

**Exhibit 1: MO HealthNet Managed Care Reporting Periods**

The following reporting periods have been defined for reporting of monthly, quarterly and annual reports by MO HealthNet Managed Care health plans participating in the MO HealthNet Managed Care Program.

<b>MONTHLY REPORTING</b>	
<b>Time Period</b>	<b>Due Date</b>
Calendar month	Last working day of the month
<b>QUARTERLY REPORTING</b>	
<b>Time Period</b>	<b>Due Date</b>
1 <sup>st</sup> Quarter (July thru September)	December 1st of each year
2 <sup>nd</sup> Quarter (October thru December)	March 1st of each year
3 <sup>rd</sup> Quarter (January thru March)	June 1st of each year
4 <sup>th</sup> Quarter (April thru June)	September 1st of each year
<b>ANNUAL REPORTS – ANNUAL EVALUATION, MULTILINGUAL SERVICES, SUBCONTRACTOR OVERSIGHT</b>	
<b>Time Period</b>	<b>Due Date</b>
July 1 thru June 30	November 30 of each year
<b>HEDIS MEASURES</b>	
<b>Time Period</b>	<b>Due Date</b>
January 1 thru December 31	June 30 of each year

**Exhibit 2: MO HEALTHNET MANAGED CARE HEDIS MEASURES**EFFECTIVENESS OF CARE

1. (H) Childhood Immunization Status (CIS)\*
2. (H) Cervical Cancer Screening (CCS)\*
3. (H) Chlamydia Screening in Women (CHL)\*
4. (H) Follow-up After Hospitalization For Mental Health Disorders (FUH)
5. (H) Use of Appropriate Medications for People with Asthma (ASM)\*

ACCESS/AVAILABILITY OF CARE

- 6 (H) Prenatal and Postpartum Care (PPC)
7. (H) Annual dental visit (ADV)\*

SATISFACTION WITH THE EXPERIENCE OF CARE

8. (H) CAHPS 4.OH Child Survey\*

USE OF SERVICES

9. (H) Well child Visits in the First 15 Months of Life (W15)
10. (H) Well Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life (W34)
11. (H) Adolescent Well-Care Visits (AWC)\*
12. (H) Ambulatory Care (AMB)

This measure summarizes utilization of ambulatory care in the following categories:

- Outpatient Visits
- ED Visits
- Ambulatory Surgery/Products
- Observation Room Stays

13. (H) Mental Health Utilization - Percentage of Members Receiving Inpatient, Intermediate Care and Ambulatory Services (MPT)
14. (H) Identification of Alcohol and Other Drug Services (IAD)

**Highlighted (yellow) HEDIS Measures are Existing Measures used for Section 2.12.4, Automatic Re-Assignment Into Health Plans of the 2009 MHD Managed Care Contract.**

(H) = HEDIS Measure

\* DHSS required measure. Follow the instructions provided within 19 CSR 10-5.010.

**Note:** The measures shall be collected and reported in accordance with HEDIS specifications. In the event that NCQA retires a MHD required measure, the Division will inform the MO HealthNet Managed Care health plan whether the MHD will require the MO HealthNet Managed Care health plan to collect and report using HEDIS specifications in effect prior to the measurement's retirement or whether the Division will follow NCQA's retirement of the measure. NCQA rotates certain measures every year. As

approved by MHD, rotated measures shall be reported in accordance with current HEDIS technical specifications for reporting rotated measures. MHD shall not approve rotation of CAHPS. DHSS measures shall be reported according to DHSS specifications as provided in 19 CSR 10-5.010. MO HealthNet Managed Care health plans contracted for more than one region shall submit region specific data. All MO HealthNet Managed Care health plans shall submit the measures in an electronic format utilizing tables provided by the MHD and DHSS.

**Exhibit 3: MO HEALTHNET MANAGED CARE ANNUAL EVALUATION REPORT FORMAT**

**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY**

- Overview of the Quality Improvement Program
- Overview of the Effectiveness of the Quality Improvement Program

**DEVELOPMENT, APPROVAL AND MONITORING OF THE QI PROGRAM**

- Quality and Compliance Committee
- Analysis of Quality Improvement Process
- Overall Effectiveness of the Quality Improvement Program
  - Strengths and Accomplishments
  - Opportunities for Improvement

**POPULATION CHARACTERISTICS**

- Race/Ethnicity
- Special Needs
- Languages Identified
- Opt Outs

**QUALITY INDICATORS**

- HEDIS Measures
- Trends in Missouri Medicaid Quality Indicators
- HEDIS Indicators by MO HealthNet Managed Care Health Plans Within Regions, Live Births

**ACCESSIBILITY OF SERVICES**

- Average Speed of Answer
- Call Abandonment Rate
- Non-Routine Needs Appointments
- Routine Needs Appointments
- Access to Emergent and Urgent Care
- Network Adequacy -- Provider/Enrollee Ratios
- 24 Hour Access/After Hours Availability
- Open/Closed Panels
- Cultural Competency
- Multilingual Services
- Requests to Change Practitioners

**FRAUD AND ABUSE**

- Prevention, Detection, Investigation
- Training and Education

**INFORMATION MANAGEMENT**

- Claims Processing – Timeliness of Claims Payment
- Membership
- Providers

**QUALITY MANAGEMENT**

- Provider Satisfaction
- Case Management
- Disease Management Program
- Behavioral Health Care Management including Case Management
- Clinical Practice Guidelines
- Credentialing and Re-Credentialing
- Medical Record Review

Subcontractor Monitoring

**RIGHTS AND RESPONSIBILITIES**

Provider Complaint, Grievance and Appeal Management

Member Grievance and Appeal Management

Confidentiality

**UTILIZATION MANAGEMENT**

Utilization Improvement Program Scope

Discharges Per Year\*

Inpatient Visits\*

Average Length of Stay

Re-Admissions\*

Emergency Department Utilization\*

Outpatient Visits\*

Over/Under Utilization

Inter-Rater Reliability

Timeliness of Care Delivery

Timeliness of Prior Authorization/Certification Decision Making

\*Per 1000 members

**PERFORMANCE IMPROVEMENT PROJECTS (PIP)**

Clinical

Non-Clinical

On-going Interventions and Improvements

Effect on Health Outcomes and Member Satisfaction

**WORKPLAN FOR NEXT YEAR**

**APPENDICES**

**Exhibit 4: Trends in Missouri MO HealthNet Quality Indicators  
(Secondary-Source Reporting)**

1. Trimester Prenatal Care Began:
  - a. First
  - b. Second
  - c. Third
  - d. None
  - e. Total
2. Inadequate Prenatal Care
3. Birth weight (grams) - total number of births by weight category for each live birth.
  - a. <1500 gms.
  - b. 1500-2499 gms.
  - c. 2500+ gms.
  - d. <2500 gms
4. Gestational Age (weeks)
  - a. <32 weeks
  - b. 32-36 weeks
5. Method of Delivery
  - a. C-Section
  - b. VBAC
6. Pre-pregnancy weight >30 BMI (obese)
7. Smoking during Pregnancy
8. Spacing <18 months since last birth
9. Births to mothers <18 years of age
10. Repeat teen births
11. Percent of prenatals on WIC
12. VLBW not delivered in level III hospitals
13. Asthma inpatient admissions ages under 18\*\*
14. Asthma inpatient admissions ages 4-17\*\*
15. Asthma emergency room visits ages 0-3\*\*
16. Asthma emergency room visits ages 4-17\*\*
17. Asthma inpatient admissions ages 18-64\*\*
18. Emergency room visits under age 18\*\*
19. Emergency room visits ages 18 - 64\*\*
20. Hysterectomies\*\*
21. Preventable hospitalization under age 18\*\*

\*Rate per 1000 live births

\*\*Rate per 1000 population

All other rates are percents of live births

**Exhibit 5: HEDIS Indicators by MO HealthNet Managed Care Health Plans Within Regions, Live Births  
(Secondary-Source Reporting)**

1. C-Sections
2. VBACs
3. Adequacy of Prenatal Care
4. Early Prenatal Care
5. Low Birth Weight
6. Low Birth Weight Delivered in Level II/III Hospitals
7. Very Low Birth Weight Delivered in Level II/III Hospitals
8. Smoking During Pregnancy
9. Spacing Less Than 18 Months
10. Births to Mothers Less Than 18
11. Repeat Births to Teen Mothers
12. Prenatal WIC Participants

**Exhibit 6: SUBCONTRACTOR OVERSIGHT ANNUAL EVALUATION REPORT  
TEMPLATE**

**(Complete for each subcontractor – 2-5 pages)**

**Subcontractor Name**

- A. Overview of subcontractor including contract effective dates**
- B. Description of delegated services/products/activities**
- C. Description of MO HealthNet Managed Care health plan’s oversight process** (must include, but shall not be limited to, the following:)
  - 1) Review of subcontractor contract documents compliance with requirements included in the MO HealthNet Managed Care contract with state** (*Refer to Section 3.9.5 of MO HealthNet Managed Care contract*)
  - 2) Subcontractor policies and procedures comply with subcontractor/ MO HealthNet Managed Care health plan’s/state contract requirements**
  - 3) Implementation of policies/procedures/contract requirements**
- D. Oversight outcomes/findings** (must include, but shall not be limited to, the following:)
  - 1) Access/availability**
  - 2) Fraud and abuse**
  - 3) Grievances and appeals**
  - 4) Performance projects and HEDIS measures**
  - 5) Encounter data**
  - 6) Prior authorization denials**
  - 7) Timely payment**
- E. Work plan for next year**