

Monitoring Quality And Access In RItE Care

RI Department of Human Services ▪ Center for Child and Family Health ▪ October 2007

Introduction

RItE Care is Rhode Island's Medicaid Managed Care Program that provides comprehensive health care for children and families. There are three participating RItE Care health plans – Blue Cross and Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England. In 2006, the NCQA¹ and U.S. News and World Report ranked all three of RItE Care's Medicaid health plans in the top four in the country.²

The goals of RItE Care are to improve access to care, the quality of care, and health outcomes while containing costs. The Department of Human Services (DHS) monitors quality and access in RItE Care's health plans by:

- Defining quality and access standards in Rhode Island's contracts with the health plans;
- Requiring that health plans maintain NCQA certification;
- Conducting the annual Performance Goal Program;
- Contracting with an External Quality Review Organization (EQRO) to perform an independent annual review of the RItE Care program;
- Conducting annual on-site compliance reviews;
- Monitoring encounter data to assess trends in service utilization;
- Analyzing a series of quarterly reports, including informal complaints, grievances, and appeals;
- Conducting member satisfaction surveys and
- Conducting bi-monthly contract compliance meetings with each health plan.

External Quality Review

DHS is required by the Centers for Medicare and Medicaid Services (CMS) to have an External Quality Review Organization (EQRO) conduct an annual review of the services provided by RItE Care's contracted health plans. The EQRO uses audited HEDIS® and CAHPS® information that has been submitted to the National Committee for Quality Assurance (NCQA) and also utilizes RItE Care reports and surveys in their review.

The most recent EQRO report³ by IPRO concluded that-

“... the RItE Care program and the three health plans, specifically, have had a positive impact on the accessibility, timeliness, and quality of services for Medicaid recipients that each of the plans' *Excellent* NCQA accreditation status would imply. The performance of RItE Care and its three health plans is the highest of all NCQA-accredited Medicaid managed care organizations in the country.”

¹ National Committee for Quality Assurance

² NCQA & U.S. News and World Report, November 2006.

³ Annual External Quality Review- Aggregate Technical Report for the RItE Care Medicaid Managed Care Program, Reporting Years 2004-2006, IPRO, Inc. (June 2007), p.4.

RItE Care Performance Goal Program

In 1998, the DHS started the *RItE Care Performance Goal Program*, which established benchmark standards for quality and access performance measures. Rhode Island was the second state in the nation to implement a quality-based purchasing initiative, also known as “pay-for-performance” programs, for its Medicaid managed care program. RItE Care’s Performance Goal Program is now in its ninth year and continues to be refined. Through the Performance Goal Program, the State encourages and rewards continuous quality improvement in its participating RItE Care health plans.⁴

Methodology

DHS currently uses both Rhode Island-specific standards and standards based on national benchmarks (HEDIS® and CAHPS® measures). The following table shows the percent allocation of incentive payments available to health plans by performance measure category. See Table 1 below.

**Table 1. Percentage of Performance Award Available by Category
2007 Performance Goal Program**

Performance Measures- Categories	Percent of total performance award available	Type of Measure
1. Member Services	20%	State-specific
2. Medical Home/ Preventive Care	45%	HEDIS® & CAHPS®
3. Women’s Health	10%	
4. Chronic Care	15%	
5. Behavioral Health	5%	
6. Cost Management	5%	State-specific
TOTAL	100%	

Table 2 (on page 4 and 5) shows three years of statewide averages for each HEDIS® and CAHPS® measure. The statewide average is an average of the three health plans’ results. Health plans are asked to submit baseline data for measures that are newly added to the Performance Goal Program. These are shown in Table 2. Baseline measures that were introduced in reporting year 2007 were not counted towards an incentive payment.

Measures that are highlighted in blue indicate scores with results meeting or exceeding the 90th percentile for HEDIS® and CAHPS® measures reported to NCQA. The HEDIS 90th percentile for Medicaid health plans is based on the number of Medicaid health plans nationally that report data to NCQA. Table 2 represents an aggregate of Rhode Island’s values for each measure compared with other Medicaid health plans in the nation.

The Evolution of the RItE Care Performance Goal Program

As of 2007, most of the measures in RItE Care’s Performance Goal Program are nationally recognized metrics. This approach gives the State the ability to compare results with national benchmarks and facilitates the development of achievable goals. As the RItE Care program matures, DHS continues to

⁴ For more information on the RItE Care Performance Goal Program, see www.ritcare.ri.gov under Reports & Publications>RItE Care Performance Goal Program, 2005 and 2006.

modify the Performance Goal Program's set of measures and sometimes the amount of incentive awards allocated to certain measures. The following items indicate recent changes in the program:

- DHS is focusing greater attention on chronic health conditions, such as depression in adults. In 2006, the *Antidepressant Medication Management* measure was added as a baseline and counted the following year for an incentive payment. In addition, in 2007, the overall percentage allocated for chronic disease management measures was increased.
- More focus is being placed on measures that address the needs of children, youth, and adolescents. Two measures that were recently added include the *Adolescent Well Care Visit* measure in 2006 and the *Follow-up Care for Children Prescribed ADHD Medication (Initiation Phase)* in 2007.
- DHS has reinforced RItE Care's commitment to ensure access to early and ongoing prenatal and postpartum care by adding a new measure and increasing the allocation for two measures in this area. In 2007, the percentage of incentive allocated for *Members Received Timely Prenatal Care* and *Members Received Timely Postpartum Care* both increased and a new measure was added - the *Frequency of Ongoing Prenatal Care*.

Conclusion

Overall, RItE Care's health plans have done exceptionally well. In the **Medical Home/ Preventive Care** performance goal category, the plans scored at or above the 90th percentile for 10 out of 18 measures in 2007. (See Table 1.) In the three years shown, 2005-2007, improvement was made each year, with more measures reaching or exceeding the 90th percentile mark than the year before. These results indicate that members have access to care, have a medical home and are getting preventive visits.

In the other performance goal categories, results are more mixed, indicating that progress is being made but steady concerted efforts in some areas are needed. In the **Women's Health** performance goal category, the health plans did very well on the *Cervical Cancer Screening* measure, exceeding the 90th percentile for all three years reported. The health plans did less well on the *Chlamydia Screening* measure, where the score almost reached the mean for Medicaid plans nationally. This comparison with national Medicaid health plans is very useful in analyzing results.

In the **Chronic Care** category, the health plans did very well on the *Appropriate Use of Asthma Medications for Children* measure and also did well in *HbA1c Screening* for diabetics. Since several new measures were recently added, it is anticipated that the health plans' quality improvement activities will be tailored to address these measures.

Rhode Island continues to have a dynamic relationship with its RItE Care health plans. The program's external quality review is extremely helpful to state staff by augmenting the work of the State, providing an external analysis of quality improvement initiatives within and across RItE Care's participating managed care plans.

RItE Care's Performance Goal Program has demonstrated that it can be adjusted and is flexible enough to refocus improvement efforts from year to year. The program also contributes to strengthening an ongoing partnership with RItE Care's health plans. The Performance Goal Program is based on a series of benchmarks that are used by the State to guide its oversight and management of the RItE Care program. Our overarching goal is to ensure the value-based purchase of high quality, accessible and timely health services for families in Rhode Island.

Table 1: Results of HEDIS® and CAHPS® Measures in Rite Care's Performance Goal Program, 2005 - 2007

Performance Category and Measures	Type of Measure	Statewide Average 2005	Statewide Average 2006	Statewide Average ¹ 2007	90 th Percentile ²	Medicaid Mean ³
		CY 2004	CY 2005	CY 2006		
<i>Medical Home/ Preventive Care</i>						
Members had access to emergency services ⁴	CAHPS®	60	63	N/A	N/A	N/A
Members were satisfied with access to urgent care	CAHPS®	87	86	84	88	81
Adults- ambulatory or preventive care visit (20-44 yrs.)	HEDIS®	87	87	88	87	76
Adults- ambulatory or preventive care visit (45-64 yrs.)	HEDIS®	89	89	89	89	81
Infants had well-child visits in first 15 months of life	HEDIS®	83	83	84	69	49
Children had well-child visits in 3 rd -6 th year of life	HEDIS®	76	79	78	78	63
Adolescents receive 2 nd MMR before 13 th birthday	HEDIS®	63	88	85	91	71
Adolescents receive 3 rd HepB before 13 th birthday	HEDIS®	63	83	83	85	64
Adolescents receive 1 VZV before 13 th birthday	HEDIS®	N/A	N/A	81	75	48
Children receive immunizations by 2 nd birthday	HEDIS®	68	83	81	83	70
Children receive periodic PCP visits (12-24 mos.)	HEDIS®	98	99	98	98	92
Children receive periodic PCP visits (25 mos.-6 yrs.)	HEDIS®	92	93	93	92	83
Children receive periodic PCP visits (7-11 yrs.)	HEDIS®	93	94	94	92	83
Children receive periodic PCP visits (12-19 yrs.)	HEDIS®	89	91	92	90	80
Members over 18 yrs received advice on smoking cessation	CAHPS®	75	70	69	72	66
Members received timely prenatal care	HEDIS®	82	87	89	91	79
Members received timely postpartum care	HEDIS®	64	66	66	71	57
Adolescent well care visit ⁵	HEDIS®	54	57	58	55	41
Frequency of ongoing prenatal care (baseline) ⁶	HEDIS®	28	67	67	80	56

¹ Statewide average = average of three Rite Care Health Plan percentage for each measure. Performance measures that are equal to or greater than the 90th percentile (as reported for HEDIS® 2006 & CAHPS® 2006, Quality Compass 2006 ®) are highlighted in blue.

² Quality Compass 2006 ®.

³ Quality Compass 2006 ®.

⁴ This measure was eliminated in CAHPS® 4.0; therefore, no value is available for 2007.

⁵ New measure in the 2007 Performance Goal Program (PGP); this measure was treated as a baseline in the 2006 PGP.

⁶ Baseline measure; not included in the 2007 Performance Goal Program.

Performance Category and Measures	Type of Measure	Statewide Average 2005	Statewide Average 2006	Statewide Average ⁷ 2007	90 th Percentile ⁸	Medicaid Mean ⁹
		CY 2004	CY 2005	CY 2006		
<i>Women's Health</i>						
Cervical cancer screening (21-64 yrs.)	HEDIS®	85	85	82	77	65
Chlamydia screening ¹⁰ (16-20 yrs.)	HEDIS®	47	48	45	64	49
Chlamydia screening (21-25 yrs.)	HEDIS®	47	49	49	68	52
<i>Chronic Care</i>						
Children with asthma use appropriate meds (5-9 yrs.)	HEDIS®	N/A ¹¹	95	97	96	88
Children with asthma use appropriate meds (10-17 yrs.)	HEDIS®	N/A	88	90	94	86
Adults with diabetes had HbA1c testing	HEDIS®	83	81	85	89	76
Antidepressant Rx management (acute phase) ¹²	HEDIS®	N/A	37	44	55	46
Follow-up for children prescribed ADHD medication-initiation phase (baseline) ¹³	HEDIS®	N/A	N/A	37	N/A	N/A
<i>Behavioral Health</i>						
Follow-up visit by 30 days post discharge from hospital (mental health)	HEDIS®	73	79	78	85	57

⁷ Performance measures that are equal to or greater than the 90th percentile as reported for HEDIS® 2006 & CAHPS® 2006 in Quality Compass 2006 ®.

⁸ Quality Compass 2006 ®.

⁹ Quality Compass 2006 ®.

¹⁰ Age groups were combined in 2005 (16-25 yrs.)

¹¹ *Children With Asthma Use Appropriate Meds* – 2005 rates are not displayed because this measure cannot be trended due to changes in the measure specifications from HEDIS® 2005 to 2006.

¹² New measure in 2007; piloted as a baseline measure in the 2006 Performance Goal Program.

¹³ Baseline measure; new in 2007. No Quality Compass® 2006 data are available.

For more information on the RIte Care Performance Goal Program please contact Robyn Hoffmann at RMHoffmann@dhs.ri.gov
RI Department of Human Services, October 2007