

2007

MO HealthNet
Managed Care Program

External Quality Review

Report of Findings

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Introduction

- 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.

■ 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

- Examined 2 PIPs underway in previous 12 months
- Eligible PIPs identified by MCHPs, 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 MCHPs 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

- 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.
- In 2007, twelve of the 12 PIPs (100%) were rated as credible and valid approaches to determining the effectiveness of interventions.

Best Practice PIPs

- Eight of the 12 PIPs that were reviewed for the 2007 EQR received an overall rating of 95% or better:
 - BA+: Appeals Process Compliance
 - CMFHP: Well-Child Visits in First 15 Mos.
Improving Non-Emergency
Transportation Services
 - Harmony: Medical Record Review
 - HCUSA: Appeals and Grievances
 - MO Care: Asthma Management
7-Day Follow-Up after Mental
Illness Hospitalization

Best Practice PIPs cont'd

- Two of the eight PIPs receiving high validation scores were mature enough to show actual improvement. (both were from MO Care)
- The others were not as mature, but the information to date led BHC to award the PIP a rating of “Moderate” or “High 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 and 2006 review. The EQRO continues to recommend conducting data analysis more frequently to allow PIPs to be modified as needed to achieve sustained improvement.

Validation of Performance Measures

- 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 2007 Measure Validation for MO HealthNet
 1. Follow-Up After Hospitalization for Mental Illness
 2. Adolescent Well-Care Visit
 3. Annual Dental Visit
- 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 MCHP on the HEDIS 2007 Data Submission Tool.)

Validation of Performance Measures

Quality of Care

- The HEDIS 2007 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.
- One MCHP was Fully Compliant with this measure. The remaining four MCHPs were Substantially Compliant with this measure

Validation of Performance Measures

Quality of Care

- For the 7-day follow up rate, three MO HealthNet Managed Care health plans (BA+, CMFHP and MO Care) reported rates (58.67%, 48.50% and 42.58%, respectively) that were higher than the National Medicaid Average (39.1%) for this measure and one health plan (BA+) reported a rate higher than the National Commercial Average (56.7%).
- The 7-Day reported rate for all MO HealthNet Managed Care health plans in 2007 (35.52%) was a 4.36% increase over the 7-day rate reported in 2006 (the last year this measure was audited by the EQR).

Validation of Performance Measures

Quality of Care

- For the 30-day follow up rate, three MO HealthNet Managed Care health plans (BA+, CMFHP and MO Care) reported rates (76.00%, 88.37% and 63.16%, respectively) that were higher than the National Medicaid Average (57.7%) for this measure and two health plans (BA+ and CMFHP) reported rates higher than the National Commercial Average (75.0%).
- The 30-Day reported rate for all MO HealthNet Managed Care health plans in 2007 (60.06%) was a 7.14% increase over the 30-day rate reported in 2006 (the last year this measure was audited by the EQR).

Validation of Performance Measure Access To Care

- The HEDIS 2007 Annual Dental Visit measure is categorized as an Access/Availability of Service measure and is designated to measure the access to care received.
- For the Annual Dental Visit measure, all five MO HealthNet Managed Care health plans reviewed were substantially compliant with the calculation of this measure.

Validation of Performance Measure Access To Care

- For the Annual Dental Visit measure, none of the health plans reported a rate higher than the National Medicaid Average (42.5%).
- The rate for All MO HealthNet Managed Care health plans of Annual Dental visits improved by 2.74% from the 2005 rate (the last year this measure was validated by the EQRO) of 29.76% to the 2007 rate of 32.50%.

Validation of Performance Measures

Timeliness Of Care

- The HEDIS 2007 Adolescent Well Care Visits is categorized as a Use of Services measure and is designated to measure the timeliness of the care received. To increase the rate for both of these measures, age specific services must be delivered to members on a yearly basis.
- One health plan was fully compliant with the specifications for calculation of this measure and the remaining four were substantially compliant with the measure's calculation.

Validation of Performance Measures

Timeliness Of Care

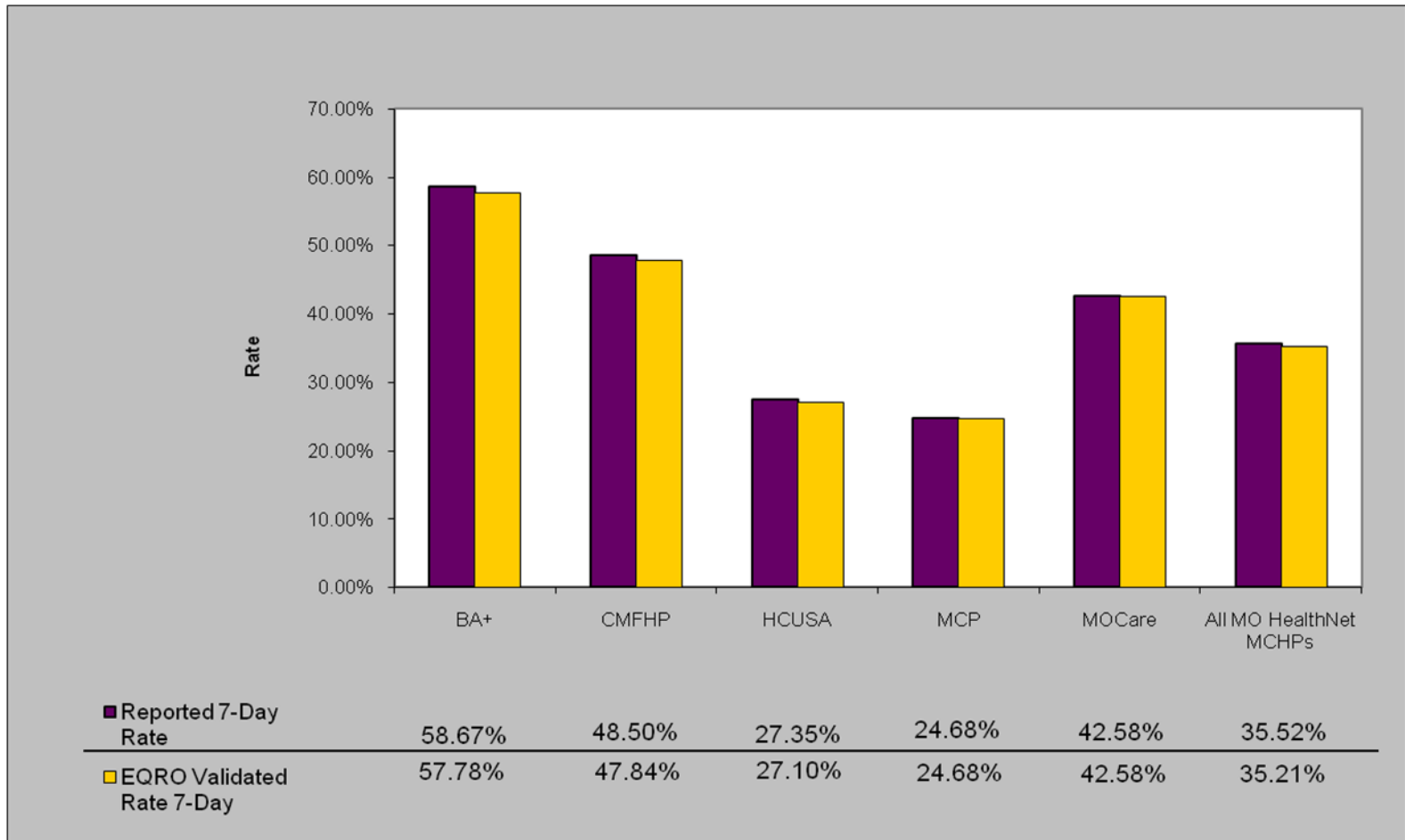
- For the Adolescent Well Care Visits measure, two health plans (CMFHP and MO Care) reported rates (42.82% and 44.91%, respectively) higher than the National Commercial Average (40.3%) and one health plan (MO Care) reported a rate higher than the National Medicaid Rate (43.6%), as well.
- The rate for All MO HealthNet Managed Care health plans improved by 4.68% from the 2004 reported rate of 30.13% for all health plans (the last year this measure was validated by the EQRO) to the 2007 rate for all health plans of 34.81%.

Validation of Performance Measures

Recommendations

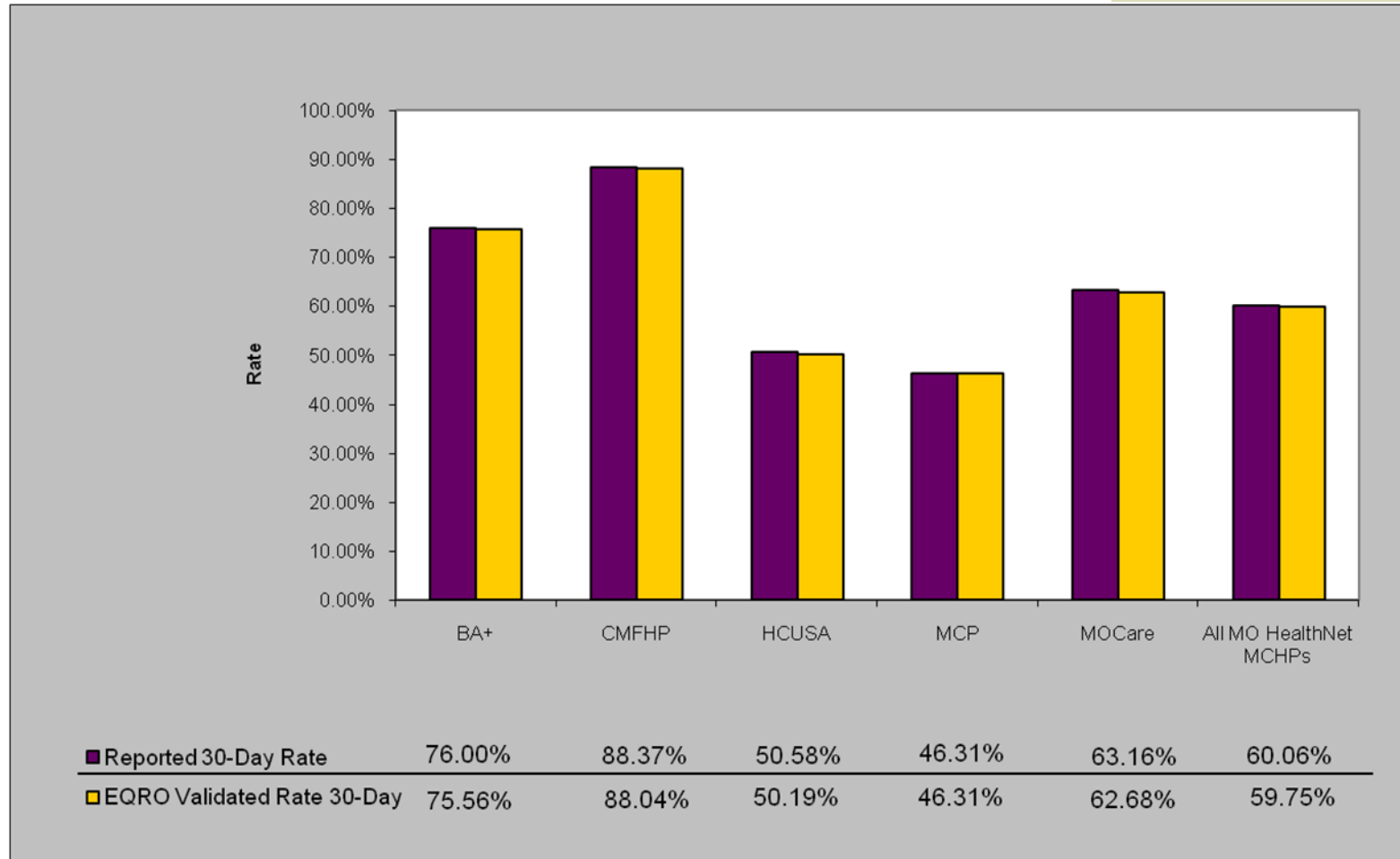
The SMA should consider requiring the Hybrid Method of calculation for some HEDIS measures. The two health plans who calculated the Adolescent Well Care Visits measure hybridly (CMFHP and MO Care) had the highest validated rates (42.82% and 44.91%, respectively) and rates above both National benchmarks (National Commercial rate 40.3% and National Medicaid rate 43.6%).

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2007 Follow-Up After Hospitalization, 7 day Rates



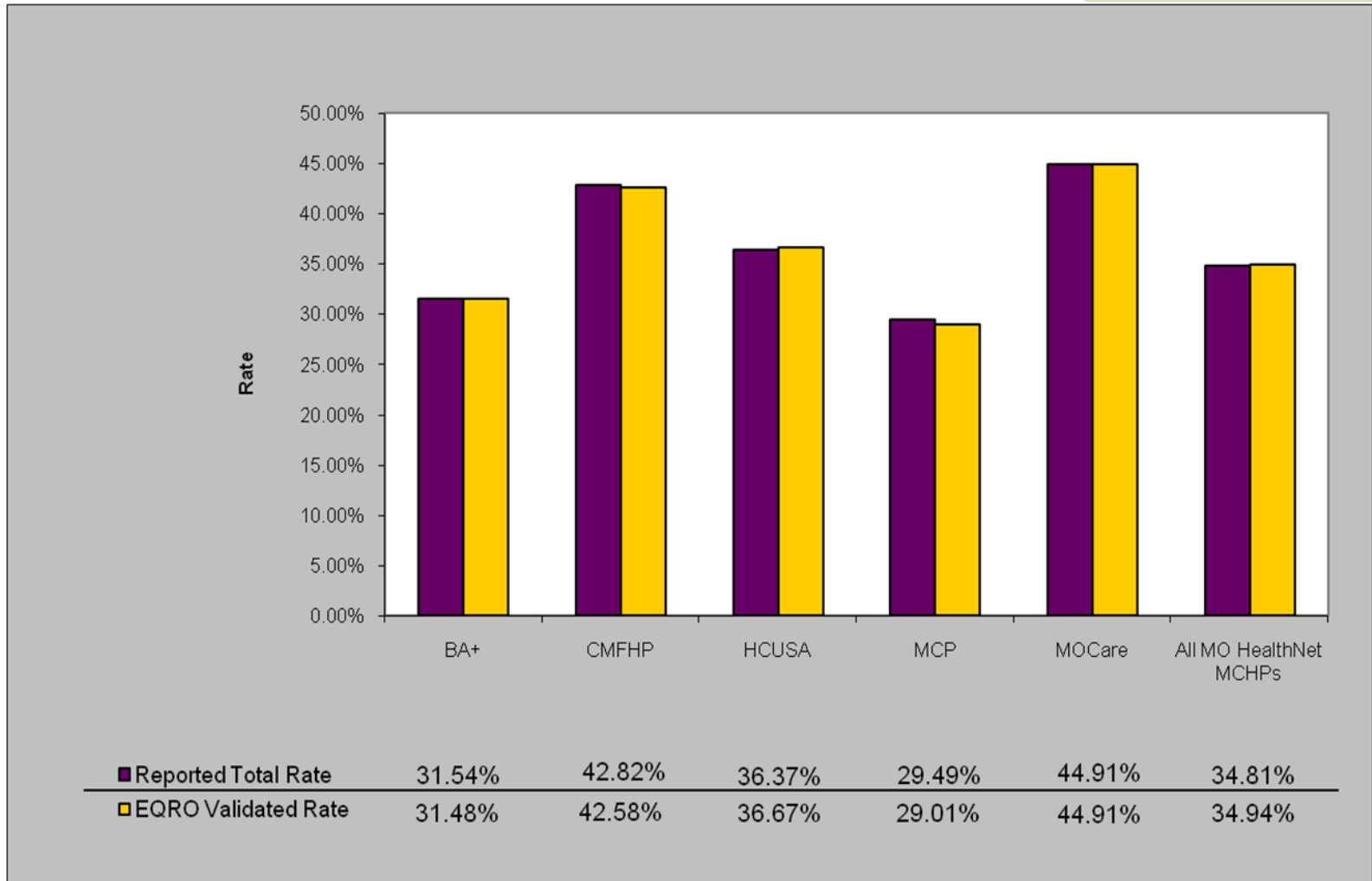
Sources: MCHP HEDIS 2007 Data Submission Tool (DST); BHC, Inc., 2007 External Quality Review Performance Measure Validation. * Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2007 Follow-Up After Hospitalization, 30 day Rates



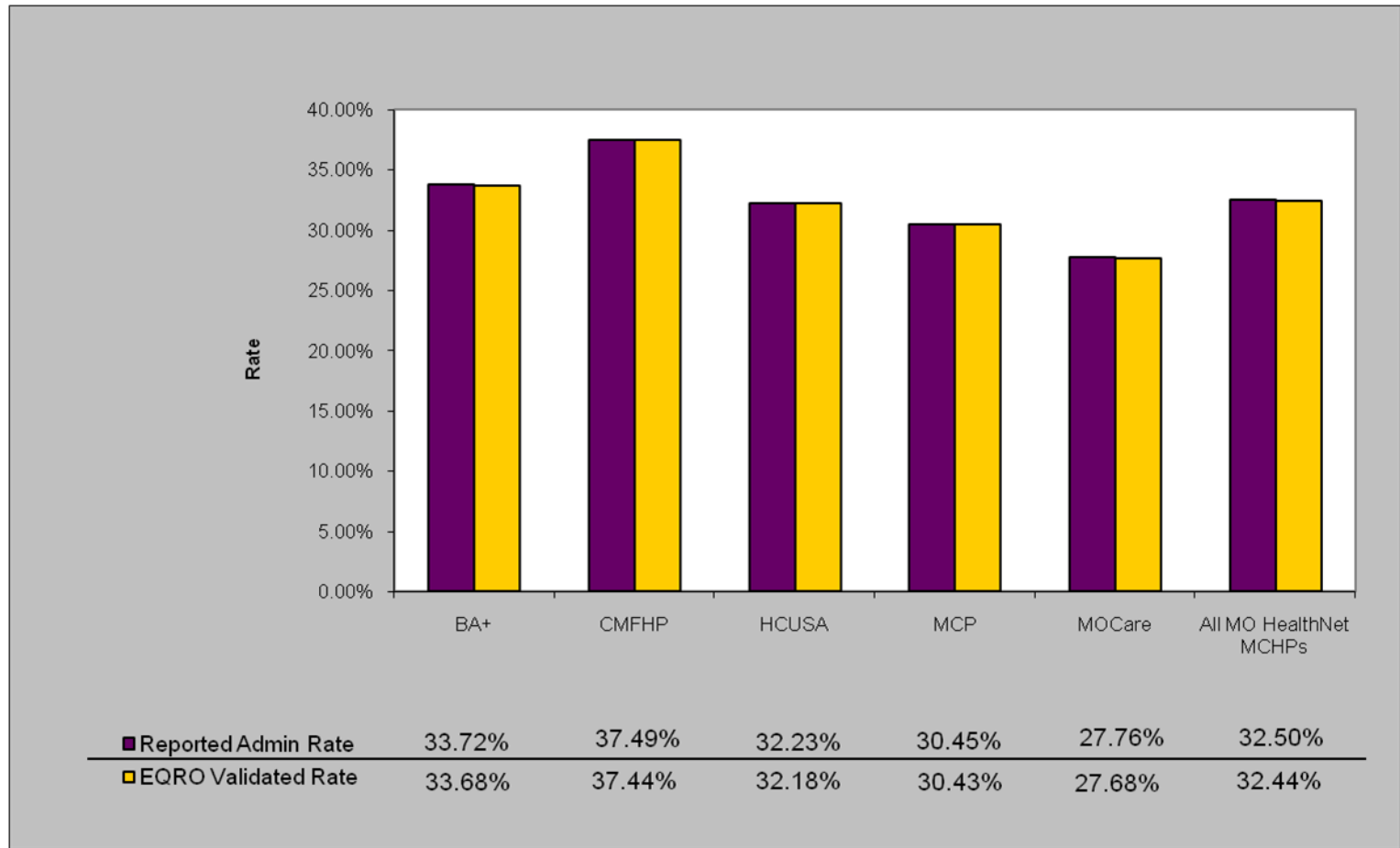
Sources: MCHP HEDIS 2007 Data Submission Tool (DST); BHC, Inc., 2007 External Quality Review Performance Measure Validation. * Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2007 Adolescent Well-Care Visit Rates



Sources: MCHPs HEDIS 2007 Data Submission Tool (DST); BHC, Inc., 2007 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.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2007 Annual Dental Visit



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Sources: MCHP HEDIS 2007 Data Submission Tool (DST); BHC, Inc., 2007 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

- Randomly selected encounters from medical claims, with service dates July 1, 2007 – September 30, 2007
- Assess the quality of data for required fields for each claim type
- Evaluate the representativeness (or completeness) of the SMA encounter claims database for MCHP paid and unpaid claims
- Validate medical records against the SMA encounter claims database

Validation of Encounter Data

- **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 Procedures and Diagnoses

- Of the medical records received for review, there was a match rate with the data in the SMA encounter claims extract file of 55.61% for procedures compared to 75.63% in 2006.
- Of the medical records received for review, there was a match rate with the data in the SMA encounter claims extract file of 50.27% for diagnoses compared to 72.86% in 2006.

Validation of Encounter Claims

Areas for Improvement

- For the 600 selected encounters, there were 561 medical records (93.5%) submitted for review. Compared to 97.4% for 2006.
- The match rates between the SMA database and MCHP medical records for claim type procedures and diagnoses were significantly lower than last year's match rates.

Compliance with Managed Care Regulations

- 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 health plans.
- The 2006 and 2007 reviews were again follow-up review years for Compliance.

Compliance with Managed Care Regulations

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

Compliance with Managed Care Regulations

- **Met:** All documentation listed under a regulatory provision, or one of its components was present. MCHP 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 MCHP 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.

Compliance with Managed Care Regulations Strengths

- Across all MCHPs there was sustained improvement in the area of compliance with federal regulations. There was only one regulation rated as “Not Met.” All other individual regulations were rated as “Met” or “Partially Met.”
- Enrollee Rights and Protections
 - One item was rated as “Not Met”. Across all MCHPs 94.87% of the regulations were “Met”. This is a significant improvement over the 2006 rate of 90.77%, the 2005 rate of 75.82% and the 2004 rate of 54.9%.

Compliance with Managed Care Regulations Strengths

- Five MCHPs were 100% compliant with all requirements.
- The remaining MCHP was 5.6% compliant with the regulations related to Grievances; 69.2% compliant with Enrollee Rights and Protections; 52.9% compliant with Access Standards; 70% compliance with Structure and Operations; and 36.4% compliant with Measurement and Improvement.

Compliance with Managed Care Regulations

Areas for Improvement

- MCHPs must continue to recognize the need for timely submission of all required policy and procedures.
- MCHPs must continue to recognize the need for timely submission of all required policy and procedures. The majority of the MCHPs 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 MCHPs.

Compliance with Managed Care Regulations

Areas for Improvement

- The use of data for quality improvement purposes and examination of healthcare outcomes has increased dramatically. Continued growth in the utilization of all of the data available to drive healthcare practice and initiatives is required to improve quality and access to care.