

Transitioning from Paper Compliance to Program and Performance Improvement

CMS National Medicaid and CHIP Quality Conference
June 14-15, 2012

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Overview

- Describe the Georgia Families Program
- Define the CFR Requirements and the Georgia Families Quality Strategy
- Identify the External Quality Review Organization (EQRO) Validation Activities
- Describe Evolving State/EQRO Relationships and Needs
- Illustrate the Results of the Performance Improvement Project (PIP) Validation Revision Process
- Forecast the Compliance Monitoring Revision Process
- Determine True Quality Improvements

Georgia Families

- Partnership between the Department of Community Health and private care management organizations (CMOs).
- Three full-risk capitated CMOs deliver health care services to members of Medicaid and PeachCare for Kids[®] (CHIP)
- Over 1 million members enrolled
- Services delivered via plans include: physical health, behavioral health, dental, vision, pharmacy. Transportation provided by a separate vendor

Quality Strategy and the CFR – Subpart D

- Quality Assessment and Performance Improvement
 - Requires states with Medicaid Managed Care plans to develop a quality assessment and performance improvement (QAPI) strategy to assess and improve the quality of managed care services. Strategy to include:
 - Procedures that:
 - Assess quality and appropriateness of care
 - Identify race, ethnicity, primary language
 - Regularly monitor and evaluate compliance w/standards
 - Also include:
 - National performance measures developed by CMS
 - Specific **standards**
 - Provisions for an annual, external, independent quality review of quality outcomes, timeliness to and access to services

Standards

- Access to care
- Coordination and Continuity of Care
- Coverage and Authorization of Services
- Structure and Operations including provider selection and enrollee information
- Measurement and Improvement

EQRO and the CFR – Subpart E

- External Quality Review (EQR)
 - Requires annual, external independent reviews of the quality outcomes, timeliness of and access to the services covered under each managed care organization
 - Annual Technical Report to CMS
- Mandatory EQRO Activities
 - Validation of Performance Improvement Projects
 - Validation of Performance Measure Data
 - Compliance with Federal and State Standards

Health Services Advisory Group (HSAG) and Georgia Families

- HSAG utilized CMS protocols as their framework for conducting validation activities for the PIPs, Performance Measures and Compliance Audits.
- CMS protocols assure paper compliance for Mandatory Activities
- Paper compliance \neq documented improvements in health outcomes
 - For PIP validation, HSAG modified the scoring methodology for Activities VIII - X.
 - Managed care plans must now demonstrate documented improvement sustained over time.

PIP Validation Scoring Revisions

Additional “critical” elements were included in the validation process and scoring:

- Activity VIII – Data Analysis and Interpretation of Results (requires accurate, clear, understandable presentation of data)
- Activity IX – Assessing for Real Improvement (requires that statistically significant change over baseline occurs)
- Activity X – Assessing for Sustained Improvement (requires Activity IX to be MET, then at least one subsequent measurement period must demonstrate sustained improvement)

Transition to New Scoring Methodology

- Held discussions with GA DCH to collaborate regarding options and approaches
- Provided technical assistance and prepared a PIP document for the CMOs prior to the effective date of the change
- Provided a transition year validation process with results and reporting using BOTH scoring methodologies
- Focused technical assistance on root-cause and barrier analysis during the Annual CMO Conference

Georgia's Experience with CMS PIP Protocols

PIP Topic	% Evaluation Elements <i>Met</i>		% Critical Elements <i>Met</i>		Validation Status	
	Current Tool	New Tool	Current Tool	New Tool	Current Tool	New Tool
Adults' Access to Care	100%	100%	100%	100%	Met	Met
Annual Dental Visits	89%	89%	80%	82%	Partially Met	Partially Met
Childhood Immunizations	92%	94%	100%	93%	Met	Not Met
Childhood Obesity	84%	84%	85%	79%	Partially Met	Not Met
Emergency Room Utilization	95%	95%	100%	100%	Met	Met
Lead Screening in Children	98%	100%	100%	100%	Met	Met
Member Satisfaction	90%	91%	100%	93%	Met	Not Met
Provider Satisfaction	89%	89%	100%	93%	Met	Partially Met
Well-Child Visits	98%	96%	100%	93%	Met	Not Met

HSAG and Georgia Families

- Original compliance review score for one plan showed 100% compliance for care coordination, however...
- CMO-submitted case management reports suggested significant room for improvement in their case management program.
- HSAG will review additional relevant documentation submitted to the state by the managed care plans when conducting compliance reviews.

Georgia's Experience with CMS Compliance Protocols

Standard #	Standard Name	# of Elements*	# of Applicable Elements**	# Met	# Partially Met	# Not Met	# Not Applicable	Total Compliance Score***
I	Availability of Services	17	17	17	0	0	0	100%
II	Furnishing of Services	22	22	12	8	2	0	73%
III	Cultural Competence	14	14	14	0	0	0	100%
IV	Coordination and Continuity of Care	13	13	13	0	0	0	100%
V	Coverage and Authorization of Services	25	25	24	1	0	0	98%
VI	Emergency and Post Stabilization Services	20	20	19	1	0	0	98%
	Totals	111	111	99	10	2	0	94%
	***Total Compliance Score Across the Six Standards							94%

*Total # of Elements: The total number of elements in each standard.

** Total # of Applicable Elements: The total number of elements within each standard minus any elements that received a designation of NA.

*** Total Compliance Score: Elements that were Met were given full value (1 point) and elements that were Partially Met were given half value (0.5 points). The point values were then totaled, and the sum was divided by the number of applicable elements to derive a percentage score.

CMO-Submitted Case Management (CM) Report

2011 CM - General Program Activity	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Total Number Referred to CM	N/A	N/A	106	94	200
Total Number Newly Admitted Cases	N/A	N/A	99	86	185
Total Number of Opened Cases	N/A	N/A	552	634	1,186
Total Number Refused/Declined Participation	N/A	N/A	0	0	0
Total Number Met Goal	N/A	N/A	46	55	101
Total Number Lost Eligibility	N/A	N/A	96	110	206
Total Number Unable to Reach/Contact	N/A	N/A	40	57	97
Total Number Referred to Disease Management	N/A	N/A	4	0	4
2011 CM - General Utilization	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD
Emergency Room (ER) Visits/1000 member months			532.1	367.0	465.7
Inpatient Visits /1000 member months			124.1	94.5	112.2
PCP/1000			840.1	537.5	718.5
Specialists/1000			3,148.9	1,906.6	2,649.5

This CMO reported an overall ER use rate of 58.09 visits/1000 member months.

Compliance Monitoring – Focused Approach

- Held discussions with GA Department of Community Health to collaborate on potential approaches
- Prepared a document for DCH review and comment that included a care coordination assessment tool which builds on the “known” STRUCTURE of the CMOs’ care coordination and case/disease management programs and aims to assess their PROCESS and OUTCOMES
- Recommended case reviews to assess CMO compliance as well as member-specific outcomes

Paper Compliance + Drill-down of Processes = Measurement of Improved Health Outcomes

- Structure: Policies, procedures, clinical practice guidelines, staffing, systems, network
- Process: Assessing, planning, monitoring, tracking, reporting, transitioning
- Outcomes: Improved member health and satisfaction, decrease in avoidable adverse events and ED use

“Raising the Bar” to “Move the Needle”

Opportunities to:

- Acknowledge and respond to developmental and maturity level differences across states
- Exercise flexibility in State/EQRO approach to EQR activities once structural compliance and program stability have been achieved

QUESTIONS

