



Maryland Managed Care Quality Update

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Presentation Summary

- CY 2022 Quality Results
 - Encounter Data Validation (EDV)
 - Grievances, Appeals, and Denials (GAD)
 - Network Adequacy Validation (NAV)

- Performance Monitoring Policy Results – **UPDATES**
 - MY 2021 HEDIS Results

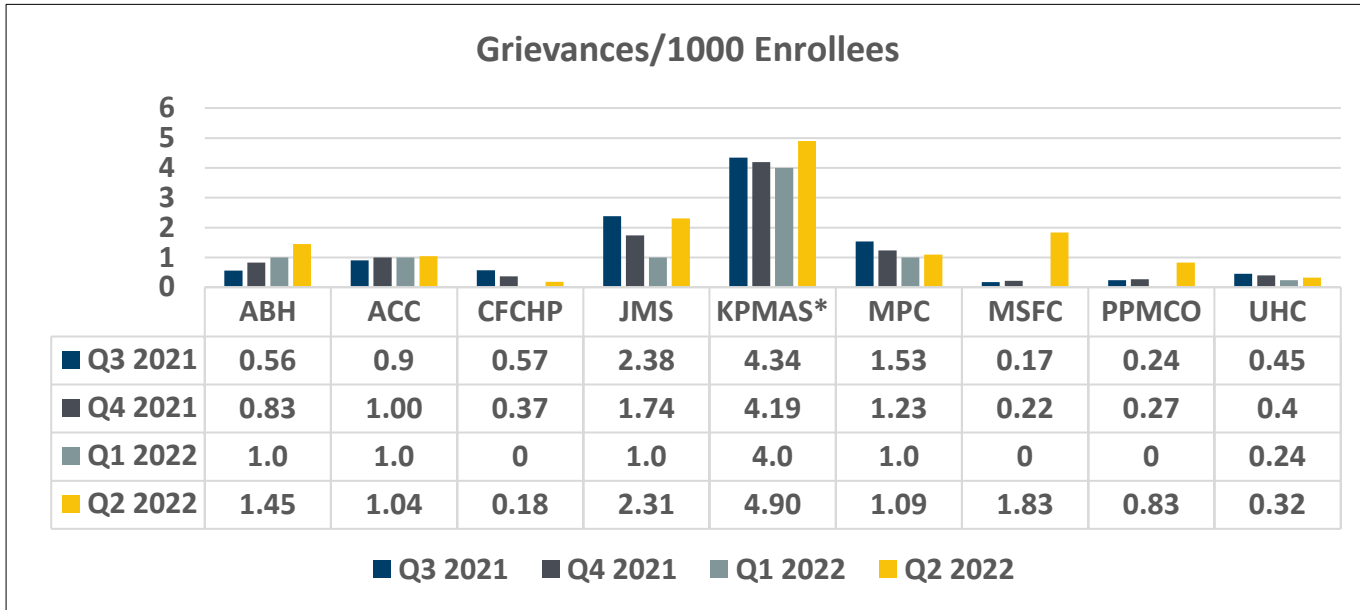
- Questions & Wrap-Up

Encounter Data Validation (EDV)

MCO	Inpatient			Outpatient			Office Visits		
	CY 2019	CY 2020	CY 2021	CY 2019	CY 2020	CY 2021	CY 2019	CY 2020	CY 2021
ABH	99%	100%	100%	96%	99%	98%	99%	98%	99%
ACC	95%	99%	100%	98%	97%	99%	97%	97%	98%
CFCHP	95%	99%	100%	99%	99%	100%	99%	98%	99%
JMS	100%	92%	96%	97%	100%	99%	100%	100%	99%
KPMAS	100%	99%	83%	99%	100%	100%	99%	99%	100%
MPC	100%	100%	100%	97%	100%	99%	100%	97%	100%
MSFC	99%	99%	100%	90%	100%	100%	99%	100%	100%
PPMCO	99%	99%	98%	96%	99%	99%	98%	99%	99%
UHC	100%	100%	98%	95%	98%	100%	98%	97%	99%
HealthChoice	99%	98%	97%	96%	99%	99%	99%	98%	99%



Grievances, Appeals, and Denials (GAD)



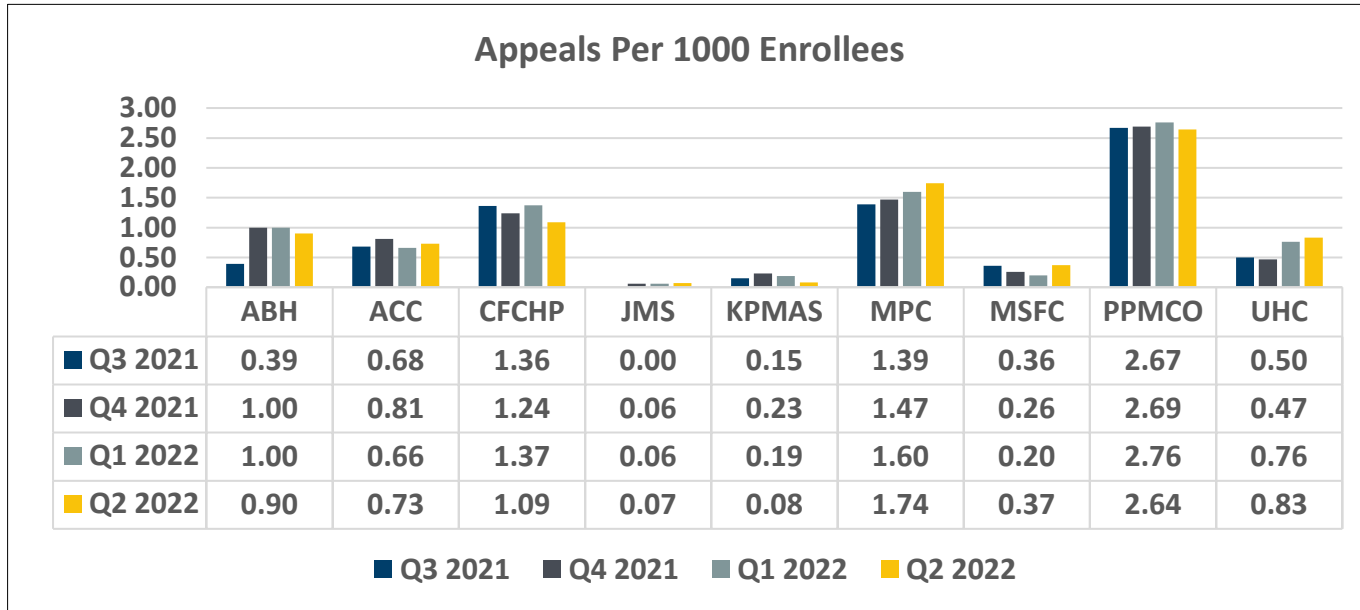
- KPMAS was a major outlier in grievances/1000 enrollees for all 4 quarters.
- Attitude/Service-related issues were most of KPMAS’ grievances.
- Billing/Financial-related issues were most of JMS’ grievances.
- Billing/Financial was the overall service category for enrollee grievances, closely followed by Access-related grievances.
- Provider grievances throughout the review period were similarly related with Billing/Financial, followed by Attitude/Service.

Grievances, Appeals, and Denials (GAD)

Compliance: Enrollee Grievance Resolution Timeframes									
Quarter	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Q3 2021	M	M	M	M	M	M	M	M	M
Q4 2021	M	M	M	M	M	M	M	M	M
Q1 2022	M	M	M	M	M	M	M	PM	M
Q2 2022	M	M	M	M	PM	M	M	PM	M
Compliance: Provider Grievance Resolution Timeframes									
Q3 2021	UM	M	UM	M	NA	M	M	M	M
Q4 2021	M	M	M	M	NA	M	NA	M	M
Q1 2022	M	M	M	M	NA	M	M	M	M
Q2 2022	M	M	M	M	NA	M	M	M	M

Green – M (Met); Yellow – PM (Partially Met); Red – UM (Unmet); White – NA (Not Applicable as the MCO did not receive any provider grievances during the reporting period.)

Grievances, Appeals, and Denials (GAD)



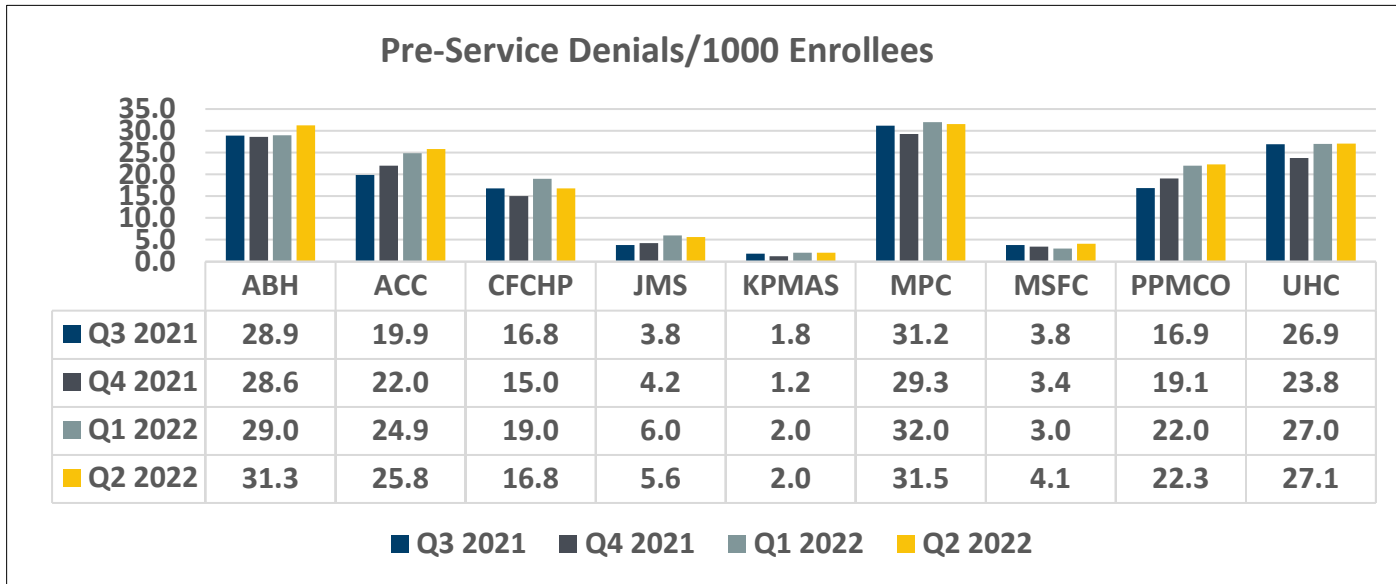
- PPMCO has consistently been an outlier, at the top of the range, in reported appeals per 1000 enrollees. This spike appears to coincide with the initiation of contracts with specialty managed care vendors for utilization review of selected services.
- Outliers for the lower appeal rates are JMS, KPMAS, and MSFC.
- Pharmacy Services was the most frequently reported category for the majority of MCOs in the review period.
- ABH, CFCHP, JMS, MSFC, PPMCO, and UHC report Pharmacy as the top service category for all quarters.

Grievances, Appeals, and Denials (GAD)

Compliance: Enrollee Appeal Resolution/Notification Timeframes									
Quarter	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Q3 2021	M	PM	M	NA	PM	UM	M	M	UM
Q4 2021	PM	PM	M	M	M	M	M	M	M
Q1 2022	M	PM	M	M	PM	PM	PM	M	PM
Q2 2022	M	PM	M	M	M	M	M	M	M

Green – M (Met); Yellow – PM (Partially Met); Red – UM (Unmet); White – NA (Not Applicable)

Grievances, Appeals, and Denials (GAD)



- The rates of pre-service denials per 1000 enrollees have varied among MCOs but have generally remained within a fairly narrow range.
- ABH and MPC have the highest pre-service denial rates among the MCOs.
- JMS, KPMAS, and MSFC have consistently low denials (perhaps related to their plan models).
- Pharmacy Services was the most frequently reported category for the majority of MCOs in the review period – except for KPMAS.
- Six MCOs (ABH, ACC, CFCHP, JMS, MSFC, and UHC) reported Pharmacy Services as #1 for all 4 quarters.
- One MCO (MPC) reported Pharmacy Services as #2 for two quarters.

Grievances, Appeals, and Denials (GAD)

Quarter	ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
Compliance with Expedited Pre-Service Determination Timeframes for Medical Denials									
Q3 2021	100%	92%	100%	NA	100%	100%	100%	97%	100%
Q4 2021	100%	70%	100%	100%	100%	100%	NA	100%	100%
Q1 2022	100%	100%	100%	NA	100%	100%	100%	99%	100%
Q2 2022	92%	96%	100%	100%	100%	100%	100%	97%	100%
Compliance with Standard Pre-Service Determination Timeframes for Medical Denials									
Q3 2021	98%	93%	29%	100%	100%	100%	99%	100%	98%
Q4 2021	98%	95%	79%	100%	98%	100%	99%	100%	98%
Q1 2022	97%	98%	99%	100%	96%	100%	99%	99%	100%
Q2 2022	97%	94%	100%	100%	96%	100%	99%	100%	100%
Compliance with Outpatient Pharmacy Pre-Service Determination Timeframes for Denials									
Q3 2021	100%	100%	100%	100%	NA	99%	99%	99%	100%
Q4 2021	100%	100%	99%	99%	100%	100%	100%	97%	100%
Q1 2022	100%	100%	100%	100%	NA	100%	96%	99%	100%
Q2 2022	100%	100%	99%	100%	100%	99%	97%	99%	100%

Green – M (Met); Yellow – PM (Partially Met); Red – UM (Unmet); White – NA (Not Applicable)



Network Adequacy Validation (NAV)

Compliance Category	CY 2022	CY 2021	CY 2020
Routine Appointment Timeframes (≤ 30 days Requirement)	88%	99.6%	100%
Urgent Care Appointments (48-hour Requirement)	85%	87%	88%
Accuracy of Provider Directory			
PCP Listed in Online Directory	97%	96%	97%
PCP's Practice Location Matched Survey Response	93%	98%	98%
PCP's Telephone Number Matched Survey Response	91%	97%	95%
Specifies PCP Accepts New Medicaid Patients for MCO	<u>78%</u>	81%	<u>79%</u>
Specifies Age Specifications of Patients Seen	97%	99.6%	100%
Specifies Languages Spoken by PCP	97%	99.9%	100%
Specifies Practice Accommodations for Patients with Disabilities	92%	96%	84%

*Updated Performance Monitoring
Results*

Managed Care Quality

HEDIS Performance Monitoring Results

- HealthChoice MCOs are required to collect Healthcare Effectiveness Data and Information Set (HEDIS®) measures each year. HEDIS is a registered trademark of the National Committee for Quality Assurance.
- HEDIS compliance audits were conducted of all HealthChoice MCOs in order to report validated HEDIS results.
- HEDIS Performance Monitoring Policy
 - MDH monitors when a plan has 30 percent or more of its HEDIS measures with scores that fall below the national HEDIS average.
 - Sanctions in the past have focused on short-term freezes of auto-enrollment, ranging from one to three months.

HEDIS Monitoring Guidelines

Minor Problem

- One year with 30% or more elements with scores below the National Medicaid HEDIS Mean (NHM)
or
- Two consecutive years with 30% or more elements with scores below the NHM

Moderate Problem

- Three years in a row or three years within a five-year period with 30% or more elements with scores below the NHM

Major Problem

- Four years in a row or four years within a five-year period with 30% or more elements with scores below the NHM
or
- Four years in a row or four years within a five-year period with any of the HEDIS VBP measures with scores below the NHM

MY 2021 HEDIS Performance Monitoring Results

Value		ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
A= At or Above the NHM	A	22	31	22	27	37	22	27	29	31
B=Below the NHM	B	19	13	20	15	6	22	17	16	13
N = No rate	N	4	1	3	3	2	1	1	0	1

%Below = B / (B+A)	46.3%	29.5%	47.6%	35.7%	14.0%	50.0%	38.6%	35.6%	29.5%
%At or Above = A / (B+A)	53.7%	70.5%	52.4%	61.9%	86.0%	50.0%	61.4%	64.4%	70.5%

MY 2021 HEDIS Performance Monitoring Results

ABH	ACC	CFCHP	JMS	KPMAS	MPC	MSFC	PPMCO	UHC
MY2021: 19/41 (46.3%)	MY2021: 13/44 (29.5%)	MY2021: 20/42 (47.6%)	MY2021: 15/42 (35.7%)	MY2021: 6/43 (14.0%)	MY2021: 22/44 (50.0%)	MY2021: 17/44 (38.6%)	MY2021: 16/45 (35.6%)	MY2021: 13/44 (29.5%)
MY2020: 24/37 (64.9%)	MY2020: 13/40 (67.5%)	MY2020: 16/38 (42.1%)	MY2020: 19/39 (48.7%)	MY2020: 6/38 (15.8%)	MY2020: 21/40 (52.5%)	MY2020: 14/40 (35.0%)	MY2020: 26/41 (63.4%)	MY2020: 17/40 (42.5%)
MY2019: 29/42 (69.0%)	MY2019: 14/53 (26.4%)	MY2019: 16/52 (30.8%)	MY2019: 8/52 (15.4%)	MY2019: 6/51 (11.8%)	MY2019: 16/53 (30.2%)	MY2019: 7/53 (13.2%)	MY2019: 19/54 (35.2%)	MY2019: 16/53 (30.2%)
MY2018: 12/23 (52.2%)	MY2018: 15/60 (25.0%)	MY2018: 17/60 (28.3%)	MY2018: 7/59 (11.9%)	MY2018: 7/58 (12.1%)	MY2018: 28/57 (49.1%)	MY2018: 10/60 (16.7%)	MY2018: 18/58 (31.0%)	MY2018: 18/57 (31.6%)
	MY2017: 12/61 (19.7%)	MY2017: 30/61 (49.2%)	MY2017: 9/61 (14.8%)	MY2017: 7/59 (11.9%)	MY2017: 31/61 (50.8%)	MY2017: 11/61 (18.0%)	MY2017: 21/62 (33.9%)	MY2017: 14/61 (23.0%)
	MY2016: 13/62 (21.0%)	MY2016: 26/57 (45.61%)	MY2016: 9/60 (15.0%)	MY2016: 10/56 (17.9%)	MY2016: 13/62 (21.0%)	MY2016: 11/60 (18.3%)	MY2016: 12/63 (19.0%)	MY2016: 10/62 (16.1%)

Managed Care Quality in Maryland

Questions/Wrap-Up



Managed Care Quality in Maryland

Thank You!