



## 2022 External Quality Review

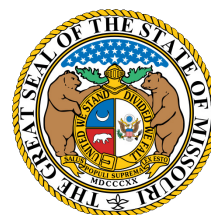
### Performance Measures

### Home State Health

Measurement Period: Calendar Year 2021

Validation Period: Jun-Aug 2022

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## 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. 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 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 Home State Health'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 Home State Health 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 Home State Health followed the rules outlined by the MHD for calculating the performance measures.
- Review Information Systems underlying performance measurement.

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- Assess data integration and control for performance measures calculation
- Review performance measure production.
- Determine Home State Health's ability to process claims, enrollment, provider and supplemental data accurately.
- Determine Home State Health's ability to identify numerator and denominator eligible members accurately.
- Determine if Home State Health 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 Home State Health is presented in Table 2. A virtual meeting was conducted on July 20, 2022, for validation of the performance measures.

Table 2. MCO Information	
MCO Name:	Home State Health
MCO Location:	11720 Borman Drive, St. Louis, MO 63146
On-site Location:	Virtual Meeting: WebEx
Audit Contact:	Patrick Mullins, Director Compliance
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 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 that included Director Compliance, Enrollment

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Eligibility Representative, Chief Operating Officer, Chief Information Officer, Claims Representative, Enrollment Specialist, Provider Specialist.

### 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 Home State Health'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 Home State Health 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 Home State Health 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 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 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:

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- CMS's ISCA: Home State Health 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: Home State Health 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 Home State Health'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 Home State Health, 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 Home State Health's compliance with the numerator objectives.

### 4.3 Virtual Onsite Activities

PTM conducted Home State Health's virtual performance measurement visit on July 20, 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 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 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



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used by 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 Home State Health to utilize the HEDIS® specifications for the CHL, W30, and FUH 30 Days, measures.

As part of the performance measure validation process, PTM reviewed Home State Health'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**

<b>Met</b>		The MCO's measurement and reporting process was fully compliant with State specifications.
<b>Not Met</b>		The MCO's measurement and reporting process was not fully compliant with State specifications. This designation should be used for any validation component that deviates from the State specifications, regardless of the impact of the deviation on the final rate. All components with this designation must include explanation of the deviation in the comments section.
<b>N/A</b>		The validation component was not applicable.

### 5.1 Data Integration

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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 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.

PTM 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 ☐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. PTM 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.

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

Met

Not Met ☐N/A ☐

### 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 Home State Health 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 ☐N/A ☐



## 6.0 VALIDATION ANALYSIS

PTM 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)

PTM reviewed Home State Health's claims process and verified that no significant changes were made from the previous year's review. Home State Health used AMISYS as its primary claims processing system. AMISYS captured all relevant fields for required for performance measure reporting, capturing only standard codes using standard electronic and paper claims.

Home State Health continued to capture most of its claims electronically. The small number of paper claims received were scanned and converted into electronic format before being submitted to AMISYS for adjudication.

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, PTM confirmed that Home State Health only used standard coding such as CPT-4, HCPCS and ICD-10.

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 most recent coding schemes were captured. Home State Health had very little capitation arrangements for services, having ninety-nine percent of all claims submitted based on a Fee-For-Service arrangement.

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

### 6.2 Enrollment Data

Home State Health used the AMSISY system to capture enrollment information for its members. The AMISYS system contained relevant fields necessary for identifying member demographic information as well as enrolment spans and primary care provider assignment. PTM confirmed that there were no changes to the enrollment process from the previous year. Home State Health experienced moderate growth year over year and continued to receive enrollment files from the State in standard electronic 834 files. PTM confirmed that there were no backlogs of enrollment files during the measurement year. Home State Health acknowledged that manual data entry of enrollment information occurred less than 1% of the time.

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, PTM verified the members captured in the performance measures were the appropriate populations and no issues were found. PTM had no concerns with Home State Health's ability to capture member information.

### 6.3 Provider Data

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.

PTM verified provider specialties were captured accurately. PTM 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.

PTM did not have any concerns with Home State Health's provider process as it relates to performance measures creation.

### 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

Home State Health continued to use Inovalon's Quality Spectrum Insights (QSI)-XL software for performance measure reporting.

Home State Health creates monthly data loads and continuously validated QSI-XL's quality reports to verify data were captured appropriately. Any missing data files or data segments were promptly attended to and reconciled before measure creation.

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 each month, rather than doing incremental data loads.

Home State Health continued to monitor rate changes using month-over-month comparison reports to ensure data were complete and accurate and to identify any gaps in care.

PTM did not find any issues during the primary source verification process.

PTM had no concerns with Home State Health's ability to consolidate files and report performance measures accurately.

## 7.0 PERFORMANCE MEASURE SPECIFIC FINDINGS

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

## Performance Measures: Home State Health

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

Performance Measure	National Quality Forum#	Measure Steward	Findings	Validation Confidence Rating
Chlamydia Screening in Women	0033	NCQA	No Concerns	R
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 Home State Health**

Data Integration and Control Element	Met	Not Met	N/A	Comments
<b>Accuracy of data transfers to assigned performance measure data repository.</b>				
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 type="checkbox"/>	<input type="checkbox"/>	
Samples of data from the performance measure data repository are complete and accurate.	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Accuracy of file consolidations, extracts, and derivations.</b>				
Home State Health's processes to consolidate diversified files and to extract required information from the performance measure data repository are appropriate.	●	<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 type="checkbox"/>	<input type="checkbox"/>	

## Performance Measures: Home State Health

Worksheet 1. Data Integration and Control Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
Procedures for coordinating the activities of multiple subcontractors ensure the accurate, timely, and complete integration of data into the performance measure database.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Computer program reports or documentation reflect vendor coordination activities, and no data necessary for performance measure reporting are lost or inappropriately modified during transfer.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If 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.</b>				
The performance measure data repository's design, program flow charts, and source codes enable analyses and reports.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage mechanisms are employed to join data from all necessary sources (e.g., identifying a member with a given disease/condition).	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Assurance of effective management of report production and of the reporting software.</b>				
Documentation governing the production process, including Home State Health production activity logs and Home State Health staff review of report runs, is adequate.	<input checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prescribed data cutoff dates are followed.	<input checked="" type="radio"/>	<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 checked="" type="radio"/>	<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 checked="" type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Performance Measures: Home State Health

**Worksheet 1. Data Integration and Control Findings for Home State Health**

<b>Data Integration and Control Element</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>	<b>Comments</b>
Home State Health's processes and documentation comply with Home State Health standards associated with reporting program specifications, code review, and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Worksheet 2. Measure Validation Findings for Home State Health**

<b>Data Integration and Control Element</b>	<b>Met</b>	<b>Not Met</b>	<b>N/A</b>	<b>Comments</b>
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 checked="" type="checkbox"/>	<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 identifies all relevant members of the specified denominator population for each of the performance measures.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health's calculations of continuous enrollment criteria were correctly carried out and applied to each measure (if applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Home State Health used proper mathematical operations to determine patient age or age range.	<input checked="" type="checkbox"/>	<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,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Performance Measures: Home State Health

Worksheet 2. Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
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.	●	<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"/>	
<b>Identifying medical events.</b> 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"/>	
<b>Time parameters.</b> 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"/>	
<b>Exclusion criteria.</b> Performance measure specifications or definitions that exclude members from a denominator were followed. (For example, if a measure relates to receipt of a specific service, the denominator may need to be adjusted to reflect instances in which the patient refuses the service, or the service is contraindicated.)	●	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Population estimates.</b> 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"/>	
<b>Identifying the at-risk population.</b> Home State Health has used appropriate data, including linked data from separate data	●	<input type="checkbox"/>	<input type="checkbox"/>	




## Performance Measures: Home State Health

Worksheet 2. Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
sets, to identify the entire at-risk population.				
<b>Services provided outside the Home State Health.</b> 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"/>	
<b>Inclusion of qualifying medical events.</b> 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 members for inclusion or exclusion in the numerator.	●	<input type="checkbox"/>	<input type="checkbox"/>	
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	●	<input type="checkbox"/>	<input type="checkbox"/>	

## Performance Measures: Home State Health

Worksheet 2. Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
were adhered to (i.e., that the measured event occurred during the time period specified or defined in the performance measure).				
<b>Medical record data.</b> 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 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

## Performance Measures: Home State Health

Worksheet 2. Measure Validation Findings for Home State Health				
Data Integration and Control Element	Met	Not Met	N/A	Comments
				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 HOME STATE HEALTH MEASURE SPECIFIC PERFORMANCE MEASURES

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

Table 5. Chlamydia Screening in Women All Ages (CHL)			
Data Element/MY	2019	2020	2021
Numerator	2,972	4,314	6,842
Denominator	6,170	9,395	14,366
Rate	48.17%	<b>45.92%</b>	<b>47.63%</b>

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	3,686	5,100
First 15 Months Denominator	NA	7,729	10,420
First 15 Months Rate	NA	<b>47.69%</b>	<b>48.94%</b>
15 – 30 Months Numerator	NA	3,806	4,684
15 – 30 Months Denominator	NA	5,729	8,313
15 – 30 Months Rate	NA	<b>66.43%</b>	<b>56.35%</b>

Table 7. Follow-Up After Hospitalization for Mental Illness (FUH-30 Days)*			
Data Element/MY	2019	2020	2021
Numerator	1,203	1,086	1180
Denominator	2,233	2,131	2846
Rate	<b>53.87%</b>	<b>50.96%</b>	<b>41.46%</b>

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

## 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 continues to update the AMISYS systems with most current diagnoses and procedures as they become available during the year.
- Home State Health completed the primary source verification process without any errors.
- Home State Health was able to demonstrate its ability to capture the specific diagnosis codes for FUH-30 Days, CHL, and W30.
- Home State Health continues to monitor and improve upon the data capture in both primary and supplemental data for numerator compliance.
- Home State Health showed marginal improvement in both CHL (1.53% points) and W30 in 0-15 months cohort (1.25% points) for MY 2021 (Tables 5 and 6).

#### Weakness

Home State Health's W30 rate for age cohort 15-30 months dropped significantly from 66.43% (MY 2020) to 56.35% (MY 2021) by 10.08% points.

Although PTM didn't validate the FUH-30 Days in the previous two years, Home State Health's FUH-30 days significantly dropped (9.5% points) from 50.96% (MY 2020) to 41.46% (MY 2021).

### 10.2 Improvement by Home State Health

**Response to Previous Year's Recommendations:** Table 8 describes actions taken by Home State Health in response to EQRO recommendations during previous EQR 2021. PTM evaluated Home State Health'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.

## Performance Measures: Home State Health

Table 8. Home State Health's Response to Previous Year's Recommendations		
EQRO Recommendation	Action by Home State Health	Degree of Response
PTM continues to recommend Home State Health 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.	Home State Health should facilitate the scheduling of follow-up visits for the member. Home State Health only showed a significant decrease of 9.5% points from the previous year, which indicates significant issues with follow-up visit compliance.	<b>Low</b>  Home State Health should focus efforts on increasing compliance with this measure and should set up the member's initial outpatient visit with a mental health provider following discharge.
Home State Health should consider incentivizing providers to meet with members for the W30 measure. This may positively impact the rates for future years.	Home State Health was not successful at increasing compliance. Home State Health's rate significantly decreased year over year by 10.08% for 15-30 months age cohort.	<b>Low</b>  No improvement was noted for this measure.
PTM recommends Home State Health continue education and outreach efforts to members and providers to increase Chlamydia screenings.	Home State Health showed a marginal increase of 1.71% points in CHL screening year over year which indicates a small but positive impact. Home State Health should provide additional guidance to providers for testing.	<b>Medium</b>  Home State Health should provide additional guidance to providers for testing.

## 11.0 RECOMMENDATIONS

**Home State Health**

Home State Health must follow all recommendations from Table 8.

**MHD**

## Performance Measures: Home State Health

- 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 FUH, W30, and CHL and measures.
- PTM recommends that the MHD sets targets for performance measures to measure Home State Health's performance and not just focus on % point increase from previous year's rates.