2021 External Quality Review

Performance Measures Validation

Healthy Blue

Measurement Period: Calendar Year 2020
Validation Period: June-August 2021
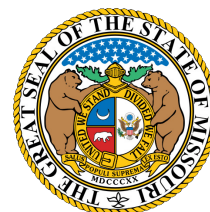**Publish Date:** September 28, 2021

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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 MHD contracts with Managed Care Organizations (MCOs), also referred to as Managed Care Plans, to provide health care services to its Managed Care enrollees. Healthy Blue[1] is one of the three MCOs operating in Missouri (MO). The MHD works closely with Healthy Blue 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).

The 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 the MHD that were calculated and reported by the MCOs for their Medicaid population. The MHD identified the measurement period as calendar year (CY) 2020/Measurement year (MY) 2020. 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.[2]

2.0 OBJECTIVES

Primaris validated the performance measures selected by the MHD (Table 1) with the following objectives:
　　1. Evaluate the accuracy of the performance measures based on the measure specifications and State reporting requirements.
　　2. Evaluate if Healthy Blue followed the rules outlined by the MHD for calculating the performance measures (42 C.F.R. § 438.358(b)(ii)).

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[1] Previous MCO (Missouri Care) was acquired by Anthem, Inc. effective Jan 23, 2020, and is doing business as Healthy Blue in Missouri.

[2] 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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3. Review Information Systems underlying performance measurement.
4. Assess data integration and control for performance measures calculation
5. Review performance measure production.
6. Determine Healthy Blue's ability to process claims, enrollment, provider and supplemental data accurately.
7. Determine Healthy Blue's ability to identify numerator and denominator eligible members accurately.
8. Determine if Healthy Blue has adequate processes in place to ensure data completeness and data quality.

The performance measures were validated using the data collection specifications for each measure as listed in Table 1. All performance measures selected by the MHD were administrative only which required primary source verification (PSV) from Healthy Blue's administrative systems (claims and supplemental data). Each administrative measure required a random selection of 45 records for PSV. For the inpatient readmission measures, a total of 15 records were selected from each sub-measure (Mental Health, Substance Abuse and Medical) to meet the total of 45 records reviewed.

Table 1: Performance Measures			
Performance Measure	**Method**	**Specifications Used**	**Validation Methodology**
Chlamydia Screening in Women (CHL)	Admin	HEDIS	Primary Source Verification
Well-Child Visits in the First 30 Months of Life (W30)	Admin	HEDIS	Primary Source Verification
Inpatient Readmissions-Mental Health (MH), Substance Abuse (SA), and Medical (MED)	Admin	MHD	Primary Source Verification

3.0 MANAGED CARE INFORMATION

Contact Information about Healthy Blue is presented in Table 2. A virtual meeting was conducted on July 13, 2021, for validation of the performance measures.

Table 2: MCO Information	
MCO Name:	Healthy Blue
MCO Location:	1831 Chestnut, St. Louis, MO 63103
On-site Location:	Virtual Meeting: Web-Ex

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Audit Contact:	Russell Oppenborn, Director, State Regulatory Affairs
Contact Email:	Russell.Oppenborn@healthybluemo.com
Plan:	Healthy Blue
Program:	Managed Care (Medicaid/Children's Health Insurance Program)

4.0 DESCRIPTION OF VALIDATION ACTIVITIES

4.1 Pre-Audit Process

Primaris prepared a series of electronic communications that were submitted to Healthy Blue 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, 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 performance measure validation review. The communications addressed the methodology of selecting a maximum of 45 records for PSV and the process for sampling and validating the administrative measures during the review process. Primaris provided specific questions to Healthy Blue 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 Healthy Blue to discuss expectations, virtual session times and to answer any questions that Healthy Blue staff may have regarding the overall process.

4.2 Validation Team Members

The Primaris team consisted of a Lead Auditor, Allen Iovannisci, MS, CHCA, CPHQ, who possessed the knowledge, skills, and expertise in the Performance Measures, Data Integration, Systems Review, and Analysis required to complete the validation and requirements review for Healthy Blue. The Lead Auditor participated in a virtual onsite meeting using web-based technologies to visually inspect the systems and communicate with Healthy Blue staff.

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: Healthy Blue 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.
- Source code verification for performance measures: Healthy Blue contracted with a software vendor to generate and calculate rates for the three administrative performance measures, Inpatient Readmissions (MH, SA, and MED), W30 and CHL. There were no changes to the source code since the previous review in MY 2020 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 Healthy Blue's 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 Healthy Blue, Primaris conducted a validation review to determine reasonable accuracy and data integrity.
- Primaris took a sample of 45 administrative claims for each administrative measure, CHL, Inpatient Readmissions (MH-15 samples, SA–15 samples, MED-15 samples) and W30, and conducted primary source verification to validate and assess Healthy Blue's compliance with the numerator objectives.

4.4 Virtual Onsite Activities

Primaris conducted Healthy Blue's virtual performance measurement visit on July 13, 2021. 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 Healthy Blue 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 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.

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- ISCA Review, Interviews and Documentation: The review included processes used for collecting, storing, validating, and reporting performance measure rates. The review meetings were interactive with key Healthy Blue staff members to capture Healthy Blue's steps taken to generate the performance measure rates. This session was used by Primaris to assess a confidence level 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.
- 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

The MHD provided Primaris with the Healthcare Quality Data Instructions for Inpatient Readmissions (MH, SA, and MED) in MY 2020, which consisted of requirements and specifications for validation of the Inpatient Readmission measure (MH, SA, and MED). Additionally, the MHD instructed Healthy Blue to utilize the HEDIS specifications for the CHL and W30 measures.

As part of the performance measure validation process, Primaris reviewed Healthy Blue'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 describes the validation processes used and the validation findings. The scores (Table 3) are adopted from CMS EQR Protocol 2.

Table 3: 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 fully compliant with State specifications. This designation should be used

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	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.
N/A	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 Healthy Blue'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 Healthy Blue, 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.

Met ●	Not Met ☐	N/A ☐

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 its backup procedures. Primaris validated the data control processes Healthy Blue used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures.

Primaris determined that the data control processes in place at Healthy Blue were acceptable.

Met ●	Not Met ☐	N/A ☐

5.3 Performance Measure Documentation

Primaris
Healthcare Business Solutions

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Sufficient and 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 Healthy Blue in the ISCA. Primaris' Lead Auditor reviewed the computer programming codes, output files, workflow diagrams, primary source verification and other related documentations.

Met ●	Not Met ☐	N/A ☐

6.0 VALIDATION ANALYSIS

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

6.1 Medical Service Data (Claims and Encounters)

Even though Anthem, Inc. acquired Missouri Care effective Jan 23, 2020, all claims transactions continued to be processed on the Missouri Care's legacy claims system Xcelys, during MY 2020. This review focuses on the claim system that processed the claims in MY 2020, Xcelys.

There were no system or process changes from the previous year's review of the claims and encounters systems for Healthy Blue/Missouri Care.

Healthy Blue reported having no negative impact on claims processing due to the Covid-19 pandemic. Healthy Blue did not encounter any significant backlog of claims that they weren't able to resolve in time for performance measure reporting. During the virtual onsite review of the claims completeness and incurred but not received report (IBNR), Primaris did not identify any concerns. Healthy Blue maintained that ninety-five percent (95%) of claims were received in time to be included in the performance measures, having no significant change from the previous year's review.
Primaris reviewed Healthy Blue's claims process using both the ISCA tool and during the on-site audit to determine that only standard coding and claim forms were used. Healthy Blue'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.

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Healthy Blue monitored the Imagenet claims daily to ensure all values were captured on the scanned claims. Healthy Blue conducted audits on three 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, Healthy Blue used edits within Xcelys to detect provider, member, and payment errors to ensure members existed and payments were accurate. Healthy Blue indicated that it had no issues with providers submitting claims in MY 2020.
Ninety-nine percent of all claims were captured within one day and 100 percent within two days. Healthy Blue 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 Healthy Blue's claims and encounter data processing for MY 2020.

Healthy Blue is planning on transitioning from Xcelys to Facets during MY 2021.

6.2 Enrollment Data

There were no changes to the enrollment process from the previous year. Healthy Blue reported an increase in membership during MY 2020. The membership increase can be attributed to Covid-19. The State halted the redetermination process for Medicaid eligibles in MY 2020 which led to members not being disenrolled. Additionally, Covid-19's forced business shut-downs and layoffs created new Medicaid eligible members. Healthy Blue denied having any negative impact on enrollment processing due to the increase in membership. There were no concerns with Healthy Blue's accuracy nor were there any significant backlogs of enrollments due to the pandemic.
Healthy Blue received daily enrollment files from the State via a process that has been in place over the last several years. Healthy Blue 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. Healthy Blue 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 Healthy Blue members. Additional queries looked at the length of enrollment for all members. The average length of time a member was continuously enrolled was 11 months or more, which was no different than the last review Primaris

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conducted. Healthy Blue reported having no issues with the enrollment process during the measurement year.

Healthy Blue 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 Healthy Blue's enrollment data process since the previous year's review.

Primaris selected a sample of members from several administrative numerators and verified the members were compliant with the measure specifications. Primaris verified age, gender, and enrollment history along with diagnosis and procedure codes. No issues were found during the system review.

Healthy Blue conducted appropriate oversight of the enrollment process through ongoing internal audits and communication with the State enrollment authority.

During the virtual review, Primaris verified the members captured in the performance measures were the appropriate populations.

Primaris had no concerns with Healthy Blue's ability to capture member information.

Healthy Blue will be transitioning all enrollment information from Xcelys to Facets in MY 2021.

6.3 Provider Data

Healthy Blue utilized Xcelys to capture its provider data for claims processing. Healthy Blue utilized both direct contracted and delegated entities to enroll providers. Healthy Blue used an internal software tracking mechanism (Omniflow) to manage its provider information. Omniflow was used to send provider data to Healthy Blue'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. Healthy Blue'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 Healthy Blue's ISCA.

All providers were appropriately credentialed in the specialties in which they were practicing. Healthy Blue 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 Healthy Blue to

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be compliant with the credentialing and assignment of individual providers at the Federally Qualified Health Centers (FQHCs).

There were no changes to Healthy Blue's provider data processes, including how it captured provider data through its delegated entities. Healthy Blue reported no issues related to the Covid-19 pandemic.

Healthy Blue will be transitioning all provider information from its legacy Missouri Care systems over to Healthy Blue systems in MY 2021.

6.4 Medical Record Review Validation (MRRV)

Medical record review was not part of the review for MY 2020 as the measures under review were strictly administrative only measures and did not require a medical record component.

6.5 Supplemental Data

Numerator positive hits through supplemental data sources W30 and CHL were considered standard administrative records. Primaris had no concerns with the data sources or record acquisition.

6.6 Data Integration

Healthy Blue's data integration process did not change from the previous year's review. Healthy Blue continued to use Inovalon software for performance measure, QSI-XL. Healthy Blue indicated there were no significant issues with the migration and no concerns were identified during on-site primary source verification.

Healthy Blue's internal data warehouse combined all files for uploading into QSI-XL's certified measures software. The internal data warehouse combined all systems and external data into tables for consolidation prior to loading into QSI-XL 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. Healthy Blue had several staff members involved in the process with many years of experience in dealing with data extractions, transformations, and loading. The warehouse continued to be 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

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did not identify any issues. Primaris reviewed Missouri Care's preliminary rates and did not identify any concerns.

Healthy Blue will be transitioning all provider information from its legacy Missouri Care systems over to Healthy Blue systems in MY 2021.

7.0 PERFORMANCE MEASURE SPECIFIC FINDINGS

Table 4 shows the key review findings and final audit results for Healthy Blue for each performance measure.

Primaris determined validation results for each performance measures 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; Healthy Blue rate was materially biased and should not be reported

NA = Not applicable; Healthy Blue was not required to report the measure.

NR = Measure was not reported because Healthy Blue did not offer the required benefit.

Table 4: Key Review Findings and Audit Results for Healthy Blue		
Performance Measures	Key Review Findings	Audit Results
Chlamydia Screening in Women (CHL)	No concerns identified	Reportable
Well-Child Visits in the First 30 Months of Life (W30)	No concerns identified	Reportable
Inpatient Readmissions (MH, SA, MED)	No concerns identified	Reportable

8.0 DOCUMENTATION WORKSHEETS

Worksheet 1: Data Integration and Control Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository.				

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Worksheet 1: Data Integration and Control Findings for Healthy Blue				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
Healthy Blue 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.				
Healthy Blue'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 reporting are lost or inappropriately modified during transfer.	🟢	☐	☐	
If Healthy Blue uses a performance measure data repository, its structure and format facilitate 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	🟢	☐	☐	

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Worksheet 1: Data Integration and Control Findings for Healthy Blue				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
(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 Healthy Blue production activity logs and Healthy Blue staff review of report runs, is adequate.	🟢	☐	☐	
Prescribed data cutoff dates are followed.	🟢	☐	☐	
Healthy Blue 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.	🟢	☐	☐	
Healthy Blue's processes and documentation comply with Healthy Blue standards associated with reporting program specifications, code review, and testing.	🟢	☐	☐	

Worksheet 2: Measure Validation Findings for Healthy Blue				
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.	🟢	☐	☐	

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Worksheet 2: Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
For each measure, adequate programming logic or source code identifies, tracks, and links member enrollment within and across 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.	🟢	☐	☐	
Healthy Blue's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	🟢	☐	☐	
Healthy Blue used proper mathematical operations to determine patient age or age range.	🟢	☐	☐	
Healthy Blue 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.	🟢	☐	☐	
Exclusion criteria included in the performance measure specifications are followed.	🟢	☐	☐	
Healthy Blue has correctly calculated member months and member years, if applicable to the performance measure.	🟢	☐	☐	
Identifying medical events. Healthy Blue 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.	🟢	☐	☐	
Time parameters. Any time parameters required by the performance measure specification were followed by the Healthy Blue (e.g., cut off dates for data collection,	🟢	☐	☐	

Worksheet 2: Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
counting 30 calendar days after discharge from a hospital).				
Exclusion criteria. 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.)	🟢	☐	☐	
Population estimates. Systems or methods used by Healthy Blue to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	🟢	☐	☐	
Identifying the at-risk population. Healthy Blue has used appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	🟢	☐	☐	
Services provided outside the Healthy Blue. Healthy Blue 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 Healthy Blue. (For some measures, particularly those focused on women and children, the member may have received the specified service outside of the Healthy Blue 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.)	🟢	☐	☐	
Inclusion of qualifying medical events. Healthy Blue's use of codes to identify medical events (e.g., diagnoses, procedures, prescriptions) are complete, accurate, and	🟢	☐	☐	

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Worksheet 2: Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	**Met**	**Not Met**	**N/A**	**Comments**
specific in correctly describing what transpired and when. This included:				
Healthy Blue correctly evaluated medical event codes when classifying members for inclusion or exclusion in the numerator.	●	☐	☐	
Healthy Blue avoided or eliminated all double-counted members or numerator events.	●	☐	☐	
Healthy Blue 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.	●	☐	☐	
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).	●	☐	☐	
Medical record data. Medical record reviews and abstractions were carried out in a manner that facilitated the collection of complete, accurate, and valid data by ensuring that:	☐	☐	☒	Medical record review was not conducted for MY 2020 performance measures as they were administrative measures.
Record review staff have been properly trained and supervised for the task.	☐	☐	☒	Medical record review was not conducted for MY 2020 performance measures as they were administrative measures.
Record abstraction tools required the appropriate notation that the measured event occurred.	☐	☐	☒	Medical record review was not conducted for MY 2020 performance measures as they

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Worksheet 2: Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
				were administrative measures.
Medical record data from electronic sources was accurately extracted according to measure specifications.	☐	☐	☒	Medical record review was not conducted for MY 2020 performance measures as they were administrative measures.
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.	☐	☐	☒	Medical record review was not conducted for MY 2020 performance measures as they were administrative measures.
The process of integrating administrative data and medical record data for the purpose of determining the numerator is consistent and valid.	🟢	☐	☐	

9.0 HEALTHY BLUE MEASURE SPECIFIC PERFORMANCE MEASURES

Worksheets 3a-c show the results of the performance measures in the format adopted from the CMS EQR Protocol 2.

Worksheet 3a: Inpatient Readmissions			
Age Cohort	Mental Health	Substance Abuse	Medical
Age 0-12 – Numerator	118	0	536
Age 0-12 – Denominator	1,519,337	1,519,337	1,616,326
Age 13-17 – Numerator	224	4	111
Age 13-17 – Denominator	484,999	484,999	533,828
Age 18-64 – Numerator	104	23	658
Age 18-64 – Denominator	474,233	474,233	487,528
Age 65+ - Numerator	0	0	0
Age 65+ - Denominator	77	77	77

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Total – Numerator	446	27	1,305
Total - Denominator	2,478,646	2,478,646	2,637,759

Worksheet 3b: Performance Measure Results			
Well-Child Visits in the First 30 Months of Life (W30)*			
Data Element/MY	2018	2019	2020
First 15 Months Numerator	NA	NA	4,238
First 15 Months Denominator	NA	NA	8,163
First 15 Months Rate	NA	NA	**51.92%**
15 – 30 Months Numerator	NA	NA	3,571
15 – 30 Months Denominator	NA	NA	4,995
15 – 30 Months Rate	NA	NA	**71.49%**

*New Measure in MY 2020

Worksheet 3c: Chlamydia Screening in Women All Ages (CHL)			
Data Element/MY	2018	2019	2020
Numerator	2,288	1,909	2,708
Denominator	7,402	5,899	9,195
Rate	30.91%	32.36%	29.43%

10.0 CONCLUSIONS

10.1 Quality, Timeliness, and Access to Healthcare

Strengths
- Healthy Blue staff was well prepared for an onsite review and had all claims and preparation completed ahead of schedule.
- Healthy Blue was able to demonstrate and articulate their knowledge and experience of the measures under review.
- Healthy Blue continues to update the Xcelys system with the most current diagnoses and procedures as they become available during the year.
- Healthy Blue did not appear to have any barriers to care services even with the transition to Anthem, Inc.
- Healthy Blue'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 requires proper authorization and participating hospitals are well informed of the process for obtaining authorizations from Healthy Blue.

Performance Measures: Healthy Blue

- Healthy Blue was able to demonstrate its ability to capture the specific diagnosis codes for each Inpatient readmissions (MH, SA, and MED), CHL, and W30. Healthy Blue continues to monitor and improve upon the data captured in both primary and supplemental data for numerator compliance.

Weakness

Healthy Blue's CHL rate in MY 2020 dropped 2.93 percentage points compared to MY 2019. Although, it should be noted that this percentage drop in CHL is within the 5% statistically significant threshold.

10.2 Improvement by Healthy Blue

Some improvement was noted in the Inpatient Readmission measure. Total MH readmissions dropped from 514 in MY 2019 to 446 in MY 2020 (lower the better) (Table 5).

Table 5: Inpatient Mental Health Readmissions MY 2018-2020			
Age Cohort	**2018**	**2019**	**2020**
Age 0-12	204	169	118
Age 13-17	230	233	224
Age 18-64	111	112	104
Age 65+	0	0	0
Total	545	514	446

Response to Previous Year's Recommendations: Table 6 describes actions taken by Healthy Blue (Missouri Care in the previous year) in response to EQRO recommendations during previous EQR 2020.

Table 6: Previous Year's Recommendations		
Recommendation	**Action by Healthy Blue**	**Comment by EQRO**
Although readmissions decreased for the measurement year and effective January 23, 2020, ownership of Missouri Care was changed from WellCare to Anthem, Inc. (dba Healthy Blue). Primaris recommends that Healthy Blue continue to create outreach programs to prevent readmissions within 30 days for the same mental health diagnosis.	Healthy Blue had outreach programs in place to address mental health readmissions overall. However, much of the decrease in readmissions may have been due to the Covid-19 pandemic.	Continue to develop robust outpatient outreach to members to reduce the incidence of readmissions.

Performance Measures: Healthy Blue

Healthy Blue 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. Healthy Blue's chlamydia screening rates are significantly lower in the Central and Southwest Regions. It appears that these two regions would be good candidates for a deeper dive into why compliance is so low.	Minimal interventions were possible due to Covid-19 office closures. This resulted in a lower CHL rate.	It is recommended that Healthy Blue continue to enhance outreach and education to members and providers for future review.
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 were outreached throughout the year and educated to seek outpatient services; however, much of the readmission decline is partly due to Covid-19.	Readmissions decreased for MY 2020. Healthy Blue should continue to use outreach programs/care management to prevent further readmissions for the same diagnosis.

11.0 RECOMMENDATIONS

Healthy Blue
- Primaris continues to recommend Healthy Blue pursue outpatient mental health services and educate the members to have a follow-up visit to a doctor within seven days and 30 days of a hospital discharge.
- Primaris recommends Healthy Blue continue to address readmissions for medical services by coordinating care plans with primary care providers to ensure discharge planning is followed up on within 24 hours of a discharge.
- Healthy Blue should consider incentivizing providers to meet with members for the W30 measure. This may positively impact the rates for future years.
- Primaris recommends Healthy Blue continue education and outreach efforts to members and providers to increase Chlamydia screenings.

MHD
- The MHD should consider including other Medicaid measures from CMS Adult Core Set, Child Core Set and Behavioral Health Core Set in addition to the measures required by HEDIS reporting.

Performance Measures: Healthy Blue

- The MHD should work with Healthy Blue to track, monitor, and measure the interventions taken to improve performance of Inpatient Readmissions, W30, and CHL and measures.