

2009

**MO HealthNet
Managed Care Program**

External Quality Review

Report of Findings

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Presented at the
MO HealthNet Managed Care QA & I Advisory Group/AllPlan Meeting
Thursday, January 27, 2011



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

(Moderate to High Confidence rating)

Best Practice PIPs

- Three of the 12 PIPs that were reviewed for the 2009 EQR received an overall rating of 95% or better:
 - BA+: Ambulatory Follow-Up After Mental Health Hospitalization
Improving Adolescent Well Care
 - Molina: Members at High Risk of Cesarean Wound Infection

All of the PIPs receiving ratings above 95% were also mature enough to show Sustained Improvement.

Areas for Improvement

- Fewer PIPs received “Best Practice” status than have during the previous two evaluation periods.
- The overall quality of PIP submissions was also down from the prior two evaluation periods.

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 2009 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 2007 Data Submission Tool.)

Validation of Performance Measures

Quality of Care

- The HEDIS 2009 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 both the 7 day and 30 day rates for this measure.
- One MCHP was Fully Compliant with the 30 day rate and Substantially Compliant with the 7 day rate.
- The remaining four MCHPs were Substantially Compliant with both rates for this measure.

Validation of Performance Measures Quality of Care

- For the 7-day follow up rate, two MO HealthNet Managed Care health plans (BA+ and HCUSA) reported rates (52.03% and 43.80%, respectively) that were higher than the National Medicaid Average (42.6%) for this measure.
- This measure was previously audited in 2006 and 2007. The 7-Day reported rate for all MO HealthNet Managed Care health plans in 2009 (41.59%) was a 10.43% increase over the rate reported in 2006 (31.16%) and is 6.07% higher than the rate reported in 2007 (35.52%).

Validation of Performance Measures

Quality of Care

- For the 30-day follow up rate, five MO HealthNet Managed Care health plans (BA+, CMFHP, HCUSA, MO Care, and Molina) all reported rates (73.31%, 68.70%, 69.62%, 62.13% and 61.69%, respectively) that were at or above the National Medicaid Average (61.7%) for this measure.
- The overall MO HealthNet Managed Care health plan rate (66.46%) was also higher than the National Medicaid Average.

Validation of Performance Measures

Quality of Care

- This measure was previously audited in 2006 and 2007. The 30-Day reported rate for all MO HealthNet Managed Care health plans in 2009 (66.46%) was a 13.54% increase over the rate reported in 2006 (52.92%) and was a 7.14% increase over the 30-day rate reported in 2007 (60.06%) .

Validation of Performance Measure Access To Care

- The HEDIS 2009 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

- For the Annual Dental Visit measure, none of the health plans reported a rate higher than the National Medicaid Average (44.2%).
- The 2009 rate reported for All MO HealthNet Managed Care health plans (35.05%) of Annual Dental visits improved by 2.55% from the 2007 rate (32.50%) and 0.34% from the 2008 rate (34.71%).

Validation of Performance Measures

Timeliness Of Care

- The HEDIS 2009 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

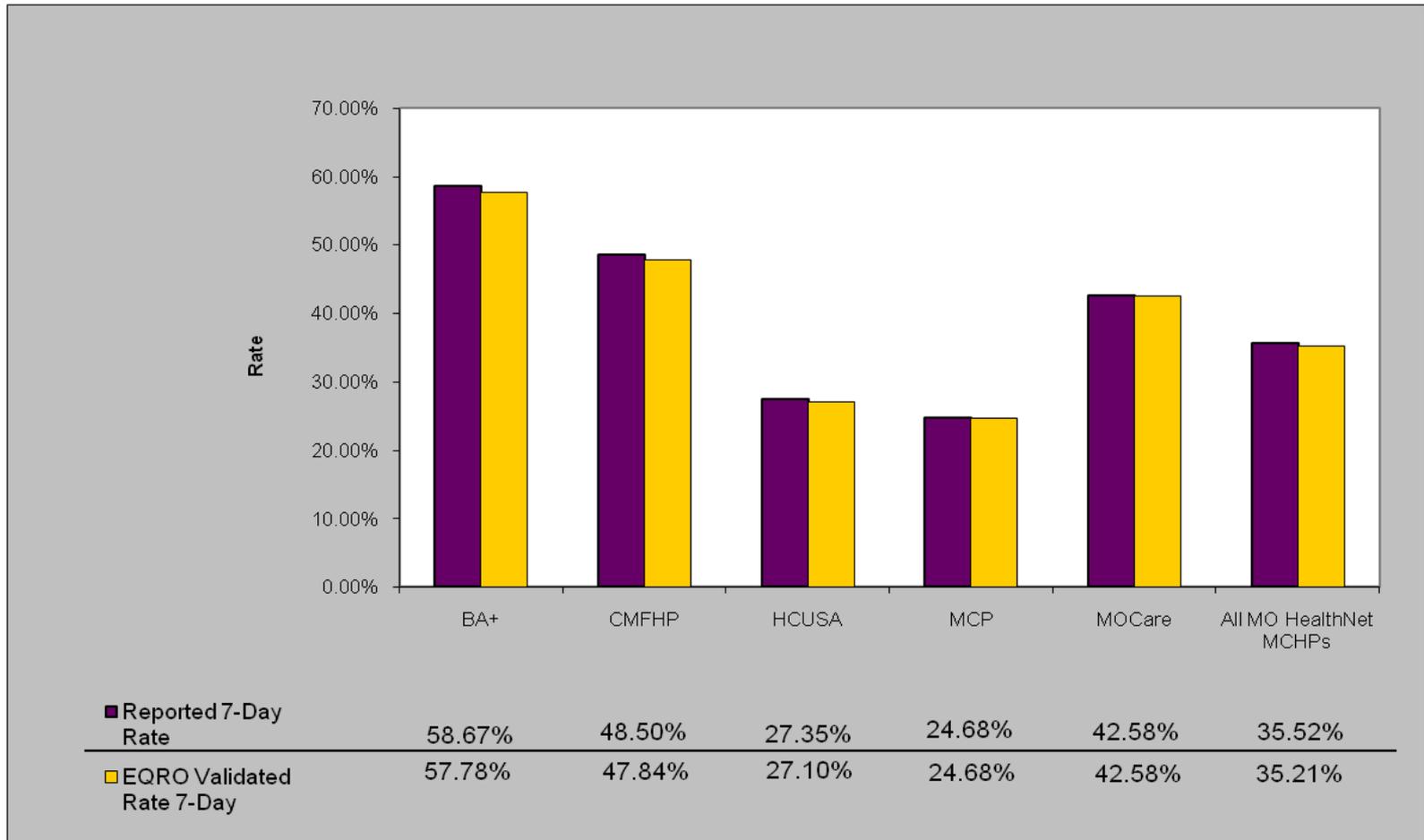
- For the Adolescent Well Care Visits measure, one health plan (MO Care) reported a rates (43.06%) higher than the National Commercial Average (42.9%), however no rates were higher than the National Medicaid Rate (45.9%).
- The rate for All MO HealthNet Managed Care health plans reported in 2009 (35.63%) is an improvement over the rate reported in 2007 (34.81%), but is down 2.96% from the rate reported in the previous 2008 review year (38.59%).

Validation of Performance Measures

Recommendations

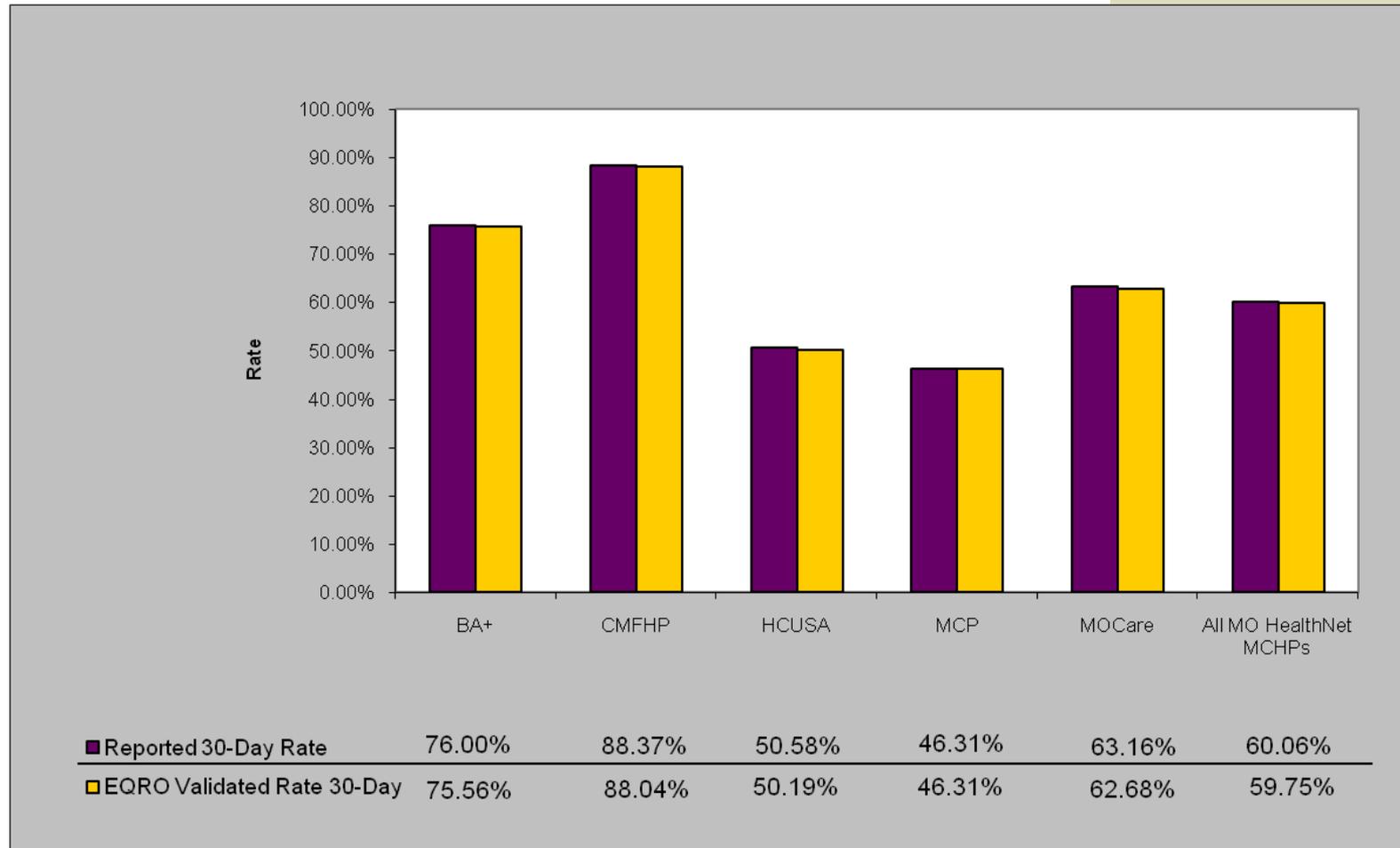
All MO HealthNet Managed Care Health Plans should continue to focus efforts on improving Adolescent Well Care rates as this is the only rate validated for 2009 that showed a downward trend.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2009 Follow-Up After Hospitalization, 7 day Rates



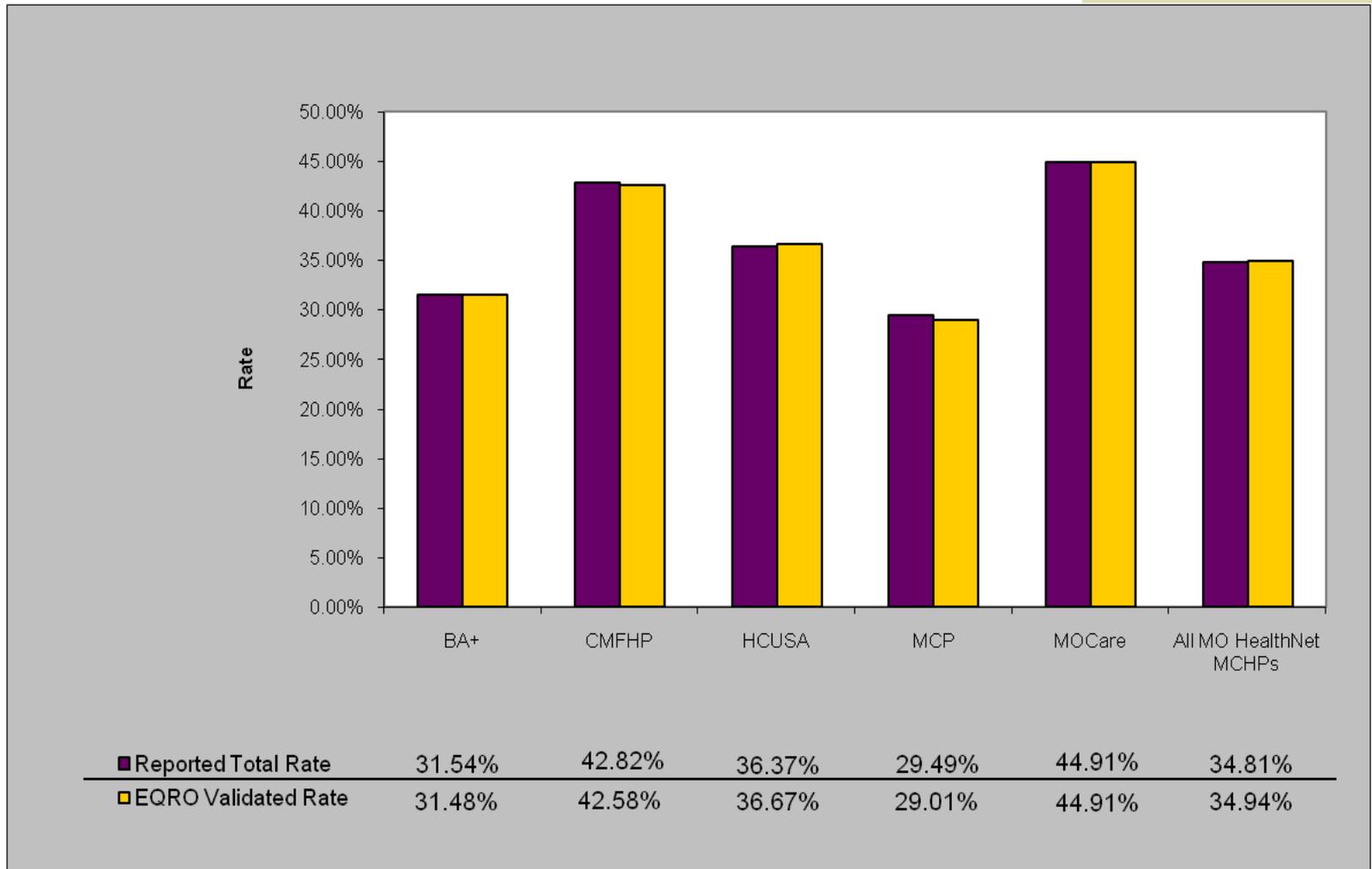
Sources: MCHP HEDIS 2009 Data Submission Tool (DST); BHC, Inc., 2009 External Quality Review Performance Measure Validation. * Rate calculated by EQRO is based on data provided to the EQRO for review, data provided could not be independently validated.

Rates Reported by MCHPs and Validated by EQRO, HEDIS 2009 Follow-Up After Hospitalization, 30 day Rates



Sources: MCHP HEDIS 2009 Data Submission Tool (DST); BHC, Inc., 2009 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.

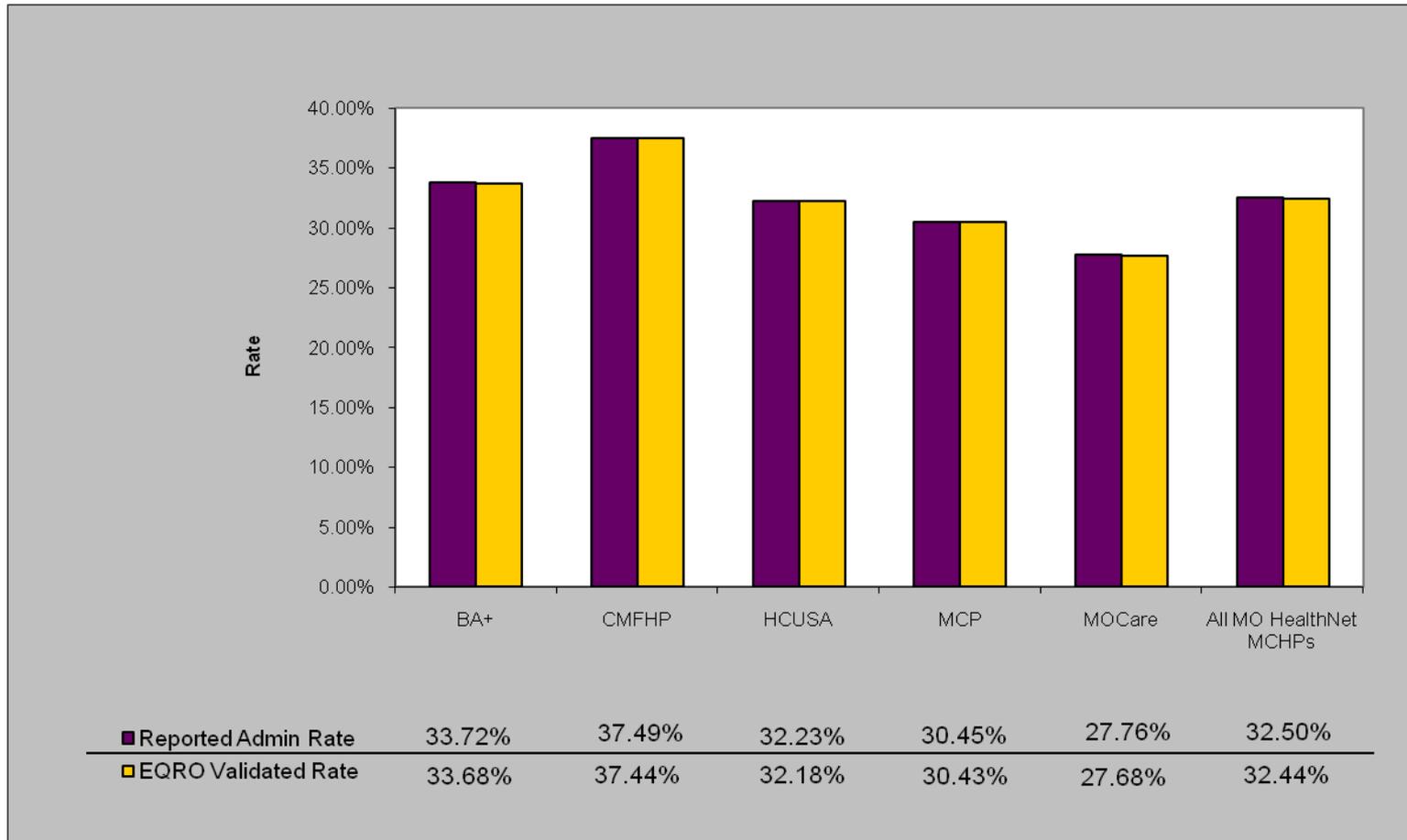
Rates Reported by MCHPs and Validated by EQRO, HEDIS 2009 Adolescent Well-Care Visit Rates



Sources: MCHPs HEDIS 2009 Data Submission Tool (DST); BHC, Inc., 2009 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 2009 Annual Dental Visit



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Sources: MCHP HEDIS 2009 Data Submission Tool (DST); BHC, Inc., 2009 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, 2009 – September 30, 2009
- 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 requested for review, there was a match rate with the data in the SMA encounter claims extract file of 63.50% for procedures compared to 59.20% in 2008 and 52.00% in 2007.
- Of the medical records requested for review, there was a match rate with the data in the SMA encounter claims extract file of 60.17% for diagnoses compared to 50.00% in 2008 and 47.00% in 2007.

Validation of Encounter Claims

Areas for Improvement

- For the 600 selected encounters, there were 528 (88%) submitted for review. Compared to 561 medical records (93.5%) for 2008.

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 2009 report is again a full compliance review. The EQR review focused on implementation of policies and procedures, as required in the Case Management process.

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 a slight decrease in the area of compliance with federal regulations. In 2008 this area was rated as 90.10% compliant, for 2009 this rating was 88.91% compliant.
- Enrollee Rights and Protections
 - 94.87% of the regulations were rated as “Met”, this maintains the rating from 2008 and is a significant improvement over the 2006 rate of 90.77%.

Compliance with Managed Care Regulations Strengths

- Four MCHPs were 100% compliant with all requirements.
- One was 100% compliant with all requirements with the exception of Access Standards.
- The remaining MCHP was non compliant with the regulations related to Grievances; 69.2% compliant with Enrollee Rights and Protections; 47.19% compliant with Access Standards; 60% compliant with Structure and Operations; and 63.6% 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.
- 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.
- The health plans must recognize case management programs as a priority aspect of their systems of services and continue to enhance those systems