



# External Quality Review of Medicaid Managed Care: Building Partnerships for Meaningful Improvement

*Center for Medicaid  
and CHIP Services*

*Division of Quality,  
Evaluation & Health  
Outcomes*

*February 20, 2013*





# Welcome

*Moderator: Michelle Opheim*

*Technical Director*

*Centers for Medicare & Medicaid Services, Region VII*

# Webinar Objectives

- Identify methods for aligning the state quality strategy and External Quality Review (EQR) technical reports
- Describe key changes to the 2012 EQR protocols and how the changes will help states and External Quality Review Organizations (EQROs) in producing more meaningful EQR technical reports
- Describe the importance of validating encounter data
- Identify successful methods of collaboration between states and EQROs
- Obtain EQRO feedback on types of CMS technical assistance for state partners such as EQROs



# Opening Remarks

*Stephen Cha, MD, MHS*

*Chief Medical Officer*

*Center for Medicaid & CHIP Services, CMS*

# The Center for Medicaid and CHIP Services

- The Center for Medicaid and CHIP Services (CMCS) is working to propel positive change forward
- Shared goal is comprehensive, integrated patient-centered care and financing that supports better care, improved health, reduced costs
- Developing new paradigms of accountability: focus on quality, not transactions
- Series of communications to better encourage and support our partners by clarifying policy

# Alignment of Quality Improvement Efforts

- Alignment is more than quality measurement
- Need to align our quality improvement efforts across CMCS, CMS (including QIOs), and private sector
- Ex: CMS' oral health and maternal and infant initiatives, Partnership for Patients, Health Care Acquired Conditions

# Quality tools of managed care

- We have regulatory requirements (EQROs, annual external quality reviews, etc.)
- Can be much more than compliance—these tools can be the tip of our spear on achieving three part aim
- What do we all need to do to make these more effective tools of quality improvement?



# The EQR Process & the Quality Strategy

*Kristin Younger*  
*Technical Director*  
*DQEHO*

# External Quality Review

- The annual EQR process consists of:
  - 3 mandatory activities
  - 5 optional activities
- Annual technical report
  - Data from all activities conducted, aggregated and analyzed
  - Conclusions drawn for quality, timeliness, and access to the care furnished by the MCO or PIHP
  - Data abstracted for annual Department of Health and Human Services (DHHS) Secretary's report on Medicaid & CHIP quality of care

# The EQR Process as a Feedback Loop

- EQR seeks to assess and improve the quality of managed care offered by managed care entities
- To increase value of the EQR to states, EQROs should :
  - Understand what goals and objectives the state has laid out in the quality strategy;
  - Use the EQR process as an opportunity to assist states in evaluating the effectiveness of the state quality strategy; and
  - Include a summary on the performance of managed care entities in terms of quality, access, and timeliness in the EQR technical report.

# Technical Assistance

- A series of technical assistance documents are available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>
- The updated “EQR Toolkit for States” can assist both States and EQROs in finalizing the annual EQR technical report
  - Regulatory requirements
  - CMS suggested elements
  - CMS Protocols



# 2012 EQR Protocol Update

*Barbara Dailey*  
*Deputy Director*  
*DQEHO*

# Revised CMS External Quality Review Protocols

- State and stakeholder input
- OMB approval of revised protocols
- Streamlined for easier use
- Incorporates opportunities under CHIPRA, HITECH and the Affordable Care Act

# Revised CMS

## External Quality Review Protocols

- Significant changes:
  - Recommended alignment with CMS core quality measures and national initiatives
  - Recommended reporting of trends and outcomes of performance
  - Noted the inclusion of EQR technical report results in the annual secretary's reports on quality of care
  - Expanded focus on information system reviews (e.g., EHRs)
  - Reduced duplication for accredited plans
  - Considerations for CHIP

# Revised CMS

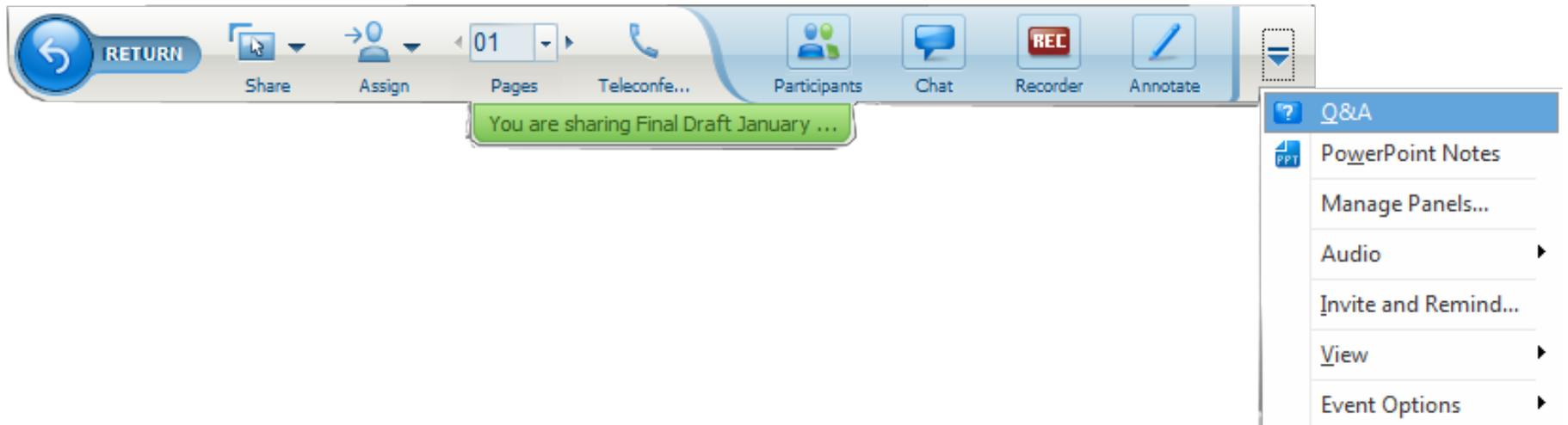
## External Quality Review Protocols

### Transitioning to Improved EQR Technical Reporting:

- Reporting meaningful state performance information
- Demonstrating value of successful intervention strategies on health
- Sharing lessons learned as we transform health care delivery
- Developing greater expertise in EQROs to improve the value of contracting dollars

# Question and Answer

To submit a question please click the question mark icon located in the toolbar at the top of your screen.





# Encounter Data Validation

*TJ Shumard*

*Managed Long-Term Services & Supports Lead*

*DQEHO*

# Validation of Encounter Data

- Definition: Records of health care services for which MCOs pay. Similar to paid claims under a Fee-for-service plan.
- Why is validation important?
  - States and CMS need accurate and complete encounter data to monitor and improve quality of managed care services
  - States are required to submit both FFS and encounter data to the Medicaid Statistical Information System (MSIS) to reflect Medicaid utilization paid for by federal funds
  - Most states use encounter data for setting capitation rates, yet the quality of that information is not well known
  - EQROs are an underused resource for validating encounter data, which qualifies states for a 75% federal match

# CMS Protocol 4 - Validation Of Encounter Data Reported By The MCO

- CMS Protocol 4 identifies five sequential activities.
- For examples of reports including encounter data validation, see:
  - FY 2010 Encounter Data Validation Study Final Report for Georgia Families Care Management Organizations, available at:  
[http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit\\_1210/4/4/167280874GA\\_2009-10\\_EDV\\_FinalRpt\\_F1.pdf](http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/4/4/167280874GA_2009-10_EDV_FinalRpt_F1.pdf)
  - Cross Validation of Physical Health Encounter Data (New Mexico), available at:  
[http://www.hsd.state.nm.us/mad/pdf\\_files/salud/Cross\\_Validation\\_PH\\_Encounter\\_Data\\_FINAL.pdf](http://www.hsd.state.nm.us/mad/pdf_files/salud/Cross_Validation_PH_Encounter_Data_FINAL.pdf)

# Recommendations

- Have continuing and consistent agency leadership support and resources for encounter data collection and use
- Provide detailed specifications and ongoing technical assistance to MCOs
- Carefully review and validate the encounter data submitted by MCOs
- Compare the encounter data from each MCO to external benchmarks, such as MCO financial reports, FFS, and other MCOs
- Work collaboratively with the MCOs over time to improve the completeness and reliability of the encounter data



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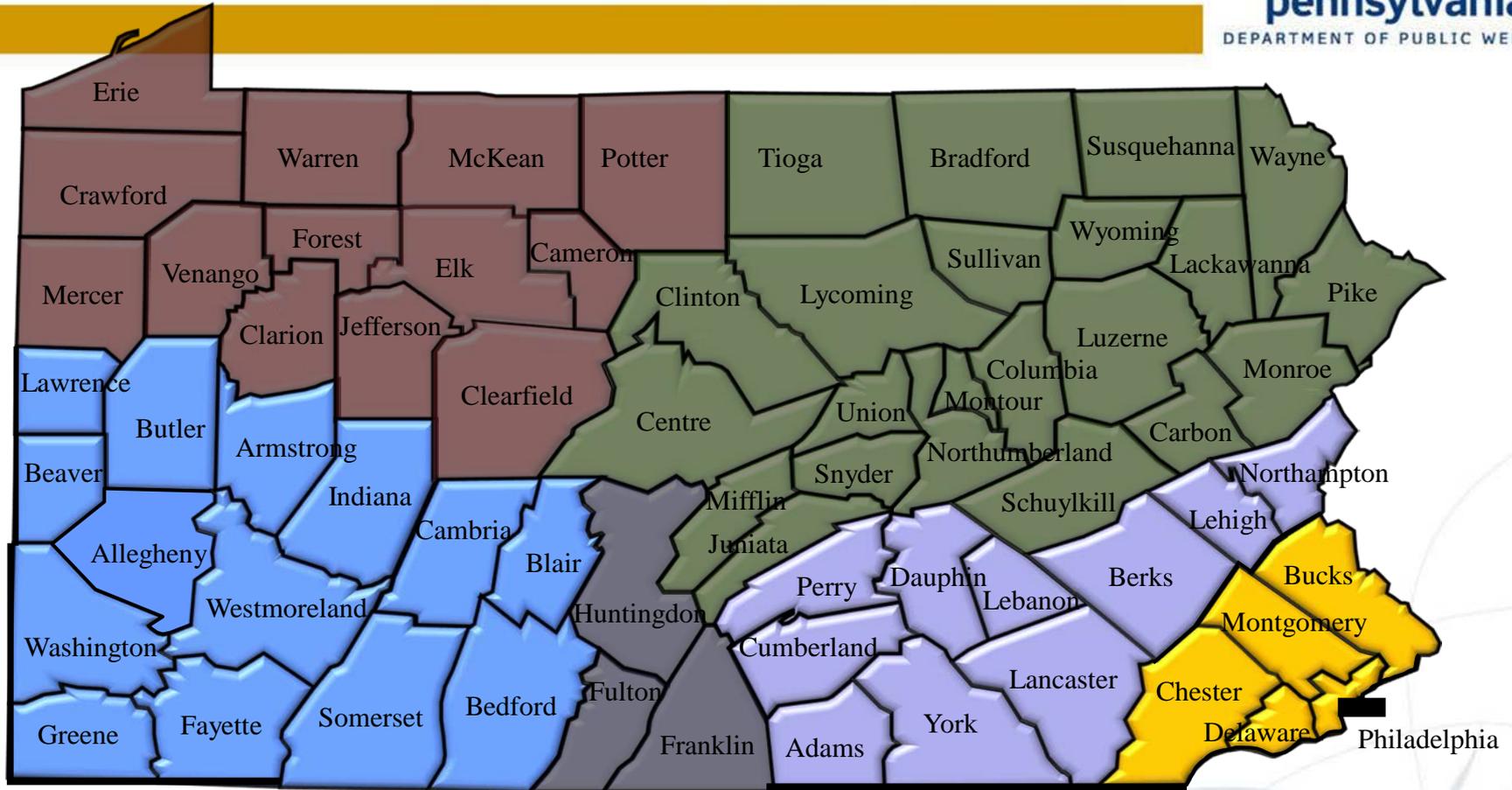
# Working Effectively With Your EQRO

Pennsylvania Department of  
Public Welfare

# PA Structure - Pennsylvania HealthChoices Map



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-  = HealthChoices Southeast  
*Aetna, Coventry, Health Partners, Keystone Mercy, United*
-  = HealthChoices Southwest  
*Coventry, Gateway, United, UPMC*
-  = HealthChoices New West  
*AmeriHealth, Coventry, Gateway, UPMC*

-  = HealthChoices Lehigh/Capital  
*Aetna, AmeriHealth, Gateway, United, UPMC*
-  = HealthChoices New East  
*AmeriHealth, Coventry, Geisinger*

# PA Structure—Behavioral and Physical Health MCOs



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- **5 BH MCOs**
  - Multiple counties can contract with one BH MCO
- **8 PH MCOs**
  - Some are in all regions
  - Some limited to one region
- **Challenges:**
  - PH MCO can have members across BH MCOs
  - BH MCO can have members across PH MCOs
  - Transfer of data between MCOs cannot occur without contracts between the MCOs
  - Neither the BH nor the PH MCO has access to the full clinical data across both domains

- **PA DPW and IPRO have worked together for over 12 years**
- **PA DPW engages in multiple voluntary activities with the EQRO including**
  - Encounter Data Validation
  - Focused Studies
  - Additional Performance Measures
  - Technical Assistance



- **PA DPW actively engaged with all aspects of the contract activities**
- **Independence of IPRO's work central to the relationship**
  - Example: HEDIS Audits
  - PA DPW attends onsite audits as an observer but does not actively participate in the audit process or influence IPROs findings
- **PA DPW's active engagement has created constructive relationship with the MCOs**



- **IPRO has developed a comprehensive data warehouse containing claims and eligibility data for 10 years**
- **Warehouse critical to several projects**
- **Examples:**
  - Joint BH/PH Focus Study
  - Performance Measure Validation

# Joint Behavioral/Physical Health Readmission Focus Study



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## Purpose:

- Identify beneficiaries most at risk for readmission using PH and BH diagnostic data
- Develop a Readmissions Performance Improvement Project for MCOs to implement based on results of the study

## Challenges:

- Structure creates data sharing challenges across BH and PH MCOs
- PH and BH Comorbidities
- IPRO access to both BH and PH encounter data allows for an in-depth analysis of PH and BH comorbidities for beneficiaries with Acute IP stays

# Joint Behavioral/Physical Health Readmission Focus Study



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## PA DPW/IPRO approach:

- Evaluate the overall population to ensure that PIP will address populations most at risk
- Develop meaningful metrics based on the results of the study
- Reduce burden on MCOs during the analysis and development stage of the PIP



- **Since 1999, over 25 PA-specific performance measures**
- **Some preceded related HEDIS® measures and were retired once adopted by NCQA**
- **Address specific areas of concerns in PA**
- **Target specialized issues and/or enhance information collected through other measures**

- **Previous PA DPW Performance Measures**

- Prenatal Services To Expectant Adolescent Mothers
- Iron Deficiency: Rate and Treatment in Children and Adolescent Women, Anemia Screening in Infants
- Early Childhood Blood Lead Screening
- EPSDT: Annual Comprehensive Screening Examinations, Ongoing Comprehensive Screening Exams in Infants and Toddlers – Screening Ratio, Follow-Up Home Visits for Infants, Hearing Assessments, Vision Screening and Eyeglasses

- **Current PA DPW Performance Measures**

- Annual Dental Visits for Members with Developmental Disabilities
  - Prenatal Screening for Smoking
  - Annual Number of Asthma Patients (Age 2-20) with 1 or more Asthma Related Emergency room visit
  - EPSDT: Developmental Screening\*, Hearing Test and Vision Screening
- \* EPSDT Developmental Screening replaced by CHIPRA measure in 2012*

# Performance Measure Development and Implementation



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- **I PRO works with PA DPW and MCOs to develop and implement PA specific measures and non-HEDIS CHIPRA Measures**
- **I PRO conducts literature review and develops initial specifications**
- **PA DPW review and discuss specifications with I PRO**

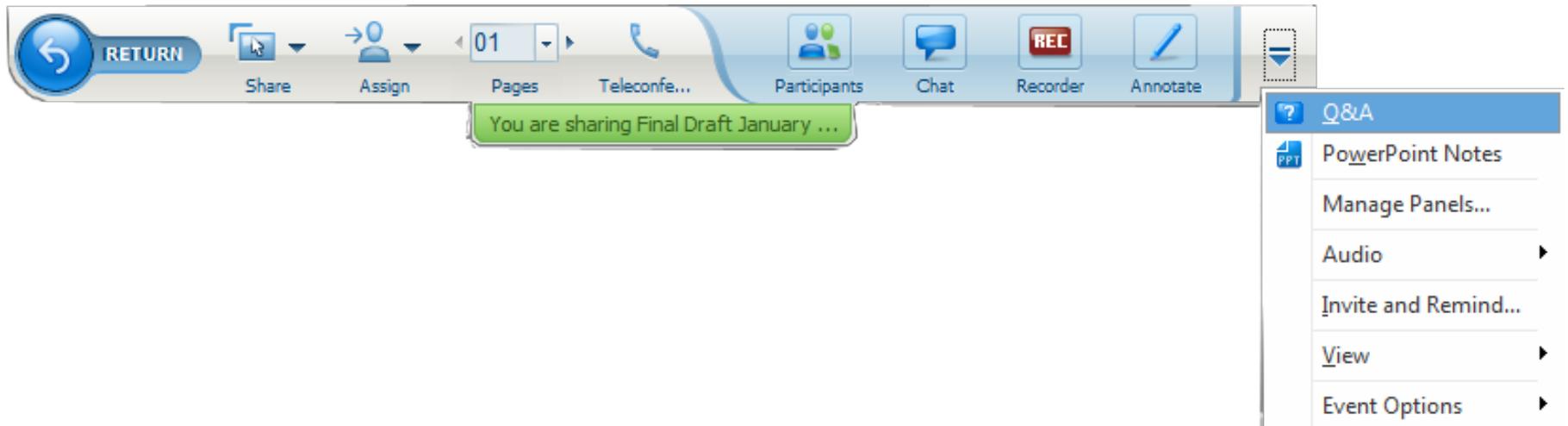


## Working with the MCOs

- **PA DPW considers resource issues**
  - Complexity of measures
  - Ease with which data can be gathered
- **Feedback solicited from MCOs during the development and implementation phases**
  - Example: CHIPRA Low Birth Weight Measure
  - MCOs provided input on availability of data from multiple sources at their MCOs
  - Data sources identified for effective implementation included Obstetric Needs Assessment Form (ONAF)
  - PA DPW modified the ONAF form to facilitate data collection without increasing burden on MCOs

# Question and Answer

To submit a question please click the question mark icon located in the toolbar at the top of your screen.





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# Online Resources

- CMS Core Set of Child and Adult Performance Measures, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-- -Performance-Measurement.html>
- Collecting, Using, and Reporting Medicaid Encounter Data: A Primer for States, available at: [http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/downloads/MAX\\_PDQ\\_Task\\_X\\_EncounterDataPrimerforStates.pdf](http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/downloads/MAX_PDQ_Task_X_EncounterDataPrimerforStates.pdf)
- Annual Report on the Quality of Care for Children in Medicaid and CHIP, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care.html>
- National Strategy for Quality Improvement in Health Care, available at: <http://www.healthcare.gov/law/resources/reports/quality03212011a.html>

# CMS Guidance

- **EQR Technical Report Toolkit**, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>
- **State Quality Strategy Toolkit**, available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/State-Quality-Strategies.html>
- **CMS External Quality Review Protocols** (Revised 2012), available at: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>

Thank You

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