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 (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


• 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
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:
  – 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
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
Working Effectively With Your EQRO

Pennsylvania Department of Public Welfare
• **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
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
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*
• IPRO works with PA DPW and MCOs to develop and implement PA specific measures and non-HEDIS CHIPRA Measures
• IPRO conducts literature review and develops initial specifications
• PA DPW review and discuss specifications with IPRO
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

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Online Resources


CMS Guidance


Thank You

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