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

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Measure</th>
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</thead>
<tbody>
<tr>
<td>Access to Preventive/Ambulatory Health Services</td>
<td>Percent of enrolled members age 21 and older who had an ambulatory or preventive care visit during the reporting year</td>
</tr>
<tr>
<td>Access to Preventive/Ambulatory Health Services</td>
<td>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</td>
</tr>
<tr>
<td>Asthma</td>
<td>Asthma-related Emergency Room Visits per 1,000 Members with Asthma</td>
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<tr>
<td>Asthma</td>
<td>Asthma-related Inpatient Admissions per 1,000 Members with Asthma</td>
</tr>
<tr>
<td>Asthma</td>
<td>Percent of asthma members with at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, or leukotriene modifiers in the measurement year</td>
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<tr>
<td>Asthma</td>
<td>Percent of members receiving treatment for asthma</td>
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<tr>
<td>Behavioral Health</td>
<td>Percent of members with behavioral health (BH) diagnosis with at least one visit to BH specialist</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Percent of persons with follow up after hospitalization for mental health within 30 days</td>
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<tr>
<td>Behavioral Health</td>
<td>Percent of persons with follow-up after hospitalization for mental health within 7 days</td>
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<tr>
<td>Behavioral Health</td>
<td>Percent of unique members with behavioral health diagnosis</td>
</tr>
<tr>
<td>Children's Preventive Health</td>
<td>Childhood Immunization Status (4:3:1:3:3:1) for children age &lt; 36 months</td>
</tr>
<tr>
<td>Children's Preventive Health</td>
<td>Percent adolescents with well-care visits: ages 12 through 21</td>
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<tr>
<td>Children's Preventive Health</td>
<td>Percent children with well-child visits: 3rd, 4th, 5th, and 6th years</td>
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<tr>
<td>Children's Preventive Health</td>
<td>Percent children with well-child visits: first 15 months</td>
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<tr>
<td>Children's Preventive Health</td>
<td>Percent of enrolled children under 3 years of age receiving a screening for blood lead test</td>
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<tr>
<td>Diabetes</td>
<td>Percent of members with diabetes who completed one fasting lipid panel test in the measurement year</td>
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<td>Diabetes</td>
<td>Percent of members with diabetes who had at least one A1C test in measurement year</td>
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<td>Diabetes</td>
<td>Percent of members with diabetes who had at least one micro albuminuria test in measurement year</td>
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<tr>
<td>Diabetes</td>
<td>Percent of members with diabetes who have a retinal eye exam</td>
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<td>Diabetes</td>
<td>Percent of members receiving treatment for diabetes</td>
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<td>Oral Health</td>
<td>Percent of enrolled members ages 3 through 21 who had at least one dental visit</td>
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<td>Percent of enrolled members ages 3 through 21 who had at least one preventive dental visit</td>
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<td>Oral Health</td>
<td>Percent of enrolled members ages 3 through 21 who had at least one restorative dental visit</td>
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<td>Utilization Rates</td>
<td>Audiologist Visits per 1,000 Members</td>
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<td>Utilization Rates</td>
<td>Emergency Department Visits per 1,000 Members</td>
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<td>Hospital Admissions per 1,000 Members</td>
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<td>Inpatient Days per 1,000 Members</td>
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<td>Inpatient Rehab Visits per 1,000 Members</td>
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<td>Observation Visits per 1,000 Members</td>
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<td>Utilization Rates</td>
<td>PT/OT/Speech Visits per 1,000 Members</td>
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<tr>
<td>Utilization Rates</td>
<td>Readmission rate for Behavioral Health Admits within 30 days</td>
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<td>Utilization Rates</td>
<td>Readmission rate for non-Behavioral Health Admits within 30 days</td>
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<tr>
<td>Utilization Rates</td>
<td>Triage Visits per 1,000 Members</td>
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<td>Utilization Rates</td>
<td>Urgent Care Visits per 1,000 Members</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Cesarean Deliveries (All Ages)</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Members with Extremely Low Birth weight</td>
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<td>Percent of Members with Low Birth weights</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Members receiving Mammograms</td>
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<td>Percent of Members receiving Pap Test</td>
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<tr>
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<td>Percent of Premature Births</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Stillbirths</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Members with Substance Abuse and Pregnant</td>
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<tr>
<td>Women’s Health Care Services</td>
<td>Percent of Births to women receiving late or no prenatal care</td>
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Questions
Introductions

Gary Jackson, Esq.
EQRO & Quality Strategy Coordinator
Center for Medicare & Medicaid Services

Alix Love, MPH
Manager, Public Policy
National Committee for Quality Assurance