



2022 External Quality Review

Performance Measures Healthy Blue

Measurement Period: Calendar Year 2021

Validation Period: Jun-Aug 2022

Publish Date: Sept 1, 2022

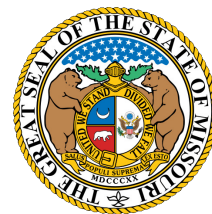


TABLE OF CONTENTS

Topic.....	Page
1.0 Overview	3
2.0 Objective	3
3.0 Audit Team.....	4
4.0 Technical Method.....	5
4.1 Pre-Audit Process	5
4.2 Data Collection and Analysis	5
4.3 Virtual Onsite Activities	6
5.0 Findings: Data Integration, Control And Performance Measure Documentation	7
5.1 Data Integration	7
5.2 Data Control	8
5.3 Performance Measure Documentation	8
6.0 Validation Analysis.....	9
6.1 Medical Service Data (Claims and Encounters).....	9
6.2 Enrollment Data	10
6.3 Provider Data	11
6.4 Medical Record Review Validation (MRRV).....	12
6.5 Supplemental Data	12
6.6 Data Integration	12
7.0 Performance Measure Specific Findings.....	13
8.0 Documentation Worksheets.....	14
9.0 Healthy Blue Measure Specific Performance Measures	19
10.0 Conclusions.....	20
10.1 Quality, Timeliness, and Access to Healthcare.....	20
10.2 Improvement by Healthy Blue	21
11.0 Recommendations	22

1.0 OVERVIEW

The Department of Social Services, Missouri HealthNet Division (MHD) is officially designated with administration, provision, and payment for medical assistance under the Federal Medicaid (Title XIX) and the State Children's Health Insurance (CHIP)(Title XXI) programs. The MHD operates a Health Maintenance Organization (HMO) style Managed Care Program called MO HealthNet Managed Care (hereinafter stated "Managed Care"). Managed Care is extended statewide in four regions: Central, Eastern, Western, and Southwestern, to improve accessibility and quality of the healthcare services to all the eligible populations while reducing the cost of providing that care.

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 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 contracted with PRO Team Management Healthcare Business Solutions, LLC (hereinafter stated PTM), an External Quality Review Organization (EQRO), to perform an EQR.

2.0 OBJECTIVE

Validation of Healthy Blue's performance measures in the preceding 12 months as required per the 42 Code of Federal Regulations (CFR) 438.358(b)(1)(ii) was the objective in the EQR 2022. PTM validated a set of performance measures identified by the MHD (Table 1) that were calculated and reported by Healthy Blue for their managed care population. The MHD identified the measurement period as calendar year (CY) 2021/Measurement year (MY) 2021.

PTM validated the performance measures with the following objectives:

- Accuracy of the performance measures based on the measure specifications and State reporting requirements.
- If Healthy Blue followed the rules outlined by the MHD for calculating the performance measures.
- Review Information Systems underlying performance measurement.

Performance Measures: Healthy Blue

- Assess data integration and control for performance measures calculation
- Review performance measure production.
- Determine Healthy Blue's ability to process claims, enrollment, provider and supplemental data accurately.
- Determine Healthy Blue's ability to identify numerator and denominator eligible members accurately.
- Determine if Healthy Blue has adequate processes in place to ensure data completeness and data quality.

Table 1. Performance Measures

Performance Measure	Method	Specification Used	Validation Methodology
Chlamydia Screening in Women (CHL)	Administrative (Admin)	HEDIS®	Primary Source Verification
Well-Child Visits in the First 30 Months of Life (W30)	Admin	HEDIS®	Primary Source Verification
Follow-Up After Hospitalization for Mental Illness-30 days post-discharge (FUH-30 days)	Admin	HEDIS®	Primary Source Verification

3.0 AUDIT TEAM

Contact Information about Healthy Blue is presented in Table 2. A virtual meeting was conducted on July 18, 2022, 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: WebEx
Audit Contact:	Russell Oppenborn, Director, State Regulatory Affairs
Program:	Managed Care (Medicaid/Children's Health Insurance Program)

The PTM 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 that included Director of Network Management, Senior Business

Performance Measures: Healthy Blue

Information Analyst, Account Management Executive Advisor, Business Information Consultants, Senior Business Information Developer, Manager Business Information, Account Management Executive Advisor, Manager Business Information,

4.0 TECHNICAL METHOD

PTM conducted the validation process in accordance with the Centers for Medicare & Medicaid Services (CMS) publication, EQR Protocol 2: Validation of Performance Measures, version Oct 2019.

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 encounter data). Each administrative measure required a random selection of 45 records for PSV.

4.1 Pre-Audit Process

PTM prepared a series of electronic communications that were submitted to Healthy Blue on May 5, 2022, 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 and a completed Information Systems Capability Assessment (ISCA). Additionally, PTM requested any supporting documentation required to complete the performance measure validation review. The communications addressed the Simple Random methodology of selecting a maximum of 45 records for PSV and the process for sampling and validating the administrative measures during the review process. PTM provided specific questions to Healthy Blue during the measure validation process to enhance the understanding of the ISCA responses during the virtual site visit.

PTM submitted an agenda prior to the virtual visit describing the activities and suggested that subject matter experts attend each session. PTM exchanged several pre-on-site 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 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 PTM to conduct its analysis and review:

Performance Measures: Healthy Blue

- CMS's ISCA: Healthy Blue completed and submitted the required and relevant portions of its ISCA for PTM' review. PTM 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, CHL, W30 and FUH-30 Days.
- Additional supporting documents: In addition to reviewing the ISCA, PTM also reviewed Healthy Blue's file layouts, system flow diagrams, system files, and data collection processes. PTM 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, PTM conducted a validation review to determine reasonable accuracy and data integrity.
- PTM took a sample of 45 administrative claims for each administrative measure, CHL, W30 and FUH-30 Days and conducted primary source verification to validate and assess Healthy Blue's compliance with the numerator objectives.

4.3 Virtual Onsite Activities

PTM conducted Healthy Blue's virtual performance measurement visit on July 18, 2022. 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.
- 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

Performance Measures: Healthy Blue

PTM to assess a confidence level in the reporting process and performance measure reporting as well as the documentation process in the ISCA. PTM 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 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:** PTM 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 FINDINGS: DATA INTEGRATION, CONTROL AND PERFORMANCE MEASURE DOCUMENTATION

The MHD instructed Healthy Blue to utilize the HEDIS® specifications for the CHL, W30, and FUH 30 Days, measures.

As part of the performance measure validation process, PTM reviewed Healthy Blue's data integration, data control, and documentation of performance measure rate calculations. These are the crucial to the validation process. Each of the following sections describes the validation processes used and the validation findings. The scoring criteria (Table 3) are adopted from the 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 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

Performance Measures: Healthy Blue

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. PTM 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.

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

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

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

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. PTM's 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

PTM 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)

Anthem, Inc. acquired Missouri Care effective Jan 23, 2020 and began processing claims on its transactional claim system Facets during the measurement year. All claims data submitted by providers were either submitted electronically using standard 837 format or via paper. Any paper claims that were submitted to Healthy Blue were scanned and converted into 837 electronic transactions prior to loading into the Facet system. All claims whether paper or electronic are subjected to the same HIPAA and benefit edits prior to being adjudicated. All claims must include standard procedure and diagnosis codes. Additionally, the Facets system requires a valid member and provider detailed information. Claims that are missing required fields are rejected back to the provider for correction. All fields required for adjudication are mapped from the original claim transaction into the adjudication system where the processing screens integrate provider submitted and adjudication information. Provider submitted data and system assigned data can be distinguished based on the naming convention of the fields within the system. The field names within the adjudication system will align the individual claim elements on a provider submitted claim.

As claims are processed through the nightly batch cycle, edits are applied. If the claim successfully passes all edits, it is set to pay and will be processed on the next scheduled payment cycle. If a claim contains an edit that requires manual review, a claim analyst will apply appropriate processing instructions to finalize the claim. The claim then posts to the next payment cycle.

Any claim that does not auto-adjudicate is routed to an on-line queuing system for additional review using the MACESS EXP Doc-Flo. Claims are automatically routed to the appropriate queue based on the reason for suspension. This system is also configured to distribute claims using first in, first out (FIFO) inventory management. Claim Analysts for then Missouri market were assigned to a queue based on their experience level and volume. Inventory reports are generated each day by each market detailing the numbers of claims in pend by aging categories. Inventory reports are available on demand and utilized by management throughout the day to ensure claims are processed timely. This allows

Performance Measures: Healthy Blue

Healthy Blue to quickly react to any fluctuations in claim submittals and pends. Once a claim is resolved it will automatically post to the next twice per week payment cycle. All claims that do not pass due to lack of authorization are pended for manual review. Business rules are set for certain claim types that will cause the claim to pend for manual review outside of basic editing rules and the claim analyst will apply the specific processing instruction to resolve. Examples of additional business rules that cause pending of claims are hysterectomy, sterilization, and abortion services for consent form, high dollar, coordination of benefits (COB), other health insurances (OHI) verification and timely filing requirements.

Inventory reports are generated each day from Healthy Blue's inventory Management System (MACESS) by market detailing the number of claims in a pended status by aging categories. Inventory reports are available on demand and utilized by management throughout the day to ensure claims are processed timely. MACESS EXP doc-flow is a workflow claim inventory management system. The system will evaluate the pend reason on a claim and distribute the work item to a queue. Work items will continue to populate the queues until the pended claim is resolved and the claim is paid. These reports are distributed throughout the company to ensure the 'queue' owners understand the volume and age of the claims in their queues and to ensure the meeting of internal service level agreements.

Healthy Blue staff indicated that approximately 87% of all claims auto adjudicate and the remaining 13% pend for manual intervention.

PTM services did not have any concerns with Healthy Blue's ability to accurately capture and process claims during the measurement year. Health Blue was fully compliant with claims processing.

6.2 Enrollment Data

Healthy Blue began processing enrollments on the Facets system during the measurement year.

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 Facets. 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. PTM reviewed the Facets system during the on-site audit and confirmed each enrollment span was captured. Additionally, PTM reviewed several enrollment records to ensure that all HEDIS®-required data elements were present and accurate. PTM conducted on-site drill downs that looked at the enrollment process and enrollment spans for all Healthy Blue

Performance Measures: 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 PTM 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. PTM confirmed there were no changes to Healthy Blue's enrollment data process since the previous year's review.

The enrollment system contains all the fields needed for capturing relevant performance measure information.

PTM selected a sample of 45 members from several administrative numerators and verified the members were compliant with the measure specifications. PTM 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, PTM verified the members captured in the performance measures were the appropriate populations.

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

6.3 Provider Data

Healthy Blue utilized Facets to capture its provider data for claims processing. Healthy Blue utilized both direct contracted and delegated entities to enroll providers. Healthy Blue used a unique provider identifier in Facets which also linked to the provider practicing specialty. 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. PTM verified the required HEDIS® reporting elements were present in Facets 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.

PTM reviewed provider specialties to ensure the specialties matched the credentialed providers' education and board certification. PTM found Healthy Blue to be compliant with the credentialing and assignment of individual providers at the Federally Qualified Health

Performance Measures: Healthy Blue

Centers (FQHCs). Healthy Blue was able to capture all relevant provider information to identify for accurate performance measure reporting.

Healthy Blue was fully compliant with provider data controls and specialties as it relates to performance measurement reporting.

6.4 Medical Record Review Validation (MRRV)

Medical record review was not part of the review for MY 2021 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 CHL, W30 and FUH-30 Days were considered standard administrative records. PTM had no concerns with the data sources or record acquisition.

6.6 Data Integration

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 Facets system while external data such as supplemental and vendor files were loaded directly into the data warehouse tables. PTM 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. PTM conducted primary source verification and did not encounter any issues during the validation. Member data matched Facets as well as the data warehouse and Inovalon numerator events. PTM also conducted a series of queries during the on-site audit and did not identify any issues. PTM reviewed Healthy Blue's final rates and did not identify any concerns.

Healthy Blue maintained an Enterprise Data Warehouse and runs performance measures monthly in a prospective and retrospective manner. Healthy Blue utilizes industry

Performance Measures: Healthy Blue

standard processes to maintain and updated input data utilized for QSI XL (Inovalon, Inc.), including automated processes for consolidating and loading supplemental data. Anthem reviews data quality reports to identify loading errors which ensures complete data consolidations. Following each monthly process, Healthy Blue runs rate comparisons to benchmark rates. If rates seem out of line, Healthy Blue investigates the process to determine data integrity and quickly resolves any outstanding issues. Healthy Blue staff conduct routine monitoring to ensure quality and accuracy of the consolidation processes. Healthy Blue routinely conduct primary source verification to ensure data accurately transferred from source to target.

PTM Services did not have any issues with Healthy Blue's ability to accurately consolidate files for performance measurement reporting.

7.0 PERFORMANCE MEASURE SPECIFIC FINDINGS

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

PTM 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 Measure	National Quality Forum#	Measure Steward	Findings	Validation Confidence Rating
Chlamydia Screening in Women	0033	NCQA	No Concerns	R

Performance Measures: Healthy Blue

Well-Child Visits in the First 30 Months of Life	1392	NCQA	No Concerns	R
Follow-Up After Hospitalization for Mental Illness-30 days	0576	NCQA	No Concerns	R

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.				
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.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<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"/>	

Performance Measures: Healthy Blue

Worksheet 1. Data Integration and Control Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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="radio"/>	<input type="radio"/>	
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.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Healthy Blue retains copies of files or databases used for performance measure reporting in case results need to be reproduced.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Healthy Blue's processes and documentation comply with Healthy Blue standards associated with reporting program specifications, code review, and testing.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Performance Measures: Healthy Blue

Worksheet 2. Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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.				
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.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy Blue's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	●	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy Blue used proper mathematical operations to determine patient age or age range.	●	<input type="checkbox"/>	<input type="checkbox"/>	
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.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Exclusion criteria included in the performance measure specifications are followed.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy Blue has correctly calculated member months and member years, if applicable to the performance measure.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Identifying medical events. Healthy Blue has properly evaluated the completeness and accuracy of any codes used to identify	●	<input type="checkbox"/>	<input type="checkbox"/>	


Performance Measures: Healthy Blue

Worksheet 2. Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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, 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 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 type="checkbox"/>	<input type="checkbox"/>	
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.	●	<input type="checkbox"/>	<input type="checkbox"/>	
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.	●	<input type="checkbox"/>	<input type="checkbox"/>	
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	●	<input type="checkbox"/>	<input type="checkbox"/>	

Performance Measures: Healthy Blue

Worksheet 2. Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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 specific in correctly describing what transpired and when. This included:	●	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy Blue correctly evaluated medical event codes when classifying members for inclusion or exclusion in the numerator.	●	<input type="checkbox"/>	<input type="checkbox"/>	
Healthy Blue avoided or eliminated all double-counted members or numerator events.	●	<input type="checkbox"/>	<input type="checkbox"/>	
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.	●	<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"/>	<input checked="" type="checkbox"/>	Medical record review was not conducted for MY 2021 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"/>	<input checked="" type="checkbox"/>	Medical record review was not conducted for MY 2021 performance

Performance Measures: Healthy Blue

Worksheet 2. Measure Validation Findings for Healthy Blue				
Data Integration and Control Element	Met	Not Met	N/A	Comments
				measures as they were administrative measures.
Record abstraction tools required the appropriate notation that the measured event occurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Medical record review was not conducted for MY 2021 performance measures as they were 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 2021 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 2021 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 type="checkbox"/>	<input type="checkbox"/>	

9.0 HEALTHY BLUE MEASURE SPECIFIC PERFORMANCE MEASURES

Tables 5-7 show the results of the performance measures in the format based on the CMS EQR Protocol 2.

Performance Measures: Healthy Blue

Table 5. Chlamydia Screening in Women All Ages (CHL)			
Data Element/MY	2019	2020	2021
Numerator	1,909	2,708	7,258
Denominator	5,899	9,195	16,291
Rate	32.36%	29.43%	44.55%

Table 6. Performance Measure Results			
Well-Child Visits in the First 30 Months of Life (W30)			
Data Element/MY	2019	2020	2021
First 15 Months Numerator	NA	4,238	6,206
First 15 Months Denominator	NA	8,163	12,411
First 15 Months Rate	NA	51.92%	50.00%
15 – 30 Months Numerator	NA	3,571	5,899
15 – 30 Months Denominator	NA	4,995	9,641
15 – 30 Months Rate	NA	71.49%	61.19%

Table 7. Follow-Up After Hospitalization for Mental Illness (FUH-30 Days)*			
Data Element/MY	2019	2020	2021
Numerator	1,422	1,267	1,824
Denominator	2,385	2,252	3,156
Rate	59.62%	56.26%	57.79%

*Results for MY 2019-2020 are not validated by PTM

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 Facets system with the most current diagnoses and procedures as they become available during the year.
- Healthy Blue did not appear to have any provider barriers to care for the CHL, W30 and FUH-30 days.

Performance Measures: Healthy Blue

- 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.
- Healthy Blue was able to demonstrate its ability to capture the specific diagnosis codes for each CHL, W30 and FUH-30 days.
Healthy Blue continues to monitor and improve upon the data captured in both primary and supplemental data for numerator compliance.
- Healthy Blue's CHL rate significantly improved from 29.43% (MY 2020) to 44.55% (MY 2021) by 15.12% points (Table 5).

Weakness

Healthy Blue's W30 rate for age cohort 15-30 months dropped significantly from 71.49% (MY 2020) to 61.19% (MY 2021). Healthy Blue indicated that the rate difference may have been attributed to continued COVID-19 fear.

Although PTM services didn't validate the FUH-30 days in the previous two years, Healthy Blue's FUH-30 days trended down slightly (1.83% points) compared to MY 2019. While the trend is not considered statistically significant, being less than a 5 percentage point difference, it should be considered as a potential issue.

10.2 Improvement by Healthy Blue

Response to Previous Year's Recommendations: Table 8 describes actions taken by Healthy Blue in response to EQRO recommendations during previous EQR 2021. PTM evaluated Healthy Blue's response and categorized as follows:

- High: MCO fully addressed the recommendation, complied with the requirement, and no further action is needed.
- Medium: MCO partially addressed the recommendation, the same recommendation applies, or a new recommendation is provided.
- Low: Minimal action/no action was taken, the same recommendation applies.

Table 8. Healthy Blue's Response to Previous Year's Recommendations		
EQRO Recommendation	Action by Healthy Blue	Degree of Response
PTM 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 thirty days post hospital discharge.	Healthy Blue should facilitate scheduling follow-up visits for its members. Healthy Blue increased 1.53% from	Medium There is still scope for improvement in this measure.

Performance Measures: Healthy Blue

	the previous year but this was not a significant change.	
Healthy Blue should consider incentivizing providers to meet with members for the W30 measure. This may positively impact the rates for future years.	Healthy Blue's rate significantly decreased year over year by 10.3%.	Low No improvement was noted in this measure.
PTM recommends Healthy Blue continue education and outreach efforts to members and providers to increase Chlamydia screenings.	Members were outreached throughout the year and educated to seek CHL screenings. Healthy Blue showed a significant increase of 15.12% in CHL screening year over year.	High There was a positive impact to outreach with members and providers.

11.0 RECOMMENDATIONS

Healthy Blue

- Healthy Blue must follow all recommendations from Table 8.

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 Healthy Blue to track, monitor, and measure the interventions taken to improve performance of FUH, W30, and CHL and measures.
- PTM recommends that the MHD sets targets for performance measures to measure Healthy Blue's performance and not just focus on % point increase from previous year's rates.