Health Quality and Cost Council

September 5, 2008

John G. Folkemer
Deputy Secretary for Health Care Financing
Department of Health and Mental Hygiene

Description of Health Quality Initiatives in HealthChoice

- Annual quality review activities for Medicaid include:
  - MCO Systems Performance Review
  - Healthy Kids Program Office-Based Monitoring
  - Enrollee Satisfaction Surveys
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - Value-Based Purchasing Performance Measures
  - Consumer Report Card
  - Performance Improvement Projects

Systems Performance Review

- Set of 9 areas in which MCOs must show compliance:
  - Systematic quality improvement processes
  - Governing body
  - Oversight of delegated entities
  - Credentialing
  - Enrollee rights
  - Availability and access
  - Utilization review
  - Continuity of care
  - Fraud and abuse

- Aggregate performance for all MCOs for CY 2007 exceeds 94% for all areas

Healthy Kids Quality Monitoring Program

- Nurses review approximately 3000 medical records in provider offices to assure presence of 5 components:
  - Health and developmental history
  - Comprehensive physical exam
  - Laboratory tests
  - Immunizations
  - Health education

- For 2006, all MCOs exceeded the minimum composite compliance rate of 85%.

Enrollee Satisfaction Survey
Consumer Assessment of Healthcare Provider and Systems (CAHPS) Survey

- In 2006
  - 11,362 CAHPS Medicaid Adult Surveys
  - 13,958 CAHPS Medicaid Child with Chronic Care Condition Surveys

- Response rates varied by MCO from 25-35% for adults to15-29% for children

- Based on ratings of 0-10 where 10 is best, the lowest score in any rating is 7.5 for adults and 7.4 for children. The mean score for Rating of Healthcare is 7.92 for adults and 8.6 for children.

HEDIS

- A standardized set of performance measures developed by NCQA and CMS to measure managed care performance and assess opportunities for improvements in quality.
- Medicaid contracts with an NCQA-certified vendor to audit and report MCO HEDIS scores.
- For 2007, MCOs were required to report on 17 overall measures (39 specific indicators) in the areas of effectiveness, access, and use of services.
- The average rate across MCOs was better than the National Medicaid HEDIS mean for most measures.
- Overall the MCOs continue to show improvement annually.

Value Based Purchasing

- Nine measures are used to improve MCO performance by providing monetary incentives and disincentives. This program redistributes up to ½% of the overall MCO capitation rate.
  - Well-child visits for children 3-6
  - Dental services for children ages 4-20
  - Ambulatory care services for SSI adult
  - Ambulatory care services for SSI children
  - Timeliness of prenatal care
  - Cervical cancer screening for ages 21-64
  - Lead screenings for children ages 12-23 months
  - Eye exams for diabetics
  - Childhood immunization status (vaccine combination 2)

Value Based Purchasing

- Three new measures will be added next year:
  - postpartum care rates
  - appropriate use of medications for asthma
  - adolescent well care

- Two measures will be deleted:
  - dental utilization rates
  - timeliness of prenatal care

Consumer Report Card

- Medicaid contracts with NCQA to develop the method and calculate MCO scores.

- Six performance areas are calculated using 30-40 measures from HEDIS, value-based purchasing, and the satisfaction survey.

Performance Improvement Project

- Currently two projects, Improving Screening for Chronic Kidney Disease, and Improving Cervical Cancer Screening, are being conducted.

- All MCOs have improved or remained the same in the various Performance Improvement Projects conducted over the years.

Future Projects

- Non-payment for hospital adverse events similar to the national CMS initiative.

- Nursing Home Pay for Performance Quality Initiative. Measures under review include:
  - Staffing levels
  - Family satisfaction survey results
  - Minimum Data Set outcomes
  - Staff immunization rates
  - Infection control professional availability

Challenges

- Finding meaningful and attainable performance measures that can be applied to all MCOs despite size and model variation.
- Getting budgetary funding for incentives.
- Developing a methodology to measure performance for care obtained by the population that is excluded from the HEDIS methodology.