



**home state health.**

**Measurement Period:** Calendar Year 2018

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## Performance Measures: Home State Health

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## 1.0 Purpose and overview

### Validation of Performance Measures

The Department of Social Services, MO HealthNet Division (MHD) operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated “Managed Care”). MHD contracts with MO HealthNet Managed Care Organizations (MCOs), also referred to as “Health Plans,” to provide health care services to Managed Care enrollees.

Managed Care is operated statewide in Missouri in the Central, Eastern, Western, and Southwestern regions. One of the most important priorities of Managed Care is to provide a quality program that leads the nation and is affordable to members. This program provides 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. The total number of Managed Care enrollees by the end of SFY 2019 are 596,646 (1915(b) and CHIP combined). This is a decrease of 16.24 % in comparison to enrollment by end of SFY 2018.

Home State Health’s services are monitored for quality, enrollee satisfaction, and contract compliance. Quality is monitored through various ongoing methods including, but not limited to, MCO’s Healthcare Effectiveness Data and Information Set (HEDIS®) indicator reports, annual reviews, enrollee grievances and appeals, targeted record reviews, and an annual external quality review. MHD requires participating MCOs 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 the MCOs annually as well. Primaris Holdings, Inc. (Primaris) is MHD’s current EQRO and started their five-year contract in January 2018.

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 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) 2018. 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>

<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: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-2.pdf>

## 2.0 Managed Care Information

Information about Home State Health appears in Table 1, including the office location(s) involved in the EQR 2019 performance measure validation that occurred on June 24, 2019.

| Table 1: MCO Information |   |
|--------------------------|---|
| MCO Name:                | Home State Health   |
| MCO Location:            | 16090 Swingley Ridge Rd, Suite 300,<br>Chesterfield, MO 63017 |
| On-site Location:        | 16090 Swingley Ridge Rd, Suite 300,<br>Chesterfield, MO 63017 |
| Audit Contact:           | Megan Barton<br>Vice President, Medical Management            |
| Contact Email:           | MEBARTON@Homestatehealth.com                                  |

## 3.0 Performance Measures Validation Process

Primaris validated rates for the following set of performance measures selected by MHD. The performance measures that were validated and the data collection specifications used for each measure are listed in Table 2. Out of the three performance measures selected by MHD, only one measure required medical record validation, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34). The additional two measures: Chlamydia Screening in Women (CHL) and Inpatient Mental Health Readmissions are administrative measures which require primary source verification from each MCO's claim and/or encounter system.

| Table 2: Performance Measures   |        |                     |                                  |
|---|--------|---------------------|----------------------------------|
| Performance Measure   | Method | Specifications Used | Validation Methodology           |
| Chlamydia Screening in Women (CHL)  | Admin  | HEDIS               | Primary Source Verification      |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | Hybrid | HEDIS               | Medical Record Review Validation |
| Inpatient Mental Health Readmissions  | Admin  | MHD                 | Primary Source Verification      |

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For the hybrid measure, W34, a random selection of 45 medical records was taken from Home State Health's hybrid sample of 411 records. The 411 medical records were from the samples used by Home State Health to produce the W34 measure for HEDIS reporting in CY 2018. Primaris 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 prepared a series of electronic communications that were submitted to Home State Health outlining the steps in the performance measure validation process based on the CMS Performance Measure Validation Protocol 2. The electronic communications included a request for samples, medical records, numerator and denominator files, source code, if required and a completed Information System 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

| Table 3: Validation Team Members                             |   |
|--|---|
| Name and Role  | Skills and Expertise  |
| Allen Iovannisci, MS, CHCA, CPHQ<br><i>Lead Reviewer</i>     | Performance Measure knowledge, Data Integration, Systems Review, and Analysis.  |
| Victoria Alexander<br>Senior Director, Quality Data Services | Managed Care, Project Management, Healthcare Data Auditing and HEDIS Knowledge.   |
| Kaitlyn Cardwell<br>IT Operations Manager                    | Healthcare Data and Systems Integration for external applications; Analytical and Software Development, Project Management. |

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Primaris team consisted of a lead auditor and members that possessed the skills and expertise (Table 3) required to complete the validation and requirements review for Home State Health. Team members participated in an onsite meeting at Home State Health.

### 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 describe 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-onsite assessment of their information system.
- 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 W34 measure. Primaris used the results of the medical record validation to determine if the findings impacted the audit results for W34.
- 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, Inpatient Mental Health Readmissions and CHL. 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.
- Primaris took a sample of 45 records from each administrative measure, Chlamydia Screening in Women and Inpatient Mental Health Readmissions in order to conduct primary source verification to validate and assess the MCO's compliance with the numerator objectives.

### 4.4 Onsite Activities

Primaris conducted Home State Health's onsite visit for the performance measures on Jun 24, 2019. The information was collected using several methods, including interviews,

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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 Instructions for CY2018 which consisted of instructions and specifications for validation of Inpatient Mental Health Readmissions. HEDIS specifications are used for the CHL and W34 measures.

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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. The scores (Table 4) were assigned per CMS EQRO protocol 2.

**Table 4: Scoring Criteria for Performance Measures**

|  |  |
|--|--|
| <b>Met</b>      | The MCO's measurement and reporting process was fully compliant with State specifications.   |
| <b>Not Met</b>  | The MCO's measurement and reporting process was not compliant with State specifications. This designation should be used for any audit element that deviates from the State specifications, regardless of the impact of the deviation on the final rate. All audit elements with this designation must include explanation of the deviation in the comments section. |
| <b>N/A</b>   | The audit element was not applicable to the MCO's measurement and reporting process.   |

### 5.1 Data Integration

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Met</b>  | <b>Not Met</b> <input type="checkbox"/> | <b>N/A</b> <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

|  |   |                                     |
|--|---|-------------------------------------|
| <b>Met</b>  | <b>Not Met</b> <input type="checkbox"/> | <b>N/A</b> <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 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  | Not Met <input type="checkbox"/> | N/A <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 Operations 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 continued to use the AMISYS system to capture all medical claims. Encounters, such as laboratory services, were captured in its data warehouse. Encounters and claims were combined to meet numerator compliance for the CHL measure.

Home State Health's systems appropriately captured the required data elements to produce the measures under review. The AMISYS system has been operational with only minor upgrades, for many years.

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 greater than ninety-five percent (95%) of its claims through electronic means. The small amount of paper claims received

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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 upwards of ninety-six percent (96%) 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.

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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 45 members using a systematic random selection for all three performance measures. During the primary source review, the membership and eligibility were verified to ensure members were active during the measurement period and 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 Home State Health's 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 verified provider specialties and certification status for the W34 measure to ensure they were primary care specialties. 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 provider credentials review was compliant and matched both systems. Primaris validated that all providers operating in Home State Health's network were licensed to operate under the Medicaid Managed Care contract for MHD.

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.

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### 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 industry standard 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 performance measurement medical record validation process. The records selected were numerator positive hits found during the abstraction process. These records were used to evaluate the abstraction accuracy and to validate the rates submitted for the W34 measure. The MRR findings and final results are presented in the Table 5.

| Table 5: MRRV Results   |             |                 |         |
|---|-------------|-----------------|---------|
| Performance Measure   | Sample Size | Findings        | Results |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | 45          | 45/45 Compliant | Pass    |

### 6.5 Supplemental Data

Primaris conducted a review of the supplemental process offsite and did not have any concerns with their process.

### 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

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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 forty five (45) cases for each measure 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 2018. 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

The validation finding for each measure is determined by the magnitude of the errors detected for the audit elements, not by the number of audit elements determined to be "NOT MET." Consequently, it is possible that an error for a single audit element may result in a designation of "Not Reported (NR)" because the impact of the error biased the reported performance measure by more than "x" percentage points. Conversely, it is also possible that several audit element errors may have little impact on the reported rate and, thus the measure could be given a designation of "Report (R)." The following is a list of the validation findings and their corresponding definitions:

R = Report: Measure was compliant with State specifications.

NR = Not Reported: This designation is assigned to measures for which: 1) MCO rate was materially biased or 2) the MCO was not required to report.

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NB = No Benefit: Measure was not reported because the MCO did not offer the benefit required by the measure.

Primaris determined validation results for each performance measure rate based on the definitions listed above.

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

| <b>Table 6: Key Review Findings and Audit Results for Home State Health</b> |                            |                      |
|---|----------------------------|----------------------|
| <b>Performance Measures</b>   | <b>Key Review Findings</b> | <b>Audit Results</b> |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) | No concerns identified     | Report               |
| Chlamydia Screening in Women (CHL)  | No concerns identified     | Report               |
| Inpatient Mental Health Readmissions  | No concerns identified     | Report               |

## 8.0 Documentation Worksheets

| <b>Worksheet 1: Data Integration and Control Findings for Home State Health</b>   |                                     |                          |                          |                 |
|---|-------------------------------------|--------------------------|--------------------------|-----------------|
| <b>Data Integration and Control Element</b>   | <b>Met</b>                          | <b>Not Met</b>           | <b>N/A</b>               | <b>Comments</b> |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| Samples of data from the performance measure data repository are complete and accurate.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                 |
| <b>Accuracy of file consolidations, extracts, and derivations.</b>  |                                     |                          |                          |                 |

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| Worksheet 1: Data Integration and Control Findings for Home State Health  |                                  |                          |                          |          |
|---|----------------------------------|--------------------------|--------------------------|----------|
| Data Integration and Control Element  | Met                              | Not Met                  | N/A                      | 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"/> |          |
| Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).   | <input checked="" type="radio"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>Assurance of effective management of report production and of the reporting software</b>   |                                  |                          |                          |          |

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| Worksheet 1: Data Integration and Control Findings for Home State Health  |     |                          |                          |          |
|---|-----|--------------------------|--------------------------|----------|
| Data Integration and Control Element  | Met | Not Met                  | N/A                      | Comments |
| 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 | Not Met                  | N/A                      | 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 type="checkbox"/> | <input type="checkbox"/> |          |
| Adequate programming logic or source code exists to appropriately identify all relevant members of the specified  | ●   | <input type="checkbox"/> | <input type="checkbox"/> |          |

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| Worksheet 2: Denominator Validation Findings for Home State Health   |     |                          |                          |          |
|--|-----|--------------------------|--------------------------|----------|
| Data Integration and Control Element   | Met | Not Met                  | N/A                      | Comments |
| denominator population for each of the performance measures.   |     |                          |                          |          |
| Home State Health correctly calculates member months and member years if applicable to the performance measure.  | ●   | <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 as specified in each performance measure. | ●   | <input type="checkbox"/> | <input type="checkbox"/> |          |
| 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 | ●   | <input type="checkbox"/> | <input type="checkbox"/> |          |

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| Worksheet 3: Numerator Validation Findings for Home State Health  |     |                          |                          |                                 |
|---|-----|--------------------------|--------------------------|---------------------------------|
| Data Integration and Control Element  | Met | Partially Met            | Not Met                  | Comments                        |
| data sets, to identify the entire at-risk population.   |     |                          |                          |                                 |
| 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 for Inpatient Mental Health Readmissions Calendar Year 2016-2018**

| Region    | Age       | 2016 | 2017 | 2018 | Trend | Change from 2017 |
|-----------|-----------|------|------|------|-------|------------------|
| Central   | Age 0-12  | 3    | 13   | 28   |       | ↑ 15             |
| Central   | Age 13-17 | 12   | 30   | 50   |       | ↑ 20             |
| Central   | Age 18-64 | 4    | 22   | 18   |       | ↓ -4             |
| Central   | Age 65+   | 0    | 0    | 0    |       | NA               |
|           |           |      |      |      |       |                  |
| East      | Age 0-12  | 6    | 20   | 43   |       | ↑ 23             |
| East      | Age 13-17 | 18   | 41   | 89   |       | ↑ 48             |
| East      | Age 18-64 | 39   | 55   | 74   |       | ↑ 19             |
| East      | Age 65+   | 0    | 0    | 0    |       | NA               |
|           |           |      |      |      |       |                  |
| Southwest | Age 0-12  | NA   | 9    | 27   |       | ↑ 18             |
| Southwest | Age 13-17 | NA   | 15   | 28   |       | ↑ 13             |
| Southwest | Age 18-64 | NA   | 8    | 19   |       | ↑ 11             |
| Southwest | Age 65+   | NA   | 0    | 0    |       | NA               |
|           |           |      |      |      |       |                  |
| West      | Age 0-12  | 20   | 24   | 17   |       | ↓ -7             |
| West      | Age 13-17 | 20   | 37   | 26   |       | ↓ -11            |
| West      | Age 18-64 | 12   | 22   | 19   |       | ↓ -3             |
| West      | Age 65+   | 0    | 0    | 0    |       | NA               |









The lower the better. Green Arrow indicates an increase and Red Arrow indicates a decrease from the previous year (CY 2017)

## Regional Comparison W34 Home State Health

**Table 8: Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) Calendar Year 2016-2018**

| Region    | 2016   | 2017   | 2018   | Trend | Change in % Point |
|-----------|--------|--------|--------|-------|-------------------|
| Central   | 56.12% | 63.95% | 51.82% |       | ↓ -12.13%         |
| East      | 60.28% | 68.61% | 66.39% |       | ↓ -2.22%          |
| Southwest | NA     | 60.38% | 52.66% |       | ↓ -7.72%          |
| West      | 48.04% | 54.74% | 55.50% |       | ↑ 0.76%           |

**Regional Comparison CHL Year over Year Home State Health**

| Table 9: Chlamydia Screening in Women (CHL) Calendar Year 2016-2018 |        |        |        |   |  |
|---|--------|--------|--------|---|--|
| Region  | 2016   | 2017   | 2018   | Trend   | Change in % Point  |
| Central   | 44.04% | 44.13% | 39.14% |  |  -4.99% |
| East  | 57.57% | 54.86% | 55.12% |  |  0.26%  |
| Southwest   | NA     | 45.45% | 36.04% |  |  -9.41% |
| West  | 52.24% | 53.23% | 51.64% |  |  -1.59% |

**10.0 Conclusions****10.1 Strengths and Weaknesses****Strengths**

- Home State Health staff was fully engaged in an onsite review and was well prepared to discuss the measures under review.
- Home State Health continues to update their systems with most current diagnoses and procedures as they become available during the year.
- Home State Health works with a software vendor to report all measures. The software vendor is certified for reporting performance measures.

**Weaknesses**

- Inpatient Mental Health Readmissions continued to increase from calendar year 2016-2018 for all regions except West. For the Inpatient Mental Health Readmission measure, lower admissions indicate better performance.
- Chlamydia screening in women dropped in Central (4.99% points) and Southwest (9.41% points) regions. A significant drop is 5% or greater percentage points change. The East region was the only region to see an insignificant increase (0.26% point) from last year. The higher the rate indicates better performance.
- Well Child Visits in third, fourth, fifth, and sixth year of life has decreased in all regions except for a minor increase (0.76% point) in west region.

**10.2 Quality, Timeliness and Access to Healthcare Services**

- There were no issues or concerns found during the onsite audit. Home State Health did not appear to have any barriers to care services.
- Appropriate services such as laboratory, primary care and hospital access, are readily available in all regions. Admission to hospitalization would require proper authorization, however, participating hospitals are well informed on the process for obtaining authorizations from Home State Health.

## Performance Measures: Home State Health

- Home State Health was able to demonstrate its ability to capture the specific diagnosis codes for each Inpatient Mental Health Readmissions, CHL and W34.

### 10.3 Improvement by Home State Health

- Home State Health continues to increase its administrative claims capture as well as improving its medical record review practices.
- Home State Health was better prepared for the system demonstrations and data walkthroughs than the previous review.
- Home State Health continues to monitor and improve upon the data capture in both primary and supplementary data for numerator compliance.

## 11.0 Recommendations

### MCO

- Home State Health would benefit from implementing strategies to engage members in proper screenings through outreach campaigns once they become aware of a female member becoming sexually active during the ages of 16-24. Home State Health should engage providers and immediately begin testing for chlamydia once they have become aware of the member's sexual activity. Additionally, it is advisable that providers discuss the HPV vaccination at the same time, if this hasn't already been addressed.
- Home State Health should consider taking a look at the members in the Eastern as there were more mental health readmissions. This region has a significantly higher number of readmissions for mental health than the other regions. Additionally, Home State Health should focus on the primary reasons for readmission following a discharge for mental health in order to avoid readmissions. An integrated care management program with intense efforts to capture member information for outreach purposes may be helpful.
- Home State Health should continue incentivizing providers to meet with members for the W34 measure. They have included this measure in their P4P (Pay for Performance) in Jan 2018. This may positively impact the rates for future years.
- Members should be encouraged to seek outpatient mental health services and follow up once a member is discharged from the hospital following an admission for mental health reasons.

### MHD

## Performance Measures: Home State Health

- MHD is advised to consider including more of State custom measures, CMS coresct measures apart from HEDIS measures for validation purpose, so as to diagnose inaccuracies in the results that may arise during reporting and submission by Home State Health to MHD/CMS.