



# 2018 External Quality Review

## Performance Measures



**home state health.**

**Measurement Period:** Calendar Year 2017

**Validation Period:** June-August 2018

**Publish Date:** Dec 07, 2018



## Table of Contents

Topic No.	Page
1.0 Purpose and overview .....	3
2.0 Managed Care Information .....	4
3.0 Performance Measures Validation Process .....	4
4.0 Description of Validation Activities .....	5
4.1 Pre-Audit Process .....	5
4.2 Validation Team Members .....	6
4.3 Methodology, Data Collection and Analysis .....	7
4.4 On-Site Activities .....	8
5.0 Data Integration, Control and Performance Measure Documentation.....	9
5.1 Data Integration .....	9
5.2 Data Control .....	10
5.3 Performance Measure Documentation .....	10
6.0 Validation Analysis.....	10
6.1 Medical Service Data (Claims and Encounters).....	10
6.2 Enrollment Data .....	11
6.3 Provider Data.....	12
6.4 Medical Record Review Validation (MRRV).....	13
6.5 Supplemental Data .....	14
6.6 Data Integration.....	14
7.0 Performance Measure Specific Findings .....	15
8.0 Documentation Worksheets .....	16
9.0 Home State Health Measure Specific Rates .....	22
10.0 Conclusions.....	24
10.1 Issues and Key Drivers.....	24
10.2 Quality, Timeliness and Access to Healthcare Services .....	25
10.3 Improvement by Home State Health .....	25
11.0 Recommendations.....	27

## 1.0 Purpose and overview

### Validation of Performance Measures

The Department of Social Services, MO HealthNet Division (MHD) is responsible for administering the Medicaid program and the Children's Health Insurance Program (CHIP) in the State of Missouri. Both programs deliver services through a statewide provider network. The State of Missouri contracts with MO HealthNet Managed Care health plans (also referred to as Managed Care Organizations (MCOs) to provide health care services to enrollees. MO HealthNet Managed Care health plans are paid a monthly capitation payment for each enrollee they serve. Participation in MO HealthNet Managed Care is mandatory for certain eligibility groups within the regions in operation. MO HealthNet Managed Care eligibles are given 15 calendar days from the time of their eligibility determination to select a MO HealthNet Managed Care health plan. Children in the care and custody of the State of Missouri have 90 calendar days to choose a MO HealthNet Managed Care health plan. All members of a family are encouraged to select the same MO HealthNet Managed Care health plan but it is not mandatory. If a MO HealthNet Managed Care health plan is not chosen, one is automatically assigned.

Effective May 1, 2017, 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).

Validation of performance measures is one of three mandatory External Quality Review (EQR) activities that the Balanced Budget Act of 1997 (BBA) requires state Medicaid agencies

to perform. Primaris Holdings, Inc. (Primaris), the External Quality Review Organization (EQRO) for the MO HealthNet Division (MHD), conducted the validation activities. Primaris validated a set of performance measures identified by MHD that were calculated and reported by the MCOs for their Medicaid population. MHD identified the measurement period as calendar year (CY) 2017. Primaris conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September, 2012.<sup>1</sup>

## 2.0 Managed Care Information

Information about Home State Health appears in Table 1, including the office location(s) involved in the EQR 2018 performance measure validation that occurred on July 10, 2018.

Table 1: MCO Information	
<b>MCO Name:</b>	<b>Home State Health</b>
<b>MCO Location:</b>	<b>16090 Swingley Ridge Rd, Suite 300, Chesterfield, MO 63017</b>
<b>On-site Location:</b>	<b>16090 Swingley Ridge Rd, Suite 300, Chesterfield, MO 63017</b>
<b>Audit Contact:</b>	<b>Dana Houle</b>
<b>Contact Email:</b>	<b>Dhoule@Homestatehealth.com</b>

## 3.0 Performance Measures Validation Process

Primaris validated rates for the following set of performance measures selected by MHD for validation. The measurement period was identified by MHD as calendar year (CY) 2017 for all

<sup>1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>.

measures. The performance measures that were validated and the data collection specifications used for each measures is listed in the Table 2. Out of the three performance measures selected by MHD, only one measure required medical record validation, PPC. The additional two measures were administrative only which required primary source verification from the plan's claim system.

Table 2: Performance Measures			
Performance Measure	Method	Specifications Used	Validation Methodology
Prenatal Post-Partum Care (PPC)	Hybrid	HEDIS/MHD	Medical Record Validation
Emergency Department Visits (EVD)	Admin	MHD	Primary Source Verification
Emergency Department Utilization (EDU)	Admin	MHD	Primary Source Verification

For the hybrid measure, PPC, a random selection of 45 records was taken from Home State Health's hybrid sample of 411 records. The 411 records were from the samples used by Home State Health to produce the PPC measure for HEDIS reporting in CY 2018, measurement year (MY) 2017. The audit team conducted over-reads of the 45 medical records to validate compliance with both the specifications and abstraction process.

## 4.0 Description of Validation Activities

### 4.1 Pre-Audit Process

Primaris conducted the validation activities as outlined in the CMS performance measure validation protocol. To complete the validation activities for Home State Health, Primaris obtained a list of the performance measures that were selected by MHD for validation. Primaris prepared a series of electronic communications that were submitted to Home State Health

outlining the steps in the performance measure validation process. The electronic communications included a request for samples, medical records, numerator and denominator files, source code, if required and a completed Information Systems Capability Assessment (ISCA). Additionally, Primaris requested any supporting documentation required to complete the audit. Finally, the communications addressed the medical record review methodology of selecting 45 records for over read and the process for sampling and validating the administrative measure during the onsite audit. Primaris provided specific questions to Home State Health during the audit process to enhance the understanding of the ISCA responses during the on-site visit.

Primaris submitted an agenda prior to the onsite visit, describing the onsite visit activities and suggested that subject matter experts attend each session. Primaris exchanged several pre-onsite communications with Home State Health to discuss expectations, audit session times, specific dates, and to answer any questions that Home State Health staff may have regarding the overall process.

#### 4.2 Validation Team Members

The Primaris Performance Measure Validation Team was composed of a lead auditor and several team members. The Primaris team consisted of members that possessed the skills required to complete the validation and requirements review for Home State Health. Team members, including the lead auditor, participated in the onsite meetings at Home State Health. The validation team members' skills and expertise are found in the Table 3.

Table 3: Validation Team Members	
Name and Role	Skills and Expertise
Allen Iovannisci, MS, CHCA, CPHQ <i>Lead Auditor</i>	Performance Measure knowledge, Data Integration, Systems Review, and Analysis.
Victoria Alexander Director, Quality Data Services	Managed Care and Project Management, Healthcare Data Auditing and HEDIS Knowledge.

Table 3: Validation Team Members	
Name and Role	Skills and Expertise
Kaitlyn Cardwell IT Project Manager	Healthcare Data and Systems Integration for external applications; Analytical and Software Development, Project Management.
Anshu Misra MBBS, MHA, PMP, SSGB, MCMP-II EQRO Program Manager	Clinical Operations, Hospital Administration, Project Management
Christine Nugent, RN	Quality Measures Abstractor
Kimberly D. Webb MBA, MA, LPC	Clinical operations, Project Management, Behavioral Health professional

### 4.3 Methodology, Data Collection and Analysis

The CMS performance measure validation protocol identifies key components that should be reviewed as part of the validation process. The following bullets describes these components and the methodology used by Primaris to conduct its analysis and review:

- CMS's ISCA: Home State Health completed and submitted the required and relevant portions of its ISCA for Primaris' review. Primaris used responses from the ISCA to complete the onsite and pre-on-site assessment of information systems. A separate report will be submitted to MHD on ISCA.
- Medical record verification: To ensure the accuracy of the hybrid data being abstracted by Home State Health, Primaris requested Home State Health participate in the review of a sample of 45 medical records for the PPC measure. Primaris used the results of the medical record validation to determine if the findings impacted the audit results for PPC.
- Source code verification for performance measures: Home State Health contracted with a software vendor to generate and calculate rates for the two administrative performance measures, EDU and EDV. The source code review was conducted during the onsite audit



sessions where Home State Health explained its rate generation and data integration processes to the Primaris review team.

- **Additional supporting documents:** In addition to reviewing the ISCA, Primaris also reviewed Home State Health's policies and procedures, file layouts, system flow diagrams, system files, and data collection processes. Primaris reviewed all supporting documentation and identified any issues requiring further clarification.
- **Administrative rate verification:** Upon receiving the numerator and denominator files for each measure from Home State Health, Primaris conducted a validation review to determine reasonable accuracy and data integrity.

#### **4.4 On-Site Activities**

Primaris conducted Home State Health's onsite visit for the performance measures on July 10, 2018. The information was collected using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports. The on-site visit activities are described as follows:

- **Opening Conference:** The opening meeting included an introduction of the validation team and key Home State Health staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- **Information System Compliance:** The evaluation included a review of the information systems, focusing on the processing of claims and encounter data, provider data, patient data, and inpatient data. Additionally, the review evaluated the processes used to collect and calculate the performance measure rates, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- **ISCA Review, Interviews and Documentation:** The review included processes used for collecting, storing, validating, and reporting performance measure rates. The review meetings were interactive with key Home State Health staff members, in order to capture Home State Health's steps taken to generate the performance measure rates. This session was used by



Primaris to assess a confidence level over the reporting process and performance measure reporting as well as the documentation process in the ISCA. Primaris conducted interviews to confirm findings from the documentation review and to ascertain that written policies and procedures were used and followed in daily practice.

- **Overview of Data Integration and Control Procedures:** The data integration session comprised of system demonstrations of the data integration process and included discussions around data capture and storage. Additionally, Primaris performed primary source verification to further validate the administrative performance measures, reviewed backup documentation on data integration, and addressed data control and security procedures.
- **Closing conference:** The closing conference included a summation of preliminary findings based on the review of the ISCA and the on-site visit.

## 5.0 Data Integration, Control and Performance Measure Documentation

MHD provided Primaris with the Healthcare Quality Data Template for CY2017 which consisted of instructions and specifications for the three measures required for validation: Emergency Department Visits, Emergency Department Utilization and Prenatal Post- Partum Care.

As part of the performance measure validation process, Primaris reviewed Home State Health's data integration, data control, and documentation of performance measure rate calculations. The following describes the validation processes used and the validation findings.

### 5.1 Data Integration

Met 	Partially Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
---	--	----------------------------------

Data integration is an essential part of the overall performance measurement creation/reporting process. Data integration relies upon various internal systems to capture all data elements required for reporting. Accurate data integration is essential for calculating valid performance measure rates. Primaris reviewed Home State Health's actual results of file consolidations and extracts to determine if they were consistent with those which should have resulted according to documented specifications. The steps used to integrate data sources such as claims and encounter data,

eligibility and provider data require a highly skilled staff and carefully controlled processes. Primaris validated the data integration process used by Home State Health, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms.

## 5.2 Data Control

Met 	Partially Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
---	--	----------------------------------

Data control procedures ensure the accurate, timely, and complete integration of data into the performance measure database by comparing samples of data in the repository to transaction files. Good control procedures determine if any members, providers, or services are lost in the process and if the organization has methods to correct lost/missing data. The organization's infrastructure must support all necessary information systems and its backup procedures.

Primaris validated the data control processes Home State Health used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures.

Overall, Primaris determined that the data control processes in place at Home State Health were acceptable and received a "Met" designation.

## 5.3 Performance Measure Documentation

Met 	Partially Met <input type="checkbox"/>	Not Met <input type="checkbox"/>
---	--	----------------------------------

Sufficient, complete documentation is necessary to support validation activities. While interviews and system demonstrations provided necessary information to complete the audit, the majority of the validation review findings were based on documentation provided by Home State Health in the ISCA. Primaris' Information Technology Project Manager and Lead Auditor reviewed the computer programming codes, output files, work flow diagrams, primary source verification and other related documentations.

## 6.0 Validation Analysis

Primaris evaluated Home State Health's data systems for the processing of each data type used for reporting MHD performance measure rates. General findings are indicated below.

### 6.1 Medical Service Data (Claims and Encounters)

Home State Health utilized AMISYS as its primary claims processing system. This system has been operational for several years. AMISYS captured all relevant fields for performance measure validation reporting.

During the measurement year, there were no significant changes to the system other than usual maintenance and minor upgrades, limited to provider contract and benefit maintenance. Home State Health continued to capture the majority of its claims electronically. The small amount of paper claims received were either for services that required additional documentation, such as medical records, or services rendered by out-of-network providers. Paper claims were submitted to Home State Health's vendor for scanning. The scanning vendor then transmitted the paper claims back to Home State Health in standard 837 electronic format for processing in AMISYS.

Home State Health had very little manual intervention for claims processing. Most of the manual steps in processing were due to high dollar claims that required supervisor approval. Primaris reviewed the coding schemes to determine if nonstandard coding was used. Home State Health did not use any nonstandard coding during the measurement year.

Home State Health's AMISYS system captured primary, secondary, and modifier codes appropriately. Coding updates to the AMISYS system were made annually to ensure the most recent coding schemes were captured. The majority of Home State Health providers (99 percent) continued to be reimbursed on a fee-for-service (FFS) basis, which ensured that claims were submitted in a timely manner. Primaris reviewed the outstanding incurred but not reported (IBNR) report and found that the majority of all claims were received within 30 days during the measurement year. Home State Health's turnaround time statistics also showed that the majority of claims were processed within 30 days.

## **6.2 Enrollment Data**

There were no changes to the enrollment process from the previous year. Home State Health's enrollment data were housed in the AMISYS system, and no changes were made since the previous year's audit. Enrollment data were still received daily and monthly from the State. New members were processed and entered into AMISYS systematically. Occasionally, enrollment data were added manually upon request by the State. Home State Health's load program contained logic for cross-checking manually entered member information to avoid duplicate

records. Home State Health performed monthly reconciliation of enrollment data to ensure all member information was complete and accurate. Additionally, Home State Health submitted enrollment files to its external vendors for processing.

New members were processed and entered into the AMISYS advance system. The systematic process of enrollment at Home State Health included translation and compliance validation of the 834 file and loading the data into AMISYS. The load program contained logic for matching manually entered members for newborns to avoid duplicate records.

Home State Health also processed enrollment changes. Enrollment changes were made primarily via the systematic loads after a change was received in the State files. Change requests submitted via telephone were updated manually by enrollment processors.

Primaris selected a sample of 15 members from a random selection of the subcategories of the EDV and EDU numerators. The reason for randomness was to evaluate the overall program compliance. It was verified that the members were compliant with the measure specifications. Primaris verified age, gender, and enrollment history along with diagnosis and procedure codes. There were no issues found during the system review.

There were no issues identified with Primaris' enrollment data processes.

### **6.3 Provider Data**

There were no changes to the provider process year over year. Home State Health continued to utilize two systems for provider processing, Portico and AMISYS. Provider files were first loaded into Home State Health's Portico system where the provider began the credentialing process. Once the provider was credentialed, the provider information was loaded into AMISYS. Home State Health had a process in place for validating provider information daily to ensure both systems contained the exact same demographic information. Specialties were validated in Portico and then matched with AMISYS.

The two systems used by Home State Health were linked by the unique provider identification number. No significant changes were made to the systems during the measurement year, other than provider maintenance.

Primaris selected a random provider from the PPC measure to verify specialty mapping from Portico to AMISYS and to validate that the two systems maintained accurate information. The audit team had no concerns upon inspection of the data as both provider systems matched

perfectly. Additional verification of the provider specialties looked at the provider credentials to ensure they were appropriately captured in both Portico and AMISYS. The credentials review were also compliant and matched both systems.

AMISYS maintained all relevant information required for performance measure reporting. Both Portico and AMISYS contained unique identifiers and captured identical information as expected.

There were no updates or changes to Home State Health's provider data processes, including how it captured provider data through its delegated entities.

Final rate review did not reveal any issues with provider mapping for any of the performance measures.

#### **6.4 Medical Record Review Validation (MRRV)**

Home State Health was fully compliant with the MRR reporting requirements. Home State Health contracted with Altegra Health, a medical record vendor, to procure and abstract MRR data into Altegra Health's custom measure tools. Primaris reviewed Altegra Health's tools and corresponding instructions. The vendor's reviewer qualifications, training, and oversight were appropriate as defined by the NCQA abstraction qualification standards. Home State Health provided adequate oversight of its vendor and Primaris had no concerns.

The validation team randomly selected 45 numerator positive records from the total numerator positive records abstracted during the HEDIS medical record validation process. The records selected were a combination of prenatal and post-partum numerator positive hits. These records were used to evaluate the abstraction accuracy and to validate the rates submitted for the PPC measure.

The MRR findings and final results are presented in the Table 4.

Table 4: MRRV Results			
Performance Measure	Sample Size	Findings	Results
Prenatal Post-Partum Care	45	45/45 Compliant	Pass

## 6.5 Supplemental Data

Although supplemental data is allowed, Home State Health did not use supplemental data for reporting against the measures under review.

## 6.6 Data Integration

Home State Health's data integration process did not change from the previous year's review. Home State Health continued to use Inovalon software for performance measure production but migrated to the new version of Inovalon's QSI product called QSI Excel. Home State Health indicated that there were no significant issues with the migration and no concerns were identified during on-site primary source verification.

Home State Health consistently reviewed the data quality reports from QSI to ensure all data were captured and data errors were followed up on. Home State Health had a two-step validation process that logged records submitted with the file name and record counts. Files with the same name were matched against each other to determine if the record counts matched. The second-tier validation looked to determine error counts and error reasons.

Home State Health conducted a full refresh of data rather than doing an incremental data load. This process captured all changes that may have occurred after the initial data were loaded.

Primaris verified that hospice members were not included in any data files, as required by HEDIS specifications. All hospice members were flagged through claims using the HEDIS code sets for hospice. This flagging was done within Inovalon's software.

Members with duplicate identifiers were mapped to a unique member identifier in AMISYS and all claims were mapped to the new identifier, ensuring that all claims for a member were captured along with their continuous enrollment segments. Home State Health's corporate team, Centene, ran monthly reports from Inovalon's software to review data on a regular basis. Centene frequently produced month-over-month comparison reports to ensure data were complete and accurate.




Primaris conducted primary source verification for each measure's administrative numerators during the on-site audit. Primaris reviewed a minimum of three cases for each measure with an administrative hit to determine whether numerators met age, gender, diagnosis, and procedural compliance with the specifications. Primaris did not find any issues during the primary source review. Home State Health backed up data nightly and weekly to ensure no data loss and denied

having any significant outages during Year 2017. Home State Health's disaster recovery plan was sufficient to ensure data integrity.

No issues were identified with Home State Health's data integration processes.

## 7.0 Performance Measure Specific Findings

Based on all validation activities, Primaris determined validation results for each performance measure rate. Primaris provided an audit result for each performance measure consistent with the NCQA categories defined in the Table 5.

Table 5: Audit Results and Definitions for Performance Measures	
<b>Met</b> 	All documentation listed under a regulatory provision, or one of its components was present. MCHP 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 MCHP was in full compliance with regulatory provisions.
<b>Partially Met</b> 	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.
<b>Not Met</b> 	Incomplete documentation was present; and staff had little to no knowledge of processes or issues addressed by the regulatory provision.

According to the CMS protocol, the audit result for each performance measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be "Met." It is possible for a single audit element to receive an audit result of "Not Met" when the impact of the error associated with that element biased the reported performance measure rate more than 5 percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, leading to an audit result of "Partially Met."



Table 6 shows the key review findings and final audit results for Home State Health for each performance measure rate.

Table 6: Key Review Findings and Audit Results for Home State Health		
Performance Measures	Key Review Findings	Audit Results
Prenatal Post-Partum Care	No concerns identified	●
Emergency Department Visits	No concerns identified	●
Emergency Department Utilization	No concerns identified	●

### 8.0 Documentation Worksheets

Worksheet 1: Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
Home State Health accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				

Worksheet 1: Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
Home State Health's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If Home State Health uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates.</b>				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Worksheet 1: Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
Documentation governing the production process, including Home State Health production activity logs and Home State Health staff review of report runs, is adequate.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	●	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health's processes and documentation comply with Home State Health standards associated with reporting program specifications, code review, and testing.	●	<input type="checkbox"/>	<input type="checkbox"/>	

Worksheet 2: Denominator Validation Findings for Home State Health				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
For each of the performance measures, all members of the relevant populations identified in the performance measure specifications are included in the population from which the denominator is produced.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health properly evaluates the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes are appropriately identified and applied	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Worksheet 2: Denominator Validation Findings for Home State Health				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
as specified in each performance measure.				
If any time parameters are required by the specifications of the performance measure, they are followed (e.g., cutoff dates for data collection, counting 30 calendar days after discharge from a hospital).	●	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Systems or methods used by Home State Health to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	●	<input type="checkbox"/>	<input type="checkbox"/>	

## Worksheet 3: Numerator Validation Findings for Home State Health

Data Integration and Control Element	Met	Partially Met	Not Met	Comments
Home State Health uses the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health avoids or eliminates all double-counted members or numerator events.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Any nonstandard codes used in determining the numerator are mapped to a standard coding scheme in a manner that is consistent, complete, and reproducible, as evidenced by a review of the programming logic or a demonstration of the program.	●	<input type="checkbox"/>	<input type="checkbox"/>	Nonstandard coding was not used
If any time parameters are required by the specifications of the performance measure, they are followed (i.e., the measured event occurred during the time period specified or defined in the performance measure).	●	<input type="checkbox"/>	<input type="checkbox"/>	

### 9.0 Home State Health Measure Specific Rates

Table 7: Health Care Quality Data Report (HCQDR) for EDV and EDU		
HCQDR #	Measure Name	Total
6.01	Utilization_MH_ER_Age0-12_Count	424
6.02	Utilization_MH_ER_Age13-17_Count	512
6.03	Utilization_MH_ER_Age18-64_Count	842
6.04	Utilization_MH_ER_Age65+_Count	0
6.05	Utilization_SA_ER_Age0-12_Count	14
6.06	Utilization_SA_ER_Age13-17_Count	80
6.07	Utilization_SA_ER_Age18-64_Count	452
6.08	Utilization_SA_ER_Age65+_Count	0
6.09	Utilization_MED_ER_Age0-12_Count	60,956
6.10	Utilization_MED_ER_Age13-17_Count	15,304
6.11	Utilization_MED_ER_Age18-64_Count	26,244
6.12	Utilization_MED_ER_Age65+_Count	0
6.13	ER_Visits_MH_Age0-12_Count	559
6.14	ER_Visits_MH_Age13-17_Count	808
6.15	ER_Visits_MH_Age18-64_Count	1,221
6.16	ER_Visits_MH_Age65+_Count	0
6.17	ER_Visits_SA_Age0-12_Count	17
6.18	ER_Visits_SA_Age13-17_Count	86
6.19	ER_Visits_SA_Age18-64_Count	590
6.20	ER_Visits_SA_Age65+_Count	0
6.21	ER_Visits_MED_Age0-12_Count	104,384
6.22	ER_Visits_MED_Age13-17_Count	23,458
6.23	ER_Visits_MED_Age18-64_Count	56,713
6.24	ER_Visits_MED_Age65+_Count	0
6.25	ER_FollowUp_MH_Age0-12_Denominator	347



## Performance Measures: Home State Health

<b>6.26</b>	ER_FollowUp_MH_Age13-17_Denominator	439
<b>6.27</b>	ER_FollowUp_MH_Age18-64_Denominator	743
<b>6.28</b>	ER_FollowUp_MH_Age65+_Denominator	0
<b>6.29</b>	ER_FollowUp_7Days_MH_Age0-12_Count	93
<b>6.30</b>	ER_FollowUp_7Days_MH_Age13-17_Count	139
<b>6.31</b>	ER_FollowUp_7Days_MH_Age18-64_Count	119
<b>6.32</b>	ER_FollowUp_7Days_MH_Age65+_Count	0
<b>6.33</b>	ER_FollowUp_30Days_MH_Age0-12_Count	156
<b>6.34</b>	ER_FollowUp_30Days_MH_Age13-17_Count	201
<b>6.35</b>	ER_FollowUp_30Days_MH_Age18-64_Count	213
<b>6.36</b>	ER_FollowUp_30Days_MH_Age65+_Count	0
<b>6.37</b>	ER_FollowUp_SA_Age0-12_Denominator	11
<b>6.38</b>	ER_FollowUp_SA_Age13-17_Denominator	74
<b>6.39</b>	ER_FollowUp_SA_Age18-64_Denominator	426
<b>6.40</b>	ER_FollowUp_SA_Age65+_Denominator	0
<b>6.41</b>	ER_FollowUp_7Days_SA_Age0-12_Count	1
<b>6.42</b>	ER_FollowUp_7Days_SA_Age13-17_Count	2
<b>6.43</b>	ER_FollowUp_7Days_SA_Age18-64_Count	47
<b>6.44</b>	ER_FollowUp_7Days_SA_Age65+_Count	0
<b>6.45</b>	ER_FollowUp_30Days_SA_Age0-12_Count	1
<b>6.46</b>	ER_FollowUp_30Days_SA_Age13-17_Count	4
<b>6.47</b>	ER_FollowUp_30Days_SA_Age18-64_Count	69
<b>6.48</b>	ER_FollowUp_30Days_SA_Age65+_Count	0

Table 8: HEDIS 2017 PPC Rates					
Prenatal and Postpartum Care	<u>Aggregate</u>	<u>Central</u>	<u>East</u>	<u>West</u>	<u>Southwest</u>
<i>Timeliness of Prenatal Care</i>	87.76%	90.45%	85.64%	73.35%	94.40%
<i>Postpartum Care</i>	73.72%	75.22%	67.40%	66.01%	75.43%

## 10.0 Conclusions

### 10.1 Issues and Key Drivers

#### Issues

- Overall, Home State Health has an excellent oversight of all internal processes and systems, enabling it to collect and capture performance measurement specific items for reporting. One area for concern is how Home State Health manages its member demographic information. Member information is captured daily through the state's enrollment file, however, many times, the member demographic information is not accurate. The information is only as accurate as the most recent contact that the member has had with the Medicaid Case worker. Since Home State Health's population moves often and phone numbers are not reliable, this poses a significant barrier to member outreach.
- Providers often do not share vital information with Home State Health. They do not understand the role of the Care Manager in the member's care. There is often a lack of communication or teamwork.

#### Key Drivers

- Team work and coordination with providers, Medicaid case workers and members
- Provider Engagement

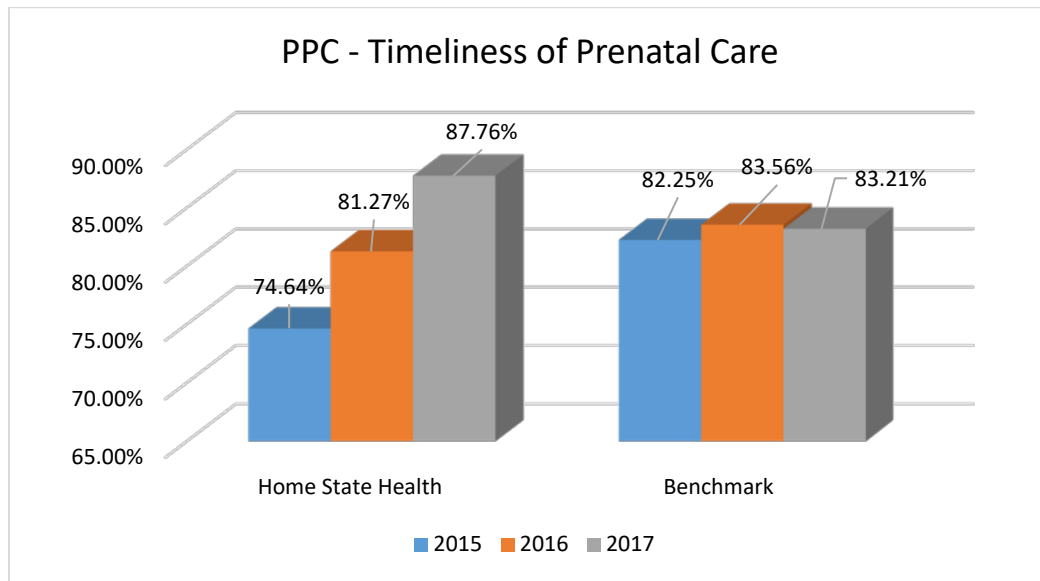
- Member engagement

## 10.2 Quality, Timeliness and Access to Healthcare Services

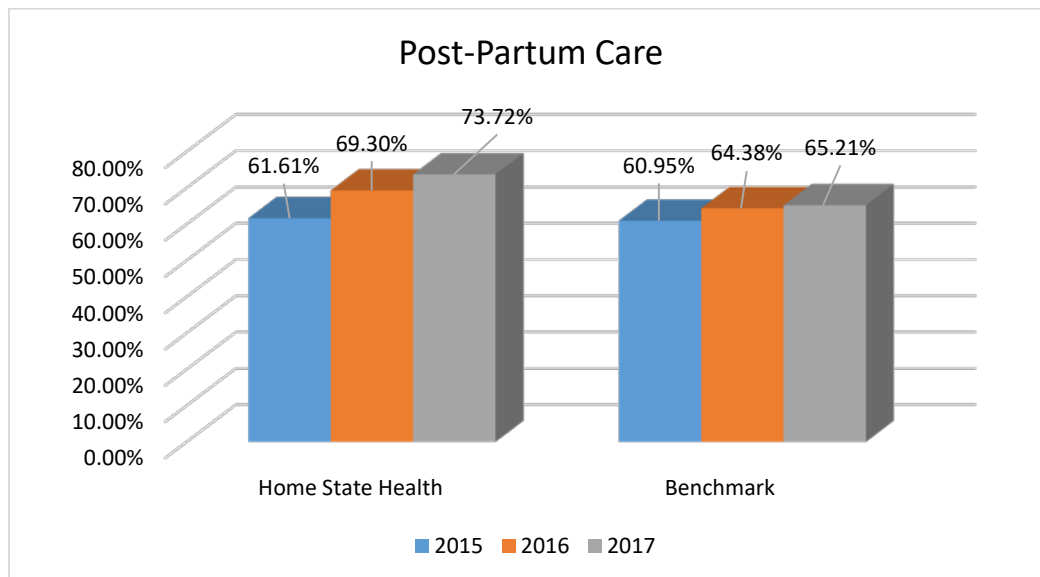
- Home State Health has no barriers to emergency care services nor for prenatal and post-partum care. Home State Health does not require authorization for access to either service.
- From a quality standpoint, members should be encouraged to divert non emergent care services from the ED to the lower level of care found in the urgent care setting.
- Home State Health was able to demonstrate its ability to capture the specific diagnosis codes for each EDV and EDU visit/service.
- Prenatal care is a significant concern for the Medicaid population. Early intervention for prenatal care greatly improves the opportunity for safe and healthy deliveries.

## 10.3 Improvement by Home State Health

- Home State Health was able to produce the EDV and EDU measure without any concerns this year. It appears that Home State Health staff were able to understand the specifications better and made coding improvement over the previous review.
- Home State Health made significant improvements in the prenatal and post-partum care rates over a two year period. For Timeliness of Prenatal Care Home State Health increased 6.49 percentage points since the previous year's reported rate of 81.27% (Figure 1).
- Home State Health had saw a 4.62 percentage point increase from 2016 to 2017 calendar year for Post-Partum Care (Figure 2).

**Figure 1**

2018 HEDIS 50<sup>th</sup> percentile benchmarks are reported by Home State Health

**Figure 2**

2018 HEDIS 50<sup>TH</sup> percentile benchmarks are reported by Home State Health

### 11.0 Recommendations

- Home State Health should develop a process for capturing and housing current member demographic information collected through its provider network. Providers, often-times primary care physicians or urgent/emergent care centers should collect the most recent address and phone number information from the member. Home State Health would benefit from setting up a process for capturing this pertinent information from the most recent office visit. Information from providers could be shared with Home State Health on a case by case basis or more frequently to enhance its information currently processed through the daily enrollment files.
- Home State Health would benefit from implementing strategies to engage members in proper maternity care through outreach campaigns once they become aware of a pregnancy. Home State Health should engage providers and immediately begin care management for pregnancies to encourage moms to attend prenatal and post-partum care services.