Primaris
Healthcare Business Solutions

2018 External Quality Review

Compliance

missouricare
A WellCare Company

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MoHealthNet

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Compliance with Medicaid Managed Care Regulations

1.0 Purpose and Overview

1.1 Background

The Department of Social Services, MO HealthNet Division (MHD) operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care. MHD 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). MHD 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).

Missouri Care, one of the three MCOs operating in Missouri (MO), shall 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.

Missouri 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.

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 MHD's current EQRO, and started their five-year contract in January 2018. Their first year External Quality Review (EQR) covers Calendar Year (CY) 2017.

1.2 Description of Compliance with Regulations

The MCOs are audited annually to assess their compliance with the Federal Medicaid Managed Care Regulations; the State Quality Strategy; the MO HealthNet Managed Care contract requirements; and the progress made in achieving quality, access, and timeliness to services from the previous review year. The EQR is conducted using the *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations, Centers for Medicare and Medicaid Services Version 2.0, September 2012)* to meet the requirements of Code of Federal Regulations (CFR) 438.358(b) (iii). This section of the CFR requires a review to be conducted within the previous 3-year period, to determine the MCOs' compliance with standards set forth in subpart D of 42 CRF 438 and the quality assessment and performance improvement requirements described in § 438.330. These are listed as follows:

Subpart D-MCO, PIHP and PAHP Standards

§438.206 Availability of services;

§438.207 Assurances of adequate capacity and services;

§438.208 Coordination and continuity of care;

§438.210 Coverage and authorization of services;

§438.214 Provider selection;

§438.224 Confidentiality;

§438.228 Grievance and appeal systems;

§438.230 Subcontractual relationships and delegation;

§438.236 Practice guidelines; and

§438.242 Health information systems.

Subpart E- Quality Measurement and Improvement; External Quality Review

§438.330 Quality Assessment and Performance Improvement Program.

The overall goal of the Compliance with Standards review is to quantify Missouri Care's adherence to the federal and State requirements of offering:

- Quality Care;
- Highest level of Access to Care; and
- In a Timely Manner, for all of its Enrollees.

Figure 1: Federal Requirement for the MCO

Quality, (42 CFR 438.320 (2)), as it pertains to external quality review, means the degree to which an MCO increases the likelihood of desired outcomes of its enrollees through:

(1) Its structural and operational characteristics.

(2) The provision of services that are consistent with current professional, evidenced-based-knowledge.

(3) Interventions for performance improvement.

Access, (42 CFR 438.320), as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care organizations successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).

Timeliness: Federal Managed Care Regulations at 42 CFR §438.206 require the state to define its standards for timely access to care and services. These standards must take into account the urgency of the need for services.

For the EQR 2018 (CY 2017 review period), Primaris conducted an onsite compliance review for Missouri Care on July 16 & 18, 2018. The evaluation of Compliance was done for the following Federal Regulations 42 CFR 438 (Figure 2):

- Overview of Compliance for Subpart D and Subpart E §438.330;
- §438.230 Subcontractual relationships and delegation;
- §438.236 Practice guidelines; and
- §438.242 Health information systems.

Figure 2: Compliance Evaluation for CY 2017

2.0 Methodology of Review

The primary objective of Primaris' review was to provide meaningful information to MO HealthNet and Missouri Care regarding compliance with state and federal guidelines. Primaris collaborated with Missouri Care and MHD to:

- Determine the scope of the review as well as the scoring methodology, data collection methods;
- Onsite review agenda;
- Collect and review data and documents before, during and after the on-site review;
- Identify key issues through analyzing the data collected;
- Prepare the report related to the findings; and
- Review expectations for following calendar year audits.

The evaluation of Compliance was performed through the steps of requesting and analyzing policies and procedures, documentation, observations and on-site interviews.

Figure 3: Process of Compliance Evaluation for Missouri Care

Data collection tools were created based on the MHD Managed Care Contract and 42CFR 438, subpart D for the three areas under evaluation (Ref: Table 4, 6, 8).

The sources used to confirm Missouri Care's compliance with Federal regulations and State standards included the following:

- Procedures and methodology for oversight, monitoring, and review of delegated activities;
- Completed evaluations of entities conducted before delegation is granted;
- Ongoing evaluations of entities performing delegated activities;
- Practice Guidelines Adoption Manual, Policies and Procedures;
- Practice Guidelines Dissemination and Application Manual, Policies, and Procedures;
- Quality Assessment and Performance Improvement project descriptions, including data sources and data audit results Medicaid/CHIP and other enrollee grievance and appeals data;
- Analytic reports of service utilization;
- Information systems capability assessment reports;
- Policies and procedures for auditing data or descriptions of other mechanisms used to check the accuracy and completeness of data (internally generated and externally generated data) information system;
- Completed audits of data or other evidence of data monitoring for accuracy and completeness both for MCO data and information system; and
- Provider/Contractor Services policies and procedures manuals.

Missouri Care submitted documentation via a secure website before and after the on-site visit to enable a complete and in-depth analysis of their Compliance Standard requirements.

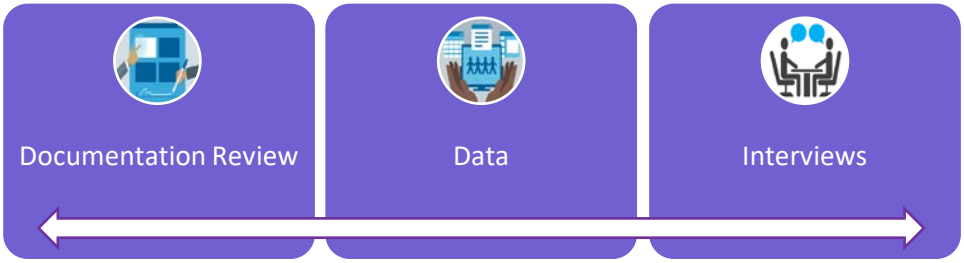


Figure 4: Sources of Information from Missouri Care

On-Site Review Information

An on-site review was performed at Missouri Care facility with the following people in attendance from Missouri Care for an interactive session on ‘Compliance with Regulations’:

- Russell Oppenborn, Senior Director, Regulatory Affairs;
- Tanesha Simmons, Field Regulatory and Compliance Specialist;
- Cannon Witt, Director, PCA; and
- Burt Walters, Project Analyst, Business Performance Management, EQR Team.

Table 1: MCO Information	
MCO Name:	Missouri Care
MCO Location:	4205 Philips Farm Rd, Suite 100, Columbia, MO 65201
On-site Location:	800 Market Street, 27th Floor, St. Louis, MO 63101
Audit Contact:	Russell Oppenborn
Contact Email:	Russell.Oppenborn@wellcare.com

During onsite, Primaris gave an overview of 'Compliance with Regulations for Managed Care' by explaining the procedure that would be followed for EQR in the coming years and the tentative areas under evaluation for the EQR 2019 (subjected to approval by MHD). Missouri Care was asked to describe in detail their policy and procedure for §438.228 Grievance and appeal systems.

Compliance Ratings

The information provided by Missouri Care was analyzed based on the 42 CFR 438, Managed Care Regulations for Compliance, and the MHD contract. An overall compliance score in percentage was given. All the sections in the tools were assigned 2 points each (denominator). They were scored as Met, Partially Met, or Not Met. Primaris utilized a Compliance Rating System defined in Table 2.

MHD and Missouri Care may use the information and findings that resulted from Primaris' review to identify, implement and monitor interventions to improve the aspects of Quality, Timeliness and Access for Healthcare Services to its members.

Table 2: Compliance Rating System

●	**Met** (2 points): All documentation listed under a regulatory provision, or one of its components, was present. MCO staff could provide responses to reviewers that were consistent with one another and the available documentation. Evidence was found and could be established that the MCO was in full compliance with regulatory provisions.
●	**Partially Met** (1 point): 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** (0 point): Incomplete documentation was present; and staff had little to no knowledge of processes or issues addressed by the regulatory provision.

3.0 Performance Strengths and Areas Requiring Corrective Action

3.1 Summary of Overall Strengths and Areas Requiring Corrective Action

For CY 2017 Missouri Care met all sections of Compliance Regulations, with an overall score of 100%. Missouri Care was compliant in both technical review and completing the required steps with Primaris to gain the results of this review. However, it is recommended that one section of Subcontractual Relationships and Delegation is updated (Table 4:2c) to meet the requirements of New Managed Care Rules for CY 2018 review.

No regulatory standard was put on a corrective action plan during the previous year's EQR which required a review this year.

Table 3: Summary of Evaluation-Missouri Care

Standard	Standard Name	Number of Sections				Score	Score %
		Total	Met	Partial Met	Not Met		
§438.230	Subcontractual Relationships and Delegation	7	6	0	0	**14**	**100%**
§438.236	Practice Guidelines	6	6	0	0	**12**	**100%**
§438.242	Health Information Systems	7	7	0	0	**14**	**100%**
Total	**3**	**20**	**20**		**0**	**40**	**100%**

Compliance: Missouri Care

Compliance Score % (combined for all three) = Total score X100 = 100%
Total Sections X 2 points

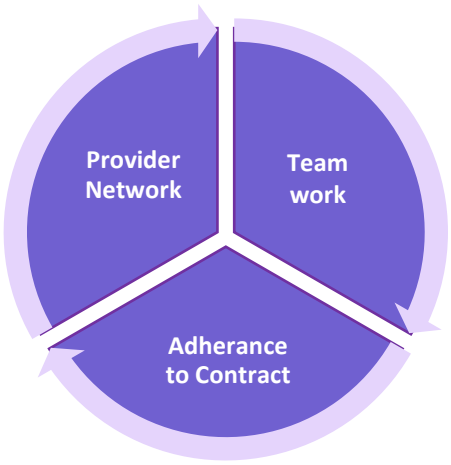


Figure 5: Strengths of Missouri Care

Strengths

Missouri Care appeared to be well organized and thorough in meeting their contractual requirements for "Compliance":

- A strong network of Providers working under the contractual terms to produce a large MCO covering the entire State of Missouri.
- Good communication between team members, including Compliance Committee, Medical Directors, Providers, Vendors, and Enrollees as well as MHD. Missouri Care's Compliance Committee meets on a regular basis and monitors national healthcare organizations for good practice trends. There is dissemination of information down the line to the team in Missouri Care.
- Well written documents/policies and procedures, contracts for sub delegations, Clinical Practice Guidelines, Information Systems reports in place.
- Excellent usage of electronic medical records and information tracking system.

Areas Requiring Corrective Action: None

3.2 Regulation I –Subcontractual Relationships and Delegation

Primaris understands that the date of applicability for this standard under the New Managed Care Rules (May 06, 2016) is for the contracts starting on July 01, 2017 or later. MHD Managed Care contract was awarded to the MCO on May 01, 2017. Since the EQR took place after July 01, 2018, more than a year following the date of applicability, the evaluation tool is based on the requirements under the New Managed Care Rules, for all the sections of "Subcontractual Relationships and Delegation." However, MHD did not include the requirement in its May, 2017 MCO contract. A subsequent amendment was made to adhere to the New Managed Care rule by July, 2018. Thus, the review focus was not applicable for CY 2017 and the expectation of all (MHD, MCOs and EQRO), is to have the EQRO rate the MCO on this standard in CY 2018.

For CY 2017, Primaris verified and reported the results (Table 4 and 5) as follows:

Table 4: Findings- Subcontractual Relationships and Delegation

Standard 8 – 42 CFR 438.230 Subcontractual Relationships and Delegation		
Requirements and References	**Evidence/Documentation as Submitted by the MCO**	**Score**
1. If any of the MCO's activities or obligations under its contract with the State are delegated to a subcontractor— (i) The delegated activities or obligations, and related reporting responsibilities, are specified in the contract or written agreement. (ii) The subcontractor agrees to perform the delegated activities and reporting responsibilities specified in compliance with the MCO's entity's contract obligations.	• Missouri Medicaid/CHIP Requirements Addendum – page 1 • Missouri Medicaid/CHIP Requirements Addendum – page 3 • Master Services Agreement – page 8	● Met Partially Met Not Met

(iii) The contract or written arrangement must either provide for revocation of the delegation of activities or obligations, or specify other remedies in instances where the State or the MCO determine that the subcontractor has not performed satisfactorily (438.230 (c) (1)).		
Findings: Missouri Care's Master Services Agreement for the subcontractor's delegations such as credentialing, care coordination, quality reporting, reporting of rates for compliance, adhering to the health plan's quality program, and other vendor agreements specifies provisions meeting all contractual requirements of the CFR. The contractors will follow all provisions of MHD contract and shall cooperate with Missouri Care in a reasonable manner with respect to Missouri Care's compliance with Missouri contracts and laws. If the MCO finds services rendered are not consistent with the contracts, remedies are in place including pricing, negotiation, and even termination. **Required Actions:** None.		
The subcontractor agrees to comply with all applicable Medicaid laws, regulations, including applicable sub-regulatory guidance and contract provisions, agreeing that:		
a. The State, CMS, the HHS Inspector General, or their designees, have the right to audit, evaluate, and inspect any books, records, contracts, computer or other electronic systems of subcontractor, or of the subcontractor's contractor, that pertain to any aspect of services and	• Missouri Medicaid/CHIP Requirements Addendum-page 1 • Missouri Medicaid/CHIP Requirements Addendum -page 2 • Master Services Agreement -page 8	● Met Partially Met Not Met

activities performed, or determination of amounts payable under the MCO's contract with the State.		
Findings: Master Services Agreement states that "Vendor shall permit and make available for inspection, evaluation and audit directly by Company, any applicable Government Payer(s), the Department of Health and Human Services ("DHHS"), the Comptroller General, the Office of the Inspector General of DHHS, the General Accounting Office, CMS and/or their designees, and as the Secretary of the DHHS may deem necessary to enforce Government Payer Contracts, as applicable, its and its subcontractors' premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems and any pertinent information including contracts (including any agreements between Vendor and its employees, contractors and/or subcontractors providing services related to the Agreement), documents, papers, medical records, patient care documentation and other records and information involving or relating to the provision of services under the Agreement, and any additional relevant information that CMS and/or any applicable Government Payer(s) may require (collectively, "Books and Records"). [42 C.F.R § 422.504 (e) and (i) (2); 42 C.F.R. § 438.230(c) (3)]." The provider shall allow the HMO and all other regulatory authorities to have access to their books, records, financial information, and any documentation of services provided to members remaining in compliance with MO 2.30. Missouri Care also requires same information to be guarded under the federal HIPAA guidelines. **Required Actions:** None.		
b. The subcontractor will make available, for purposes of an audit, evaluation, or inspection (42 CFR 430.230(c)(3)(ii)) its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its Medicaid enrollees.	• Missouri Medicaid/CHIP Requirements Addendum -page 1 • Master Services Agreement-page 8	● Met Partially Met Not Met

Findings: Missouri Care subcontract terms include a provision that Providers will meet State contract standards to make available for audit, all books, records, payment history, and other information regarding Medicaid enrollees as needed according to the terms of Federal regulations. (Also see findings for 2 a). **Required Actions:** None.		
c. The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later (42 CFR 430.230(c)(3)(iii)).	• Missouri Medicaid/CHIP Requirements Addendum -page 5 • Master Services Agreement-page 3 • Master Services agreement-page 8	● Met Partially Met Not Met
Findings: In point 15 h of the addendum of the MO Medicaid Requirements, under "Medical Records", the wording states: "The subcontractor shall maintain comprehensive medical records for a minimum of five years. [MO Contract 3.9.6.f.]" The Master Services agreement shows a term of five years after the contract end for audit purposes. However, at another place in the Master Services Agreement, page 8 of 18, it is mentioned-"All Books and Records shall be maintained in an accurate and timely manner and shall be made available for such inspection, evaluation or audit for a time period of not less than ten (10) years, or such longer period of time as may be required by law, from the end of the calendar year in which expiration or termination of the Agreement occurs or from completion of any audit or investigation, whichever is greater……..." **Required Actions:** It is recommended that Missouri Care should work with MHD to align audit rights and related record retention duration to 10 years in all the delegated subcontractor contracts consistently at all places as per the new CFR.		
d. If the State, CMS, or the HHS Inspector General determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector	• Missouri Medicaid/CHIP Requirements Addendum -page 2 • Master Services Agreement-page 5	● Met Partially Met Not Met

General may inspect, evaluate, and audit the subcontractor at any time.		
Findings: Missouri Care, in the Medicaid Requirements Addendum, states that contractors shall comply fully with all fraud, waste and abuse investigations. They also include that the HMO shall provide thorough training to the contractor to prevent fraud. MCO includes the right to full investigations referenced in 42 CFR Part 455, Subpart A (Medicaid Agency Fraud Detection and Investigation Program) subjecting the vendor to inspection at any time if fraud is suspected. **Required Actions:** None.		
3. Any subcontracts for the products/services described herein must include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the health plan and the State of Missouri and to ensure that the State of Missouri is indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between the State of Missouri and the health plan (MO HealthNet Managed Care Contract section 3.9).	• Missouri Medicaid/CHIP Requirements Addendum -page 5 • Master Services Agreement-page 6	● Met Partially Met Not Met
Findings: Missouri Care Master Services Agreement includes with certainty, appropriate provisions and contractual obligations to ensure successful contract obligations. In Missouri		

Care subcontractor regulations, the Indemnification clause spells out these contract terms with clarity. It includes attorney's fees and requirement of liability insurance. **Required Actions:** None.		
4. Health Plan Disputes With Other Providers: All disputes between the health plan and any subcontractors shall be solely between such subcontractors and the health plan. The health plan shall indemnify, defend, save, and hold harmless the State of Missouri, the Department of Social Services and its officers, employees, and agents, and enrolled MO HealthNet Managed Care members from any and all actions, claims, demands, damages, liabilities, or suits of any nature whatsoever arising out of the contract because of any breach of the contract by the health plan, its subcontractors, agents, providers, or employees, including but not limited to any negligent or wrongful acts, occurrence or omission of commission, or negligence of the health plan, its subcontractors, agents, providers, or employees (MO HealthNet Managed Care Contract 3.9.1).	• Missouri Medicaid/CHIP Requirements Addendum -page 5 • Master Services Agreement-page 8	● Met Partially Met Not Met

Findings: Missouri Care subcontractor rules clearly include a clause to indemnify the State and hold harmless any other parties of the government in an appropriate manner to cover negligence or wrongful acts that might harm any party involved as third parties to the subcontractor relationship.

Required Actions: None.

Table 5: Compliance Score-Subcontractual Relationships and Delegation						
Total	Met	=	7	X 2	=	14
	Partial Met	=	0	X 1	=	0
	Not Met	=	0	X 0	=	0
Numerator	Score Obtained				=	14
Denominator	Total Sections	=	7	X 2	=	14
Score						**100%**

3.2.1 Performance Strengths

Missouri Care did an excellent job of providing data, documentation, and verbal confirmation for their Compliance processes. The staff is knowledgeable and assisted in gathering all the necessary information during onsite. They have detailed requirements of their vendors which cover the quality, timeliness and accessibility concerns of these standards. Their contracts include additional safeguards to protect the State from liability and provide open access to providers' medical records and other needed information while still maintaining HIPAA requirements.

3.2.2 Areas Requiring Corrective Action

There is no area of concern for which corrective action plan is required. However, Primaris recommends Missouri Care to work with MHD to consider updating the language as per section 2c, to fully comply with Managed Care Regulations (ref. Table 4 and 6.0 Recommendations).

3.3 Regulation II—Practice Guidelines

Missouri Care must have evidence-based, clinical practice guidelines in the areas of chronic and preventive care as well as behavioral health.

Table 6: Findings-Practice Guidelines

Standard 9 - 42 CFR 438.236 Practice Guidelines		
Requirements and References	**Evidence/Documentation as Submitted by the MCO**	**Score**
Practice Guidelines (MO HealthNet Managed Care Contract 2.18.5)		
1. Are based on valid and reliable clinical evidence or a consensus of health care professionals in the particular field;	• Clinical Policy Guiding Document – page 1 • Missouri Care Provider Manual – page 89	● Met Partially Met Not Met
Findings: Missouri Care has a committee of board certified physicians who make practice guidelines based on a consensus of many outside widely viewed experts in their appropriate fields. Providers have access to this through the provider portal and have the opportunity to challenge chosen guidelines as appropriate. The guidelines are based on a number of nationally accepted professional healthcare organizations. **Required Actions:** None.		
2. Consider the needs of the members;	• Clinical Policy Guiding Document: Health Equity, Literacy, and Cultural Competency – page 1 • 2017 QAI Program Evaluation – page 12	● Met Partially Met Not Met

Findings: Missouri Care has updated guidelines to include national studies on health equity, health literacy, and cultural competency in their programs which are being implemented through their providers. Missouri Care updates their guidelines at least every two years and prioritizes top goals based on member utilization. They also have procedures in place to give members access to practice guidelines. Missouri Care has several committees to study member engagement and implement improvement initiatives as needed to meet member need. **Required Actions:** None.		
3. Are adopted in consultation with contracting health care professionals;	• Missouri Care Provider Manual – page 88 • Quality Improvement Committee	● Met Partially Met Not Met
Findings: Missouri Care utilizes a team of providers, including some contractors, to create the practice guidelines and then disseminates them to all the providers. There is a provision for discussion when necessary if policy contradicts provider thought. The Quality Improvement Committee is made up of Medical Directors who make practice guideline decisions. **Required Actions**: None.		
4. Are reviewed and updated periodically as appropriate; and	• Clinical Policy Guiding Document: Clinical Coverage Guideline (CCG) / Claims Edit Guideline (CEG) Hierarchy – page 1	● Met Partially Met Not Met
Findings: Missouri Care practice guidelines are reviewed annually and are revised at least every two years. **Required Actions:** None.		
5. Are disseminated to all affected providers, and upon request, to members and potential members.	• Clinical Policy Guiding Document – page 1	● Met Partially Met Not Met

	• Missouri Care Provider Manual – page 88	
Findings: Missouri Care Quality Improvement Committee including medical directors meet to create guidelines and updates to current guidelines as needed. The information is passed to subcontracted providers through the provider portal and education is given to the call center advocates for member questions. **Required Actions:** None.		
b. The health plan shall ensure that decisions for utilization management, member education, coverage of services, and other areas to which the guidelines apply are consistent with the practice guidelines.	• Clinical Policy Guiding Document: Quality Improvement – page 12	● Met Partially Met Not Met
Findings: Missouri Care utilizes quarterly compliance oversight meetings with representatives from various areas of the organization to make sure that their utlization management, care management, clinical management are based on the practice guidelines. **Comment**: MHD Quality Improvement Strategy requires the MOC to have Clinical Practice Guidelines for 1. Inpatient hospital admissions, continued stay reviews, and retrospective reviews to specialty pediatric hospitals, 2. Psychiatric inpatient hospital admissions, continued stay reviews, and retrospective reviews, Missouri Care must use the Level of Care Utilization System (LOCUS) and the Child and Adolescent Level of Care Utilization System (CALOCUS). Missouri Care submitted the 2017 QAI Program Evaluation under Utilization Management (Section x) and QIS CPGs for Behavioral Health to support their compliance for the above stated MHD requirements. **Required Actions:** No actions are required for compliance, however it is recommended that MHD and all MCOs in MO collaborate for some of the CPGs related to high risk conditions/diseases prevalent in their member population.		

Table 7: Compliance Score-Practice Guidelines						
Total	Met	=	7	X 2	=	14
	Partial Met	=	0	X 1	=	0
	Not Met	=	0	X 0	=	0
Numerator	Score Obtained				=	14
Denominator	Total Sections	=	7	X 2	=	14
Score						**100%**

3.3.1 Performance Strengths

Missouri Care has a clear understanding of the Practice Guidelines requirement as shown through their Compliance Committee notes and undertakings. They utilize many nationally recognized authorities for basis of the guidelines and appear to review them quarterly. The process of disseminating information through the agency and provider network appears accessible and timely. Enrollees can access this information through a helpline if needed.

3.3.2 Areas Requiring Corrective Action

There are no areas of concern to review.

3.4 Regulation III—Health Information Systems

In order to meet the contract compliance for this standard, Missouri Care should show effective use of a health information system for the purposes of tracking enrollee information, maintaining privacy, and tracking member utilization.

For this EQR 2018, Primaris did a complete evaluation of Information Systems Capabilities Assessment (ISCA) for Missouri Care and a separate report is generated for submission to MHD.

Table 8: Findings-Health Information Systems

Standard 10 – 42 CFR 430.242 Health Information Systems		
Requirements and References	**Evidence/Documentation as Submitted by the MCO**	**Score**
1. The MCO maintains a health information system sufficient to support the collection, integration, tracking, analysis, and reporting of data (§438.242(a)).	• Mo Health Net HIPAA Transaction Standard Companion Guide- page 17	● Met Partially Met Not Met
Findings: Missouri Care maintains a very detailed health information system to support data reporting sufficient to meet the State contract needs. . They allow multiple secure ways for vendors to connect to their Information System that offer security following HIPAA regulations (45 CFR § 162.915) for the purpose of tracking, analysis and claims payment. They require subcontractors to adhere to their standards of claims submissions and record storage compliant with CFR requirements. Subcontractors agree to be audited for a period of up to five years. **Required Actions:** None		
2. The MCOs health information system provides information on areas (42 CFR 242(a))including:		
a. Utilization.	• Medical Record Review – page 20 • WellCare Health Plans, Inc. 2018 Care Management Program Description – page 20	● Met Partially Met Not Met
Findings: Missouri Care gathers member utilization information through its health maintenance information systems and maintain information for seven years, following information requirements of MO 334.097 containing all member visit information for tracking		

purposes. The Quality Improvement Committee participates in quantitative and qualitative analysis of the results of the population assessment to identify characteristics and needs of the membership populations, including: membership demographic data such as age, gender, available ethnicity and language data and the needs of individuals with disabilities. **Required Actions:** None.		
b. Grievances and appeals.	• Missouri Grievances and Appeals – page 1	● Met Partially Met Not Met
Findings: Missouri Care HIS includes a detailed program following the regulatory requirements for the collection, acknowledgment, notification, investigation, resolution, timeliness and reporting of complaints/grievance and appeals as well as a follow up with member grievances and appeals. Reporting is enabled for providers, members, and the State. **Required Actions**: None.		
c. Disenrollment for other than loss of Medicaid eligibility.	• MO Enrollment Screen Shot – page 1	● Met Partially Met Not Met
Findings: Missouri Care Health Information System is capable of tracking various ways member dis-enroll for e.g., loss of Medicaid eligibility, member choice, eligibility for another MCO, moving out of coverage area. **Required Actions**: None		
3. The MCO collects data on:		
a. Enrollee characteristics.	• Missouri Care Quality Assessment and Improvement Evaluation Report – page 18	● Met Partially Met Not Met
Findings: Missouri Care has a Cultural Competency Committee to watch member characteristics culturally. They have studies on population characteristics of their membership according to several areas including culture, special needs, languages spoken, and members opting out. **Required Actions**: None.		

b. Services furnished to enrollees.	• WellCare Health Plans, Inc. 2018 Care Management Program Description – page 13 • Missouri Care Quality Assessment and Improvement Evaluation Report – page 7	● Met Partially Met Not Met
Findings: Missouri Care's Health Information System is used to track services provided to enrollees and then documented for studies throughout the year. Initiatives were noted such as follow up on emergency department (ED) visits, dental exams, immunizations, lead toxicity studies, care management, and more. For additional follow up they tracked telephonic outreach, text messaging, utilization studies and others. **Required Actions**: None.		
4. The MCOs health information system includes a mechanism to ensure that data received from providers are accurate and complete by: • Verifying the accuracy and timeliness of reported data. • Screening the data for completeness, logic, and consistency. Collecting service information in standardized formats to the extent feasible and appropriate. • Making all collected data available to the State and upon request to CMS (42 CFR	• Well Care Enrollment and Eligibility System (EES) Process Flow Diagram – page 1 • WellCare Health Plans, Inc. 2018 Care Management Program Description – page 20	● Met Partially Met Not Met

438.242(b) (2), 42 CFR 438.242(b) (3)).		
Findings: The integration system includes demographic conversion available in four formats to accommodate most provider EMRs for easy transfer of data compliant with CFR requirements via signed provider agreements in order to participate in the plan and receive reimbursement for services. Provider contracts allow MHD and Missouri Care access to medical records for audit. Missouri Care utilizes Well Care's (parent company) processes of health information system integration from provider networks into their information system to ensure all information is correct, appropriate, and accurate. **Required Actions**: None.		

Table 9: Compliance Score: Health Information Systems

Total	Met	=	7	X 2	=	14
	Partial Met	=	0	X 1	=	0
	Not Met	=	0	X 0	=	0
Numerator	Score Obtained				=	14
Denominator	Total Sections	=	7	X 2	=	14
Score						**100%**

3.4.1 Performance Strengths

Missouri Care has detailed documentation of their MCO health information system. They track appropriate member demographics, utilization and member enrollment information as required by the contract terms. This information is readily available and stratified by region and enrollee usage. They offer additional tracking statistics by the State such as enrollee language spoken, cultural demographics, and age/gender dispersion. The member needs are documented and used in compliance and other areas of Missouri Care to offer quality programming updates.

3.4.2 Areas Requiring Corrective Action

There are no areas of concern for this review.

4.0 Corrective Action Plan (CAP) Process

Table 10 is used to define the noted areas of concern (if any) during the EQR 2018 and the need to take corrective actions by Missouri Care:

Table 10: Key Findings and Audit Results for Missouri Care

Compliance Standard	Key Review Findings	Number of sections Met	Audit Results
Subcontractual Relationships and Delegation	No concerns were identified however one section-2c- needs an update*	7/7	Met
Practice Guidelines	No concerns were identified	6/6	Met
Health Information Systems	No concerns were identified	7/7	Met

*****Recommendations (Section 6.0)

5.0 Conclusions

5.1 Issues and Key Drivers

Issues identified by Missouri Care

- Missouri Care alleged that the 834 file for member eligibility received from MHD has about 60% of missing/incomplete/erroneous data related to members' primary demographic information. These unusable data elements do not get updated by the correct member information obtained from various other sources by the MCO. Consequently, it impacts the quality of Care Management provided to Missouri Care members.

- Missouri Care reported the difficulty in tracking members who change their locations and phone numbers rapidly. Their electronic medical records are not updated with the current member information, thus Missouri Care loses track of their patients.
- There are many providers over a large area (the entire state of Missouri) with multiple EMRs. Keeping their data current, keeping them informed of current practice trends, and gaining information back from them is often difficult. Not all providers see the need to update information or reach out to Missouri Care, thus shifting the communication burden on Missouri Care primarily.
- Compensation rates are often lower than other Health Insurance Managed Care Plans, so the providers choose to favor others instead of Medicaid.
- Some of the providers fill appointments quickly creating a barrier to access to timely care.
- Some of the providers complain that they are bound to have a contractual relationship with MHD/MCO to provide services to enrollees. They have to wait to get paid for their services.

Key Drivers

- Updated knowledge and staying vigilant about regulatory compliance standards.
- Strong collaboration with the State and Federal body in region VII.
- Strong provider network and dissemination of updates related to CPGs, Regulations for Medicaid Managed Care.
- Excellent data tracking through their IT systems.
- Increase in Medicaid Reimbursement rate.
- Staff training and education.
- Ongoing monitoring: it provides a process to assess organizational performance against regulatory requirements and established internal performance standards. Also, provides guidance and standards for monitoring plan activities such as claims processing, customer service, and enrollment functions.

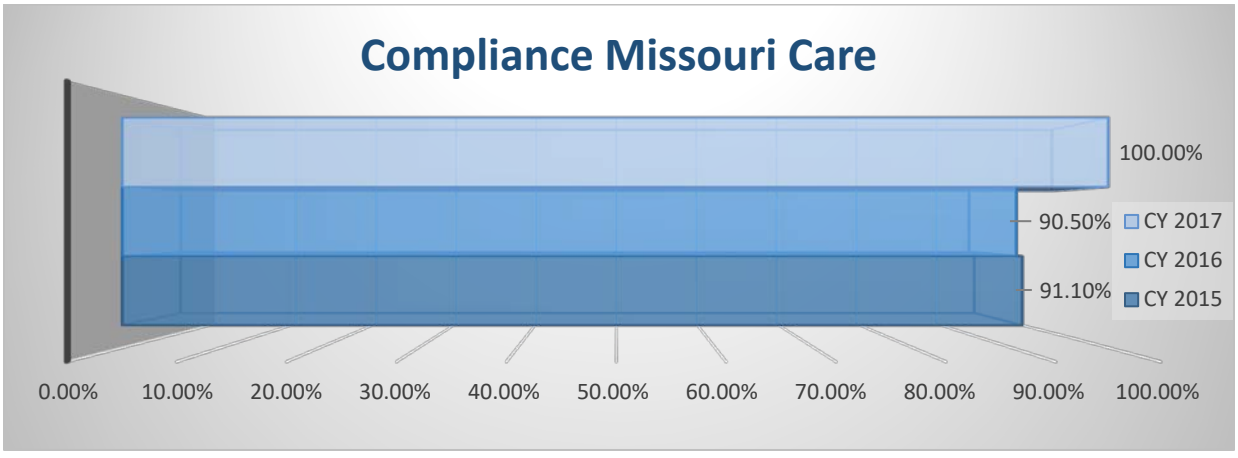
5.2 Quality, Timeliness, and Access to Healthcare Services

- MHD Managed Care expanded in midyear CY 2017 to cover the entire State by adding a significant area to extend the Central Region and a new Southwest Region. This increased their number of members to almost double which was a great challenge for Missouri Care. However, Missouri Care could succeed in increasing their compliance score to 100%.
- Their overall Compliance Score increased by 9.5% point from the CY 2016 despite the additional enrollees.
- They continue to track additional member data to increase their knowledge of member utilization.

5.3 Improvements by Missouri Care

- From Figure 6, it is evident that Missouri Care has increasing compliancy with the Federal and State rules and regulations. There is a 9.5% point increase from previous calendar year.
- Missouri Care was not placed on CAP by the EQRO for CY 2016 and neither did Primaris initiate a CAP for the CY 2017.

Figure 6: Comparative Compliance Scores for CY 2015-CY 2017



6.0 Recommendations

Suggested Recommendations include the following:

- Subcontractual Relationships and Delegation, 2c, states, “the right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later (42 CFR 430.230(c) (3) (iii)).” Missouri Care should work with MHD to align audit rights and related record retention expectations and it is recommended that the 10 years duration be specified in all the delegated subcontractor contracts.
- Regarding Health Information Systems, member information is captured daily through the state’s enrollment file. The information is often inaccurate since this member population tends to be mobile. Providers, Care Managers, and Medicaid member enrollment brokers should assist in providing current information about the members so as to keep the records as updated as possible thus enabling increased member access to care.
- MHD and all MCOs in MO should collaborate for some of the CPGs related to high risk conditions/diseases prevalent in their member population. This would bring consistencies in medical management. As the member population switches between the MCOs on a frequent basis for varying reasons, their treatment plan would (potentially) not get affected.