2019 External Quality Review
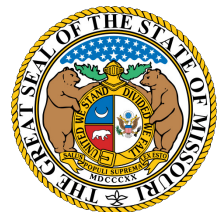## Performance Measures Validation

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A WellCare Company

Measurement Period: Calendar Year 2018
Validation Period: June-August 2019
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Performance Measures: Missouri Care

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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.

Missouri Care'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.[1]

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

2.0 Managed Care Information

Information about Missouri Care appears in Table 1, including the office location(s) involved in the EQR 2019 performance measure validation that occurred on June 25, 2019.

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 Senior Director, State Regulatory Affairs
Contact Email:	Russell.Oppenborn@wellcare.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 Missouri Care's hybrid sample of 411 records. The 411 medical records were from the samples used by Missouri Care 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 Missouri Care 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 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

Table 3: Validation Team Members	
Name and Role	**Skills and Expertise**
Allen Iovannisci, MS, CHCA, CPHQ *Lead Reviewer*	Performance Measure knowledge, Data Integration, Systems Review, and Analysis.
Victoria Alexander Senior Director, Quality Data Services	Managed Care, Project Management, Healthcare Data Auditing and HEDIS Knowledge.
Kaitlyn Cardwell 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 Missouri Care. Team members participated in an onsite meeting at Missouri Care.

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: 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-onsite assessment of their information system.
- Medical record verification: To ensure the accuracy of the hybrid data being abstracted by Missouri Care, Primaris requested Missouri Care 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: Missouri Care 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 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.
- 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 Missouri Care's onsite visit for the performance measures on Jun 25, 2019. The information was collected using several methods, including interviews, system demonstrations, review of data output files, primary source verification, observation of

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

Table 4: Scoring Criteria for Performance Measures	
Met 🟢	The MCO's measurement and reporting process was fully compliant with State specifications.
Not Met 🔴	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.
N/A	The audit element was not applicable to the MCO's measurement and reporting process.

5.1 Data Integration

Met 🟢	Not Met ☐	N/A ☐

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 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 🟢	Not Met ☐	N/A ☐

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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 ●	Not Met ☐	N/A ☐

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 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 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 interviewed and discussed the claim lags and incurred but not reported (IBNR) reporting. Ninety-six percent (96%) of all Missouri Care's claims were finalized and utilized in the measure production. The remaining four percent (4%) of outstanding claims did not materially impact any of the reported rates under review.

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

6.2 Enrollment Data

Missouri Care continued to receive 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 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 2018, 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 Missouri Care's enrollment data processes.

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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 ISCA.

All providers were appropriately credentialed in the specialties in which they were practicing in. Missouri Care followed strict credentialing verification to ensure providers did not have any sanctions or criminal activity. In addition, all verification included background checks for each provider prior to committee approval.

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 industry standard abstraction qualifications. 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 numerator positive hits. These records were used to evaluate the abstraction accuracy and to validate the rates submitted for the W34 measure.

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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 Missouri Care's process.

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 consistently validated data extracts prior to loading the data to its performance measures software. The validation process ensured that all data were clean and appropriate for numerator and denominator compliance.

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 2018. Missouri Care's disaster recovery plan was sufficient to ensure data integrity.

No issues were identified with Missouri Care's data integration processes.

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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.

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 Missouri Care for each performance measure.

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

Worksheet 1: Data Integration and Control Findings for Missouri Care				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**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.	🟢	☐	☐	
Samples of data from the performance measure data repository are complete and accurate.	🟢	☐	☐	
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.	🟢	☐	☐	
Actual results of file consolidations or extracts are consistent with those that should have resulted according to documented algorithms or specifications.	🟢	☐	☐	
Procedures for coordinating the activities of multiple subcontractors ensure the 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	🟢	☐	☐	

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Worksheet 1: Data Integration and Control Findings for Missouri Care				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
reporting are lost or inappropriately modified during transfer.				
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.	🟢	☐	☐	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	🟢	☐	☐	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including Missouri Care production activity logs and Missouri Care staff review of report runs, is adequate.	🟢	☐	☐	
Prescribed data cutoff dates are followed.	🟢	☐	☐	
Missouri Care retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	🟢	☐	☐	
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.	🟢	☐	☐	
Missouri Care's processes and documentation comply with Missouri Care	🟢	☐	☐	

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Worksheet 1: Data Integration and Control Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
standards associated with reporting program specifications, code review, and testing.				

Worksheet 2: Denominator Validation Findings for Missouri Care				
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.	🟢	☐	☐	
Adequate programming logic or source code exists to appropriately identify all relevant members of the specified denominator population for each of the performance measures.	🟢	☐	☐	
Missouri Care correctly calculates member months and member years if applicable to the performance measure.	🟢	☐	☐	
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 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).	🟢	☐	☐	

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Worksheet 2: Denominator Validation Findings for Missouri Care				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Exclusion criteria included in the performance measure specifications are followed.	🟢	☐	☐	
Systems or methods used by Missouri Care to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	🟢	☐	☐	

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.	🟢	☐	☐	
Qualifying medical events (such as diagnoses, procedures, prescriptions, etc.) are properly identified and confirmed for inclusion in terms of time and services.	🟢	☐	☐	
Missouri Care avoids or eliminates all double-counted members or numerator events.	🟢	☐	☐	
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.	🟢	☐	☐	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	🟢	☐	☐	

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Worksheet 3: Numerator Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Partially Met	Not Met	Comments
occurred during the time period specified or defined in the performance measure).				

9.0 Missouri Care 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	15	22	72		⬆ 50
Central	Age 13-17	13	66	77		⬆ 11
Central	Age 18-64	14	40	32		⬇ -8
Central	Age 65+	0	0	0		NA
East	Age 0-12	25	29	30		⬆ 1
East	Age 13-17	21	34	44		⬆ 10
East	Age 18-64	66	54	29		⬇ -25
East	Age 65+	0	0	0		NA
Southwest	Age 0-12	NA	13	30		⬆ 17
Southwest	Age 13-17	NA	16	31		⬆ 15
Southwest	Age 18-64	NA	22	31		⬆ 9
Southwest	Age 65+	NA	0	0		NA
West	Age 0-12	27	73	72		⬇ -1
West	Age 13-17	27	42	78		⬆ 36
West	Age 18-64	8	14	19		⬆ 5
West	Age 65+	0	0	0		NA

Green Arrow indicates an increase in admissions from the previous year
Red Arrow indicates a decrease in admissions from the previous year

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Regional Comparison W34 Missouri Care

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	64.12%	67.15%	57.90%		⬇ -9.25%
East	59.52%	63.02%	64.58%		⬆ 1.56%
Southwest	NA	67.92%	59.12%		⬇ -8.80%
West	60.79%	68.86%	64.35%		⬇ -4.51%

Regional Comparison CHL Year over Year Missouri Care

Table 9: Chlamydia Screening in Women (CHL) Calendar Year 2016-2018					
Region	2016	2017	2018	Trend	Change in % Point
Central	24.39%	24.81%	22.23%		⬇ -2.58%
East	40.64%	43.12%	35.79%		⬇ -7.33%
Southwest*	NA	29.41%	19.61%		⬇ -9.80%
West	55.23%	54.80%	45.66%		⬇ -9.14%
*Missouri Care's denominator was 17 (<30 is small) and Numerator was 5 in CY 2017 in the Southwest Region					

10.0 Conclusions

10.1 Strengths and Weaknesses
Strengths

- Missouri Care staff was fully engaged in an onsite review and was well prepared to discuss the measures under review.
- Missouri Care continues to update their systems with most current diagnoses and procedures as they become available during the year.
- Missouri Care works with a software vendor to report all measures. The software vendor is certified for reporting performance measures.
- Missouri Care staff continued to centralize measure reporting functions to ensure measures are subjected to enterprise quality validation processes.

Weaknesses

- Missouri Care saw an increase in Inpatient Mental Health Readmissions (all ages combined) in the Central (53), Southwest (41) and West (40) regions compared to previous year. Only the East region saw a decrease of 14 admissions. For the Inpatient Mental Health Readmission measure, lower admissions indicate better performance.

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- Chlamydia screening in women dropped significantly in the East (-7.33% points) and West (-9.14% points) regions. A significant drop is 5% or greater percentage point change. The Central region also decreased -2.58% points, however, this is not a significant change. 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 (1.56% points) in East region. Two regions decreased significantly, Central (-9.25% points) and Southwest (-8.80% points).

10.2 Quality, Timeliness and Access to Healthcare Services

- There were no issues or concerns found during the onsite audit. Missouri Care did not appear to have any barriers to care services. Missouri Care was prepared for the onsite audit and asked questions in advance of the meeting which ensured a smooth and successful review.
- 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 Missouri Care.
- Missouri Care 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 Missouri Care

- Missouri Care continues to monitor and improve upon the data capture in both primary and supplementary data for numerator compliance.
- Missouri Care indicated that they have increased outreach in certain regions to engage members to get the needed care, however, there were no result oriented studies used to indicate whether this had a significant impact on the overall rates.
- Missouri Care indicated through interviews that they continued to educate providers through targeted campaigns to increase compliance in several measures.

11.0 Recommendations

MCO

- Missouri Care continues to engage members through outreach programs to ensure they are informed of upcoming service requirements. However, there are still concerns with reaching all members. Missouri Care's chlamydia screening rates are significantly lower in the Central and Southwest Regions. It seems that these two regions would be good candidates for deeper dives into why compliance is so low.

Performance Measures: Missouri Care

- Missouri Care also is significantly lower in compliance in the Central and Southwest Regions for W34. A deeper dive into these two regions would lend itself well to determining if there are access issues or general quality of care issues within the provider network.
- Missouri Care should consider incentivizing providers to meet with members for the W34 measure. 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

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