

2018 External Quality Review

Technical Assistance



On site Visit: July 23, 2018

Publish Date: Nov 06, 2018



TABLE OF CONTENTS

Topic	Page No.
1.0 Purpose and Overview	3
2.0 On-Site Information:	4
3.0 Methodology	5
4.0 Conclusion:	7
5.0 Recommendation:	7

Technical Assistance for External Quality Review (EQR) 2019

1.0 Purpose and Overview

The Department of Social Services, MO HealthNet Division (MHD) operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care. The State of Missouri contracts with Managed Care Organizations (MCOs) to provide health care services to Managed Care enrollees.

Effective May 1, 2017, Medicaid Managed Care (hereinafter stated “Managed Care”) is operated statewide in Missouri. Previously, Managed Care was only available in certain regions (Central, Eastern, and Western). The State extended the health care delivery program in the Central Region and added the Southwestern Region of the State in order to incorporate the Managed Care statewide extension for all the eligibility groups currently enrolled in MO HealthNet Managed Care. The goal was to improve access to needed services and the quality of health care services in the MO HealthNet Managed Care and state aid eligible populations, while controlling the program’s cost.

The Managed Care Program enables Missouri to use the Managed Care System to provide Medicaid services to Section 1931 children and related poverty level populations; Section 1931 adults and related poverty populations, including pregnant women; Children’s Health Insurance Program (CHIP) children; and foster care children. As of SFY2018 ending, total number of Managed Care enrollees in MO HealthNet were 712,335 (1915(b) and CHIP combined).

The United Healthcare (UHC), one of the three MCOs operating in Missouri (MO), joined MHD on May 1, 2017, under the new contract, to provide services to individuals determined eligible by the state agency for the MO HealthNet Managed Care Program on a statewide basis in all Missouri counties in the following four (4) designated regions of the State of Missouri: Central, Eastern, Western, and Southwestern.

MO Care services are monitored for quality, enrollee satisfaction, and contract compliance. MHD requires participating MCO to be accredited by the National Committee for Quality Assurance (NCQA) at a level of accredited or better. An External Quality Review Organization (EQRO) evaluates MCO annually, as well.

The MHD has arranged for annual, external independent reviews of the quality outcomes and timeliness of, and access to, the services covered under each MCO contract. The Federal and State regulatory requirements and performance standards as they apply to MCOs are evaluated annually for the State in accordance with 42 CFR 438.310 (a) and 42 CFR 438.310 (b).

Primaris Holdings, Inc. (Primaris) is the MHD’s current EQRO, and started their five-year contract in January 2018. The first year External Quality Review (EQR) covers Calendar Year (CY) 2017. Since UHC did not cover a full period of CY 2017, they were not due for an annual review by Primaris for this period (EQRO contract 2.3.1(6)). However, the EQRO contract warrants a Technical Assistance (TA) to the MCO for all the activities due for a review in EQR 2019 which will cover a period of CY 2018.

2.0 On-Site Information

Onsite TA was provided at UHC facility (table 1) with the following people (table 2) in attendance, on July 23, 2018.

Table 1

MCO Information	
MCO Name:	United HealthCare
On-site Location:	13655 Riverport Drive, Maryland Heights, MO 63043
Audit Contact:	Roth, Robbyn S
Contact Email:	robbyn.roth@uhc.com

Table 2: UHC Attendees

Names	Title
Rachel Zartman	Site lead MOWPC
Ravi Johar	CMO
Kew Powell	Director, Provider Services
Sheila Schaefer	Senior Compliance Analyst
Katherine Whitaker	CO
Ginnah Skula	Senior Vendor Oversight
Lisa Overturf	Associate Director, Clinical Quality
Robbyn Roth	Senior Director, Clinical Quality
Jamie A Bruce	CEO
Aline Hanrahan	Director, Behavioral Health
Carey Merzlicker	CFO
Cybele Kanin	CIO
Beta McCrary	HPPM
Colleen Grebe	V.P of Clinical Ops
Melanie Rains Davie	Assistant Director Care Management
Heidi Strickler	Foster Care's Special Program Manager

3.0 Methodology

- Multiple interactive sessions were conducted onsite, which involved power point presentations to explain the EQR activities that would be conducted next year (EQR 2019) for the review period CY 2018.
- The presentations were based on the EQR Protocol 1, 2, 3, Appendix 5 (ref: Centers for Medicare and Medicaid Services Version 2.0, September 2012), MHD Managed Care Contract and 42 Code of Federal Regulations (CFR) 438.
- The TA covered the following topics (*please double click on each of the TA UHC embedded below to see the slide show*).

- Validation of Performance Measures (PMs)



UnitedHealthcare®

TECHNICAL ASSISTANCE UNITEDHEALTHCARE

CONFIDENTIAL



11/16/2018

- Validation of Performance Improvement Projects (PIPs)



UnitedHealthcare®

TECHNICAL ASSISTANCE UNITEDHEALTHCARE

CONFIDENTIAL



11/16/2018

- Compliance with Medicaid Managed Care Regulations



UnitedHealthcare®

TECHNICAL ASSISTANCE UNITEDHEALTHCARE

CONFIDENTIAL



11-14-2019

Note: The UHC was informed that in EQR 2019, Primaris would review all the three areas which were due for a review in EQR 2018 along with the other areas recommended by MHD for a review in EQR 2019.

- Information Systems Capabilities Assessments (ISCA):
Primaris discussed the tool provided by CMS for ISCA. UHC was informed that they would be evaluated in EQR 2019, based on the following-
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/app5-isassessment.pdf>
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/app5-attachb-isreview.pdf>
- Care Management Program for Pregnant members (OB), Children with elevated blood lead levels and Serious Mental Illness members



UnitedHealthcare®

TECHNICAL ASSISTANCE UNITEDHEALTHCARE

CONFIDENTIAL



11-14-2019

4.0 Discussion

The following points emerged during the interactive sessions between Primaris and UHC:

1. Information Technology

UHC stated that they utilize-ClaimSphere-the HEDIS engine for generation of performance Measures. They have a robust Information Technology system to capture and report accurate and meaningful encounter data, Medicaid eligibility data, maintain accurate provider information, performance measure reporting process.

2. Member information

UHC alleged that the 834 file they receive from the State, has 60% missing/incomplete/erroneous data related to members' information. This impacts the quality of Care Management UHC is able to provide its members. UHC stated that about 10% of member population got disenrolled last year which were about 50-60 K members.

Member information from Children Division, Foster Care does not reach the MCO.

Primaris Response: Suggestions were made on utilizing other areas such as a secondary demographic field to house known or corrected member information for future use, such as for Care Management activities. Primaris strongly recommends that the State and UHC work towards a collaborative solution for the ability to update and access more accurate and useful member contact data. This will create a complete data integration solution delivering trusted data from various sources.

3. Care Management

a. Primaris learned that, the date of 'assessment' is accepted as the date of enrollment in the Care Management Program. An outreach is not considered as Care Management. This is as per the guidelines of Case Management Society of America and MHD contract.

b. UHC reported that it is difficult to integrate physical health and behavioral health member in their care management system. Submission of Care Management data in the format required by MHD is a cumbersome process. It requires extensive manual hours.

Primaris Response: Definitions and examples of appropriate Care Management activities, specifics in the contract regarding a myriad of ways to reach members, were shared with the MCO. Primaris informed the MCO that the issues regarding the Care Management log would be brought to the notice of MHD so that an effective solution could be worked out between MHD/MCO.

4. PIPs

UHC requested Primaris to review their ongoing PIPs for CY 2018.

Primaris Response: Primaris agreed for reviewing their PIPs and informed them that TA sessions for PIPs would be conducted after approval from MHD.

5.0 Recommendation

TA for PIPs should be requested through MHD. Primaris will provide assistance after concurrence from MHD. Primaris plans initiation of an effective method-PDSA Cycles- for testing interventions for PIPs, after getting approval from MHD.