



# 2020 External Quality Review

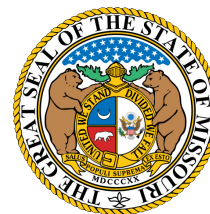
## Performance Measures Validation



**Measurement Period:** Calendar Year 2019

**Validation Period:** June-August 2020

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## Performance Measures: Missouri Care

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## 1.0 Purpose and Overview

The Department of Social Services, Missouri HealthNet Division (MHD), operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated “Managed Care”). To ensure all Missourians receive quality care, Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern. The goal is to improve access to needed services and quality of healthcare services in Managed Care for eligible populations, while controlling the program’s cost. Participation in Managed Care is mandatory for certain eligibility groups within the regions in operation.

MHD contracts with Managed Care Organizations (MCOs), also referred to as Managed Care Plans, to provide health care services to its Managed Care enrollees. Missouri Care is one of the three MCOs operating in Missouri (MO). MHD works closely with Missouri Care to monitor services 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 (EQR).

MHD contracts with Primaris Holdings, Inc. (Primaris), an External Quality Review Organization (EQRO), to perform an EQR. Validation of Performance Measures is one of three mandatory External Quality Review (EQR) activities 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) 2019. Primaris conducted the validation in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, *EQR Protocol 2: Validation of Performance Measures*, version Oct 2019.<sup>1</sup>

## 2.0 Managed Care Information

Information about Missouri Care is presented in Table 1, including the office location(s) involved in the EQR 2020 performance measure validation that occurred on July 28, 2020.

<sup>1</sup> Department of Health and Human Services, Centers for Medicare & Medicaid Services. EQR Protocol 2: Validation of Performance Measures: October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>.

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Table 1: MCO Information	
MCO Name:	Missouri Care
MCO Location:	4205 Philips Farm Rd, Suite 100, Columbia, MO 65201
On-site Location:	Virtual Web-Ex
Audit Contact:	Russell Oppenborn, Director, State Regulatory Affairs
Contact Email:	Russell.Oppenborn@wellcare.com
Plan:	MCO
Program:	Medicaid (Title XIX)

### 3.0 Performance Measures Validation Process

Primaris validated rates for the following set of performance measures selected by MHD. The performance measures were validated and the data collection specifications used for each measure are listed in Table 2. Due to the COVID-19 pandemic and following MHD and NCQA's guidance, Missouri Care opted to report the Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) measure administratively. Therefore, all measures were subjected to primary source verification from Missouri Care'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	Primary Source Verification
Inpatient Mental Health Readmissions	Admin	MHD	Primary Source Verification

### 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 CMS Performance Measure Validation Protocol 2. The electronic communications included a request for samples, medical records, numerator and denominator files, source code, if

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required and a completed Information System Capability Assessment (ISCA). Additionally, Primaris requested any supporting documentation required to complete the performance measure validation review. The communications addressed the medical record review methodology of selecting a maximum of 45 records for over read and the process for sampling and validating the administrative measure during the review process. However, due to the COVID-19 pandemic, Missouri Care was granted approval to report W34 administratively. Primaris provided specific questions to Missouri Care during the measure validation process to enhance the understanding of the ISCA responses during the virtual site visit.

Primaris submitted an agenda prior to the virtual visit describing the activities and suggested that subject matter experts attend each session. Primaris exchanged several pre-onsite communications with Missouri Care to discuss expectations, virtual session times 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 <i>Lead Reviewer</i>	Performance Measure knowledge, Data Integration, Systems Review, and Analysis.
Kaitlyn Cardwell Quality Data Systems Analyst	Healthcare Data and Systems Integration for external applications; IT Operations, Analytical and Software Development, Project Management.

Primaris team consisted of a lead performance measurement reviewer and a member who possessed the skills and expertise (Table 3) required to complete the validation and requirements review for Missouri Care. Team members participated in a virtual 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:

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- 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: Based on the guidance from MHD and NCQA, Missouri Care opted to report the W34 administratively and therefore, no medical record review was conducted.
- 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. There were no changes to the source code since the previous review in 2019 and therefore, no source code review was necessary for any of the measures under review.
- 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 administrative claims for each measure, Chlamydia Screening in Women, Inpatient Mental Health Readmissions and Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life in order to conduct primary source verification to validate and assess Missouri Care's compliance with the numerator objectives.

### 4.4 Virtual Onsite Activities

Primaris conducted Missouri Care's virtual performance measurement visit on July 28, 2020. 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.
- Review Information System Underlying Performance Measurement: The evaluation included a review of the information systems, focusing on the processing of claims and



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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 a) rate calculations were performed correctly, b) data were combined appropriately, and c) 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 confidence in 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.
- **Assess Data Integration and Control Procedures:** The data integration session was comprised of system demonstrations of the data integration process and included discussions around data capture and storage, reviewing backup procedures for data integration, and addressing data control and security procedures.
- **Complete Detailed Review of Performance Measure Production:** Primaris conducted primary source verification to further validate the administrative performance measures.
- **Assess Sampling Procedures for Hybrid Measures:** Primaris verified that Missouri Care utilized appropriate sampling methodology using certified vendor software, Inovalon.
- **Closing conference/Communicate Preliminary Findings:** 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 CY 2019, which consisted of requirements and specifications for validation of Inpatient Mental Health Readmissions. Additionally, MHD instructed the MCO's to utilize the HEDIS specifications for the CHL and W34 measures.

As part of the performance measure validation process, Primaris reviewed Missouri Care's data integration, data control, and documentation of performance measure rate calculations. Several aspects involved in the calculation of the performance measures are crucial to the validation process. These include data integration, data control, and documentation of performance measure calculations. Each of the following sections

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describes the validation processes used and the validation findings. The scores (Table 4) are adopted from 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 fully compliant with State specifications. This designation should be used for any validation component that deviates from the State specifications, regardless of the impact of the deviation on the final rate. All components with this designation must include explanation of the deviation in the comments section.
<b>N/A</b>		The validation component was not applicable.

### 5.1 Data Integration

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 demonstrated results 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.

<b>Met</b>		<b>Not Met</b> <input type="checkbox"/>	<b>N/A</b> <input type="checkbox"/>
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### 5.2 Data Control

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 with 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



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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.

Met 	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
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### 5.3 Performance Measure Documentation

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, workflow diagrams, primary source verification and other related documentations.

Met 	Not Met <input type="checkbox"/>	N/A <input type="checkbox"/>
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## 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)

There were no system or process changes from the previous review of claims and encounters for Missouri Care.

Missouri Care reported no negative impact in claims processing due to the COVID-19 pandemic. Missouri Care reported no backlog of claims that were not resolved in time to report the performance measures. During the virtual onsite review of the claims incurred but not received report (IBNR), no concerns were identified with claims not being captured on time for reporting. Over ninety-five percent (95%) of claims were received in time to be included in the performance measures. Missouri Care was also acquired by Centene in 2019; however, all claims were processed on the Missouri Care claims/encounter system. Therefore, there were no changes for measurement reporting in 2020 for CY 2019 data. All claims were processed through Xcelys. Primaris reviewed Missouri Care's claims process during the on-site audit and determined no significant changes occurred in Xcelys

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or in the overall claims process since the prior year. Documentation provided in the Roadmap tables was reviewed in Xcelys.

Missouri Care staff members indicated there were no processing changes during the measurement year. Missouri Care's Xcelys system captured primary and secondary procedure and diagnosis codes without any issues. The claims system also had the capability to capture as many codes as were billed on a claim. Paper claims transactions were mailed to a Tampa, Florida, mailbox (Change Healthcare [Relay Health]), where they were then captured by Imagenet. Imagenet scanned the claims, converted them to an 837 format, and verified all data were captured. Imagenet's quality control center ensured data were captured appropriately.

Missouri Care monitored the Imagenet claims daily to ensure all values were captured on the scanned claims. Audits were conducted on 3 percent of all claims submitted. Nearly 100 percent of claims were processed offshore, with exceptions. Approximately 84 percent of all claims were auto adjudicated. In addition to the edits conducted in the pre-processing steps, Missouri Care used edits within Xcelys to detect provider, member, and payment errors to ensure members existed and payments were accurate. Missouri Care indicated that it had no issues with claims processing in 2019.

Ninety-nine percent of all claims were captured within one day and 100 percent within two days. Missouri Care also captured encounter data from capitated vendors. Vendor encounters included dental, transportation, and vision. While these encounters were not captured in Xcelys, they underwent edits in Edifecs (XEngine) to verify valid billing codes and member information.

Primaris did not have any concerns with Missouri Care's claims and encounter data processing.

## 6.2 Enrollment Data

Missouri Care received daily enrollment files from the State via a process that has been in place over the last several years. Missouri Care received the daily enrollment files in a standard Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant 834 electronic format and loaded the files directly into Xcelys. Missouri Care reconciled the daily files with a monthly file, also provided by the State, to ensure data were accurate prior to enrolling the member. Primaris reviewed the Xcelys system during the on-site audit and confirmed each enrollment span was captured. Additionally, Primaris reviewed several enrollment records to ensure that all HEDIS-required data elements were present and accurate. Primaris conducted on-site drill downs that looked at the enrollment process and enrollment spans for all Missouri Care members. Additional queries looked at the length of enrollment for all members. The average length of time a member was

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continuously enrolled was 11 months or more, which was no different than the last review Primaris conducted. Missouri Care denied having issues with the enrollment process during the measurement year.

Missouri Care conducted appropriate oversight of the enrollment process through ongoing internal audits and communication with the State enrollment authority. Primaris confirmed there were no changes to Missouri Care's enrollment data process since the previous year's review.

Missouri Care reported no issues with managing the enrollment process due to COVID-19 or for any other reason in 2019.

### 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 the required HEDIS reporting elements were present in Xcelys and 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. 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. Missouri Care also denied having any issues related to the COVID-19 pandemic.

### 6.4 Medical Record Review Validation (MRRV)

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Missouri Care stated they were significantly impacted by the COVID-19 pandemic and therefore opted to report administratively. This resulted in a selection of 45 administrative claims for primary source verification review.

The substituted administrative review findings are presented in the Table 5.

Table 5: MRRV Results Primary Source Verification Supplemented			
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

Numerator positive hits through supplemental data sources W34 and CHL were considered standard administrative records. Primaris had no concerns with the data sources or record acquisition.

### 6.6 Data Integration

Missouri Care continued to use its internal data warehouse to combine all files for uploading to the Inovalon certified measures software. The internal data warehouse combined all systems and external data into tables for consolidation prior to loading into Inovalon's file layouts. The majority of information was derived from the Xcelys system while external data such as supplemental and vendor files were loaded directly into the data warehouse tables. Primaris conducted a review of the HEDIS data warehouse and found it to be compliant. Missouri Care had several staff members involved in the process with many years of experience in dealing with data extractions, transformations, and loading. The warehouse was managed well, and access was only granted when required for job duties.

Primaris conducted primary source verification and did not encounter any issues during the validation. Member data matched Xcelys as well as the data warehouse and Inovalon numerator events. Primaris also conducted a series of queries during the on-site audit and did not identify any issues. Primaris reviewed Missouri Care's preliminary rates and did not identify any concerns. There were no changes to Missouri Care's systems or data integration processes since the previous year's HEDIS review.

## 7.0 Performance Measure Specific Findings

Table 6 shows the key review findings and final audit results for Missouri Care for each performance measure.

Primaris determined validation results for each performance measure rate based on the definitions listed below. 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 an error for a single audit element may result in a designation of “Do Not Report (DNR)” because the impact of the error materially biased the reported performance measure. Conversely, it is also possible that several audit element errors may have little impact on the reported rate, thus the measure is “Reportable (R).” The following is a list of the validation findings and their corresponding definitions:

R = Reportable: Measure was compliant with State specifications.

DNR = Do not report; Missouri Care rate was materially biased and should not be reported

NA = Not applicable; Missouri Care was not required to report the measure.

NR = Measure was not reported because Missouri Care did not offer the required benefit.

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	Reportable
Chlamydia Screening in Women (CHL)	No concerns identified	Reportable
Inpatient Mental Health Readmissions	No concerns identified	Reportable

## 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
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
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 checked="" type="radio"/>	<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	Not Met	N/A	Comments
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				
Missouri Care'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 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.</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>				
Documentation governing the production process, including Missouri Care production activity logs and Missouri Care staff review of report runs, is adequate.	<input checked="" type="radio"/>	<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	Not Met	N/A	Comments
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"/>	

Worksheet 2: Measure Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
For each performance measure, all members of the relevant populations identified in the performance measure specifications (who were eligible to receive the specified services) were included in the population from which the denominator was produced. The eligible population included members who received the services as well as those who did not. The same standard applies to provider groups or other relevant populations identified in the specifications of each performance measure.	●	<input type="checkbox"/>	<input type="checkbox"/>	
For each measure, adequate programming logic or source code identifies, tracks, and links member enrollment within and across	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
product lines by age and sex, as well as through possible periods of enrollment and disenrollment) and appropriately identifies all relevant members of the specified denominator population for each of the performance measures.				
Missouri Care's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable)	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care used proper mathematical operations to determine patient age or age range	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care can identify the variable(s) that define the member's sex in every file or algorithm needed to calculate the performance measure denominator, and can explain what classification is carried out if neither of the required codes is present	●	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care has correctly calculated member months and member years, if applicable to the performance measure	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Identifying medical events.</b> Missouri Care has properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes have been appropriately identified and applied as specified in each performance measure.	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Time parameters.</b> Any time parameters required by the performance measure specification were followed by Missouri Care (e.g., cut off dates for data collection, counting 30 calendar days after discharge from a hospital).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Exclusion criteria.</b> Performance measure specifications or definitions that exclude members from a denominator were followed. (For example, if a measure relates to receipt of a specific service, the denominator may need to be adjusted to reflect instances in which the patient refuses the service, or the service is contraindicated.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Population estimates.</b> Systems or methods used by Missouri Care to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Identifying the at-risk population.</b> Missouri Care has used the appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Services provided outside Missouri Care.</b> Missouri Care has adopted and followed procedures to capture data for those performance measures that could be easily under-reported due to the availability of services outside Missouri Care. (For some measures, particularly those focused on women and children, the member may have received the specified service outside of the	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
Missouri Care provider base, such as children receiving immunizations through public health services or schools, access to family planning services. An extra effort must be made to include these events in the numerator.)				
<b>Inclusion of qualifying medical events.</b> Missouri Care's use of codes to identify medical events (e.g., diagnoses, procedures, prescriptions) are complete, accurate, and specific in correctly describing what transpired and when. This included:	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care correctly evaluated medical event codes when classifying members for inclusion or exclusion in the numerator	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care avoided or eliminated all double-counted members or numerator events	●	<input type="checkbox"/>	<input type="checkbox"/>	
Missouri Care mapped any non-standard codes used in determining the numerator in a manner that is consistent, complete, and reproducible. The EQRO assesses this through a review of the programming logic or a demonstration of the program	●	<input type="checkbox"/>	<input type="checkbox"/>	
All time parameters required by the specifications of the performance measure were adhered to (i.e., that the measured event occurred during the time period specified or defined in the performance measure)	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Medical record data.</b> Medical record reviews and abstractions were carried out in a manner that facilitated the collection of complete,	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Missouri Care				
Data Integration and Control Element	Met	Not Met	N/A	Comments
accurate, and valid data by ensuring that:				
Record review staff have been properly trained and supervised for the task	●	<input type="checkbox"/>	<input type="checkbox"/>	
Record abstraction tools required the appropriate notation that the measured event occurred	●	<input type="checkbox"/>	<input type="checkbox"/>	
Medical record data from electronic sources was accurately extracted according to measure specifications	●	<input type="checkbox"/>	<input type="checkbox"/>	
Data included in the record extract files are consistent with data found in the medical records based on a review of a sample of medical record for applicable performance measures	●	<input type="checkbox"/>	<input type="checkbox"/>	
The process of integrating administrative data and medical record data for the purpose of determining the numerator is consistent and valid	●	<input type="checkbox"/>	<input type="checkbox"/>	

## 9.0 Missouri Care Measure Specific Rates

Table 7: Health Care Data Report for Inpatient Mental Health Readmissions Calendar Year 2017 2019			
Age Cohort	2017	2018	2019
Age 0-12	137	204	169
Age 13-17	158	230	233
Age 18-64	130	111	112
Age 65+	0	0	0
Total	425	545	514

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<b>Worksheet 3: Performance Measure Results</b>			
<b>Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)</b>			
<b>Data Element/CY</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
Numerator	263	22,099	18,709
Denominator	411	35,940	28,450
Rate	63.99%	61.49%	65.76%
<b>Chlamydia Screening in Women All Ages (CHL)</b>			
Numerator	1,458	2,288	1,909
Denominator	3,534	7,402	5,899
Rate	41.26%	30.91%	32.36%

**10.0 Conclusions****10.1 Quality, Timeliness, and Access to Healthcare****Strengths**

- Missouri Care staff was well prepared for an onsite review and had all claims and preparation completed ahead of schedule.
- Missouri Care was able to demonstrate and articulate their knowledge and experience of the measures under review.
- Missouri Care continues to update the Xcelys system with the most current diagnoses and procedures as they become available during the year.
- Missouri Care did not appear to have any barriers to care services even with the merger with Centene.
- Missouri Care's policies and procedures address quality of care for its members.
- 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 of 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.
- Missouri Care continues to monitor and improve upon the data captured in both primary and supplementary data for numerator compliance.

**Weakness**

During the virtual on-site review, there were no immediate weaknesses detected.



## Performance Measures: Missouri Care

### 10.2 Improvement by Missouri Care

- Minimal improvements were noted in the Inpatient Readmission measure (admissions dropped from 545 in CY 2018 to 514 in CY 2019).
- Minimal improvements were noted in the CHL measure (rate changed <5%, from 30.91% to 32.36%).
- Minimal improvements were noted in the W34 measure (rate change <5%, from 61.49% to 65.76%).

**Response to Previous Year's Recommendations:** Table 8 describes actions taken by Missouri Care in response to EQRO recommendations during previous EQR 2019.

Table 8: Previous Year's Recommendations		
Recommendation	Action by Missouri Care	Comment by EQRO
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.	Regional reporting was not required this year. Missouri Care continued to engage members of any care requirements.	Minor improvements were noted for CHL. It is recommended that Missouri Care continue to enhance outreach to members and providers for the future review.
Missouri Care was 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.	Regional reporting was not required this year.	Minor improvements were noted for the readmission measure.
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.	Members are engaged throughout the year to seek outpatient services.	Readmissions decreased for CY 2019. Missouri Care should continue to create outreach programs/care management to prevent further readmissions for

## Performance Measures: Missouri Care

		the same diagnosis.
Missouri Care should consider incentivizing providers to meet with members for the W34 measure. This may positively impact the rates for future years.	Missouri Care continues to communicate with their providers to improve the W34 measure.	Minor improvements were noted for W34. This measure was retired by NCQA in 2020 and therefore will no longer be part of the performance measurement. No further action is required.

**11.0 Recommendations****Missouri Care**

Although readmissions decreased for the measurement year and effective January 23, 2020, ownership of Missouri Care was changed from WellCare to Anthem, Inc., Primaris recommends that Anthem continue to create outreach programs to prevent readmissions within 30 day for the same mental health diagnosis.

**MHD**

MHD is advised that W34 measure has been retired by NCQA for CY 2020. A new measure should be selected for review in future, preferably a hybrid measure to allow medical record review. MHD should consider including other Medicaid measures from CMS Adult Core Set, Child Core Set, and Behavioral Health Core Set measures.