

# PQO Update



Presentation to: DCH Board Managed Care Subcommittee

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# Validation of Performance Measures

- Validation of the CY 2010 FFS, GF and ALL Population Performance Measures took place in December 2011
- HSAG, DCH and HP staff participated in the validation process
- Validated results

# Performance Measure Results – Role of Medical Record Reviews

## DCH Audited Calendar Year 2010 HEDIS®/AHRQ Performance Measurement Report

Measure	GF	FFS	All
	Admin Rate	Admin Rate	Admin Rate
Well-Child Visits in the First 15 Months of Life - Six or More Visits (CMOs' Hybrid rates range from 53.9% to 60%) 50 <sup>th</sup> Percentile = 60.6%	49.40	20.90	45.07
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (CMOs' Hybrid rates range from 64.7% to 70.2%) 50 <sup>th</sup> Percentile = 70.4%	59.03	51.11	57.69
Adolescent Well-Care Visits (CMOs' Hybrid rates range from 38% to 45.6%) 50 <sup>th</sup> Percentile = 45.1%	34.25	24.67	32.05
Childrens and Adolescents Access to Primary Care Providers - Total (12 Months - 19 Years) 50 <sup>th</sup> Percentile = 87.2%	87.62	80.85	86.71
Adults Access to Preventive/Ambulatory Health Services - Ages 20-44 Years 75 <sup>th</sup> Percentile = 85.6%	85.49	73.46	79.86
Childhood Immunization Status - Combo 3 (CMOs' Hybrid rates range from 72.3% to 77%) 75 <sup>th</sup> Percentile = 76.4%	24.83	16.06	22.96
Lead Screening in Children (CMOs' Hybrid rates range from 65.7% to 73%) 50 <sup>th</sup> Percentile = 70.4%	51.61	43.45	49.53


# Performance Measure Results

## DCH Audited Calendar Year 2010 HEDIS®/AHRQ Performance Measurement Report

Measure	GF Admin Rate	FFS Admin Rate	All Admin Rate
Annual Dental Visit – Total 90 <sup>th</sup> Percentile = 59.8%	67.16	54.01	64.23
Cervical Cancer Screening (Our admin rates exceed hybrid 50 <sup>th</sup> percentile) 50 <sup>th</sup> Percentile = 65%	69.10	31.09	45.30
Breast Cancer Screening 50 <sup>th</sup> Percentile = 50.5%	52.95	41.59	42.46
Comprehensive Diabetes Care - HbA1c Testing (CMOs' Hybrid rates range from 72.6% to 82.3%) 50 <sup>th</sup> Percentile = 80.7%	74.37	45.86	48.17

# Performance Measure Results – Impact of Changing CMOs

DCH Audited Calendar Year 2010 HEDIS®/AHRQ Performance Measurement Report

Measure	GF Admin Rate	FFS Admin Rate	All Admin Rate
Follow-Up Care for Children Prescribed ADHD Medication - Initiation Phase (CMOs' rates range from 41.26% to 45.57%) 75 <sup>th</sup> Percentile = 42.2%	36.94	34.64	36.38
Follow-Up Care for Children Prescribed ADHD Medication - Continuation and Maintenance Phase (CMOs' rates range from 52.1% to 58.4%) 90 <sup>th</sup> Percentile = 53.8% 	48.53	43.92	47.19
Follow-Up After Hospitalization for Mental Illness - 30-Day Follow-Up (CMOs' rates range from 70.9% to 73.8%) 50 <sup>th</sup> Percentile = 64.3	65.84	57.57	60.51
Follow-Up After Hospitalization for Mental Illness - 7-Day Follow-Up	44.30	35.06	38.30
Prenatal and Postpartum Care - Timeliness of Prenatal Care (CMOs' Hybrid rates range from 83% to 90.5%) 75 <sup>th</sup> Percentile = 89.4%	36.02	49.01	56.00
Prenatal and Postpartum Care - Postpartum Care (CMOs' Hybrid rates range from 60.7% to 65.7%) 50 <sup>th</sup> Percentile = 63.9%	40.28	27.51	38.89

# Performance Measure Results

## DCH Audited Calendar Year 2010 HEDIS®/AHRQ Performance Measurement Report

Measure	GF	FFS	All
	Admin Rate	Admin Rate	Admin Rate
Weeks of Pregnancy at Time of Enrollment - <1-12 Weeks	8.28	0.82	40.76
Weeks of Pregnancy at Time of Enrollment - <13-27 Weeks	58.43	2.49	13.52
Weeks of Pregnancy at Time of Enrollment - <28 or More Weeks	14.69	81.05	20.68
Chlamydia Screening – Total (New measure for CMO reporting)	46.33	39.84	48.71
Immunizations for Adolescents - Combination #1 Total (CMO rates range from 61.7% to 70.6%) 75 <sup>th</sup> Percentile = 63.7%	55.80	45.33	52.93
Appropriate Testing for Children With Pharyngitis 50 <sup>th</sup> Percentile = 68.1%	67.49	64.65	67.12
Use of Appropriate Medications for People with Asthma – Total 50 <sup>th</sup> Percentile = 89.2%; 75 <sup>th</sup> Percentile = 91.2%	90.52	90.36	90.14

# Performance Measure Results

DCH Audited Calendar Year 2010 HEDIS®/AHRQ Performance Measurement Report

Measure	GF Admin Rate	FFS Admin Rate	All Admin Rate
Ambulatory Care-Outpatient	358.90 per 1000 MM	398.22 per 1000 MM	372.44 per 1000 MM
Ambulatory Care-ED Visits (Goal - reduce ER Use to the 25 <sup>th</sup> percentile = 48.4)	58.71 per 1000 MM	78.60 per 1000 MM	65.56 per 1000 MM
Rate of Infants with Low Birth Weight (CY 2010 statewide rate increased to 9.8%!)	8.08 per 100 births	7.67 per 100 births	7.97 per 100 births
Asthma Admission Rate/100,000	50.67 per 100,000 members	415.24 per 100,000 members	350.16 per 100,000 members
Diabetes Short-term Complications Admission Rate /100,000	25.57 per 100,000 members	43.13 per 100,000 members	30.31 per 100,000 members
Asthma ER Rate - % of members with Asthma w/ ER/urgent care visit in prior six months	1.40	1.10	1.30

# Inpatient Utilization – Georgia Families

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Georgia Families					
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months	Days	Days / 1,000 Members Months	Average Length of Stay
<1	6287		33094	31.71	5.26
1-9	7112		22254	3.54	3.13
10-19	15437		45637	10.59	2.96
20-44	58078		162971	112.41	2.81
45-64	2015		9312	68.43	4.62
65-74	4		15	31.71	3.75
75-84	0		0	0.00	0.00
85+	0		0	0.00	0.00
Unknown	0		0	0.00	0.00
<b>Total</b>	<b>88933</b>		<b>273283</b>	<b>20.67</b>	<b>3.07</b>



# Inpatient Utilization – FFS

Inpatient Utilization--General Hospital/Acute Care: Total (IPUA)					
Fee for Service					
Total Inpatient					
Age	Discharges	Discharges / 1,000 Member Months*	Days	Days / 1,000 Members Months	Average Length of Stay
<1	1936		17891	152.64	9.24
1-9	5066		26168	24.48	5.17
10-19	6848		33508	33.56	4.89
20-44	38544		539816	416.48	14.01
45-64	47388		649162	394.03	13.70
65-74	16828		413673	461.91	24.58
75-84	12557		273503	449.08	21.78
85+	7599		121463	389.63	15.98
Unknown	0		0	0.00	0.00
<b>Total</b>	<b>136766</b>		<b>2075184</b>	<b>298.83</b>	<b>15.17</b>

# CARTS (CHIP Annual Report Template System)

## Reporting to CMS

### **Category I - PREVENTION AND HEALTH PROMOTION**

#### **Prenatal/Perinatal**

#### **MEASURE 1: Timeliness of prenatal care**

# CARTS

FFY 2009	FFY 2010	FFY 2011
<p><b>Did you report on this measure?</b> Yes No <b>If Data Not Reported, Please Explain Why:</b> Population not covered. Data not available. <i>Explain:</i> Small sample size (less than 30). <i>Specify sample size:</i> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b> Yes No <b>If Data Not Reported, Please Explain Why:</b> Population not covered. Data not available. <i>Explain:</i> Small sample size (less than 30). <i>Specify sample size:</i> Other. <i>Explain:</i></p>	<p><b>Did you report on this measure?</b> Yes No <b>If Data Not Reported, Please Explain Why:</b> Population not covered. Data not available. <i>Explain:</i> Small sample size (less than 30). <i>Specify sample size:</i> Other. <i>Explain:</i></p>
<p><b>Status of Data Reported:</b> Provisional. Final. Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p><b>Status of Data Reported:</b> Provisional. <i>Explanation of Provisional Data:</i> Final. Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2010</p>	<p><b>Status of Data Reported:</b> Provisional. <i>Explanation of Provisional Data:</i> Final. Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p><b>Measurement Specification:</b> HEDIS. <i>Specify version of HEDIS used:</i> Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b> HEDIS. <i>Specify HEDIS® Version used:</i> 2010 Other. <i>Explain:</i></p>	<p><b>Measurement Specification:</b> HEDIS. <i>Specify HEDIS® Version used:</i> 2011 Other. <i>Explain:</i></p>
<p><b>Data Source:</b> Administrative (claims data). <i>Specify:</i> Hybrid (claims and medical record data). <i>Specify:</i> Survey data. <i>Specify:</i> Other. <i>Specify:</i></p>	<p><b>Data Source:</b> Administrative (claims data). <i>Specify:</i> Hybrid (claims and medical record data). <i>Specify:</i> Survey data. <i>Specify:</i> Other. <i>Specify:</i></p>	<p><b>Data Source:</b> Administrative (claims data). <i>Specify:</i> Hybrid (claims and medical record data). <i>Specify:</i> Survey data. <i>Specify:</i> Other. <i>Specify:</i></p>
<p><b>Definition of Population Included in the Measure:</b> Definition of denominator: Denominator includes CHIP population only. Denominator includes Medicaid population only. Denominator includes CHIP and Medicaid (Title XIX). Definition of numerator: CY2008</p>	<p><b>Definition of Population Included in the Measure:</b> Definition of numerator: CY2009 Definition of denominator: Denominator includes CHIP population only. Denominator includes Medicaid population only. Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>	<p><b>Definition of Population Included in the Measure:</b> Definition of numerator: Number of deliveries that received a prenatal care visit within the first trimester or within 42 days of enrollment. Definition of denominator: Denominator includes CHIP population only. Denominator includes Medicaid population only. Denominator includes CHIP and Medicaid (Title XIX). If denominator is a subset of the definition selected above, please further define the Denominator, please indicate the number of children excluded:</p>

# CARTS

## **Explanation of Progress:**

**How did your performance in 2011 compare with the Annual Performance Objective documented in your 2010 Annual Report?** The percent of deliveries that received a prenatal care visit in the first trimester or within 42 days of enrollment increased by three percent from CY08 to CY09, and increased by three percent from CY09 to the current measurement period.

**What quality improvement activities that involve the Medicaid and/or CHIP program and benefit Medicaid and/or CHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?** Each Georgia Families managed care plan monitors this measure in conjunction with the frequency of ongoing prenatal care metric and the low birth weight measure as metrics tracking Georgia's efforts to reduce its low birth weight rate. The HEDIS 2011 50<sup>th</sup> percentile for timeliness of prenatal care is 86%. The Reducing Low Birth Weight Rate Initiative was initiated in July 2009 with the goal of reducing the statewide LBW rate to 8.6% by 2015. Medicaid deliveries account for 55% - 60% of all deliveries within Georgia. Georgia's LBW rate was 9.5% in 2009 and 9.8% in 2010. The LBW rate, using AHRQ specifications, for the Medicaid and CHIP population was 7.97% in CY 10.

**Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.**

**Annual Performance Objective for FFY 2012:** Achieve the HEDIS 50<sup>th</sup> percentile for this measure

**Annual Performance Objective for FFY 2013:** Achieve the HEDIS 50<sup>th</sup> percentile for this measure

**Annual Performance Objective for FFY 2014:** Achieve the HEDIs 75<sup>th</sup> percentile for this measure




# Case and Disease Management Reports for 3<sup>rd</sup> and 4<sup>th</sup> Qtrs 2011 July through December



# Case and Disease Management Reports

- CMOs refreshed data reported for 3<sup>rd</sup> Qtr as new claims data has entered their systems
- CM
  - OB, General, and Behavioral Health
- DM
  - Asthma and Diabetes

# Amerigroup

- Case Management
  - OB – “Taking Care of Baby and Me Program” (all pregnant women enrolled unless they refuse or opt out)
    - Open cases -1,489 in 3<sup>rd</sup> qtr; 1,458 in 4<sup>th</sup> qtr
    - ER visits/1000 MM - 147.2 in 3<sup>rd</sup> qtr  153.7 in 4<sup>th</sup> qtr
    - IP admits/1000 MM - 77.3 in 3<sup>rd</sup> qtr  92.2 in 4<sup>th</sup> qtr
    - Met CM goals – 158 in 3<sup>rd</sup> quarter  205 in 4<sup>th</sup> qtr
    - OB members using ER for OB related problems and not admitted are immediately referred to their current case manager for follow up.  
Investigations occurring – are ER visits really L&D check ins?

# Amerigroup

- General – for adults, children, CSHCN, infants d/c from NICU
  - Open cases - 552 in 3rd qtr; 634 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 532.1 in 3<sup>rd</sup> qtr ↓ 367.0 in 4<sup>th</sup> qtr
  - IP visits/1000 MM – 124.1 in 3<sup>rd</sup> qtr ↓ 94.5 in 4<sup>th</sup> qtr
  - Met CM goals – 46 in 3<sup>rd</sup> qtr ↑ 55 in 4<sup>th</sup> qtr
  - Specific interventions to improve each member's outcomes are documented w/in their care plans and tailored to their needs. Members followed until goals met or they are transferred to other programs.



# Amerigroup

## – Behavioral Health

- Open cases – 17 in 3<sup>rd</sup> qtr; 48 in 4<sup>th</sup> qtr
- ER visits/1000 MM – 400 in 3<sup>rd</sup> qtr ↑ 500 in 4<sup>th</sup> qtr
- IP admits/1000 MM – 250 in 3<sup>rd</sup> qtr ↑ 259.3 in 4<sup>th</sup> qtr
- Met CM goals – 6 in 3<sup>rd</sup> qtr ↑ 16 in 4<sup>th</sup> qtr
- Plan investigating cause of increase in ER visit rate

# Amerigroup

- Disease Management – members are considered enrolled in DM unless they refuse or opt out
  - Diabetes
    - Open cases - 2059 in 3<sup>rd</sup> qtr; 2112 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 139.1 in 3<sup>rd</sup> qtr ↓ 86.7 in 4<sup>th</sup> qtr
    - IP visits/1000MM - 20.4 in 3<sup>rd</sup> qtr ↓ 15 in 4<sup>th</sup> qtr

# Amerigroup

## – Asthma

- Open cases – 19,265 in 3<sup>rd</sup> qtr; 19,252 in 4<sup>th</sup> qtr
- ER visits/1000 MM – 67.7 in 3<sup>rd</sup> qtr ↓ 58.5 in 4<sup>th</sup> qtr
- IP admits/1000MM – 3.2 in 3<sup>rd</sup> qtr ↓ 2.4 in 4<sup>th</sup> qtr

# Peach State

- Case Management
  - OB – Start Smart Program (all pregnant women enrolled in this educational program. Pregnant women with risk factors enrolled in CM until they opt out (249 declined in 4<sup>th</sup> qtr.)
    - Open cases - 3,643 in 3<sup>rd</sup> qtr; 4,257 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 229.8 in 3<sup>rd</sup> qtr ↓ 151.9 in 4<sup>th</sup> qtr
    - IP visits/1000 MM – 185.8 in 3<sup>rd</sup> qtr ↓ 139.6 in 4<sup>th</sup> qtr
    - Met goals – 168 in 3<sup>rd</sup> qtr ↓ 143 in 4<sup>th</sup> qtr
    - Challenges – disconnected or invalid telephone numbers – this is primary outreach mode; transient living arrangements; loss of contact after initial screening


# Peach State

- General – all members with complex medical and special needs, or chronic diseases and/or social barriers are screened, stratified and enrolled, however, members may opt out.
  - Opened cases – 729 in 3<sup>rd</sup> qtr; 673 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 133.2 in 3<sup>rd</sup> qtr ↓ 72.1 in 4<sup>th</sup> qtr
  - IP admits/1000 MM – 71.1 in 3<sup>rd</sup> qtr ↓ 30.9 in 4<sup>th</sup> qtr
  - Met CM goals – 72 in 3<sup>rd</sup> qtr ↓ 24 in 4<sup>th</sup> qtr
  - General short term care coordination program also offered

# Peach State

- Behavioral Health – Behavioral health assessments performed on all members referred to CM and members with risk factors enrolled. 90% or cases referred in 4<sup>th</sup> qtr admitted to CM.
  - Open cases – 523 in 3<sup>rd</sup> qtr; 511 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 156.8 in 3<sup>rd</sup> qtr ↓ 149 in 4<sup>th</sup> qtr
  - IP visits/1000 MM – 325.9 in 3<sup>rd</sup> qtr ↓ 292.3 in 4<sup>th</sup> qtr
  - Met CM goals – 87 in 3<sup>rd</sup> qtr ↑ 108 in 4<sup>th</sup> qtr
  - BH short term care coordination program also offered

# Peach State

- Disease Management – educates members about their condition, helping them to achieve the ability to self-manage their condition and enduring medication compliance
  - Diabetes
    - Open cases – 556 in 3<sup>rd</sup> qtr; 577 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 46.6 in 3<sup>rd</sup> qtr; 46.7 in 4<sup>th</sup> qtr
    - IP/1000MM – 6.8 in 3<sup>rd</sup> qtr  14.1 in 4<sup>th</sup> qtr
    - Review Rx fills, lab results, eye exams and nephrology results monthly. Providers and members are contacted to ensure necessary medications and exams are completed. Problems with inability to contact and loss of eligibility.

# Peach State




- Asthma – 1,084 newly admitted to Asthma DM program in 4<sup>th</sup> qtr. In 3<sup>rd</sup> qtr, 1,712 were unable to reach and 1,240 were closed due to lost eligibility. 4<sup>th</sup> qtr saw 1,253 were unable to reach and 1,063 lost eligibility.
  - Open cases – 5,628 in 3<sup>rd</sup> qtr; 5,602 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 26.4 in 3<sup>rd</sup> qtr ↓ 21.6 in 4<sup>th</sup> qtr
  - IP admits/1000MM – 1.6 in 3<sup>rd</sup> qtr; 1.4 in 4<sup>th</sup> qtr





# Wellcare

- Case Management
  - OB – all members receive Mommy and Baby Matters booklet. Managed members are contacted via phone or face –to-face.
    - Newly admitted - 1,586 in the 3<sup>rd</sup> qtr; 1,509 in the 4<sup>th</sup> qtr
    - Open cases - 963 in 3<sup>rd</sup> qtr; 929 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 106.4 in 3<sup>rd</sup> qtr ↓ 82.8 in 4<sup>th</sup> qtr
    - IP admits/1000 MM – 141.2 in 3<sup>rd</sup> qtr ↓ 129.6 in 4<sup>th</sup> qtr
    - Met CM goals – 264 in 3<sup>rd</sup> qtr ↓ 255 in 4<sup>th</sup> qtr

# Wellcare

- General – for members with short term (<30 days), complex (60+ days), and catastrophic CM needs. Members may opt out of the program. All members in short term CM are transitioned to complex CM or to the DM program. Many members receive general CM and behavioral health CM simultaneously.
  - Opened complex CM cases – 48 in 3<sup>rd</sup> qtr; 69 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 325.3 in 3<sup>rd</sup> qtr  341 in 4<sup>th</sup> qtr
  - IP admits/1000 MM – 24.1 in 3<sup>rd</sup> qtr  23 in 4<sup>th</sup> qtr
  - Met CM goals – 3 in 3<sup>rd</sup> qtr  12 in 4<sup>th</sup> qtr

# Wellcare

- Behavioral Health – Intensive CM program – all members have had at least IP admit and are case managed by a licensed BH clinician
  - Opened cases – 106 in 3<sup>rd</sup> qtr; 95 in 4<sup>th</sup> qtr
  - ER visits/1000 MM – 227.5 in 3<sup>rd</sup> qtr  287.9 in 4<sup>th</sup> qtr
  - IP admits/1000 MM – 58.4 in 3<sup>rd</sup> qtr; none reported for 4<sup>th</sup> qtr
  - Met CM goals – 63 in 3<sup>rd</sup> qtr  83 in 4<sup>th</sup> qtr

# Wellcare

- Disease Management
  - Diabetes
    - Open cases – 3,048 in 3<sup>rd</sup> qtr; 3,418 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 94 in 3<sup>rd</sup> qtr ↓ 75 in 4<sup>th</sup> qtr
    - IP admits/1000MM – 12 in 3<sup>rd</sup> qtr ↑ 15 in 4<sup>th</sup> qtr

- Disease Management
  - Asthma
    - Open cases – 44,555 in 3<sup>rd</sup> qtr; 46,271 in 4<sup>th</sup> qtr
    - ER visits/1000 MM – 50 in 3<sup>rd</sup> qtr ↑ 52 in 4<sup>th</sup> qtr
    - IP Admits/1000MM – 2 in 3<sup>rd</sup> qtr; 2 in 4<sup>th</sup> qtr

# Accomplishments

- 4<sup>th</sup> Annual EQRO Conference held February 17, 2012
- Participated in CMS webinar w/ MMDs regarding PM reporting in January 2012
- Ongoing participation in the CMS sponsored Medicaid and CHIP Learning Collaborative focused on Data Analytics