

Monitoring Quality And Access In RItE Care

RI Department of Human Services ▪ Center for Child and Family Health ▪ October 2008

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 & Blue Shield of Rhode Island, Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England. In 2007, the NCQA¹ and *U.S. News and World Report* ranked all three of RItE Care's Medicaid health plans in the top ten 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
- Conducting 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 review³ 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 report by IPRO concluded that-

“... the RItE Care Program, including each of the three Health Plans, has had a positive impact on the accessibility, timeliness, and quality of services for Medicaid recipients that each of the Plan's Excellent NCQA accreditation status would imply. ”

¹ National Committee for Quality Assurance

² NCQA & *U.S. News and World Report*, November 2007.

³ Annual External Quality Review - Aggregate Technical Report for the RItE Care Medicaid Managed Care Program, Reporting Year 2007, IPRO, Inc. (May 2008), p. 5.

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 tenth year and continues to advance quality improvement initiatives focusing on access to preventive care and chronic disease management services. 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
2008 Performance Goal Program**

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

Table 2 (on page 5 and 6) 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. Only one measure was modified this year - *Lead Screening in Children*.

Measures that are highlighted in blue indicate scores that meet or exceed the 90th percentile for HEDIS® and CAHPS® measures that are reported to the NCQA. Measures that are highlighted in grey indicate scores that meet or exceed the 75th percentile. Rhode Island’s values for each measure can be compared with other Medicaid health plans in the nation by looking at the 75th and 90th percentile columns. The 75th and 90th percentile columns represent aggregate values for all Medicaid health plans in the nation that submit data to the NCQA.

⁴ For more information on the RItE Care Performance Goal Program, see www.ritecare.ri.gov under Reports & Publications> Monitoring Quality and Access in RItE Care, October 2007.

Findings of the 2008 Performance Goal Program (See Table 2 on p. 5 and 6)

Medical Home/ Preventive Care

In the **Medical Home/Preventive Care** performance goal category, all three health plans reached or exceeded the 90th percentile on almost all preventive/ambulatory visit measures. These results indicate that members have access to care, a medical home and are getting preventive visits. The plans have consistently done well on these measures scoring greater than or equal to the 90th percentile compared with Medicaid health plans nationally.

Women's Health

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. Chlamydia screening, on the other hand, poses an opportunity for improvement. The health plans did less well on the *Chlamydia Screening* measure, where the score for both age groups, 16-20 year olds and 21-25 year olds, did not reach the 75th percentile for Medicaid plans nationally, however, the scores did improve slightly from the previous year. For the coming calendar year, DHS has required each RIte Care Health Plan to develop a Quality Improvement Plan focusing upon interventions to enhance Chlamydia screening.

Chronic Care

In the **Chronic Care** category, the health plans did very well on the *Appropriate Use of Asthma Medications for Children* measure in children 5 to 9 year olds. They also improved from the previous year on the asthma measure for children 10-17 year olds. For *HbA1c Screening* for diabetics, the health plans just reached the 75th percentile. Comprehensive diabetes care remains a targeted area of focus for performance improvement in the coming year.

The HEDIS® *Antidepressant Medication Management (AMM) measure*, specifically the effective follow-up of members during the acute phase of treatment for major depression, was piloted as a baseline metric in RIte Care's 2006 Performance Goal Program. Subsequently, this HEDIS® measure was scored and treated as an active one in the Performance Goal Program, beginning in 2007. The AMM measure was incorporated into the Performance Goal Program as Rhode Island sought to expand our emphasis on the management of chronic disease. This measure is a challenging one, requiring health plans to calculate the percentage of adult members who were diagnosed with a new episode of major depression, who were treated with antidepressant medication, and who remained on an antidepressant drug during the acute (first 12 weeks) phase of treatment. During 2007, scores for this complex, yet important measure were reported to the NCQA by only 38 Medicaid managed care plans nationally.

Seeking to further emphasize the importance of access to behavioral health services for children and youth, the HEDIS® *Follow-up for Children Prescribed ADHD Medication (ADD) measure* was added as a baseline metric in 2007. In 2008, this measure was scored and treated as an active measure and overall performance exceeded the 90th percentile.

New Measures for 2008

In 2008, the NCQA introduced a new HEDIS® measure for Medicaid managed care plans, *Lead Screening in Children*. Prior to the development of this HEDIS® measure, Rhode Island's Performance Goal Program included a State-specified method for calculating the percentage of members who had been screened for lead prior to their second birthday. Having previously advocated that the NCQA develop and adopt a HEDIS® lead screening measure for Medicaid managed care plans, Rhode Island instructed the RItE Care Health Plans to use the new HEDIS® methodology to calculate their lead screening statistic in 2008, in place of the former State-specified method. Because this is the first year that lead screening scores have been reported to the NCQA by Medicaid plans, we are unable to externally benchmark RItE Care's finding in 2008. Nonetheless, RItE Care's percentage of lead screening improved in 2008, in comparison to our findings from the each of the past three years.

Conclusion

Overall, RItE Care's Health Plans have done exceptionally well. RItE Care's Performance Goal Program continues to be useful to both the State and the RItE Care health plans as a tool to improve quality. The State is able to compare individual and aggregate health plan scores by measure and then compare that with Medicaid health plans nationally. The program has proven to be flexible, as adjustments have been made almost every year. The State, in partnership with the RItE Care health plans, will continue to improve health outcomes and provide access and quality health care services for Rhode Island's RItE Care members.

Table 2: Results of HEDIS® and CAHPS® Measures in Rite Care's Performance Goal Program, 2006 - 2008

Performance Category and Measures	Type of Measure	Statewide Average 2006	Statewide Average 2007	Statewide Average ¹ 2008	75 th Percentile ²	90 th Percentile ³
		CY 2005	CY 2006	CY 2007		
<i>Medical Home Preventive Care</i>						
Members were satisfied with access to urgent care	CAHPS®	86	84	87	84	86
Adults with an ambulatory or preventive care visit (20-44 yrs.)	HEDIS®	87	88	89	85	88
Adults with an ambulatory or preventive care visit (45-64 yrs.)	HEDIS®	89	89	90	89	90
Infants had well-child visits in first 15 months of life	HEDIS®	83	84	81	64	75
Children had well-child visits in 3 rd -6 th year of life	HEDIS®	79	78	78	75	80
Adolescents receive 2 nd MMR before 13 th birthday ⁴	HEDIS®	88	85	N/A		
Adolescents receive 3 rd HepB before 13 th birthday	HEDIS®	83	83	N/A		
Adolescents receive 1 VZV before 13 th birthday	HEDIS®	N/A	81	N/A		
Children receive immunizations by 2 nd birthday	HEDIS®	83	81	76	71	74
Children receive periodic PCP visits (12-24 mos.)	HEDIS®	99	98	99	97	98
Children receive periodic PCP visits (25 mos.-6 yrs.)	HEDIS®	93	93	93	89	91
Children receive periodic PCP visits (7-11 yrs.)	HEDIS®	94	94	95	91	93
Children receive periodic PCP visits (12-19 yrs.)	HEDIS®	91	92	92	89	91
Members over 18 yrs received advice on smoking cessation	CAHPS®	70	69	74	72	76
Members received timely prenatal care	HEDIS®	87	89	88	89	91
Members received timely postpartum care	HEDIS®	66	66	64	65	71
Adolescent well care visit	HEDIS®	57	58	59	51	59
Frequency of ongoing prenatal care	HEDIS®	67	67	66	72	79
Lead screening for children (baseline) ⁵	HEDIS®	80	82	85	N/A	N/A

¹ Statewide average = the average of the three Rite Care Health Plans' score for each measure. Previous years' averages that were equal to or greater than the 90th percentile are bolded.

² Scores from 2008 that are ≥ the 75th percentile are bolded and highlighted in grey (as reported for HEDIS® 2007 & CAHPS® 2007, Quality Compass 2007®).

³ Scores from 2008 that are ≥ the 90th percentile are bolded and highlighted in blue (as reported for HEDIS® 2007 & CAHPS® 2007, Quality Compass 2007®).

⁴ The Adolescent Immunization Status (AIS) series of measures was retired from the HEDIS® 2008 Technical Specifications. The NCQA will include a revised AIS measure in its HEDIS® 2009 specifications.

⁵ This is a first-year HEDIS® 2008 measure that does not have Quality Compass 2007® comparison data available.

Performance Category and Measures	Type of Measure	Statewide Average 2006	Statewide Average 2007	Statewide Average 2008	75 th Percentile ⁶	90 th Percentile ⁷
		CY 2005	CY 2006	CY 2007		
<i>Women's Health</i>						
Cervical cancer screening (21-64 yrs.) ⁸	HEDIS®	85	82	85	72	77
Chlamydia screening (16-20 yrs.)	HEDIS®	48	45	49	59	65
Chlamydia screening (21-25 yrs.)	HEDIS®	49	49	62	63	70
<i>Chronic Care</i>						
Children with asthma use appropriate meds (5-9 yrs.)	HEDIS®	95	97	97	95	96
Children with asthma use appropriate meds (10-17 yrs.)	HEDIS®	88	90	93	91	93
Adults with diabetes had HbA1c testing	HEDIS®	81	85	84	84	89
Antidepressant Rx management (acute phase)	HEDIS®	37	44	43	48	51
Follow-up for children prescribed ADHD medication - initiation phase	HEDIS®	N/A	37	44	39	44
<i>Behavioral Health</i>						
Follow-up visit by 30 days post discharge from hospital (mental health)	HEDIS®	79	78	79	76	80

⁶ Quality Compass 2007 ®.

⁷ Quality Compass 2007 ®.

⁸ One Health Plan rotated this measure in 2008, therefore its score from HEDIS® 2007 was used in calculating the 2008 Statewide Average.