RIte Care's Performance Goal Program

2005 and 2006 Results

October 2006

Rhode Island Department of Human Services
Center for Child and Family Health

Introduction

There is increasing interest nationally in Pay-For-Performance programs as a way for states to improve health outcomes and develop ongoing quality improvement programs. In 1998, the Rhode Island Department of Human Services (DHS) began a Performance Goal Program, the second of its kind in the country, for health plans participating in RIte Care, the state's Medicaid managed care program. The intent of the program was to reward health plans for improvements in health care delivery and outcomes for its RIte Care enrollees.

The Performance Goal Program (PGP) specifies certain access and quality standards that are monitored by the State. This is one of several ways DHS holds health plans accountable for their performance. Now in its ninth year, RIte Care's Performance Goal Program, continues to show improvement in health care access and quality in all three of its participating health plans. Through the PGP, the State has been able to leverage its considerable buying power to obtain better access and quality for RIte Care enrollees.[1]

In 2005, the National Committee on Quality Assurance (NCQA) listed all three of Rhode Island's Medicaid managed care health plans as being among the top six Medicaid managed care plans in the nation.[2] This recognition is testament to the quality improvement efforts of the health plans and their ongoing partnership with the RI Department of Human Services (DHS). Ongoing feedback to the plans and the provision of financial incentives have contributed to overall program quality and the success of RIte Care.

In 2005, NCQA listed all three of Rhode Island's Medicaid managed care health plans as being among the top six Medicaid managed care plans in the nation.

Rhode Island's RIte Care Program

RIte Care is Rhode Island's Medicaid managed health care program for uninsured families, children and pregnant women. The goals of RIte Care are to improve access to care, the quality of care, and health outcomes while containing costs. RIte Care is administered by the Center for Child and Family Health at the Rhode Island Department of Human Services. There are three health plans that participate in the RIte Care Program - Blue Cross and Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island, and UnitedHealthcare of New England. RIte Care provides comprehensive, coordinated care to approximately 124,000 Rhode Islanders or 12% of the State's population.

[1] See Appendix A, for a copy of the Performance Goals as specified in the health plans' contracts.
[2] U.S. News & World Report/ NCQA, *America's Best Health Plans: Medicaid, 2005.* See Appendix E.

Description of the Performance Goal Program

Since its beginning in 1998, RIte Care's Performance Goal Program has been steadily refined. In 2004, the State undertook a more fundamental redesign both to align the program more strongly to nationally recognized performance benchmarks and to clearly establish superior performance levels as the basis for incentive awards. CAHPS® and HEDIS® provide opportunities for assessing plan performance relative to Medicaid managed care health plans across the nation. Plans can receive the full award for being in the top 10 percent of all Medicaid plans on a given measure and a partial award for being in the top quarter. [3] This report focuses on results from 2005 and 2006 (calendar year 2004 and 2005 data), the two years that the new performance categories and measures were put in effect. For information on previous years results, 1999-2004, see Appendix B.

There are six performance categories in RIte Care's Performance Goal Program. The categories are weighted differently; more emphasis is placed on the 'Medical Home/Preventive Care' category. See **Table 1**. Within each of these categories are specific performance measures. See **Table 2** for the list of performance measures by category.

Table 1. Performance Categories (2005 and 2006)

Performance Categories	Percent Allocation	Per Member Month Allocation
1. Member Services	20 %	$ 0.25
2. Medical Home/ Preventive Care	50 %	$ 0.625
3. Women's Health	10 %	$ 0.125
4. Chronic Care	10 %	$ 0.125
5. Behavioral Health	5 %	$ 0.0625
6. Resource Maximization	5 %	$ 0.0625
Total	100%	$ 1.25

Health plans can earn up to $1.25 per member month in incentive payments for achieving specific performance goals. Each goal has measures that have clearly defined numeric standards that have to be achieved in order to receive a monetary award.

Rhode Island uses state-specific and national Medicaid HEDIS® and CAHPS® measures.

[3] See page 4 and Appendix C for more information on incentive payment methodology.

Table 2. HEDIS®, CAHPS®[4] and State-Specific Measures Used 2005 and 2006

Performance Category and Measures	Type of Measure
1. Member Services	
ID cards sent within 10 days	State-specific
Member handbook sent within 10 days	State-specific
New member calls completed within 30 days	State-specific
Grievance & appeals in contractual time frame	State-specific
2. Medical Home/ Preventive Care	
Members had access to emergency services	CAHPS®
Members were satisfied with access to urgent care	CAHPS®
Adults had an ambulatory or preventive care visit	HEDIS®
Infants had well-child visits in first 15 months of life	HEDIS®
Children had well-child visits in 3rd-6th year of life	HEDIS®
Adolescents receive 2nd MMR + 3rd HepB before 13th bday	HEDIS®
Children receive immunizations by 2nd birthday	HEDIS®
Children receive periodic PCP visits	HEDIS®
Children received at least 1 Pb screen before 2nd birthday	State-specific
Members over 18 yrs received advice on smoking cessation	CAHPS®
Pregnant members received timely prenatal care	HEDIS®
Postpartum members received timely postpartum care	HEDIS®
Access to emergency services	CAHPS®
Satisfied with urgent care access	CAHPS®
Adolescent PCP visit*	HEDIS®
3. Women's Health	
Women 18-64 years old received cervical cancer screening	HEDIS®
Sexually active women 16-25 years old received chlamydia screening	HEDIS®
4. Chronic Care	
Children with asthma use appropriate meds (5-17 yrs.)	HEDIS®
Adults with diabetes had HbA1c testing	HEDIS®
Antidepressant Rx management*	HEDIS®
5. Behavioral Health	
Members 6 years old and older get follow up by 30 days post discharge	HEDIS®
6. Resource Maximization	
Notify DHS of TPL (third party liability) within 15 days	State-specific
Generic prescription drug substitution rate	State-specific

* Indicates that these performance measures are new in 2006.

[4] Medicaid HEDIS® and CAHPS® measures are standardized, audited measures used by Medicaid health plans across the nation. See Appendix D.

Incentive Payment Methodology

DHS pays performance incentives based on the following:

- If a health plan meets or exceeds the 90th percentile[5] target for Medicaid HEDIS® or CAHPS® measures, the health plan will get the full award for those measures;

- If a health plan meets or exceeds the 75th percentile target for Medicaid HEDIS® or CAHPS® measures, the health plan will get a partial award for those measures;

- If the 75th percentile is not met for a measure, then no incentive award is given.

Since 1998, DHS has specified performance goal standards in its contracts with health plans (Appendix A). DHS still maintains these contract standards, but uses them in conjunction with HEDIS® and CAHPS® measures as follows:

- If a health plan meets or exceeds the target specified in RIte Care's contract language, then the plan will receive the full award for those measures.

- If the target specified in RIte Care's contract is greater than the HEDIS® measure target, and if a health plan met the 90th percentile for the HEDIS® measure, but did not meet the target specified in the contract language, the health plan would still receive the full award for meeting the 90th percentile HEDIS® measure.

Over time, it is anticipated that the program will further transition so that awards are fully based on HEDIS® /CAHPS® percentiles where those measures are applicable. See Appendix D for more detail on how performance measures are assessed.

[5] A health plan that meets or exceeds the 90th percentile scored higher than 90 out of 100 Medicaid plans.

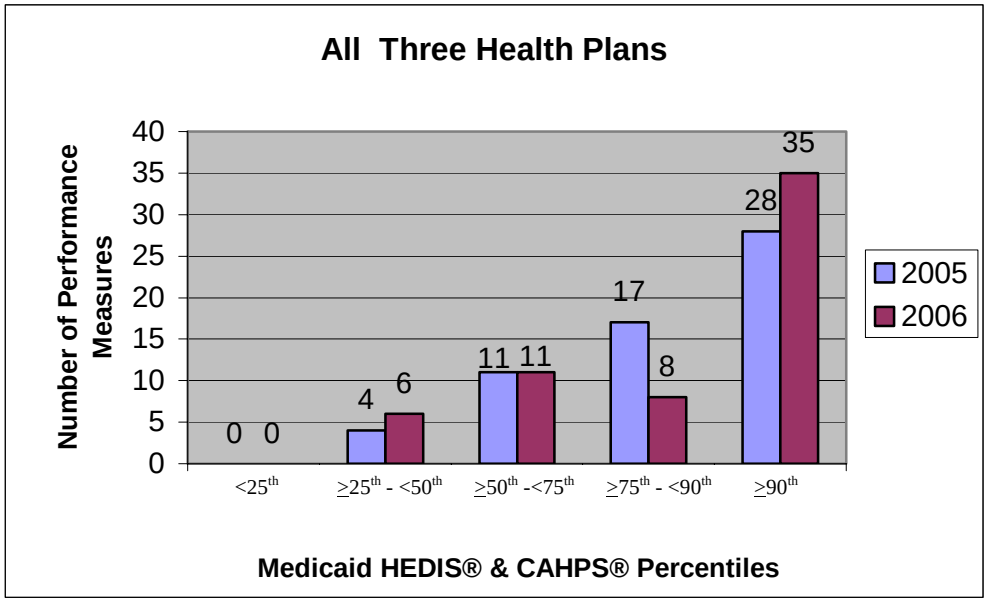
RIte Care Performance Goal Results 2005 & 2006

Figures 1 through 4 provide a summary of the results for 2005 and 2006. The results include the three health plans that participate in the RIte Care Program. Each health plan is scored on twenty (20) HEDIS® and CAHPS® measures. This yields a total of sixty (60) measures or actual scores for all three plans combined.

Figure 1 shows the distribution of the 60 scores for all three plans in relation to the national cohort of Medicaid managed care plans. It shows the number of times where the results were:

- below the 25th percentile,
- greater than or equal to the 25th percentile but less than the 50th percentile,
- greater than or equal to the 50th percentile but less than the 75th percentile,
- greater than or equal to the 75th percentile but less than the 90th percentile, or
- greater than or equal to the 90th percentile.

Figure 1. Distribution of Performance Goal Results for All Three Health Plans in Relation to National Cohort of Medicaid Managed Care Plans



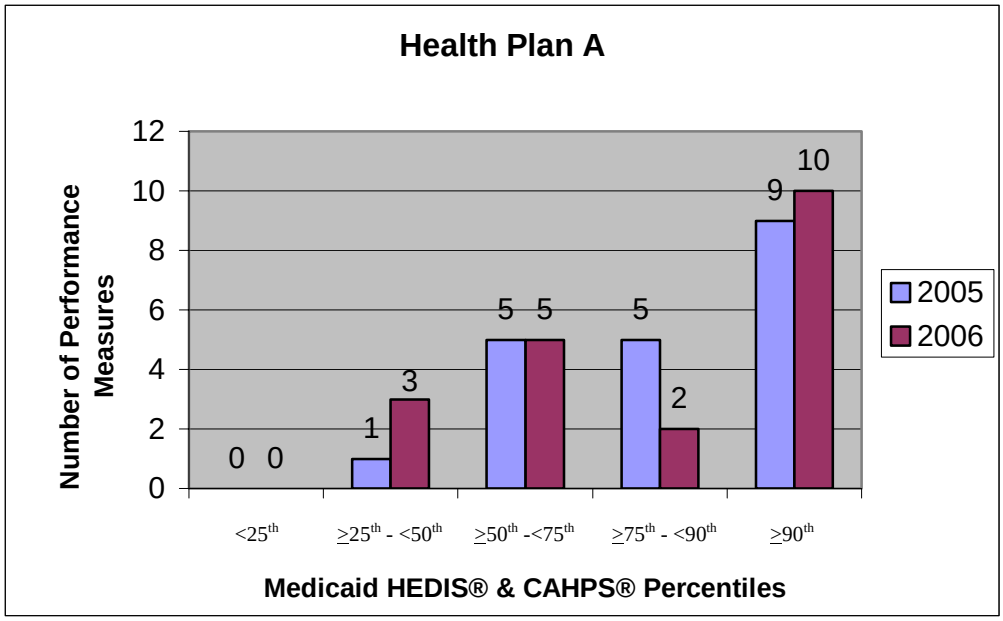
N= 60, total number of plan scores possible

As can be seen in Figures 1 through 4, Rhode Island's RIte Care health plans scored very highly in both 2005 and 2006; and in 2006, all three plans improved on their 2005 performance.

Out of a total of 60 HEDIS® and CAHPS® measures possible, 28 measures, or 47 percent, were equal to or greater than the 90th percentile in 2005. In 2006, 35 measures, or 58 percent, were equal to or greater than the 90th percentile (Figure 1).

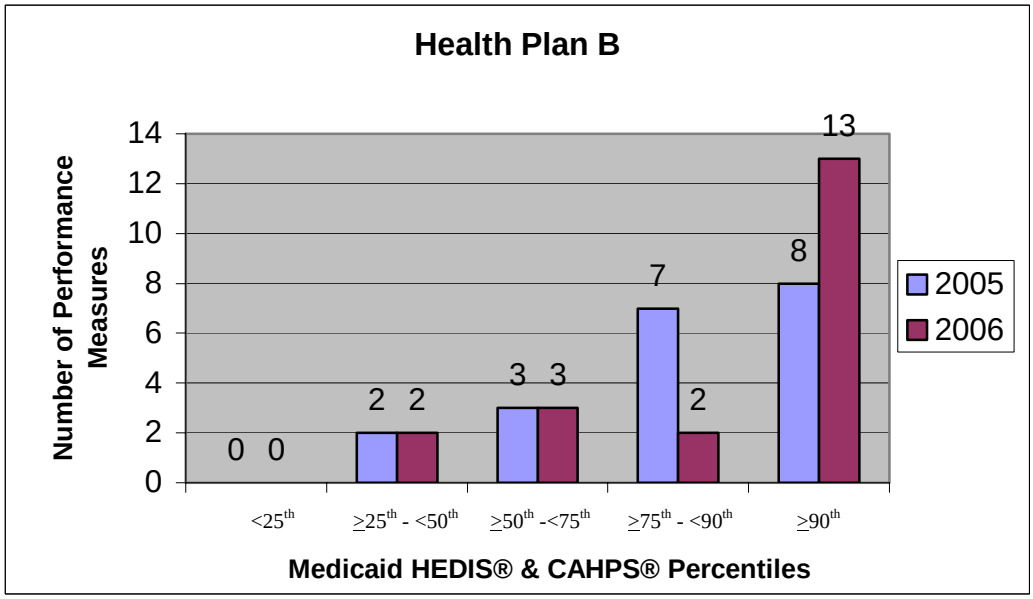
In Figures 2 through 4, the health plans' individual results are presented. Again, even individually, there was improvement in the number of measures that met or exceeded the target from 2005 to 2006.

Figure 2. Distribution of Performance Goal Results for Health Plan A in Relation to National Cohort of Medicaid Managed Care Plans



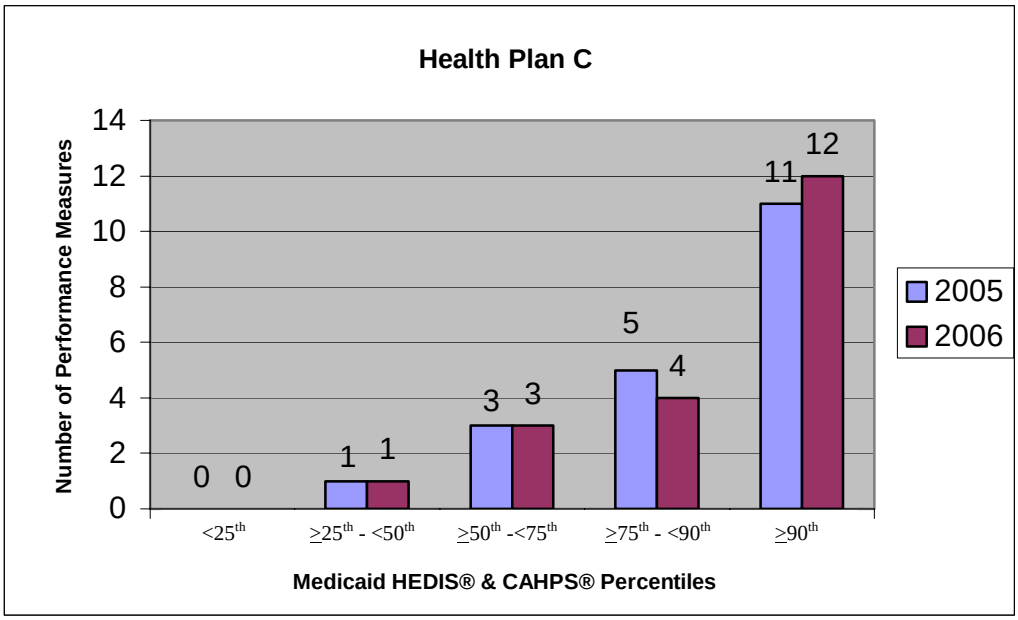
N= 20, total number of plan scores possible

Figure 3. Distribution of Performance Goal Results for Health Plan B in Relation to National Cohort of Medicaid Managed Care Plans



N= 20, total number of plan scores possible

Figure 4. Distribution of Performance Goal Results for Health Plan C in Relation to National Cohort of Medicaid Managed Care Plans



N= 20, total number of plan scores possible

DHS has shared the Performance Goal Program results with the three RIte Care health plans so that they have information on their own health plan and the results of the other two health plans. DHS can look at the year-to-year improvement in certain measures and also know if the health plan had implemented any specific strategies in these areas. The success of RIte Care's Performance Goal Program can be seen in these results and the continued partnership with the health plans to improve health care quality and access for RIte Care enrollees.

The following 20 performance measures were used to calculate Figures 1 through 4.

Table 3. HEDIS® and CAHPS® Measures

HEDIS® Measures:

1. Well Child Visit 1st 15 Months - Six or More Visits Rate
2. Adult Acc Prev/Amb Health Services - Rate Age 20-44
3. Medications Use for Asthma - Rate: Age 5 to 9
4. Medications Use for Asthma - Rate Age 10 - 17
5. Child Access Primary Care Provider - Rate 25 Mos. - 6 Yrs.
6. Child Access Primary Care Provider - Rate - Age 7-11
7. Cervical Cancer Screening - Reported Rate
8. Childhood Immunization Status - Combo 2 Rate
9. Child Access Primary Care Provider - Rate 12-24 Mos.
10. Prenatal Postpartum Care - Rate - Timeliness of Prenatal Care
11. Well Child Visit in 3, 4, 5, 6 Yrs - Reported Rate
12. Follow-up After Hospitalization for Mental Illness - Rate - 30 Days
13. Prenatal Postpartum Care - Rate - Postpartum Care

14. Adult Acc Prev/Amb Health Services - Rate Age 45-64
15. Comprehensive Diabetes Care - Rate - HbA1c Testing
16. Chlamydia Screening - Rate: Age 16 to 20
17. Chlamydia Screening - Rate: Age 21 to 25

CAHPS® Measures:

18. Emergency Care/"How long did you have to wait?"
19. Urgent Care/"How often did you get care as soon as you wanted?"
20. Medical Assistance With Smoking Cessation - Advising Smokers to Quit

Lessons Learned in Designing a Performance Goal Program

Other states that are interested in starting a Performance Goal Program should consider lessons learned from Rhode Island's experience.

- *Choose goals that are appropriate and best meet the mission of the program.*
  In the original design, the goal categories were grouped as clinical, access, and administrative goals. These areas of focus were expanded in the redesign to more clearly delineate areas of program interest.

- *Address and redesign the measures and targets as needed to best meet program goals.*
  While the core of the Rhode Island performance goal program remains unchanged, specific methods and practices have changed or even been eliminated over time.

- *Select HEDIS® measures that are clinically relevant to your Medicaid managed care program's target population.*
  The RIte Care Program focuses on children under age 19, families and pregnant women. As a result, our PGP has targeted specific HEDIS® measures that address the delivery of comprehensive clinical care for this population, such as: timely prenatal and postpartum care; primary care utilization; the timely receipt of pediatric immunizations; and the use of appropriate asthma medications, to name a few.

- *Use nationally recognized measures and standards.*
  There are several advantages to this approach. Using standard, audited measures increases confidence in the results and comparison with national benchmarks facilitates the development of achievable goals. Additionally, if health plans have NCQA accredited programs, or collect HEDIS® and CAHPS® measures, they do not incur additional cost.

- *Work collaboratively with health plans.*
  States can use a performance program to improve relations between the purchaser and plans. It is an opportunity to coach health plans through internal or external issues that may impact performance. While some states may have developed incentive programs with the intention of dropping health plans that do not meet

their standards, Rhode Island's goal was to support and improve the performance of its three participating health plans. A collaborative approach between the state and the health plans was emphasized from the beginning.

- *Choose targets that are appropriate to the health plan environment.*
  Rhode Island is fortunate to have some of the nation's best Medicaid health plans, so using the Medicaid 90th percentile as a standard is reasonable. Health plans were able to meet some, although not all, of the Medicaid HEDIS® and CAHPS® 90th percentiles in 2005 and 2006.

- *Performance programs can produce real and significant changes in health plan performance.*
  There were significant improvements in the Medical Home/ Preventive Care category of performance measures from 2005 to 2006. These were the specific areas that Rhode Island wanted to focus on.

- *Understand that a performance goal program does not guarantee immediate improved health plan performance in all areas. There may be variable improvement across goals.*
  In the first six years of the Performance Goal Program, there was improvement in administrative and access measures, but not a sustained, overall improvement in clinical measures. Rhode Island realigned its goals to focus more on preventive care and having a 'medical home.'

- *Take advantage of the important benefits beyond health plan performance that a performance goal program can foster.*
  In Rhode Island's case, collateral benefits included: greater dialogue with health plans, more effective health plan focus on internal processes, and improved data exchange between state agencies.

- *Make financial incentives real and worthwhile.*
  In Rhode Island, the financial incentive is a total of $1.25 per member per month (PMPM) potentially available to each health plan. With more emphasis and incentive dollars placed on preventive care/ medical home measures, health plans focused on those areas first.

Appendices

Appendix A: Attachment M, from the RIte Care Contract (with Health Plans) SFY 2005

Appendix B: RIte Care Performance Goal Program Results: SFY 1999-2004

Appendix C: 2006 RIte Care Performance Goal Program Summary

Appendix D: Information on HEDIS® and CAHPS® / CY 2005 national HEDIS® and CAHPS® data

Appendix E: U.S. News & World Report/ NCQA, America's Best Health Plans: Medicaid, 2005.

Appendix A

Performance Goals from the RIte Care Contract - Attachment M

AREA	GOAL	RITE CARE STANDARD	SOURCE OF MEASURE
MEMBER SERVICES	Identification cards were distributed within 10 days of being notified of enrollment.	98%	Health Plan
	Member handbooks were distributed within 10 days of being notified of enrollment.	98%	Health Plan
	New member calls were completed within 20 calendar days from notification.	65%	Health Plan
	Grievances and appeals were resolved within Federal (BBA) time frames.	97%	Health Plan
MEDICAL HOME /PREVENTIVE CARE	Members had access to emergency services.	90%	CAHPS®
	Members were satisfied with access to urgent care.	80%	CAHPS®
	Members had access to urgent care appointments during business hours.	95%	To Be Determined with Health Plan Input
	Members had PCP telephone access after business hours.	95%	To Be Determined with Health Plan Input
	Adult members had an ambulatory or preventive care visit.	90%	HEDIS®
	Child members had an ambulatory or preventive care visit.	90%	HEDIS®
	RIte Care members had well-child visits in their first 15 months of life.	85%	HEDIS®
	RIte Care members had well-child visits in their 3rd through 6th years of life.	80%	HEDIS®

Appendix A

Performance Goals from the RIte Care Contract - Attachment M

AREA	GOAL	RITE CARE STANDARD	SOURCE OF MEASURE
MEDICAL HOME /PREVENTIVE CARE (Continued)	Adolescents in RIte Care who turned 13 years old, received a second dose MMR, three hepatitis B immunizations prior to their 13th birthday.	75%	HEDIS®
	Children enrolled in RIte Care who turned 2 years old, received 4 DtaP/DT, 3 IPV, 1 MMR, 3 Hib, 3 hepatitis B and 1 VZV immunizations.	75%	HEDIS®
	Children enrolled in RIte Care had a visit with a Health Plan PCP. (HEDIS Access)		
	12-24 months	98%	HEDIS®
	25 months – 6 years	95%	HEDIS®
	7-11 years	95%	HEDIS®
	12-19 years	95%	HEDIS®
	Children received at least one age-appropriate blood lead screen prior to their second birthday.	85%	To Be Determined With Health Plan Input
	RIte Care members 18 years of age and older received advice to quit smoking (CAHPS).	70%	CAHPS®
	Pregnant RIte Care members received timely prenatal care and timely postpartum care.		
	Prenatal	85%	HEDIS®
	Postpartum	90%	HEDIS®

Appendix A

Performance Goals from the RIte Care Contract - Attachment M

AREA	GOAL	RITE CARE STANDARD	SOURCE OF MEASURE
WOMENS' HEALTH	RIte Care-enrolled women 18-64 years received cervical cancer screening .	85%	HEDIS®
	RIte Care-enrolled women 16-25 years of age identified as sexually active received chlamydia screening.	50%	HEDIS®
	First time pregnancies for RIte Care-enrolled females <20 years of age decreased.	5% Decrease Annually	To Be Determined With Health Plan Input
	Subsequent pregnancies in RIte Care enrolled females <20 years of age with one or more children in household decreased.	10% Decrease Annually	To Be Determined With Health Plan Input
CHRONIC CARE	Child RIte Care members with asthma used appropriate medications.	70%	HEDIS®
	Adult RIte Care members with diabetes had HbA1c testing.	90%	HEDIS®
	New chronic care goal		To Be Determined With Health Plan Input
BEHAVIORAL HEALTH	Members 6 years of age and older received a follow-up visit after hospitalization for mental illness up to 30 days post-discharge.	65%	HEDIS®
RESOURCE MAXIMIZATION	Generic Drugs Substitution Rate	1% Improvement Annually	Encounter Data
	Health Plans notified DHS of any potential source of third party liability within five (5) business days of such source becoming known to contractor.	90%	Health Plans

Appendix B

RIte Care's Performance Goal Program 1999-2004

At the start of the program in 1998, there were three performance categories: administrative, access and clinical. Within these three broad areas there were specific measures that represented the State's expectation for performance in each of the areas. The categories were weighed differently, with more emphasis placed on clinical goals.

Performance Goal Categories: 1999-2004

Performance Categories	Percentage Allocation	PMPM Allocation
Administrative	20 %	$ 0.25
Access	30 %	$ 0.375
Clinical	50 %	$ 0.625
Total	100 %	$ 1.25

Health plans could earn up to $1.25 per member per month (PMPM) in incentive payments for achieving specific performance goals and measures.

The chart on the next page shows the results of the RIte Care Performance Goal Program for 1999 through 2004. The results represent the percentage of payout awarded to all three health plans out of a total of what was possible to be awarded. This gives an indication of trends in performance and also shows the variability from year to year for some measures. If a space is left blank, it means that the measure was no longer collected for that year. If the measure has a 0%, it means that no award was given. The "Totals for each area," represent the percentage of payout awarded to the three health plans based on the total amount that was possible to achieve per category.

On balance, health plans demonstrated improvement from 1999 through 2004 though there are exceptions in certain measures. In some cases (e.g., assurance of access to ER and urgent care), modifications in methodology as the program was refined resulted in reduced scores. And in other cases, data transfer issues impacted lead screening scores. Scores in the performance goal program are known to understate actual performance in this area. The transition to standardized measures with national benchmarks has helped to strengthen the program overall.

State Fiscal Years 1999- 2004

'I. Area: ADMINISTRATION MANAGEMENT						
	1999	2000	2001	2002	2003	2004
Temp ID cards w/in 10 days, permanent in 45 days	79%	62%	38%	56%	70%	47%
Mbr hdbk w/in 10 days	77%	57%	38%	61%	48%	35%
PCPs assigned w/in 20 days	68%	62%	47%	69%	73%	83%
Avg speed to answer 30 secs or <	46%	52%	57%	87%	86%	35%
Grievance & appeals in statutory time frames	54%	89%	63%	89%	69%	78%
Pay clean claims in 30 days	63%	61%	45%	87%	92%	97%
Pay claims to ER for medical screening	44%	98%	100%	100%	100%	100%
Notify DHS of TPL w/in 15 days	88%	93%	98%	76%	68%	83%
Call aban. Rate < 5%	60%	75%	92%			

II. Area: ACCESS						
	1999	2000	2001	2002	2003	2004
Mbrs seeking ER, receive servcs immed.	96%	75%	80%	60%	61%	53%
Mbrs seeking urgent care, receive w/in 24 hrs	92%	88%	87%	40%	43%	62%
Mbrs seeking non-er, non-urg BehHlth rec w/in 5days	17%	22%	28%	19%	6%	31%
New adlt mbr receive 1st PCP visit w/in 90 days	52%	50%	19%	85%	89%	92%
New ped mbr recieve 1st PCP visit w/in 90 days	78%	72%	50%	93%	98%	98%

III. Area: CLINICAL CARE						
	1999	2000	2001	2002	2003	2004
1. Mbrs < 2 yrs immunized re: EPSDT	84%	71%	85%	80%	80%	91%
2. Mbrs >6,<21 EPSDT age-approp screenings	49%	72%	72%	95%	95%	93%
3. Preg women adequate+ prenatal -Kotelchuk	43%	51%	26%	64%	61%	30%
4. Avg matern LOS, 2 days vag/4daysC-sec"	90%	100%	100%	0%	0%	0%
5. Lead screening level	53%	19%	0%	29%	23%	22%
6a. Pap rates age 16-20	35%	36%	55%	60%	48%	25%
6b. Pap rates age 20-64	91%	92%	97%	100%	100%	100%
7. BH readmission rate w/90 days <20%	91%					

Totals for each area	1999	2000	2001	2002	2003	2004
total admin	61.7%	71.5%	65.9%	83.7%	79.8%	74.8%
total access	65.7%	61.8%	44.0%	73.2%	75.8%	81.5%
total clinical	63.1%	57.7%	68.2%	68.6%	65.8%	59.5%
total money given out	64.0%	62.0%	60.6%	73.2%	71.6%	69.2%

Appendix C

2006 RIte Care Performance Goal Program Summary

Measurement Period: Calendar Year 2005

I. MEMBER SERVICES

1. Identification cards are distributed within ten (10) calendar days of Plan receipt of enrollment notification from DHS.

Standard: 98 percent
Reference Period: Calendar year 2005

Denominator is the number of all new-to-Plan enrollees whose enrollment has been communicated to the Plan via the MCKR-500 or by DHS/CCFH print screen. (Newborns and EFP excluded from goal program, but not from goal standard.)

Numerator is the number of new-to-Plan enrollees who have been mailed a new member ID card within 10 days of DHS enrollment notification.

Performance Assessment:

Review of Policies and Procedures
Detailed monthly reports with method to track time from enrollment to distribution of cards, showing turnaround time (TAT)
Actual performance as demonstrated in reports

2. Member handbooks are distributed within ten (10) calendar days of Plan receipt of enrollment notification.

Standard: 98 percent
Reference Period: Calendar year 2005

Denominator is the number of all new-to-Plan enrollees whose enrollment has been communicated to the Plan via the MCKR-500 or by DHS/CCFH print screen. (Newborns and EFP excluded from goal program, but not from goal standard.)

Numerator is the number of new-to-Plan enrollees who have been mailed a new member handbook within 10 days of DHS enrollment notification.

Performance Assessment:

Review of Policies and Procedures
Detailed monthly reports with method to track time from enrollment to distribution of member handbooks, showing turnaround time (TAT)
Actual performance as demonstrated in reports

3. A new member welcome call is completed within 30 calendar days from Plan notification of enrollment via MCKR-500 or DHS/CCFH screen print.

Standard: 65 percent
Reference Period: Calendar year 2005
Must be RIte Care specific

Denominator is the number of all new-to-Plan enrollees whose enrollment has been communicated to the Plan via the MCKR-500 or by DHS/CCFH print screen.

Numerator is the number of new-to-Plan enrollees who have a documented, completed new member "welcome call" within 20 days of DHS notification of enrollment.

Performance Assessment:

Part I. Policies and Procedures

Definitions of attempted and completed
Documentation of effort to contact

Part II. Health Plan tracking and monitoring

Reports demonstrating days from enrollment to completed call
Monthly performance against standard

4. Member and provider administrative, clinical (medical, behavioral health and pharmacy) appeals are resolved within contractual timeframes.

Standard: 97 percent
Reference Period: Calendar year 2005
Based on RIte Care standards

Denominator is the number of appeals received during the calendar year. (Quality of Care complaints are excluded.)

Numerator is the number of appeals resolved within the contractual timeframes.

Performance Assessment:

Review Policies and Procedures for identifying and acting upon grievances and appeals
Ensure that processes are in place to notify members of opportunities for grievances and appeals and for DHS Fair Hearing
Review logs or other Health Plan mechanisms for tracking complaints, grievances and appeals and resolution turnaround times
If no grievances (or appeals) ability to demonstrate resolution of issue before its elevation to grievance or appeal level
If grievances and appeals are present, percent resolved timely
Review the timing of the submission of contractually required informal complaint, grievance and appeals reports
Review templates of denial correspondence

II. PREVENTIVE CARE, MEDICAL HOME AND ACCESS TO CARE

1. Members have access to emergency services (CAHPS®).

Standard: 90 percent
Reference year: Calendar year 2005
RIte Care specific

Performance Assessment:

Health Plan's written materials for members provide clear direction for obtaining care in the case of emergency:

— Member handbook
— Member ID card
Additional member education material on emergency, e.g. newsletter, other mailings
Provider contract, manual and provider education regarding policies on member access to emergency care
CAHPS survey questions on access to emergency care

2. Members were satisfied with access to urgent care (CAHPS®).

Standard: 80 percent
Reference year: Calendar year 2005
RIte Care specific

Performance Assessment:

Health Plan has established policies and procedures to inform members and providers (including behavioral health and pharmacy) about member access to urgent care and the RIte Care access standard.
Provider contract, manual and provider education regarding urgent care policy and RIte Care standard
Plans will specifically demonstrate members have sufficient telephone access to PCPs after business hours (including weekends and holidays) and that the PCP or covering PCP (TBD).
Plans will specifically demonstrate members have sufficient access to PCPs during business hours (TBD).
CAHPS® survey questions on access to urgent care

3. Members had access to urgent care appointments during business hours.

During 2006, the State and Health Plans have developed a proposed combined measure that addresses access to urgent care during business hours and access to PCPs after business hours (see Item II-4 below). This proposed measure will address ED utilization. A baseline rate of ED utilization will be calculated for calendar year 2005, based upon encounter data received by 03/31/2006. This combined measure will not be included in the award calculation for CY 2005.

4. Members had PCP telephone access after business hours.

During 2006, the State and Health Plans have developed a proposed combined measure that addresses access to urgent care during business hours (see Item II-3 above) and access to PCPs after business hours. This proposed measure will address ED utilization. A baseline rate of ED utilization will be calculated for calendar year 2005, based upon encounter data received by 03/31/2006. This combined measure will not be included in the award calculation for CY 2005.

5. Adult members had an ambulatory or preventive care visit.

Standard: 90 percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the National Center for Quality Assurance (NCQA).

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

6. Child members had an ambulatory or preventive care visit.

Standard: 90 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

This measure will not be included in the award calculation for CY 2005. Please refer to Item II-11.

7. Members had well-child visits in their first 15 months of life.

Standard: 85 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

8. Members had well-child visits in their 3rd through 6th years of life.

Standard: 80 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

9. Adolescents who turned 13 years old received a second dose MMR and three Hepatitis B immunizations prior to their 13th birthday.

Standard: 75 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

10. Children who turned two years old received 4 DtaP/DT, 2 IPV, I MMR, 3 Hib, 3 Hepatitis B, and VZV immunizations.

Standard: 75 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

11. Children had a visit with a Health Plan PCP (HEDIS® Access).

Standard: 98 percent for members between 12 – 24 months of age; 95 percent for members between 25 months and six years of age, members between seven and 11 years of age, and 12 – 19 years of age.
Reference period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessments are based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominators are the HEDIS® denominators.

Numerators are the HEDIS® numerators.

12. Children received at least one age appropriate blood lead screen prior to their second birthday.

Standard: 85 Percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on analysis of the Plan's encounter data for CY 2005, received by 03/31/2006, or RI Department of Health data.

Denominator: All children who reach 24 months of age during the reference period and who have been enrolled with the Health Plan at least 31 days.

Numerator: Of the children identified in the denominator, all those with a blood lead screen between their 9^{th} and 24^{th} month.

13. Members 18 years of age and older received advice to quit smoking.

Standard: 70 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited CAHPS® data submission to the NCQA.

Denominator is the CAHPS® denominator.

Numerator is the CAHPS® numerator.

14. Pregnant members received timely prenatal care.

Standard: 85 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

15. Pregnant members received timely postpartum care.

Standard: 90 percent
Reference Year: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

16. Proposed New HEDIS® Use of Services Goal: Members between 12 – 21 years of age had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner.

This measure will not be included in the award calculation for CY 2005. During 2006, the State and Health Plans have developed a proposed set of measures to address teen pregnancy. (Please refer to Items III-3 and III-4.) This proposed measure would address adolescents' receipt of well care. A baseline rate will be calculated for calendar year 2005.

III. WOMEN'S HEALTH

1. Female enrollees 18 – 64 years of age received cervical cancer screening.

Standard: 85 percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

2. Female enrollees 16 – 25 years identified as sexually active received Chlamydia screening.

Standard: 85 percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

3. First-time pregnancies for female enrollees less than 20 years of age decreased.

This measure will not be included in the award calculation for CY 2005. During 2006, the State and Health Plans have developed a proposed set of incremental measures to address teen pregnancy. Please refer to Item II-16 for the baseline measurement of adolescent well care utilization.

4. Subsequent pregnancies for female enrollees less than 20 years of age decreased.

This measure will not be included in the award calculation for CY 2005. During 2006, the State and Health Plans have developed a proposed set of measures to address teen pregnancy. Please refer to Item II-16 for the baseline measurement of adolescent well care utilization.

IV. CHRONIC CARE

1. Members between five and 17 years of age with asthma used appropriate medications.

Standard: 70 percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Measure:

The measure should be reported for the following age stratifications:

- Members between five and nine years of age
- Members between 10 and 17 years of age
- The combined rate for members between five and 17 years of age

Denominators are the HEDIS® denominators.

Numerators are the HEDIS® numerators.

2. Adult members with diabetes had HbA1c testing.

Standard: 90 percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

3. Proposed New Chronic Care Goal (HEDIS® Effectiveness of Care Measure): Members 18 years of age and older as of the 120th day of the measurement year who were diagnosed with a new episode of depression and treated with antidepressant medication, and who remained on an antidepressant drug during the entire 84-day (12-week) Acute Treatment Phase.

This measure will not be included in the award calculation for CY 2005. During 2006, the State and Health Plans proposed that a new chronic care measure be added to the Performance Goal Program (HEDIS® Anti-depressant Medication Management: Effective Acute Phase Treatment). A baseline rate for this proposed HEDIS® measure will be calculated for calendar year 2005.

V. BEHAVIORAL HEALTH

1. Members six years of age or older who were hospitalized for treatment of mental health disorders received a follow-up visit up to 30 days post discharge.

Standard: 65 percent
Reference Period: Calendar year 2004
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's final audited HEDIS® data submission to the NCQA.

Denominator is the HEDIS® denominator.

Numerator is the HEDIS® numerator.

VI. RESOURCE MAXIMIZATION

1. Health Plan notifies the Department of Human Services of any potential source of third-party liability (TPL) within five (5) days of such source becoming known to contractor or its subcontractors.

Standard: 90 Percent
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessments:

Review of Policies and Procedures regarding TPL
Established method and reporting for internal review of TPL
Timely and regular reports provided to Center for Child and Family Health

2. Rate of prescription substitution of generic alternatives for brand-name medications, where generic equivalents exist.

Standard: 1 percent improvement annually
Reference Period: Calendar year 2005
RIte Care specific

Performance Assessment:

Assessment is based on the Plan's encounter data for CY 2005, received by 03/31/2006.

Denominator is the total number of prescription encounters, excluding over the counter (OTC) prescriptions.

Numerator is the number of prescription encounters, excluding OTC claims, with a generic indicator.

Appendix D

Rhode Island uses the following national benchmark data from **National Committee on Quality Assurance (NCQA)** and **Agency for Healthcare Research and Quality (AHRQ).** This information is published annually and provides states with a national cohort of Medicaid managed care plans to compare to.

Health Plan Employer Data and Information Set (HEDIS®)

HEDIS® measures are standardized performance measures that give States, health plans and consumers the ability to compare the performance of managed care plans. HEDIS® measures include: the effectiveness of care, access and availability of care, cost of care, and member satisfaction. HEDIS® measures were established by the National Committee on Quality Assurance (NCQA), a non-profit organization, whose primary goal is to improve the quality of health care through measurement, transparency and accountability. Close to 250 organizations, representing over 400 health plans nationwide, submit HEDIS® data annually to NCQA. NCQA ranks Medicaid and non-Medicaid health plans annually.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

CAHPS® is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care. CAHPS® survey results can be used to compare and report on performance and improve the quality of care. CAHPS® data is administered by the Agency for Healthcare Research and Quality at the U.S. Department of Health & Human Services.

The following chart is an example of national HEDIS® and CAHPS® data that was used in 2006. Rhode Island uses the most current national data that is available in comparing its health plan data. (See next page.)

RITE CARE PERFORMANCE GOAL PROGRAM
NATIONAL MEDICAID HEDIS® & CAHPS® MEASURES USED – CY 2005

HEDIS® Measures:

Measure Description	# of MCOs	Avg.	10th %ile	25th %ile	50th %ile	75th %ile	90th %ile
W15 Well Child Visit 1st 15 Months - Six or More Visits Rate	129	46.82	15.97	40.12	48.49	56.57	67.74
AAP Adult Acc Prev/Amb Health Services - Rate Age 20-44	92	75.75	62.24	70.56	78.55	83.61	85.4
ASM Medications Use for Asthma - Rate: Age 5 to 9	120	62.75	45.1	58.1	66.56	72.34	76.36
ASM Medications Use for Asthma - Rate Age 10 - 17	121	61.81	51.99	58.7	64.06	69.49	72.73
AWC Adolescent Well-Care - Reported Rate*	125	40.33	29.39	33.1	39.11	47.62	55.32
CAP Child Access Primary Care Provider - Rate 25 Mos. - 6 Yrs.	96	81.56	68.69	78.27	84.63	87.86	91.32
CAP Child Access Primary Care Provider - Rate - Age 7-11	95	82.38	70.75	77.16	83.75	89.55	92.81
CCS Cervical Cancer Screening - Reported Rate	137	64.52	51.05	58.88	64.51	72.26	76.62
CIS Childhood Immunization Status - Combo 2 Rate	142	62.87	47.81	56.69	66.02	71.53	75.67
CAP Child Access Primary Care Provider - Rate 12-24 Mos.	96	91.8	79.72	91.08	94.58	97.06	98.19
AIS Adolescent Immunization Status - Hepatitis B Rate	104	61.02	34.24	49.16	63.27	74.33	80.78
PPC Prenatal Postpartum Care - Rate - Timeliness of Prenatal Care	138	78.25	63.75	73.68	81.27	86.42	89.54
W34 Well Child Visit in 3, 4, 5, 6 Yrs - Reported Rate	126	61.87	44.74	55.96	64.19	70.8	77.54
FUH Follow-up After Hospitalization for Mental Illness - Rate - 30 Days	39	54.31	22.42	44.06	54.84	70.56	81.25
PPC Prenatal Postpartum Care - Rate - Postpartum Care	139	55.89	38.89	50.8	58.39	65.21	69.83
AAP Adult Acc Prev/Amb Health Services - Rate Age 45-64	92	81.06	65.98	78.11	84.24	87.28	88.7
AIS Adolescent Immunization Status - MMR Rate	104	71.63	49.65	61.19	74.67	82.6	90.21
AMM Antidepressant Medication Mngmt - Rate for Effective Acute Phase Treatment*	32	46.41	37.21	41.59	46.35	51.47	55.06
CDC Comprehensive Diabetes Care - Rate - HbA1c Testing	114	74.95	59.12	70	78.79	84.18	88.81
CHL Chlamydia Screening - Rate: Age 16 to 20	117	45.23	27.5	37.34	46.63	53.09	63.55
CHL Chlamydia Screening - Rate: Age 21 to 25	117	48.2	28.64	38.66	51.07	58.29	64.47

CAHPS® Measures:

Measure Description	# of MCOs	Avg.	10th %ile	25th %ile	50th %ile	75th %ile	90th %ile
Q17: Emergency Care/"How long did you have to wait?"	77	54.41	44.13	48.48	52.48	59.09	67.3
Q16: Urgent Care/"How often did you get care as soon as you wanted?"	77	81.68	74.24	78.07	81.58	85.51	88.73
Medical Assistance With Smoking Cessation - Advising Smokers to Quit	71	67.03	56.99	63.25	67.86	71.81	74.34

*Asterisk indicates that baseline data were collected for the first time this year.

Appendix E

U.S. News & World Report/ NCQA
America's Best Health Plans: Medicaid, 2005

The 2005 managed-care Honor Roll recognizes commercial, Medicare, and Medicaid health plans that stand out in new *U.S. News* rankings. The rankings were compiled from data collected and analyzed by the National Committee for Quality Assurance, managed care's major accrediting body. See the complete rankings for Medicaid plans.

1 Blue Cross & Blue Shield of Rhode Island (POS)*
Rhode Island
Score: 89.4

2 Kaiser Foundation Health Plan of Hawaii (HMO)
Hawaii
Score: 88.0

3 Neighborhood Health Plan of Rhode Island (HMO)
Rhode Island
Score: 87.9

4 BlueShield of Northeastern New York (HMO)
New York
Score: 87.8

5 UPMC Health Plan (HMO)
Pennsylvania
Score: 87.2

6 UnitedHealthCare of New England (HMO)
Rhode Island
Score: 87.0