



CHANGING
Maryland
for the Better

Overview of 2016 HealthChoice Quality Assurance Activities

Maryland Medicaid Advisory Committee
January 23, 2017

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MARYLAND
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

Quality Assurance Overview

The 2016 reports review and analyze data from 2015.

Managed Care Organization	Market Share as of January 2017
AMERIGROUP Community Care	25%
Jai Medical Systems	2%
Kaiser Permanente of the Mid-Atlantic States	5%
Maryland Physicians Care	19%
MedStar Family Choice	7%
Priority Partners	25%
UnitedHealthcare	14%
University of Maryland Health Partners	3%



Quality Assurance Overview

- MCO Operations
- Enrollee and Provider Satisfaction
- Quality Measurement
- Program Management and Oversight
- Federal Managed Care Regulations



MCO Operations

- Systems Performance Review
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)/Healthy Kids Record Reviews



Systems Performance Review (SPR)

- The SPR is a review of the MCO's administrative processes, policies, and procedures
- DHMH contracts with Delmarva Foundation for SPR
- In November 2015, the Department changed the SPR from an annual review to a three-year cycle to reduce administrative burden on MCOs
- Last full SPR reported in 2016; next full SPR will be reported in 2019
- MCOs are required to submit Corrective Action Plans (CAPs) for standards that do not meet the minimum compliance score of 100%
- CAPs are reviewed for compliance annually
- New HealthChoice plans have lower minimum compliance scores
 - 80% for first year of operation
 - 90% for second year of operation
 - 100% for third year and future years of operation



Systems Performance Review Results

Standard	Elements Reviewed	MD MCO Compliance Score	ACC	JMS	KPMAS ⁺	MPC	MSFC	PPMCO	RHMD	UHC
1 Systematic Process	36	100%	100%	100%	100%	100%	100%	100%	100%	100%
2 Governing Body	12	99%*	100%	100%	100%	100%	100%	100%	96%*	100%
3 Oversight of Delegated Entities	7	93%*	100%	100%	100%	100%	100%	90%*	60%*	100%
4 Credentialing	42	99%*	99%*	100%	100%	100%	100%	100%	96%*	99%*
5 Enrollee Rights	25	99%*	100%	100%	94%	100%	100%	98%*	100%	100%
6 Availability and Access	10	98%*	100%	100%	80%*	100%	100%	100%	100%	100%
7 Utilization Review	24	94%*	84%*	100%	98%	100%	100%	89%*	91%*	93%*
8 Continuity of Care	6	100%	100%	100%	100%	100%	100%	100%	100%	100%
9 Health Education Plan	12	95%*	100%	100%	100%	100%	100%	92%*	92%*	79%*
10 Outreach Plan	14	96%*	100%	100%	71%*	100%	100%	100%	100%	100%
11 Fraud and Abuse	19	98%*	100%	100%	94%	100%	100%	100%	89%*	100%
Composite Score		98% [↑]	98% [↑]	100%	95% [↑]	100%	100%	98% [↑]	95% [↓]	98% [↑]

*Denotes that the minimum compliance rate of 100% was unmet.



CY 2015 EPSDT/Healthy Kids Record Reviews

- Reviews assess provider compliance with the Maryland EPSDT/Healthy Kids Periodicity Schedule
- 3,016 medical record reviews were performed for children/adolescents under the age of 21 with a preventive care visit in CY 2015
- Nurse reviewers went onsite to 290 provider offices across Maryland
- The MCOs were required to demonstrate a 80% compliance rate for each component
- Aggregate scores have increased or remained constant for all five review components



EPSDT Record Review Aggregate MCO Scores

Component	2015 Aggregate Scores (CY 2014)	2016 Aggregate Scores (CY 2015)
Health and Developmental History	88%	92%
Comprehensive Physical Exam	93%	93%
Laboratory Tests/At Risk Screenings (PKU, lead, anemia, risk assts. for TB, cholesterol, STI, etc.)	76%	78%
Immunizations	83%	84%
Health Education and Anticipatory Guidance	91%	92%



Enrollee and Provider Satisfaction

- Enrollee Satisfaction Survey
- Provider Satisfaction Survey



Enrollee Satisfaction Survey

- The Department conducts an enrollee satisfaction survey in English and Spanish annually to evaluate member satisfaction with their MCO
- Surveys were administered in 2016 for services rendered in CY 2015
- Surveys are conducted for the HealthChoice population in the areas of provider communication, getting needed care, getting care quickly, and customer service
- Maryland's survey response rate is consistent with national rates

	Surveys Mailed	Surveys Returned	Response Rate	Compared to CY 2014
HC ADULTS	13,971	4,552	34%	+1%
HC CHILDREN	16,120	4,966	31%	+/-0%



Enrollee Satisfaction Survey Scores

COMPOSITE MEASURES	ADULT		CHILDREN	
	CAHPS 2015	CAHPS 2016	CAHPS 2015	CAHPS 2016
How Well Doctors Communicate	90%	91%	95%	95%
Getting Care Quickly	78%	81%	92%	92%
Customer Service	85%	87%	87%	88%
Getting Needed Care	80%	81%	86%	85%



Provider Satisfaction Survey

- The Department conducts an annual Provider Satisfaction Survey of HealthChoice primary care providers
- Surveys were administered in 2016 for services rendered in CY 2015
- Surveys assess satisfaction and experience with HealthChoice enrollees, MCOs, and program operation
- Maryland's survey response rate has improved over time since offering an online survey completion option

	Surveys Mailed	Surveys Returned	Response Rate	Compared to CY 2014
Primary Care Providers (PCPs)	5,859	1,234	22%	+/-0%



Provider Satisfaction Survey Scores

Composite Measures	2015 Report (CY 2014)	2016 Report (CY 2015)
No-Show Appointments	82%	83%
Finance Issues (Claims Processing and Payment)	48%	45%
Customer Service/Provider Relations	46%	42%
Coordination of Care/Case Management	42%	38%
Utilization Management	34%	31%
Overall Satisfaction	84%	83%



Quality Measurement

- HEDIS Reporting
- Value-Based Purchasing Initiative
- Consumer Report Card
- Performance Improvement Projects



HEDIS Performance Measures

- HEDIS: Healthcare Effectiveness Data and Information Set
 - HEDIS is a standardized set of performance measures developed by the NCQA to measure health plan performance for comparison among health systems
 - HEDIS is used by more than 90% of health plans across the country
 - Measures provide meaningful comparative information on the organization level and statewide, which aids DHMH in setting priorities and goals
- HEDIS 2016 reports on all services rendered in CY 2015
- Maryland MCOs reported on 46 HEDIS performance measures
- DHMH contracted with HealthcareData Company, LLC to audit and report the measures



HEDIS 2016 Performance Summary

- Measures with improvements include:
 - Immunizations for both Adolescents and Children
 - Appropriate Testing for Children with Pharyngitis
 - Medication Management for People with Asthma- Total 50% of Treatment Period and Total 75% of Treatment Period
 - Comprehensive Diabetes Care - Medical Attention for Nephropathy
 - Human Papillomavirus Vaccine for Female Adolescents
- Measures with decline were:
 - Persistence of Beta-Blocker Treatment after a Heart Attack
 - Chlamydia Screening in Women-Age 16-20 Years
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Percentile Total Rate
 - Counseling for Nutrition Total Rate, and Counseling for Physical Activity Total Rate



Value-Based Purchasing

- Value-Based Purchasing 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 the Department and calculated from encounter data
- The goal of our Value-Based Purchasing strategy is to improve MCO performance by providing monetary incentives and disincentives
 - The Department 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



Value-Based Purchasing Measures

HEDIS 2016 Measures:

- Immunizations For Adolescents
- Adolescent Well Care
- Adult BMI Assessment
- Breast Cancer Screening
- Childhood Immunization Status (Combo 3)
- Comprehensive Diabetes Care – HbA1c Testing
- Controlling High Blood Pressure
- Medication Management for People with Asthma (Total 75%)
- Postpartum Care
- Well Child Visits for Children Ages 3 to 6

Encounter Data Measures (CY 2015 data):

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

* Lead measure includes encounter data, fee-for-service and Lead Registry Data



Value Based Purchasing Results

	ACC	JMS	KPMAS	MPC	MSFC	PPMCO	RHMD	UHC
Incentives	5	13	6	7	6	6	4	2
Neutrals	6	0	1	4	1	6	3	4
Disincentives	2	0	5	2	6	1	6	7



*KPMAS was unable to report on one measure.

2016 Consumer Report Card

- The Consumer Report Card is developed in English and Spanish to assist enrollees in selecting a plan most appropriate to their needs
- Consumer Report Card is included in all enrollment packets
- A star rating system is used to represent how an MCO performed
- Star ratings are calculated by using HEDIS 2015 measures, encounter data measures, and enrollee satisfaction survey results



2016 Consumer Report Card


LOOKING AT HEALTH PLAN PERFORMANCE

All health plans in HealthChoice received high satisfaction ratings from the majority of their members.

This Report Card shows how the health plans in HealthChoice compare to each other in key areas. You should use this Report Card along with other items in the enrollment packet to help you choose a health plan.

To choose a health plan, call 1-800-977-7388. If you are hearing impaired, you can call the TDD line 1-800-977-7389.

Key	
☆☆☆	Above HealthChoice Average
☆☆	HealthChoice Average
☆	Below HealthChoice Average

		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 reported was reviewed for accuracy by independent organizations. Health plan performance scores have not been adjusted for differences in service regions or member composition. "Not Rated by Researchers" do not describe the performance or quality of care provided by the health plan. It should not affect your choice of health plan.



Performance Improvement Projects

- The MCOs are responsible for 2 Performance Improvement Projects that are at least 3 years in duration
- Project success is determined by HEDIS score improvement
- MCOs report on activities designed to achieve measurable improvement in health outcomes
- MCOs submit annual updates to identify project barriers, successful interventions, and any project changes
- The CY 2015 PIPs were:
 - Adolescent Well Care: 2012 – 2015
 - Four plans achieved scores **exceeding** the HEDIS 2016 90th Percentile.
 - Two plans achieved scores **within 2 percentage points** of the HEDIS 2016 90th Percentile.
 - Controlling High Blood Pressure: 2014 – Present
- The new PIP, Asthma Medication Ratio, will begin in CY 2016



Program Management and Oversight

- Annual Technical Report
- MCO Performance Monitoring Policy



Annual Technical Report

- The Department is required by CMS to submit an annual report of quality assurance activities conducted in a calendar year
- The Annual Technical Report summarizes all quality activities, scores, and findings and is available on the HealthChoice website and the CMS website

Activities Reported

- Systems Performance Review
- Value-Based Purchasing Performance Improvement Projects
- Encounter Data Validation
- EPSDT/Healthy Kids Medical Record Review
- HEDIS
- Consumer Assessment of Health Providers and Systems
- Consumer Report Card



MCO Performance Monitoring Policy

- In November 2015, the Department updated the MCO Performance Monitoring Policy
- MCOs provided feedback during the update process
- Policy adds detail about minor, moderate, and major corrective actions the Department may employ in specific HealthChoice quality assurance areas:
 - Network Adequacy
 - Systems Performance Review
 - EPSDT/Healthy Kids Review
 - HEDIS Performance Measures



Federal Managed Care Regulations

- Overview of the Final Rule
- Department's Next Steps
- Impact on Quality Assurance Activities



Overview of the Final Rule

- On April 25, 2016, CMS issued the Medicaid and CHIP Managed Care Final Rule
- First major update to Medicaid and CHIP managed care regulations in more than a decade
- Regulations touch on several managed care program areas

Program Areas Impacted By Final Rule

- Managed Care Program Contracting and Monitoring
- Network Adequacy
- Pharmacy
- Rate Setting and Rate Development
- Eligibility and Enrollment
- Enrollee Information Requirements
- Care Coordination
- Appeals and Grievances
- Quality Assurance
- Program Integrity
- Information Technology and Encounter Data



Federal Managed Care Regulations: Next Steps

- The Department has created a crosswalk to determine how the new federal regulations impact COMAR and other program requirements
- The Department and MCOs are working together to implement the new regulations over the next five years



Major Provisions Affecting Quality Assurance Activities

- Statewide Quality Strategy for Medicaid Managed Care (by July 2018)
 - Quality Strategy must report on:
 - Department's goals for continuous quality improvement
 - Transition of care policy
 - Appropriate use of intermediate sanctions
 - Quality assurance activities
 - Identification of health disparities
 - Rule requires review and update no less than once every 3 years
 - Report must be submitted to MMAC, CMS, and the public for comments and feedback before final adoption
 - Subregulatory guidance from CMS is pending



Major Provisions Affecting Quality Assurance Activities

- Network Adequacy Assessment (by January 2019)
 - Department required to develop time and distance standards for pediatric and adult primary care providers, pediatric and adult specialists, hospitals, and pharmacies
 - Rule adds external quality review requirement to assess MCO compliance with network adequacy standards on an annual basis
 - Department and EQRO awaiting network adequacy assessment protocol from CMS
- CMS Managed Care Quality Rating System (by April 2019)
 - CMS is developing a quality rating system for comparing MCO performance
 - States can use alternative rating systems, so long as they obtain CMS approval
 - Department plans to submit its Consumer Report Card as an alternative rating system
 - Any quality rating methodology changes will require public comment process



For More Information



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

<http://www.dhmf.maryland.gov/>

Select “Medical Care Programs”, “Maryland HealthChoice Program”,
“HealthChoice Quality Assurance Activities”

