

2006

Missouri MC+  
Managed Care Program

External Quality Review

## Report of Findings

Behavioral Health Concepts, Inc.

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MO HealthNet Managed Care QA & I Advisory Group Meeting

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# Introduction

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- Centers for Medicare and Medicaid Services (CMS) specifies requirements for evaluation of Medicaid Managed care programs (42 CFR 433 & 438)
- The EQRO must look at aggregate information on quality, timeliness, and access to health care services

# Introduction – cont.

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## ■ Four CMS protocols

1. Validating Performance Improvement Projects
2. Validating Performance Measures
3. Validating Encounter Data
4. MCO Compliance with Managed Care Regulations

# Validating Performance Improvement Projects

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- Examined 2 PIPs underway in previous 12 months
- Eligible PIPs identified by MCOs, SMA, and EQRO
- Aimed at study of the effectiveness of clinical or non-clinical interventions that identify processes highly associated with healthcare outcomes or outcomes themselves  
(One clinical and one non-clinical PIP were chosen for review)
- Carried out over multiple re-measurement periods

# Validating Performance Improvement Projects

- All PIPs submitted by MC+ MCOs prior to the site visits were reviewed using an expanded version of the checklist for conducting Activity One, Steps 1 through 10, and Activity Three (Judgment of the Validity and Reliability of the PIPs).
- Because specific criteria may not have been applicable for projects that were underway at the time of the review, some specific items were considered as “Not Applicable.”
- Criteria were rated as “Met” if the item was applicable to the PIP, if there was documentation addressing the item, and if the item could be deemed Met based on the study design.

# Validating Performance Improvement Projects

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- Given that some PIPS were underway in the first year of implementation, it was not possible to judge or interpret results, validity of improvement, or sustained improvements (Steps 8-10).
- The final evaluation of the validity and reliability of studies underway were based on the potential for the studies to produce credible findings.

# Validating Performance Improvement Projects

- **Met:** Credible, reliable, and valid methods for the item were documented.
- **Partially Met :** Credible, reliable, or valid methods were implied or able to be established for part of the item.
- **Not Met:** The study did not provide enough documentation to determine whether credible, reliable, methods were employed; errors in logic were noted; or contradictory information was presented or interpreted erroneously.
- **Not Applicable:** Only to be used in Step 5, when there is clear indication that the entire population was included in the study and no sampling was conducted; or in Steps 8 through 10 when the study period was underway for the first year.

# Validation of Performance Improvement Projects

## Strengths

- In 2005, ten of the 14 PIPs (71%) were rated as credible and valid approaches to determining the effectiveness of interventions.
- In 2006, eight of the 10 PIPs (80%) were rated as credible and valid approaches to determining the effectiveness of interventions.

(Moderate to High Confidence rating)



# Best Practice PIPs

- Four of the 10 PIPs that were reviewed for the 2006 EQR received an overall rating of 95% or better:
  - BA+: Ambulatory Follow-Up After Mental Health Hospitalization
  - HCUSA: Post-Discharge Management after Inpatient Mental Health Treatment
  - MO Care: Appropriate Use of Asthma Medications  
7-Day Follow-Up after Mental Illness Hospitalization

# Best Practice PIPs cont'd

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- One of the four PIPs receiving high validation scores was mature enough to show actual improvement. (HCUSA)
- The three others were not as mature, but the information to date led BHC to award the PIP a rating of “Moderate Confidence”. This indicates that the design and implementation of the PIP should produce actual improvement.

## Areas for Improvement

- There were PIPs underway or ongoing that resulted in the potential for credible findings. Ensuring that the project is started early enough to provide some data and data analysis is essential in completing the validation process.
- Data analysis plans did improve over the 2005 review. However, CMS protocols recommend data analysis to occur on a quarterly basis, not all plans were analyzing on a quarterly basis. Conducting analysis more frequently would allow PIPs to be modified as needed to achieve sustained improvement.

# Summary of Performance Improvement Project Validation Ratings by Item, All MC+ MCOs 2004

Step	All MC+ MCOs					
	Item	Number Met	Number Partially Met	Number Not Met	Total Number Applicable	Rate Met
Step 1: Selected Study Topics	1.1	6	4	3	13	46.2%
	1.2	9	3	2	14	64.3%
	1.3	1	9	4	14	7.1%
Step 2: Study Questions	2.1	6	0	8	14	42.9%
Step 3: Study Indicators	3.1	7	7	0	14	50.0%
	3.2	4	7	3	14	28.6%
Step 4: Study Populations	4.1	0	10	4	14	0.0%
	4.2	2	8	3	13	15.4%
Step 5: Sampling Methods	5.1	0	1	3	4	0.0%
	5.2	1	0	2	3	33.3%
	5.3	0	0	2	2	0.0%
Step 6: Data Collection Procedures	6.1	6	3	4	13	46.2%
	6.2	7	5	2	14	50.0%
	6.3	2	6	6	14	14.3%
	6.4	0	5	3	8	0.0%
	6.5	2	1	11	14	14.3%
	6.6	1	7	6	14	7.1%
Step 7: Improvement Strategies	7.1	6	4	4	14	42.9%
Step 8: Analysis and Interpretation of Study Results	8.1	0	1	10	11	0.0%
	8.2	3	5	3	11	27.3%
	8.3	1	5	5	11	9.1%
	8.4	1	1	8	10	10.0%
Step 9: Validity of Improvement	9.1	5	1	4	10	50.0%
	9.2	1	1	7	9	11.1%
	9.3	1	3	5	9	11.1%
	9.4	1	0	8	9	11.1%
Step 10: Sustained Improvement	10.1	1	2	2	5	20.0%
<b>Number Met</b>		<b>74</b>	<b>99</b>	<b>122</b>	<b>295</b>	<b>25.1%</b>

# Summary of Performance Improvement Project Validation Ratings by Item, All MC+ MCOs 2005

Step	All MC+ MCOs					
	Item	Number Met	Number Partially Met	Number Not Met	Total Number Applicable	Rate Met
Step 1: Selected Study Topics	1.1	12	2	0	14	85.71%
	1.2	12	2	0	14	85.71%
	1.3	7	4	2	13	53.85%
Step 2: Study Questions	2.1	11	2	1	14	78.57%
Step 3: Study Indicators	3.1	11	3	0	14	78.57%
	3.2	8	4	2	14	57.14%
Step 4: Study Populations	4.1	9	2	2	13	69.23%
	4.2	6	6	0	12	50.00%
Step 5: Sampling Methods	5.1	0	0	0	0	n/a
	5.2	0	0	0	0	n/a
	5.3	0	0	0	0	n/a
Step 6: Data Collection Procedures	6.1	12	2	0	14	85.71%
	6.2	11	3	0	14	78.57%
	6.3	8	5	101	14	57.14%
	6.4	5	5	3	11	45.45%
	6.5	8	3	0	14	57.14%
	6.6	10	4	1	14	71.43%
Step 7: Improvement Strategies	7.1	6	7	0	14	42.86%
Step 8: Analysis and Interpretation of Study Results	8.1	4	4	0	8	50.00%
	8.2	2	6	0	8	25.00%
	8.3	4	2	0	6	66.67%
	8.4	3	0	0	6	50.00%
Step 9: Validity of Improvement	9.1	4	2	0	6	66.67%
	9.2	3	3	0	6	50.00%
	9.3	3	2	0	5	60.00%
	9.4	4	1	0	5	80.00%
Step 10: Sustained Improvement	10.1	2	2	2	4	50.00%
<b>Number Met</b>		<b>165</b>	<b>79</b>	<b>13</b>	<b>257</b>	<b>64.20%</b>
Note: Percent Met = Number Met/ Number Applicable; Item refers to the Protocol specifications.						
Source: BHC, Inc., 2005 External Quality Review Performance Improvement Project Validation.						

# Summary of Performance Improvement Project Validation Ratings by Item, All MC+ MCOs 2006

Step	All MC+ MCOs					
	Item	Number Met	Number Partially Met	Number Not Met	Total Number Applicable	Rate Met
Step 1: Selected Study Topics	1.1	8	2	0	10	80.00%
	1.2	9	1	0	10	90.00%
	1.3	10	0	0	10	100.00%
Step 2: Study Questions	2.1	9	1	0	10	90.00%
Step 3: Study Indicators	3.1	9	0	1	10	90.00%
	3.2	8	1	1	10	80.00%
Step 4: Study Populations	4.1	8	2	0	10	80.00%
	4.2	8	2	0	10	80.00%
Step 5: Sampling Methods	5.1	0	0	0	0	n/a
	5.2	0	0	0	0	n/a
	5.3	0	0	0	0	n/a
Step 6: Data Collection Procedures	6.1	8	2	0	10	80.00%
	6.2	9	1	0	10	80.00%
	6.3	6	4	0	10	60.00%
	6.4	5	4	1	10	50.00%
	6.5	7	2	1	10	70.00%
	6.6	6	2	2	10	60.00%
Step 7: Improvement Strategies	7.1	9	1	0	10	90.00%
Step 8: Analysis and Interpretation of Study Results	8.1	4	3	0	7	57.14%
	8.2	5	2	0	7	71.43%
	8.3	4	3	0	7	57.14%
	8.4	5	1	0	6	83.33%
Step 9: Validity of Improvement	9.1	4	1	0	5	80.00%
	9.2	2	1	1	4	50.00%
	9.3	3	0	1	4	75.00%
	9.4	3	0	1	4	75.00%
Step 10: Sustained Improvement	10.1	1	2	1	4	25.00%
<b>Number Met</b>		<b>150</b>	<b>39</b>	<b>10</b>	<b>198</b>	<b>75.00%</b>

# Validation of Performance Measures

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- Requires the validation or calculation of three performance measures
- Measures selected are required of HMOs operating in the state and are reported annually to the SPHA
- HEDIS 2006 Measure Validation for MC+
  1. Prenatal and Postpartum Care
  2. Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life
  3. Follow-Up After Hospitalization for Mental Illness
- Use of Administrative and Hybrid Methods

# Validation of Performance Measures

- **Fully Compliant:** Measure was fully compliant with State (SMA and SPHA) specifications.
- **Substantially Compliant:** Measure was substantially compliant with State (SMA and SPHA) specifications and had only minor deviations that did not significantly bias the reported rate.
- **Not Valid:** Measure deviated from State (SMA and SPHA) specifications such that the reported rate was significantly biased. This designation is also assigned to measures that were not fully supported by documentation, so as the EQRO was unable to recalculate the measure according to HEDIS Technical Specifications.

(“Significantly biased” was defined by the EQRO as being outside the 95% confidence interval of the rate reported by the MC+ MCO on the HEDIS 2005 Data Submission Tool.)



# Validation of Performance Measures Quality of Care

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- The HEDIS 2006 Follow-Up After Hospitalization for Mental Illness measure is categorized as an Effectiveness of Care measure and is designed to measure the effectiveness/quality of care received by health plan members.
- All five MC+ MCOs were substantially compliant with the specifications for calculation of this measure. Two MC+ MCOs reported rates that were higher than the National Medicaid Average for this measure.

# Validation of Performance Measure Access To Care

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- The HEDIS 2006 Prenatal and Postpartum Care measure is categorized as an Access/Availability of Care measure and is designed to measure the level of access that health plan members receive to prenatal and postpartum care.
- Three of the five MC+ MCOs were fully compliant with the specifications for calculation of this measure.
- One MC+ MCO reported a rate that was higher than the National Medicaid Average for this measure.

# Validation of Performance Measures

## Timeliness Of Care

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- The HEDIS 2006 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life measure is categorized as an Use of Services measure and is designated to measure the timeliness of the care received.
- Two of the five MC+ MCOs were fully compliant with the specifications for calculation of this measure. Two MC+ MCOs reported rates that were higher than the National Medicaid Average and the National Commercial Average for this measure.

# Validation of Performance Measures Areas for Improvement

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- The HEDIS 2006 Prenatal and Postpartum Care measure was unable to be validated for one of the five MC+ MCOs and does not represent a valid measure of performance for the MC+ Managed Care Program.
- The HEDIS 2006 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life measure was unable to be validated for one of the five MC+ MCOs and does not represent a valid measure of performance for the MC+ Managed Care Program.

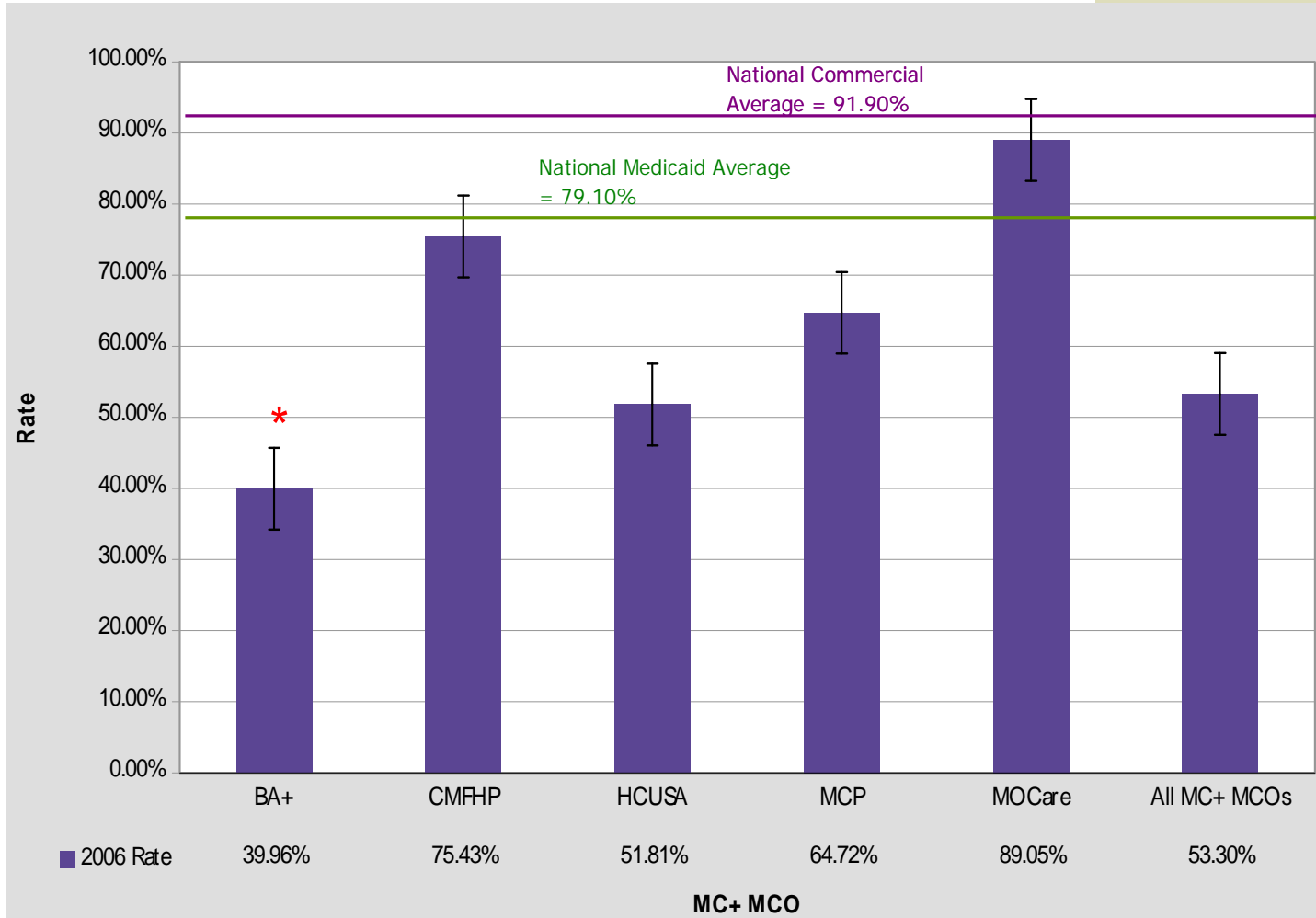
# Validation of Performance Measures

## Areas for Improvement

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- For the calculation of the HEDIS Prenatal and Postpartum Care measure, the Hybrid Method should be required by the SMA to facilitate accurate and valid MC+ MCO comparisons and a valid statewide rate for comparison of performance with other states.
- MC+ MCOs should run query reports early enough in the HEDIS season so that they may effectuate change in rates where interventions could easily be implored.

# MC+ Managed Care Program HEDIS 2006 Prenatal and Postpartum Care, Prenatal Rates

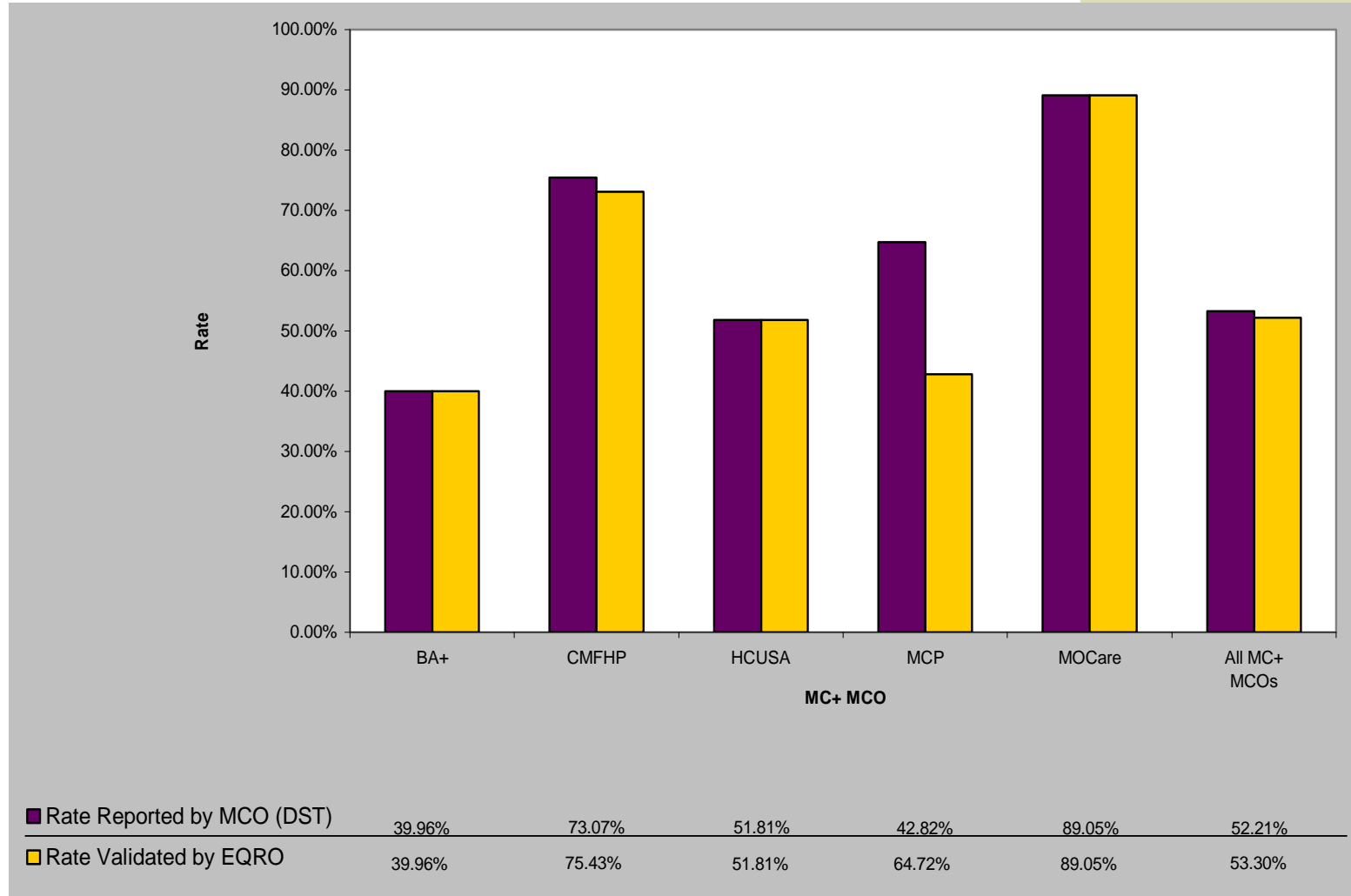


**Note:** Error bars on the y-axis represent 95% confidence intervals; \* Indicates values are significant at the 95% level of significance, two-tailed z-test.

Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

# Rates Reported by MC+ MCOs and Validated by EQRO, HEDIS 2006 Prenatal and Postpartum Care,

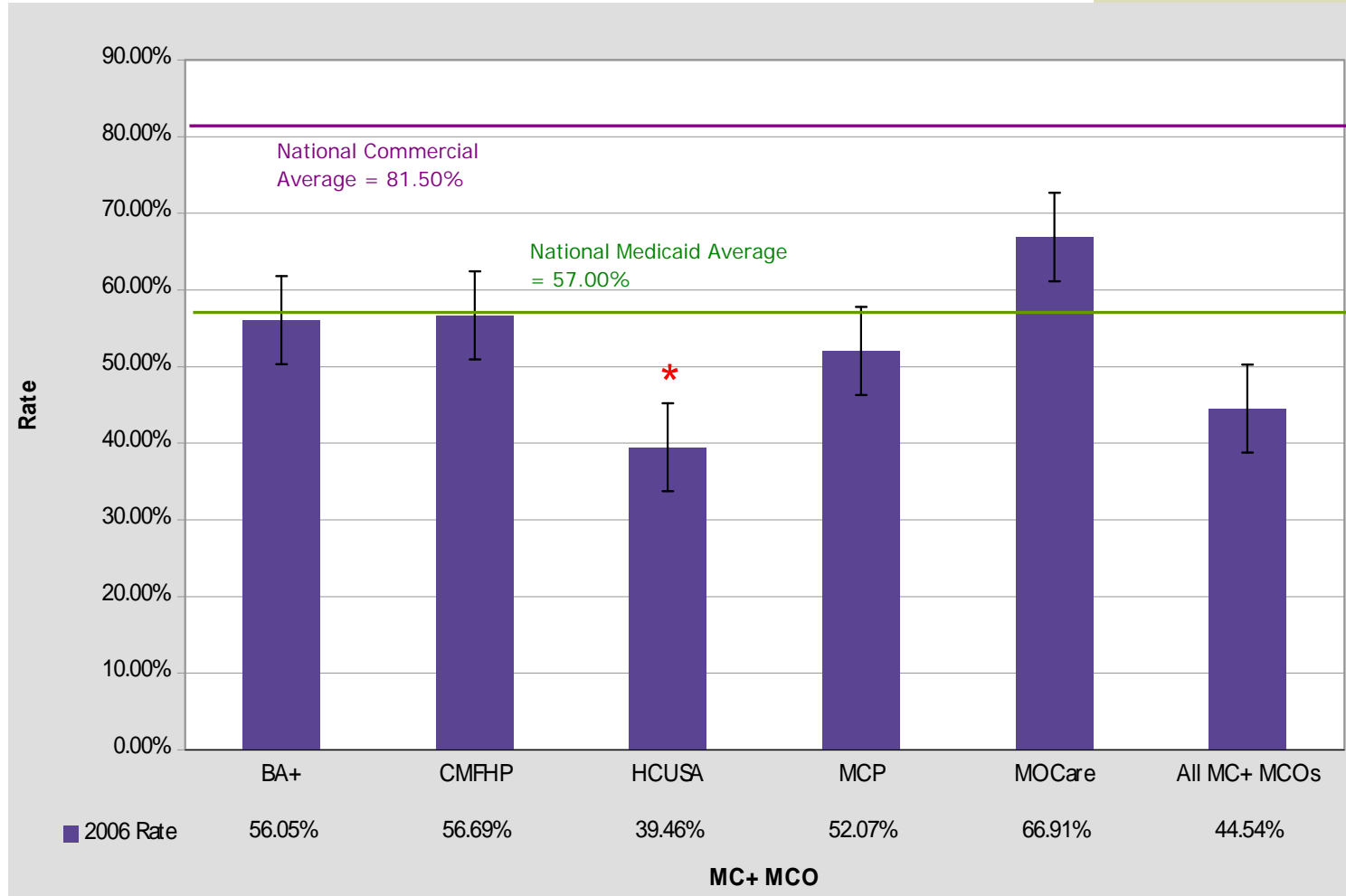
## Prenatal Rates



Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); BHC, Inc., 2006 External Quality Review Performance Measure Validation. \*Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.



# MC+ Managed Care Program HEDIS 200 Prenatal and Postpartum Care, Postpartum Rates

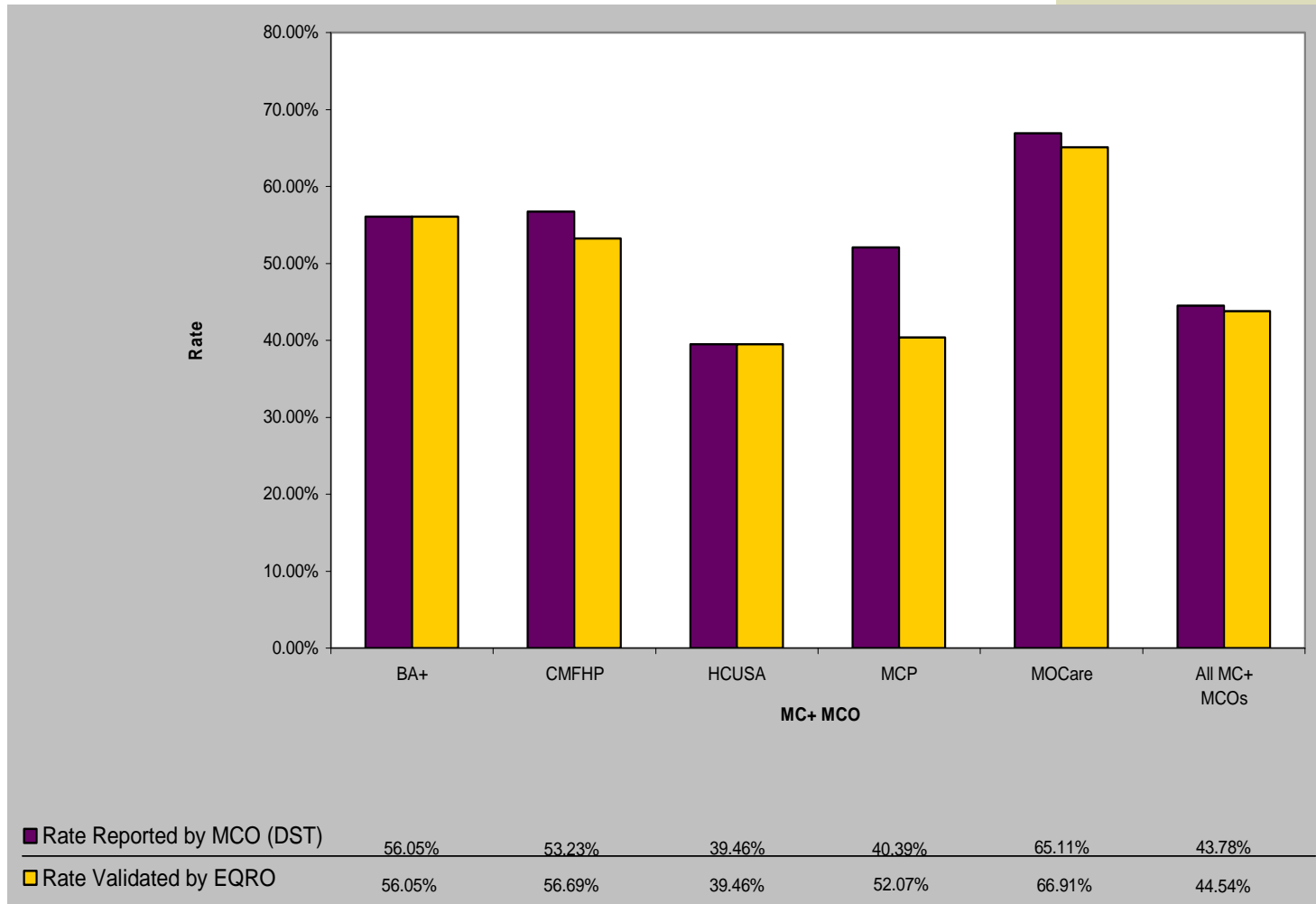


**Note:** Error bars on the y-axis represent 95% confidence intervals; \* Indicates values are significant at the 95% level of significance, two-tailed z-test.

Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

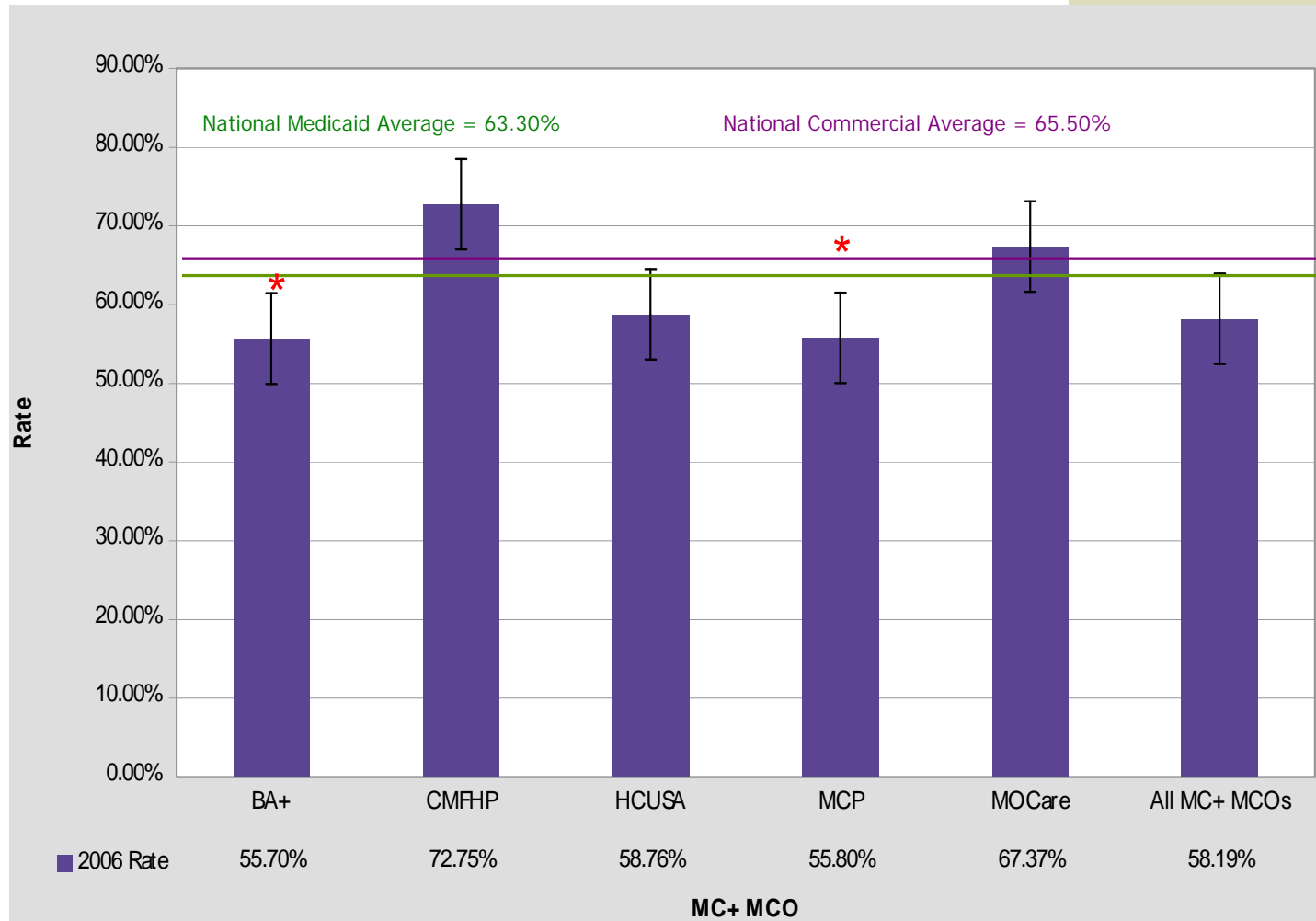


# Rates Reported by MC+ MCOs and Validated by EQRO, HEDIS 2006 Prenatal and Postpartum Care, Postpartum Rates



Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); BHC, Inc., 2006 External Quality Review Performance Measure Validation. \*Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

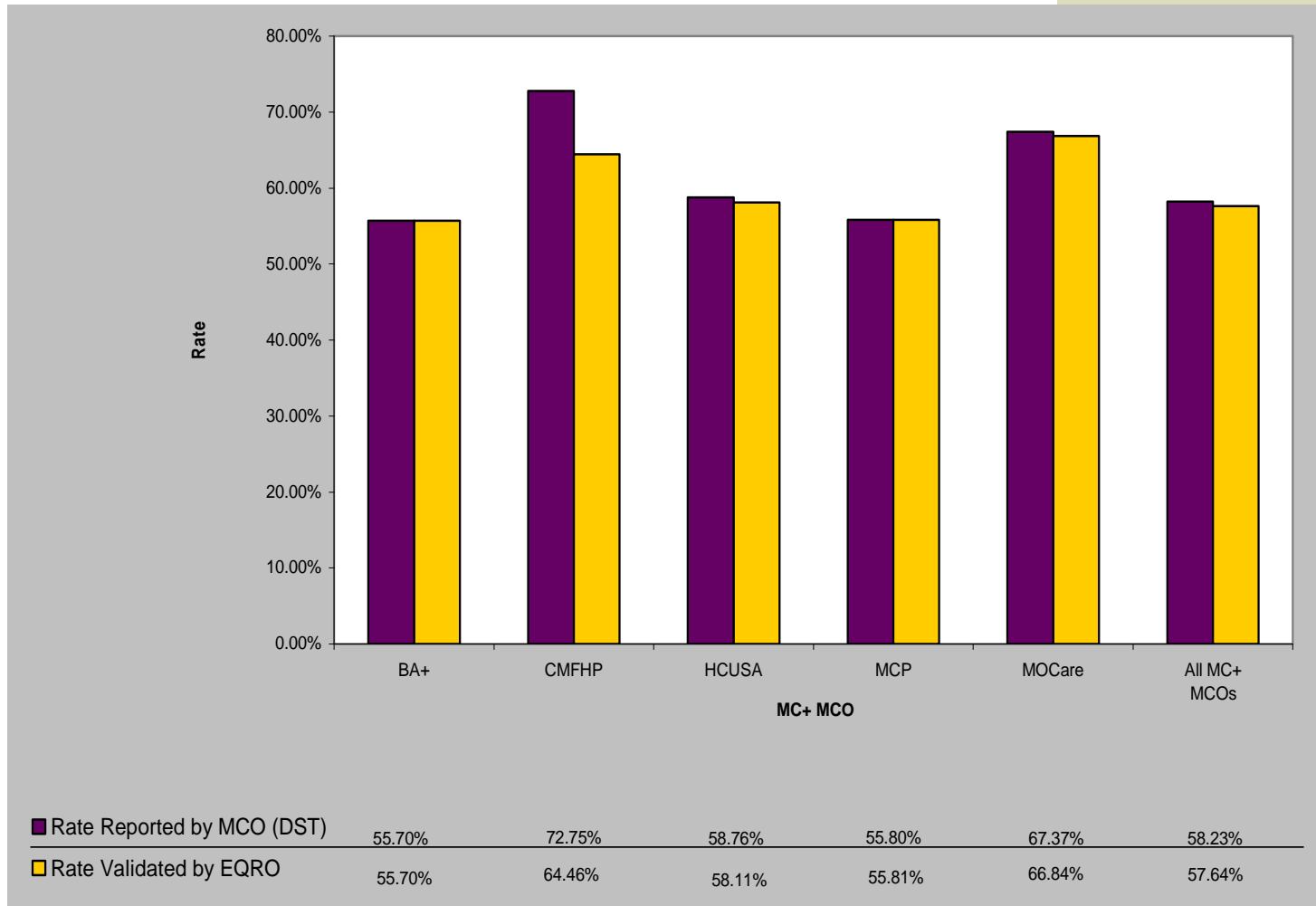
# MC+ Managed Care Program HEDIS 2006 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Rates



significant at the 95% level of significance, two-tailed z-test.

Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

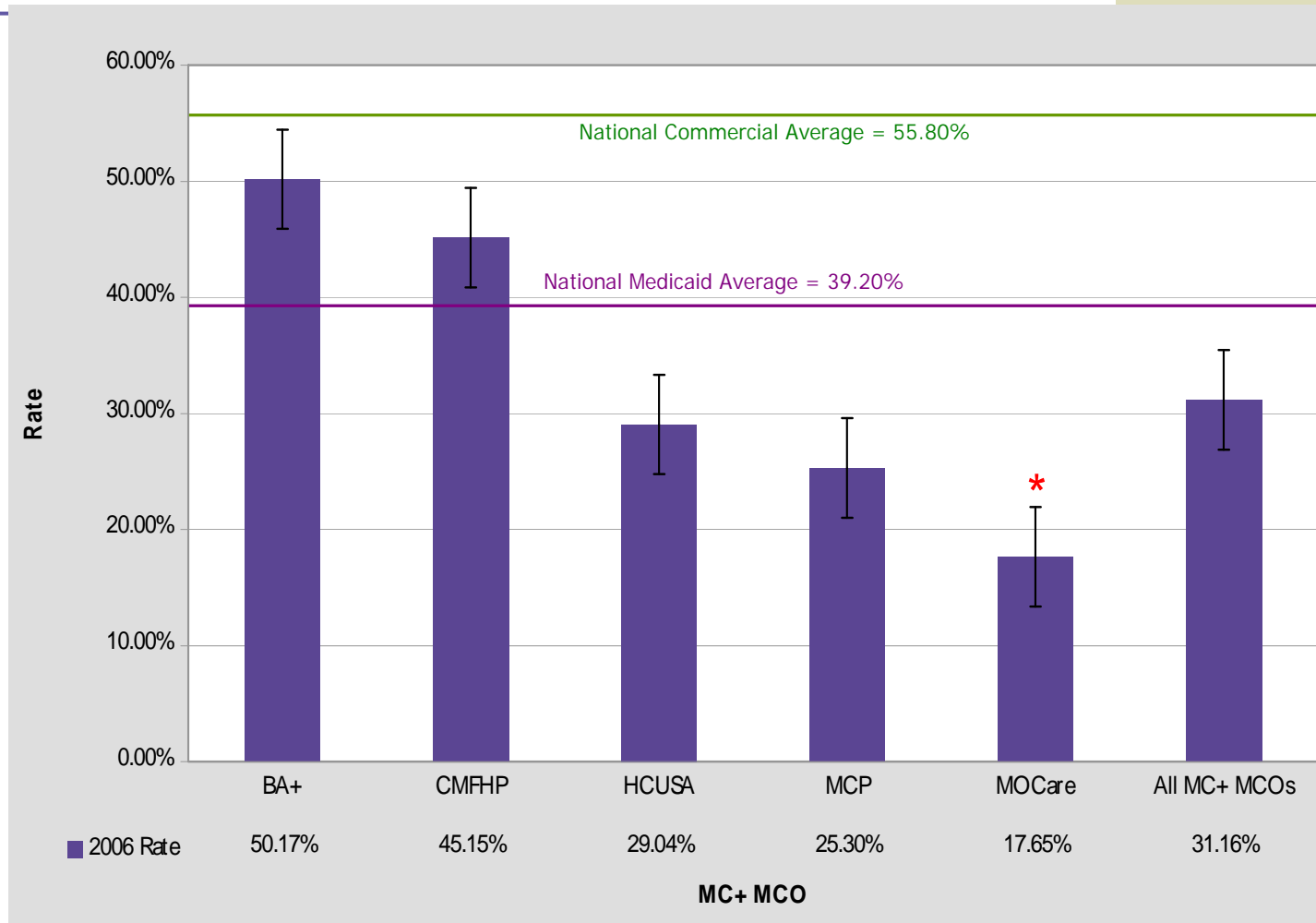
# Rates Reported by MC+ MCOs and Validated by EQRO, HEDIS 2006 Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life



Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); BHC, Inc., 2006 External Quality Review Performance Measure Validation. \*Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.



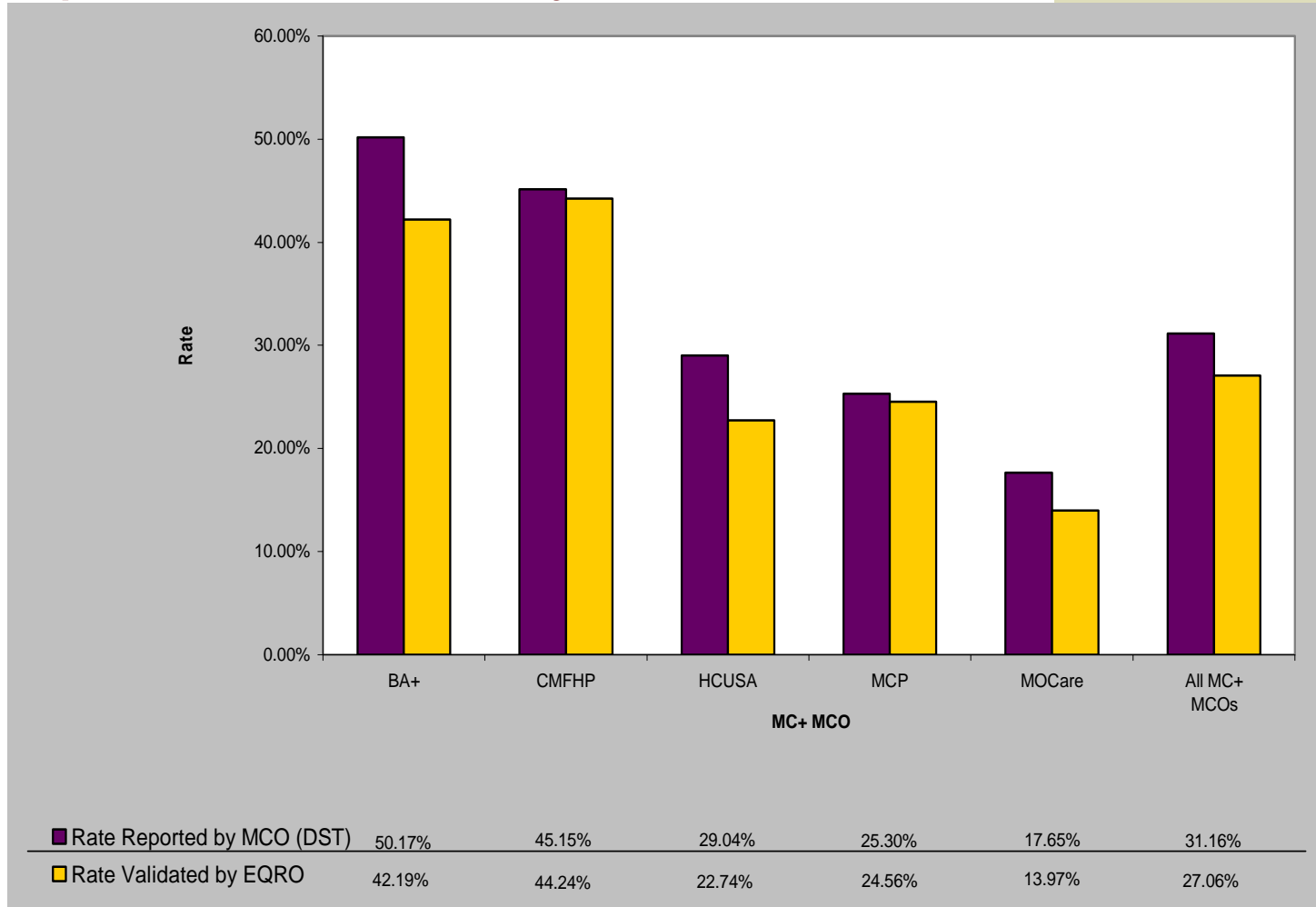
# MC+ Managed Care Program HEDIS 2006 Follow-Up After Hospitalization, 7 day Rates



Note: Error bars on the y-axis represent 95% confidence intervals; \* Indicates values are significant at the 95% level of significance, two-tailed z-test.

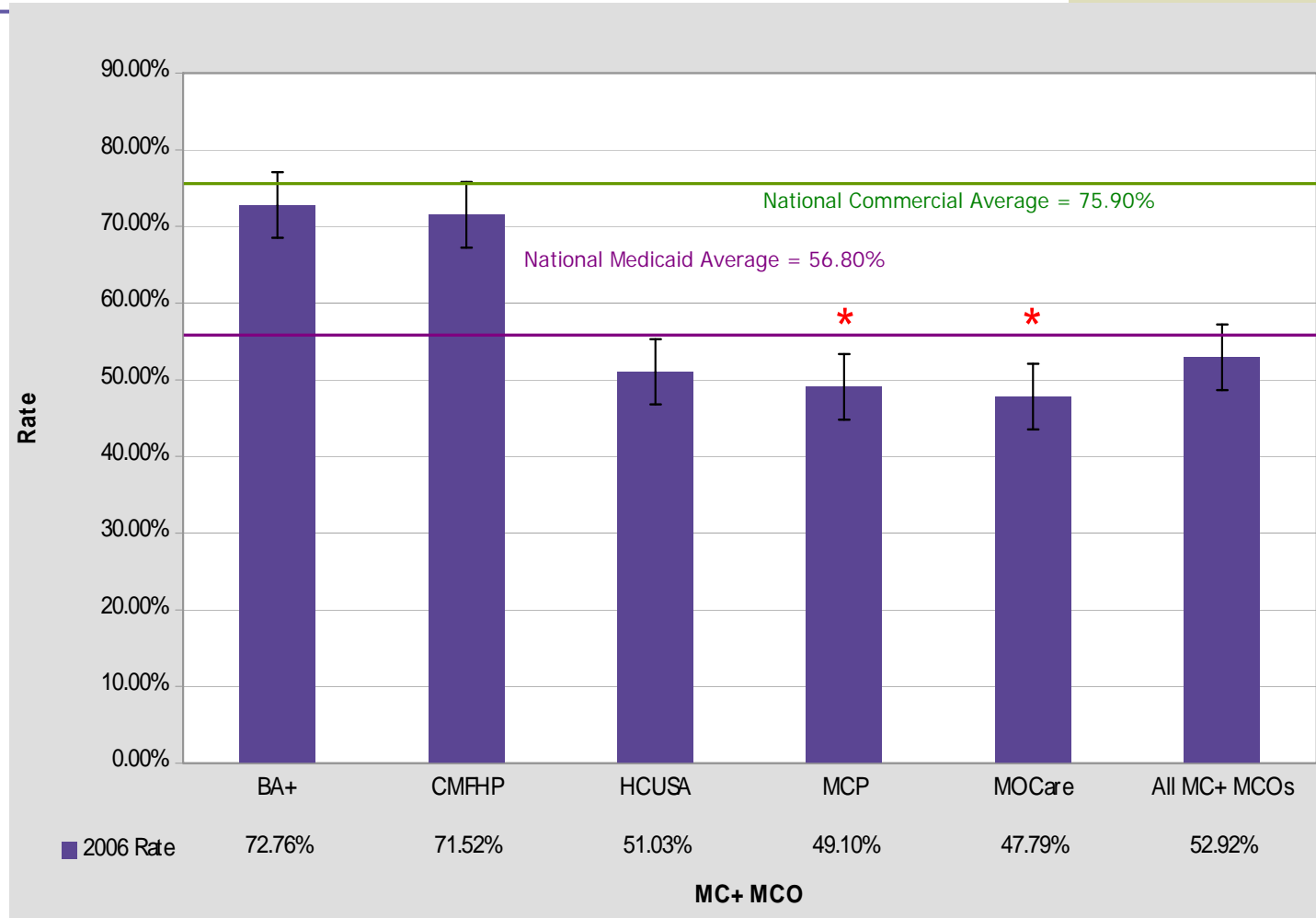
Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

# Rates Reported by MC+ MCOs and Validated by EQRO, HEDIS 2006 Follow-Up After Hospitalization, 7 day Rates



Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); BHC, Inc., 2006 External Quality Review Performance Measure Validation. \* Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

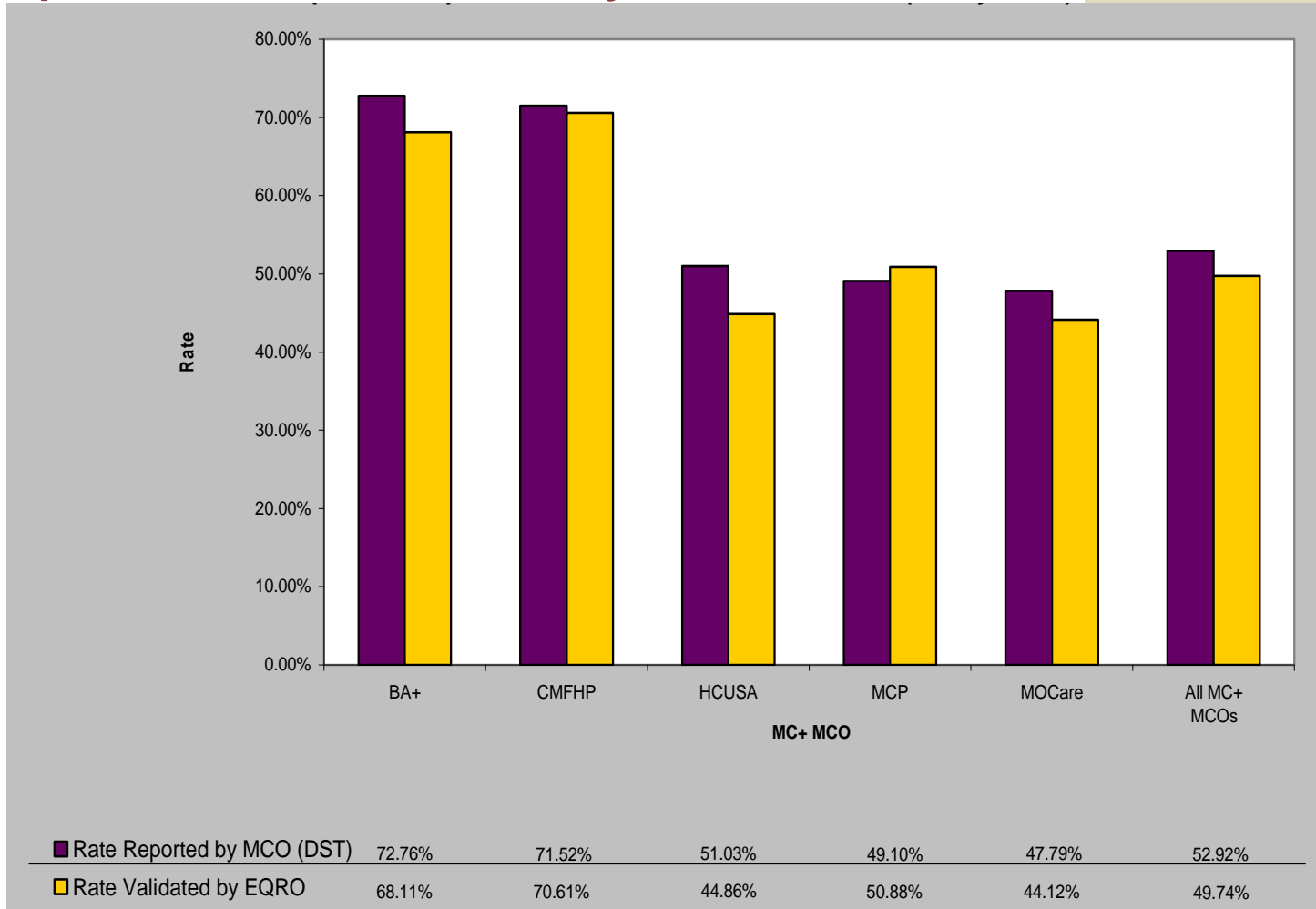
# MC+ Managed Care Program HEDIS 2006 Follow-Up After Hospitalization, 30 day Rates



Note: Error bars on the y-axis represent 95% confidence intervals; \* Indicates values are significant at the 95% level of significance, two-tailed z-test.

Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); National Committee for Quality Assurance (NCQA).

# Rates Reported by MC+ MCOs and Validated by EQRO, HEDIS 2006 Follow-Up After Hospitalization, 30 day Rates



Sources: MC+ MCO HEDIS 2006 Data Submission Tool (DST); BHC, Inc., 2006 External Quality Review Performance Measure Validation. \* Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

# Validation of Encounter Data

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- Randomly selected encounters from medical claims, with service dates July 1, 2006 – September 30, 2006
- Assess the quality of data for required fields for each claim type
- Evaluate the representativeness (or completeness) of the SMA encounter claims database for MC+ MCO paid and unpaid claims
- Validate medical records against the SMA encounter claims database



# Validation of Encounter Data

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- **Completeness:** The extent to which an encounter claim field contains data (either present or absent).
- **Accuracy:** The extent to which an encounter claim field contains the correct type of information (e.g., numeric, alpha, alphanumeric) in the proper format (e.g., mm/dd/yyyy for date field).
- **Reasonableness (Validity):** The extent to which an encounter claim field represents a valid value (e.g., an actual procedure code, actual birth date)

# Validation of Encounter Data

## Strengths

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- For the 500 selected encounters, there were 487 medical records (97.4%) submitted for review. Compared to 86.71% for 2005.
- MC+ members are receiving more services than their fee-for-services counterparts. The claims data presented above details a much higher rate of claims per 1,000 members for MC+ members. This is likely due to a greater availability of needed services, more access points to care, and the timeliness in which those services are delivered.

# Validation of Encounter Data Strengths

Fee-for-Service, Rate per 1,000 Members all Encounter Claims

Claim Type	Number of Claims	Total Members	Claims Per 1,000 Members
Home Health	1,313	393,170	3.34
Dental	43,523	393,170	110.70
Medical	658,473	393,170	1,674.78
Outpatient	399,120	393,170	1,015.13
Drug	765,866	393,170	1,947.93
Inpatient	15,021	393,170	38.20

MC+ MCOs, Rate per 1,000 Members all Encounter Claims

Claim Type	Number of Claims	Total Members	Claims Per 1,000 Members
Home Health	749	312,440	2.40
Dental	132,507	312,440	424.10
Medical	811,852	312,440	2,598.43
Outpatient	450,278	312,440	1,441.17
Drug	428,663	312,440	1,371.99
Inpatient	87,404	312,440	279.75

# Validation of Encounter Data Procedures and Diagnoses

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- Of the medical records received for review, there was a match rate of 75.63% for procedures 72.86% for diagnoses with the data in the SMA encounter claims extract file.
- This compares to match rates of 59.97% for procedures and 99.01% for diagnoses in the 2005 review; and
- 70.9% for procedures and 73.8% for diagnoses in the 2004 review.

# Validation of Encounter Claims

## Areas for Improvement

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- For the Medical claim type, there were invalid values for the First Diagnosis Code fields, including blank fields.
- The match rates between the SMA database and MC+ MCO medical records for claim type procedures were 72.86%, this is significantly lower than last year's match rate of 99.01%.

# MC+ MCO Compliance with Managed Care Regulations

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- The objective for the 2004 review was to analyze and evaluate the MC+ Managed Care Organizations (MC+ MCOs) to assess their level of compliance with federal regulations regarding quality, timeliness and access to health care services.
- For 2005, the objective was to complete a follow-up review to ensure improved and continued compliance with these regulations on the part of the MC+ MCOs.
- The 2006 review was again a follow-up review year for Compliance.

# MC+ MCO Compliance with Managed Care Regulations

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- Enrollee Rights and Protections
- Quality Assessment and Performance Improvement:
  - Access Standard
  - Operation Standards
  - Measurement and Improvement
- Grievance Systems

# MC+ MCO Compliance with Managed Care Regulations

- **Met:** All documentation listed under a regulatory provision, or one of its components was present. MC+ MCO staff were able to provide responses to reviewers that were consistent with one another and the available documentation. Evidence was found and could be established that the MC+ MCO was in full compliance with regulatory provisions.
- **Partially Met :** There was evidence of compliance with all documentation requirements, but staff were unable to consistently articulate processes during interviews; or documentation was incomplete or inconsistent with practice.
- **Not Met:** Incomplete documentation was present and staff had little to no knowledge of processes or issues addressed by the regulatory provision.



# MC+ MCO Compliance with Managed Care Regulations Strengths

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- Across all MC+ MCOs there was sustained improvement in the area of compliance with federal regulations. There were no regulations rated as “Not Met.” All individual regulations were rated as “Met” or “Partially Met.”
- Enrollee Rights and Protections
  - There were no items across MC+ MCOs that were rated as “Not Met”. Across all MC+ MCOs 90.77% of the regulations were “Met”. This is a significant improvement over the 2005 rate of 75.82% and the 2004 rate of 54.9%.

# MC+ MCO Compliance with Managed Care Regulations Strengths

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- Four MC+ MCOs were 100% compliant with all requirements.
- The remaining MC+ MCO was 100% compliant with the regulations related to Grievances; 53.8% compliant with Enrollee Rights and Protections; 88.2% compliant with Access Standards; 90% compliance with Structure and Operations; and 90% compliant with Measurement and Improvement.

# MC+ MCO Compliance with Managed Care Regulations

## Areas for Improvement

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- MC+ MCOs must continue to recognize the need for timely submission of all required policy and procedures. MC+ MCOs must continue to recognize the need for timely submission of all required policy and procedures. The majority of the MC+ MCOs put a tracking or monitoring system into place to ensure timely submission of documentation requiring annual approval. These systems must be maintained to ensure that this process remains a priority for all MC+ MCOs.
- MC+ MCOs identified the need for continuing to monitor provider availability in their own networks. Although most MC+ MCOs had the number of primary care physicians (PCPs) and specialists required to operate, they admitted that many of these PCPs had closed panels and would not accept new patients. Ensuring that there is adequate access for all members, including new members, should be a priority for all MC+ MCOs.