



2018 External Quality Review

Performance Measures



Measurement Period: Calendar Year 2017

Validation Period: June-August 2018

Publish Date: Dec 07, 2018



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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 (hereinafter stated Managed Care). 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).

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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, 2012.¹

2.0 Managed Care Information

Information about Missouri Care appears in Table 1, including the office location(s) involved in the EQR 2018 performance measure validation that occurred on July 18, 2018.

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

¹ 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>.

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 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 the Missouri Care's hybrid sample of 411 records. The 411 records were from the samples used by the Missouri Care 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

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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 Missouri Care, 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 Missouri Care 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 Missouri Care 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 Missouri Care to discuss expectations, audit session times, specific dates, and to answer any questions that Missouri Care 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 Missouri Care. Team members, including the lead auditor, participated in the onsite meetings at Missouri Care. 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

Table 3: Validation Team Members	
Name and Role	Skills and Expertise
Victoria Alexander Director, Quality Data Services	Managed Care and Project Management, Healthcare Data Auditing and HEDIS Knowledge.
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 and Project Management
Christine Nugent, RN	Quality Measures Abstractor
Kimberly D. Webb MBA, MA, LPC	Clinical operations, Project Management, and 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: Missouri Care 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 the Missouri Care, Primaris requested Missouri Care 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.

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- Source code verification for performance measures: Missouri Care 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 Missouri Care 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 Missouri Care'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 Missouri Care, Primaris conducted a validation review to determine reasonable accuracy and data integrity.

4.4 On-Site Activities

Primaris conducted Missouri Care's onsite visit for the performance measures on July 18, 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 Missouri Care 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).

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- **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 Missouri Care staff members, in order to capture Missouri Care'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 Missouri Care'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"/>
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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

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for reporting. Accurate data integration is essential for calculating valid performance measure rates. Primaris reviewed Missouri Care'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 Missouri Care, 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"/>
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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 Missouri Care 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 Missouri Care 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

Missouri Care 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 Missouri Care'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)

Missouri Care continued to use the Xcelys claims and encounter system. During the on-site review of the claims process, Primaris confirmed that ICD-10, revenue, CPT-4 and HCPCs coding was implemented appropriately. Primaris conducted system tests on Xcelys to verify diagnosis codes were appropriately paid and/or rejected based on the HIPAA ICD-10 implementation date. Primaris did not identify any issues during this validation and concluded that Missouri Care configured Xcelys to accept claims with appropriate coding schemes. Further system demonstrations showed that Missouri Care's Xcelys system captured and allowed only standard industry codes with the appropriate specificity. Claims and encounter data were submitted either electronically or via paper from Missouri Care's external providers. Electronic data were submitted through clearinghouses and processed overnight in Xcelys. Paper claims and encounters were submitted directly to Missouri Care's vendor for scanning and conversion into the standard 837 format. Once converted, the data followed the same process as electronic claims and encounters. Missouri Care did not enter any claims and encounter data on-site or use any internal staff members to enter claims and encounters directly into the system. Missouri Care ensured only "clean" claims and encounters were captured in the system; any claims and encounters not passing the appropriate edits were promptly returned to the provider for correction.

Primaris also reviewed the outstanding incurred but not reported (IBNR) report during the on-site audit and found that the majority (greater than 98 percent) of all claims were received by April 2016, similar to the previous year's review. Outstanding claims or encounters did not have a significant impact on reporting.

Primaris had no concerns with Missouri Care's claims and encounter data processes.

6.2 Enrollment Data

Missouri Care received daily and monthly files from the State in standard 834 format for member enrollment. Daily files were reconciled against the full monthly file and loaded into

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Xcelys. No enrollment files were manually processed, and all files were handled in standard 834 transactions. No significant changes were made to the Xcelys system or the enrollment process during 2017, and Xcelys captured all relevant fields required for HEDIS processing.

Primaris confirmed with Missouri Care staff that there were no backlogs or outages for the enrollment process during the measurement year. Primaris also confirmed that the assignment of member identification numbers was automatic in Xcelys, but that these identifiers were cross-checked prior to assignment to determine if an Xcelys identifier already existed. In the cases where a match was identified, the Member Services Department reviewed to determine if the member had an existing number or if a new number needed to be assigned.

Multiple queries were conducted onsite by the validation team to ensure that members that were reported as numerator compliant actually met the age and gender requirements. The queries did not reveal any deviation from expectations and numerator compliance was verified.

Missouri Care's system, Xcelys, was capable of identifying members with duplicate numbers and producing reports for enrollment staff to work. Duplicate identifiers, although not a frequent occurrence, were verified using the State enrollment files to ensure the most accurate information was captured.

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

6.3 Provider Data

Missouri Care utilized Xcelys to capture its provider data for claims processing. Missouri Care utilized both direct contracted and delegated entities to enroll providers. Missouri Care used an internal software tracking mechanism (Omniflow) to manage its provider information. Omniflow was used to send provider data to Missouri Care's Credentialing department for provider management prior to loading into Xcelys. Once the provider information flowed through Omniflow, the data were then loaded into Xcelys. A unique provider identifier was created along with provider specialties. Missouri Care's credentialing staff ensured provider specialties were appropriate by validating the provider's education and specialty assignment authorized by the issuing provider board. Primaris verified that the required HEDIS reporting elements were present in Xcelys and that provider specialties were accurate based on the provider mapping documents submitted with Missouri Care's Roadmap.

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Primaris reviewed a sample of provider specialties to ensure the specialties matched the credentialed providers' education and board certification. Primaris found Missouri Care to be compliant with the credentialing and assignment of individual providers at the Federally Qualified Health Centers (FQHCs).

There were no changes to Missouri Care'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 with any of the performance measures.

6.4 Medical Record Review Validation (MRRV)

Missouri Care was fully compliant with the MRR reporting requirements. Missouri Care 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. Missouri Care 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, Missouri Care did not use supplemental data for reporting against the measures under review.

6.6 Data Integration

Missouri Care continued to utilize the Green Plumb data warehouse to house and consolidate files prior to loading into Inovalon's measure production software.

Primaris reviewed Missouri Care's processes around the Green Thumb data warehouse and determined that no significant changes occurred from the previous year's review. Missouri Care information technology staff continued to extract data monthly from its core systems. Missouri Care did extensive testing to ensure all data were complete and accurate, and ran two parallel processes in the software to ensure the rates matched.

Several internal data sources were consolidated to produce files for the software vendor. Internal data sources validated by Primaris included enrollment, claims, provider data, encounters, pharmacy, and laboratory files. These internal files were transformed and merged into the software vendor's file layouts and used to produce the performance measures.

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.




Missouri Care backed up data nightly and weekly to ensure no data loss and denied having any significant outages during CY 2017. Missouri Care's disaster recovery plan was sufficient to ensure data integrity.

No issues were identified with Missouri Care'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 Table 5.

Table 5: Audit Results and Definitions for Performance Measures

Met 	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.
Partially Met 	There was evidence of compliance with all documentation requirements; but staff was unable to consistently articulate processes during interviews; or documentation was incomplete or inconsistent with practice.
Not Met 	Incomplete documentation was present; and staff had little to no knowledge of processes or issues addressed by the regulatory provision.

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 Missouri Care for each performance measure rate.

Table 6: Key Review Findings and Audit Results for Missouri Care

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 Missouri Care				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
Accuracy of data transfers to assigned performance measure data repository.				
Missouri Care 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"/>	
Accuracy of file consolidations, extracts, and derivations.				
Missouri Care's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	●	<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 type="checkbox"/>	<input type="checkbox"/>	
Procedures for coordinating the activities of multiple subcontractors ensure the	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 1: Data Integration and Control Findings for Missouri Care				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
accurate, timely, and complete integration of data into the performance measure database.				
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 type="checkbox"/>	<input type="checkbox"/>	
If Missouri Care uses a performance measure data repository, its structure and format facilitates any required programming necessary to calculate and report required performance measure rates.				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 1: Data Integration and Control Findings for Missouri Care				
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"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including Missouri Care production activity logs and the Missouri Care 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"/>	
Missouri Care 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"/>	
Missouri Care's processes and documentation comply with Missouri Care standards associated with reporting program specifications, code review, and testing.	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Denominator Validation Findings for Missouri Care				
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"/>	
The Missouri Care correctly calculates member months and member years if applicable to the performance measure.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The Missouri Care 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"/>	

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Worksheet 2: Denominator Validation Findings for Missouri Care				
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 the Missouri Care to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 3: Numerator Validation Findings for Missouri Care

Data Integration and Control Element	Met	Partially Met	Not Met	Comments
Missouri Care 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"/>	
Missouri Care 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 Missouri Care 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	418
6.02	Utilization MH ER Age13-17 Count	566
6.03	Utilization MH ER Age18-64 Count	888
6.04	Utilization MH ER Age65+ Count	0
6.05	Utilization SA ER Age0-12 Count	13
6.06	Utilization SA ER Age13-17 Count	95
6.07	Utilization SA ER Age18-64 Count	511
6.08	Utilization SA ER Age65+ Count	0
6.09	Utilization MED ER Age0-12 Count	53,695
6.10	Utilization MED ER Age13-17 Count	14,808
6.11	Utilization MED ER Age18-64 Count	24,801
6.12	Utilization MED ER Age65+ Count	3
6.13	ER Visits MH Age0-12 Count	578
6.14	ER Visits MH Age13-17 Count	842
6.15	ER Visits MH Age18-64 Count	1,245
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	100
6.19	ER Visits SA Age18-64 Count	632
6.20	ER Visits SA Age65+ Count	0
6.21	ER Visits MED Age0-12 Count	85,486
6.22	ER Visits MED Age13-17 Count	22,658
6.23	ER Visits MED Age18-64 Count	52,491
6.24	ER Visits MED Age65+ Count	4
6.25	ER Follow Up MH Age0-12 Denominator	329

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6.26	ER Follow Up MH Age13-17 Denominator	455
6.27	ER Follow Up MH Age18-64 Denominator	693
6.28	ER Follow Up MH Age65+ Denominator	0
6.29	ER Follow Up 7Days MH Age0-12 Count	111
6.30	ER Follow Up 7Days MH Age13-17 Count	154
6.31	ER Follow Up 7Days MH Age18-64 Count	134
6.32	ER Follow Up 7Days MH Age65+ Count	0
6.33	ER Follow Up 30Days MH Age0-12 Count	172
6.34	ER Follow Up 30Days MH Age13-17 Count	228
6.35	ER Follow Up 30Days MH Age18-64 Count	219
6.36	ER Follow Up 30Days MH Age65+ Count	0
6.37	ER Follow Up SA Age0-12 Denominator	12
6.38	ER Follow Up SA Age13-17 Denominator	74
6.39	ER Follow Up SA Age18-64 Denominator	448
6.40	ER Follow Up SA Age65+ Denominator	0
6.41	ER Follow Up 7Days SA Age0-12 Count	1
6.42	ER Follow Up 7Days SA Age13-17 Count	10
6.43	ER Follow Up 7Days SA Age18-64 Count	60
6.44	ER Follow Up 7Days SA Age65+ Count	0
6.45	ER Follow Up 30Days SA Age0-12 Count	1
6.46	ER Follow Up 30Days SA Age13-17 Count	11
6.47	ER Follow Up 30Days SA Age18-64 Count	84
6.48	ER Follow Up 30Days SA Age65+ Count	0

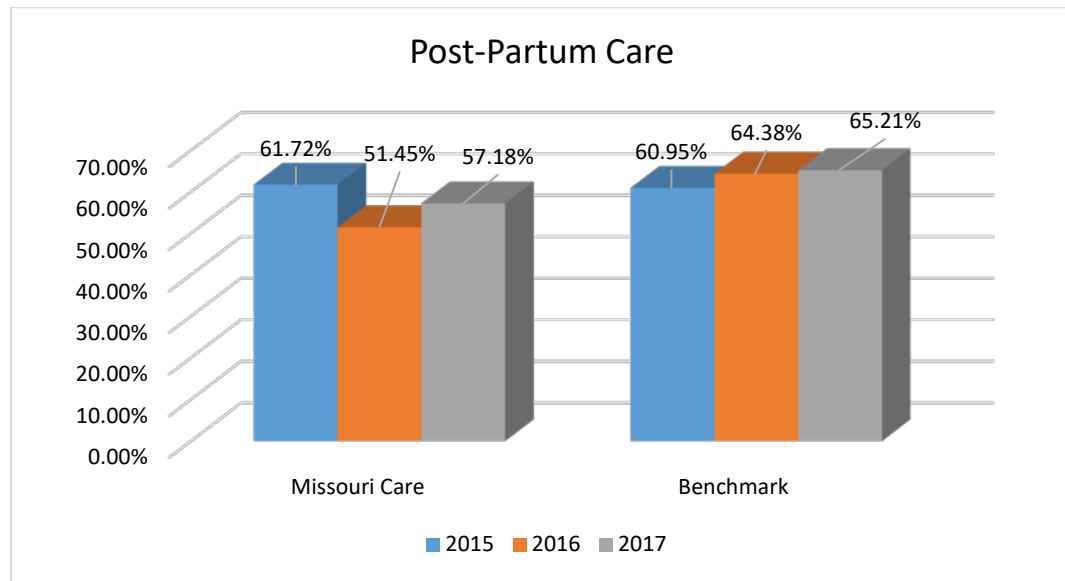
Table 8: HEDIS 2017 PPC Rates					
Prenatal and Postpartum Care	<u>Aggregate</u>	<u>Central</u>	<u>East</u>	<u>West</u>	<u>Southwest</u>
<i>Timeliness of Prenatal Care</i>	81.51%	87.59%	79.56%	76.40%	92.94%
<i>Postpartum Care</i>	57.18%	63.26%	54.26%	61.07%	68.61%

10.0 Conclusions

10.1 Issues and Key Drivers

Issues

- Overall, Missouri Care 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 Missouri Care 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 Missouri Care'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 the Missouri Care. They do not understand the role of the Care Manager in the member's care. There is often a lack of communication or teamwork.
- Post-Partum Care compliance continues to be an issues with Missouri Care. The rates are not improving significantly as trended over three years (Figure 1).

Figure 1

2018 HEDIS 50th percentile benchmarks are reported By Missouri Care

Key Drivers

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

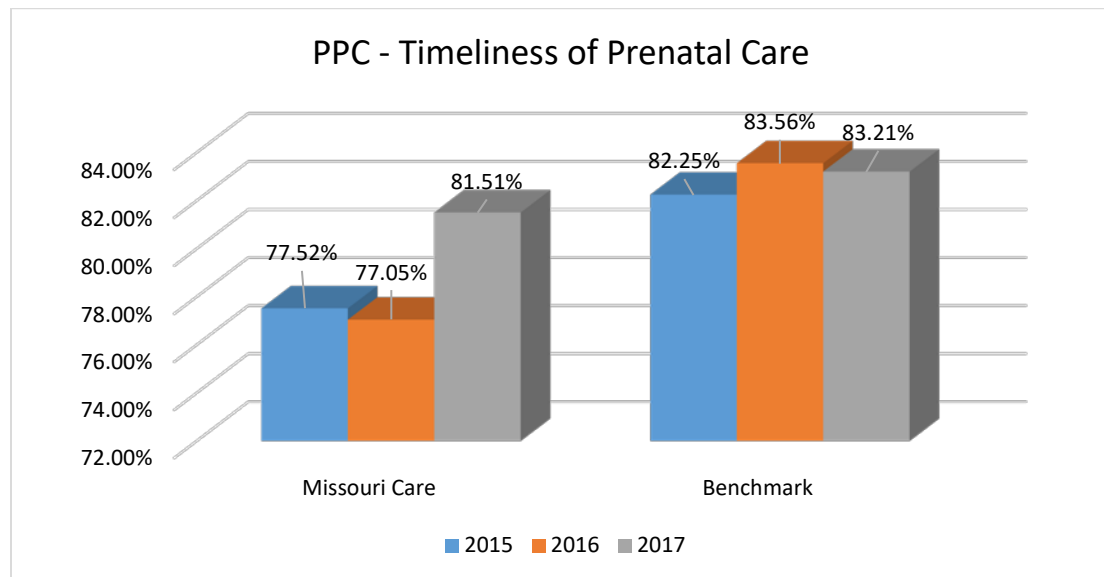
10.2 Quality, Timeliness and Access to Healthcare Services

- Missouri Care has no barriers to emergency care services nor for prenatal and post-partum care. Missouri Care 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.
- Missouri Care 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 Missouri Care

- Missouri Care was able to produce the EDV and EDU measure without any concerns this year. It appears that Missouri Care staff were able to understand the specifications better and made coding improvement over the previous review.
- Missouri Care made significant improvements in the prenatal care rates over a two year period. For Timeliness of Prenatal Care, Missouri Care was 1.7% points below the 50th percentile. However, Missouri Care increased 4.46 percentage points since the previous year's reported rate of 77.05% (Figure 2).

Figure 2



2018 HEDIS 50th percentile benchmarks are reported by Missouri Care

11.0 Recommendations

- Missouri Care 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. Missouri Care 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 Missouri Care on a case by case basis or more frequently to enhance its information currently processed through the daily enrollment files.
- Missouri Care would benefit from implementing strategies to engage members in proper maternity care through outreach campaigns once they become aware of a pregnancy. Missouri Care should engage providers and immediately begin care management for pregnancies to encourage moms to attend prenatal and post-partum care services.