CARE

The HEDIS 2014 ADV measure is categorized as an Access/Availability of Service measure and aims to measure the access to care received. Members need only one qualifying visit from any appropriate provider to be included in this measure calculation.

Two of the three MCHPs were Fully Compliant and one was Substantially Compliant with the specifications for calculation of this measure.

The ADV measure has been reviewed for the last eight audit years. The data for the last four years (2011, 2012, 2013, and 2014) are analyzed here. Over the course of these review periods, the rates for all MCHPs have steadily improved. The 2014 rate shows a slight decrease and is the first decline we have seen in this rate. In 2014, none of the MCHPs reported rates higher than the National Medicaid Average (52.65%).

MO Care's rate dropped by 12.52 points between 2013 and 2014. MO Care attributed their significant ADV rate reduction to data issues when the company underwent a transfer of ownership during the Calendar Year 2013. The impact of these data issues were not fully analyzed by MO Care until their HEDIS rates dropped significantly for two years. After investigation, the MCHP found that both numerator and denominator data did not transfer from the old system.

The EQRO believes that MO HealthNet members are receiving a higher level of dental care over prior years, as the MO Care data issue was resolved and the HEDIS 2015 rate returned to prior levels. The EQRO largely attributes the continued increase in the ADV rate to the SMA's concentration on a Statewide Oral Health initiative that has fostered a statewide PIP. This information can be found in the review of Performance Improvement Projects (Section 2.0) of this report.

TIMELINESS OF CARE

The HEDIS 2013 CIS3 measure is categorized as an Effectiveness of Care measure and aims to measure the timeliness of the care received. To increase the rates for this measure, members must receive a series of services within a very specific timeframe (i.e. prior to age 2).

Two MCHPs validated by the EQRO were Fully Compliant with the specifications for calculation of this measure and the other (MOCare) was Substantially Compliant with the specifications for calculation.

All MCHPs fell well short of the National Medicaid Average of 72.9% and the National Commercial Average of 77%.

HCUSA's rate of 66.67% represented a 1.39 point increase from the 2013 rate of 65.28%. MO Care's rate of 50.93% represented a 6.19 point decrease from the 2013 rate and a 15.49 point decrease since 2012.

CIS3 was audited in 2011, 2012, 2013 and 2014; therefore, trend analysis was examined for this 2014 audit year. The statewide rate fluctuates within a 4 point range, showing no clear trends. Due to the data issues experienced by one MCHP, the statewide rate reported for CIS3 measure in 2014 (57.44%) was **lower** than the 2013 rate (59.47%) and 2012 rate (61.27%), but is **comparable** to the rate reported in 2011 (57.47%).

RECOMMENDATIONS

1. The SMA should continue to encourage the use of the Hybrid Method of calculation for HEDIS measures that allow these reviews. The Hybrid review process produces higher rates on average than an Administrative method alone.
2. The MCHPs should identify abnormal rate calculation issues early in the HEDIS process.
3. The SMA should continue to have the EQRO validate the calculation of at least one measure from year to year, for comparison and analysis of trend data.
4. MCHPs should run query reports early enough in the HEDIS season so that they may effectuate change in rates where interventions could easily be employed; these reports should be closely reviewed.
5. When submitting medical records to the EQRO for validation, the MCHP must ensure that all documentation is accurately submitted.

4.0 COMPLIANCE WITH MEDICAID MANAGED CARE REGULATIONS

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4.1 Purpose and Objectives

The External Quality Review (EQR) is conducted annually in accordance with the "Medicaid Program: External Quality Review of the Medicaid Managed Care Organizations Final Rule, 42 CFR 438, Subpart E." The EQRO uses the Assessment of Compliance with Medicaid Managed Care Regulations (Compliance Protocol) requirements during the review process, with an emphasis on areas where individual MCHPs have previously failed to comply or were partially compliant at the time of the prior reviews. Specifically, the MCHPs were reviewed to assess MCHP compliance with the federal Medicaid managed care regulations; with the State Quality Strategy; with the MO HealthNet Managed Care contract requirements; and with the progress made in achieving quality, access, and timeliness to services from the previous review year.

This year's review (calendar year 2014) is the second follow-up review to the full compliance review that was completed for calendar year 2012. The SMA reviewed submitted policies and procedures at each MCHP to ensure that they were in compliance with contractual requirements and federal regulations. The EQRO conducted on-site reviews to verify that those policies and procedures reflect the everyday practice of the MCHPs.

During this follow up review, the EQRO conducted a special project to follow up on the MCHPs' compliance with federal regulations regarding quality, timeliness, and access to health care services related to the provision of case management services. The objective of this special project is to complete an in-depth follow-up review of Case Management by assessing the MCHPs' improvement in service delivery and recording keeping. The EQRO also evaluated the MCHPs' compliance with the federal regulations and the Managed Care contract as it pertained to Case Management.

Obtaining Background Information from the State Medicaid Agency

Interviews and meetings occurred with individuals from the SMA from February 2015 through June 2015 to obtain relevant information for the on-site visits.

Document Review

Documents chosen for review were those that best demonstrated each MCHP's ability to meet federal regulations. Certain documents, such as the Member Handbook, provided evidence of communication to members about a broad spectrum of information including enrollee rights and

the grievance and appeal process. Managed Care contract compliance worksheets and case management policies were reviewed as a basis for interview questions that made up the main focus of the 2014 Compliance Review. The Annual Quality Assessment and Improvement Evaluation was requested and reviewed to provide insight into each MCHPs' compliance with the requirements of the SMA Quality Improvement Strategy, which is an essential component of the Managed Care contract and is required by the federal regulations. MCHPs' Quality Improvement Committee meeting minutes were reviewed. Grievance and Appeal policies and procedures were reviewed and used in discussions with MCHP staff.

The following documents were reviewed for all MCHPs:

- State contract compliance ratings from 2014 and updated policies accepted through June 2015
- Results, findings, and follow-up information from the 2013 External Quality Review
- 2014 MCHP Annual Quality Assessment and Improvement Evaluation

Conducting interviews

After discussions with the SMA, it was decided that the 2014 Compliance Review would include interviews with Case Management Staff (under the guidelines of the "Special Project") and Administrative Staff. The goal of these interviews was to validate that practices at the MCHPs, particularly those directly affecting members' access to quality and timely health care, were in compliance with the approved policies and procedures. The questions were developed to seek concrete examples of activities and responses that would validate that these activities are compliant with contractual requirements and federal regulations.

Interviews were held at each MCHP with case management and administrative staff to obtain clarification on issues identified from the policy and document reviews, and to clarify some responses received from the case managers. Case Management interview questions were developed from the review of each MCHP's case management policy and from the case records reviewed prior to the time of the on-site review. Administrative interview questions were developed from the review of each MCHP's Annual Report, Member Handbook, and Quality Committee meeting minutes. These interview questions were specific to each MCHP, and focused on issues that might compromise compliance with required case management or administrative activities. The specific findings of the Case Management interviews are reported

in the "Special Project" section of this report.

The interviews provided reviewers with the opportunity to explore issues not addressed in the documentation. A site visit questionnaire specific to each MCHP was developed.

Analyzing and Compiling Findings

The review process included gathering information and documentation from the SMA about policy submission and approval, which directly affects each MCHP's contract compliance. This information was analyzed to determine how it related to compliance with the federal regulations. The interview responses and additional documentation obtained on-site were then analyzed to evaluate how they contributed to each MCHP's compliance. All information gathered was assessed, re-reviewed, and translated into recommended compliance ratings for each regulatory provision.

Reporting to the State Medicaid Agency

Discussion occurred with the SMA staff to confirm that a sound rationale was used in rating determinations. The SMA approved the process and allowed the EQRO to finalize the ratings for each regulation. The actual ratings are included in this report.

Compliance Ratings

The EQRO utilizes a Compliance Rating System that was developed during previous reviews (see below). The determinations found in the Compliance Ratings considered SMA contract compliance, review findings, MCHP policy, ancillary documentation, and staff interview summary responses related to MCHP practices observed on-site.

If the SMA considered the policy submission valid and rated it as complete, this rating was used unless practice or other information called this into question. If this conflict occurred, it was explained in the narrative included in the individual MCHPs Compliance Section.

After completing the initial document review, it was clear that the MCHPs had made significant progress in developing appropriate and compliant written policies and procedures.

The scale allowed for credit when a requirement was Partially Met. Ratings were defined as follows:

Met:	All documentation listed under a regulatory provision, or one of its components was present. MCHP staff was able to provide responses to reviewers that were consistent with one another and the available documentation. Evidence was found and could be established that the MCHP was in full compliance with regulatory provisions.
Partially Met :	There was evidence of compliance with all documentation requirements, but staff was unable to consistently articulate processes during interviews; or documentation was incomplete or inconsistent with practice.
Not Met:	Incomplete documentation was present and staff had little to no knowledge of processes or issues addressed by the regulatory provision.

4.2 Findings

Enrollee Rights and Protections

Subpart C of the regulatory provisions for Medicaid managed care (Enrollee Rights and Protections) sets forth 13 requirements of MCHPs addressing provision of information to enrollees in an understandable form and language; written policies regarding enrollee rights and assurance that staff and contractors take them into account when providing services; and requirements for payment and no liability of payment for enrollees. Across all MCHPs, 100% of the regulations were rated as "Met". This is comparable to the 2013, 2012 and 2010 review years and higher than the 2011 review year when 83.3% of the regulations were rated as "Met".

All MCHPs had procedures in place to ensure that members: receive pertinent and approved information [438.100(a) and 438.10(b)]; were addressed in their prevalent language [438.10(c)(3)]; have access to required interpreter services [438.10(c)(4,5)]; that all information is provided in an easily understood format [438.10 (d)(1)(i)/438.10(d)(1)(ii) & (2)]; that members are treated with respect and dignity and receive information on available treatment options and alternatives [438.100(b)(2)(iii)/438.10(g)]; and that the MCHPs are in compliance with other state requirements [438.100(d)]. All MCHP's were found to have practices that met these requirements.

All MCHPs continued to operate programs for the provision of behavioral health services. All MCHPs utilize an "in-house" model for the provision of behavioral health services. Each MCHP has a BHO that is part of their parent company's structure.

Quality Assessment and Performance Improvement: Access Standards

Subpart D of the regulatory provision for Medicaid managed care sets forth 17 regulations governing access to services. These regulations call for: the maintenance of a network of appropriate providers including specialists; the ability to access out-of-network services in certain circumstances; adequate care coordination for enrollees with special healthcare needs; development of a method for authorization of services, within prescribed timeframes; and the ability to access emergency and post-stabilization services. Across all MCHPs, the rate of regulations "Met" for the 2014 review (78.43%) is an increase over the 2013 rate of 74.51%. However, it is a decline from the 2012 review (83.67%) and the 2011 rate of 75.49%. One MCHP (MO Care) was found to be 82.35% compliant and the other two MCHPs (Home State and HCUSA) were 76.47%.

- Home State improved over their 2013 rate of 70.59% and their 2012 rate of 64.71%.
- HCUSA saw a decrease from their 2013 rate of 82.35% and their 2012 rate of 88.24%.
- MO Care saw both an increase over their 2013 rate of 70.59% and a decrease in their rate from the 2012 rate of 88.24%.

The rating for the Access Standards compliance rate is directly attributable to the findings of the Case Management Special Project (this is discussed in greater detail in Section 5 of this report).

All MCHPs had policies and practice that reflected the members' right to a second opinion and a third opinion if the first two disagreed [438.206(b)(3)]. Other areas where all MCHPs were 100% compliant with complete and approved policy were Adequate and Timely Service and Cost Sharing for Out of Network Services; Timely Access to Care, Provider Cultural Competency; Timeframes for Decisions for Expedited Authorizations; and Emergency and Post-Stabilization Services. Throughout this review period, all MCHPs reported incidents where they found providers who were familiar with members' cultural and language needs. Sensitivity to and respect for members' cultural needs was an area where the MCHPs excelled.

Table 10 – Subpart D: Quality Assessment and Performance Improvement: Access Standards

Federal Regulation	MO HealthNet MCHP			All MO HealthNet MCHPs			
	HCUSA	MOCare	Home State	Number Met	Number Partially Met	Number Not Met	Rate Met
438.206(b)(1)(i-v) Availability of Services: Provider Network	2	2	2	3	0	0	100%
438.206 (b) (2) Access to Well Woman Care: Direct Access	2	2	2	3	0	0	100%
438.206(b)(3) Second Opinions	2	2	2	3	0	0	100%
438.206(b)(4) Out of Network Services: Adequate and Timely Coverage	2	2	2	3	0	0	100%
438.206(b)(5) Out of Network Services: Cost Sharing	2	2	2	3	0	0	100%
438.206(c)(1)(i-vi) Timely Access	2	2	2	3	0	0	100%
438.206(c)(2) Provider Services: Cultural Competency	2	2	2	3	0	0	100%
438.208(b) Care Coordination: Primary Care	1	1	2	1	2	0	33.3%
438.208(c)(1) Care Coordination: Identification	1	1	1	0	3	0	0.0%
438.208(c)(2) Care Coordination: Assessment	1	2	1	1	2	0	33.3%
438.208(c)(3) Care Coordination: Treatment Plans	2	2	1	2	1	0	66.7%
438.208(c)(4) Care Coordination: Direct Access to Specialists	1	1	1	0	3	0	0.0%
438.210(b) Authorization of Services	2	2	2	3	0	0	100%
438.210(c) Notice of Adverse Action	2	2	2	3	0	0	100%
438.210(d) Timeframes for Decisions, Expedited Authorizations	2	2	2	3	0	0	100%
438.210(e) Compensation of Utilization Management Activities	2	2	2	3	0	0	100%
438.114 Emergency and Post-Stabilization Services	2	2	2	3	0	0	100%
Number Met	13	14	13	**40**	**11**	**0**	**78.43%**
Number Partially Met	4	3	4				
Number Not Met	0	0	0				
Rate Met	76.47%	82.35%	76.47%				

Note: 0 = Not Met; 1= Partially Met; 2 = Met Sources: Department of Health and Human Services Centers for Medicare & Medicaid Services (2012). Assessment of Compliance with Medicaid Managed Care Regulations, Protocol 1, v. 2.0, September 1, 2012; BHC, Inc., 2014 External Quality Review Monitoring MCHPs Protocols.

Evidence existed of efforts to inform members of available providers, urgent care centers, and hospitals through presentations at community events and newsletters. In the area of Care Coordination, both MO Care and Home State increased the number of standards that were fully met. Required documentation and approved policies did exist in all areas for all MCHPs. All of the MCHPs had complete policy and Provider Manual language in the area of emergency and post-stabilization services [438.114].

Quality Assessment and Performance Improvement: Structure and Operations Standards

There are 10 Structure and Operations Standards for ensuring compliance with State policies and procedures for the selection and retention of providers, disenrollment of members, grievance systems, and accountability for activities delegated to subcontractors. Across all MCHPs, 100% of the regulations were rated as "Met". This is consistent with the 2013, 2012 and 2010 review year ratings of 100% and an improvement over the 2011 rating of 84.31% compliance.

It was evident through on-site interviews that the Provider Services departments of the MCHPs exhibited a sound and thorough understanding of the requirements for provider selection, credentialing, nondiscrimination, exclusion, and Managed Care requirements. All of the MCHPs were 100% compliant with these regulations. This included Provider Selection [438.214(d) and 438.214(e)]; timeframes [438.56(e)]; and disenrollment. The staff interviewed at each MCHP understood the requirements for disenrollment. All of the MCHPs described credentialing and re-credentialing policies that exceeded the requirements of the regulations. All MCHPs have developed policy and procedures that comply with NCQA criteria. Providers were willing to submit to these stricter standards to maintain network qualifications in both the MCHPs and other commercial networks. All of the MCHPs (100.0%) had all required policies and practices in place regarding credentialing.

Quality Assessment and Performance Improvement: Measurement and Improvement

There are 12 Measurement and Improvement Standards addressing the selection, dissemination, and adherence to practice guidelines; the implementation of PIPs; the calculation of performance measures; the evaluation of the availability of services and assessment techniques for enrollees with special healthcare needs; and the maintenance of information systems that can be effectively used to examine service utilization, grievances and appeals, and disenrollment. A total of 97.0% of the criteria were "Met" by the MCHPs. This is the highest rate received in the past 5 years.

Two MCHPs met all requirements in this area. One MCHP (MO Care) met 90.9% of the requirements. MO Care received a "Partially Met" rating in the Performance Measures standard. Lower Performance Measures rates and calculation errors were among the EQRO's

largest concerns for MO Care. This appeared due to problems with transfer of data once a new owner took over the MCHP. This issue is discussed in more detail in section 3.0 of this report.

Table 11 – Subpart D: Quality Assessment and Performance Improvement: Measurement and Improvement

Federal Regulation	MO HealthNet MCHP						
	HCUSA	Home State	MO Care	Number Met	Number Partially Met	Number Not Met	Rate Met
438.236(b)(1-4) Practice Guidelines: Adoption	2	2	2	3	0	0	100%
438.236(c) Practice Guidelines: Dissemination	2	2	2	3	0	0	100%
438.236(d) Practice Guidelines: Application	2	2	2	3	0	0	100%
438.240(a)(1) QAPI: General Rules	2	2	2	3	0	0	100%
438.240(b)(1) and 438.240(d) QAPI: Basic Elements of MCHP Quality Improvement and PIPs	2	2	2	3	0	0	100%
438.240(b)(2)(c) and 438.204(c) QAPI: Performance Measurement	2	2	1	2	1	0	66.7%
438.240(b)(3) QAPI: Basic Elements/Over and Under Utilization	2	2	2	3	0	0	100%
438.240(b)(4) QAPI: Basic Elements regarding Special Healthcare Needs	2	2	2	3	0	0	100%
438.240(e) QAPI: Program Review by State	NA	NA	NA	NA	NA	NA	NA
438.242(a) Health Information Systems	2	2	2	3	0	0	100%
438.242(b)(1,2) Health Information Systems: Basic Elements	2	2	2	3	0	0	100%
438.242(b)(3) Health Information Systems: Basic Elements	2	2	2	3	0	0	100%
Number Met	11	11	10	32	1	0	97.0%
Number Partially Met	0	0	1				
Number Not Met	0	0	0				
Rate Met	100%	100%	90.91%				

Note: Regulation 438.240(e) refers to program review by the state. The regulation requires the state to review, at least annually, the impact and effectiveness of each MCHP's quality assessment and performance improvement program. The regulation refers to the state QA & I program review process and is not applicable to External Quality Review of the MO HealthNet Managed Care Program. This percent is calculated for the regulations that are applicable to the MO HealthNet Managed Care Program. 0 = Not Met; 1= Partially Met ; 2 = Met
Sources: BHC, Inc., 2014 External Quality Review Monitoring MCHPs Protocols.

During the on-site reviews it was evident to the reviewers that practice guidelines have become a normal part of each MCHPs' daily operation. Practice guidelines are in place and the MCHPs are monitoring providers to ensure their utilization. All MCHPs met all the requirements for adopting, disseminating, and applying practice guidelines.

All MCHPs (100.0%) used nationally accredited criteria for utilization management decisions [438.240(b)(3)]. The tools the MCHPs reported using included: the InterQual Clinical Decision Support Tool; LOCUS/CALOCUS (Level of Care Utilization System/Child and Adolescent Level

of Care Utilization System) for utilization management decisions in the provision of behavioral health services; and the Milliman Care Guidelines. These sources provided evidence-based criteria and best practice guidelines for healthcare decision-making. The MCHP staff was able to articulate how they utilized these tools and apply them to member healthcare management issues.

GRIEVANCE SYSTEMS

Subpart F of the regulatory provisions for Medicaid managed care (Grievances and Appeals) sets forth 18 requirements for notice of action in specific language and format requirements for communication with members, providers and subcontractors regarding grievance and appeal procedures, and timelines available to enrollees and providers. All three MCHPs were found 100% compliant with the Grievance Systems requirements.

4.3 Conclusions

All regulations for all MCHPs were at least Partially Met. All MCHPs were 100% compliant with three of the compliance areas validated during this review year.

For the fifth consecutive year, none of the MCHPs were 100% compliant with all requirements. In particular, no MCHP was able to demonstrate case management information that was fully compliant with the standards related to care coordination.

All sources of available documentation, interviews, and observations at the on-site review were used to develop the ratings for compliance. The EQRO comments were developed based on review of this documentation and interview responses. All of the MCHPs made it clear that they used the results of the prior EQR to complete and guide required change. This was evident in many of the areas that the EQRO noted improvement. The following summarizes the strengths in the areas of Access to Care, Quality of Care, and Timeliness of Care.

Quality of Care

The 13 regulations for Enrollee Rights and Protections were 100% "Met" by all MCHPs. Communicating Managed Care members' rights to respect, privacy, and treatment options, as well as communicating, orally and in writing, in their own language or with the provision of interpretive services is an area of strength for all MCHPs.

The 10 regulations for Structure and Operations Standards were 100% "Met" by all MCHPs. These included provider selection and network maintenance, subcontract relationships, and delegation. The MCHPs had active mechanisms for oversight of all subcontractors in place. This is the fourth consecutive year that all of the MCHPs maintained a 100% rating in this set of regulations.

Access to Care

Two MCHPs **improved** in their compliance with the 17 federal regulations concerning Access Standards during this year's review, although this remains one of the lowest rated areas. The highest rated MCHP in this area was 82.35% compliant with the required standards.

For the 2014 review, there were no regulations rated as "Not Met"; this is an improvement over both the 2013 and 2012 reviews, when 4 regulations were rated as "Not Met". Across all MCHPs, the rate of regulations "Met" for the 2014 review (78.43%) is an increase over the 2013 rate of 74.51%. HCUSA and MO Care were found to be 76.47% compliant and Home State was 82.35% compliant.

The EQRO observed that all of the MCHPs had case management services in place. However, the case management records requested did not always contain information to substantiate onsite observations.

Each MCHP described measures they used to identify and provide services to MO HealthNet Managed Care members who have special healthcare needs. All of the MCHPs described efforts to participate in community events and forums to provide education to members regarding the use of PCPs, special programs available, and how to access their PCP and other specialist service providers that might be required.

Timeliness of Care

Timeliness of care is an area of decline in compliance for all the MCHPs. Ten of the eleven applicable regulations for Measurement and Improvement were 100% "Met." Two of the MCHPs met all of the regulatory requirements. All of the MCHPs adopted, disseminated, and applied practice guidelines to ensure sound and timely healthcare services for members. The MCHPs used their health information systems to examine the appropriate utilization of care using national standard guidelines for utilization management. However, lower Performance Measure contributed to this decline.

The MCHPs continue to use member and community based quality improvement groups to assist in determining barriers to services and methods to improve service delivery. The Case Management departments reported integral working relationships with the Provider Services and Relations Departments of the MCHPs. However, this was not always evident in the documentation reviewed.

All of the regulations for Grievance Systems were 100% "Met" for all of the MCHPs. These regulations all pertained to the written policy and procedure of the MCHPs.

Recommendations

1. MCHPs should continue to submit all required policy and procedures in a timely manner. This is only the second review year when all MCHPs have approved policy and procedures. This improvement is likely due to the requirement that all MCHPs be NCQA accredited.
2. All MCHPs need to examine their case management programs. Attention to the depth and quality of case management services should be a priority for every MCHP. Goals should be established for the number of members in case management and the outcomes of the delivery of case management services. Continued attention must be applied to ensure the EQRO receives documentation as requested to validate that these services are occurring.
3. Accuracy in submission Case Management records continues to adversely affect the Compliance ratings awarded to each MCHP. The MCHPs must be sure that all information is submitted accurately for all data requests from the EQRO.
4. Concerns remain about locating and identifying members and engaging them in the case management process. Ensuring that MCHP members have access to case management services remains a concern.

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5.0 MO HealthNet MCHP SPECIAL PROJECT CASE MANAGEMENT PERFORMANCE REVIEW

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5.1 Case Management– Special Project

The EQRO conducted a special project related to the provision of Case Management services by the MCHPs. The objective of this special project is to complete an in-depth review of Case Management by assessing the MCHPs' service delivery and record keeping. This involved evaluation of the MCHP's compliance with the federal regulations and Managed Care contract as it pertained to quality, timeliness, and access to services related to Case Management.

The focus of this review was as follows:

- Assess the MCHPs' attention and performance in providing case management to:
    a. Pregnant members;
    b. Members with special health care needs; and
    c. Children with elevated blood lead levels;
- Evaluate compliance with the Managed Care contract; and
- Explore the effectiveness of case management activities provided by the MCHPs on open cases.

METHODOLOGY

The review included the following components:

- Review of each MCHP's case management policy and procedures;
- Case record reviews sampled from case listings from each MCHP. These case listings included open and active cases sorted by category: lead; perinatal/OB; and special healthcare needs [open in the fourth quarter of 2014]; and
- On-site interviews with case management staff and MCHP administrative staff.

CASE RECORD REVIEWS

A listing of open and active cases from the fourth quarter of 2014 was obtained from each MCHP and organized by category (OB, SHCNs, and Lead). A random sample of cases was identified from the listings provided for each category. Case records were requested and received from each MCHP. The records were reviewed by EQRO Consultant Lisa Heying, R.N. and EQRO Assistant Project Director, Mona Prater. A case review template based on the Case Management requirements found in the October 1, 2012 Managed Care contract as amended, pre-approved by the SMA, was used to assess the quality of the medical case records received.

ON-SITE INTERVIEWS

The purpose of the on-site interviews was to:

- Evaluate the case managers' knowledge of the State of Missouri contractual requirements of their position; and
- Determine methods used by case managers to operationalize policy in their daily activities.

Questions developed by the EQRO in the case record review process focused on compliance with the requirements of case management as set out in the Managed Care contract, compliance with MCHP policy, and were developed from the case record review.

5.2 Findings

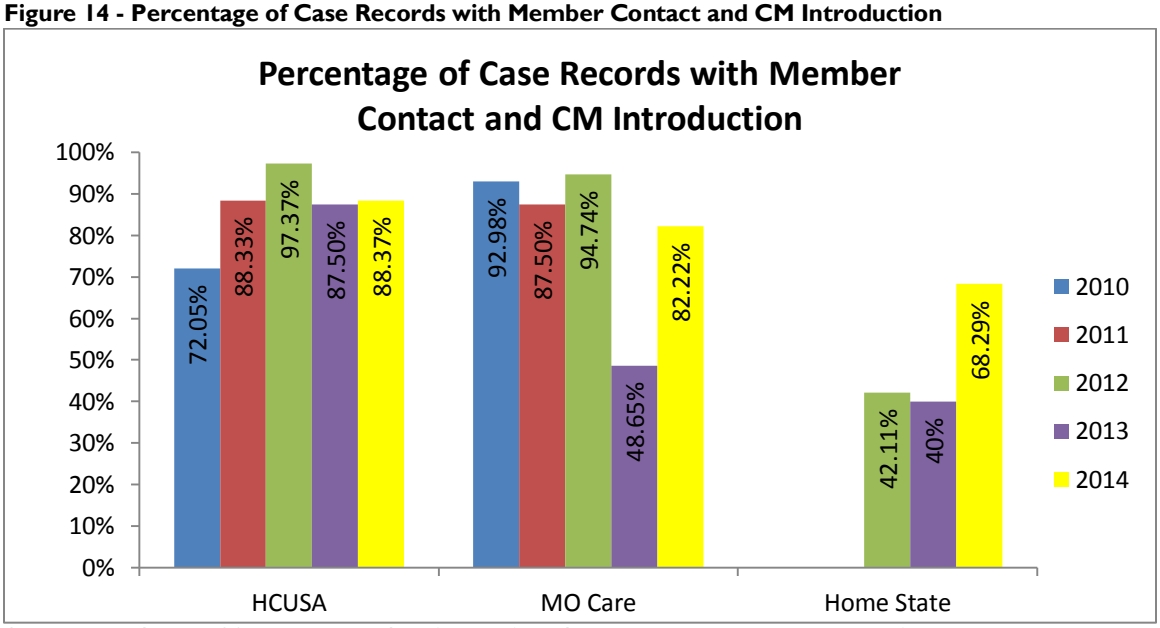
CASE RECORD REVIEW RESULTS

Introduction to Case Management

There are four standards used to assess the category of Introduction to Case Management. The records must include:

1. Identifying information used to locate and maintain contact with the member;
2. Case opening – after receipt of referral was a case opened for assessment and service delivery;
3. Introduction to Case Management – did the case manager explain all aspects of the case management process to the member; and
4. Acceptance of Services – did the member indicate they agreed with the MCHP providing case management services allowing on-going involvement and give approval to speak to a third party about the case if necessary.

Figure 14 - Percentage of Case Records with Member Contact and CM Introduction



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

In 2014, all three MCHPs improved in providing introductory information or recording these conversations with members. The record reviews indicated an increased effort by the MCHPs to contact members and explain the case management process. More information regarding these efforts were recorded in the case record. During 2014, one area continued to be problematic: obtaining member permission to speak to a third party about the case if necessary. This action is required by the state contract and allows the case manager to share information with someone other than the member (a parent of a pregnant teen, for example). Obtaining third party permission occurred in 56.59% of all the cases reviewed. Percentages for each MCHP are as follows:

- HCUSA – 74.42%
- MO Care – 46.67%
- Home State – 48.78%

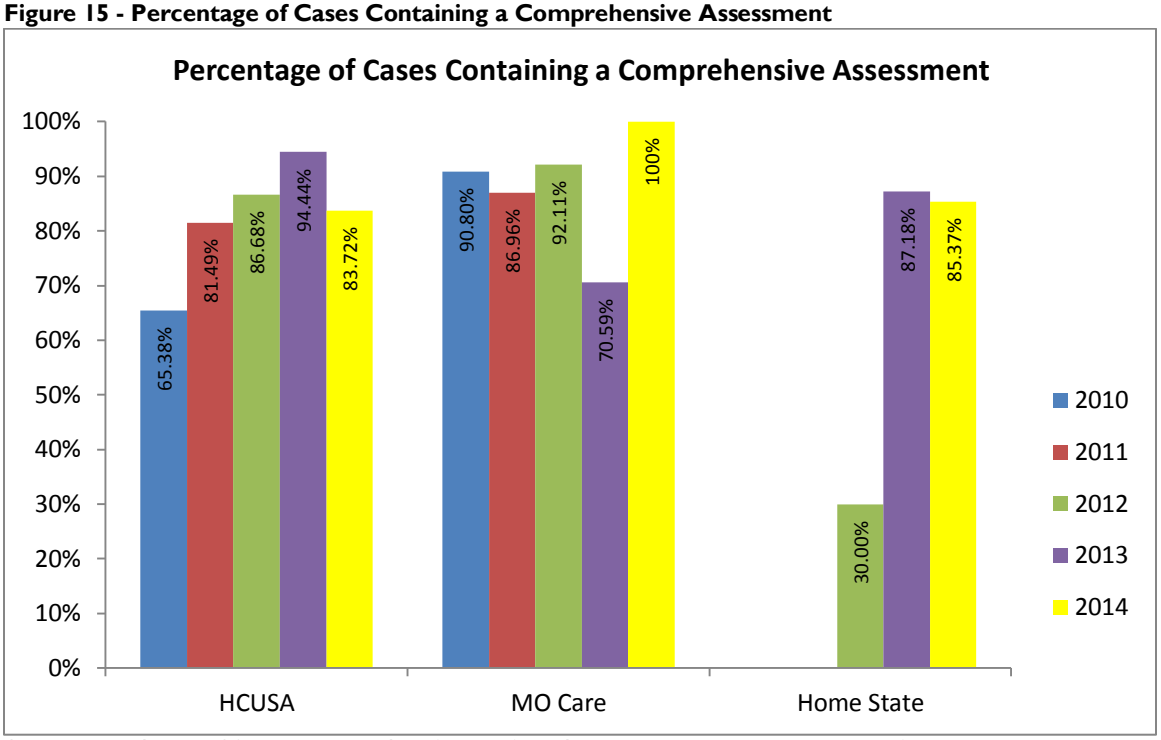
At best, this reflects a lack of recording in case notes of this discussion with members during the introduction to case management. However, the EQRO observed this required element is not consistently discussed with the member.

Assessment

The specific data and the standards used to evaluate the assessment of the member's service needs are as follows:

1. Completion of assessment within specified time frames.
2. Inclusion of a comprehensive assessment in each file.

Figure 15 - Percentage of Cases Containing a Comprehensive Assessment



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

The assessments found in records are computer generated forms that case managers are required to complete at the beginning of each case assignment. Case managers at all three MCHPs go beyond completing these required forms to ensure they are aware of the members' needs and to guarantee that appropriate services are in place for members.

Completion of the assessment forms and inclusion of assessments in the records improved at MO Care in 2014. There was a slight decrease in the aggregate results at HCUSA and Home State. At these two MCHPs the lower number reflected the inability to contact and work with some members in the area of lead cases. The specific data and the standards used to evaluate the assessment of the member's service includes completion of the assessment within specified time frames and obtaining additional information if the case situation changes.

An area of concern regarding assessments is obtaining and including updated information if a case remains open over six months, or if the member's situation changes. The EQRO only found updated information in 40.54% of these cases. Percentages for each plan are as follows:

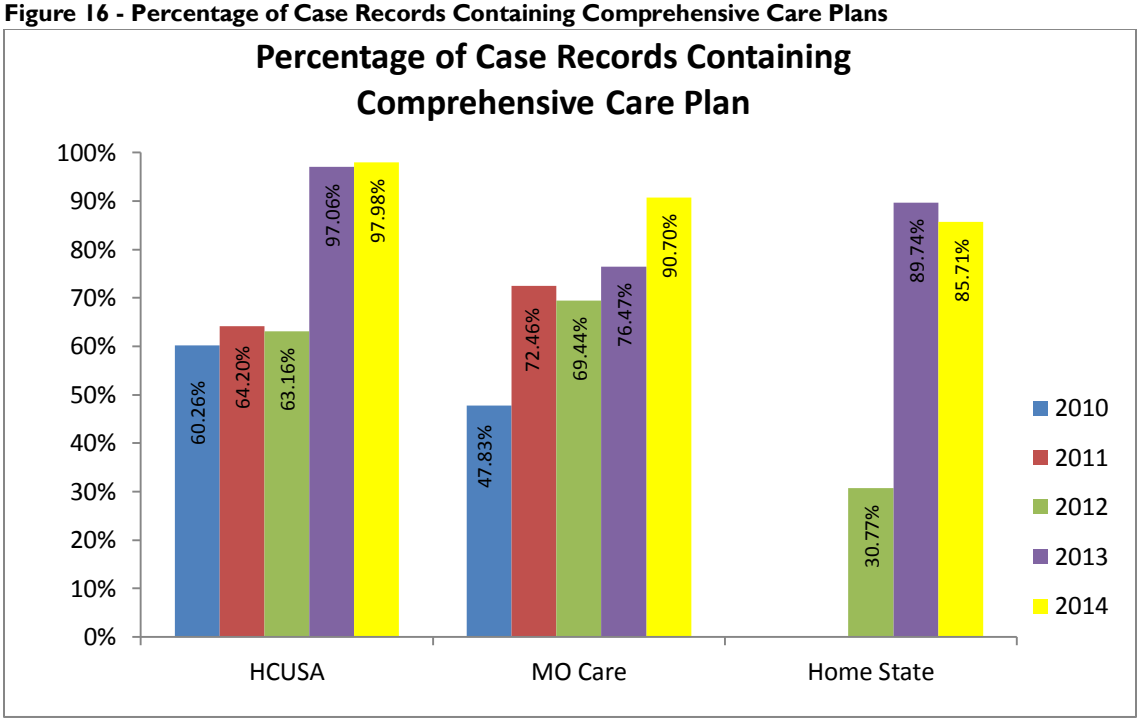
- HCUSA – 69.77%
- MO Care – 54.17%
- Home State – 35.00%

Care Planning

The standards used to evaluate appropriate care planning require:

1. A care plan in all records; and
2. A process to ensure that the primary care provider, member, or their primary care giver (parent or guardian), and any specialists treating the member are involved in the development of the care plan.

Figure 16 - Percentage of Case Records Containing Comprehensive Care Plans



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

MO Care improved by including care plans in more case records than during all prior reviews. HCUSA improved slightly from a rate of 97.06% in 2013 to a rate of 97.85% in 2014. Home State included care plans in 85.71% of the cases reviewed which is 4.03 percentage point decrease. These care plans are system-generated directly from the assessment form, and are easily included in the records. This does allow the MCHPs to comply with their contractual obligations regarding care planning. When care plans were available, they were developed with member input 80.00% of the time. The MCHPs performed as follows:

- HCUSA – 79.07%
- MO Care – 82.22%
- Home State – 78.57%

The care plans were shared with the PCP 65.38% of the time. This is the primary method used to inform the PCP of case manager involvement with the member and is not occurring as required. Individually, the MCHPs performed as follows:

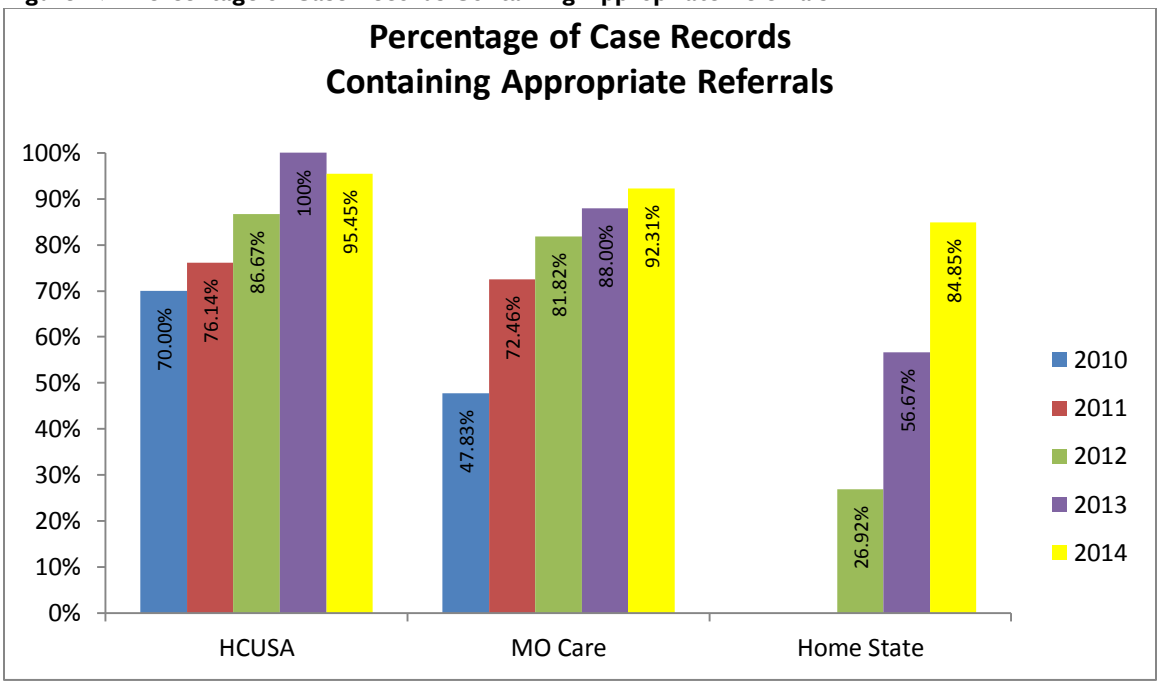
- HCUSA – 48.84%
- MO Care – 88.89%
- Home State – 58.54%

Referrals

The standards concerning appropriate referrals require that the case manager assess members' needs and make referrals as appropriate.

1. The MCHP must ensure that members have referrals to all required providers, physicians, and specialists.
2. Case managers are required to discuss available services, both in the community and MCHP sponsored, such as transportation.

Figure 17 - Percentage of Case Records Containing Appropriate Referrals

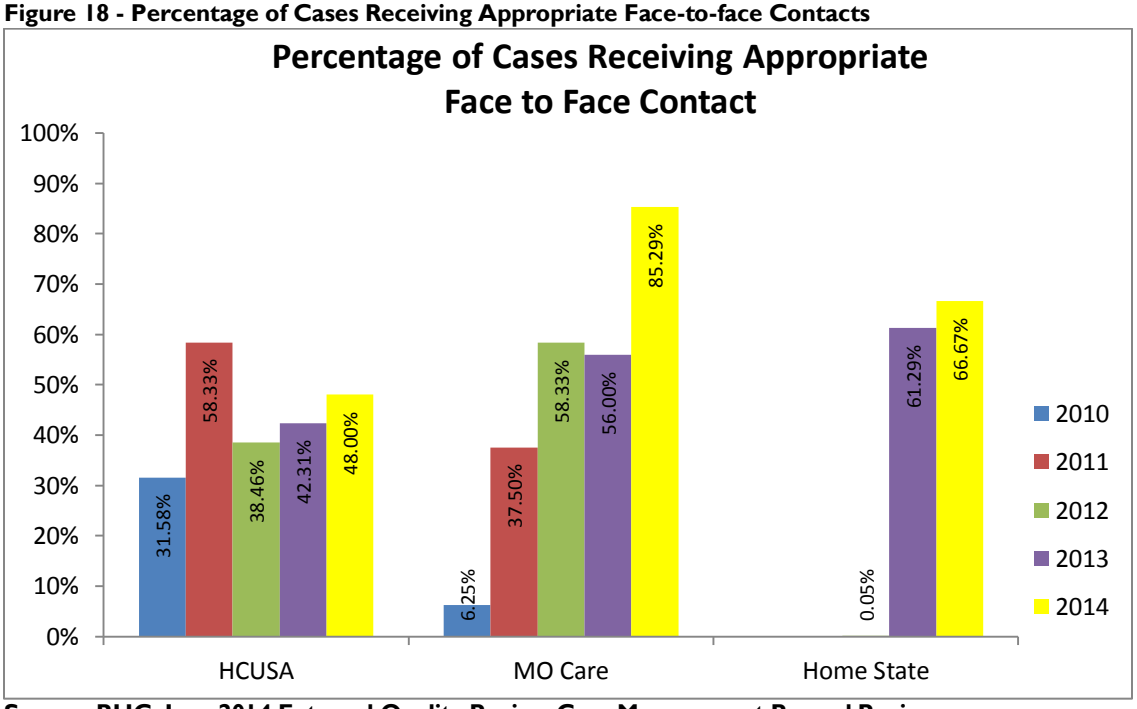


Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

Both MO Care and Home State improved in 2014 in the area of making referrals or informing members of available services. HCUSA decreased 7.69 percentage points; the EQRO did not see referrals or notes in the medical records that reflected the level of referrals that were expected. Overall, there is attention to making both medical and community based referrals, as well as informing members about available MCHP services. HCUSA must make renewed efforts to ensure members have these referrals, are made aware of services, and that this information is included in the case notes. Combined, the making of appropriate referrals rate improved to 89.47% in 2014, a 7.91 percentage point increase from 2013.

Face-to-Face Contacts

Figure 18 - Percentage of Cases Receiving Appropriate Face-to-face Contacts



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

The Managed Care contract contains standards that require specific face to face contacts for members in lead case management, for members who are pregnant, and in other cases as deemed necessary.

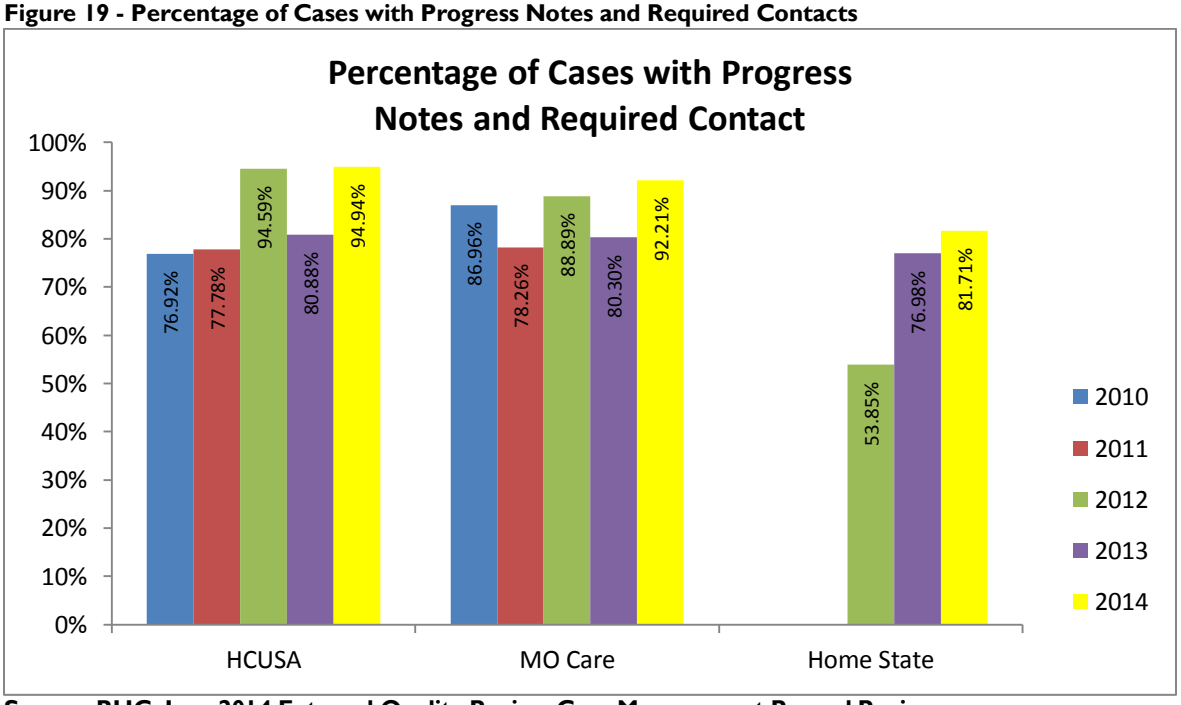
All three MCHPs improved in this area. MO Care made an improvement of 29.29 percentage points. The MO Care case records reviewed indicated a focus on making referrals for in-home health assessments. In-home visits occurred directly by case managers from the Children's Mercy Pediatric Care Network in the Western Region. Home State and HCUSA also made improvements in this area. The overall percentage of cases that received home visits, where in-home services were indicated is 70.33%.

Contact with Members

There are two standards used to assess maintenance of proper contact with members:

1. Case records are to contain progress notes updated at each contact or at least every thirty (30) days.
2. Case managers are required to have at least three substantive contacts with a member prior to case closing, and these contacts are to be reflected in the progress notes.

Figure 19 - Percentage of Cases with Progress Notes and Required Contacts



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

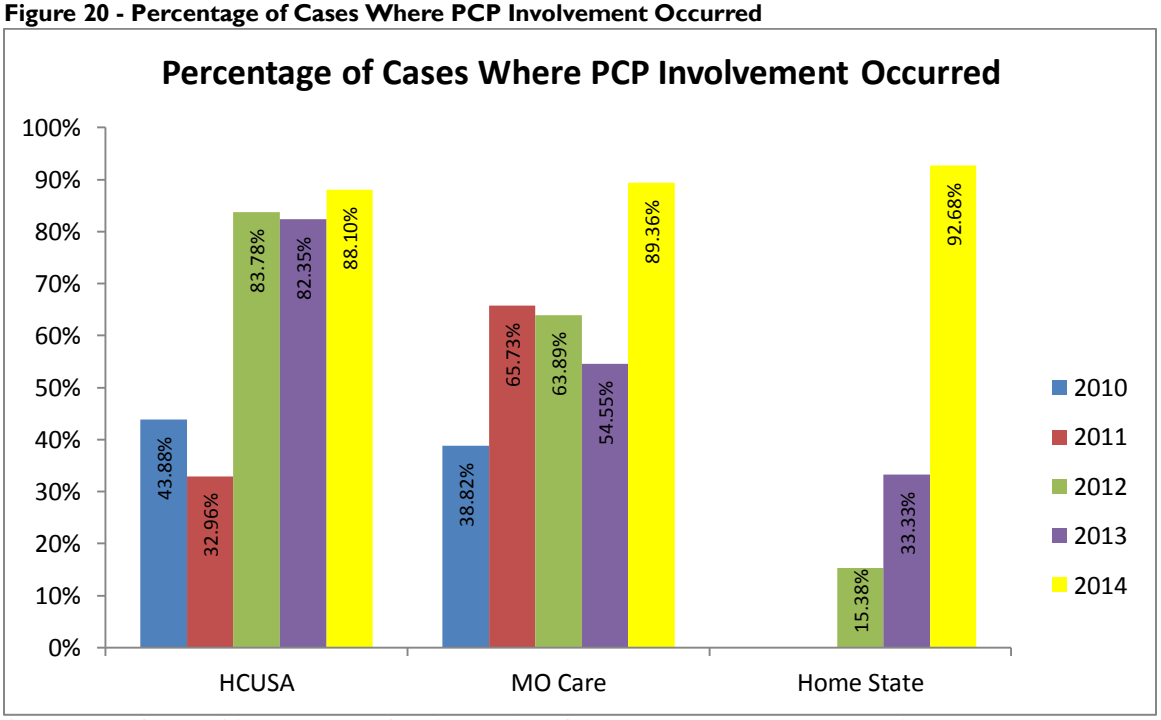
All three MCHPs improved in this area. Progress notes were included and up to date in 96.12% of the cases reviewed. Members were contacted as required 72.00% of the time. Both HCUSA and MO Care complied with contacting members at least three times in 92.21% of the cases reviewed. Home State contacted members at least three times in only 54.90% of the cases reviewed.

PCP Involvement

The two standards used to evaluate this requirement are:

1. The case manager is to maintain contact with the member's PCP or primary physician.
2. Case Managers are to inform the PCP at case closing or when the MCHP is no longer providing case management services to the member.

Figure 20 - Percentage of Cases Where PCP Involvement Occurred



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

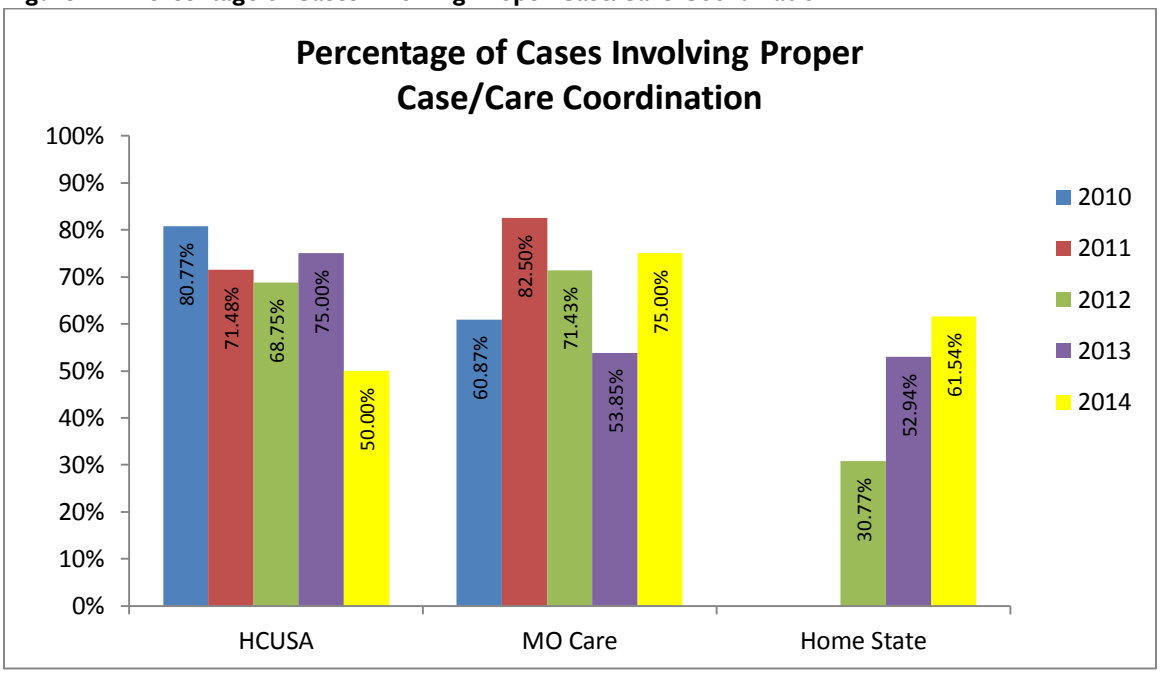
All three MCHPs improved in maintaining contact with the PCP or their office. Closing letters were copied to the PCP 77.10% of the time. This is a greater frequency than during previous reviews.

Case/Care Coordination

There are two standards used to assess the category of case/care coordination:

1. Case managers are to recognize the need for coordination of services with other providers involved with the members.
2. Case managers are to ensure that the availability of behavioral health services is discussed with the member.

Figure 21 - Percentage of Cases Involving Proper Case/Care Coordination



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

HCUSA case managers did not recognize the need for care coordination 50.00% of the time, which is a 25.00 percentage point decrease from the previous review. Progress notes reflected members' needs for care coordination, but these notes did not indicate that this ever occurred. In cases where care coordination did occur, and the case notes reflected this, the methods used to work with other agencies to share information and resources were included.

Home State improved 8.60 percentage points over their 2013 review. This is the second year where improvement occurred for Home State, but it is not yet at an acceptable level. Only 61.54% of cases reviewed for Home State involved proper Case/Care Coordination.

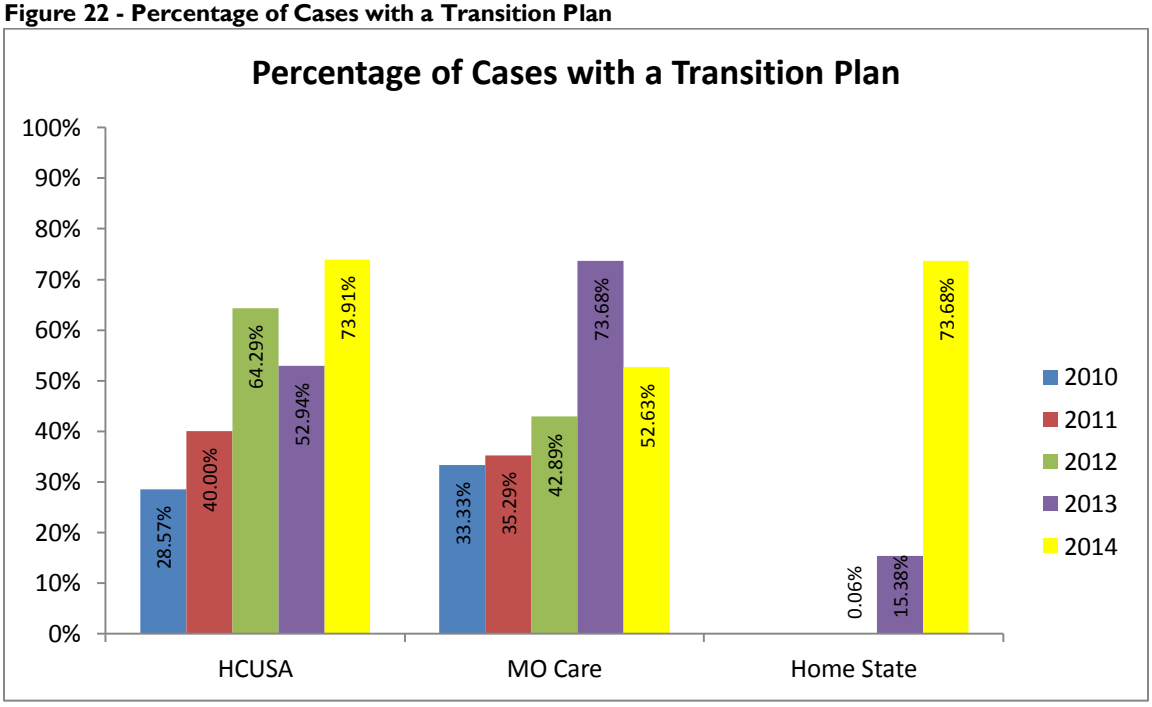
MO Care improved by 21.15 percentage points over their 2013 rate. MO Care had the highest percentage met (75%) for this element for all MCHPs; however, continued effort in this area is required.

Transition at Closing

There are three standards included in appropriately terminating case management services:

1. The case manager must be assured that the member has achieved all stated care plan goals.
2. A transition plan must be developed and the member informed.
3. The case manager must ensure that the proper case closing criteria exist based on the type of case management received.

Figure 22 - Percentage of Cases with a Transition Plan



Source: BHC, Inc., 2014 External Quality Review Case Management Record Review

Both HCUSA and Home State improved over 2013 by including closing letters and progress notes that addressed proper criteria for case closure. The letters included additional information on referrals and case manager contact. Progress notes included all necessary criteria.

MO Care decreased by 21.05 percentage points from a rate of 73.68% in 2013 to 52.63% in 2014. Case records did not have case notes addressing the issues of closing case management or the development of a transition plan. In many instances, no closing letter could be located.

5.3 Observations for All MCHPs

The EQR is tasked with reporting how "Medicaid Managed Care participants access care, the quality of care participants receive, and the timeliness of this care." The EQRO reports on those three criteria in each area of validation.

QUALITY OF CARE

- MO Care improved in eight of the nine areas measured in this review. While there continues to be room for improvement, this MCHP renewed their attention to the details required in the case management process and delivered better case management services. This indicated an attention to the requirements of services to deliver quality healthcare to members. The MCHP partners with the Children's Mercy Pediatric Care Network in the Western Region. These cases indicated exemplary case management services that promoted quality care for members.
- Home State improved in seven of the nine areas measured. This, too, indicated a commitment to improving case management and developing quality member services. The two areas where the MCHP declined were assessment and case planning. These both reflect a problem with contacting and engaging members who have elevated blood lead levels. During the measurement year, the MCHP has introduced improved methods of contacting members, including using services to meet members in their homes, but they do continue to struggle with members requiring lead case management.
- HCUSA improved in six of the nine areas measured. In two of these areas, the improvement was less than 1%. During on-site discussions, the MCHP advised that they plan to implement new approaches in several areas of their case management program in an effort to improve substantially. The static numbers observed during 2014 do require attention to maintain previous accomplishments.

ACCESS TO CARE

Access to care was enhanced when case managers actively worked with families. MCHPs are often using contractors who "drive by" members reported addresses to learn if the member is actually living there and to obtain forwarding information whenever possible. Case managers contact a variety of sources to track members' whereabouts and make required contacts. In many instances, the MCHPs are partnering with home health agencies to ensure that members follow through on their part of a case plan and obtain the services they need.

- Access is improved by case managers' efforts to obtain services, community or provider based, which uniquely met members' needs.
- Access was improved when case managers remained in contact with members receiving OB services. This ensured members' access to services such as a follow-up with their OB-GYN and a first visit to the pediatrician for the baby.
- The following problems were observed and had a less desirable effect on members' access to services and health care:
    - Face-to-face contacts are still not occurring as often as necessary, even when a contracted provider is authorized to see the member and reporting their contacts. In some of these cases the member did not receive services needed, which negatively impacted healthcare outcomes.
    - When consistent case/care coordination occurred case managers avoided duplication of services and maximized MCHP resources. However, a lack of these practices negatively affected members' access to care when it did not occur.

TIMELINESS OF CARE

When case managers are actively serving a member, there are fewer emergency department visits, greater attendance at scheduled appointments, and an increased use of specialists when indicated.

- When case management occurred in OB cases, follow-up visits with the OB and initial pediatrician appointments for the newborn were more likely to occur within specified time frames. Parents who utilized these services often chose their current MCHP when enrolling their infant in MO HealthNet, rather than allowing auto assignment with another MCHP. When this occurred ongoing preventive care continued.
- Case managers continue to report they are unable to create a useful transition plan with the member when it appears the case should be closed.

- It often appears that after members' health care needs are met, the member loses interest in case management and no longer return calls or respondsto letters to arrange a transition plan. Case managers do point out that they often hear from a member months later when a new problem arises. The members tell them "I still have your card and number."

- Information sharing with PCP offices requires improvement.
  - Case managers' lack of attention to this aspect of service delivery negatively impacts members' ability to obtain needed services in a timely manner.
    - Case notes reflect that in many instances, instructions are given to the member, with the hope that they will take responsibility for follow-up and timely self-care.
    - The case managers admit that when they have a relationship with the physician's office, it is beneficial to their work with the member.
    - Timeliness is greatly improved by ensuring that members, particularly members with special health care needs, obtain all necessary medical services with some oversight.

RECOMMENDATIONS

1. Case managers should copy their own records when cases are requested or should ensure that all required information is submitted. During past reviews, when clerical staff created these submissions many sections of the records or notes were omitted. The case notes should include information indicating an understanding of the information collected through the assessment process or tool and explain how this drives the services provided to the member. Case managers reflect that they have access to a great deal of information in their case management systems. When cases were requested for the review, a reminder was included asking for all case documentation.
2. The MCHPs should continue to invest in a model ensuring that members receive the face-to-face contacts required. This may be more direct contact with members, or better progress notes when a contracted entity is used. Many of the MCHPs "best practices" and PIP outlines reviewed by the EQRO include projects requiring in-home and intensive case management. This is an area that will benefit if all plans that were described are put in place.
3. Lead Case Management should include active attempts to make a contact with the member or member's family. A relationship should be established. This is an area that

has improved, but case managers continue to have difficulty in engaging members who do not want to be involved.

4. Continued attention is required in the lead case management program. Many of these cases include multiple children and often include additional medical issues. Case managers may have more success if there were one case manager per family, rather than one case manager per member, per medical issue.
5. Each MCHP must continue their commitment to finding "hard to locate members." These are often the members who will truly benefit from the receipt of case management services.
6. Complex case management, care coordination, and in some cases disease management, are not consistently defined at each MCHP. This creates confusion in requesting and reviewing cases.
7. Concerns remain about the number of cases actually opened for case management. Locating and identifying these members, and engaging them in the case management process, is critical to meeting members healthcare needs. Ensuring that MCHP members actually have access to case management services remains a concern.
8. Case notes should reflect attention to the services indicated as needed in initial and on-going assessments. If an assessment indicates multiple service needs, including behavioral health, how these needs are met must be reflected in the case notes. If an initial intake indicates that a member has "high" needs, and the complete assessment finds this is not accurate, this discrepancy should be explained in the case record.
9. How acuity is determined is often unclear. This information and how the decision is made must be available to ensure that the member is receiving the best available services.

6.0 Healthcare USA

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6.1 Performance Improvement Projects

METHODS

DOCUMENT REVIEW

HealthCare USA supplied the following documentation for review:

- Reducing the Re-Admission Rate for Asthma Patients Project
- Statewide Performance Improvement Project – Improving Oral Health

INTERVIEWS

Interviews were conducted with the project leaders for each Performance Improvement Project (PIP) by the EQRO team on June 25, 2014, during the on-site review, and included the following:

Laura Ferguson – Director of Quality
Rudy Brennan (telephone) – Quality Improvement Coordinator
Carol Stephens-Jay – Senior Health Care Consultant
Dale Pfaff – Quality Improvement Coordinator

The interviewees shared information on the validation methods, study design, and findings. Technical assistance regarding study design and presentation of findings was provided by the EQRO. The following issues were addressed:

- Study topic development and continued progress in creating improved health outcomes for members.
- Are study indicators reflecting improved member outcomes?
- PIP setup and the use of available data to inform the MCHP about the success of proposed interventions.
- Problems with integrating external data from vendors.
- Updating studies from year to year to integrate information into their current processes, and the need to continue to revise their studies keeping them current.

The PIPs submitted for validation included a substantive amount of information. The MPCH submitted information including enhanced outcomes data at the time of the on-site review, which was used in the final evaluation of the PIPs.

FINDINGS

CLINICAL PIP – REDUCING THE RE-ADMISSIONS RATE FOR ASTHMA PATIENTS

The clinical PIP was developed to find new and unique tools to reduce unnecessary readmissions for MCHP members who were hospitalized due to an asthma related illness. The research completed by the MCHP justifying the decision for the study included national, state, and MCHP specific data that supported this choice. The MCHP identified asthma as a chronic and serious health care condition that affects the quality of life and creates additional healthcare issues for their members. The MCHP addressed the impact of asthma hospitalizations and why these factors drove the development of a PIP to reduce asthma readmissions for their members. The MCHP connected inadequate treatment and medication adherence to frequent emergency department visits. The stated goals of the PIP for the second year of operation are:

- To increase the membership enrollment in the PIP project by 10%;
- To maintain the incidence of 30-day readmissions to less than 10/1,000; and
- To assess the effectiveness of the program out to 60 days post-discharge.

Focusing MCHP resources on reducing unnecessary hospital readmissions for members with asthma related illness is designed to ensure that members receive the appropriate services in the appropriate setting. It also aids in member understanding of the availability of services that best meet their healthcare needs.

HCUSA collaborated with a home health vendor to form an enhanced intervention team to conduct the following activities with all members discharged from an acute care setting, beginning January 1, 2014. The team:

- Provided individualized education to members/families with asthma regarding the disease processes (acute and chronic);
- Developed an asthma assessment and action plan, as derived from the HCUSA Asthma Booklet, for each member who was admitted to inpatient care;
- Provided members with an admission for asthma, information regarding the appropriate medication use and assessment;
- Assisted the member with asthma with identification of triggers inside and outside of the home;
- Assisted the member in assessing their individual barriers to care;

- Assisted the member in assuring proper healthcare provider follow-up, including specialist referral;
- Educated and informed the member regarding HCUSA benefits pertaining to transportation and resource coordinators;
- Performed ongoing collaboration with the enhanced intervention team as needed; and
- Educated the members on services available through our social and behavioral health staff.

The MCHP experienced overall success with this project. Members were successful at avoiding rehospitalization when they participated in the enhanced intervention process. The number who experienced readmissions at 30 days was reduced for HEDIS year 2015 by 2%. The number of members who cooperated with all interventions was reduced by an additional 7% at 30 days. Members who utilized all the interventions had no readmissions at 60 days. The number of members who received no interventions was reduced from 60% in CY 2013 to 54% in CY 2014. The MCHP did not achieve the original goal of increasing the number of members who participated by 10%. The MCHP has engaged in barrier analysis to continue efforts to improve this number in future years. The major barrier was members who did not participate or who the MCHP was unable to locate. These members were included in the following categories:

- Those who were referred to intensive intervention but did not participate due to refusal, a "bad" telephone number, or who did not complete even one visit (even though it was attempted);
- Those who were referred, but were re-admitted before the intervention began; and
- Those who were referred and completed at least one visit.

The most common reason cited was a failure to capture a viable telephone number, or a member/parent who would not take the call from the home health provider. The MCHP plans to continue this project with a new "Plan-Do-Check-Act" procedures improvement methodology woven into their intensive intervention plan. The stated goal for HY 2014 was to expand member participation by 10% and maintain readmission rates at less than 10/1000. Growth in participation rates was steady, but they were unable to reach their stated goal. Maintaining readmissions rates at less than 10/1000 improved at 30 days, and there were no readmissions at 60 days for members who participated in the enhanced interventions.

The MCHP identified an issue defined as problematic for members that negatively impacted their quality of life and health. The research and study development led them to collaborate with a home health partner and create an innovative approach to impact member behavior and improve health outcomes. All program interventions will continue, even as this PIP is retired and the activities are integrated into regular MCHP operations.

The following Validation Worksheet provides the details of how the project meets each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: HealthCare USA

Name of PIP: Reducing Re-Admission Rate for Asthma Patients

Dates in Study Period: through December 2014

I. ACTIVITY I: ASSESS THE STUDY METHODOLOGY

Step 1: REVIEW THE SELECTED STUDY TOPIC(S)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	_X_ Met __Partially Met __Not Met __Unable to Determine	The motivating factors of this study are to find new and unique tools to reduce unnecessary hospital readmissions for HCUSA members. The study topic presentation provided information on asthma as a chronic and serious health care condition. Literature and data concerning this issue from the national, state, and healthcare membership level is presented. This presentation connects inadequate treatment and medication adherence to frequent ED visits on all levels
Clinical _xx_ Prevention of an acute or chronic condition ___High volume services _xx_ Care for an acute or chronic condition xx High risk conditions		
Non-Clinical ___Process of accessing or delivering care		
1.2. Did the Plan's PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?	_X_ Met __Partially Met __Not Met __Unable to Determine	The foundation was set for addressing the issue of preventing hospital readmissions related to asthma. Additionally the information states "The motivating factors are to reduce the morbidity for the HCUSA membership and to subsequently reduce unnecessary healthcare resource utilization for Mo HealthNet and the State of MO." The entire section is well written and supports and explains the topic choice and improving member care.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		
1.3. Did the Plan's PIPs over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	_X_ Met __Partially Met __Not Met __Unable to Determine	The special population was well presented and is very inclusive.
Demographics: _____Age Range _____Race _____Gender	Totals	_3_Met _____Partially Met _____Not Met _____UTD

Medical Population _XX_Medicaid Only _____Commercial		
Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	_X_Met __Partially Met __Not Met __Unable to Determine	The study question is clear, concise and addresses the goals of the PIP. It is an update from the 2013 study question, and brings focus to the current planned intervention. The narrative also discusses how the MCHP will use enhanced discharge planning to ensure that members receive targeted after- and in-home care.
Include study question(s) as stated in narrative: **Can the use of an in-home asthma education component in collaboration with ongoing telephonic enhanced intervention, decrease the rate of hospital re-admissions within 30 days for members with a diagnosis**	Total	__1__Met _____Partially Met _____Not Met _____UTD
Step 3: Review Selected Indicators		
3.1 Did the study use objective, clearly defined, measurable indicators?	_X_Met __Partially Met __Not Met __Unable to Determine	The MCHP used HY 2013 as a baseline and will use HEDIS outcome data from HY 2014 and 2015 to measure the effectiveness of the outcomes from the study. All necessary information is included to provide confidence that the indicators are clearly defined and measurable.
List Indicators:		
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	_X_Met __Partially Met __Not Met __Unable to Determine	These indicators are designed to measure improvements in health status, and improving outcomes for members. All necessary information is included.
Are long-term outcomes implied or stated: _xx_yes ___no _xx_Health Status _____Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	_2_Met _____Partially Met _____Not Met _____UTD

Component/Standard	Score	Comments
Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	X Met __Partially Met __Not Met __Unable to Determine	The MCHP will review all admission and re-admission data within 30 and 60 days of discharge from previous admissions. The study is open to all qualified members throughout all 3 regions.
Demographics: _____Age range _____Gender_____Race Medical Population: _xx_Medicaid Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	X Met __Partially Met __Not Met __Unable to Determine	The MCHP uses all appropriate diagnosis codes, admissions data, and other available information to ensure inclusion of all appropriate members into the study.
Methods of identifying participants: __xx__Utilization Data _____Referral _____Self-identification xx_Other Admission Data	Totals	_2__Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	No sampling was used in this study.
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	
Specify the type of sampling or census used:		
5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	_____Met _____Partially Met _____Not Met _____UTD

Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	X Met __Partially Met __Not Met __Unable to Determine	The study design included many details about the study methodology and how data would be collected
6.2 Did the study design clearly specify the sources of data?	X Met __Partially Met __Not Met __Unable to Determine	All data sources were explained. Information included how members would be stratified in acuity levels, and how this information would relate to available interventions. The sources of this information and all data were included.
Sources of data: ___Member xx Claims ___Provider xx Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	X Met __Partially Met __Not Met __Unable to Determine	The information provided included a systematic method of collecting data, for the MCHP data warehouse, as well as information from the vendor used to provide in-home services.
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X Met __Partially Met __Not Met __Unable to Determine	Based on the inclusion of HEDIS outcomes, and the information provided, the study will be produce consistent and reliable data
Instruments used: ___Survey _____ Medical Record Abstraction Tool xx Other HEDIS Data		
6.5 Did the study design prospectively specify a data analysis plan?	X Met __Partially Met __Not Met __Unable to Determine	The study design provides a detailed and extensive prospective data analysis plan. This information documents all aspects of data collection, and analysis. How comparisons will be made and used to assess the study outcomes were included.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	All team members, their roles, and responsibilities are detailed in the information provided.
Project Leader Name: Dale S. Pfaff Title: QM Coordinator Role: Responsible for all aspects of the study Other team members: Names/Roles – Carol Stephens-Jay, QM Manager, Laura Ferguson, Director of QM, Dr. Angela Miller, Medical Director, and Larry Reagan, AM Specialist are on all this team.	Totals	6 Met _____Partially Met _____Not Met _____UTD

Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met __Partially Met __Not Met __Unable to Determine	All interventions and barrier analysis was included.
Describe Intervention(s): 1. Provided individualized education to members/families with asthma regarding the disease processes (acute and chronic); 2. Developed an asthma assessment and action plan, as derived from the HCUSA Asthma Booklet, for each member who was admitted to inpatient care; 3. Provided members with an admission for asthma, information regarding the appropriate medication use and assessment; 4. Assisted the member with asthma with identification of triggers inside and outside of the home; 5. Assisted the member in assessing their individual barriers to care; 6. Assisted the member in assuring proper healthcare provider follow-up, including specialist referral; 7. Educated and informed the member regarding HCUSA benefits pertaining to transportation and resource coordinators; 8. Performed ongoing collaboration with the enhanced intervention team as needed; and 9. Educated the members on services available through our social and behavioral health staff.	Totals	__1__Met _____Partially Met _____Not Met _____UTD
Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	All aspects of the data findings were in concert with the original prospective data analysis plan.
This Element is "Not Met" if study is complete and there is no indication of a data analysis plan (see step 6.5)		
8.2 Were the PIP results and findings presented accurately and clearly?	X Met __Partially Met __Not Met	The information was presented in great detail. Analysis of the data was included. It indicates that the number of members with asthma who experienced readmissions

	__Not Applicable __Unable to Determine	within 30 days decreased from 0.11 in the baseline year to 0.02 in HY 2015. All information is presented accurately and clearly.
Are tables and figures labeled? _xx_yes ___no Are they labeled clearly & accurately? _xx_yes ___no		
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	_X_Met __Partially Met __Not Met __Not Applicable __Unable to Determine	All initial and repeat measurements are included. All information is presented and explained in a method that is easy to understand and interpret.
Indicate the time periods of measurements: _By HEDIS Year Indicate statistical analysis used: Chi Squared analysis Indicate statistical significance level or confidence level if available/known: _____99% _xx_95% _____Unable to determine		
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	_X_Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The positive results are directly tied to the interventions that were implemented. This analysis is very constructive.
Limitations described:_____ _____ Conclusions regarding the success of the interpretation: _____ _ Recommendations for follow-up: _____	Totals	_4_Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The same methodology for data and outcome analysis were used throughout the study. The interpretation of the data concludes that the PIP made material differences in the readmission rates for members with asthma. The Enhanced Case Management process provided education and the proper tools to member to better manage their conditions.
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	There is qualitative and quantitative outcome data to support the conclusion that there is an improvement in the outcomes of care as the result of this project.
Was there: _____Increase _____Decrease Statistical significance _xx_ yes ___no Clinical significance _xx_ yes ___no		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	There is "face" validity that the improvements are directly resulting from the interventions utilized.
Degree to which the intervention was the reason for change ___No relevance ___Small ___Fair _xx_ High		
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The statistical evidence is provided in the study results.
_____Weak _____Moderate _XX_ Strong	Totals	_X_ Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The program interventions resulting from this PIP are being incorporated into MCHP regular operations. The PIP will be formally retired, but due to the successful outcomes, the components will be continued.
	Total	_1__Met _____Partially Met _____Not Met ___Not Applicable _____UTD
ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments
Were the initial study findings verified upon repeat measurement?		

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:

HCUSA identified an issue defined as problematic for members that negatively impacted their quality of life and health. The research and study development led them to collaborate with a home health partner and create an innovative approach to impact member behavior and improve health outcomes. The PIP documentation includes narrative that explains each component of the study in detail making it understandable and easy to evaluate. The MCHP is encouraged to continue this approach, both in presenting study information and in impacting member healthcare issues. All program interventions will continue. These activities as a PIP will be retired, but efforts to continue the program developed are in place as regular MCHP activities.

Recommendations:

Check one:

xx High confidence in reported Plan PIP results
☐ Confidence in reported Plan PIP results
☐ Low confidence in reported Plan PIP results
☐ Reported Plan PIP results not credible

NON-CLINICAL PIP – IMPROVING ORAL HEALTH

The non-clinical PIP evaluated was the MCHP's approach to the Statewide PIP "Improving Oral Health." The MCHP was an involved and instrumental member of the Oral Health Task Force that developed and updated this statewide project. The rational presented included information related to the statewide PIP and addressed the MPCH's population individually. They present a focused argument for their approach to improving this area of healthcare services to members. Their commitment to this issue is evident in the statewide project as well as in the PIP representing their approach to impacting this important area of concern.

The following interventions were added to their previously successful project for CY 2014:

- Collaborating with Early Childhood programs such as Head Start;
- Emphasizing to parents the need for childhood dental preventive services and sealant; and
- Sealant Application (these objectives were formed to align with the Statewide Dental PIP).

These interventions, their purpose, and a thorough barrier analysis were presented.

The MCHP results included the growth in percentage points and the percent increase over the base year. In all three regions the aggregate numbers indicate an improvement of 15.38 percentage points and a new increase of 44.13% from the baseline measure. The statewide goal of 52.19% was missed by -1.96%. The MCHP has met the goal of 3% improvement each year this PIP has been underway until 2014. The HEDIS 2014 rate was 50.67% and HEDIS 2015 was 50.23%. Their analysis asserts that the MCHP is "stuck" in the 50% range, and this phenomenon has occurred nationally as well. They are implementing measures to keep this issue "in front of staff," and reinvesting staff in improving member utilization of dental benefits. The MCHP continues to pursue methods to engage more of its membership into complying with opportunities to obtain good dental care. The MCHP argues that real improvement depends upon continued education and ongoing change in member behavior.

The following Validation Worksheet provides the details of how the project meets each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: HCUSA

Name of PIP: Improving Oral Health

Dates in Study Period:

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1: REVIEW THE SELECTED STUDY TOPIC(S)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	X Met __Partially Met __Not Met __Unable to Determine	While this is a statewide PIP, the MCHP personalized their rationale for their members in designing this project. The study topic discussion was complete and focused on the needs and circumstances of health plan members. This was an excellent example of taking a statewide topic and creating applicability to MCHP members. Regional and national information was utilized from the literature review presented. This information presented evidence validating the need to improve in the area of annual dental visits. The MCHP presented convincing evidence that this is an important area of concern. New information is recognized and enhances the project.
Clinical __Prevention of an acute or chronic condition ___High volume services ___Care for an acute or chronic condition ___High risk conditions		
Non-Clinical xx Process of accessing or delivering care		
1.2. Did the Plan's PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?	X Met __Partially Met __Not Met __Unable to Determine	This is a non-clinical PIP that is clearly focused on improving members' healthcare.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		
1.3. Did the Plan's PIPs over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	X Met __Partially Met __Not Met __Unable to Determine	There is no exclusionary language in this presentation. This PIP is focused on all eligible children within the appropriate age ranges.

Demographics: _____Age Range _____Race _____Gender Medical Population: _____Medical Only _____Commercial	Totals	_3_Met _____Partially Met _____Not Met _____UTD
Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	_X_Met __Partially Met __Not Met __Unable to Determine	The study question is clear, concise, and measurable. The questions are updated for each year.
Include study question(s) as stated in narrative: Will the addition of targeted provider-assisted, care-centered promotions and dental events improve the regional HEDIS rates for annual dental visit (ADV) by 3%?	Total	__1__Met _____Partially Met _____Not Met _____UTD
Step 3: Review Selected Indicators		
3.1 Did the study use objective, clearly defined, measurable indicators?	X Met __Partially Met __Not Met __Unable to Determine	Denominator: All HealthCare USA HEDIS eligible members from the ages of 2 through 20 as of December 31 of the measurement year. Numerator: All HealthCare USA HEDIS eligible members from the ages of 2 through 20 who have had at least one dental visit in the measurement year.
List Indicators:		The indicator presented and explained in the narrative is clear, concise, and measurable. This included defining the numerators and denominators. It is likely that interventions associated with the study question will have an impact on success, This holistic member-focused approach is recognized (not just an attempt to improve HEDIS rates); this project has the potential to create positive outcomes.
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	_X_Met __Partially Met __Not Met __Unable to Determine	This PIP is focused on the process of care -- Improved Annual Dental Visits -- that is strongly associated with improved healthcare outcomes.
Are long-term outcomes implied or stated: _xx_yes ___no _xx_Health Status _____Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	_2___Met _____Partially Met _____Not Met _____UTD

Component/Standard	Score	Comments
Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	_X_ Met __Partially Met __Not Met __Unable to Determine	All eligible MCHP members, ages 2-20, will be included. This is well defined and coincides with the NCQA tech specs.
Demographics: _____Age range _____Gender _____Race Medical Population: _____Medical Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	_X_ Met __Partially Met __Not Met __Unable to Determine	The data collection approach is not fully explained in this section, and assumes that using the HEDIS administrative data does capture all enrollees. However, in the study design section on data collection, this is explained in detail.
Methods of identifying participants: __xx__Utilization data _____Referral _____Self-identification _____Other _____	Totals	__2__Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	There is no sampling used in this study.
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	
Specify the type of sampling or census used:		
5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	_____Met _____Partially Met _____Not Met _____UTD

Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	X Met __Partially Met __Not Met __Unable to Determine	A complete study design was presented. It clearly defines all the data to be collect, and the methodology used.
6.2 Did the study design clearly specify the sources of data?	X Met __Partially Met __Not Met __Unable to Determine	Claims data is received from DentaQuest generated by the claims processing system. They use appropriate CDT codes indicating no dental claim.
Sources of data: ___Member _xx_Claims ___Provider ___Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	X Met __Partially Met __Not Met __Unable to Determine	The narrative explains how the HEDIS ADV rate is calculated for the entire population, how this is then loaded into NCQA certified software by trained IT specialists. The HEDIS outcome reports are produced by a Coventry HEDIS team. Additional details include the CDT codes to be queried are provided. Included information provided clear evidence that the MCHP is producing valid and reliable data. Although all members 2-20 are captured the MCHP believes all members should be educated regarding the need of, and availability of proper dental care. By educating the entire population, the HEDIS population will be included.
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X Met __Partially Met __Not Met __Unable to Determine	The administrative methodology is utilized to produce the ADV HEDIS rates. This is described in a manner to The administrative methodology is utilized to produce the ADV HEDIS rates. This is described in a manner to ensure that consistent and accurate data collection will occur. Who collects data, how it is input into the system, and who is involved in this entire process is included. The information provided gives confidence that consistent, accurate data collection is used.
Instruments used: ___Survey Medical Record Abstraction XX Other: HEDIS Data		
6.5 Did the study design prospectively specify a data analysis plan?	X Met __Partially Met __Not Met __Unable to Determine	A clearly presented prospective data analysis plan was included. All barriers or inconsistencies were addressed, including, methods to overcome barriers and do a thorough data analysis. The use of an

		internal PIP team to review ADV rates, and all relevant data was described. Very well developed prospective data analysis plan. Updates for 2013 were provided including outcomes and actions.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	The entire project oversight will come from the Director of Quality Improvement and Quality Management Committee.
Project Leader Name: Dale Pfaff Title: QI Coordinator Role: All PIP responsibilities including analysis of outcomes and collecting and analyzing interventions used to improve outcomes. Other team members: Names/Roles_____	Totals	_6_Met _____Partially Met _____Not Met _____UTD
Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met __Partially Met __Not Met __Unable to Determine	The interventions implemented this project year built on the successes of previous interventions. They then developed new strategies with the intention of creating stronger and additional successes.
Describe Intervention(s): • Collaborating with Early Childhood programs, such as Head Start; • Emphasizing to parents the need for childhood dental preventive services and sealant; and • Sealant Application (these objectives were formed to align with the Statewide Dental PIP).	Totals	_1_Met _____Partially Met _____Not Met _____UTD
Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The analysis presented was performed according to the data analysis plan. It was clear, well described in the narrative, and understandable. It showed that the health plan continues to have success in improving their ADV rates. "Section 8, to include the Chi Square Analysis, will be revised after the Auditor completes their evaluation of the ADV Rates for CY 2014. This will include some of the tables and graphics and the narrative.
This Element is "Not Met" is study is complete and there is no indication of a data analysis plan (see step 6.5)		
8.2 Were the PIP results and findings	X Met	The tables, which included HEDIS data, and

presented accurately and clearly?	__Partially Met __Not Met __Not Applicable __Unable to Determine	the results of statistical significance testing, were presented in differing and sometimes repetitive formats.
Are tables and figures labeled? _xx_ yes ___no Are they labeled clearly & accurately? _xx_ yes ___no		
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The analysis presented is complete and includes HEDIS 2015 data. The information presented included the baseline year of 2008-2013. The analysis recognizes that HEDIS 2009 ADV rates will be used as the baseline year for the statewide rate. The final analysis was be completed in June 2015.
Indicate the time periods of measurements:_____ Indicate statistical analysis used: _Chi Square testing Indicate statistical significance level or confidence level if available/known:__99% _xx_95% _Unable to determine		
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The narrative states that the MCHP has met the goal of 3% improvement for each year of this PIP, and continues to pursue ways to engage more of the membership for compliance with the ADV rate. The discussion relates the specific impact of their interventions to the success achieved. "The P values for all three regions for HEDIS 2013 (P = 0) represents a statistically significant change. The data analyses for all three regions for the HEDIS years 2009, 2010, 2011, 2012 and 2013 have also calculated the P value as P = 0. The P value for all three regions in the study is statistically significant. The statistical changes are attributable to the evolution of the interventions. Well presented.
Limitations described: _yes Conclusions regarding the success of the interpretation: _____ _____ Recommendations for follow-up: _____	Totals	_4__Met _____Partially Met _____Not Met ___Not Applicable _____UTD
Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	_X_ Met __Partially Met __Not Met __Not Applicable	The same methodology was utilized throughout the project. Enhancements occurred when these were appropriate and effectively informed this PIP. Continued improvements are recognized. Updates will

	__Unable to Determine	occur.
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	_X_Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The MCHP interventions initially focused on member education and member/provider reminders. This continues, in addition new interventions have been added, which have had an impact. Now focusing intensive educational opportunities, the MCHP had a year of flat or slight growth. The MCHP believes renewed efforts in motivating employees will counter this and create new opportunities for growth.
Was there: ____Increase (slight) _xx_Decrease Statistical significance ___yes _xx_no Clinical significance ___yes _xx_no (flat rate)		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	_X_Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The consistent use of member and provide education and direct appointment setting events contributed to a significant rise in ADV rates. The new proactive approach to collaborating with providers encountered 2 barriers that negatively impacted success. These included: member "no shows;" and lack of member awareness of providers who had appointment availability. The MCHP believes that working toward impacting these issues will create new successes which will continue the "face" value of their improvements
Degree to which the intervention was the reason for change ___No relevance _xx_Small ___Fair ___High		
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	_X_Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The statistical evidence was a flat rate, but the MCHP has analyzed the issues, and is implementing new initiatives to create additional improvements.
_____Weak _xx__Moderate _____Strong	Totals	_4_Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The MCHP has made improvements to the PIP interventions over the course of the PIP and has future improvements planned. New strategies and interventions are hoped to rekindle member and staff enthusiasm in helping the MCHP meet its goals.
	Total	__1__Met _____Partially Met _____Not Met ___Not Applicable _____UTD
ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments
Were the initial study findings verified upon repeat measurement?		

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:

SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:

The MCHP intends to sustain the improvement they have made by continued and enhanced efforts to ensure their members receive excellent dental care, beginning with obtaining their annual dental visit and creating an improved commitment for preventive care. They have efforts in place to collaborate with their subcontractor and to address this issue with MCHP staff. They provided the criteria they will use to make future assessments of project outcomes. The approach the MCHP is taking indicates that there is a high probability that this PIP will regain its momentum for improvement. The MCHP has made successful strategies part of their organization's normal work activities and continues to devise new initiatives to ensure that the outcomes achieved to date continue.

Recommendations:

Check one:

xx High confidence in reported Plan PIP results
☐ Confidence in reported Plan PIP results
☐ Low confidence in reported Plan PIP results
☐ Reported Plan PIP results not credible

Conclusions

Quality of Care

Both PIPs seek to improve the quality of services to members. The clinical PIP began as a way to identify unmet member needs, and has since developed into a response that seeks to improve the members' ability to prevent a need for unnecessary inpatient services. The non-clinical PIP sought to significantly improve rates of annual dental visits. The MCHP experienced success with the interventions developed in both areas and hopes to continue to positively impact member behavior. The focus of the clinical PIP was targeted at improving the quality of health care for members by improving members' ability to avoid hospital readmissions. The MCHP recognizes the need to help members obtain services that meet their needs and are of the highest quality. Their goal is to help members access the most appropriate level of care at the right time in the right place.

Access to Care

The clinical PIP had a specific focus on access to care by providing intensive and in-home services to members with asthma in an effort to avoid unnecessary re-admission to the hospital. The study sought to ensure that members receive intensive and in-home services to ensure that they understood all of their needs to maintain and control their asthma in a preventive manner. The non-clinical PIP was based on the theory that improving availability, awareness, and access to dental care will improve the overall health of the members served. The supporting documentation indicates that these PIPs will improve access to services and that this remains an important focus for the MCHP.

Timeliness of Care

The services and interventions used in the clinical PIP had the specific outcome of improving the timeliness for members who had been hospitalized for an asthma related illness. In this PIP, the areas of access, quality, and timeliness of care were of the utmost importance. The outcomes indicate positive results. The MCHP is continuing their efforts and interventions to promote timely and appropriate healthcare. Timely access to intensive in-home aftercare is an important focus of the clinical PIP. The non-clinical project also looked at timeliness. The MCHP is focused on reaching its goals for preventive care in the area of oral health, measured by the number of members ages 2 – 20 who received annual dental screenings. The interventions

employed will improve the members' awareness of the need for annual screenings. The MCHP also employed measures to engage and educate providers about their role in ensuring that members come in for dental visits. The PIP focused on reducing barriers to obtaining services by partnering with the MCHP Community Outreach staff. HCUSA will continue to enhance their projects to improve members' ability to access services on a timely basis through their innovative approaches.

RECOMMENDATIONS

1. The MCHP focused their efforts on improving the timeliness, quality, and access to care for members requiring health care services in the process of each of these PIPs. The non-clinical project information clearly supported the goal of improving services and benefits to members in a timely manner. The information provided for the clinical PIP was strongly associated with improving the quality and access to appropriate health care services for members. Narrative information, responding to the requirements of the PIP protocols, was well developed and should be continued.
2. The format of all PIPs should continue to contain complete narrative information on all aspects of the project to ensure that the project is understandable and complete. The data analysis included in these PIPs was excellent. This method of reporting outcomes enhances the evaluation process and should continue.
3. The MPCH indicated that the processes described in both PIPs will be incorporated in the regular organization processes. This is an important aspect of the PIP process and should occur to ensure that improvements continue on a sustained basis.
4. The MCHP continues their process of identifying quality issues that may benefit from being developed into a Performance Improvement Project. The MCHP presented new clinical PIP ideas for technical assistance. As these projects are developed and new ideas are generated, this technical assistance process should continue.

6.2 Validation of Performance Measures

METHODS

This section describes the documents, data, and persons interviewed for the Validating Performance Measures Protocol for HCUSA. HCUSA submitted the requested documents on or before the due date of March 9, 2015. The EQRO reviewed documentation between March 9, 2015 and June 24, 2015. On-site review time was used to conduct follow-up questions and provide feedback and recommendations regarding the performance measure rate calculation.

DOCUMENT REVIEW

The following are the documents reviewed by the EQRO:

- The HCUSA NCQA RoadMap for the HEDIS 2014 data reporting year
- HealthcareData.com LLC's Compliance Audit Report for HEDIS 2014
- HCUSA's policies and procedures with regard to calculation of HEDIS 2014 rates
- HCUSA meeting minutes on information system (IS) policies
- A sample of Catalyst's production logs and run controls
- National Council on Quality Assurance (NCQA)-certified HEDIS software certification report from Catalyst Technologies
- Data field definitions & claims file requirements of the Corporate Data Warehouse
- Data files from the Coventry Corporate Data Warehouse containing the eligible population, numerators and denominators for each of the three measures
- HEDIS 2014 Data Submission Tool
- HEDIS 2014 product work plan
- Appendix V, Information Systems Capabilities Assessment

Data files were submitted by HCUSA for review by the EQRO; these included regional files for each of the three Performance Measures audited.

INTERVIEWS

The EQRO conducted on-site interviews at HCUSA in St. Louis on Wednesday, June 24, 2015 with staff responsible for calculating the HEDIS 2014 performance measures. The objective of

the visit was to verify the methods and processes behind the calculation of the three HEDIS 2014 performance measures.

FINDINGS

The MCHP was subject to the full Information Systems Capabilities Assessment (ISCA) validation during this year's review. The EQRO verified that the systems existed at the MCHP during this review and the MCHP was able to demonstrate the system used to calculate performance measures.

Two of the HEDIS 2014 measures being reviewed (Annual Dental Visit and Follow-Up After Hospitalization for Mental Illness) were calculated using the Administrative method, and the third measure (Childhood Immunizations Status 3) was calculated using the Hybrid method.

The combined rate for the HEDIS 2014 ADV measure reported by HCUSA to the SMA and the State Public Health Agency (SPHA) was 50.67%. This was higher than the statewide rate for all MCHPs (45.06%). This MCHP's rate has trended upward over the past four EQR report years, from 43.10% in 2011 to 50.67% in 2014 (see Figure 23).

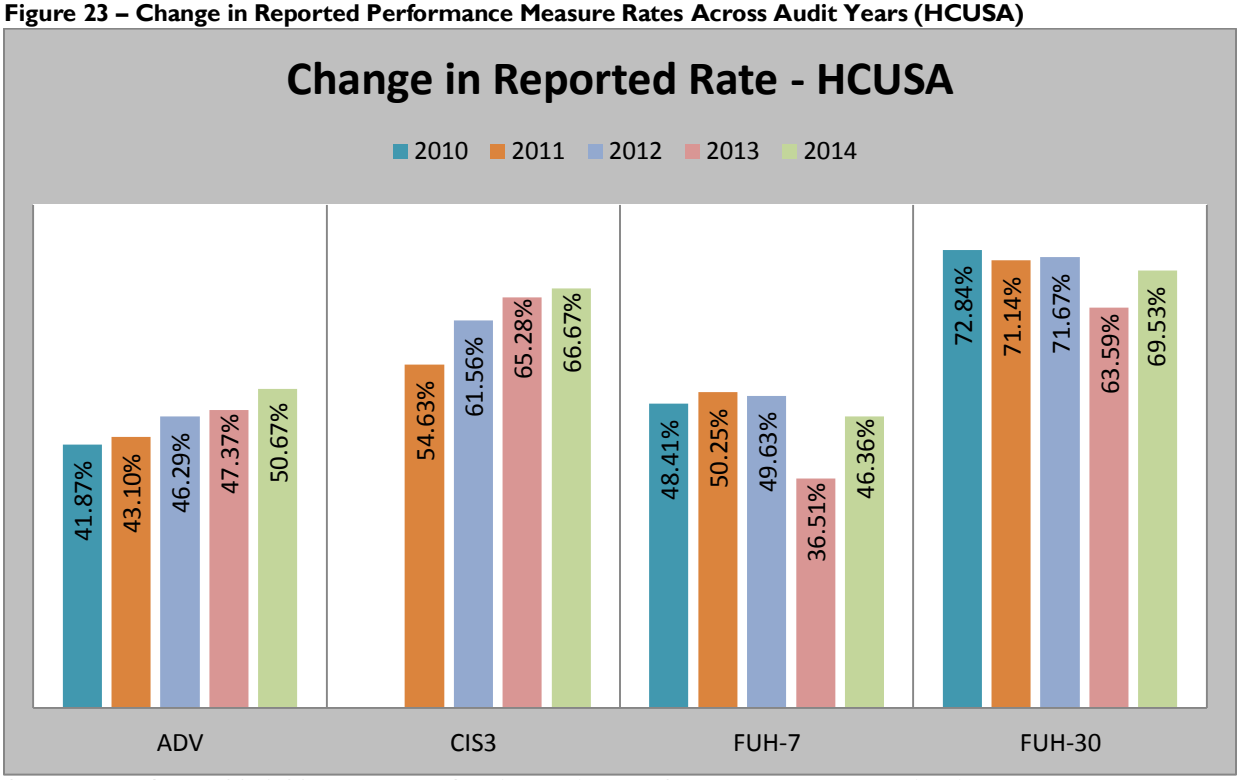
The reported CIS3 rate was 66.67%; this was higher than the statewide rate for all MCHPs (61.19%). This is the fourth year the CIS3 measure has been audited by the EQRO. HCUSA has shown a steady increase in this rate, from 54.63% in 2011 to 66.67% in 2014 (see Figure 23).

The 7-day rate reported for the FUH measure by HCUSA was 46.36%, which is higher than the statewide rate for all MCHPs (44.28%). This measure was audited in HEDIS 2010, 2011, 2012, and 2013 (48.41%, 50.25%, and 49.63%, 36.51% respectively) (see Figure 23.)

The FUH measure 30-day rate reported by the MCHP (69.53%) was **higher** than the statewide rate (66.14%). This rate has fallen from 2012 when the highest rate was reported (71.67%) and is lower than the rate reported in 2009 of 69.62% (Figure 23).

The MCHP experienced a software glitch in their NCQA-certified software, Inovalon, during the HEDIS 2013 season. That glitch did not allow the date of service to be pulled accurately by the software. Specifically, if a claim form had more than one date of service, the system was not capturing all of the dates of service. This error was corrected and HCUSA attributes the rebound of their FUH rates to this correction.

Figure 23 – Change in Reported Performance Measure Rates Across Audit Years (HCUSA)



Sources: BHC, Inc. 2010-2014 External Quality Review Performance Measure Validation Reports

The following sections summarize the findings of the process for validating each of the performance measures in accordance with the Validating Performance Measures Protocol. The findings from all review activities are presented according to the EQRO validation activity, with the findings for each measure discussed within the activities as appropriate.

Data Integration and Control

The information systems management policies and procedures for rate calculation were evaluated consistent with the Validating Performance Measures Protocol. This included both manual and automatic processes of information collection, storing, analyzing and reporting. For

all three measures, HCUSA was found to meet all the criteria for producing complete and accurate data. There were no biases or errors found in the manner in which HCUSA transferred data into the repository used for calculating the HEDIS 2014 measures.

Documentation of Data and Processes

Although HCUSA uses a proprietary software package to calculate HEDIS measure rates, adequate documentation of this software and its processes was provided to the EQRO for review. The data and processes used for the calculation of measures were acceptable. HCUSA met all criteria that applied for all three measures.

Processes Used to Produce Denominators

HCUSA met all criteria for the processes employed to produce the denominators of the performance measures validated. This involves the selection of eligible members for the services being measured. Denominators in the final data files were consistent with those reported on the DST for the three measures validated. All members were unique and the dates of birth ranges were valid.

Processes Used to Produce Numerators

Two of the three measures were calculated using the Administrative method (ADV and FUH). The third measure (CIS3) was calculated using the Hybrid method. All measures included the appropriate data ranges for the qualifying events (e.g., well-child visits, follow-up visits, or dental visits) as specified by the HEDIS 2014 Technical Specifications. Appropriate procedures were followed for the sampling of records for medical record reviews.

HCUSA reported a total of 71,439 administrative hits for the Annual Dental Visit measure; 71,439 hits were validated by the EQRO. This resulted in both a reported rate and validated rate of 50.67%, representing no bias by the MCHP.

For the HEDIS 2014 Childhood Immunizations Status measure, there were a total of 208 administrative hits reported and all 208 hits were found. Thirty (30) medical records were requested and 30 of the medical records requested were received and were able to be validated by the EQRO. As a result, the medical record review validated 80 total hybrid hits reported.

Combined with the administrative rates, this yields a reported rate of 66.67% and a validated rate of 66.67%. This indicates no bias by the MCHP.

The number of administrative hits reported for the 7-day rate for the HEDIS 2014 Follow-Up After Hospitalization for Mental Illness measure was 986; the EQRO found all 986. This resulted in a reported and validated rate of 46.36%, indicating no bias.

The Follow-Up After Hospitalization for Mental Illness 30-day calculation showed 1,479 reported hits; the EQRO was able to validate all 1,479 of them. This yielded a reported rate and a validated rate of 69.53%, again indicating no bias.

Sampling Procedures for Hybrid Methods

The Hybrid Method was used for the Childhood Immunizations Status measure. CMS Protocol Attachment XII; Impact of Medical Record Review Findings and Attachment XV: Sampling Validation Findings were completed for this measure. HCUSA was compliant with all specifications for sampling processes.

Submission of Measures to the State

HCUSA submitted the Data Submission Tool (DST) for each of the three measures to the SPHA (the Missouri Department of Health and Senior Services) in accordance with the Code of State Regulations (19 CSR §10-5.010 Monitoring Health Maintenance Organizations) and the SMA Quality Improvement Strategy.

Determination of Validation Findings and Calculation of Bias

As is shown in Table 12, no bias was observed in the ADV, CIS3, and FUH (7 day and 30 day) measures.

Table 12 - Estimate of Bias in Reporting of HCUSA HEDIS 2014 Measures

Measure	Estimate of Bias	Direction of Estimate
Annual Dental Visit	No bias	N/A
Childhood Immunizations Status (Combination 3)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (7-day)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (30-day)	No bias	N/A

Source: BHC, Inc., 2014 External Quality Review Performance Measure Validation

Final Audit Rating

The Final Audit Rating for each of the performance measures was based on the findings from all data sources that were summarized in the Final Performance Measure Validation Worksheet for each measure (see Table 13). The rate for the Annual Dental Visit and Follow-Up After Hospitalization for Mental Illness (7 and 30 day) measures showed no bias and were therefore deemed Fully Compliant. The Childhood Immunization Status was underestimated, but still fell within the confidence intervals reported by the MCHP. Therefore, these measures were determined to be Substantially Compliant.

Table 13 - Final Audit Rating for HCUSA Performance Measures

Measure	Final Audit Rating
Annual Dental Visit	Fully Compliant
Childhood Immunizations Status	Fully Compliant
Follow-Up After Hospitalization for Mental Illness	Fully Compliant

Note: Fully Compliant = Measure was fully compliant with State specifications; Substantially Compliant = Measure was substantially compliant with State specifications and had only minor deviations that did not significantly bias the reported rate; A significant bias in the rate was defined as a number calculated by the EQRO that fell outside the 95% confidence interval of the rate reported by the MCHP. Not Valid = Measure deviated from State specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported; Not Applicable = No Managed Care Members qualified for the measure.

CONCLUSIONS

QUALITY OF CARE

HCUSA's calculation of the HEDIS 2014 Follow-Up After Hospitalization for Mental Illness measure was fully compliant with specifications. This measure is categorized as an Effectiveness of Care measure and is designed to measure the quality of care delivered.

HCUSA's rate for this measure was higher than the average for all MCHPs. The MCHP's members are receiving a higher quality of care for this measure then the care delivered to all other MO HealthNet Managed Care members. Both the 7-day and 30-day rates were above the National Medicaid and National Commercial Averages for this measure. The MCHP's members are receiving a quality of care for this measure **greater** than the average National Medicaid member or National Commercial member across the country.

ACCESS TO CARE

The Annual Dental Visit measure was fully compliant with specifications. This measure is categorized as an Access/Availability of Care measure. Because only one visit is required for a positive "hit", this measure effectively demonstrates the level of access to care that members are receiving. HCUSA's reported rate for this measure was **higher** than the average for all MCHPs. HCUSA's members are receiving a higher quality of care for this measure than that delivered to all other Managed Care members.

This rate was **higher** than the rates reported by the MCHP during the prior six years of EQR reports. This shows that HCUSA members are receiving more dental services than in the past. The MCHP's dedication to improving this rate is evident in the increasing averages. The rate was also above the National Medicaid Average for the measure. This indicates that the average HCUSA member is receiving **higher** access to dental care than the average National Medicaid member.

TIMELINESS OF CARE

The MCHP's calculation of the HEDIS 2014 Childhood Immunizations Status measure was fully compliant. This measure is categorized as an Effectiveness of Care measure and aims to measure the timeliness of the care received. The MCHP's reported rate for this measure was **higher** than the average for all MCHPs. This rate has been previously audited by the EQRO in 2011, 2012, and 2013; the MCHP's rate has shown an upward trend.

HCUSA's members are receiving care in a more timely manner, for this measure, than that of other MO HealthNet Managed Care members. However, this rate was **lower** than both the National Medicaid and National Commercial averages for this measure. The MCHP's members are receiving Childhood Immunization care in a manner that is **less** timely than the average Medicaid or Commercial member across the nation.

RECOMMENDATIONS

1. Continue to utilize the Hybrid methodology for calculating rates when allowed by the specifications.
2. Continue to conduct and document statistical comparisons on rates from year to year.
3. Work to increase rates for the Childhood Immunizations Status measure; although it was higher than the average for all MCHPs, this rate was below both the National Medicaid and Commercial averages.
4. Both FUH measures and the ADV measure reported rates higher than the National Medicaid averages. Continue to monitor progress with these two measures.

6.3 MCHP Compliance with Managed Care Regulations

METHODS

HealthCare USA (HCUSA) was subject to a follow-up to the full compliance audit that was done in 2012. The content of this 2014 calendar year audit will include all components of the Quality Standards as defined in 42 CFR 438. Evaluation of these components included review of:

- Defined organizational structure with corresponding committee minutes
- Policies and Procedures
- Organizational protocols
- Print materials available to members and providers
- Report results
- Staff interviews

The Team utilized an administrative review tool which was developed based on the CMS Protocol Assessment of Compliance with Medicaid Managed Care Regulations (Compliance Protocol). The evaluation included review of HCUSA's compliance with Access Standards, Structure and Operations Standards, and Measurement and Improvement Standards. Utilizing these tools, HCUSA will be evaluated on the timeliness, access, and quality of care provided. This report will then incorporate a discussion of the MCHP's strengths and weaknesses with recommendations for improvement to enhance overall performance and compliance with standards.

The EQRO rating scale remains as it was during the last evaluation period.

M = Met
Documentation supports that all components were implemented, reviewed, revised, and/or further developed.

PM = Partially Met
Documentation supports some but not all components were present.

N = Not Met
No documentation found to substantiate this component.

N/A = Not Applicable.
Component is not applicable to the focus of the evaluation. N/A scores will be adjusted for the scoring denominators and numerators.

A summary for compliance for all evaluated Quality Standards is included in Table 14.

Table 14 - Comparison of HCUSA Compliance Ratings for Compliance Review Years

Measure	2010	2011	2012	2013	2014
Enrollee Rights and Protections	100%	100%	100%	100%	100%
Access and Availability	76.47%	76.47%	88.24%	82.35%	76.47%
Structure and Operations	100%	100%	100%	100%	100%
Measurement and Improvement	90.9%	90.9%	100%	90.9%	100%
Grievance Systems	88.9%	94.4%	100%	100%	100%

Source: BHC, Inc., 2014 External Quality Review Compliance Validation

The review of Quality Standards was completed using a Quality Standards Review Tool, adapted from 42 CFR 438. The following is a description of the findings by performance category identified in the tool/regulations.

FINDINGS

Enrollee Rights and Protections

Enrollee Rights and Protections address 13 standards. For the 2014 review, HCUSA was rated by the review team to have met all 13 standards. This rating of 100% compliance, is consistent with the ratings received in 2010, 2011, 2012, and 2013.

The rating for Enrollee Rights and Protections (100.0%), reflects HCUSA's ability to have all policy and procedures submitted and approved by the SMA in a timely manner for the seventh consecutive year and have practices in place that reflect these policies. The MCHP provided evidence of their practice throughout the on-site review process. It appears that HCUSA is in compliance with all Managed Care contract regulations and federal requirements.

A strong commitment to member rights continues to be a cornerstone of HCUSA's service philosophy. The emphasis placed on continuous quality improvement by the MCHP was apparent in both the documentation reviewed and throughout staff interviews. As observed in prior reviews, quality services to members, with a particular emphasis on families and children, were observed within the organization. HCUSA views cultural diversity as an essential component of their interactions with members. The MCHP maintains cultural diversity as a cornerstone of initial and ongoing staff training.

Access Standards

Access and Availability addresses 17 standards. For the 2014 review, HCUSA was rated by the review team to have met 13 standards. This is an overall rating of 76.47% compliance, **lower** than the prior two years' reviews, which found 82.35% and 88.24% compliance, respectively.

The MCHP maintains a large provider network throughout all three Managed Care regions. They recruit providers to expand available services. The MCHP has identified some opportunities to improve access through physician panels. The MCHP has worked with providers to encourage them to open panels as more physicians are added to a practice.

The rating regarding Compliance with Access Standards was affected by these factors:

- In reviewing records and interviewing staff, full evidence of assessments and treatment planning for members was not available.
- Case Managers did not recognize the need for Care/Case Coordination in many of the files reviewed.

These findings are detailed more specifically in the Special Project, Section 5 of this report. During the on-site review a commitment to case management was observed. However, the records reviewed did not always contain comprehensive assessments of member needs, evidence of treatment planning or referrals to specialists when appropriate.

Structures and Operations

The area of Structures and Operations addresses 10 standards. For the 2014 review, HCUSA was rated by the review team to have met all 10 standards. This rating is consistent with the ratings received in 2010, 2011, 2012, and 2013. The ratings for compliance with Structure and Operation Standards (100%) reflected complete policy and procedural requirements for the seventh year. The MCHP appears to be compliant with all policy and practice in this area that meets SMA contract compliance and federal regulations.

HCUSA's provider advisory group is operational in all three MO HealthNet Managed Care regions. The committee consists of high volume providers and representatives from across specialties. The sharing of ideas and information pertaining to any member dissatisfaction is

encouraged. These groups seek provider feedback and provide information in a framework that allows the MCHP to develop a true partnership with their provider network.

Measurement and Improvement

Measurement and Improvement addresses 11 applicable standards. For the 2014 review, HCUSA was rated by the review team to have met all 11 of these standards. This 100% overall rating is an improvement over the 2013 rating of 90.9% and is consistent with 100% compliance rating received in 2012.

HCUSA also submitted two Performance Improvement Projects (PIPs) for validation. These PIPs were well-constructed and provided adequate information for validation. Both of these PIPs received a 100% rating from the EQRO reviewers.

Grievance Systems

Grievance Systems addresses 18 standards. For the 2014 review, HCUSA was rated by the review team to have met all 18 standards. This is an overall rating of 100% compliance, which is **consistent** with the rating received in 2013 and 2012 and **higher** than the ratings received in 2011 (94.4%) and 2010 (83.3%).

Ratings for compliance with the Grievance Systems regulations indicate that the MCHP completed the requirements regarding policy and practice.

CONCLUSIONS

HCUSA continues to exhibit a commitment to completing, submitting, and gaining approval of required policy and procedures by the SMA, and developing operations that ensure that these procedures are reflected in daily operations. The MCHP maintained improvements to achieve 100% compliance in four of the five sections of the Compliance protocol.

The MCHP incorporates methods to track required policy submission into daily administrative practice and took this process seriously. The practice observed at the time of the on-site review provided confidence that services to members is their primary focus and that there was

a commitment to comply with the requirements of the Managed Care contract and federal regulations.

However, several issues were identified during this year's review, including:

- Missing treatment plans and assessments from Case Management files
- Lack of Care Coordination where necessary

Quality of Care

The HCUSA provider relations staff made regular contacts with providers to troubleshoot problems that may be reported by members, and to assist provider staff in making interactions with members and the MCHP less complicated. Case Managers relate the importance placed on training and collaboration to ensure that they are aware of issues that may arise and can respond quickly and efficiently to ensure that members have access to quality health care.

However, the EQRO did not receive documentation of all the quality services described by MCHP staff. Treatment planning, assessments, and care coordination were areas that the EQRO could not fully validate.

Access to Care

HCUSA provided numerous examples of initiatives they are involved in to ensure that members have information on obtaining services and have adequate access to services. Several projects were explained that bring providers directly to places where members are available. The MCHP has also undertaken provider recruitment and retention efforts that ensure that providers are available to members throughout all three MO HealthNet Managed Care Regions served.

Timeliness of Care

HCUSA was able to complete all required policies and procedures in a timely manner, to ensure compliance with State contract requirements and federal regulations. The focus on obtaining timely health care services and responses to member needs reflects the attention needed to effectively provide a managed system of services to members.

RECOMMENDATIONS

1. Make every effort to supply the EQRO with all relevant information for every case file, grievance file, policy, or procedure requested.
2. Retain the focus on complying with documentation requirements to the same standards as those reflected in the daily practice within the MCHP.
3. Maintain involvement in community-based services and activities.
4. Continue to monitor provider and hospital networks for adequacy. Develop contracts were possible.

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7.0 Home State Health Plan

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7.1 Performance Improvement Projects

Document Review

Home State Health Plan supplied the following Performance Improvement Project (PIP) documentation for review:

- Reducing Overall ER Utilization by Home State Members
- Statewide Performance Improvement Project – Improving Oral Health

Interviews

Interviews were conducted with the project leaders for each PIP by the EQRO team on June 25, 2015 during the on-site review. Interviewees included the following:

Shannon Bagley – CEO, Home State Health Plan
Wendy Faust – Vice President of Medical Management
Dana Houle – Director, Quality Improvement
Arica Evans – Director, Compliance

Interviewees shared information on the validation methods, study design, and findings of the PIPs. The following questions were discussed and technical assistance was provided by the EQRP to the MCHP:

- What instruments are used for data collection?
- How were the accuracy, consistency, and validity assured?
- What did the MCHP hope to learn from the findings relevant to the MO HealthNet Managed Care population?
- How was improvement analyzed?
- What are the conclusions about the effectiveness of the interventions so far?
- What criteria are being used to determine which new issues might become a PIP?

The MCHP was given an opportunity to provide an updated submission following the on-site review. The information evaluated here is based on the enhanced submissions and additional data that were supplied.

FINDINGS

CLINICAL PIP – REDUCING OVERALL ER UTILIZATION BY HOME STATE MEMBERS

This clinical PIP was implemented in January 2013. The goal of the project is to ensure that members receive appropriate clinical care in the correct setting. The MCHP has evidence that their members are using the Emergency Department at a greater percentage than other populations based on their research and comparisons to their parent company's (Centene Corporation) percentages. The topic selection data and literature review provided a description of the goals of the project. The use of data pertinent to Home State members and the effectiveness of promoting a long term relationship with a primary care physician should improve member health outcomes. The MCHP used innovative interventions, including in-home physician visits to accomplish goals.

The interventions included:

- Implementing a Dental Emergency Department outreach program with the MCHP vendor to assist with appointments and services.
- Implementing physician in-home visits for ED super-utilizer adults. Members are given the option to choose visiting physicians as their PCP.
- Enhancing the Sickle Cell Program to promote prevention.
- Implementing a High-Touch Asthma program to focus on members with ED visits due to asthma.
- Implementing an Asthma Tele-Care Device Pilot.
- Developing Provider Incentives for member engagement with their PCP.
- Expanding physician in-home visits for the pediatric population in Kansas City and St. Louis.

The results of these initiatives were not as positive as anticipated. The MCHP continues to see an ED utilization rate that exceeds their targets. They continue to analyze data and member perceptions to gain an understanding of contributing factors for ED utilization. The MCHP conducted member focus groups to enhance their understanding of member issues and to engage members in problem solving. The MCHP will utilize the information they gathered from new and established members to develop strategies to impact this issue. The MCHP will continue to track ED utilization in order to correct factors contributing to this issue and to identify corresponding interventions that are effective in decreasing the use of the ED as a primary method of obtaining healthcare.

The following Validation Worksheet provides the details of how the project met each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: Home State Health Plan

Name of PIP: Reducing Overall Emergency Department Utilization Among the HSHP Membership

Dates in Study Period: January 2013 - Present

I. ACTIVITY I: ASSESS THE STUDY METHODOLOGY

Step 1: REVIEW THE SELECTED STUDY TOPIC(S)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	X Met __Partially Met __Not Met __Unable to Determine	The topic discussion includes a thorough literature review of the research focused on Emergency Department (ED) usage and Medicaid members. They used the broad based information to highlight the focus on their health plan members. The stated goal is to ensure that member receive appropriate clinical care in the correct setting. They believe the MHD members are using the ED at a greater percentage than other Medicaid populations served, and want to impact this behavior, which is less than beneficial. MCHP data showed that in their first year of operation, the ED claims were greater than 50% higher than other Medicaid plans operated by Centene, their parent company. The goal of this PIP is improved member outcomes.
Clinical ___ Prevention of an acute or chronic condition X_ High volume services _X_Care for an acute or chronic condition _____High risk conditions		
Non-Clinical ___Process of accessing or delivering care		

1.2. Does the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services?	X Met __Partially Met __Not Met __Unable to Determine	The plan's stated focus is ensuring reception of needed services in the most appropriate setting, thereby enhancing service delivery to members. This PIP is looking at ED usage, addressing an important area of service delivery.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		The focus is on service delivery. By reducing inappropriate ED usage, the cost of care will benefit. However, this is not the main goal of the PIP.
1.3. Did the Plan's PIP over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	X Met __Partially Met __Not Met __Unable to Determine	All members using the ED will be recognized. The stated population is all HSHP members.
Demographics: all Age Range all Race all Gender Medical Population: xx Medical Only _____Commercial	Totals	3 Met _____Partially Met _____Not Met _____UTD
Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	X Met __ Partially Met __ Not Met __ Unable to Determine	The study question presented is: Will HSHP efforts, including education for members regarding alternatives to the Emergency Department, decrease the overall ED claims/1,000 rate to achieve the established goals of the PIP. (Numerical rates presented) Additional explanation is provided on how these numbers relative to the overall population, and the population are using the ED – appropriately or inappropriately is presented. The overall goals are reiterated.
Include study question(s) as stated in narrative:	Total	1 Met _____Partially Met _____Not Met _____UTD

Step 3: REVIEW SELECTED INDICATORS		
3.1 Did the study use objective, clearly defined, measurable indicators?	_X_ Met ___Partially Met __ Not Met __Unable to Determine	The method the MCHP will use to come up with a figure is explained. They explain how they will obtain their data, and how it will be calculated. The numerator and denominator are defined, as is how all final data is determined.
List Indicators:		The number of ED claim/total HSHP membership X's 12,000 will present the ED claims/1,000 members.
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	_X_ Met ___Partially Met __ Not Met __ Unable to Determine	The indicator presented will measure a change in the number of ED visits/claims/member. This explanation includes the MCHP's assertion that a reduction in ED visits will increase the number of PCP visits, which is an indicator of improved member health status.
Are long-term outcomes implied or stated: _xx yes ___no _xx_ Health Status _xx_ Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	__3_ Met _____Partially Met _____Not Met _____UTD

Component/Standard	Score	Comments
Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	X Met __Partially Met __Not Met __Unable to Determine	The study population includes the entire known population of HSHP members. It states that the goal is to be inclusive. The study will then identify members with emergent and non-emergent ED use for targeted interventions
Demographics xx Age range xx Gender xx Race Medical Population: xx Medical Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	X Met __Partially Met __Not Met __Unable to Determine	The MCHP will use data gathered from the electronic data warehouse, based on membership data supplied by the MHD. It will use of the claims system to identify members with an ED visit.
Methods of identifying participants: xx Utilization data _____Referral _____Self-identification xx Other ____MHD daily population report.	Totals	2 Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	Not applicable – no sampling occurred
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	
Specify the type of sampling or census used:		
5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	n/a _____Met _____Partially Met _____Not Met _____UTD

Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	_X_ Met __ Partially Met __Not Met __Unable to Determine	The narrative explained they would gather data from the Amysis system, via their data warehouse, which is updated daily. They are looking at the ED visits/1000 members as the benchmark for determining the success of, or need for adjustment to, interventions. (these are all hospital submitted claims) They are also using data from the provider claims to determine the diagnosis, which will be created from their finance department. They will use this information to determine the top 5 ED admitting and Top 5 Non-Emergent diagnosis. The narrative states that the HP will use this information to monitor the effectiveness of interventions and "allow for immediate action if an increase in the rate occurs." The following questions were asked at the time of the on-site review: 1. Aren't claims as much as 60 days in arrears? 2. How does this translate into "immediate" action? 3. Wouldn't a rate decrease be a success? These questions were answered in the information update leading to the improved score of "Met."
6.2 Did the study design clearly specify the sources of data?	_X_ Met __Partially Met __Not Met __Unable to Determine	The sources, claims system/EDW, etc. are clearly defined. The sources are trusted and would ensure reliable data.
Sources of data: ___Member _xx_Claims ___Provider _xx_ Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	_X_ Met __Partially Met __Not Met __Unable to Determine	The design did specify a systematic method of collection data. The information provided does create confidence that this is valid and reliable data/representing the entire population using the ED for treatment.

6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X Met __Partially Met __Not Met __Unable to Determine	The Tables and Scorecard presented, and how they are populated with data was well documented. The data will inform the MCHP and they will continue to develop use of all the data collected.
Instruments used: ___Survey Medical Record Abstraction Tool xx__Other: ____Tables/Scorecard/Diagnosis Prevalence Report.		
6.5 Did the study design prospectively specify a data analysis plan?	X Met __ Partially Met __Not Met __Unable to Determine	The information provided did provide a prospective data analysis plan. How the data will be used, and what information the HP is actually seeking was clarified at the on-site review and in the additional information obtained. IE: Super Utilizers – "3 or more ED visits within the last 90 days". The HP made every attempt to be thorough in this presentation.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	Wendy Faust, VP/Medical Management, and additional staff were named. Their experience and roles were provided.
Project Leader Name: Wendy Faust Title: VP/Medical Management Role: Verify all monthly reports/data Other team members: Names/Roles: Dana Houle/Jean Bryan – and their experience provided.	Totals	6 Met _____Partially Met _____Not Met _____UTD

Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met __Partially Met __Not Met __Unable to Determine	2013 – Eight interventions were described. Seven remain on-going. These interventions are focused on the diagnosis described as the most prevalent. They are disease focused, as the 2013 interventions were more broad-based. The 2014 approach was more specific to build onto the on-going interventions previously implemented.
Describe Intervention(s): 2014 – 1) Implement Dental ED outreach program w/ Vendor to assist with appointments & services. 2) Implement physician in-home visits for ED super utilizer adults. Members given the option to choose visiting physician as PCP. 3) Enhance Sickle Cell Program to promote prevention. 4) Implement High Touch Asthma program to focus on members with ED visits due to asthma. 5) Asthma Tele-Care Device Pilot (9/14-12/14) – Not on-going? Why not? 6) Provider Incentives for member engagement with PCP. 7) Expand Physician in-home visits for pediatric population (KC/St. Louis).	Totals	__1__Met _____Partially Met _____Not Met _____UTD
Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	Baseline was the ED Claims/1,000 July – December 2012, which was >50%. Annual goals for reduction were established based on the averages of other Centene Medicaid projects. They did experience some success, but did not yet reach goals. How the goals were derived, and why their success is not at the target level is explained in detail. The explanation includes a detailed analysis of the issues and barriers involved, and how the changes in the 2015 PIP initiatives hopes to address the barriers encountered.
This Element is "Not Met" is study is complete and there is no indication of a data analysis plan (see step 6.5)		

8.2 Were the PIP results and findings presented accurately and clearly?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The narrative describes a desire to decrease both Emergent and Non-emergent ED visits, and it does imply that if there is a proper focus on prevention, and education about available medical services. The analysis explains that the "True ED" visits are targeted for Case Management and for high priority in-home physician visits. The Low Acuity Non Emergent (LANE) visits are targeted for education regarding alternatives to using the ED, and appointment coordination with a PCP – establishing a "medical home." This accurately describes the goals of the future interventions.
Are tables and figures labeled? xx yes ___no Are they labeled clearly & accurately? xx yes ___no		
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The information and data provided is somewhat preliminary. The study narrative provides all available data and data analysis. This information is thorough for the project at this time.
Indicate the time periods of measurements: Annual data is provided. Indicate statistical analysis used: Not presented at this time. Indicate statistical significance level or confidence level if available/known:__99% ___95% _____Unable to determine		The narrative indicates the HP is collecting and analyzing data monthly. The actual data provided is annual. Further analysis and statistical significance testing are planned, but this information is not currently available.
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	Planning for additional 2015 interventions and analysis are provided. An in-depth discussion about what has been effective and need for continued analysis and treatment options is included. The MCHP has held member focus groups to assist in this process and is implementing the ideas obtained. Although they have not achieved the entire success they hoped for, they are continuing to pursue interventions found successful, while creating new approaches.
Limitations described:_____ Conclusions regarding the success of the interpretation: _____ Recommendations for follow-up: _____	Totals	__4__Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Was there: _____Increase _____Decrease Statistical significance ___yes ___no Clinical significance ___yes ___no		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Degree to which the intervention was the reason for change ___No relevance ___Small ___Fair ___High		
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
_____Weak _____Moderate _____Strong	Totals	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD
Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
	Total	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:

The information and data provided indicate a sound and valuable study. The MCHP is continuing to refine their approach and to seek addition interventions and methods to overcome barriers. The HP has provided a lot of information and it is hoped they continue this approach to defining and impacting member health care issues.

Recommendations:

1) Continue to provide detail about why the data is accurate based on the lag time in submission.
2) Ensure that the analysis relates the outcomes to the interventions.
3) Provide additional detail about the approach toward "True ED" users vs. "Lane" (Low Acuity Non-Emergent) users.

Check one:

- ☐ High confidence in reported Plan PIP results
- X Confidence in reported Plan PIP results
- ☐ Low confidence in reported Plan PIP results
- ☐ Reported Plan PIP results not credible

NON-CLINICAL PIP – IMPROVING ORAL HEALTH

The non-clinical PIP evaluated was Home State's individualized approach to the Statewide PIP "Improving Oral Health." The rational presented included information related to the statewide PIP study topic and addressed Home State's population individually. The rationale presented was thorough and focused on enhancing available and preventive dental care. The MCHP states that 82% of their population is under 21 years of age and are eligible for the dental services benefit. The dental services benefit includes annual dental exams and dental cleanings every 6 months. The MCHP will use this PIP to help reduce the disparity in access to dental care.

The following intervention was implemented in 2014:

- Telephonic reminders from Member Services and Case Management. This also included written follow-up reminders via Weekly and Quarterly Care Gap letters sent by Quality Improvement.

The MCHP has HEDIS data for this PIP initiative from HEDIS years 2014 and 2015. The HEDIS rates for these two years were 42.27% and 41.77% respectively. These years' results were relatively flat; however, the rates are a significant increase over the 2013 HEDIS-like results of 19.65% for the plan's first six months of operation. The MCHP now has two full years of developing interventions to impact this issue. The MCHP has identified barriers for their members and has new and innovative interventions planned for calendar year 2015. They also identify a 22% increase in eligible members during HEDIS 2015, and maintained a success rate within .5% of the HEDIS 2014 results.

The following Validation Worksheet provides the details of how the project met each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: Home State Health Plan

Name of PIP: Improving Oral Health

Dates in Study Period: 2012 - present

I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

Step 1: REVIEW THE SELECTED STUDY TOPIC(S)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	X Met __Partially Met __Not Met __Unable to Determine	The information presented in the topic discussion is taken from the language of the Statewide Improving Oral Health Initiative. However, the MCHP used the over-arching information and personalized it to address the needs of their members. The HP goals and focus is clear.
Clinical: __Prevention of an acute or chronic condition __ High volume services ___Care for an acute or chronic condition ___High risk conditions		
Non-Clinical: _xx_Process of accessing or delivering care		
1.2. Did the Plan's PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?	_X_ Met __Partially Met __Not Met __Unable to Determine	This is the MCHP response to the Statewide PIP initiative. It is focused on improving the rate of Annual Dental Visits and improving oral health. The intention of this project is to correct a deficiency in care.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		
1.3. Did the Plan's PIPs over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	X Met __Partially Met __Not Met __Unable to Determine	All plan members who are eligible for dental care are recognized in the narrative. The statewide PIP (via the HEDIS tech specs) is set up to address members ages 2-20. HSHP also recognizes the need to serve pregnant women and in some instances other members are entitled to dental care. However, the interventions discussed here are focused on the children ages 2-20 population.
Demographics: _2-20_Age Range _____Race _____Gender Medical Population: _xx_Medical Only _____Commercial	Totals	_3_Met _____Partially Met _____Not Met _____UTD

Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	_X_ Met __ Partially Met __ Not Met __ Unable to Determine	The question presented: Will implementing the proposed interventions to Home State Health Plan members 2 through 20 years of age, increase the rate of annual dental visits per the HEDIS specifications by 5% between HSHP's HEDIS 2015 and 2016 results?"…"The previous goal of this project was to gain an increase of 128 percentage points from the HDIS 2013 all region State wide average of 42.78%, to 43.03%." The goal of the statewide PIP is to "increase the number of children who receive an annual dental visit by 3% between HEDIS 2013 (CY2012) and HEDIS 2015 (CY2014)." The MCHP included their 2014 and 2015 HEDIS rates, and their plan to meet the State's goal of 3% improvement per year.
Include study question(s) as stated in narrative:	Total	_1_Met _____Partially Met _____Not Met _____UTD
Step 3: Review Selected Indicators		
3.1 Did the study use objective, clearly defined, measurable indicators?	X Met __Partially Met __Not Met __Unable to Determine	The study indicators presented were clear and measurable. The numerator and denominator were defined. When measurements will occur, and how this data is derived, were all presented.
List Indicators:		
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	X Met __Partially Met __Not Met __Unable to Determine	The indicators measure a change in health status, and processes of care that are associated with improved health outcomes for members.
Are long-term outcomes implied or stated: _xx_ yes ___no _xx_Health Status _xx_Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	_2_Met _____Partially Met _____Not Met _____UTD

Component/Standard	Score	Comments
Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	X Met __Partially Met __Not Met __Unable to Determine	The project includes all HP members 2 – 20 years of age. The enrollment "allowable gap" criteria will not be applied to the intervention population. The HP plans to include all members in this age range, regardless of the ability to exclude some numbers.
Demographics: 2-20 Age range _____Gender _____Race Medical Population: xx Medical Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	X Met __Partially Met __Not Met __Unable to Determine	The data collection procedures described regarding the use of HEDIS data. This was clear and consistent and applies to all members to whom the study applies.
Methods of identifying participants: _____Utilization data _____Referral _____Self-identification _____Other _____	Totals	2 Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	No Sampling methods are utilized. This section is not applicable.
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	N/A
Specify the type of sampling or census used:		
5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	N/A
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	_____Met _____Partially Met _____Not Met _____UTD

Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	X Met __Partially Met __Not Met __Unable to Determine	The narrative explains the data to be collected, and the sources of the data. It explains the administrative method for gathering HEDIS data, and how they will integrate information from Missouri Health Plus and Dental Health and Wellness into their data systems.
6.2 Did the study design clearly specify the sources of data?	X Met __Partially Met __Not Met __Unable to Determine	The sources of all data and how it is gathered, is all explained in detail. Data will be collected from various sources and loaded in the Centene Enterprise Data Warehouse.
Sources of data: ___Member _xx_ Claims ___Provider _xx_ Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	X Met __Partially Met __Not Met __Unable to Determine	The methodology for collecting valid and reliable data was provided in detail.
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X Met __Partially Met __Not Met __Unable to Determine	Everything used to collect and analyze data is presented. It is clear and understandable.
Instruments used: ___Survey Medical Record Abstraction Tool ____Other:_____		Data and how it is obtained and analyzed are presented.
6.5 Did the study design prospectively specify a data analysis plan?	X Met __Partially Met __Not Met __Unable to Determine	The HP will use administrative data that is gathered monthly. The will extract monthly preliminary HEDIS data to analyze and determine effectiveness of interventions based on observed changes in the ADV rate. They HP will also run the ADV measure without the continuous enrollment factor to determine all members who are non-compliant to enable outreach to occur in a timely fashion.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	All staff and their credentials/roles were described.
Project Leader Name:_____ Title: Director of QI Roles: Project Oversight, data collection, and interpretation Other team members: Names/Roles: HEDIS Coordinator; Member Call Center Staff; Marketing and Communications, and member connections staff.	Totals	_X_Met _____Partially Met _____Not Met _____UTD

Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met __Partially Met __Not Met __Unable to Determine	Member education re: gaps in dental care. Access to dentists and availability of appointments. Telephone reminders, written follow up – weekly. These are measureable interventions and very member focused. 2015 plans are included.
	Totals	_X_Met _____Partially Met _____Not Met _____UTD
Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	This analysis was based on the elements presented in the prospective data analysis plan.
This Element is "Not Met" if study is complete and there is no indication of a data analysis plan (see step 6.5)		
8.2 Were the PIP results and findings presented accurately and clearly?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The tables included presented the results of the HEDIS like data for CY 2013 and 2014. The actual HEDIS results for HEDIS 2014 and 2015 were included.
Are tables and figures labeled? _xx_yes ___no Are they labeled clearly & accurately? _xx_yes ___no		

8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	This will be rated after the on-site review and questions.
Indicate the time periods of measurements:_____ Indicate statistical analysis used:_____ Indicate statistical significance level or confidence level if available/known: _____99% _____95% _____Unable to determine		The HEDIS table for 2013 and 2014 are presented. There is a 113% increase – full year operations had a significant initial impact. Ongoing and planned interventions appear to be thought out and well planned, with the intent of making additional and ongoing improvements.
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	Follow-up activities are presented for calendar year 2015.
Limitations described:_____ Conclusions regarding the success of the interpretation: _____ _____ Recommendations for follow-up: _____	Totals	__4___Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	__Met __Partially Met __Not Met xx__Not Applicable __Unable to Determine	There is a plan, and ongoing data and plans will reflect this information.
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	__Met __Partially Met __Not Met Xx Not Applicable __Unable to Determine	
Was there: _____Increase _____Decrease Statistical significance ___yes ___no Clinical significance ___yes ___no		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	__Met __Partially Met __Not Met Xx Not Applicable __Unable to Determine	
Degree to which the intervention was the reason for change ___No relevance ___Small ___Fair ___High		
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	__Met __Partially Met __Not Met Xx Not Applicable __Unable to Determine	
_____Weak _____Moderate _____Strong	Totals	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	__Met __Partially Met __Not Met Xx Not Applicable __Unable to Determine	
	Total	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD
ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments
Were the initial study findings verified upon repeat measurement?		

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:
SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:

The HP has made positive changes to the PIP presented. The data analysis planning and outcomes are well documented. Continued maturity of the PIP, with additional time, should prove to have positive outcomes.

Recommendations:

Continue work on the activities for 2015, and future years, as documented.
Continue to develop data analysis methods.
Continue to enhance PIP results presented.

Check one:

- ☐ High confidence in reported Plan PIP results
- x Confidence in reported Plan PIP results
- ☐ Low confidence in reported Plan PIP results
- ☐ Reported Plan PIP results not credible

Conclusions

Quality of Care

These PIPs focused on providing quality services to members in both the clinical and non-clinical approaches. The Clinical PIP is a quality approach to identifying and educating members, engaging member's participation in case management and ensuring that they receive the best care available. The goal of improving knowledge regarding establishment of a relationship with a PCP was directly focused on the best quality healthcare. The MCHP has allocated resources to create process improvement of these issues. Each PIP indicated growth in the improvement strategies focused on providing quality healthcare to members.

Access to Care

Both PIPs submitted by the MCHP addressed improved access to health care services. The clinical PIP used a direct approach including educational materials, case management, and in-home physician visits for members utilizing the ED as their primary method of obtaining health care. In the non-clinical PIP, efforts were made to ensure that members were aware of the necessity of regular dental care through direct contact from Member Services and Case Management staff. The MCHP developed a member incentive program to increase utilization of dental benefits through on site availability of dental clinics. They implemented new strategies that bring dental care directly to the members and their communities, thereby making care truly accessible in rural areas. The attention paid to reminding members of available resources enhances member access and directly impacts outcomes. The MCHP's efforts were fresh and had a clear goal of improving access to care.

Timeliness to Care

Both projects addressed timely and adequate care. The clinical PIP focused on all members for educational purposes; and frequent ED users for a more intensive approach to obtaining timely healthcare in the most appropriate setting. The MCHP has made a serious effort to identify problem areas for members and find solutions that best meet the members' needs. In the non-clinical PIP there was attention to assisting the members to recognize their need to identify a provider and obtain the oral health care available. The MCHP's efforts are focused on assisting members in obtaining preventive dental services in a timely manner.

RECOMMENDATIONS

1. Continue to assess PIP activities during the project year to identify issues that may negatively affect outcomes.
2. Explore operational and service issues that arise and assess them for the need to develop into a PIP. The MCHP staff continues to discuss issues that appear to include all of the properties required for PIP development. The QI staff needs to be aware of these observations for program improvement.
3. Request technical assistance from the EQRO, as needed, in PIP development.
4. Continue to improve narrative PIP sections to explain the MCHP's intentions and activities. Use the narrative or documentation to explain and discuss the MCHP's intentions in development and analysis of the information presented. Do not assume that the reader understands or interprets the information presented exactly as the writer does.
5. Continue involvement with the Statewide PIP planning group. Home State has become an integral part of this group. Continued commitment to this group is an important aspect of an evolving improvement process.

7.2 Validation of Performance Measures

Methods

Objectives, technical methods, and procedures are described under separate cover. This section describes the documents, data, and persons interviewed for the Validation of Performance Measures for Home State. Home State submitted the requested documents on or before the due date of March 9, 2015. The EQRO reviewed documentation between March 9, 2014 and June 24, 2015. On-site review time was used to conduct follow-up questions and provide feedback and recommendations regarding the performance measure rate calculation.

Document Review

The following are the documents reviewed by the EQRO:

- The NCQA RoadMap submitted by Home State Health
- NCQA HEDIS Compliance Audit Report for 2014
- Home State's Policies pertaining to HEDIS rate calculation and reporting
- Home State HEDIS meeting minutes
- Appendix V, Information Systems Capabilities Assessment

Data files were submitted by Home State for review by the EQRO; these included regional files for each of the three Performance Measures audited.

Interviews

The EQRO conducted on-site interviews at Home State in St. Louis on Tuesday, June 23, 2015 with staff responsible for monitoring the calculation of HEDIS performance measures, system integrity, and system security. The objectives of the visit were to verify the information contained in the documentation reviewed by the EQRO and to confirm the MCHP's readiness for calculation of performance measures.

Findings

The MCHP was subject to the full Information Systems Capabilities Assessment (ISCA) validation during this year's review. The EQRO verified that the systems existed at the MCHP during this review and the MCHP was able to demonstrate the system used to calculate performance measures.

Home State calculated the FUH and ADV measures using the Administrative method. The Hybrid method was used to calculate the CIS3 measure.

The reported rate for Home State for the ADV rate was 41.77%. This rate is **lower** than the statewide rate for all MCHPs (45.06%).

The HEDIS 2014 rate for Home State for the CIS3 measure was 63.67%. This is **higher** than the statewide rate for all MCHPs (61.19%).

The FUH measure 7-day rate reported to the SMA and the State Public Health Agency (SPHA) by Home State was 44.05%. The rate was **comparable** to the statewide rate for all MCHPs (44.28%).

The 30-day FUH reported rate of 59.84% was **lower** than the statewide rate for all MCHPs (66.14%).

This is the first year that Home State was required to report HEDIS rates.

The following sections summarize the findings of the process for validating each of the performance measures in accordance with the Validating Performance Measures Protocol. The findings from all review activities are presented according to the EQRO validation activity, with the findings for each measure discussed within the activities as appropriate. Please refer to the main report for activities, ratings, and comments related to the CMS Protocol Attachments.

Data Integration and Control

The information systems (IS) management policies and procedures for rate calculation were evaluated consistent with the Validating Performance Measures Protocol. For all three measures, Home State was found to meet all criteria for producing complete and accurate data. There were no biases or errors found in the manner in which Home State transferred data into the repository used for calculating the HEDIS 2014 measures.

Documentation of Data and Processes

Home State used Quality Spectrum, an NCQA-certified software program in the calculation of the HEDIS 2014 performance measures. The EQRO was provided a demonstration of this software, as well as appropriate documentation of the processes and methods used by this software package in the calculation of rates. The EQRO was also provided with an overview of the data flow and integration mechanisms for external databases for these measures. Data and processes used for the calculation of measures were adequate. Home State met all criteria that applied for all three measures.

Processes Used to Produce Denominators

Home State met all criteria for the processes employed to produce the denominators of all three performance measures. This involved the selection of members eligible for the services being measured.

Processes Used to Produce Numerators

All three measures included the appropriate data ranges for the qualifying events (e.g., well-care visits, medication dispensing events, and dental visits) as specified by the HEDIS 2014 criteria. A medical record review was conducted for the CIS3 measure.

For the HEDIS 2014 ADV measure, the EQRO validated all of the 13,023 reported administrative hits. The MCHP's reported and validated rate was 41.77%, showing no bias.

For the CIS3 measure, Home State reported 312 administrative hits; the EQRO validation showed 312 hits. For the medical record review validation, the EQRO requested 30 records of the 219 records with hybrid hits. A total of 30 records were received for review, and all 30 of those were validated by the EQRO. Therefore, the percentage of medical records validated by the EQRO was 100.00%. The rate reported and validated by the EQRO based on validated administrative and hybrid hits was 63.67%. This represents no bias by the MCHP for the calculation of this measure.

For the HEDIS 2014 FUH measure 7-day rate, the MCHP reported 226 administrative hits from the eligible population; the EQRO was able to validate all 226 of these hits. The reported and validated rates were therefore 44.05%, with no observed bias.

The 30-day rate showed the reported number of administrative hits as 307; the EQRO validated307 hits. This represents a reported rate of 59.84%, as well as a validated rate of 59.84%, again showing no bias for this measure.

Sampling Procedures for Hybrid Methods

The Hybrid Method was used for the CIS3 measure. CMS Protocol Attachment XII; Impact of Medical Record Review Findings and Attachment XV: Sampling Validation Findings were completed for this measure.

Submission of Measures to the State

Home State submitted the Data Submission Tool (DST) for each of the three measures validated to the SPHA (the Missouri Department of Health and Senior Services; DHSS) in accordance with the Code of State Regulations (19 CSR §10-5.010 Monitoring Health Maintenance Organizations) and the SMA Quality Improvement Strategy.

Determination of Validation Findings and Calculation of Bias

The following table shows the estimated bias and the direction of bias found by the EQRO. All three of the measures validated were Fully Compliant.

Table 15 - Estimate of Bias in Reporting of Home State HEDIS 2014 Measures

Measure	Estimate of Bias	Direction of Estimate
Annual Dental Visit	No bias	N/A
Childhood Immunizations Status (Combination 3)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (7-day)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (30-day)	No bias	N/A

Source: BHC, Inc., 2014 External Quality Review Performance Measure Validation

Final Audit Rating

The Final Audit Rating for each of the performance measures was based on the findings from all data sources that were summarized in the Final Performance Measure Validation Worksheet for each measure. The following table summarizes Final Audit Ratings based on the Attachments and validation of numerators and denominators.

Table 16 - Final Audit Rating for Home State Performance Measures

Measure	Final Audit Rating
Annual Dental Visit	Fully Compliant
Childhood Immunizations Status	Fully Compliant
Follow-Up After Hospitalization for Mental Illness	Fully Compliant

Note: Fully Compliant = Measure was fully compliant with State specifications; Substantially Compliant = Measure was substantially compliant with State specifications and had only minor deviations that did not significantly bias the reported rate; A significant bias in the rate was defined as a number calculated by the EQRO that fell outside the 95% confidence interval of the rate reported by the MCHP. Not Valid = Measure deviated from State specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported; Not Applicable = No Managed Care Members qualified for the measure.

Conclusions

Three rates were validated for the MCHP. The Childhood Immunizations Status rate was **consisten**t with the average for all MCHPs, the Follow-Up After Hospitalization rates were **consistent** with the average for all MCHPs, and the Annual Dental rate was **consistent** with the average for all MCHPs.

Quality of Care

Home State's calculation of the HEDIS 2014 FUH measure was fully compliant with specifications. This measure is categorized as an Effectiveness of Care measure and is designed to measure the effectiveness/quality of care delivered.

The MCHP's 7-day and 30-day rates for this measure were **consistent** with the average for all MCHPs. Therefore, Home State's members are receiving a similar quality of care for this measure as the average MCHP member. The 7-day rate was **higher** than the National Medicaid average, but lower than the National Commercial average. The 30-day rate was **lower** than both the National Medicaid and National Commercial averages. The MCHP's members are receiving a **higher** quality of care within 7 days than the average Medicaid or Commercial member across the country.

Access to Care

The HEDIS 2014 ADV for Home State was fully compliant with specifications; this measure is categorized as an Access/Availability of Care measure. Because only one visit is required for a positive "hit", this measure effectively demonstrates the level of access to care that members are receiving.

The rate reported by the MCHP for this measure was **lower** than the average for all MCHPs. Therefore, Home State's members are receiving a access for this measure that is lower than the average Managed Care member. This rate was **lower** than the National Medicaid rate for this same measure, indicating the MCHP's members are receiving a **lower** access to care than the average Medicaid member across the nation.

Timeliness of Care

The MCHP's calculation of the HEDIS 2014 CIS3 measure was fully compliant with specifications. This measure is categorized as an Effectiveness of Care measure and aims to measure the timeliness of the care received.

The MCHP's reported rate for this measure was comparable to the average for all MCHPs. Therefore, Home State's members are receiving a consistent level of timeliness of care for this measure than the care delivered to the average Managed Care member. The rate was **lower** than both the National Medicaid and National Commercial averages; the MCHP's members are receiving childhood immunizations in a manner **less** timely than the average Medicaid or Commercial member across the country.

Recommendations

1. Continue to conduct and document statistical comparisons on rates from year to year.
2. Continue to participate in training of MCHP staff involved in the oversight of coordination of performance measure calculation.
3. Continue to perform hybrid measurement on those measures that are available for this method of calculation.
4. The 7-day FUH rate responded significantly for HEDIS 2014; the interventions utilized for this rate may be able to be implemented in the 30-day rate as well.

7.3 MCHP Compliance with Managed Care Regulations

METHODS

Home State was subject to a follow up compliance audit during this on-site review. The follow up was to the 2012 calendar year audit that included all components of the Quality Standards as defined in 42 CFR 438.

The Team utilized an administrative review tool which was developed based on the CMS Protocol Monitoring Medicaid Managed Care Organizations (MCHPs) and Prepaid Inpatient MCHPs (PIHPs): A Protocol for Determining Compliance with Medicaid Managed Care Regulations (Compliance Protocol). The evaluation included review of Home State's compliance with Access Standards, Structure and Operations Standards, and Measurement and Improvement Standards. Utilizing these tools, Home State will be evaluated on the timeliness, access, and quality of care provided. This report will then incorporate a discussion of the MCHP's strengths and weaknesses with recommendations for improvement to enhance overall performance and compliance with standards.

The EQRO rating scale remains as it was during the last evaluation period.

M = Met
Documentation supports that all components were implemented, reviewed, revised, and/or further developed.

PM = Partially Met
Documentation supports some but not all components were present.

N = Not Met
No documentation found to substantiate this component.

N/A = Not Applicable.
Component is not applicable to the focus of the evaluation. N/A scores will be adjusted for the scoring denominators and numerators.

A summary for compliance for all evaluated Quality Standards is included in Table 17.

Table 17 - Home State Compliance Ratings for Compliance Review Years (2012-2014)

Measure	2012	2013	2014
Enrollee Rights and Protections	100%	100%	100%
Access and Availability	64.71%	70.59%	76.47%
Structure and Operations	100%	100%	100%
Measurement and Improvement	90.0%	90.0%	100%
Grievance Systems	100%	100%	100%

Source: BHC, Inc., 2014 External Quality Review Compliance Validation

The review of Quality Standards was completed using a Quality Standards Review Tool, adapted from 42 CFR 438. The following is a description of the findings by performance category identified in the tool/regulations.

FINDINGS

Enrollee Rights and Protections

Enrollee Rights and Protections address 13 standards. For the 2014 review, Home State was rated by the review team to have met all 13 standards. This is an overall rating of 100% compliance and is consistent with this MCHP's 2013 and 2012 ratings.

Home State has participated in community-based programs throughout all three Managed Care regions and have been involved in school-based health clinics whenever possible. The MCHP participated in back-to-school fairs and other events throughout each region.

The rating for Enrollee Rights and Protections (100%) reflects that the MCHP complied with the submission and approval of all policy and procedures to the SMA. All practice observed at the on-site review indicated that the MCHP appears to be fully compliant with Medicaid Managed Care Contract requirements and federal regulations in this area.

Access Standards

Access and Availability addresses 17 standards. For the 2014 review, Home State was rated by the review team to have met 13 standards. This is an overall rating of 76.47%; this is **higher** than the 2013 rating of 70.59% and the 2012 rating of 64.71%.

The increase in this rate is attributable to the MCHP's improvement in the area of Case

Management. The MCHP identified persons for case management, provided referrals, involved PCPs, and improved their processes for documenting the case management services being delivered to members.

Home State submitted required policy and procedures to the SMA for their approval. However, in reviewing records and interviewing case management staff, full evidence of assessments and treatment planning for members was not available.

Structures and Operation Standards

The area of Structures and Operations addresses 10 standards. For the 2014 review, Home State was rated by the review team to have met all 10 standards. The rating for compliance with Structure and Operation Standards (100%) reflected complete policy and procedural requirements for the second year. The MCHP submitted all required policy for approval, and all practice observed at the time of the on-site review indicated compliance in this area. All credentialing policy and practice was in place. All disenrollment policy was complete and all subcontractor requirements were met.

The MCHP is NCQA accreditation and follows NCQA standards regarding credentialing. All credentialing performed by Home State meets NCQA standards and complies with federal and state regulations, and the SMA contract requirements. Re-credentialing is completed at three-year intervals, and delegated entities are monitored annually. State and federal sanctions are monitored monthly using the HHS OIG/OPM (Office of Inspector General/Office of Personnel Management) web site.

Measurement and Improvement

Measurement and Improvement addresses 12 standards. Home State was rated by the review team to have met 11 standards; and one standard was found to be Not Applicable. This is an overall rating of 100% compliance and is an increase over the 90.0% rating received in 2012 and 2013.

The MCHP submitted three Performance Measures (PMs) for validation and these PMs received Fully Compliant ratings. The MCHP also submitted two Performance Improvement Projects (PIPs), which included enough information to complete validation. The specific details can be found in the appropriate sections of this report.

The rating for the Measurement and Improvement section (100%) reflects that all required policy and procedure had been submitted to the SMA for their approval. It appeared that all practice observed at the time of the on-site review met the requirements of the Managed Care contract and the federal regulations.

Grievance Systems

Grievance Systems addresses 18 standards. For the 2014 review, Home State was found to have met all 18 standards. This is an overall rating of 100% compliance and is consistent with the ratings received in 2012 and 2013. Ratings for compliance with the Grievance Systems regulations (100%) indicate that the MCHP completed all of the requirements regarding policy and practice.

CONCLUSIONS

Home State was compliant in all areas of policy, procedure, and practice required by the Managed Care contract and the federal regulations. The MCHP utilizes a proactive approach to identifying issues, internal monitoring, and its Quality Improvement program to ensure that required written materials were submitted to the SMA in a timely and efficient manner.

The staff at Home State exhibits a commitment to quality and integrity in their work with members. Home State has created tools to educate and inform the community and providers.

Although issues were identified during this year's review with missing treatment plans and assessments from Case Management files, the MCHP improved significantly in the areas of PCP Involvement and Making Appropriate referrals.

Quality of Care

Quality of care is a priority for Home State. Their attention to internal and external problem solving, supporting and monitoring providers, and participation in community initiatives are evidence of the commitment to quality healthcare. They are making a concerted effort to extend this approach to all three MHD regions. Home State completed all policy requirements and has put processes in place to ensure that procedures and practices follow approved policy requirements.

However, missing assessments and treatment plans in Case Management files indicates that an improvement can be made in this area to ensure that the evidence exists to support that the quality of care received by members in Case Management matches that delivered in other areas of the organization.

Access to Care

Home State has made concerted efforts to ensure that members throughout their MHD regions have adequate access to care. The MCHP has participated in community events to promote preventive care and to ensure that members are aware of available services. The MCHP exhibits an awareness and commitment to resolving issues that are barriers to member services.

Timeliness of Care

Home State has developed procedures to ensure that policy is submitted in a timely manner and that all tracking tools are up-to-date. They are utilizing case management software and systems tools to have the most accurate and up-to-date information available on members to support them in obtaining appropriate healthcare services in a timely manner. The MCHP has engaged in a number of activities to ensure that organizational processes support the delivery of timely and quality healthcare.

Recommendations

1. Make every effort to supply the EQRO with all relevant information for every case file, grievance file, policy, or procedure requested.
2. Make every effort to be involved in the community and to cultivate resources to help staff perform their job functions to the fullest potential.
3. Supply training regarding contract requirements to the Case Management staff to ensure

compliance with all timelines and content standards.

4. Continue monitoring access to dental care and assist in recruitment of providers throughout all Regions.
5. Continue to monitor provider and hospital networks for adequacy. Develop contracts where possible.

8.0 Missouri Care Health Plan

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8.1 Performance Improvement Projects

DOCUMENT REVIEW

Missouri Care supplied the following documentation for review:

- Timeliness of Prenatal Care
- Statewide Performance Improvement Project – Improving Oral Health

INTERVIEWS

Interviews were conducted with the project leaders for each Performance Improvement Project (PIP) by the EQRO team June 17, 2015 during the on-site review, and included the following:

- Mark Kapp, Senior Manager, Quality Improvement
- Vicki Mertz, Quality Improvement Project Manager
- Erin Dinkel, Manager, Quality Improvement
- Karen Einspahr, Quality Improvement Analyst

The interviewees shared information on the validation methods, study design, and findings of the PIPs. Technical assistance regarding new study development, study design, and presentation of findings was provided by the EQRO. The following questions were addressed:

- How were the outcomes interpreted and linked to the interventions?
- How were the interventions determined and why did the MCHP choose this approach?
- Will the clinical study be ongoing and how will it be enhanced for the next project year?
- Discuss the effects of these interventions and how they impacted services to members.

The MCHP was given the opportunity to submit updates to the outcomes of the interventions and additional data analysis. The information evaluated here is based on the enhanced submissions and additional data that were supplied.

FINDINGS

CLINICAL PIP – TIMELINESS OF PRENATAL CARE

The clinical PIP focused on improving the health of expectant women and their infants by involving them early in their pregnancy and ensuring they follow their health care provider's advice. The MCHP initiated this PIP in 2014. The MCHP recognized that prenatal care contributes to positive birth outcomes, such as decreased preterm deliveries. The MCHP utilized research on both the national and local level to develop this PIP. Their desired outcomes were supported by the information obtained in their literature review.

The MCHP will determine success by reaching goals defined by the NCQA Effect Size Table to measure meaningful improvement.

The PIP process began in 2014 with the formation of a cross-functional HEDIS workgroup with the functional task of analyzing areas of needed improvement. This group assisted in identifying the issue of TOPC as an area of concern, and assisted with the development and evaluation of interventions.

The following improvement strategy became active in late 2014:

- TOPC Member Incentive – Expectant members will be given a $25 gift card if they have a prenatal visit in their first trimester or within 42 days of enrollment with the MCHP. Members will be given the option to choose the gift card from several businesses, available in all regions.

The MCHP used this approach planning to show a positive outcome by the end of the measurement year in November 2015. Active and ongoing initiatives remained in place.

The HEDIS 2015 rates serve as the baseline rates for this PIP. The MCHP plans ongoing comparisons to identify significant increases in rates. They will use the NCQA Effect Size Table to set goals for meaningful improvement. A HEDIS-like methodology will also be included to provide the MCHP with real-time assessment information on a quarterly basis to monitor the outcomes of the interventions planned.

This PIP addresses an important aspect of members' health. The PIP is well constructed, and the interventions initiated show promise. It is the opinion of the reviewers that these interventions will help facilitate improvement in women obtaining timely prenatal care.

The following Validation Worksheet provides the details of how the project met each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: Missouri Care		
Name of PIP: Timeliness of Prenatal Care		
Dates in Study Period: 2014 - Present		
I. ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
Step 1: REVIEW THE SELECTED STUDY TOPIC(S)		
Component/Standard	**Score**	**Comments**
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	X Met __Partially Met __Not Met __Unable to Determine	The topic presented is well documented and thorough. It uses national and local studies and applies this information to the population to be served. It provides a strong substantive argument for selecting this topic as an area to improve services to members.
Clinical XX Prevention of an acute or chronic condition ___ High volume services ___Care for an acute or chronic condition XX High risk conditions		
Non-Clinical ___Process of accessing or delivering care		
1.2. Did the Plan's PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?	X Met __Partially Met __Not Met __Unable to Determine	The study is designed to serve all pregnant members with the goal of improving birth outcomes.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		
1.3. Did the Plan's PIPs over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	X Met __Partially Met __Not Met __Unable to Determine	The study is focused on all pregnant members.
Demographics: _____Age Range _____Race _____Gender Medical Population: _____Medical Only _____Commercial	Totals	_3_Met _____Partially Met _____Not Met _____UTD

Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	X Met __Partially Met __Not Met __Unable to Determine	Will the implementation of member education and interventions be successful at increasing the percentage of MO Care members who receive timely prenatal care with an OB/GYN or a PCP?" The question is clear, concise, and understandable.
Include study question(s) as stated in narrative:	Total	_1_Met _____Partially Met _____Not Met _____UTD
Step 3: Review Selected Indicators		
3.1 Did the study use objective, clearly defined, measurable indicators?	X Met __Partially Met __Not Met __Unable to Determine	The first indicator is the HEDIS TOPC measure. Technical specifications were included. Numerators and denominators were defined. HEDIS-like measures are also tracked without the requirement for continuous enrollment, to trends can be tracked at lease quarterly. This will provide a "real-time" assessment of the number of women obtaining timely prenatal care, providing the opportunity of enhancing the PIP as required.
List Indicators:		
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	X Met __Partially Met __Not Met __Unable to Determine	The indicator measures improvement in health status for all pregnant members.
Are long-term outcomes implied or stated: XX yes ___no _xx_Health Status _____Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	_2_Met _____Partially Met _____Not Met _____UTD

Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	X_Met __Partially Met __Not Met __Unable to Determine	The study population will include all MO Care members who were pregnant and had live birth deliveries between 11/6 of the prior year and 11/5 of the measurement year. Pregnant members are expected to receive a prenatal visit in the first trimester, or within 42 days of enrollment with the HP.
Demographics: _____Age range _____Gender _____Race Medical Population: _____Medical Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	X_Met __Partially Met __Not Met __Unable to Determine	Using the HEDIS methodology ensures that all members of the population will be recognized in the collection approach.
Methods of identifying participants: _xx_ Utilization data ___Self- Referral xx_ Self-identification _____ Other _____	Totals	_2_Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	Not Applicable – no sampling was used in the study.
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	
Specify the type of sampling or census used:		

5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	_____Met _____Partially Met _____Not Met _____UTD
Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	X_Met __Partially Met __Not Met __Unable to Determine	Claims and encounter data will be used to calculate the HEDIS rate for TOPC. How the data is collected is documented.
6.2 Did the study design clearly specify the sources of data?	X Met __Partially Met __Not Met __Unable to Determine	The study design did specify the sources of data, how it will be extracted and calculated, and the use of NCQA certified software to reduce the threat of invalid data. All codes were presented.
Sources of data: ___Member **XX** Claims ___Provider ___Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	X_Met __Partially Met __Not Met __Unable to Determine	The use of the administrative data used to provide the HEDIS rates was described in detail. In addition this measure can be supplemented using the Hybrid methodology. The HP will enlist this method to supplement claims data. The details of obtaining the hybrid data were included.
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X_Met __Partially Met __Not Met __Unable to Determine	The actual survey tool was not attached to the PIP. However, a detailed explanation was provided regarding the method used to obtain the abstracted data, including the team completing this process. The information provides confidence that consistent and accurate data will be available.
Instruments used: _xx_Survey Medical Record Abstraction Tool ____Other:_____		
6.5 Did the study design prospectively specify a data analysis plan?	X Met __Partially Met __Not Met __Unable to Determine	The narrative did include a section entitled "Data Analysis Plan." It described the goals of the PIP, and using the intervention strategies to meet these goals. It describes how they would use the data available to analyze

		the success of their interventions.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	
Project Leader Name: **Vicki Mertz** Title: **Quality Improvement Project Manager** Roles: **Oversight of data analysis and PIP results** Other team members: Names/Roles - All team members are named, their qualifications are provided, and their roles in completion of the PIP are explained.	Totals	6 Met _____Partially Met _____Not Met _____UTD
Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met __Partially Met __Not Met __Unable to Determine	Only 1 strategy was introduced in 2014 – in December. TOPC member incentives. Expectant members will be given a $25 Gift Card if they have a prenatal visit in their 1st trimester within 42 days of enrollment with the HP. This intervention is described as "ongoing." It was an original intervention for 2014, but was not approved by MHD for implementation until late in the calendar year. New interventions, planned for initiation in CY 2015 are described. Interventions labeled as "ongoing" "active" include: Pregnancy Checklist Transportation Benefit These appear to have been in place prior to the initiation of this PIP, so their impact on the outcomes is not measureable. A barrier and demographic analyses are listed. HEDIS 2014 is considered a "reference year," and HEDIS 2015 as the baseline year. This is a new initiative, so all of this information is logical.
Describe Intervention(s):	Totals	_____Met _____Partially Met _____Not Met _____UTD

Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	Baseline data source is described and Data Analysis and Study Results contain plans and goals for future data. This is all actually part of the prospective data analysis plan. This explains that HEDIS 2015 will be the baseline for the study, and future data will indicate the success of the interventions (HEDIS-Like data will be gathered by the HP until final results are available. This all follows the prospective data analysis plan.
This Element is "Not Met" is study is complete and there is no indication of a data analysis plan (see step 6.5)		
8.2 Were the PIP results and findings presented accurately and clearly?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Are tables and figures labeled? ___yes ___no Are they labeled clearly & accurately? ___yes ___no		
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Indicate the time periods of measurements:_____ Indicate statistical analysis used:_____ Indicate statistical significance level or confidence level if available/known: _____99% _____95% _____Unable to determine		
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	__Met __Partially Met __Not Met X Not Applicable __Unable to Determine	
Limitations described:_____ Conclusions regarding the success of the interpretation: _____ _____	Totals	_____Met _____Partially Met

Recommendations for follow-up: _____		_____Not Met ___Not Applicable _____UTD
Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	__Met __Partially Met __Not Met _X_ Not Applicable __Unable to Determine	
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	__Met __Partially Met __Not Met _X_ Not Applicable __Unable to Determine	
Was there: _____Increase _____Decrease Statistical significance ___yes ___no Clinical significance ___yes ___no		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	__Met __Partially Met __Not Met _X_ Not Applicable __Unable to Determine	
Degree to which the intervention was the reason for change ___No relevance ___Small ___Fair ___High		
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	__Met __Partially Met __Not Met _X_ Not Applicable __Unable to Determine	
_____Weak _____Moderate _____Strong	Totals	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD

Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	__Met __Partially Met __Not Met _X_ Not Applicable __Unable to Determine	
	Total	_____Met _____Partially Met _____Not Met ___Not Applicable _____UTD
ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments
Were the initial study findings verified upon repeat measurement?		

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:

SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:

This is an excellent study topic with great potential for success and positively impacting the lives of members and their children.

Recommendations:

Move the information in the analysis section into the Prospective data analysis plan – it is written as a well-developed plan.

The initial analysis, and interim data, indicates a slightly positive impact. Future analysis will allow the HP to make an updates/changes to their interventions to enable them to ensure success.

Check one:

- ☐ High confidence in reported Plan PIP results
- x Confidence in reported Plan PIP results
- ☐ Low confidence in reported Plan PIP results
- ☐ Reported Plan PIP results not credible

NON-CLINICAL PIP – IMPROVING ORAL HEALTH

The non-clinical PIP evaluated was MO Care's individualized approach to the Statewide PIP "Improving Oral Health." The MCHP provided an interesting foundation for applicability of this topic to its members and initiating focused strategies. The MCHP identified potential barriers that members face in attempting to obtain dental care. They included problem identification pertinent to the MCHP. The MCHP intends to provide information to enable members to obtain necessary dental care. Their goals were to:

- Improve members' oral health outcomes; and
- Improve the HEDIS ADV rate to reflect this outcome.

The interventions implemented in 2014 are as follows:

- Collaboration with one elementary school in Kansas City. This involves a partnership with Samuel Rogers FQHC. However, it only serves a small portion of the population in one area.
- Telephone Outreach – This intervention is focused on members, reminding them "of services due, including Annual Dental Visits." The member is transferred to a DentaQuest representative if they are in need of an annual dental visit.
- Dental Reminder – This is an intervention new to 2014, and focused on members who need a dental visit.
- Expanded Dental Van – A Dental Van initiative exists within MO Care. A new van was added to the Central Region and visits "rural locations, including Pettis, Benton, and Johnson Counties". This is a positive approach, but needs to be tracked for the members and the actual counties served.

The MCHP supplied their HEDIS 2015 rates. The MCHP achieved the goal of a 3% improvement for the calendar year 2014. The rates and data presented indicate a statistically significant improvement over the previous year. The current HEDIS rates are the highest achieved by the MCHP to date. This success is the result of the efforts produced through this PIP. The MCHP continues to support a goal of maintaining effective interventions leading to increased annual dental visits. They also continue to develop new innovative initiatives.

The following Validation Worksheet provides the details of how the project met each PIP requirement:

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET

Plan Name or ID: Missouri Care

Name of PIP: Improving Oral Health

Dates in Study Period: January 2010 – February 2015 (present)

I. ACTIVITY I: ASSESS THE STUDY METHODOLOGY

Step 1: REVIEW THE SELECTED STUDY TOPIC(S)

Component/Standard	Score	Comments
1.1 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	X Met __Partially Met __Not Met __Unable to Determine	Very interesting write up and foundation for initiating MCHP focused strategies. Well written.
Clinical ___Prevention of an acute or chronic condition ___High volume services ___Care for an acute or chronic condition ___High risk conditions		
Non-Clinical xx Process of accessing or delivering care		
1.2. Did the Plan's PIPs, over time, address a broad spectrum of key aspects of enrollee care and services?	X Met __Partially Met __Not Met __Unable to Determine	This is an essential aspect of member care and it was well documented in the information presented.
Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.		The entire focus was on correcting deficiencies in care.
1.3. Did the Plan's PIPs over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	X Met __Partially Met __Not Met __Unable to Determine	The entire population of members ages 2-20, those included in the HEDIS measure, are served in this PIP. The MCHP discusses the barrier of not including pregnant members who have an access to dental benefits, but are not included in the PIP.
Demographics: _____Age Range _____Race _____Gender Medical Population: _____Medical Only _____Commercial	Totals	3 Met _____Partially Met _____Not Met _____UTD

Step 2: REVIEW THE STUDY QUESTION(S)		
2.1 Was the study question(s) stated clearly in writing?	X Met __Partially Met __Not Met __Unable to Determine	Will providing the proposed list of interventions listed in Table 1 to Missouri Care's eligible members from ages of 2 – 20 years increases the number of children who receive an annual dental visit by 3% for the measurement year? The question and supporting information has been simplified, with appropriate explanation supporting the MCHP approach.
Include study question(s) as stated in narrative:	Total	__1__Met _____Partially Met _____Not Met _____UTD
Step 3: REVIEW SELECTED INDICATORS		
3.1 Did the study use objective, clearly defined, measurable indicators?	X Met __Partially Met __Not Met __Unable to Determine	The HEDIS measure for Annual Dental Visits will be used. The measure, its technical specifications, and an explanation of all are included.
List Indicators:		
3.2 Did the indicators measure changes in health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes?	_X_ Met __Partially Met __Not Met __Unable to Determine	The indicator does measure changes in this process of care, which is strongly associated with improved outcomes. The rational is included in the documentation presented.
Are long-term outcomes implied or stated: ___yes ___no _____Health Status _**X**_ Functional Status _____Member Satisfaction _____Provider Satisfaction	Totals	_2__Met _____Partially Met _____Not Met _____UTD

Component/Standard	Score	Comments
Step 4: REVIEW THE IDENTIFIED STUDY POPULATION		
4.1 Did the Plan clearly define all Medicaid enrollees to whom the study question and indicators are relevant?	_X_ Met __Partially Met __Not Met __Unable to Determine	The MCHP population included in the study will be members ages 2-20, which is consistent with the HEDIS tech specs. Additional explanation is provided for other populations covered by this benefit, but not included.
Demographics: _____Age range _____Gender _____Race Medical Population: _____Medical Only _____Commercial		
4.2 If the studied included the entire population, did its data collection approach capture all enrollees to whom the study question applied?	X Met __Partially Met __Not Met __Unable to Determine	The data approach, using the HEDIS methodology, will capture all enrollees for this study.
Methods of identifying participants: _____Utilization data _____Referral _____Self-identification _____Other _____	Totals	_2_ Met _____Partially Met _____Not Met _____UTD
Step 5: REVIEW SAMPLING METHODS		
5.1 Did the sampling technique consider and specify the true (or estimated) frequency of occurrence of the event, the confidence interval to be used, and the margin of error that will be acceptable?	__Met __Partially Met __Not Met __Unable to Determine	N/A -- No sampling is included.
Previous findings from any other source: ___literature review ___baseline assessment of indices ___other		
5.2 Were valid sampling techniques that protected against bias employed?	__Met __Partially Met __Not Met __Unable to Determine	
Specify the type of sampling or census used:		
5.3 Did the sample contain a sufficient number of enrollees?	__Met __Partially Met __Not Met __Unable to Determine	
_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	Totals	_____Met _____Partially Met _____Not Met _____UTD

Step 6: REVIEW DATA COLLECTION PROCEDURES		
6.1 Did the study design clearly specify the data to be collected?	X Met __Partially Met __Not Met __Unable to Determine	The study design narrative discusses the claims/'encounter data used to calculate the administrative HEDIS ADV rate. The tools used in this study included claims-based software and NCQA Certified Software (Inovalon) to calculate this rate.
6.2 Did the study design clearly specify the sources of data?	X Met __Partially Met __Not Met __Unable to Determine	The software and methodology discussed above clearly specifies the sources of data.
Sources of data: ___Member ___Claims ___Provider ___Other		
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	X Met __Partially Met __Not Met __Unable to Determine	The study design discusses the method to identify the eligible population and the specific elements for the HEDIS measure. All were extracted according to the HEDIS specifications for the calendar year 2014. This information provides confidence that valid and reliable data representing the entire population are included.
6.4 Did the instruments for data collection provide for consistent, accurate data collection over the time periods studied?	X Met __Partially Met __Not Met __Unable to Determine	The NCQA certified software and the claims/encounter codes included, and entire methodology described is set up to provide for consistent accurate data over time. It should be noted that in calendar year 2014 the data reported was not entirely accurate or reliable. However, the HP explained the issues caused by a change of ownership/data sources, which have been rectified. The results of HEDIS 2015 should provide evidence if this is indeed the case.
Instruments used: ___Survey _____Medical Record Abstraction Tool _____Other:_____		
6.5 Did the study design prospectively specify a data analysis plan?	X Met __Partially Met __Not Met __Unable to Determine	The data analysis plan indicated that previous PIPs did not reflect the goals of the Statewide PIP. This is now adjusted to 3% annually, which also conforms to the expectations set out by CMS. A detailed data analysis plan, including an explanation of the problems encountered in HEDIS 2014 was provided. This plan, which will not be influenced by the transition which resulted from the change in ownership,

		should be more effective. The HP believes with all changes in effect, the 2014 ADV results will again indicate a positive trend.
6.6 Were qualified staff and personnel used to collect the data?	X Met __Partially Met __Not Met __Unable to Determine	All personnel, both with Missouri Care, and Well Care, who may have any influence on this PIP, were included.
Project Leader Name: Karen Einspahr____ Title: Quality Improvement Analyst Role: Project Leader – oversight of all data analysis and results. Other team members: Names/Roles – An extensive list is included in the PIP. _____	Totals	_6_Met _____Partially Met _____Not Met _____UTD
Step 7: ASSESS IMPROVEMENT STRATEGIES		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes undertaken?	X Met _ Partially Met __Not Met __Unable to Determine	The HP hopes to impact their ability to engage members in the need to obtain annual dental visits with a multi-faceted array of interventions. There are 4 listed for 2014. The interventions appear to be reasonable and to address the causes/barriers outlined in the Study Topic section of the PIP. The HP states that they were developed as the result of the data analysis and QI processes undertaken. The HP is aware that multiple interventions make it difficult to assess what is most effective in impacting member behavior. They believe that they have devised a plan that best meets their members' needs.
Describe Intervention(s): 1) Collaboration with one elementary school in Kansas City. This involves a partnership with Samuel Rogers FQHC. However, it only serves a small portion of the population in one area. 2) Telephone Outreach – This intervention is focused on members reminding them "of services due, including Annual Dental Visits." The member is transferred to a DentaQuest rep if they are in need of an annual dental visit. This could be a valuable intervention, but how it affects members who are in need of annual dental visits	Totals	_1_Met _____Partially Met _____Not Met _____UTD

needs to be counted and tracked separately to learn if the members involved actually follow-up and obtain dental care. 3) Dental Reminder – This is an intervention new to 2014, and focused on members who do need a dental visit. 4) Expanded Dental Van – A Dental Van initiative exists within Missouri Care. A new van was added to the Central Region and visits "rural locations, including Pettis, Benton, and Johnson Counties. This is a positive approach, but needs to be tracked for the members and the actual counties served.		
Step 8: REVIEW DATA ANALYSIS AND INTERPRETATION OF STUDY RESULTS		
8.1 Was an analysis of the findings performed according to the data analysis plan?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The first part of the analysis is entitled "Baseline and Data Source and Data. This is actually information relevant to the Data Analysis Plan. That section is coded as "met" based on all of the information provided. This section is coded as met. The MCHP is using their baseline data as 2013 for evaluating their aggregate data – this is the first year they had complete data on all three regions. They are reporting all information in accordance with the requirements of the Statewide PIP. The information provided in Section 8 is tied to the prospective data analysis plan.
This Element is "Not Met" is study is complete and there is no indication of a data analysis plan (see step 6.5)		
8.2 Were the PIP results and findings presented accurately and clearly?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The MCHP provided graphs and information for each year studied. It attempts to include information regarding the negative impact of "transition" on their function, causing a severe decrease their rates for 2014. The outcome including the HEDIS 2015 data indicates the improvements anticipated by the MCHP based on their previous experience with ongoing interventions. All results and findings are presented accurately and clearly.
Are tables and figures labeled? xx yes ___no Are they labeled clearly & accurately? xx yes ___no		

8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	Initial and repeat measures are presented. A complete analysis, including the results of the 2015 HEDIS, is included. Statistical significance testing was completed and results for each measurement period are presented.
Indicate the time periods of measurements:_____ Indicate statistical analysis used:_____ Indicate statistical significance level or confidence level if available/known: _____99% _xx_95% _____Unable to determine		
8.4 Did the analysis of study data include an interpretation of the extent to which its PIP was successful and any follow-up activities?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The data analysis included discusses how effective interventions were and how they impacted the PIP results.
Limitations described:_____ Conclusions regarding the success of the interpretation: _____ _____ Recommendations for follow-up: _____	Totals	_4_Met _____Partially Met _____Not Met ___Not Applicable _____UTD
Step 9: ASSESS WHETHER IMPROVEMENT IS "REAL" IMPROVEMENT		
9.1 Was the same methodology as the baseline measurement, used, when measurement was repeated?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	The methodology of data and data analysis, members examined, and tools used have remained the same since the baseline measurement. This is based on both the requirements in the Statewide PIP, and Missouri Care's individual approach.
Ask: Were the same sources of data used? Did the use the same method of data collection? Were the same participants examined? Did they utilize the same measurement tools?		
9.2 Was there any documented, quantitative improvement in processes or outcomes of care?	_X Met __ Partially Met __Not Met __Not Applicable __Unable to Determine	There was initial improvement from the inception of the PIP; however, HEDIS 2014 included a significant decrease, which was actually the result of data reporting problems. The HP is able to prove their theory about the effectiveness of their interventions by looking at the outcomes reflected in

		their HEDIS 2015 rates.
Was there: _____Increase _____Decrease Statistical significance ___yes ___no Clinical significance ___yes ___no		
9.3 Does the reported improvement in performance have "face" validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention?	__Met X Partially Met __Not Met __Not Applicable __Unable to Determine	The improvement does have "face" validity. The interventions that directly impacted both members and providers have produced continued successful outcomes. Although the MCHP continues to utilize a multi-faceted approached in employing interventions, it is their assertion that this has proved to be efficient and effective with their population.
Degree to which the intervention was the reason for change ___No relevance ___Small ___Fair xx High		The MCHP states that the effectiveness of their multi-interventional approach is evidenced by the overall upward trend in Missouri Care's ADV rate in al 3 regions.
9.4 Is there any statistical evidence that any observed performance improvement is true improvement?	X Met __Partially Met __Not Met __Not Applicable __Unable to Determine	No statistical evidence is presented regarding the improvement. Some figures are presented but nothing is explained in the narrative.
_____Weak _____Moderate xx Strong	Totals	3 Met 1 Partially Met _____Not Met ___Not Applicable _____UTD

Step 10: ASSESS SUSTAINED IMPROVEMENT		
10.1 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	_X_ Met __Partially Met __Not Met __Not Applicable __Unable to Determine	There are improvements in the HEDIS figures given through HEDIS 2013. The HEDIS-like and actual figures presented for 2015 again show an upward trend. Although this is not a closed PIP, it appears that sustained improvement, which the HP plans to be ongoing, has occurred.
	Total	_1___Met _____Partially Met _____Not Met ___Not Applicable _____UTD
ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)	Score	Comments
Were the initial study findings verified upon repeat measurement?		

ACTIVITY 3. EVALUATE OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS:

SUMMARY OF AGGREGATE VALIDATION FINDINGS AND SUMMARY.

Conclusions:
The foundation of this PIP is sound and well-planned. THE EQRO had questions about the number of, and impact of the interventions shared during the initial review. These questions were addressed during the on-site review. The MCHP explained the negative impact of the data issues that occurred in HEDIS 2014. They were also able to explain the outcomes achieved in calendar year 2013 – resulting in decreased rates in HEDIS 2014. The outcomes achieved for HEDIS 2015 were clear, and understandable. All updated information improved the substance of this PIP. The MCHP has achieved success in making improvements using the structure of the statewide initiative. They continue to implement new interventions. The narrative indicates that they track and trend their initiatives so additional or immediate improvement can be achieved. The MCHP has used the PIP process as a method to obtain improved performance and is committed to continuing these initiatives.

Recommendations:

Continue adding narrative and explanations for outcomes and data presented. This has improved greatly, and enhances the presentation of the PIP topic.

Check one:

XX High confidence in reported Plan PIP results
☐ Confidence in reported Plan PIP results
☐ Low confidence in reported Plan PIP results
☐ Reported Plan PIP results not credible

Conclusions

Quality of Care

The issue of quality was a primary focus of the PIPs undertaken by this MCHP. Quality healthcare and improved of the quality of life for MCHP members were addressed. Implementing measures to ensure that members obtain timely prenatal care and case management services exhibits the MCHP's commitment to quality healthcare for members. The PIPs sought to improve healthcare by focusing on aspects of care that may have been neglected, leading to negative outcomes. The MCHP provided opportunities for preventive care enhancing the quality of services received by members. The MCHP planned to incorporate effective interventions into normal daily operations as data indicates positive outcomes. Undertaking performance improvement projects that will develop into enhanced service programs for members indicates a commitment to quality service delivery.

Access to Care

The study topics presented in these PIPs addressed issues that will create improved services and enhanced access to care for the MCHP members. The clinical PIP stresses the importance of early and adequate prenatal care. The goal is to enable members to seek and obtain essential healthcare services as soon as they learn they are pregnant. The MCHP assisted members in obtaining prenatal services as early in their pregnancy as possible. Members became aware of all services available to them, and how to access them as soon as their pregnancy was identified. The MCHP worked with their dental subcontractor, their providers, and members to gain knowledge about how and where to access dental services. The statistics for calendar year2014 were positive, indicating that the MCHP corrected issues that existed during their HEDIS 2014 audit. The MCHP expanded availability of Mobile Dental Units, making services available where they did not previously exist. This is a concrete example of improving access to care for MCHP members.

Timeliness of Care

These performance improvement projects focused on ensuring that members had timely access to care. The MCHP implemented strategies to assist members in obtaining prenatal care and establishing a relationship with a provider early in their pregnancy, leading to positive outcomes. The MCHP worked with providers, in the Improving Oral Health initiative, to encourage patients to make timely appointments for their children.

RECOMMENDATIONS

1. Continue to utilize the protocols to develop and evaluate performance improvement studies. The quality of the clinical studies submitted continues to improve. Both studies provide evidence that there was thought and consideration put into planning and developing appropriate interventions.
2. Improve the MCHP's commitment to completing a thorough in-depth analysis process. A study can have negative outcomes. When this occurs, a thorough analysis of what occurred to create these conditions, or which interventions were less effective, is required. In presenting data address the issue in the accompanying narrative.
3. Continue the process of looking at MCHP statistics and data to analyze the best use of resources in creating performance improvement initiatives. Complete a true analysis. When reporting on outcomes, ensure that the data presented is explained in detail.
4. Develop a process for evaluating the conclusions in the projects. Whether interventions are successful or not, draw conclusions based on the data.
5. Continue the creative approach to developing projects and interventions that will produce positive outcomes. Ensure that there is adequate documentation to explain the impact of the interventions on the findings and outcomes.
6. Continue work on identifying clinical issues to be addressed through the PIP process. Ensure that areas of concern are considered and incorporated into the Performance Improvement Projects.

8.2 Validation of Performance Measures

METHODS

Objectives, technical methods, and procedures are described under separate cover. This section describes the documents, data, and persons interviewed for the Validation of Performance Measures for MO Care. MO Care submitted the requested documents on or before the due date of March 9, 2015. The EQRO reviewed documentation between March 9, 2014 and June 16, 2015. On-site review time was used to conduct follow-up questions and provide feedback and recommendations regarding the performance measure rate calculation.

DOCUMENT REVIEW

The following are the documents reviewed by the EQRO:

- The NCQA RoadMap submitted by MO Care
- MEDSTAT's NCQA HEDIS Compliance Audit Report for 2014
- MO Care's HEDIS Data Entry Training Manual
- MO Care's Policies pertaining to HEDIS rate calculation and reporting
- Appendix V, Information Systems Capabilities Assessment

Data files were submitted by MO Care for review by the EQRO; these included regional files for each of the three Performance Measures audited.

INTERVIEWS

The EQRO conducted on-site interviews in Columbia, MO on Tuesday, June 16, 2015 with the MO Care staff that were responsible for the process of calculating the HEDIS 2014 performance measures. The objective of the on-site visit was to verify the methods and processes behind the calculation of the three HEDIS performance measures. This included both manual and automatic processes of information collection, storing, analyzing, and reporting.

FINDINGS

The MCHP was subject to the full Information Systems Capabilities Assessment (ISCA) validation during this year's review. The EQRO verified that the systems existed at the MCHP during this review and the MCHP was able to demonstrate the system used to calculate performance measures.

MO Care calculated the FUH and ADV measures using the administrative method. The hybrid method was used to calculate the CIS3 measure.

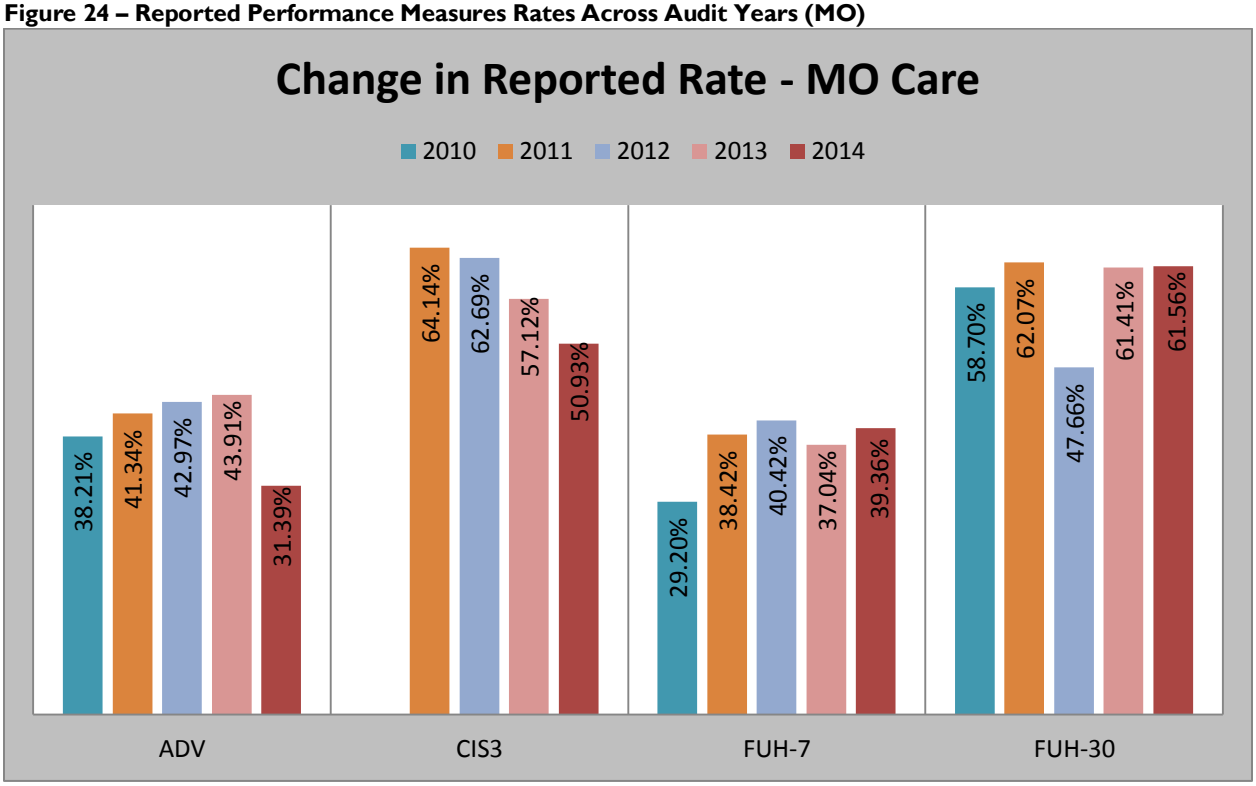
The reported rate for MO Care for the ADV rate was 31.39% was also **lower** than the statewide rate for all MCHPs (45.06%). This rate was **significantly lower** than their 2013 reported rate (43.91%) and was the **lowest** rate reported by MO Care since the HEDIS 2008 rate (27.50%). (see Figure 24). MO Care attributes this lower rate to data issues that occurred during their transition from prior ownership during HEDIS year 2014.

The HEDIS 2014 rate for MO Care for the CIS3 measure was 50.93%. This is lower than the statewide rate for all MCHPs (61.19%). However, this rate continues a downward trend with a 2013 rate of 57.12%, a 2012 rate of 62.69%, and 2011 rate of 64.14%, as audited by the EQRO. This rate also represents the **lowest** rate reported by MO Care since the EQRO began auditing this measuring in 2011. MO Care attributes this lower rate to data issues that occurred during their transition from prior ownership during HEDIS year 2014.

The FUH measure 7-day rate reported to the SMA and the State Public Health Agency (SPHA) by MO Care was 39.36%. The rate was **significantly lower** than the statewide rate for all MCHPs (44.28%). This rate was an **increase** over MO Care's 2013 rate (37.04%), but a decrease from their 2012 rate of 40.42%.

The 30-day reported rate was 61.56% was slightly **higher** than the MCHP's 2013 rate (61.41%) and is **lower** than the statewide rate for all MCHPs (66.14%). This rate was much **higher** than the rate reported in 2012 (47.66%). (see Figure 24)

Figure 24 – Reported Performance Measures Rates Across Audit Years (MO)



Sources: BHC, Inc. 2010-2014 External Quality Review Performance Measure Validation

The following sections summarize the findings of the process for validating each of the performance measures in accordance with the Validating Performance Measures Protocol. The findings from all review activities are presented according to the EQRO validation activity, with the findings for each measure discussed within the activities as appropriate. Please refer to the main report for activities, ratings, and comments related to the CMS Protocol Attachments.

Data Integration and Control

The information systems (IS) management policies and procedures for rate calculation were evaluated consistent with the Validating Performance Measures Protocol. For all three measures, MO Care was found to meet all criteria for producing complete and accurate data. There were no biases or errors found in the manner in which MO Care transferred data into the repository used for calculating the HEDIS 2014 measures.

Documentation of Data and Processes

MO Care used Inovolan, an NCQA-certified software program in the calculation of the HEDIS 2014 performance measures. The EQRO was provided a demonstration of this software, as

well as appropriate documentation of the processes and methods used by this software package in the calculation of rates. The EQRO was also provided with an overview of the data flow and integration mechanisms for external databases for these measures. Data and processes used for the calculation of measures were adequate. MO Care met all criteria that applied for all three measures.

Processes Used to Produce Denominators

MO Care met all criteria for the processes employed to produce the denominators of all three performance measures. This involved the selection of members eligible for the services being measured.

Processes Used to Produce Numerators

All three measures included the appropriate data ranges for the qualifying events (e.g., well-care visits, medication dispensing events, and dental visits) as specified by the HEDIS 2014 criteria. A medical record review was conducted for the Childhood Immunizations Status measure.

For the HEDIS 2014 ADV measure, the EQRO validated all of the 15,823 reported administrative hits. The MCHP's reported and validated rate was 31.39%.

For the CIS3 measure, MO Care reported 56 administrative hits; the EQRO validation showed 56 hits. For the medical record review validation, the EQRO requested 30 records. A total of 30 records were received for review, and all 30 of those were validated by the EQRO. Therefore, the percentage of medical records validated by the EQRO was 100.00%. The rate reported and validated by the EQRO based on validated administrative and hybrid hits was 50.93%.

For the HEDIS 2014 FUH measure 7-day rate, the MCHP reported 344 administrative hits from the eligible population; the EQRO was able to validate all 344 of these hits. The reported and validated rates were therefore 39.36%.

The 30-day rate showed the reported number of administrative hits as 538; the EQRO validated 538 hits. This represents a reported and validated rate of 61.56%.

Although no bias was found in the calculation of these rates, the EQRO did rate all of MO Care's PM rates as Substantially Compliant due to data issues when the company underwent a transfer of ownership during Calendar Year 2013. The impact of these data issues were not fully analyzed by MO Care until their HEDIS rates dropped significantly. After investigation, the MCHP found that both numerator and denominator data did not transfer from the old system.

Sampling Procedures for Hybrid Methods

The Hybrid Method was used for the CIS3 measure. CMS Protocol Attachment XII; Impact of Medical Record Review Findings and Attachment XV: Sampling Validation Findings were completed for this measure.

Submission of Measures to the State

MO Care submitted the Data Submission Tool (DST) for each of the three measures validated to the SPHA (the Missouri Department of Health and Senior Services; DHSS) in accordance with the Code of State Regulations (19 CSR §10-5.010 Monitoring Health Maintenance Organizations) and the SMA Quality Improvement Strategy.

Determination of Validation Findings and Calculation of Bias

The following table shows the estimated bias and the direction of bias found by the EQRO. All three of the measures validated were Substantially Compliant.

Table 18 - Estimate of Bias in Reporting of MO Care HEDIS 2014 Measures

Measure	Estimate of Bias	Direction of Estimate
Annual Dental Visit	No bias	N/A
Childhood Immunizations Status (Combination 3)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (7-day)	No bias	N/A
Follow-Up After Hospitalization for Mental Illness (30-day)	No bias	N/A

Source: BHC, Inc., 2014 External Quality Review Performance Measure Validation

Final Audit Rating

The Final Audit Rating for each of the performance measures was based on the findings from all data sources that were summarized in the Final Performance Measure Validation Worksheet for each measure. The following table summarizes Final Audit Ratings based on the Attachments and validation of numerators and denominators.

Table 19 - Final Audit Rating for MO Care Performance Measures

Measure	Final Audit Rating
Annual Dental Visit	Substantially Compliant
Childhood Immunizations Status	Substantially Compliant
Follow-Up After Hospitalization for Mental Illness	Substantially Compliant

Note: Fully Compliant = Measure was fully compliant with State specifications; Substantially Compliant = Measure was substantially compliant with State specifications and had only minor deviations that did not significantly bias the reported rate; A significant bias in the rate was defined as a number calculated by the EQRO that fell outside the 95% confidence interval of the rate reported by the MCHP. Not Valid = Measure deviated from State specifications such that the reported rate was significantly biased. This designation is also assigned to measures for which no rate was reported; Not Applicable = No Managed Care Members qualified for the measure.

Conclusions

Three rates were validated for the MCHP. All three rates were lower than the average for all MO HealthNet Managed Care Health Plans.

Quality of Care

MO Care's calculation of the HEDIS 2014 FUH measure was substantially compliant with specifications. This measure is categorized as an Effectiveness of Care measure and is designed to measure the effectiveness/quality of care delivered.

The MCHP's 7-day and 30-day rates for this measure were **lower** than the average for all MCHPs. Therefore, MO Care's members are receiving a lower quality of care for this measure as the average MCHP member.

Both the 7-day and 30-day rates were **lower** than both the National Medicaid and National Commercial averages; the MCHP's members are receiving a **lower** quality of care than the average Medicaid or Commercial member across the country. However, both the 30-day rate

and 7-day rate are **higher** than the rate reported in the HEDIS 2013 audit, indicating the quality of care to members has risen over the past measurement year.

Access to Care

The HEDIS 2014 ADV for MO Care was substantially compliant with specifications; this measure is categorized as an Access/Availability of Care measure. Because only one visit is required for a positive "hit", this measure effectively demonstrates the level of access to care that members are receiving.

The rate reported by the MCHP for this measure was **lower** than the average for all MCHPs. Therefore, MO Care's members are receiving access to care that is lower than the average Managed Care member. This rate was **lower** than the National Medicaid rate for this same measure, indicating the MCHP's members are receiving a **lower** access to care than the average Medicaid member across the nation.

Timeliness of Care

The MCHP's calculation of the HEDIS 2014 CIS3 measure was substantially compliant with specifications. This measure is categorized as an Effectiveness of Care measure and aims to measure the timeliness of the care received.

The MCHP's reported rate for this measure was **lower** than the average for all MCHPs. Therefore, MO Care's members are receiving services in a manner **less** timely than the care delivered to the average Managed Care member.

The rate was **lower** than both the National Medicaid and National Commercial averages; the MCHP's members are receiving childhood immunizations in a manner **less** timely than the average Medicaid or Commercial member across the country. Unfortunately, this rate shows a steady downward trend since 2011.

RECOMMENDATIONS

1. If the HEDIS 2015 rates do not show improvement, the MCHP will need to investigate other theories than those of the data transfer issues to explain the significant decreased in the ADV and CIS3 rates.
2. Continue to conduct and document statistical comparisons on rates from year to year.
3. Continue to participate in training of MCHP staff involved in the oversight of coordination of performance measure calculation.
4. Continue to perform hybrid measurement on those measures that are available for this method of calculation.

8.3 MCHP Compliance with Managed Care Regulations

METHODS

Missouri Care (MO Care) was subject to a follow up compliance audit during this on-site review. The content of this 2014 calendar year audit will include all components of the Quality Standards as defined in 42 CFR 438. Evaluation of these components included review of:

- Defined organizational structure with corresponding committee minutes
- Policies and Procedures
- Organizational protocols
- Print materials available to members and providers
- Report results
- Staff interviews

The Team utilized an administrative review tool which was developed based on the CMS Protocol Monitoring Medicaid Managed Care Organizations (MCHPs) and Prepaid Inpatient MCHPs (PIHPs): A Protocol for Determining Compliance with Medicaid Managed Care Regulations (Compliance Protocol). The evaluation included review of MO Care's compliance with Access Standards, Structure and Operations Standards, and Measurement and Improvement Standards. Utilizing these tools, MO Care will be evaluated on the timeliness, access, and quality of care provided. This report will then incorporate a discussion of the MCHP's strengths and weaknesses with recommendations for improvement to enhance overall performance and compliance with standards.

The EQRO rating scale remains as it was during the last evaluation period.

M = Met
Documentation supports that all components were implemented, reviewed, revised, and/or further developed.

PM = Partially Met
Documentation supports some but not all components were present.

N = Not Met
No documentation found to substantiate this component.

N/A = Not Applicable.
Component is not applicable to the focus of the evaluation. N/A scores will be adjusted for the scoring denominators and numerators.

A summary for compliance for all evaluated Quality Standards is included in Table 24.

Table 20 - Comparison of MO Care Compliance Ratings for Compliance Review Years

Measure	2010	2011	2012	2013	2014
Enrollee Rights and Protections	100%	100%	100%	100%	100%
Access and Availability	76.5%	82.35%	88.24%	70.59%	82.35%
Structure and Operations	100%	100%	100%	100%	100%
Measurement and Improvement	100%	90.91%	90.91%	81.8%	90.91%
Grievance Systems	88.9%	100%	100%	100%	100%

Source: BHC, Inc., 2014 External Quality Review Compliance Validation

The review of Quality Standards was completed using a Quality Standards Review Tool, adapted from 42 CFR 438. The following is a description of the findings by performance category identified in the tool/regulations.

FINDINGS

Enrollee Rights and Protections

Enrollee Rights and Protections address 13 standards. For the 2014 review, MO Care was rated by the review team to have met all 13 standards. This is an overall rating of 100% compliance, which is consistent with the ratings received in 2010, 2011, 2012, and 2013.

The rating for Enrollee Rights and Protections (100%) reflects that the MCHP complied with the submission and approval of all policy and procedures to MO HealthNet. All practice observed at the on-site review indicated that the MCHP appears to be fully compliant with MHD Managed Care Contract requirements and federal regulations in this area.

Access Standards

Access and Availability addresses 17 standards. For the 2014 review, MO Care was rated by the review team to have met 13 standards. This is an overall rating of 76.47%, which is higher than the 70.59% rating received in 2013.

The rating in this area is mostly attributable to the Case Management record review performed by the EQRO. In the Case Management review, the EQRO found that MO Care did not have successful transition plans.

MO Care submitted required policy and procedures to the SMA for their approval. However, in reviewing records and interviewing staff, full evidence of transition planning for members was not available.

Structures and Operation Standards

The area of Structures and Operations addresses 10 standards. For the 2014 review, MO Care was rated by the review team to have met all 10 standards. This is an overall rating of 100% compliance, which is consistent with the ratings received in 2010, 201, 2012, and 2013. The ratings for compliance with Structure and Operation Standards (100%) reflected complete policy and procedural requirements for the eighth year. The MCHP submitted all required policy for approval, and all practice observed at the time of the on-site review indicated compliance in this area. All credentialing policy and practice was in place. All disenrollment policy was complete and all subcontractor requirements were met.

During the 2011 Calendar Year, the MCHP became NCQA accredited and continues to follow NCQA standards regarding credentialing. All credentialing performed by MO Care meets NCQA standards and complies with federal and state regulations, and the SMA contract requirements. Re-credentialing is completed at three-year intervals, and delegated entities are monitored annually. State and federal sanctions are monitored monthly using the HHS OIG/OPM (Office of Inspector General/Office of Personnel Management) web site.

Measurement and Improvement

Measurement and Improvement addresses 12 standards. For the 2014 review, MO Care was rated by the review team to have met 10 standards; one standard was "Partially Met" and one standard was found to be "Not Applicable". This is an overall rating of 90.91% compliance which is **higher** than the 81.8% compliance rating received in 2013. It is consistent with the ratings received in 2011 and 2012, and is **lower** than the 100% ratings received in 2009 and 2010.

MO Care continues to operate a Quality Management Oversight Committee. The goal of this group was to provide oversight of all operations and MCHP initiatives.

The MCHP did submit two Performance Improvement Projects (PIPs), which included enough information to complete validation. Both of these PIPs were of the quality observed during prior reviews.

All Performance Measurement data and medical records requested were submitted for validation within requested timeframes. However, the MCHP experienced significant decreases in two of the three rates validated by the EQRO. These decreases were attributed to data transfer issues that the MCHP experienced during its recent change in ownership. These data issues resulted in lower numerators and denominators and were not fully explained by the MCHP. More specific details can be found in the appropriate sections of this report.

The rating for the Measurement and Improvement section reflects that all required policy and procedure had been submitted to the SMA for their approval. It appeared that all practices observed at the time of the on-site review met the requirements of the MHD Managed Care contract and the federal regulations.

Grievance Systems

Grievance Systems addresses 18 standards. For the 2014 review, MO Care was rated by the review team to have met all 18 standards. This is an overall rating of 100% compliance, which is **higher** than the rating received in 2010 (88.9%) and consistent with the 100% rating received in 2011, 2012, and 2013.

Ratings for compliance with the Grievance Systems regulations (100%) indicate that the MCHP completed all of the requirements regarding policy and practice. This is the eighth out of nine years that the MCHP has been fully compliant in this section of the review.

CONCLUSIONS

MO Care continues to maintain compliance in all areas of policy, procedure, and practice required by the MHD Managed Care contract and the federal regulations. The MCHP utilizes a proactive approach to identifying issues discussed in previous External Quality Reviews, internal monitoring, and its Quality Improvement program to ensure that required written materials were submitted to the SMA in a timely and efficient manner.

However, a few issues were identified during this year's review, including:

- Missing transition plans in the Case Management files.
- Lower rates in Performance Measures than in previous review years that are attributable to data transfer issues

QUALITY OF CARE

Quality of care is a priority for MO Care. Their attention to internal and external problem solving, supporting and monitoring providers, and participation in community initiatives are evidence of the commitment to quality healthcare. They are making a concerted effort to extend this approach to all three MHD Regions. MO Care completed all policy requirements and has put processes in place to ensure that procedures and practices follow approved policy requirements. A commitment to obtaining quality service for members is evident in interviews with MCHP staff, who express enthusiasm for their roles in producing sound healthcare for their members.

However, missing transition plans in Case Management files indicates that an improvement can be made in this area to ensure that the evidence exists to support that the quality of care received by members in Case Management matches that delivered in other areas of the organization.

ACCESS TO CARE

MO Care has made concerted efforts to ensure that members throughout their MHD Regions have adequate access to care. They have recruited additional hospitals and individual providers into their network. The MCHP has participated in community events to promote preventive care and to ensure that members are aware of available services. The MCHP exhibits an awareness and commitment to resolving issues that are barriers to member services.

TIMELINESS OF CARE

MO Care has developed procedures to ensure that policy is submitted in a timely manner and that all tracking tools are up-to-date. They are utilizing greatly improved case management software and systems tools to have the most accurate and up-to-date information available on members to support them in obtaining appropriate healthcare services in a timely manner. The MCHP has engaged in a number of activities to ensure that organizational processes support the delivery of timely and quality healthcare.

RECOMMENDATIONS

1. Make every effort to supply the EQRO with all relevant information for every case file, grievance file, policy, or procedure requested.
2. Consider training with Case Management staff regarding treatment planning as this is an area that was lacking in the files reviewed by the EQRO.
3. Ensure that all relevant data is checked prior to submission to any auditing agency, and make regular test runs of data to identify any issues as early as possible.
4. Continue to develop and improve the multi-disciplinary approach to working with members that have complex health care issues.