

Sustaining Excellence—Making Progress

**Delmarva Foundation
External Quality Review Organization
for the State of WV**

April 21, 2015



Delmarva Foundation

A subsidiary of Quality Health Strategies

Quality Health Strategies Corporate Organizational Structure

QHS

*—Shared Services Support
for its Subsidiaries
Delmarva Foundation
—Established in 1973
Over 400 highly skilled
professionals*



Delmarva Foundation



Delmarva Foundation Background and Experience

- Established in 1973
- Over 25 years of experience in evaluating state Medicaid managed care programs
- Experience in evaluation, measurement, and targeted quality improvement in all major health care settings
- Over 17 years of experience in quality management for HCBS waiver programs serving people with intellectual and developmental disabilities
- Working with the State of WV since 1998



Delmarva's Direct Experience as an EQRO

Recognized External Quality Review Contractor since 1997

Diversity and Comparability of Experience

- Rural and Urban Populations
- Types of Managed Care Programs including:
 - MCOs
 - Primary Care Case Management Programs
 - Program of All-Inclusive Care for the Elderly (PACE)—Long-Term Support and Services
 - Special Needs Plans (SNP) e.g. HIV Health plans Dual Eligible Managed Care Organizations
 - Children's Health Insurance Programs—CHIP

EQRO experience in 9 states

Developed and validated customized measure specifications

Developed systems to improve process efficiency and real time reporting



Overview of Major Services to BMS

- Three mandatory activities according to EQRO Regulations.
 - **Conduct an Annual Operational Compliance Review** – using the EQR regulations and BMS/MCO Contractual Requirements. Areas evaluated include Enrollee Rights, Grievance Systems, Quality Improvement, and Fraud, Waste, and Abuse.
 - **Validate Performance Improvement Projects** - Two mandatory (Diabetes and Asthma) plus one MCO selected project.
 - **Validate Performance Measures** - HEDIS, CMS Adult and Child Core Measures.





HEALTH CARE AND HUMAN SERVICES POLICY, RESEARCH, AND CONSULTING - WITH REAL-WORLD PERSPECTIVE.

Driving Improvement in the Mountain Health Trust Program

Strategy for improving quality and accountability

Lewin Overview

- Premier national health and human services consulting firm
- Based in Falls Church, VA with a local presence in Charleston
- End-to-End Managed Care Administration support for DHHR/BMS
 - Fiscal and Actuarial
 - MCO rate setting and cost savings analysis
 - UPL solution
 - Encounter data mining
 - Regulatory (CMS Liaison)
 - Waiver amendments
 - Network adequacy standards and reviews
 - Contract development and annual update
 - Operations/Monitoring/Policy
 - Regular and ad-hoc reporting to ensure contractual compliance
 - Development of new policies (e.g. quality withhold, MLR solutions)
 - Population and benefit expansion implementations

HEDIS Overview

- **HEDIS** = Healthcare Effectiveness Data and Information Set
 - A tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service
 - Consists of 81 measures across 5 domains of care
 - The National Committee for Quality Assurance (NCQA) is the steward
 - Health plans are required to submit to an annual audit of HEDIS data by an independent organization licensed by NCQA
 - Audited HEDIS data is published in the NCQA Quality Compass and is one of the variables used to form the NCQA health plan rankings
 - Measured on a calendar year with results available in the summer of the next year

BMS MCO Quality Withhold

- For SFY15, DHHR placed each MCO at risk for five percent (5%) of the capitation payment by withholding that amount from the monthly capitation paid to the MCO
 - The goal is to incentivize MCOs to improve quality relative to national benchmarks for the populations they serve
- MCO's may “earn back” the withheld capitation by meeting or exceeding the targeted benchmark for five (5) selected HEDIS performance measures.
 - Must exceed the benchmarks by five percentage points to earn back the full amount
- Three (3) additional measures will be added for SFY16 to reflect new populations and services being rolled into managed care

Withhold HEDIS Measures - SFY15

Performance Measures	Targeted Benchmark
1. <u>Well-Child Visits</u> in the 3rd, 4th, 5th, and 6th Years of Life	National Medicaid Average from 2014 NCQA Quality Compass
2. <u>Adolescent Well-Care Visits</u>	National Medicaid Average from 2014 NCQA Quality Compass
3. <u>Immunizations</u> for Adolescents - Combination 1	National Medicaid Average from 2014 NCQA Quality Compass
4. <u>Medication Management for People With Asthma (75% Compliance)</u> - Ages 5 to 64	National Medicaid Average from 2014 NCQA Quality Compass
5. Prenatal and Postpartum Care - <u>Postpartum Care</u>	National Medicaid Average from 2014 NCQA Quality Compass

Withhold HEDIS Measures - Added for SFY16

Performance Measures	Targeted Benchmark
6. Annual <u>Monitoring for Patients on Persistent Medications</u> - Total	National Medicaid Average from 2015 NCQA Quality Compass
7. <u>Adult BMI Assessment</u>	National Medicaid Average from 2015 NCQA Quality Compass
8. Medical Assistance With Smoking and Tobacco Use Cessation (MSC) - <u>Advising Smokers to Quit</u>	National Medicaid Average from 2015 NCQA Quality Compass

Summary of Performance Improvement Projects (PIPs) in Place

- Mandatory Diabetes
- Mandatory Asthma
- Adolescent Well Care (CoventryCares)
- Childhood Immunization Status (UniCare)
- Member Establishment with PCP of Record (The Health Plan)



Asthma Performance Improvement Project (PIP) Highlights

- **Rationale:** According to the Centers for Disease Control and Prevention, in 2008 asthma prevalence among children was 11.5% in West Virginia, compared to 9% nationwide.
- **Baseline Data Year - 2013.**
- **Mandatory Project Indicator:**, *Annual Percentage of Asthma Patients with one or More Asthma-Related Emergency Department Visits (ages 2-20).*
 - **CoventryCares** – Pediatric ED Use, Use of Appropriate Medications for People with Asthma
 - **The Health Plan** – Pediatric ED Use, Asthma Medication Ratio
 - **UniCare-** Pediatric ED Use, Use of Appropriate Medications for Asthma, Medication Management for People with Asthma



Significant Barriers Identified by MCOs

- Members choose to seek care in ED for asthma “flare up” instead of ongoing care with primary care physician.
- Lack of transportation.
- Lack of an established relationship with a PCP or “medical home”.
- Member may not want to wait for available appointment with PCP and feel that it is quicker/more convenient to seek care in the ER.
- Engaging members with asthma is difficult. Members are difficult to contact and often stop taking their medication when they feel better.
- Providers are often not maintaining their rosters and may not be aware of asthmatic patients.
- Engaging members with asthma is difficult. Members are difficult to contact and often stop taking their medication when they feel better.



Notable Interventions

- **Collaborative letter to providers** – Letter signed by medical directors of all three Medicaid MCOs will be sent to all providers in Medicaid network. Letter outlines importance of following evidence-based guidelines and using available data to identify patients with gaps in care and provided resources for providers to obtain additional information and assistance.
- **Provider Gaps in Care Reports** - Reports showing data from all billing sources (Primary Care Providers (PCPs) and specialists) are generated at a practice and provider and member level detail of gaps in care such as missing screenings are reported. These reports are distributed to primary care providers.
- **Member Outreach** - Live outreach phone calls based on gaps in care to assist in identifying obstacles in the member's life preventing them from getting the needed service.
- **One-on-one Personalized Contact with Members**- who are identified as asthmatic. Members identified are placed in an outbound call queue on a weekly basis. Phone calls are placed to members by an outbound specialist who completes an initial assessment of the member's health and asthma control and engages them in our Asthma Wellness program.



Questions and Answers

