

Managed Care – Clinical and Quality Monitoring

Presentation to Board of Community Health
September 13, 2007



DCH Mission

ACCESS



Access
to affordable,
quality health
care in our
communities

RESPONSIBLE



Responsible
health planning
and use of
health care
resources

HEALTHY



Healthy
behaviors and
improved
health
outcomes

DCH Initiatives

FY 2007 and FY 2008

FY 2007

Medicaid Transformation

Integrity of our Programs & Safety Net

Consumerism

Health Improvement & Resolving Disparities

Uninsured: Community Solutions

FY 2008

Medicaid Transformation

Financial Integrity

Health Improvement

Solutions for the Uninsured

Medicaid Program Integrity

Workforce Development

PeachCare for Kids™ Program Stability

SHBP Evolution

Consumer Service and Communication

Health Care Consumerism

Managed Care Goals

- Improve health care status of member population
- Establish contractual accountability for access to and quality of health care
- Lower cost through more effective utilization management
- Budget predictability and administrative simplicity

Health Care Status

- Georgia currently ranks below mean on many national indicators of health outcome (2004 data – not Medicaid specific)
 - Low birth weight 9.3 percent - 44th
 - Infant mortality 8.5/1000 - 44th
 - Pre term births 12.8 percent – 32nd
 - Pre natal care 84 percent - 26th

Health Care Services

Measure	GA FY06 (prior to managed care)	HEDIS 50 th percentile	HEDIS 75 th percentile	HEDIS 95 th percentile
Well child visits	48%	50%	59%	69%
Adult preventive care	79%	79%	84%	87%
Asthma treatment	88%	87%	89%	92%
Diabetes treatment	65%	77%	85%	89%

Quality of Care Measurement

- Many standard clinical measures are based on 12 months of claim or encounter data
 - Based on statewide care management organization (CMO) implementation of October 2006, and claim lag, expect to see initial data on these measures in early 2008
 - Evaluation of other states implementing managed Medicaid indicates:
 - First year generally viewed baseline
 - Improvement is not usually seen for three to five years

Program Design

- CMOs are required to provide services that are currently covered by Medicaid
- No current benefits have been eliminated
- CMOs are expected to manage utilization and to authorize medically necessary care
- CMOs are expected to promote increased access to and utilization of primary and preventive care
- CMOs will develop Case and Disease Management programs to improve the coordination of care for special populations such as asthma, diabetes, kidney disease and pregnancy

Contractual Requirements Utilization Management

- CMOs shall require prior authorization for non-emergent and non-urgent inpatient admissions except for normal newborn deliveries
- CMOs shall not require prior authorization for emergency services, post-stabilization services or urgent care services
- CMOs may determine whether or not to require prior authorization for all other services
- For services that require prior authorization CMOs must make determination with 14 calendar days (24 hours for expedited requests)

Utilization Management

- Prior authorization process includes a review of the medical necessity of care
- Decisions that care is not medically necessary are made by a physician
- CMOs utilize nationally recognized utilization management guidelines such as InterQual

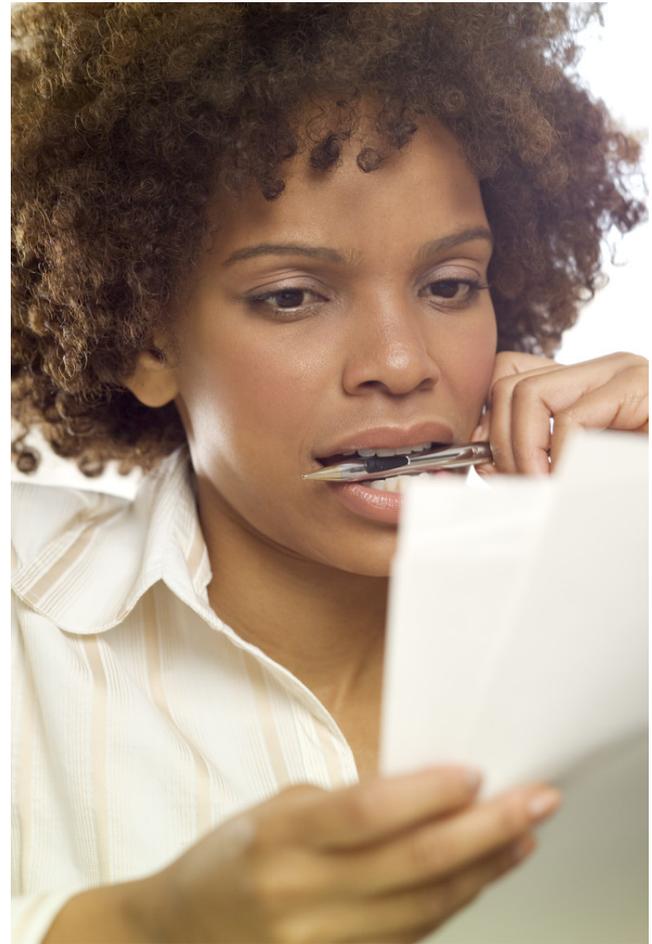


Utilization Management

- CMO determinations must also be consistent with state definition of medical necessity
 - Appropriate and consistent with the diagnosis of the provider and omission could adversely affect health condition
 - Compatible with standards of acceptable medical practice
 - Provide in safe, appropriate and cost-effective environment
 - Not provided solely for convenience
 - Not primarily custodial, unless custodial care is a covered benefit
- For children under 21, must meet Early Periodic Screening, Diagnosis, and Treatment (EPSDT) guidelines to provide Medicaid covered services that are necessary to correct or ameliorate problems discovered during a Health Check screen

Oversight of Utilization Management

- Review of CMO reports on:
 - Prior authorization
 - Utilization trends
- CMO record audits
 - Prior authorization files
 - Denial files
- Member and Provider complaints



Preventable Hospitalizations

- Focus on conditions such as:
 - Asthma
 - Diabetes
 - Low birth weights
 - Re-admissions
- Interventions include:
 - Disease Management programs for asthma and diabetes
 - Perinatal Case Management programs
 - Discharge planning and case management



Contractual Requirements Disease Management

- Disease Management
 - Asthma
 - Diabetes
 - At least two from the following:
 - Perinatal Case Management
 - Obesity
 - Hypertension
 - Sickle cell
 - HIV/AIDS



Contractual Requirements Case Management

Targeted Case Management

- CMOs required to provide Targeted Case Management to:
 - Infants and toddlers with established risk for developmental delay
 - Pregnant women under age 21 and other pregnant women at risk for adverse outcomes
 - Children with positive blood lead test equal to or greater than 10 micrograms per deciliter



Oversight: Case/Disease Management

- On-site review of program
 - Identification of eligible population
 - Use of evidence based practice guidelines
 - Collaborative practice models that include physicians, as well as support service providers
 - Involvement of patient (education, self-management, development of care plan)
 - Process and outcome evaluation
- Record review

Oversight: Case/Disease Management

- Review of Case Management reports
- Evaluation of utilization and quality measures
 - Increase in appropriate screening of diabetic patients
 - Increased use of appropriate medications for asthma patients
 - Decreased Emergency Room (ER) visits for asthma patients
 - Reduction in hospitalization of asthma and diabetic patients
 - Reduced rate of hospital readmission
 - Increased rate of prenatal care
 - Reduction in rate of low birth weight babies
 - Increase in preventive health visits

Emergency Room Utilization

- All three CMOs have programs in place to reduce the non-emergent utilization of emergency rooms (ER) and promote connection to a medical home
- DCH has required that all CMOs conduct a performance improvement project addressing the unnecessary use of ER

Emergency Room Utilization

- Interventions include:
 - Identification of high utilizers for on-going case management
 - Member outreach and case management
 - Identification of barriers
 - Member education
 - Nurse lines
 - Pharmacy lock-in program
 - Network development
 - Work with Primary Care Providers (PCP) that have panels with high utilization
 - Expand access to urgent care

Contractual Requirements

Quality Improvement

- Quality Assessment Performance Improvement Program that monitors clinical care & service
- Attain accreditation by the National Committee for Quality Assurance (NCQA) or the Utilization Review Accreditation Commission (URAC) within three years
- Conduct eight annual performance improvement projects

Contractual Requirements Performance Improvement Projects

Clinical Performance Improvement Projects include:

Required (all of the following):

- Health Check screens
- Immunizations
- Blood level screens
- Detection of chronic kidney disease

Optional – one of the following:

- Coordination/continuity of care
- Chronic care management
- High volume conditions
- High risk conditions

Contractual Requirements Performance Improvement Projects

- Non–Clinical Performance Improvement Projects
 - Required (all of the following):
 - Member satisfaction
 - Provider satisfaction
 - Optional (one of the following):
 - Cultural competence
 - Appeals/Grievances/Provider complaints
 - Access/Service capacity
 - Appointment availability

Measurement

- DCH will utilize data provided by CMOs, as well as analysis of encounter data to monitor clinical services and quality of care
- Standard measures will be utilized to the extent possible to allow for comparisons with national or regional data
 - Centers for Medicare and Medicaid Services (CMS) required data
 - Healthcare Effectiveness Data and Information Set (HEDIS) data

Measurement

DCH will also rely on utilization data as proxy for clinical outcome measures



- Utilization Measures
 - ER admissions/1000
 - Asthma ER admissions/1000
 - Hospital admissions/1000
 - Mental health admissions/1000
 - Hospital re-admission rates
 - NICU admits/1000
 - NICU days/1000

Measurement

- Preventive Health and Access to Care Indicators
 - Health Check/Well child visits (15 months)
 - Well care visits children and adolescents
 - Access to preventive and ambulatory care children and adults
 - Childhood immunization status
 - Blood lead screening
 - Timeliness of prenatal and postnatal care

Measurement

- Provision of Clinical Care
 - Use of appropriate medications for asthma patients
 - Appropriate clinical screening for diabetic patients
 - HbA1c
 - Serum cholesterol levels
 - Retinal eye exams
 - Follow up after hospitalization of mental health patients

Performance Measures

Area	Measure
Access to Preventive /Ambulatory Health Services	Percent of enrolled members age 21 and older who had an ambulatory or preventive care visit during the reporting year
Access to Preventive /Ambulatory Health Services	Percent of enrolled members ages 12 months and older and under age 21 who had a visit with a primary care practitioner during the reporting year
Asthma	Asthma-related Emergency Room Visits per 1,000 Members with Asthma
Asthma	Asthma-related Inpatient Admissions per 1,000 Members with Asthma
Asthma	Percent of asthma members with at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, or leukotriene modifiers in the measurement year
Asthma	Percent of members receiving treatment for asthma
Behavioral Health	Percent of members with behavioral health (BH) diagnosis with at least one visit to BH specialist
Behavioral Health	Percent of persons with follow up after hospitalization for mental health within 30 days

Performance Measures

Area	Measure
Behavioral Health	Percent of persons with follow-up after hospitalization for mental health within 7 days
Behavioral Health	Percent of unique members with behavioral health diagnosis
Children's Preventive Health	Childhood Immunization Status (4:3:1:3:3:1) for children age < 36 months
Children's Preventive Health	Percent adolescents with well-care visits: ages 12 through 21
Children's Preventive Health	Percent children with well-child visits: 3rd, 4th, 5th, and 6th years
Children's Preventive Health	Percent children with well-child visits: first 15 months
Children's Preventive Health	Percent of enrolled children under 3 years of age receiving a screening for blood lead test
Diabetes	Percent of members with diabetes who completed one fasting lipid panel test in the measurement year

Performance Measures

Area	Measure
Diabetes	Percent of members with diabetes who had a least one A1C test in measurement year
Diabetes	Percent of members with diabetes who had a least one micro albuminuria test in measurement year
Diabetes	Percent of members with diabetes who have a retinal eye exam
Diabetes	Percent of members receiving treatment for diabetes
Oral Health	Percent of enrolled members ages 3 through 21 who had at least one dental visit
Oral Health	Percent of enrolled members ages 3 through 21 who had at least one preventive dental visit
Oral Health	Percent of enrolled members ages 3 through 21 who had at least one restorative dental visit
Utilization Rates	Audiologist Visits per 1,000 Members

Performance Measures

Area	Measure
Utilization Rates	Emergency Department Visits per 1,000 Members
Utilization Rates	Hospital Admissions per 1,000 Members
Utilization Rates	Inpatient Days per 1,000 Members
Utilization Rates	Inpatient Rehab Visits per 1,000 Members
Utilization Rates	Observation Visits per 1,000 Members
Utilization Rates	PT/OT/Speech Visits per 1,000 Members
Utilization Rates	Readmission rate for Behavioral Health Admits within 30 days
Utilization Rates	Readmission rate for Behavioral Health Admits within 7 days

Performance Measures

Area	Measure
Utilization Rates	Readmission rate for non-Behavioral Health Admits within 30 days
Utilization Rates	Readmission rate for non-Behavioral Health Admits within 7 days
Utilization Rates	Triage Visits per 1,000 Members
Utilization Rates	Urgent Care Visits per 1,000 Members
Women's Health Care Services	Percent of Cesarean Deliveries (All Ages)
Women's Health Care Services	Percent of Deliveries (All Ages)
Women's Health Care Services	Percent of Members with Extremely Low Birth weight
Women's Health Care Services	Percent of Members with Low Birth weights
Women's Health Care Services	Percent of Members receiving Mammograms

Performance Measures

Area	Measure
Women's Health Care Services	Percent of Members receiving Pap Test
Women's Health Care Services	Percent of Premature Births
Women's Health Care Services	Percent of Stillbirths
Women's Health Care Services	Percent of Members with Substance Abuse and Pregnant
Women's Health Care Services	Percent of Births to women receiving late or no prenatal care

Questions



Introductions

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