

Overview of 2017 HealthChoice Quality Assurance Activities

Maryland Medicaid Advisory Committee
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QUALITY ASSURANCE OVERVIEW

The 2017 Quality Assurance Reports review and analyze data from calendar year 2016.

Managed Care Organization	Market Share as of January 2018
Priority Partners	25.3%
AMERIGROUP Community Care	23.7%
Maryland Physicians Care	18.6%
UnitedHealthcare	13.1%
MedStar Family Choice	7.7%
Kaiser Permanente of the Mid-Atlantic States	5.5%
University of Maryland Health Partners	3.8%
Jai Medical Systems	2.2%
Aetna Better Health of Maryland	0.16%*

2 * Aetna Better Health of Maryland joined HealthChoice on 10/23/2017.

QUALITY ASSURANCE OVERVIEW

Quality Assurance Area	Activities
MCO Operations	<ul style="list-style-type: none">• Systems Performance Review• Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/Healthy Kids Record Reviews
Enrollee and Provider Satisfaction	<ul style="list-style-type: none">• Enrollee Satisfaction Survey (CAHPS)• Provider Satisfaction Survey
Quality Measurement	<ul style="list-style-type: none">• HEDIS Reporting• Value-Based Purchasing Initiative• Consumer Report Card• Performance Improvement Projects
Program Management and Oversight	<ul style="list-style-type: none">• Annual Technical Report• MCO Performance Monitoring Policy

SYSTEMS PERFORMANCE REVIEW (SPR)

- The SPR is an assessment of each MCO's administrative processes, policies, and procedures.
- MDH contracts with an External Quality Review Organization (EQRO), Delmarva Foundation, to administer the full SPR on a three-year cycle.
 - The next full SPR will be conducted in 2019.
- MCOs that do not meet minimum compliance scores for a standard are required to submit Corrective Action Plans (CAPs).
 - Delmarva reviews each MCO's compliance with SPR CAPs annually.

EPSDT/HEALTHY KIDS MEDICAL RECORD REVIEW

- The EPSDT Medical Record Review assesses the timely delivery of EPSDT services to children and adolescents enrolled in an MCO.
 - Medical records are randomly selected in order to assess provider compliance with program standards.
 - Nurse reviewers conduct all medical record reviews in provider offices.
- MCOs were required to demonstrate a 80% compliance rate for each component.
- Aggregate compliance scores have increased or remained constant for all MCOs in all five review components.

ENROLLEE SATISFACTION SURVEY

- MDH conducts an annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey to evaluate member satisfaction with their health care.
- The CAHPS survey measures aspects of care for which HealthChoice members are the best and/or only source of information, including:
 - Provider communication
 - Getting needed care
 - Getting care quickly
 - Customer service
- Maryland has shown improvement in satisfaction overall for HealthChoice adults and performs well in customer service for HealthChoice adults and children.

PROVIDER SATISFACTION SURVEY

- MDH conducts an annual Provider Satisfaction Survey of HealthChoice primary care providers.
- The survey assesses satisfaction and experience with HealthChoice enrollees, MCOs, and program operation, including:
 - No-Show HealthChoice Appointments
 - Finance Issues
 - Customer Service/Provider Relations
 - Coordination of Care/Case Management
 - Utilization Management
 - Overall Satisfaction
- Provider satisfaction has remained consistent

HEDIS REPORTING

- HealthChoice MCOs are required to collect Healthcare Effectiveness Data and Information Set (HEDIS) measures each year.
- HealthChoice MCOs reported on 59 HEDIS measures in 2017.
- MDH contracted with MetaStar, Inc., to conduct HEDIS compliance audits of all HealthChoice MCOs and to report HEDIS results.

VALUE-BASED PURCHASING

- Value-Based Purchasing (VBP) is a set of 13 performance measures selected from current HealthChoice monitoring activities.
- 10 of the 13 measures are HEDIS measures and 3 are selected by MDH and calculated from encounter data.
- The goal of VBP is to improve MCO performance by applying monetary incentives and disincentives.
 - MDH sets an incentive target and disincentive target for each performance measure.
 - MCOs can score in a neutral range, meaning it neither gains nor loses money.
 - Each incentive and disincentive is worth 1/13th of 1% of MCO CY 2015 capitation.

VBP Measures for CY2018

■ HEDIS Measures

- Adolescent Well Care
- Adult BMI Assessment
- Asthma Medication Ratio
- Breast Cancer Screening
- Childhood Immunization Status (Combo 3)
- Comprehensive Diabetes Care – HbA1c Testing
- Controlling High Blood Pressure
- Immunizations For Adolescents
- Postpartum Care
- Well Child Visits Ages 3-6

■ MDH Measures

- Ambulatory Care Services for SSI Children
- Ambulatory Care Services for SSI Adults
- Lead Screenings for Children Ages 12-23 Months

CONSUMER REPORT CARD

- The Consumer Report Card assists enrollees with selecting one of the HealthChoice MCOs.
- Report Card star ratings are calculated using performance measures from HEDIS, VBP, and CAHPS survey results.
- Six Report Card Categories:
 - Access to Care
 - Doctor Communication and Service
 - Keeping Kids Healthy
 - Care for Kids with Chronic Illness
 - Taking Care of Women
 - Care for Adults with Chronic Illness

PERFORMANCE IMPROVEMENT PROJECTS

- MCOs are responsible for reporting on 2 PIPs each year
 - CY 2016:
 - Controlling High Blood Pressure
 - Adolescent Well Care
 - CY 2017:
 - Controlling High Blood Pressure
 - Asthma Medication Ratio
 - CY 2018:
 - Asthma Medication Ratio
 - Lead Screening in Children
- Reviews of PIP results include:
 - Measurements of performance using objective quality indicators
 - The implementation of system interventions to achieve improvement in quality
 - Evaluation of the effectiveness of interventions
 - Planning and initiation of activities for increasing or sustaining improvement

ANNUAL TECHNICAL REPORT

- MDH is required to evaluate the quality of care provided to HealthChoice participants by contracting MCOs on an annual basis.
- MDH contracts with Delmarva Foundation to develop an independent technical report of HealthChoice MCO performance.
- The Annual Technical Report (ATR) describes the findings of Maryland's quality improvement activities by MCO.

Available Online:

<https://mmcp.health.maryland.gov/healthchoice/Pages/HealthChoice-Quality-Assurance-Activities.aspx>

MCO PERFORMANCE MONITORING POLICY

- In November 2015, MDH updated the MCO Performance Monitoring Policy.
- Policy lays out minor, moderate, and major corrective actions MDH may employ in four HealthChoice quality assurance areas:
 - Network Adequacy
 - Systems Performance Review
 - EPSDT/Healthy Kids Review
 - HEDIS Performance Measures

HEALTHCHOICE QUALITY TECHNICAL ASSISTANCE

- In 2015 and 2016, the Robert Wood Johnson Foundation's State Health and Value Strategies program funded a technical assistance project for MDH.
- Bailit Health Consulting provided input on:
 - Value Based Purchasing (VBP)
 - HealthChoice overall Quality Program

BAILIT RECOMMENDATIONS: VBP

- VBP measure recommendations
 - MDH reviewed measures to ensure they aligned with HealthChoice populations and priorities.
 - MDH is reducing the number of VBP measures from 13 to 10, beginning with CY 2019.
- Funding recommendations
 - New federal managed care regulation requirements to ensure that rates are actuarially sound
 - If rates are set at the bottom of the range, may be difficult to have financial disincentives

VBP Measures for CY2019

■ HEDIS Measures

- Adolescent Well Care
- Asthma Medication Ratio
- Breast Cancer Screening
- Comprehensive Diabetes Care – HbA1c Control (<8.0%)*
- Controlling High Blood Pressure
- Postpartum Care
- Well Child Visits in the First 15 Months of Life – 6+ Visits*

■ MDH Measures

- Ambulatory Care Services for SSI Children
- Ambulatory Care Services for SSI Adults
- Lead Screenings for Children Ages 12-23 Months

- *New measure

BAILIT RECOMMENDATIONS: OVERALL QUALITY PROGRAM

- Conduct annual quality meetings with the MCOs to discuss their quality strategy
 - Face-to-face meeting
 - Informal environment
 - Interactive discussion
- MCO Quality Meetings
 - MDH developed a Quality Survey that requested information about each MCO's recent quality initiatives
 - Meetings occurred October/November/December 2017

MCO QUALITY SURVEY

- Quality Survey Topics
 - Leadership, Staff, and Subcontractors
 - Performance Improvement Projects
 - HEDIS-Related Quality Improvement Projects
 - Other Quality Improvement Projects
 - EPSDT/Healthy Kids Review
 - Systems Performance Review
 - Potentially Preventable Events
 - Case Management
 - Utilization Management

WHAT DID WE LEARN?

- MCOs are investing in quality
- Focus of HealthChoice MCOs' Quality Projects vary:
 - Outreach and health education to get members into care
 - Improving VBP and HEDIS scores
 - Improving health outcomes for high cost utilizers
 - Case management approaches
- MCOs use data to determine what kind of outreach works best for certain populations, including:
 - Pregnant women, High cost users, and Individuals with chronic conditions
- Feedback from MCOS:
 - Administrative burdens, Reward improvement and MCO collaborative projects

NEXT STEPS

- MDH will request feedback on the Quality Meeting from all MCOs via an anonymous survey.
- MDH is preparing an executive summary, including:
 - MDH Observations,
 - Opportunities for Improvement, and
 - MCO Feedback.
- Start planning for next year!

WHAT'S NEW

- Aetna Better Health of Maryland became the 9th HealthChoice MCO on 10/23/2017.
- New federal managed care regulations took effect on 1/1/2018:
 - Appeals and Grievances
 - Information Requirements
 - Care Coordination
 - Program Integrity
- MDH will implement federal managed care regulations effective 1/1/2019:
 - Network Adequacy
 - Transition of Care

HealthChoice CY 2016 Quality Program Results

CY 2016 Interim Desktop Systems Performance Review Results

MCO	# of CAPs Reviewed
AMERIGROUP Community Care	3
Jai Medical Systems	0
Kaiser Permanente of the Mid-Atlantic States	2
Maryland Physicians Care	0
MedStar Family Choice	1
Priority Partners	2
UnitedHealthcare	3
University of Maryland Health Partners	3

CY 2016 EPSDT Record Review Results

COMPONENTS	AGGREGATE SCORES		
	CY 2014	CY 2015	CY 2016
Health and Developmental History	88%	92%	92%
Comprehensive Physical Exam	93%	93%	96%
Laboratory Tests / At-Risk Screenings	76%	78%	85%
Immunizations	83%	84%	85%
Health Education and Anticipatory Guidance	91%	92%	95%

CY 2016 Enrollee Satisfaction Survey

	Surveys Mailed	Surveys Returned	Response Rate	Compared to CY 2015
HealthChoice Adults	14,040	4,337	32%	-2%
HealthChoice Children	17,160	5,079	30%	+1%

COMPOSITE MEASURES	HC ADULTS		HC CHILDREN	
	CY 2015	CY 2016	CY 2015	CY 2016
How Well Doctors Communicate	91%	92%	95%	94%
Getting Care Quickly	81%	81%	92%	88%
Customer Service	87%	89%	88%	88%
Getting Needed Care	81%	82%	85%	83%

CY 2016 Provider Satisfaction Survey

	Surveys Mailed	Surveys Returned	Response Rate	Compared to CY 2015
PRIMARY CARE PROVIDERS (PCPS)	6,235	1,129	19%	-3%

MEASURES	CY 2015	CY 2016
No-Show HealthChoice Appointments	83%	80%
Finance Issues	45%	46%
Customer Service/Provider Relations	42%	44%
Coordination of Care/Case Management	38%	41%
Utilization Management	31%	34%
Overall Satisfaction	83%	82%

HEDIS 2017 Performance Summary

- Measures with significant improvements include:
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) in:
 - BMI Percentile
 - Counseling for Physical Activity
 - Counseling for Nutrition
 - Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
 - Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)
- Measures with significant decline were:
 - Comprehensive Diabetes Care (CDC) - Retinal Eye Exam
 - Statin Therapy for Patients with Cardiovascular Disease (SPC)
 - Annual Monitoring for Patient on Persistent Medications (MPM)
 - Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

CY 2016 Value Based Purchasing Results

	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	UHC	UMHP
Incentives	5	13	6	4	5	4	2	2
Neutrals	5	0	0	5	2	4	2	4
Disincentives	3	0	7	4	6	5	9	7*
TOTALS	13	13	13	13	13	13	13	13*

*Includes BIAS finding for Controlling High Blood Pressure

2017 CONSUMER REPORT CARD

		PERFORMANCE AREAS					
HEALTH PLANS	 HealthChoice <small>MARYLAND'S MEDICAID HEALTH PLAN PROGRAM</small>	Access to Care	Doctor Communication and Service	Keeping Kids Healthy	Care for Kids with Chronic Illness	Taking Care of Women	Care for Adults with Chronic Illness
	AMERIGROUP COMMUNITY CARE	★★	★★	★★★★	★	★★★★	★★
	JAI MEDICAL SYSTEMS	★★★★	★★	★★★★	★★	★★★★	★★★★
	KAISER PERMANENTE*	N/A	N/A	N/A	N/A	N/A	N/A
	MARYLAND PHYSICIANS CARE	★★★★	★★	★★	★★	★★	★★
	MEDSTAR FAMILY CHOICE	★	★★★★	★★★★	★★	★★	★★
	PRIORITY PARTNERS	★★★★	★★	★★★★	★★	★★★★	★★
	RIVERSIDE HEALTH OF MARYLAND	★	★★	★	N/A	★	★
	UNITEDHEALTHCARE	★★★★	★★	★	★★	★	★

This information was collected from health plans and their members and is the most current performance data available. The information was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition.

NOTE: N/A means that ratings are not applicable and does not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan.

**Kaiser Permanente became a HealthChoice MCO in 2014, therefore ratings are not applicable.*