



DSS

Caring for Connecticut



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State of Connecticut 2005 External Quality Review

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Introduction



Introduction

- Shift from Fee-For-Service (FFS) Medicaid to Managed Care Medicaid
- Balanced Budget Act of 1997 (BBA)
 - Assure quality
 - Protect recipients' rights
- External Quality Review
 - External Quality Review Organization (EQRO)
 - Competent
 - Independent
 - Three-year cycle
 - Looks at processes and outcomes
 - 2005 second-year in current cycle
 - More focused subject matter



Components of Review



Components of Review

- Planning
- Request for information
- Desk review
- On-site review
- Analysis
- Reporting
- Corrective action plan (CAP)



2005 Topics



2005 Topics

- Timeliness and access to services
- Performance improvement projects (PIPs)
- Performance measures (PMs)
- Compliance with selected HUSKY B contract requirements
- Interventions to correct areas of non-compliance in the 2004 EQR



2005 External Quality Review Findings



Timeliness and Access to Services

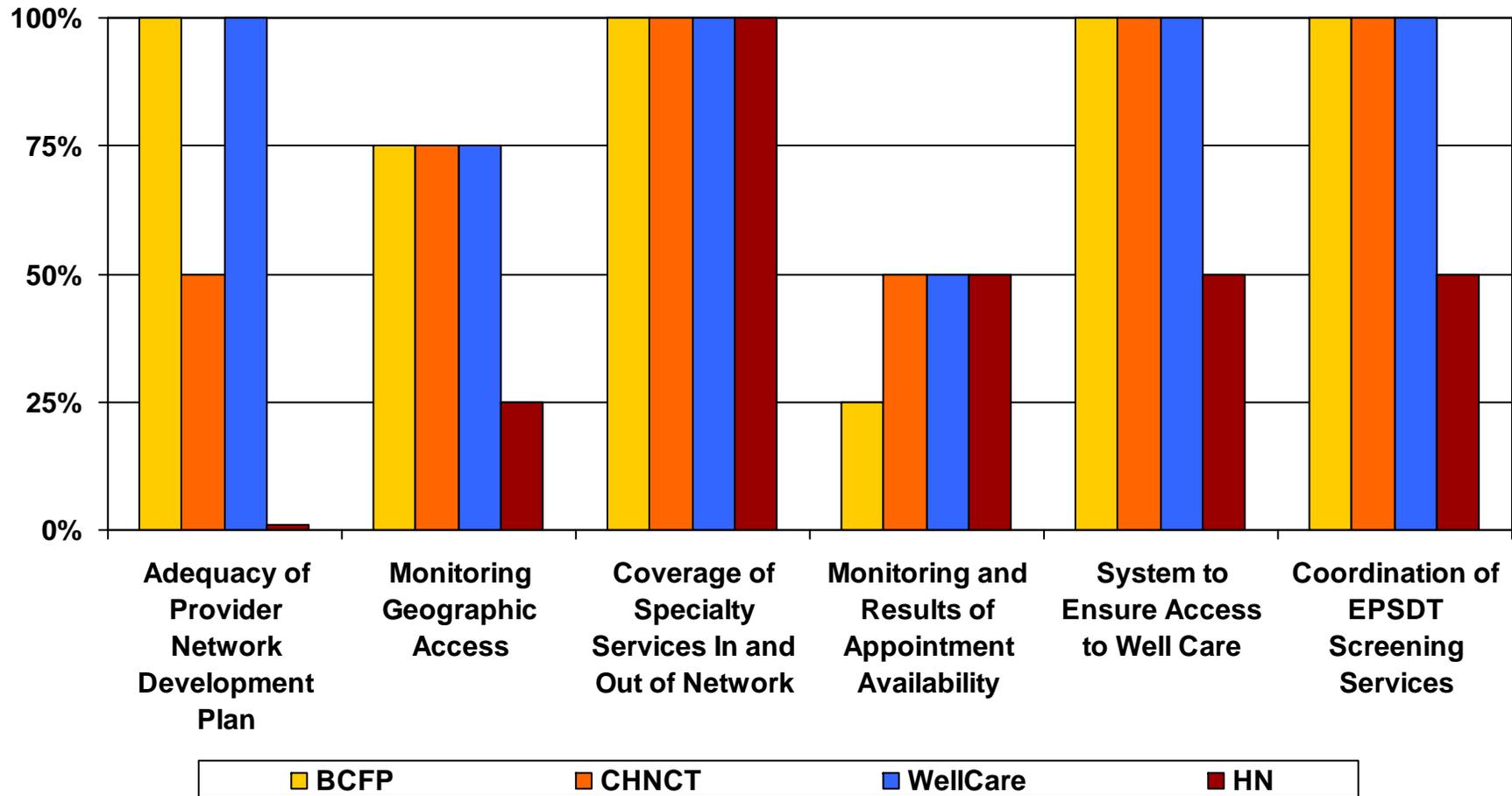


Timeliness and Access to Services MCO Service Delivery Systems

- Breadth and depth of provider network
- Timeliness of services and entry to care
- Coordination of Early & Periodic Screening, Diagnosis & Treatment (EPSDT)



2005 Timeliness and Access to Services MCO Compliance with Standards from the BBA and with DSS Contract Requirements





Compliance with HUSKY B Requirements

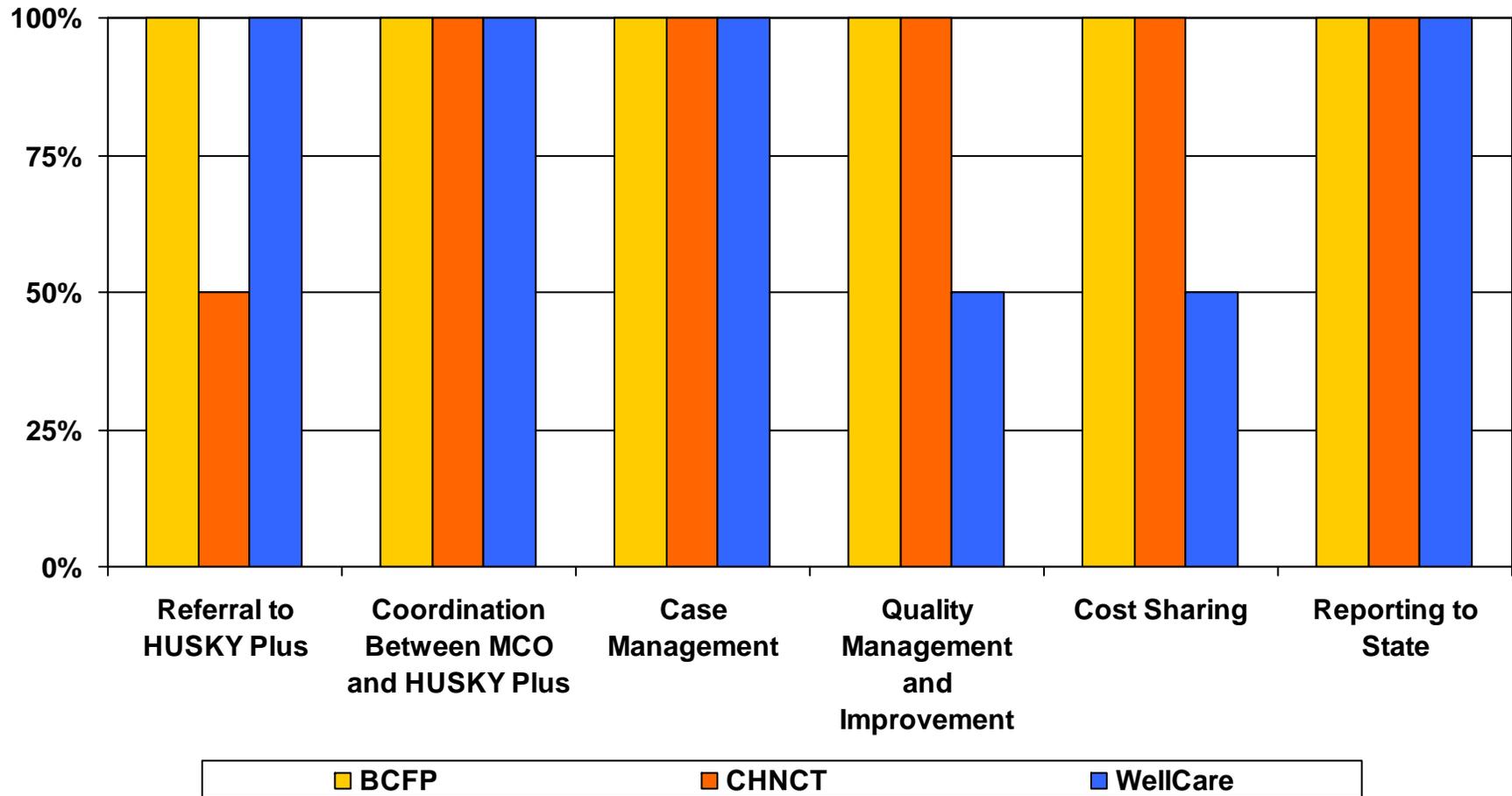


Compliance with HUSKY B Requirements

- Appropriate process for referral to HUSKY Plus
- Coordination between the MCO and the HUSKY Plus administration
- Case management of children enrolled in HUSKY B and HUSKY Plus
- HUSKY B quality management processes
- HUSKY B reporting
- Compliance with cost-sharing



Compliance with HUSKY B Requirements



* Health Net does not participate in HUSKY B.



Performance Improvement Projects

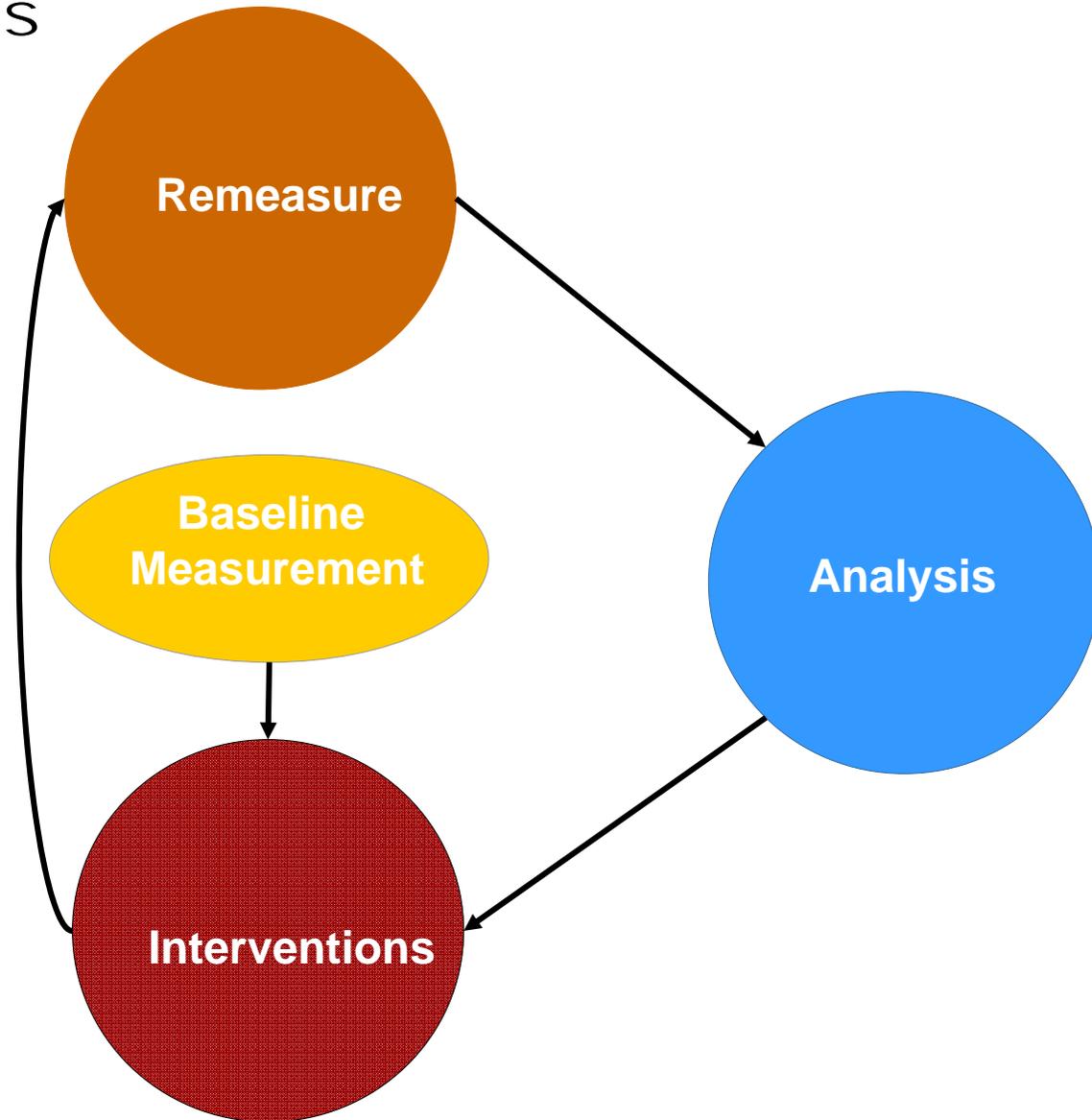


Performance Improvement Projects

- Department of Social Services (DSS) mandated four PIPs for review by EQRO.
- The EQR validates the processes and results obtained by the MCOs.
- Because PIP topics remain consistent over a number of years, improvement across time can be measured.



Steps of the Performance Improvement Projects





Performance Improvement Projects BCFP Overall Results

	2001	2002	2003	2004	National Results
1. Improving the Breast Cancer Screening Rate¹	29.7% Baseline	32.5%	30.6%	34.2%	Medicaid HEDIS 54.1% ²
Goal	31%	31%	34%	34%	
2. Increase Use of Appropriate Medications for Asthma				61.21% Baseline	Medicaid HEDIS 64.5%
Goal				65%	
3. Adolescent Access to Preventive Care			46.6% Baseline	50.2%	Medicaid HEDIS 37.42% ³
Goal				50%	
4. Improving Cervical Cancer Screening Rates	36.2% Baseline	40.6%	41.8%	42.3%	Medicaid HEDIS 64.7% ²
Goal				42%	

¹ Women ages 41 – 69.

² Specifications for CT MCOs differ from HEDIS.

³ 2003 data.



Performance Improvement Projects CHNCT Overall Results

	2001	2002	2003	2004	National Results
1. Healthy Airways Asthma Disease Management					
a. Emergency Department Utilization for All Members with Asthma				29.7% Baseline	
Goal 3% Improvement					
b. Inpatient Utilization for All Members with Asthma				21% Baseline	
Goal 3% Improvement					
c. Increase Use of Appropriate Medications for Asthma				Baseline	
5 – 9 year old				69.47%	
10 – 17 year old				62.77%	
18 – 56 year old				61.40%	
5 – 56 year old				64.35%	Medicaid HEDIS 64.5%
Goal 3% Improvement					



Performance Improvement Projects CHNCT Overall Results *(continued)*

	2001	2002	2003	2004	National Results
2. Breast Cancer Screening¹		Baseline 33.1%	32.2%	32.5%	Medicaid HEDIS 54.1% ²
Goal			35.5%	35.5%	
3. Healthy Beginnings					
a. Neonatal Intensive Care Unit (NICU) Days of Stay as a Percentage of Total Newborn Days			Baseline 49.2%	50.7%	
Goal				45%	
b. NICU Admissions as a Percentage of Live Births			Baseline 12.3%	12.3%	
Goal				9%	
c. Infants Born Weighing ≤ 2500 Grams			9.3%	5.3%	
Goal				>5%	

¹ Women ages 41 – 69.

² Specifications for CT MCOs differ from HEDIS.



Performance Improvement Projects CHNCT Overall Results *(continued)*

	2001	2002	2003	2004	National Results
3. Healthy Beginnings <i>(continued)</i>					
d. Percent of Women with \geq 80% of Recommended Prenatal Visits			Baseline 86.4%	76.1%	Medicaid HEDIS 78.2% ²
Goal				90%	
e. Percent of Women with Postpartum Visits Between 21 – 56 Days After Delivery			Baseline 52.9%	47.1%	Medicaid HEDIS 56.5% ²
Goal				70%	
4. Adolescent Well Care			Baseline 37.50%	41.34%	Medicaid HEDIS 56.5% ³

² Specifications for CT MCOs differ from HEDIS.

³ 2003 data.



Performance Improvement Projects WellCare Overall Results

	2001	2002	2003	2004	National Results
1. Increase Use of Appropriate Medications for Asthma				Baseline	
5 – 9 year old				72.79%	Medicaid HEDIS 64.5%
10 – 17 year old				66.33%	
18 – 56 year old				56.83%	
5 – 56 year old				66.11%	
Goal: 5 – 9 year old 10 – 17 year old 18 – 56 year old 5 – 56 year old				72% 66% 60% 66%	
2. Decrease use of ED and Hospital for Members with Asthma					
a. Decrease Use of Emergency Department (ED) for Members with Asthma			31% Baseline	21.52%	
b. Decrease Use of Inpatient for Members with Asthma			4.9% Baseline	5.06%	
Goal				5% Decrease	



Performance Improvement Projects WellCare Overall Results *(continued)*

	2001	2002	2003	2004	National Results
3. Prenatal/Postpartum Care					
a. Improving Frequency of Prenatal Care		50%	1/1 – 6/30: 59% 7/1 – 12/31: 66%	1/1 – 6/30: 59% 7/1 – 12/31: 69%	Medicaid HEDIS 78.2% ¹
Goal				80%	
b. Improving Frequency of Postpartum Care		49%	1/1 – 6/30: 50% 7/1 – 12/31: 39%	1/1 – 6/30: 47% 7/1 – 12/31: 49%	Medicaid HEDIS 56.5% ¹
Goal				80%	
4. Improving Adolescent Access to Preventive Care			43% Baseline	53.4%	Medicaid HEDIS 37.42% ²
Goal				80%	

¹ Specifications for CT MCOs differ from HEDIS.

² 2003 data.



Performance Measures



Validation of Performance Measures

- Evaluate the accuracy of PMs reported to DSS
 - DSS identified four PMs from each MCO's list of PMs for validation
 - MCOs provided specifications, methodology, and results to EQRO
 - EQRO performed validation



Validation of Performance Measures

- Validation process
 - Review data management processes
 - Assess processes used to calculate and report PMs to DSS
 - Validate calculation — population selected and medical events (e.g., diagnosis, service)
- Findings
 - Fully/substantially compliant
 - High confidence in reported measures

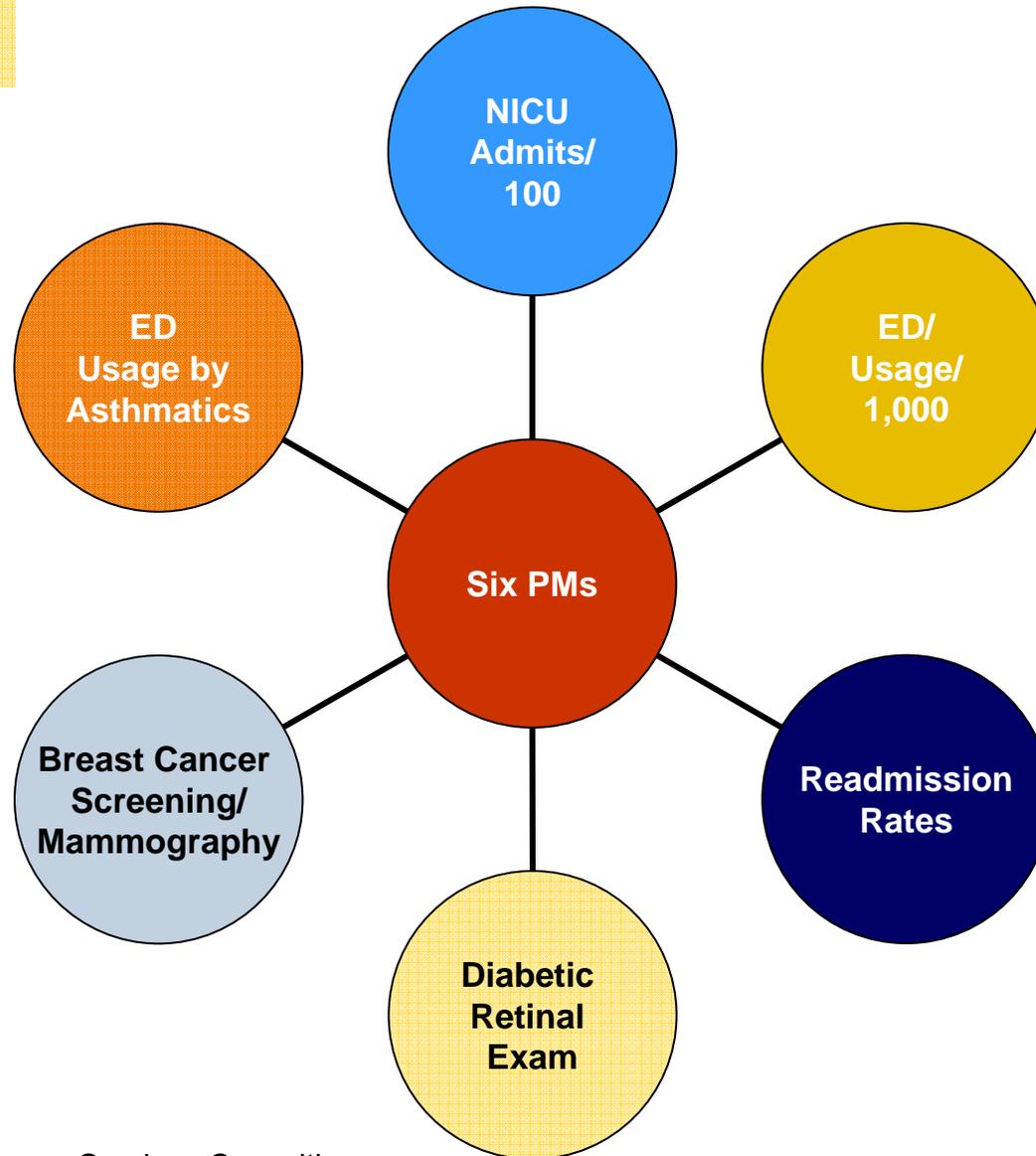


Calculation of Performance Measures

- Six PMs selected by DSS for all MCOs
- Calculated by EQRO from encounter data
- Assessment of encounter accuracy and completeness

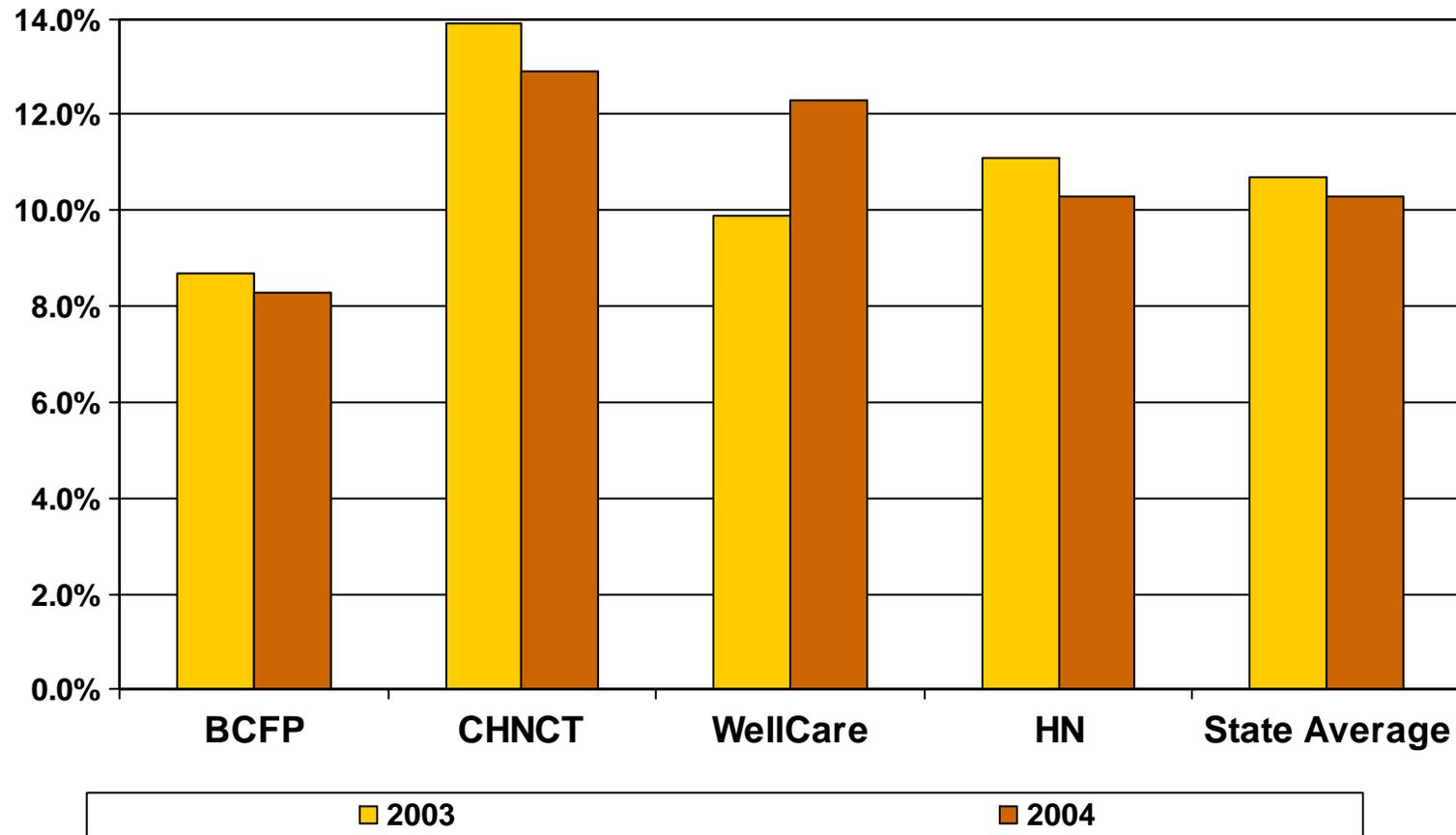


Performance Measures Selected



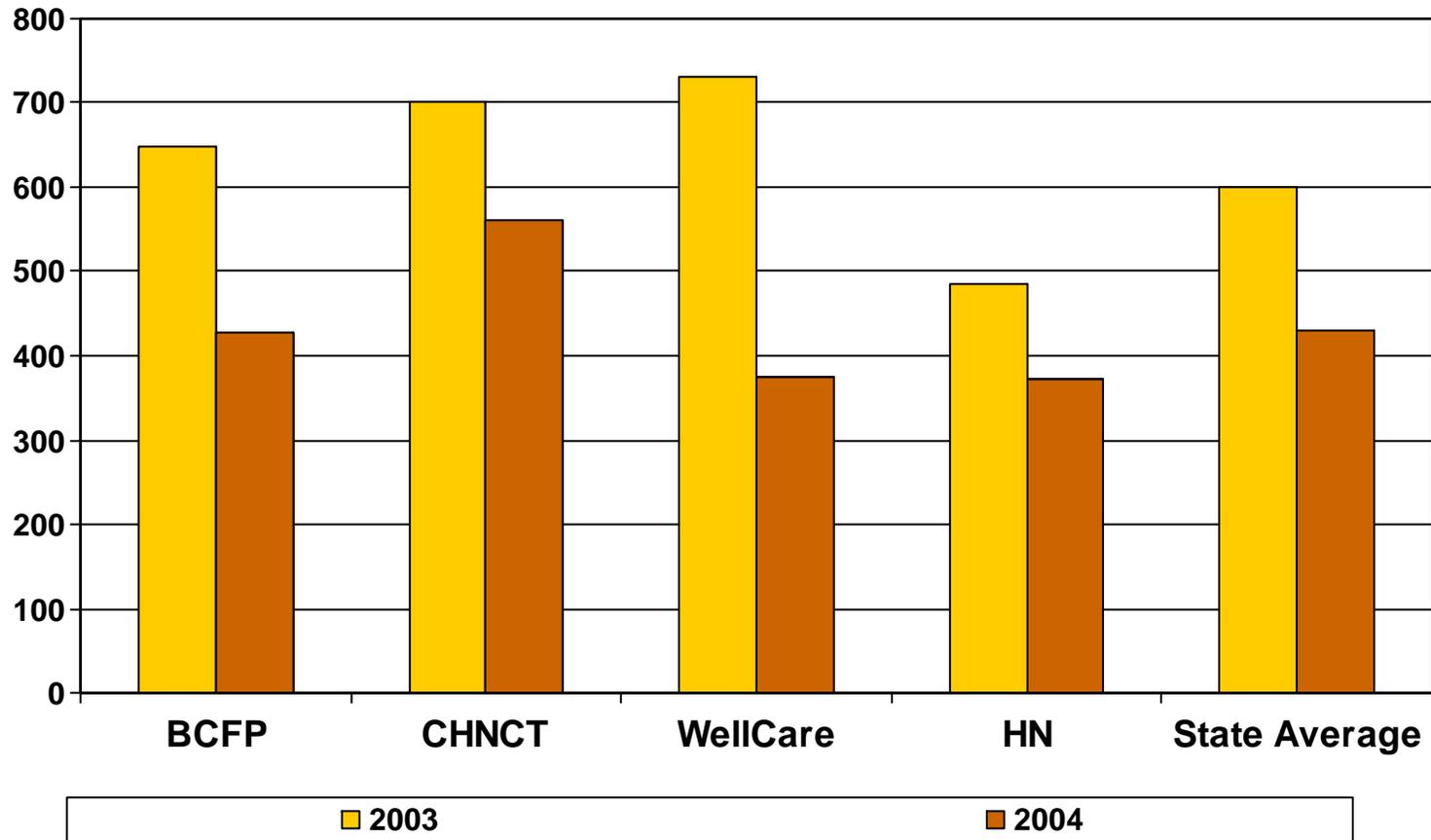


Performance Measure Calculations Neonatal Intensive Care Unit Admits/100 Births





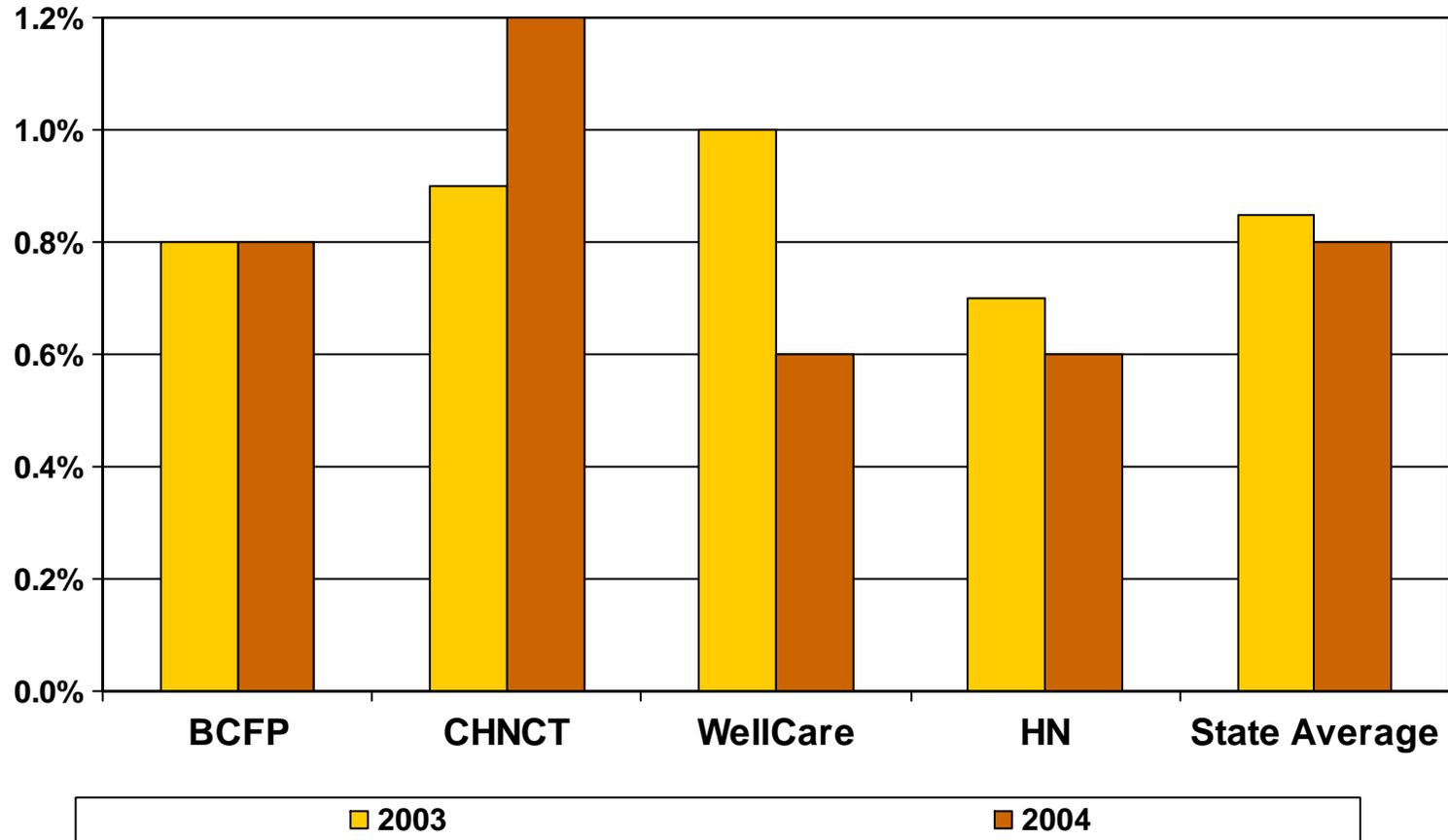
Performance Measure Calculations Emergency Department Usage/1,000 Members





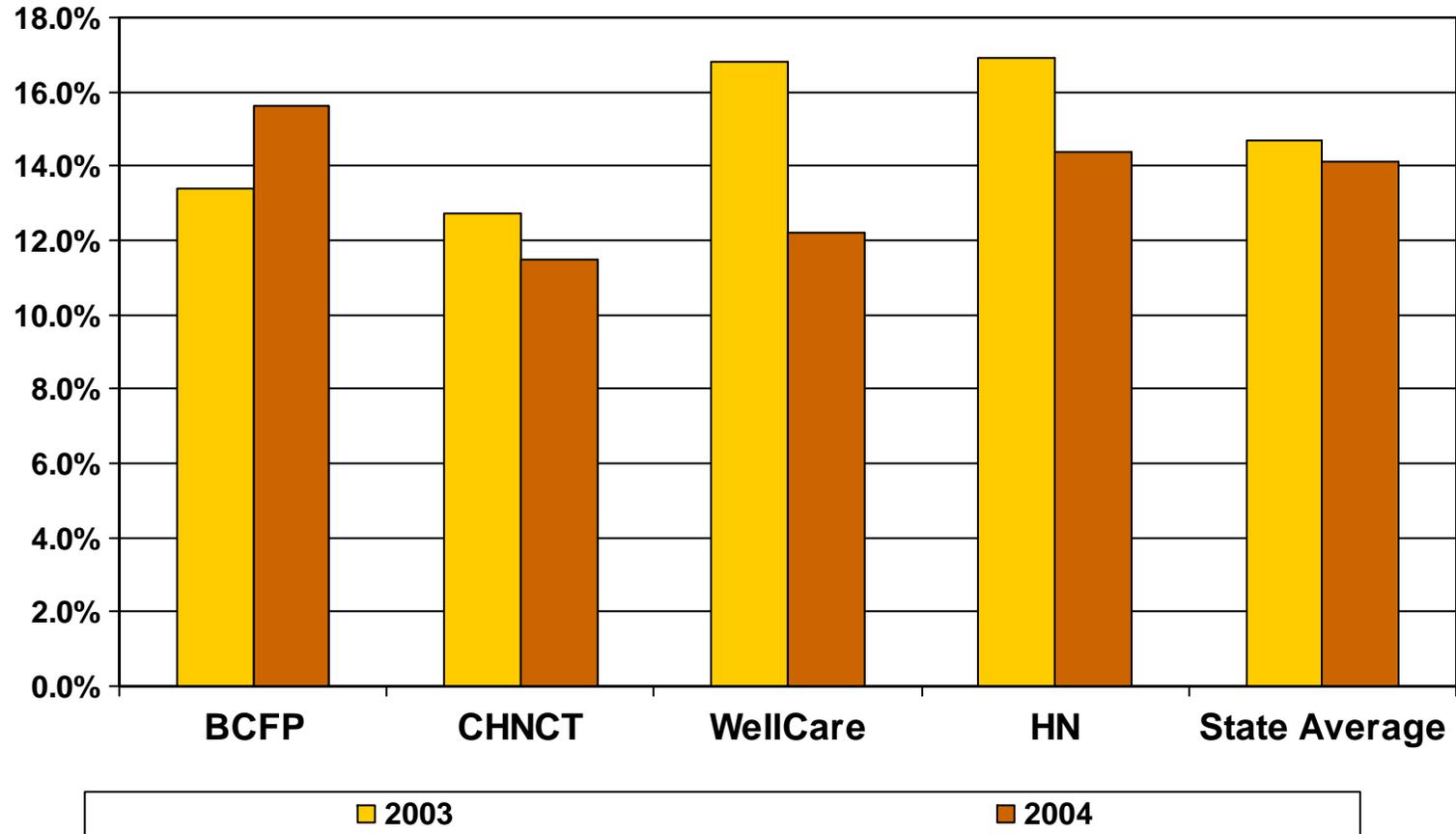
Performance Measure Calculations

Readmission Rates



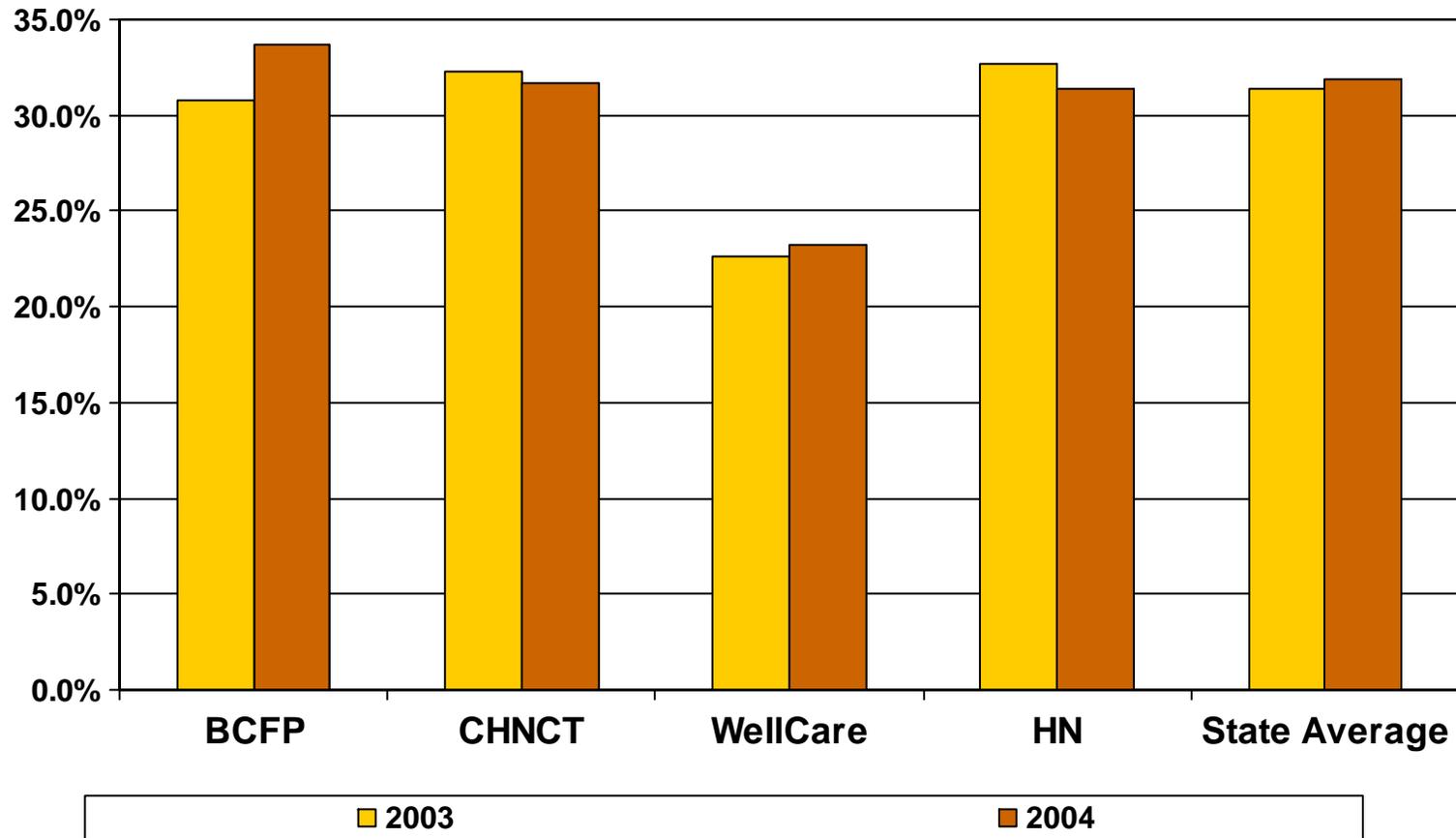


Performance Measure Calculations Diabetic Retinal Exam





Performance Measure Calculations Breast Cancer Screening/Mammography*

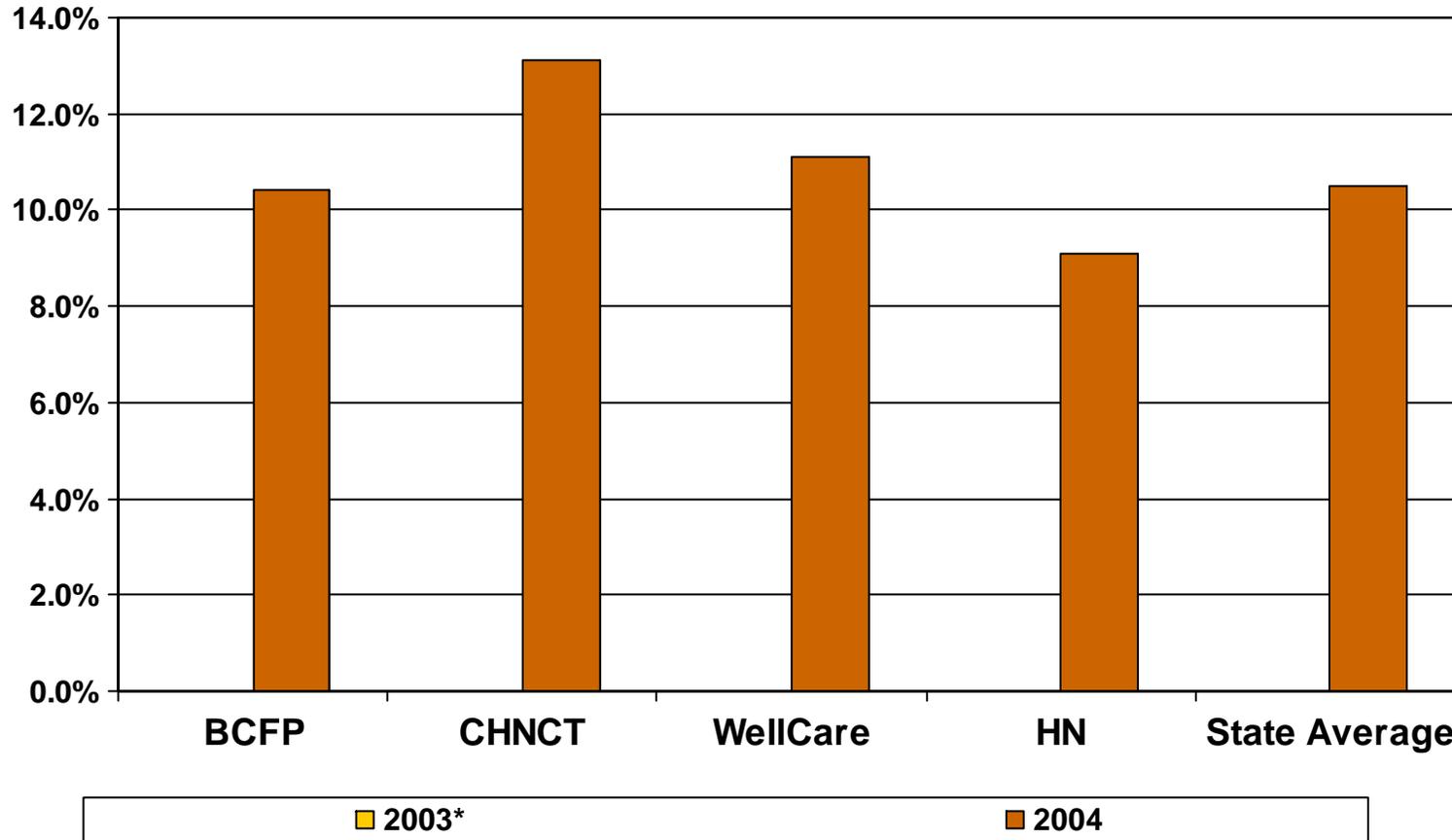


* Women ages 41 – 69.



Performance Measure Calculations

Percent of Asthmatics Using Emergency Department for Asthma Symptoms



* Not applicable.



Themes

- MCOs have strong processes to elicit member feedback.
- Member feedback is incorporated into processes to improve quality.
- MCOs should improve processes to monitor timeliness of provider appointment availability.
- MCOs should evaluate the accuracy and completeness of their administrative data for quality improvement purposes.



Recommendations

BCFP	<ul style="list-style-type: none">■ Develop and implement recruitment process related to increasing the dental network; work in partnership with DSS and the BCHP dental vendor to identify opportunities to improve access and screening rates.
CHNCT	<ul style="list-style-type: none">■ Monitor the Case Managers performance and provide them feedback to improve the consistency of the delivery of case management and the quality of the documentation.
WellCare	<ul style="list-style-type: none">■ The notices of action to inform members about denials, suspensions, terminations, or reductions of services should contain language geared toward the lay person.
HN	<ul style="list-style-type: none">■ The network development plan should incorporate all elements required by contract and include the results of the analysis of the member satisfaction survey.



Next Steps

- CAPs received from MCOs and implementation begun
- Third year of cycle has begun
 - Desk Review, June 2006
- 2007 new cycle begins