



2021 External Quality Review

Performance Measures Validation

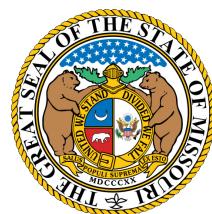


home state health.

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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. Home State Health is one of the three MCOs operating in Missouri (MO). The MHD works closely with Home State Health 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 2019.¹

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 Home State Health followed the rules outlined by the MHD for calculating the performance measures (42 C.F.R. § 438.358(b)(ii)).
3. Review Information Systems underlying performance measurement.

¹ 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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4. Assess data integration and control for performance measures calculation.
5. Review performance measure production.
6. Determine Home State Health's ability to process claims, enrollment, provider and supplemental data accurately.
7. Determine Home State Health's ability to identify numerator and denominator eligible members accurately.
8. Determine if Home State Health 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 Home State Health'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 Home State Health is presented in Table 2. A virtual meeting was conducted on July 14, 2021, for validation of the performance measures.

Table 2: MCO Information

MCO Name:	Home State Health
MCO Location:	16090 Swingley Ridge Rd, Suite 300, Chesterfield, MO 63017
On-site Location:	Virtual Meeting: Web-Ex
Audit Contact:	Patrick Mullins, Director Compliance
Contact Email:	PMULLINS@Homestatehealth.com

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Plan:	Home State Health
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 Home State Health 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 Home State Health 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 Home State Health to discuss expectations, virtual session times and to answer any questions that Home State Health 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 Home State Health. The Lead Auditor participated in a virtual onsite meeting using web-based technologies to visually inspect the systems and communicate with Home State Health 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: Home State Health completed and submitted the required and relevant portions of its ISCA for Primaris' review. Primaris used responses from the ISCA to complete the onsite and pre-onsite assessment of their information system.
- Source code verification for performance measures: Home State Health 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 Home State Health'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 Home State Health, 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 Home State Health's compliance with the numerator objectives.

4.4 Virtual Onsite Activities

Primaris conducted Home State Health's virtual performance measurement visit on July 14, 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 Home State Health staff members involved in the performance measure validation activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- 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.
- ISCA Review, Interviews and Documentation: The review included processes used for

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collecting, storing, validating, and reporting performance measure rates. The review meetings were interactive with key Home State Health staff members to capture Home State Health's steps taken to generate the performance measure rates. This session was used by Primaris to assess a confidence level 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 Home State Health to utilize the HEDIS specifications for the CHL and W30 measures.

As part of the performance measure validation process, Primaris reviewed Home State Health's data integration, data control, and documentation of performance measure rate calculations. 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 for any validation component that deviates from the State

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	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 Home State Health'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 Home State Health, which included a review of file consolidations or extracts, a comparison of source data to warehouse files, data integration documentation, source code, production activity logs, and linking mechanisms.

Met		Not Met <input type="checkbox"/>	N/A <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 its backup procedures. Primaris validated the data control processes Home State Health used which included a review of disaster recovery procedures, data backup protocols, and related policies and procedures.

Primaris determined that the data control processes in place at Home State Health were acceptable.

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

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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 Home State Health 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 <input type="checkbox"/>	N/A <input type="checkbox"/>
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6.0 VALIDATION ANALYSIS

Primaris evaluated Home State Health'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)

Primaris verified that there were no system or process changes from the previous review of claims and encounters. Home State Health reported no impact from Covid-19 pandemic on its claims processing overall but did indicate that there was a significant drop in claims during the first quarter of the MY 2020.

Home State Health's medical services data system remained unchanged since the previous review. Home State Health used AMISYS as its primary claims processing system, which has been operational for several years. AMISYS captured all relevant fields for performance measure reporting.

During the MY 2020, there were no significant changes to the system other than usual maintenance and minor upgrades limited to provider contract and benefit maintenance. Home State Health continued to capture most of its claims electronically. The small number of paper claims received were either for services that required additional documentation, such as medical records or services rendered by out-of-network providers. Paper claims were submitted to Home State Health's vendor for scanning. The scanning vendor then transmitted the paper claims back to Home State Health in standard 837 electronic format for processing in AMISYS.

Home State Health continued to have less than 5% manual intervention for claims processing. Most of the manual steps in processing were due to high-dollar claims that required supervisor approval. As in previous audits, Primaris reviewed the coding schemes to determine if nonstandard coding was used. Home State Health did not use any nonstandard coding during the measurement year.

Home State Health's AMISYS system captured primary, secondary, and modifier codes appropriately. Coding updates to the AMISYS system were made annually to ensure the

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most recent coding schemes were captured. Ninety-nine percent of Home State Health providers continued to be reimbursed based on an FFS payment model, which ensured claims were submitted in a timely manner. As part of the drilldown queries conducted for the audit, Primaris validated all claims contained appropriate coding and provider payment information. Provider identifiers were reviewed and verified to ensure they were active and credentialed at the time of service on the claim.

Primaris had no concerns with Home State Health's claims and encounter data processes.

6.2 Enrollment Data

There were no changes to the enrollment process from the previous year. Home State Health 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. Home State Health denied having any negative impact on enrollment processing due to the increase in membership. There were no concerns with Home State Health's accuracy nor were there any significant backlogs of enrollments due to the pandemic.

Home State Health's enrollment data were housed in the AMISYS system, and no changes were made to the system since the previous year's audit. Enrollment data were still received daily and monthly from the State. New members were processed and entered into AMISYS using electronic methods. Occasionally, enrollment data were added manually upon request by the State. Home State Health's load program contained logic for cross-checking manually entered member information to avoid duplicate records. Home State Health performed monthly reconciliation of enrollment data to ensure all member information was complete and accurate. Additionally, Home State Health submitted enrollment files to its external vendors for processing.

The automated process of enrollment at Home State Health included translation and compliance validation of the 834 files and loading of the data into AMISYS. The load program also identified members that were previously entered manually and updated their information, avoiding duplicate entries.

Home State Health also processed enrollment changes. Enrollment changes were made primarily via the systematic loads after a change was received in the State files. Change requests submitted via telephone were updated manually by enrollment processors. Primaris selected a sample of 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.

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

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

Primaris had no concerns with Home State Health's ability to capture member information.

6.3 Provider Data

There were no changes to the provider process this year. Home State Health continued to utilize two systems for provider processing, Portico and AMISYS. Provider files were first loaded into Home State Health's Portico system where the provider began the credentialing process. Once the provider was credentialed, the provider information was loaded into AMISYS. Home State Health had a process in place for validating provider information daily to ensure both systems contained the exact same demographic information. Specialties were validated in Portico and then matched with AMISYS.

The two systems used by Home State Health were linked by the unique provider identification number. No significant changes were made to the systems during the measurement year other than provider maintenance.

Primaris verified provider specialties and certification status for the W34 measure to ensure they were primary care specialties. The audit team had no concerns upon inspection of the data as both provider systems matched perfectly. Additional verification of the provider specialties looked at the provider credentials to ensure they were appropriately captured in both Portico and AMISYS. The provider credentials review was compliant and matched both systems. Primaris validated all providers operating in Home State Health's network were licensed to operate under the Medicaid Managed Care contract for the MHD.

AMISYS maintained all relevant information required for performance measure reporting. Both Portico and AMISYS contained unique identifiers and captured identical information as expected.

There were no updates or changes to Home State Health's provider data processes, including how it captured provider data through its delegated entities.

Final rate review did not reveal any issues with provider mapping for any of the performance measures.

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

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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

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

Home State Health consistently reviewed the data quality reports from QSI-XL to ensure all data were captured and data errors were followed up on. Home State Health had a two-step validation process that logged records submitted with the file name and record counts. Files with the same name were matched against each other to determine if the record counts matched. The second-tier validation looked to determine error counts and error reasons.

Home State Health conducted a full refresh of data rather than doing an incremental data load. This process captured all changes that may have occurred after the initial data were loaded.

Primaris verified hospice members were not included in any data files, as required by HEDIS specifications. All hospice members were flagged through claims using the HEDIS code sets for hospice. This flagging was done within Inovalon's software.

Members with duplicate identifiers were mapped to a unique member identifier in AMISYS and all claims were mapped to the new identifier, ensuring that all claims for a member were captured along with their continuous enrollment segments. Home State Health's corporate team, Centene, ran monthly reports from Inovalon's software to review data on a regular basis. Centene frequently produced month-over-month comparison reports to ensure data were complete and accurate.

Primaris verified each measure's requirements against Home State's applications to determine whether numerators met age, gender, diagnosis, and procedural compliance with the specifications. Primaris did not find any issues during the primary source review. Home State Health backed up data nightly and weekly to ensure no data loss and denied having any significant outages during the year. Home State Health's disaster recovery plan was sufficient to ensure data integrity. Home State Health reported no issues related to COVID-19 in performance measure reporting.

No issues were identified with Home State Health's data integration processes.

7.0 PERFORMANCE MEASURE SPECIFIC FINDINGS

Table 4 shows the key review findings and final audit results for Home State Health for

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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; Home State Health rate was materially biased and should not be reported

NA = Not applicable; Home State Health was not required to report the measure.

NR = Measure was not reported because Home State Health did not offer the required benefit.

Table 4: Key Review Findings and Audit Results for Home State Health

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 Home State Health

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure data repository.				
Home State Health accurately and completely processes transfer data from the transaction files (e.g., membership, provider, encounter/claims) into the performance measure data repository used to keep the data until the calculations of the performance measure rates have been completed and validated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 1: Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accuracy of file consolidations, extracts, and derivations.				
Home State Health's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	<input checked="" type="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Home State Health 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.	<input checked="" type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assurance of effective management of report production and of the reporting software.				
Documentation governing the production process, including Home State Health production activity logs and Home State	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 1: Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
Health staff review of report runs, is adequate.				
Prescribed data cutoff dates are followed.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	●	<input type="checkbox"/>	<input type="checkbox"/>	
The reporting software program is properly documented with respect to every aspect of the performance measure data repository, including building, maintaining, managing, testing, and report production.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health's processes and documentation comply with Home State Health standards associated with reporting program specifications, code review, and testing.	●	<input type="checkbox"/>	<input type="checkbox"/>	

Worksheet 2: Measure Validation Findings for Home State Health				
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 product lines by age and sex, as well as through possible periods of enrollment and disenrollment, and appropriately	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
identifies all relevant members of the specified denominator population for each of the performance measures.				
Home State Health's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health used proper mathematical operations to determine patient age or age range.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health 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"/>	
Home State Health has correctly calculated member months and member years, if applicable to the performance measure.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying medical events. Home State Health 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"/>	
Time parameters. Any time parameters required by the performance measure specification were followed by the Home State Health (e.g., cut off dates for data collection, counting 30 calendar days after discharge from a hospital).	●	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria. Performance measure specifications or definitions that exclude members from a denominator were	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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 Home State Health to estimate populations when they cannot be accurately or completely counted (e.g., newborns) are valid.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying the at-risk population. Home State Health has used appropriate data, including linked data from separate data sets, to identify the entire at-risk population.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Services provided outside the Home State Health. Home State Health 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 Home State Health. (For some measures, particularly those focused on women and children, the member may have received the specified service outside of the Home State Health 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.)	●	<input type="checkbox"/>	<input type="checkbox"/>	
Inclusion of qualifying medical events. Home State Health'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"/>	
Home State Health correctly evaluated medical event codes when classifying	●	<input type="checkbox"/>	<input type="checkbox"/>	

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Worksheet 2: Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
members for inclusion or exclusion in the numerator.				
Home State Health avoided or eliminated all double-counted members or numerator events.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health 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"/>	
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:	<input type="checkbox"/>	<input type="checkbox"/>	☒	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.	<input type="checkbox"/>	<input type="checkbox"/>	☒	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.	<input type="checkbox"/>	<input type="checkbox"/>	☒	Medical record review was not conducted for MY 2020 performance measures as they were

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Worksheet 2: Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
				administrative measures.
Medical record data from electronic sources was accurately extracted according to measure specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

9.0 HOME STATE HEALTH 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	82	0	464	
Age 0-12 – Denominator	1,568,150	1,568,150	1,670,240	
Age 13-17 – Numerator	149	4	103	
Age 13-17 – Denominator	481,027	481,027	534,828	
Age 18-64 – Numerator	99	35	671	
Age 18-64 – Denominator	489,336	489,336	503,938	
Age 65+ - Numerator	0	0	0	
Age 65+ - Denominator	54	54	8	
Total – Numerator	330	39	1,238	

Performance Measures: Home State Health

Total - Denominator	2,538,567	2,538,567	2,709,006
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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	3,686
First 15 Months Denominator	NA	NA	7,729
First 15 Months Rate	NA	NA	47.69%
15 – 30 Months Numerator	NA	NA	3,806
15 – 30 Months Denominator	NA	NA	5,729
15 – 30 Months Rate	NA	NA	66.43%

*New Measure in MY 2020

Worksheet 3c: Chlamydia Screening in Women All Ages (CHL)			
Data Element/MY	2018	2019	2020
Numerator	3,750	2,972	4,314
Denominator	7,978	6,170	9,395
Rate	47.00%	48.17%	45.92%

10.0 CONCLUSIONS

10.1 Quality, Timeliness, and Access to Healthcare

Strengths

- Home State Health staff was well prepared for an onsite review and had all claims and preparation completed ahead of schedule.
- Home State Health was able to demonstrate and articulate their knowledge and experience of the measures under review.
- Home State Health continues to update the AMISYS systems with most current diagnoses and procedures as they become available during the year.
- 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 Home State Health based on conversations with Home State Health's staff.
- Home State Health was able to demonstrate its ability to capture the specific diagnosis codes for each Inpatient readmissions (MH, SA, and MED), CHL, and W30.

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- Home State Health continues to monitor and improve upon the data capture in both primary and supplemental data for numerator compliance.

Weakness

Home State Health's CHL rate in MY 2020 dropped 2.25 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 Home State Health

Some improvement was noted in the Inpatient Readmission measure. Total MH readmissions dropped from 355 in MY 2019 to 330 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	115	110	82
Age 13-17	193	163	149
Age 18-64	130	82	99
Age 65+	0	0	0
Total	438	355	330

Response to Previous Year's Recommendations: Table 6 describes actions taken by Home State Health in response to EQRO recommendations during previous EQR 2020.

Table 6: Previous Year's Recommendations		
Recommendation	Action by Home State Health	Comment by EQRO
Home State Health would benefit from implementing strategies to engage members in proper screenings through outreach campaigns once they become aware of a female member becoming sexually active during the ages of 16-24 years. Home State Health should engage providers to immediately begin testing for chlamydia once they have become aware of the member's sexual activity. Additionally, it is advisable that providers discuss the HPV vaccination at the same time, if this hasn't already been addressed.	Home State Health continued to address gaps in care for all measures, but no specific activity addressed screenings.	Although this was not a significant drop in the rates, CHL still remains a concern. The total rate dropped from 48.17% to 45.92% from MY 2019. Primaris continues to recommend continued outreach to

Performance Measures: Home State Health

		members for screenings.
Medical readmissions should be addressed to determine primary cause for a readmission.	Home State Health utilizes discharge planning following discharges.	The frequency of readmissions should be examined further to prevent any avoidable readmissions.
Primaris recommends Home State Health conduct further examination into solutions for the continuous readmissions by individual members, especially in the pediatric cohort (ages 0-17).	Home State Health reduced the overall readmissions for MH in the 0-17 category by 42 admissions compared to last year (273 in 2019 to 231 in 2020).	The admissions were part of an overall effort to reduce readmissions for MH.
Primaris continues to recommend Home State Health pursue outpatient mental health engagements following a discharge from a hospital with a diagnosis of mental illness.	Home State Health reduced the overall readmissions for MH in the 0-17 category by 42 admissions compared to last year (273 in 2019 to 231 in 2020).	The admissions were part of an overall effort to reduce readmissions for MH by providing better access to outpatient mental health services.

11.0 RECOMMENDATIONS

Home State Health

- Primaris continues to recommend Home State Health pursue outpatient mental health services and educate members to have a follow-up visit to a doctor within seven days and 30 days of a hospital discharge.
- Primaris recommends Home State Health 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.
- Home State Health should incentivize providers to meet with members for the W30 measure.
- Primaris recommends Home State Health continue education and outreach efforts to members and providers to increase Chlamydia screenings.

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