Medicaid Managed Care Organization

Interim Systems Performance Review

Statewide Executive Summary Report

Measurement Year 2023

Submitted June 2024

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Maryland Department of Health Measurement Year 2023

Interim Systems Performance Review

Executive Summary

Overview and Introduction

Maryland's HealthChoice Program (HealthChoice) is a managed care program based upon a comprehensive system of continuous quality improvement including problem identification, analysis, corrective action, and reevaluation. The objective is to identify areas for improvement by developing processes and systems capable of profiling and tracking information regarding the care received by HealthChoice enrollees.

HealthChoice's philosophy is to provide quality healthcare that is patient-focused, prevention-oriented, coordinated, accessible, and cost-effective. The foundation of the program hinges on providing a "medical home" for each enrollee. This is accomplished by connecting each enrollee with a primary care provider (PCP) responsible for providing preventive and primary care services, managing referrals, and coordinating all necessary care for the enrollee. HealthChoice emphasizes health promotion and disease prevention and requires enrollees to be provided health education and outreach services.

Annually, the Maryland Department of Health (MDH) is required to evaluate the quality of care provided to Maryland Medical Assistance enrollees in HealthChoice managed care organizations (MCOs). In accordance with Title 42, Code of Federal Regulations (CFR), 438.204, MDH is responsible for monitoring the quality of care provided to MCO enrollees consistent with the Code of Maryland Regulations (COMAR) 10.67.04.

Under Federal law[1], MDH is required to contract with an external quality review organization (EQRO) to perform an independent annual review of services provided under each MCO contract. This independent annual review ensures the services provided to enrollees meet standards set forth in the HealthChoice Program regulations. MDH contracts with Qlarant to serve as the EQRO. Qlarant conducted the measurement year (MY) 2023 systems performance review (SPR) in accordance with the *CMS External Quality Review (EQR) Protocol 3*, *Review of Compliance with Medicaid and CHIP Managed Care Regulations*[2].

[1] Federal law - Section 1932(c)(2)(A)(i) of the Social Security Act
[2] CMS EQRO Protocols

COMAR 10.67.04.03 requires all HealthChoice MCOs to comply with SPR standards and all applicable federal and state laws and regulations. MCOs were provided a 45-day comment period to review and comment on the SPR standards prior to the beginning of the audit process. The nine MCOs evaluated for MY 2023 were:

- Aetna Better Health of Maryland (ABH)
- CareFirst BlueCross BlueShield Community Health Plan (CFCHP)
- Jai Medical Systems, Inc. (JMS)
- Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)
- Maryland Physicians Care (MPC)
- MedStar Family Choice, Inc. (MSFC)
- Priority Partners (PPMCO)
- UnitedHealthcare Community Plan (UHC)
- Wellpoint Maryland (WPM)[3]

Purpose and Process

The purpose of the SPR is to provide an annual assessment of the structure, process, and outcome of each MCO's internal quality assurance program. Through the systems review, the team is able to identify, validate, quantify, and monitor problem areas, as well as identify and promote best practices.

Qlarant conducted MY 2023's assessment as an interim desktop review in response to MDH's decision to move to a triennial SPR process, rather than annual onsite reviews. Reviewers completed the assessment by applying the systems performance standards defined for MY 2023 in COMAR 10.67.04.03B(1). Standards requiring a corrective action plan (CAP) or scored as a baseline in the MY 2022 review were the focus of MY 2023's SPR. Additionally, a sample review of appeal, grievance, and adverse determination records was conducted to assess compliance with applicable standards.

Performance standards used to assess the MCOs' operational systems were developed from applicable Health-General Statutes from the Annotated Code of Maryland; COMAR; the Centers for Medicare and Medicaid Services (CMS) document, "A Health Care Quality Improvement System (HCQIS) for Medicaid Managed Care"; CFR; and Department requirements. The Office of Medical Benefits Management leadership and the Division of HealthChoice Quality Assurance (DHQA) approved the MCO performance standards before inclusion in the MY 2023 review.

[3] Previously Amerigroup Community Care (ACC) prior to January 1, 2023.

The review team that performed the annual SPRs consisted of a team of qualified healthcare professionals. The team has a combined experience of more than 50 years in managed care and quality improvement systems, 40 years of which are specific to HealthChoice. Feedback was provided to the DHQA and each MCO with the goal of improving the care provided to HealthChoice enrollees.

Methodology

Review Activities

In September 2023, Qlarant provided the MCOs with a "Medicaid Managed Care Organization Systems Performance Review Orientation Manual" for MY 2023 and invited the MCOs to direct any questions or issues requiring clarification to Qlarant and DHQA. The manual included the following information:

- Overview of HealthChoice program and Systems Performance Review
- MY 2023 Review Timeline
- External Quality Review Contacts
- Pre-audit Overview and Survey
- Pre-audit SPR Document List
- MY 2023 Systems Performance Review Standards and Guidelines, including specific revisions
- Maryland Standards Eligible for Deeming (NCQA Crosswalk)

Prior to the review, MCOs were required to submit a completed pre-audit survey form and provide documentation, written plans, and policies and procedures for various processes such as quality assurance and governance, delegation of activities, credentialing and recredentialing, enrollee rights, availability and accessibility, utilization review, continuity of care, health education, outreach, and fraud and abuse.

During the desktop reviews conducted in January and February of 2024, the team reviewed all relevant documentation needed to assess the standards. An exit letter was provided to each MCO detailing potential issues that could be addressed by supplemental documents, if available. The MCOs were given ten business days from receipt of the exit letter to submit any additional information to Qlarant, request a consultation with MDH and Qlarant, to clarify issues, or ask for technical assistance in preparing a CAP; documents received within the ten business days were subsequently reviewed against the standard(s) to which they related.

After completing the review, Qlarant documented its findings for each standard by element and component. The level of compliance for each element and component was documented with a review determination. A CAP was required for each performance standard that received a finding of "Partially Met" or "Unmet."

If an MCO chose to have standards in their policies and procedures that were more restrictive than what was required by MDH, the MCO was held accountable to the standards that were outlined in their respective policies and procedures during the SPR.

MDH had the discretion to change a review finding to “Unmet” if the element or component was found to be “Partially Met” for more than one consecutive year.

Draft results of the SPR were compiled and submitted to MDH for review. Upon MDH’s approval, the MCOs received a final report containing individual review findings. After receiving the final reports, MCOs were given 45 calendar days to respond to Qlarant with required CAPs.

Non-duplication Deeming

CMS permits states the opportunity to use information from a private accreditation review, such as an NCQA audit, to meet comparable federal regulations. Using results from a comparable audit allows an opportunity for non-duplication deeming.

Non-duplication, as described in EQRO protocols and 42 CFR §438.360, is intended to reduce the administrative burden on the MCOs. When NCQA standards are comparable to federal regulations and the MCO scores 100% on the applicable NCQA standards then the standards are deemed. This process eliminates the need to review the deemed regulation as part of the SPR, thus reducing the administrative burden on the MCO.

MDH initiated this process for the MY 2021 comprehensive SPR. Standards and elements that were deemed in the MY 2021 comprehensive SPR were not reviewed during interim review years. To qualify for deeming, MDH established the following criteria:

- The MCO must be NCQA accredited with Health Plan Accreditation.
- For applicable standards, the NCQA accreditation review standards were comparable to standards established through EQR protocols.
- The MCO must provide evidence of the most recent NCQA audit, which includes a 100% assessment of the applicable standards.

Using this information and the NCQA Medicaid Managed Care Toolkit: Standards Crosswalk, *2020 Health Plan Standards*[4] (Effective July 1, 2020 – June 30, 2021), Qlarant evaluated whether the MCO qualified for deeming federal regulations.

Standards in which MDH permitted deeming are detailed in Table 1.

[4] National Committee for Quality Assurance. (2020). *Medicaid Managed Care Toolkit: Standards Crosswalk, 2020 Health Plan Standards.* Retrieved from https://store.ncqa.org/2020-medicaid-managed-care-toolkit.html

Table 1. Non-Duplication Deeming Standards Crosswalk

Standard												
Standard 1 Systematic Process of Quality Assessment and Improvement	1.1 N	1.2 N	1.3 6/7	1.4 N	1.5 N	1.6 N/A	1.7 N	1.8 Y	1.9 N	1.10 N		
Standard 2 Accountability to the Governing Body	2.1 N	2.2 N	2.3 N	2.4 N	2.5 N	2.6 N/A	2.7 N					
Standard 3 Oversight of Delegated Entities and Subcontractors	3.1 N	3.2 N	3.3 N	3.4 N								
Standard 4 Credentialing and Recredentialing	4.1 3/4	4.2 N	4.3 Y	4.4 N	4.5 Y	4.6 Y	4.7 N	4.8 4/5	4.9 2/3	4.10 N	4.11 N	4.12 N
Standard 5 Enrollee Rights	5.1 N	5.2 Y	5.3 1/5	5.4 N	5.5 N	5.6 N	5.7 N	5.8 1/5	5.9 N	5.10 N	5.11 N	
Standard 6 Availability and Accessibility	6.1 1/4	6.2 2/4	6.3 N	6.4 N								
Standard 7 Utilization Review	7.1 2/3	7.2 5/6	7.3 1/3	7.4 1/3	7.5 N	7.6 N	7.7 2/7	7.8 N	7.9 N	7.10 N	7.11 N	7.12 N/A
Standard 8 Continuity of Care	8.1 N	8.2 N	8.3 N	8.4 Y	8.5 N	8.6 N	8.7 N					
Standard 9 Health Education Plan	9.1 N	9.2 N	9.3 N	9.4 N	9.5 N							
Standard 10 Outreach Plan	10.1 N	10.2 N	10.3 N									
Standard 11 Fraud and Abuse	11.1 N	11.2 N	11.3 N	11.4 N	11.5 N							

Green Y = Standard is deemable
Red N = Standard is not deemable
Yellow = Standard is partially deemable
Gray = Not applicable as standards have been deleted

Findings

If the MCOs did not meet the minimum compliance rate of 100%, a CAP was required. In areas where deficiencies were noted, the MCOs were provided recommendations that, if implemented, should improve their performance for future reviews.

For each standard assessed for MY 2023, the following sections describe:

- Overall MCO results and findings (where applicable, refer to Appendix A for detailed MCO findings); and
- Follow up, if required

The following table identifies the components reviewed for each MCO:

Table 2. Components Reviewed for MY 2023 Interim SPR

MCO	Standard 4 Credentialing and Recredentialing	Standard 5 Enrollee Rights	Standard 6 Availability and Accessibility	Standard 7 Utilization Review	Standard 9 Health Education Plan	Standard 10 Outreach Plan	Standard 11 Fraud and Abuse
ABH	-	-	-	7.5a 7.5b 7.8c	-	-	11.4d
CFCHP	-	5.1a 5.1g 5.1h 5.8d	-	7.4c 7.5a 7.6a 7.7c 7.7e 7.7g 7.8c 7.9b 7.9c 7.10	9.3a 9.3b 9.3c 9.5a 9.5b 9.5c	-	11.4d
JMS	-	5.1 a	-	-	-	-	-
KPMAS	-	5.1d 5.1g 5.1h	-	7.4c 7.7c 7.8c 7.9c	-	-	-
MPC	4.4i 4.4j	-	-	7.4c 7.7c	-	-	-
MSFC	-	-	-	7.7 c	9.5 b	-	-

MCO	Standard 4 Credentialing and Recredentialing	Standard 5 Enrollee Rights	Standard 6 Availability and Accessibility	Standard 7 Utilization Review	Standard 9 Health Education Plan	Standard 10 Outreach Plan	Standard 11 Fraud and Abuse
PPMCO	-	5.8e	-	7.4c 7.5b 7.7c 7.7e 7.7g	9.3a 9.3c 9.4 9.5b	10.1a	-
UHC	-	-	-	7.3c 7.10	9.3a 9.4 9.5 c	-	-
WPM	-	5.1h 5.5c 5.8d	6.2b	7.4c 7.6b 7.7c 7.10	9.1b 9.2 9.3a 9.3b 9.5b 9.5c	-	-

Red font represents quarterly updates that are required on the CAP per MDH's Performance Monitoring Policy
Green font represents Met with Opportunity

Table 3. SPR Validation Review Determination

Review Determination	Criteria
Met (M)	Compliant with requirements
Met with Opportunity (MwO)	Compliant with requirements, but with an opportunity to improve; CAP is not required
Partially Met (PM)	CAP required
Unmet (UM)	CAP required
Not Applicable (N/A)	Not applicable.

Standard 4: Credentialing and Recredentialing

Results and Findings: The MCO under review (MPC) met the compliance threshold of 100% for Standard 4; therefore MPC is not required to submit a CAP for MY 2023.

Follow up: There is no follow up required for Standard 4.

Standard 5: Enrollee Rights

Results and Findings: The five MCOs under review (CFCHP, JMS, KPMAS, PPMCO, and WPM) met the compliance threshold of 100% for Standard 5; therefore, no MCOs are required to submit CAPs for MY 2023. Two MCOs (KPMAS and WPM) displayed areas in which Qlarant identified recommendations for improvement within the standard.

Table 4. Standard 5: Enrollee Rights

MCO	PM	UM	MWO
KPMAS	N/A	N/A	5.1d
WPM	N/A	N/A	5.1h

Follow up: There is no follow up required for Standard 5.

Standard 6: Availability and Accessibility

Results and Findings: The one MCO under review (WPM) met the compliance threshold of 100% for Standard 6; therefore, WPM is not required to submit CAPs for MY 2023.

Follow up: There is no follow up required for Standard 6.

Standard 7: Utilization Review

Results and Findings: Out of the eight MCOs under review (ABH, CFCHP, KPMAS, MPC, MSFC, PPMCO, UHC, and WPM), four MCOs (CFCHP, KPMAS, MPC, and WPM) have opportunities for improvement in the area of Utilization Review and all four MCOs are required to submit quarterly CAPs. In addition, one MCO (WPM) displayed an area in which Qlarant identified recommendations for improvement within the standard.

Table 5. Standard 7: Utilization Review

MCO	PM	UM	MWO
CFCHP	N/A	7.7c, 7.7e, 7.8c	N/A
KPMAS	N/A	7.8c	N/A
MPC	N/A	7.7c	N/A
WPM	N/A	7.7c	7.10

Red font represents quarterly updates that are required on the CAP per MDH's Performance Monitoring Policy

Follow up:

- Qlarant reviewed and approved the MCO CAP submissions.
- The standards with approved CAPs will be reviewed during the Comprehensive MY 2024 SPR.

In accordance with MDH's Performance Monitoring Policy:

- CFCHP will provide a quarterly update on the CAP in MY 2024 for 7.7c, 7.7e, and 7.8c.
- KPMAS will provide a quarterly update on the CAP in MY 2024 for 7.8c.
- MPC will provide a quarterly update on the CAP in MY 2024 for 7.7c.
- WPM will provide a quarterly update on the CAP in MY 2024 for 7.7c.

Standard 9: Health Education Plan

Results and Findings: The five MCOs under review (CFCHP, MSFC, PPMCO, UHC, and WPM) met the compliance threshold of 100% for Standard 9; therefore, no MCOs are required to submit CAPs for MY 2023. Two MCOs (PPMCO and WPM) displayed areas in which Qlarant identified recommendations for improvement within the standard.

Table 6. Standard 9: Health Education Plan

MCO	PM	UM	MWO
PPMCO	N/A	N/A	9.3a, 9.5b
WPM	N/A	N/A	9.2, 9.3a

Follow up: There is no follow up required for Standard 9.

Standard 10: Outreach Plan

Results and Findings: The one MCO under review (PPMCO) met the compliance threshold of 100% for Standard 10; therefore, PPMCO is not required to submit CAPs for MY 2023.

Follow up: There is no follow up required for Standard 10.

Standard 11: Fraud and Abuse

Results and Findings: The one MCO under review (CFCHP) met the compliance threshold of 100% for Standard 11; therefore, CFCHP is not required to submit CAPs for MY 2023.

Follow up: There is no follow up required for Standard 11.

Corrective Action Plans and Met with Opportunity Review

The CAP process requires each MCO to submit a CAP detailing the actions to be taken to correct any deficiencies identified during the SPR. CAPs must be submitted within 45 calendar days of receipt of the SPR final results. CAPs are reviewed by Qlarant and determined adequate only if they address the following required elements and components:

- Action item(s) to address each required element or component
- Methodology for evaluating the effectiveness of actions taken
- Timeframe for evaluating each action item, including plans for evaluation
- Responsible party for each action item

In the event that a CAP is deemed unacceptable, Qlarant provides technical assistance to the MCO until an acceptable CAP is submitted.

Four MCOs (CFCHP, MPC, KPMAS, and WPM) were required to submit CAPs for the MY 2023 SPR. All CAPs were submitted, reviewed, and found to have adequately addressed the standard in which the deficiencies occurred.

Corrective Action Plan Review

CAPs related to the SPR may be directly linked to specific elements, components, or standards. The interim SPR for MY 2023 determined whether the CAPs from the MY 2022 review were implemented and effective. In order to make this determination, Qlarant evaluated all data collected or trended by the MCO through the monitoring mechanism established in the CAP. In the event that an MCO has not implemented or followed through with the tasks identified in the CAP, MDH will be notified for further action.

MDH updated its Performance Monitoring Policies following the MY 2016 SPR, whereby an MCO that had a CAP for two or more consecutive years in the same element/component would require quarterly monitoring by the EQRO. As a result of the MY 2023 SPR, four MCOs (CFCHP, KPMAS, MPC, and WPM) are required to submit quarterly updates of their CAPs to Qlarant during MY 2024.

After the MY 2023 SPR was conducted, Qlarant recommended the following quarterly CAP closures, as represented in Table 7.

Table 7. SPR MY 2023 Quarterly CAP Closures

MCO	Standards
CFCHP	5.1a, 5.1g, 7.6a, 7.9c, 7.10
KPMAS	5.1d, 5.1g, 7.9c
MPC	4.4i, 4.4j
PPMCO	7.7e
UHC	7.10
WPM	5.5c, 7.6b, 7.10

Met with Opportunity Review

Elements/components scored as MwO were found compliant with the requirement(s), along with a recommendation to improve. While MwO findings do not require a CAP, these improvements must be addressed in order to receive a Met finding in the next review period. Three MCOs (KPMAS, PPMCO, and WPM) received a finding of MwO in one or more standards, as represented in Table 8.

Table 8. SPR MY 2023 MWOs

MCO	Standards
KPMAS	5.1d
PPMCO	9.3a, 9.5b
WPM	5.1h, 7.10, 9.2, 9.3a

Conclusion

The MY 2023 SPR was an interim desktop review. If an MCO did not meet the required compliance rate, then a CAP submission was required in order to meet compliance during the next review. In areas where deficiencies were noted in CAP submissions, the MCOs were provided recommendations that, if implemented, should improve the MCO's performance for future reviews. Five MCOs (ABH, JMS, MSFC, PPMCO, and UHC) received a finding of Met and/or MwO for all standards reviewed. Four MCOs (CFCHP, KPMAS, MPC, and WPM) were placed on quarterly CAP monitoring for MY 2023. CFCHP and KPMAS will require continued quarterly CAP monitoring for component 7.8c from MY 2022.

Maryland has set high standards for MCO quality assurance systems. In response, all MCOs have demonstrated the ability to design and implement effective quality assurance systems. HealthChoice MCOs continue to make improvements in their quality assurance monitoring policies, procedures, and processes while working to provide the appropriate levels and types of healthcare services to managed care enrollees.

Appendix A

Included in Appendix A are detailed findings per MCO for each standard identified as UM or MWO.

5.0 – Enrollee Rights

Findings

Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)

5.1 d. The policy and procedure describes the process for aggregation and analysis of grievance data and the use of the data for QI. There is documented evidence that this process is in place and is functioning. **This component is Met with Opportunity.**

In response to the MY 2022 review, KPMAS was required to demonstrate evidence that it tracks and trends grievance data to identify opportunities for improvement and then implements action plans, as indicated, specifically for MD HealthChoice. As indicated below, opportunities for improvement were successfully addressed.

According to the KMPAS' corrective action plan, grievance trending data is to be reported to the Regional Quality Improvement Committee semi-annually and quarterly to the Medicaid Oversight Review Board beginning in the third quarter of 2023. Required report contents are to include data specific to HealthChoice demonstrating a focused review of trends, opportunities for improvement, and action plans.

KPMAS submitted minutes from the September 13, 2023, Regional Quality Improvement Committee (RQIC) to demonstrate it tracks and trends grievances, identifies opportunities for improvement, and develops action plans, as indicated. The information provided was extremely comprehensive demonstrating a review of multi-year trends, key drivers, and key areas of focus; however, analysis was based on either the overall Mid-Atlantic States region or specific lines of business, such as commercial, Medicare, and Medicaid, which includes Virginia and Maryland combined. There was no evidence of analysis of grievance trends, opportunities for improvement, or action plans related specifically to the Maryland HealthChoice line of business. However, in the Follow Up/Actions column, it was reported that RQIC reviewed and approved the Maryland Medicaid HealthChoice (specific) reporting for Q4 2021 – Q1 2023. A review of this report entitled "Member Experience Annual Assessment of Non-Behavioral Health for the fourth quarter 2021 through the first quarter 2023" found Maryland HealthChoice-specific member grievance data which identified rates per 1000 for each of five NCQA categories (access, attitude/service, billing and financial issues, quality of care, and quality of practitioner office site). It was noted the target goal for each grievance category was met. The report also indicated the majority of grievances were related to attitude/service.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** KPMAS must eliminate the sole use of goals to determine if an opportunity for improvement exists. For example, it was noted the majority of grievances for the first quarter of 2021 through the first quarter of 2023 were related to attitude/service. This would clearly represent an opportunity for improvement.

RECOMMENDATION: Qlarant recommends RQIC meeting minutes provide a brief summary of MD HealthChoice grievance trends and opportunities rather than just noting a document was approved containing this information.

Wellpoint Maryland (WPM)

5.1 h. The MCO ensures enrollees receive written notification of the resolution of all grievances, even if the resolution was provided verbally, within the timeframe documented in the MCO's policy and within the MDH established threshold of 95%.
This component is Met with Opportunity.

In response to the MY 2022 review, WPM was required to revise the Member Grievances - MD Policy to specify a timeframe for providing the enrollee written notice of grievance resolution for each grievance category. WPM also was required to demonstrate compliance with these timeframes at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period. As indicated below, continued opportunities for improvement exist.

WPM has revised the Member Grievances - MD Policy to include the timeframes for providing the member with written grievance resolution. The timeframes are as follows:

- For emergency medically related grievances written response is required within 24 hours of grievance receipt.
- For non-emergency medically related grievances written response is required within five calendar days from the date of grievance receipt.
- For administrative grievances written response is required within five business days of the decision not to exceed 30 calendar days from the date of grievance receipt.

No reports were provided demonstrating WPM's compliance with its timeframes for written grievance resolution.

A sample review of ten grievance records found 100% compliance with WPM's timeframes for written grievance resolution.

After the initial review, WPM submitted PowerPoint slides for each of the four quarters of MY 2023 indicating compliance as 100% for each of the following categories:

- Emergency medically related - 24 hours
- Non-emergency medically related - five days
- Administrative - 30 days

According to its Member Grievances - MD Policy the required timeframe for a written resolution of an administrative grievance is within five business days of the decision not to exceed 30 calendar days from the date of grievance receipt. The 30-day timeframe for tracking compliance with the written resolution for administrative grievances is insufficient based on this policy.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** WPM must report compliance with its written resolution timeframe for administrative grievances consistent with its Member Grievances - MD Policy. This would require two categories, one within five business days of the decision and the other one within 30 calendar days of grievance receipt for those written resolutions that would not meet the five business day timeframe due to the timing of the resolution.

7.0 – Utilization Review

Findings

CareFirst Community Health Plan (CFCHP)

7.7 c. The MCO must adhere to appeal timeframes.
This component is Unmet.

In response to the MY 2022 review, CFCHP was required to demonstrate compliance with timeframes for written appeal acknowledgment and resolution/notification at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period. As indicated below, continued opportunities for improvement exist.

CFCHP submitted the Appeals and Grievances Quarterly Metrics document which identified timeframe compliance for enrollee written appeal acknowledgment and written resolution above the MDH threshold of 95% for the first three quarters of 2023. No results were provided for the fourth quarter of 2023.

A sample review of ten appeal records, all standard, found 100% compliance with the timeframes for enrollee written acknowledgment of appeal receipt and written notification of appeal resolution.

After the initial review, CFCHP submitted a PowerPoint presentation reviewed during the fourth quarter Quality Improvement Committee meeting. Acknowledgment letter timeliness met the compliance threshold of 95% in three of the four quarters of MY 2023. Fourth quarter compliance at 92% was below the threshold. Resolution letter timeliness for expedited and standard appeals exceeded the compliance threshold for all four quarters of the MY.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** CFCHP must demonstrate compliance with timeframes for written appeal acknowledgment at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period.

7.7 e. Reasonable efforts are made to give the member prompt verbal notice of denial of expedited resolution and a written notice within two calendar days of the denial of the request.
This component is Unmet.

In response to the MY 2022 review, CFCHP was required to demonstrate a reasonable attempt to provide the enrollee with oral notification of the denial of a request for an expedited appeal resolution. As indicated below, continued opportunities for improvement exist.

An initial sample review of ten appeal records found four denials of a request for an expedited appeal resolution. Documentation of a reasonable attempt to provide the enrollee oral notification of the denial was found in one record. In the remaining 20 records, four additional denials of a request for an expedited resolution were found with one demonstrating a reasonable attempt to provide oral notification of the denial. Overall compliance with a reasonable attempt to provide the enrollee with oral notification of the denial of a request for an expedited appeal resolution was 25% (2/8).

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** CFCHP must demonstrate a reasonable attempt to provide the enrollee with oral notification of the denial of a request for an expedited appeal resolution.

7.8 c. The MCO must adhere to regulatory timeframes for providing written acknowledgment of the appeal and written resolution.
This component is Unmet.

In response to the MY 2022 review, CFCHP was required to demonstrate turnaround time compliance for written acknowledgment and written resolution of provider appeals at or above the MDH-established threshold of 95% on at least a quarterly basis for all four quarters of the review period. As indicated below, continued opportunities for improvement exist.

CFCHP submitted the Appeals and Grievances Quarterly Metrics document which identified timeframe compliance for provider written appeal acknowledgment and written resolution for the first three quarters of 2023. Compliance with the timeframe for written appeal acknowledgment

steadily improved from 80% in the first quarter to 95% in the second, and 98% in the third resulting in one of the three quarters below the MDH compliance threshold of 95%. Compliance with the written resolution timeframe exceeded the compliance threshold in the first and third quarters at 100% and 99% respectively but fell to 94% in the second quarter. No results were provided for the fourth quarter of 2023.

After the initial review, CFCHP submitted a PowerPoint presentation reviewed during the fourth quarter Quality Improvement Committee meeting. Acknowledgment letter timeliness met the compliance threshold of 95% in the last three quarters of MY 2023. Compliance fell below the threshold at 80% for the first quarter of the MY. Resolution letter timeliness met the 95% compliance threshold for three of the four quarters of MY 2023. The second quarter fell below the compliance threshold at 94%.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** CFCHP must demonstrate turnaround timeframe compliance for written acknowledgment and written resolution of provider appeals at or above the MDH-established threshold of 95% on at least a quarterly basis for all four quarters of the review period.

Kaiser Permanente of the Mid-Atlantic States, Inc. (KPMAS)

7.8 c. The MCO must adhere to regulatory timeframes for providing written acknowledgment of the appeal and written resolution.
This component is Unmet.

In response to the MY 2022 review, KPMAS was required to demonstrate compliance with written acknowledgment of provider appeals at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period. As indicated below, continued opportunities for improvement exist.

The Maryland Medicaid Provider Appeals document identified timeframe compliance for written appeal acknowledgment by month through November and by quarter for the first three quarters of 2023. Compliance with the timeframe for written acknowledgment exceeded the compliance threshold of 95% in only the month of November. Compliance ranged from 25% to 88% in the outlier months. No compliance results for written acknowledgment were provided for December 2023.

After the initial review, KPMAS submitted QM 2023 MD Medicaid Provider Appeals Compliance Metrics which showed 88% compliance with the timeframe for provider written appeal acknowledgment for the fourth quarter of MY 2023. The Acknowledgment and Resolution Notification Timeliness Q4 2023 National Claims Administration (NCA) document included line graphs demonstrating ongoing improvement in timeframe compliance for written provider appeal acknowledgment throughout 2023. It also identified continuing barriers and ongoing interventions to improve compliance.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** KPMAS must demonstrate compliance with written acknowledgment of provider appeals at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period.

Maryland Physicians Care (MPC)

7.7 c. The MCO must adhere to appeal timeframes.
This component is Unmet.

In response to the MY 2022 review, MPC was required to demonstrate compliance with the timeframe for written expedited appeal resolutions within the MDH threshold of 95% for each quarter of the review period. As indicated below, continued opportunities for improvement exist.

MPC submitted the Key Indicator Report which identified monthly and quarterly timeframe compliance for expedited appeal resolution/notification. Results exceeded the 95% threshold in the first and third quarters of 2023. The result for the second quarter fell below the 95% threshold at 75%. No compliance result was provided for the fourth quarter of 2023.

A sample review of ten appeal records found no expedited appeals so compliance could not be assessed.

After the initial review, MPC submitted the 2023 Final Key Indicator Report which reflected compliance with the timeframe for written expedited appeal resolution as 67% for the fourth quarter of MY 2023.

OPPORTUNITY FOR IMPROVEMENT: **In order to review a finding of Met in the MY 2024 review,** MPC must demonstrate compliance with the timeframe for written expedited appeal resolutions within the MDH threshold of 95% for each quarter of the review period.

Wellpoint Maryland (WPM)

7.7 c. The MCO must adhere to appeal timeframes.
This component is Unmet.

In response to the MY 2022 review, WPM was required to demonstrate compliance with timeframes for written appeal acknowledgment and written resolution at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period. Additionally, WPM was required to demonstrate compliance with a reasonable attempt to provide the enrollee with oral notification of an expedited appeal resolution. As indicated below, continued opportunities for improvement exist.

WPM submitted appeal timeframe compliance reports for the first three quarters of 2023 which were presented to the Quality Management Committee. Two measures were reported: written appeal acknowledgment and resolution/notification. The results reported are as follows:

First Quarter

- Appeal acknowledgment - compliance was demonstrated all three months
- Appeal resolution/notification - compliance was demonstrated in all three months for expedited appeals and one of the three months for standard appeals

Second Quarter

- Appeal acknowledgment - compliance was demonstrated in all three months
- Appeal resolution/notification - compliance was demonstrated in two of the three months for expedited appeals and one of the three months for standard appeals

Third Quarter

- Appeal acknowledgment - compliance was demonstrated in all three months
- Appeal resolution/notification - compliance was demonstrated in one of the three months for expedited appeals and one of the three months for standard appeals

No compliance results were provided for written appeal acknowledgment or written appeal resolution for the fourth quarter of 2023.

A sample review of ten enrollee appeal records found all met the timeframes for written appeal acknowledgment and written resolution/notification and the requirement for a reasonable attempt to provide oral notification of an expedited resolution.

After the initial review, WPM submitted the Q4 Appeals Report 2023 which identified compliance results for each month of the fourth quarter. The results were as follows:

Fourth Quarter

- Appeal acknowledgment - compliance was demonstrated in all three months
- Appeal resolution/notification - compliance was demonstrated in two of the three months for expedited appeals and all three months for standard appeals

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** WPM must demonstrate compliance with timeframes for written appeal resolution at or above the MDH threshold of 95% on at least a quarterly basis for all four quarters of the review period.

7.10 The MCO must have a written policy and procedure outlining the complaint resolution process for disputes between the MCO and providers regarding adverse medical necessity decisions made by the MCO. The policy and procedure must include the process for explaining how providers that receive an adverse medical necessity decision on claims for reimbursement may submit the adverse decision for review by an Independent Review Organization (IRO) designated by the Department.
This element is Met with Opportunity.

In response to the MY 2022 review, WPM was required to demonstrate it has included all MCO requirements for supporting the Independent Review Organization (IRO) dispute resolution process in its Provider Claim Payment Dispute Process Policy. As indicated below, continued opportunities for improvement exist.

WPM has revised the Provider Claim Payment Dispute Process Policy in the Maryland-specific section of the policy to include three of the missing requirements noted in the MY 2022 review as follows:

- Establish an online account with the IRO and provide all required information through this account.
- Upload the complete case record for each medical case review request within five business days of receipt of the request from the IRO.
- Upload any additional case-related documentation requested by the IRO within two business days of receipt of notification of a request for additional information from the IRO.

While the policy indicates WPM will reimburse the IRO the fixed case review charge established by the State within 60 calendar days of the date of the invoice if the IRO determined the MCO improperly denied the provider's claim on medical necessity grounds, there was no evidence of a process to monitor these invoices to ensure timely payment to the IRO.

After the initial review, WPM submitted a later version of the Provider Claim Payment Dispute Process Policy (revised October 19, 2023) which indicated WPM maintains a log of IRO invoices that allows them to track payment status to ensure payment is made within the required 60 days of invoice receipt from the IRO.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** WPM must indicate the frequency of review of IRO invoice logs and the position responsible for this review. A copy of this log also must be submitted for the MY 2024 review.

9.0 – Health Education Plan

Findings

Priority Partners (PPMCO)

9.3 a. Have a written methodology for an annual evaluation of the impact of the Health Education Plan (HEP) on process and/or outcome measures, such as ER utilization, avoidable hospital admissions, utilization of preventive services, and clinical measures.
This component is Met with Opportunity.

In response to the MY 2022 review, PPMCO was required to include process and outcome measures in its evaluation of the impact of the HEP on PPMCO enrollees. As indicated below, continued opportunities for improvement exist.

According to the Health Education Annual Summary and Impact Evaluation for PPMCO CY 2022, the main goals of HEP efforts are to increase enrollee knowledge about important health topics and to improve their confidence to make positive behavioral changes for a healthier lifestyle. Enrollees complete an evaluation at the conclusion of each health education program attended to measure improvements in knowledge, skills, and confidence to change behavior. The Health Education Annual Summary and Impact Evaluation further reported clinical outcome data, including emergency room visits and hospital admission data for enrollees participating in health education programs related to diabetes and/or hypertension in 2022, would be reported in the final Health Education Impact Evaluation by the end of April 2023 due to a 90-day claims lag. No final evaluation was provided.

After the initial review, PPMCO submitted the PPMCO Health Education Impact Evaluation and the 2023 Annual Summary and Impact Evaluation Report which identified the impact of six-week weight management challenge programs on selected enrollee metrics. PPMCO reported these programs align well with its most prevalent conditions, hypertension, and obesity; however, it was unclear what criteria was used to target enrollees for participation in one of these challenges. According to these reports, enrollees participating in the Winter Weight Loss Challenge achieved a decrease in average waist circumference from 41.3 to 40.4 inches; total emergency room visits decreased from one to zero; and total outpatient visits increased from 27 to 30. Results reported for the Spring Into Healthy Eating Challenge showed emergency room visits remained at zero and outpatient visits increased from 30 to 46. Enrollees participating in the Fall Weight Loss Challenge achieved a decrease in average waist circumference from 51.5 to 49; total weight loss was one pound; and average daily step count increased from 4,500 to 6,000. In addition to these weight management programs, PPMCO has several educational programs that specifically target enrollees with one or more of the five most prevalent of 15 selected conditions: hypertension, obesity, anxiety disorder, depression, and diabetes. There did not appear to be any outcome data provided to specifically address enrollees with any of these prevalent conditions, many of which often result in high emergency room usage and avoidable hospital admissions.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** PPMCO must provide a more robust evaluation of the impact of its health education classes on enrollees with specific prevalent health conditions which include process and outcome measures. For example, HEDIS® data could be used pre- and post-program participation, emergency room visits, or avoidable hospital admissions pre and post for select diagnoses, such as diabetes and hypertension.

RECOMMENDATION: Qlarant recommends that PPMCO consider strategies to increase participation in the many health education programs it offers. According to PPMCO a total of 939 enrollees registered for these programs while only 21% (194) attended in 2023.

9.5 b. Attendance records and session evaluations completed by enrollees.
This component is Met with Opportunity.

In response to the MY 2022 review, PPMCO was required to submit session evaluations completed by individual enrollees for a sample of health education programs. As indicated below, continued opportunities for improvement exist.

PPMCO provided aggregate post-test results for 11 health education programs focused on diabetes, childcare, weight loss, exercise, high blood pressure, stress and anxiety, heart disease, and sleep. As indicated in the MY 2022 review, session evaluations completed by individual enrollees were required to meet this component. Aggregate results from two of the health education programs, Managing Stress and Anxiety and Managing Diabetes, represented only one enrollee each. Individual evaluations indicated each enrollee increased their knowledge and skills leading to better management of their condition as a result of participation in one of these programs.

OPPORTUNITY FOR IMPROVEMENT: In order to receive a finding of Met in the MY 2024 review, PPMCO must submit session evaluations completed by individual enrollees, not aggregate results, for a sample of health education programs.

Wellpoint Maryland (WPM)

9.2 The HEP incorporates activities that address needs identified through the analysis of enrollee data.
This element is Met with Opportunity.

In response to the MY 2022 review, WPM was required to demonstrate analysis of data such as diagnoses, utilization, and Health Risk Assessment results to identify the health education needs of its enrollees. Additionally, programs must be based on identified needs. As indicated below, this opportunity for improvement was successfully addressed.

According to the HEP, WPM analyzes the following annual reports to determine areas of focus for health education:

- Quality Management Evaluation
- HEDIS® Rates
- Whole Health Population/Demographic Tool (Social Determinants of Health/Disparities Data)
- Care Management Program Evaluation

No analysis was submitted based on WPM's review of these annual reports. WPM did include several tables in Appendix 1 of the HEP which identified its population by key demographic variables and common health problems such as comorbid conditions within child and adult special population groups (children with special health care needs, enrollees with physical and or developmental disabilities, individuals experiencing homelessness, and women who are pregnant or postpartum).

Areas of focus identified in the HEP based upon these demographic variables and common health conditions included lead screening, women's health education, adult SSI annual wellness visits, prenatal and postpartum care, and diabetes care. Each area of focus included a goal, project metrics, and interventions associated with educational opportunities.

OPPORTUNITY FOR IMPROVEMENT: **In order to receive a finding of Met in the MY 2024 review,** WPM must demonstrate it analyzes the following annual reports to determine areas of focus for health education consistent with its HEP:

- Quality Management Evaluation
- HEDIS® Rates
- Whole Health Population/Demographic Tool (Social Determinants of Health/Disparities Data)
- Care Management Program Evaluation

9.3 a. Have a written methodology for an annual evaluation of the impact of the HEP on process and/or outcome measures, such as ER utilization, avoidable hospital admissions, utilization of preventive services, and clinical measures.
This component is Met with Opportunity.

In response to the MY 2022 review, WPM was required to have a written methodology for evaluating the impact of the health education program on process and/or outcome measures and submit an annual evaluation that is based upon this methodology. As indicated below, continued opportunities for improvement exist.

The HEP describes the methodology for annually measuring and analyzing the performance and outcomes of all its programs. Reporting and review include the following:

- Program descriptions, work plans, and overall program evaluation

- Outcome measures - such as emergency room utilization, avoidable hospital admissions, utilization of preventive services, and clinical measures
- Participation rates
- Member and provider feedback
- Gaps in care
- Social drivers of health

Reports are summarized and presented at one of the Quality Management Committee meetings for review.

Evaluation of effectiveness is to be measured with quantitative methodologies; have a benchmark or performance goal; and provide a year-over-year comparison that includes the data displayed and reporting of results or conclusions.

No annual evaluation of the HEP's impact on process and/or outcome measures was submitted based on this written methodology.

After the initial review, WPM submitted the Health Education Programs and Services - MD Policy which states under Program Efficacy "Evaluation of the Health Education Program will incorporate analyzed results from QM program evaluation, CM program evaluation, Health Equity Accreditation review and other program evaluations as deemed necessary."

WPM also submitted the Health Education Program Evaluation CY 2023 which indicated the Quality Management Department evaluates the overall effectiveness of the HEP through identified performance measures and metrics including HEDIS®, CAHPS®, and state-specific measures. A table within the appendix listed preventive care appointments kept and participation rates focused on ten HEDIS® measures. A comparison of MY 2023 emergency room utilization and avoidable hospital admissions with MY 2022 was provided for each measure. The majority of focus measures reflected an improvement in emergency room utilization from MY 2022 to MY 2023. Avoidable hospital admissions demonstrated improvement in three of the eight applicable measures.

RECOMMENDATION: Qlarant recommends WPM consider evaluating individual educational components of its HEP on outcome measures such as enrollees who received education through Green and Healthy Homes. By focusing on these individual programs WPM will be able to determine which programs are having a positive impact to encourage increased participation and which programs either need to be revised or terminated allowing for improved resource utilization.