

2008

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

- In 2008, six of the 12 PIPs (50%) were rated as credible and valid approaches to determining the effectiveness of interventions. (Moderate to High Confidence rating)
- Four of the 12 PIPs (33%) were not mature enough to determine the effectiveness of the interventions.
- Two of the 12 PIPs (17%) were rated as Low Confidence (Few aspects of the PIP were described or performed in a manner that would produce some confidence that findings could be attributed to the intervention)

Best Practice PIPs

- Seven of the 12 PIPs that were reviewed for the 2007 EQR received an overall rating of 95% or better.
- Six of the 12 PIPs reviewed for the 2008 EQR received an overall rating of 95% or better:
 - BA+: Ambulatory Follow-Up After Hospitalization for Mental Health Disorders
Improving Adolescent Well Care
 - CMFHP: Improving Dental Utilization Rates
 - HCUSA: Readmission Performance Improvement
 - MO Care: Partnership to Improve WIC Participation & Increase Well Child Visit Rates
Improving Adolescent Well Care

Best Practice PIPs cont'd

- Three of the six PIPs receiving high validation scores were mature enough to show actual improvement. (MO Care and HCUSA)
- 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.
- Interventions for the Statewide PIP (Adolescent Well Care) must continue to be individualized for each Health Plan's population.

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 2008 Measure Validation for MO HealthNet
 1. Use of Appropriate Medications for People With Asthma
 2. Annual Dental Visit
 3. Adolescent Well-Care 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 2008 Use of Appropriate Medications for People with Asthma measure is categorized as an Effectiveness of Care measure and is designed to measure the effectiveness/quality of care received by health plan members.
- Three MCHPs were Substantially Compliant with this measure. Two MCHPs did not report some of the necessary information for the EQRO to validate this measure. One MCHP did not have enough eligible members to report this measure.

Validation of Performance Measures Quality of Care

- Four of the five MO HealthNet Managed Care health plan rates reported for the Use of Appropriate Medications for People with Asthma measure were close to or above the National Medicaid Average of 86.9%.

BAPlus- 88.63%

CMFHP- 89.73%

HCUSA- 86.87%

MOCare- 86.96%

- None of the five MO HealthNet Managed Care health plan rates reported for the Use of Appropriate Medications for People with Asthma measure were higher than the National Commercial Rate of 92.3%.

Validation of Performance Measures Quality of Care

- The EQRO last audited the Use of Appropriate Medications for People with Asthma measure in 2004; the health plans have shown a marked increase in the overall average rate over the past 4 years. This rate has increased from 63.92% in 2004 to 87.23% in 2008, an improvement of 23.31%.

Validation of Performance Measure Access To Care

- The HEDIS 2008 Annual Dental Visit measure is categorized as an Access/Availability of Service measure and is designated to measure the access to care received.
- One MCHP was fully compliant with the calculation of this measure.
- Four of the six MO HealthNet Managed Care health plans were substantially compliant with the calculation of this measure.
- One Health Plan was rated as not valid.

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 Annual Dental Visits measure has been audited in the 2005, 2007, and 2008 external quality reviews. Over the course of these review periods, the rates for all MO HealthNet Managed Care health plans have improved a total of 4.95%; the rates reported were 29.76% in 2005, 32.50% in 2007 and 34.71% in 2008.

Validation of Performance Measures

Timeliness Of Care

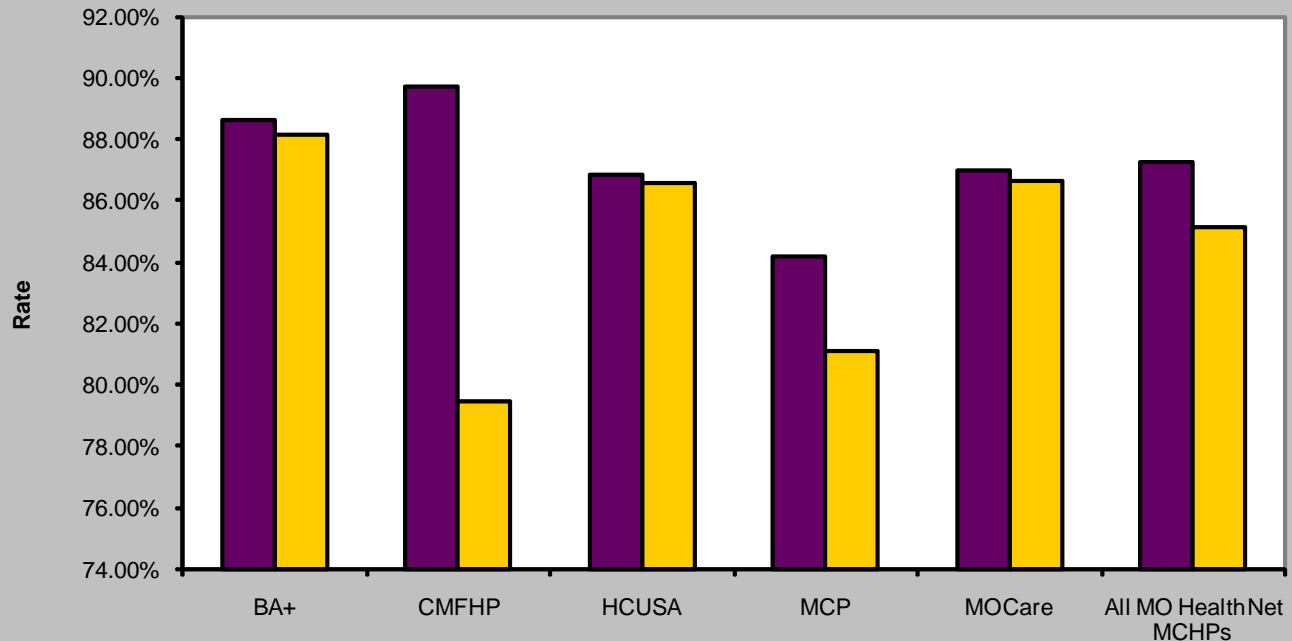
- The HEDIS 2008 Adolescent Well Care Visits is categorized as a Use of Services measure and is designated to measure the timeliness of the care received. To increase the rate for both of these measures, age specific services must be delivered to members on a yearly basis.
- One health plan was fully compliant with the specifications for calculation of this measure, four were substantially compliant with the measure's calculation.
- One health plan was found to be not valid.

Validation of Performance Measures

Timeliness Of Care

- For the Adolescent Well Care Visits measure, Missouri Care reported a rate (49.54%) higher than both the National Medicaid Rate (42.0%) and the National Commercial Average (41.8%).
- Children's Mercy Family Health Partners also reported a rate very close to these Averages at 41.61%.
- The rate for All MO HealthNet Managed Care health plans improved by by 8.46% over the past three periods this measure has been validated (30.13% in 2004, 34.81% in 2007, and 38.59% in 2008).

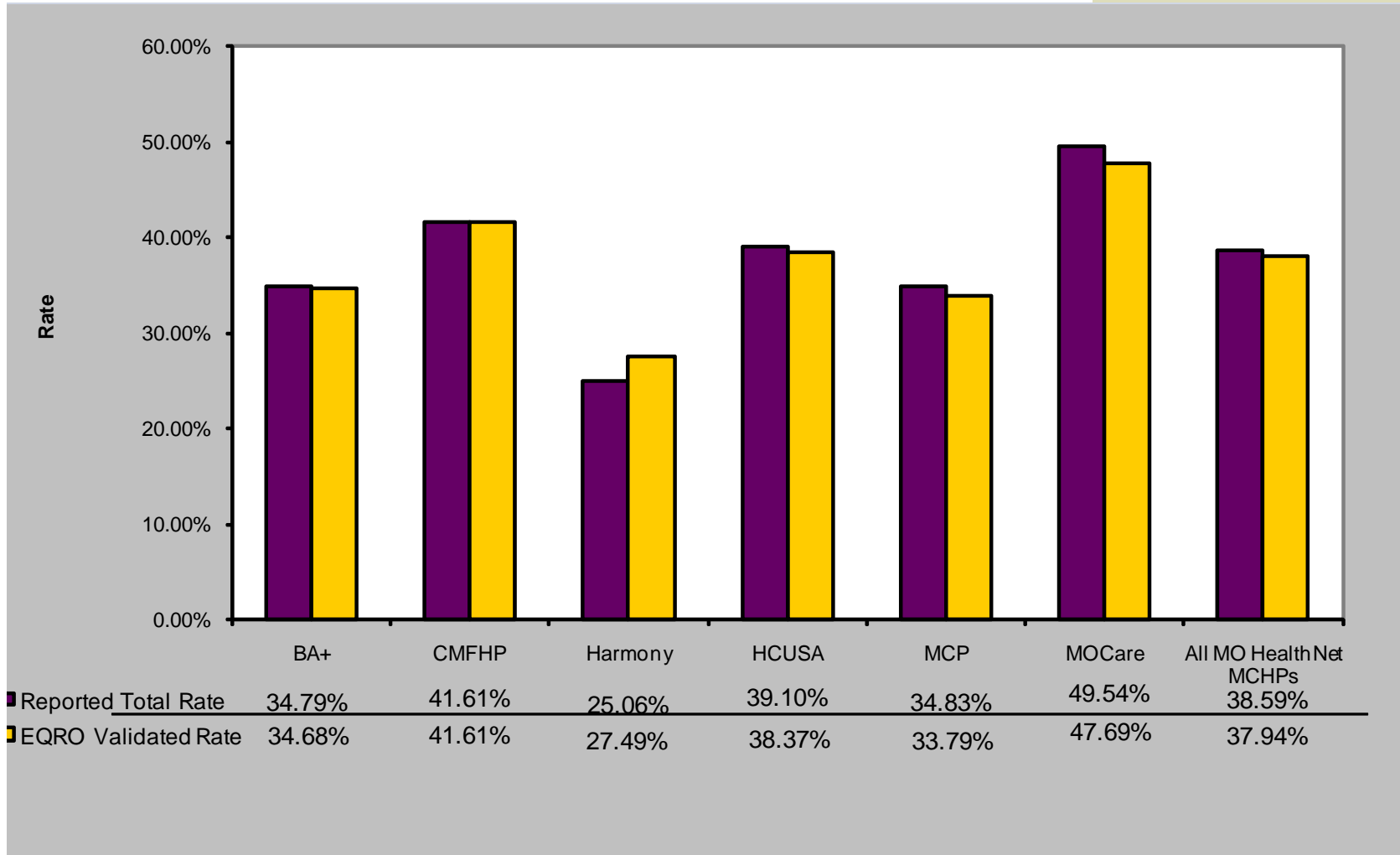
Rates Reported by MCHPs and Validated by EQRO, HEDIS 2008 Use of Appropriate Medications for People with Asthma



■ Reported Admin Rate	88.63%	89.73%	86.87%	84.16%	86.96%	87.23%
■ EQRO Validated Rate	88.11%	79.46%	86.59%	81.09%	86.62%	85.10%

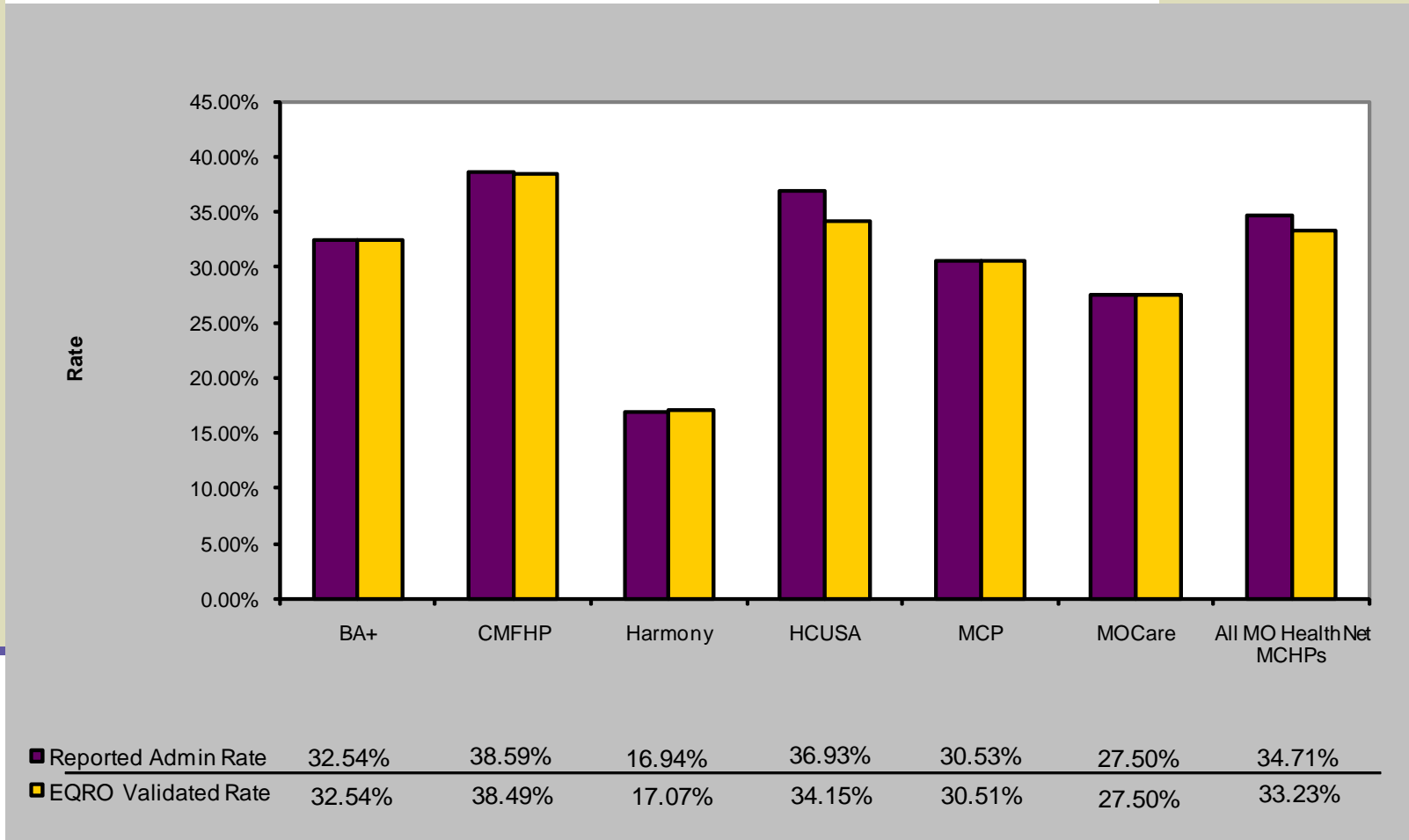
Sources: MCHP HEDIS 2008 Data Submission Tool (DST); BHC, Inc., 2008 External Quality Review Performance Measure Validation. * Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2008 Adolescent Well-Care Visit Rates



Sources: MCHPs HEDIS 2008 Data Submission Tool (DST); BHC, Inc., 2008 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 2008 Annual Dental Visit



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Sources: MCHP HEDIS 2008 Data Submission Tool (DST); BHC, Inc., 2008 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, 2008 – September 30, 2008
- 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 59.20% for procedures compared to 52.0% in 2007 and 73.24% 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 50.0% for diagnoses compared to 47.0% in 2007 and 70.56% in 2006.

Validation of Encounter Claims

Areas for Improvement

- For the 500 selected encounters, there were 450 medical records (90.0%) submitted for review. Compared to 93.5% for 2007 and 97.4% for 2006.
- The match rates between the SMA database and MCHP medical records for claim type procedures and diagnoses were higher than 2007 but significantly lower than 2006's match rates.

Compliance with Managed Care Regulations

- The 2008 Compliance Review included in-depth interviews with Member Services and Case Management Staff, as well as the Health Plan Administrative Staff.
- The goal of these interviews was to validate that practices at the Health Plans, particularly affecting members' access to quality and timely health care, were in compliance with the approved policies and procedures.

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%. 2007 rate was also 94.87%.

Compliance with Managed Care Regulations Strengths

- Four MCHPs were 100% compliant with all requirements.
- One MCHP was 100% compliant with all requirements with the exception of Access Standards.
- 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.
- MO HealthNet Managed Care Health Plans must continue to monitor provider availability in their own networks.
- 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.

Compliance with Managed Care Regulations

Areas for Improvement

- MO HealthNet Managed Care Health Plans need to continue to enhance their Quality Assessment and Improvement programs. These programs are strengths for their ability to provide adequate and effective services to members. These efforts must be relentlessly continued to ensure that the organizations remain aware of areas for growth and improvement. The efforts to ensure that the quality, timeliness and access to care required for member services is maintained at an exceptional level must continue.

2008 Best Practices

- **Blue-Advantage Plus of Kansas City**

Immunization Initiative – This initiative provides education to members regarding the need for regular check-ups and the importance of obtaining required immunizations.

- **Children’s Mercy Family Health Partners**

Wellness and Prevention – This project synchronized the distribution of information to members in coordination with local and national recognition months for health screenings and disease management awareness.

2008 Best Practices

■ **Harmony Health Plan**

Pay for Quality Program – This project focused on improving access to care and the delivery of quality services to members by rewarding providers when their individual statistics reflected their efforts to assist in improving member education and other preventive services.

■ **HealthCare USA**

Cultural Competency Program – This program strives to ensure that members receive appropriate care in a culturally-sensitive environment, and further ensures that Health Plan staff focus on cultural competency at all levels.

2008 Best Practices

■ Missouri Care Health Plan

“I CAN...Help My Child Stay Healthy” Project –

The Health Plan partnered with the Central Missouri Community Action Center ensure that all eligible children in the region were enrolled in Head Start, and that all children in Head Start obtain all preventive health care available. The goals of the partnership include decreased Emergency Room visits and improved parent health literacy.

2008 Best Practices

■ Molina Health Care of Missouri

Case Management for Pregnant Women – Beginning Another Beautiful You through Coordination of care, Assessment, Referral and Education (B.A.B.Y. C.A.R.E.) has been implemented to improve obstetrical outcomes, reduce obstetrical-related hospital admissions and decrease the incidence of pre-term deliveries by identifying, educating and managing members with risk factors throughout their pregnancy.