2010

MO HealthNet
Managed Care Program

External Quality Review

Report of Findings

Behavioral Health Concepts, Inc.

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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.

- State of Missouri contracts with the following Managed Care Health Plans (MCHPs):
  - Blue-Advantage Plus
  - Children's Mercy Family Health Partners
  - Harmony Health Plan of Missouri
  - HealthCare USA
  - Missouri Care
  - Molina Healthcare of Missouri

Introduction – cont.

- Three CMS protocols
  1. Validating Performance Improvement Projects
  2. Validating Performance Measures
  3. MCO Compliance with Managed Care Regulations

- Special Project
  1. Case Management Record Review

Validating Performance Improvement Projects

- Examined 2 PIPs underway in previous 12 months
- 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

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

- M**et:** 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.

Validating Performance Improvement Projects

Blue-Advantage Plus	Little Stars Program for Teenagers Improving Oral Health
Children' Mercy Family Health Partners	Improving Childhood Immunizations Improving Oral Health
Harmony Health Plan	Improving Asthma Management – Ages 5-50 Improving Oral Health
HealthCare USA	Decreasing Non-Emergent/Avoidable Emergency Department Utilization Improving Oral Health
Missouri Care	Increased Use of Controller Medication for Members with Persistent Asthma Improving Oral Health
Molina HealthCare of Missouri	Members at High Risk of Cesarean Wound Infection Improving Oral Health

Validation of Performance Improvement Projects

Strengths

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

- In 2008, six of the 8 PIPs (75%) were rated as credible and valid approaches to determining the effectiveness of interventions. (Four PIPs were not mature enough to be rated.)

- In 2009 and 2010, nine of the 12 PIPs (75%) were rated as credible and valid approaches to determining the effectiveness of interventions.

(Moderate to High Confidence rating)

Strengths

- More PIPs received “Best Practice” status than did during the prior evaluation period.
  - 2010
    - Seven PIPs received ratings of 95% or better
  - 2009
    - Two PIPs received ratings of 95% or better

Best Practice PIPs

- Seven of the 12 PIPs that were reviewed for the 2010 EQR received an overall rating of 95% or better:
  - BA+: Little Stars Programs for Teens Improving Oral Health
  - HCUSA: Decreasing Non-Emergent/Avoidable ER Utilization Improving Oral Health
  - MOCare: Increase Use of Controller Meds for Members w/ Asthma Improving Oral Health
  - Molina: Members at High Risk of Cesarean Wound Infection

  Three of these PIPs were also mature enough to show Sustained Improvement.

Areas for Improvement

- Those PIPs meeting the requirements for “Sustained Improvement” decreased from 85.71% in 2009 to 75% in 2010.

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 2010 Measure Validation for MO HealthNet
  1. Adolescent Well-Care Visit
  2. Annual Dental Visit
  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 MCHP on the HEDIS 2010 Data Submission Tool.)

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Validation of Performance Measures Quality of Care - FUH

- The HEDIS 2010 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.

- Two MCHPs were Fully Compliant with both the 7 day and 30 day rates for this measure.
- One MCHP was Fully Compliant with the 7 day rate and Substantially Compliant with the 30 day rate.
- The remaining four MCHPs were Substantially Compliant with both rates for this measure.

Validation of Performance Measures Quality of Care - FUH

- For the 7-day follow up rate, three MO HealthNet Managed Care health plans (BA+, CMFHP and HCUSA) reported rates were higher than the National Medicaid Average (42.7%) for this measure.

- The 7-Day reported rate for all MO HealthNet Managed Care health plans in 2010 (45.57%) is 3.88% higher than the rate reported in 2009 (41.59%).

Validation of Performance Measures Quality of Care - FUH

- This measure was previously audited in 2006, 2007 and 2009.
- The “All MCHP” 7-day rate continues to improve:
  - 2010 rate 45.47%
  - 2009 rate 41.59%
  - 2007 rate 35.52%
  - 2006 rate 31.16%
    - An overall improvement of 14.31%

Validation of Performance Measures Quality of Care - FUH

- For the 30-day follow up rate, four MO HealthNet Managed Care health plans (BA+, CMFHP, HCUSA, and Molina) all reported rates that were at or above the National Medicaid Average (60.0%) for this measure.

- The overall MO HealthNet Managed Care health plan 30-day rate was also higher than the National Medicaid Average.

- The overall MO HealthNet Managed Care health plan 30-day rate improved from 2009 (66.46%) to 2010 (69.50%).

Validation of Performance Measures Quality of Care - FUH

- This measure was previously audited in 2006, 2007 and 2009.
- The “All MCHP” 30-day rate continues to improve:
  - 2010 rate 69.50%
  - 2009 rate 66.46%
  - 2007 rate 60.06%
  - 2006 rate 52.92%
    - An overall improvement of 16.58%

Validation of Performance Measure Access To Care - ADV

- The HEDIS 2010 Annual Dental Visit measure is categorized as an Access/Availability of Service measure and is designated to measure the access to care received.

- Five of the six MCHPs were Substantially Compliant with this measure.

Validation of Performance Measure Access To Care - ADV

- For the Annual Dental Visit measure, none of the health plans reported a rate higher than the National Medicaid Average (45.74%).
  - One health plan (CMFHP) was close at 45.30%.

- The 2010 rate reported for All MO HealthNet Managed Care health plans (39.03%) improved by 3.98% from the 2009 rate (35.05%).

Validation of Performance Measure Access To Care - ADV

- This measure was previously audited in 2007, 2008 and 2009.
- The “All MCHP” Annual Dental Visit rate continues to improve:
  - 2010 rate 39.03%
  - 2009 rate 35.05%
  - 2008 rate 34.71%
  - 2007 rate 32.50%
    - An overall improvement of 6.53%

Validation of Performance Measures
Timeliness Of Care - AWC

- The HEDIS 2010 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.

- Two health plans were fully compliant with the specifications for calculation of this measure. The remaining four were substantially compliant with this measure.

Validation of Performance Measures
Timeliness Of Care - AWC

- For the Adolescent Well Care Visits measure, two health plans (CMFHP and MO Care) reported rates higher than the National Commercial Average (44.2%), however no rates were higher than the National Medicaid Rate (47.7%).

- The rate for All MO HealthNet Managed Care health plans reported in 2010 (41.31%) is an improvement over the rate reported in 2009 (35.63%).

Validation of Performance Measures
Timeliness Of Care - AWC

- This measure was previously audited in 2007, 2008 and 2009.
- The "All MCHP" Adolescent Well Care rate is variable:
  - 2010 rate 41.31%
  - 2009 rate 35.63%
  - 2008 rate 38.59%
  - 2007 rate 34.81%
    - A 6.51 % improvement since first validated by the EQRO.

Case Management Special Project

- The objective of this special project is to complete an in-depth follow-up review of Case Management by assessing the MCHPs' improvement in Case Management service delivery and recording keeping.

- The EQRO also evaluated the MCHP's compliance with the federal regulations and their managed care contract specific to Case Management.

Case Management Special Project

- The focus of this review was:
  - The MCHPs' response to referrals from MHD systems regarding Lead Case Management and Children with Special Health Care Needs;
  - The MCHPs' attention and performance in providing case management to pregnant members;
  - Evaluating compliance with the Managed Care contract; and
  - Exploring the effectiveness of case management activities provided by the MCHPs on cases open in each MCHP's system.

Case Management Special Project Observations

- A lack of commitment to members who are difficult to locate or contact was observed. The case managers earnestly provide services to members who are interested and are actively participate in the process. These same case managers exhibit a loss of interest in unresponsive members.

- Complex case management and care coordination is different for each MCHP. It either occurs rarely or is not documented in progress notes. How each MCHP defines and executes complex case management is unclear.

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Case Management Special Project Observations cont'd

- At several MCHPs, reviewers were told that completing the assessment process, in the system, automatically produces a care plan. Even at these MCHPs, reviewers found assessments in the case files while no care plan was included in the record.

- Case managers reflect that they have access to a great deal of information in their case management systems but all of this documentation was not shared with the EQRO when case records were produced for review.

Case Management Special Project Observations cont'd

- Case management in OB cases often ends right after the baby is born. The case managers report an awareness that the case should remain open for at least sixty (60) days, or until the member loses eligibility. However, they report that the member often loses contact with them.

- Case managers report that they are often unable to create a useful transition plan with the member when it appears the case should be closed. As members' health care needs are met they lose interest in case management and no longer return calls or respond to letters requesting they contact the case manager.

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Case Management Special Project Recommendations

- Case managers should copy their own records when cases are requested for review.

- The SMA should provide support to encourage inter-agency cooperation between the Family Support Division and Children's Services staff when dealing with MCHP case management. This would assist case managers as they attempt to communicate the importance of information sharing, both for contact information and for developing on-going case planning.

Case Management Special Project Recommendations cont'd

- The MCHPs should invest in face-to-face contacts with Family Support Division and Children's Services staff in the counties they serve.

- Each MCHP must commit to finding "hard to locate members", these are often the members who will most benefit from the receipt of case management services.

Compliance with Managed Care Regulations

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

Compliance with Managed Care Regulations

- The objective for this review is to analyze and evaluate the MO HealthNet Managed Care Health Plans (MCHPs) to assess their level of compliance with federal regulations regarding quality, timeliness and access to health care services.
- The 2010 report is a follow up compliance review. Therefore, the EQR compliance review focused on follow up in the areas of Grievances and Appeals and the Case Management process.

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.

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Compliance with Managed Care Regulations

- Across all MCHPs there continues to be a decrease in the area of compliance with federal regulations.
  - 2010 rate 86.30%
  - 2009 rate 88.91%
  - 2008 rate 90.10%
  - 2007 rate 90.57%
  - 2006 rate 97.10%
  - 2005 rate 84.48%

Compliance with Managed Care Regulations Strengths

- All health plans were 100% compliant with the regulations in the areas of:
  - Enrollee Rights and Protections
  - Structure and Operations Standards
- Four of the six health plans were 100% compliant with the area of Measurement and Improvement.

Compliance with Managed Care Regulations
Areas for Improvement

- No MCHPs were 100% compliant with all requirements.

- All six health plans experienced some level of noncompliance with the regulations related to Access Standards.
  - Five MCHPs were 76.5% compliant
  - One MCHP was 70.6% compliant
    - All non-compliance in this area was attributable to deficiencies in the MCHPs Case Management records, as reviewed.

Compliance with Managed Care Regulations
Areas for Improvement

- All six health plans experienced some level of noncompliance with the regulations related to grievances and appeals.
  - Only four of the 18 regulations for Grievance Systems were 100% “Met”.

Compliance with Managed Care Regulations
Recommendations

- The MCHPs must recognize Case Management as a priority aspect of their systems of service and continue to enhance case management, needs assessment, documentation, and care plan development for the members they serve.

- Additionally, attention must be applied to ensure the EQRO receives documentation as requested to validate that these services are occurring.

Compliance with Managed Care Regulations
Recommendations Cont'd

- The Grievance Systems must be closely monitored at all the MCHPs to ensure compliance with the Federal regulations and the State contract. Content of letters and member handbooks must be understandable to the Managed Care members and meet the Federal and State requirements.