

Monitoring Quality And Access In RItE Care

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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 2008, 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 For the past four consecutive years, all three of RItE Care's participating Health Plans have been ranked in the Medicaid "Top Ten". No other State's Medicaid managed care program has demonstrated this high level of performance.

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
- Setting requirements for the Health Plans' three annual quality improvement projects

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 Plans' Excellent NCQA accreditation status would imply. ”

¹ National Committee for Quality Assurance

² NCQA & *U.S. News and World Report*, <http://health.usnews.com/sections/health/health-plans/index.html> (Accessed 01/01/09)

³ Annual External Quality Review - Aggregate Technical Report for the RItE Care Medicaid Managed Care Program, Reporting Year 2008, IPRO, Inc. (July 2009), p. 5.

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 eleventh year and continues to advance quality improvement initiatives focusing on access to preventive care and chronic disease management services.

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.

**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%	
6. Cost Management	5%	State-specific
TOTAL	100%	

Table 2 (on page 7 and 8) shows three years of statewide averages for each HEDIS® and CAHPS® measure. The statewide average is an average of the three Health Plans’ results. 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.

Findings of the 2009 Performance Goal Program (See Table 2 on p. 7 and 8)

Medical Home/ Preventive Care

- **Preventive/Ambulatory Visits**

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 the recommended number of preventive visits. The Health Plans have consistently done well on these measures scoring greater than or equal to the 90th percentile compared with Medicaid Health Plans nationally.

- **Lead Screening in Children**

In 2009, the Statewide Average score for *Lead Screening in Children* exceeded the RIte Care Contract's target goal of 85 percent. This is a noteworthy first-time accomplishment and demonstrates the ongoing collaboration between the RIte Care Health Plans and the Rhode Island Departments of Health and Human Services. The NCQA added the *Lead Screening in Children* measure to the HEDIS® series for Medicaid Health Plans because of its clinical significance for children with Medicaid coverage.

- **Weight Assessment and Counseling for Nutrition and Physical Activity**

Several new baseline preventive health measures, focusing upon weight assessment and counseling, were piloted in RIte Care's 2009 Performance Goal Program. For more on "New Measures for 2009," see pages 4 & 5.

Women's Health

- **Cervical Cancer Screening**

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 in Women**

As noted on page 1, each RIte Care Health Plan must complete three quality improvement projects (QIPs) on an annual basis. The findings from these projects are then analyzed by the Department of Human Services and by RIte Care's External Quality Review Organization. In 2008, RI DHS launched a new approach to the QIP process for RIte Care. Each of the Health Plans was instructed to focus one of its three quality improvement projects on Chlamydia screening during 2008 and 2009. This focused QIP process, which was initiated in the third quarter of 2008, has made a contribution toward demonstrable improvements in RIte Care's Statewide Average for Chlamydia screening in the 2009 Performance Goal Program. For the first time, the Statewide Average for Chlamydia screening surpassed the RIte Care Contract target goal of 50 percent for both age groups. In 2009, RIte Care's Statewide Average for Chlamydia screening among 21 – 24 year olds met Quality Compass® 2008's 75th percentile. This, too, was a first-time accomplishment. For 16 – 20 year olds, although the Statewide Average did not yet reach the 75th percentile, an improvement of six (6) percentage points was demonstrated.

Chronic Care

- **Appropriate Use of Asthma Medications for Children**

In 2009, Rhode Island's Statewide Average for the HEDIS® measure addressing the *Appropriate Use of Asthma Medications for Children* met Quality Compass® 2008's 90th percentile.

- **Antidepressant Medication Management (AMM)**

The HEDIS® *Antidepressant Medication Management (AMM)* measure, which looks at 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. The AMM measure was incorporated into the Performance Goal Program as Rhode Island sought to expand our emphasis on the management of chronic disease. As noted by the U.S. Department of Health and Human Services, depression is often associated with other chronic medical conditions, such as heart disease, cancer, and diabetes as well as anxiety and eating disorders.⁴ Because this measure has yet to achieve either the 90th or the 75th percentile Quality Compass® benchmark, *Antidepressant Medication Management (AMM)* has been selected as an area of focus for the second of the three quality improvement projects which will be carried out by each RIte Care Health Plan in 2009-2010.

- **Follow-up for Children Prescribed ADHD Medication (ADD)**

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 and has been treated as an active measure during each subsequent year. Performance on this measure has fluctuated over the past three years. This year's Statewide Average exceeded the Quality Compass® 2008 Medicaid Mean and approached the 75th percentile.

- **HbA1c Screening**

For *HbA1c Screening* for diabetics, however, the Statewide Average did not meet the Quality Compass® 75th percentile. Comprehensive diabetes care remains a targeted area of focus for performance improvement in the coming year.

New Measures for 2009

In RIte Care's 2009 Performance Goal Program, four (4) new measures were piloted, within the **Medical Home/Preventive Care** component area. These first-year HEDIS® 2009 measures address:

- Adult Body Mass Index (BMI) Assessment
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents:
 - Body Mass Index Percentile
 - Counseling for Nutrition
 - Counseling for Physical Activity

⁴ *Healthy People 2010, Leading Health Indicators*, <http://www.healthypeople.gov/Document/html/> (Accessed on 10/01/2009)

Body mass index is a screening measure that relates body weight to height. Calculating the BMI is one of the best methods for population assessment of overweight and obesity. Because BMI calculations only require information about a patient's height and weight, it is inexpensive and easy to use for clinicians and for the general public.⁵

Measures addressing weight assessment and counseling for nutrition and physical activity were piloted in RItE Care's 2009 Performance Goal Program because of their pivotal public health importance. The U.S. Department of Health and Human Services⁶ has designated a set of ten (10) high priority public health indicators in the United States. Among the ten *Leading Health Indicators*, physical activity, as well as overweight and obesity, have been included due to their impacts on increasing the quality of life as well as years of healthy life.

Conclusion

RItE Care's Performance Goal Program is an integral component of our State's quality strategy for its Medicaid managed care program. Because the majority of the Performance Goal Program's quality measures are from the NCQA's HEDIS® methodology, this allows Rhode Island to compare its performance on an annual basis to other Medicaid managed care programs across the country. All HEDIS® measures are developed by a multidisciplinary expert panel convened by the NCQA. The Health Plans' HEDIS® results are validated by an external HEDIS® auditor, prior to the findings' submission to the NCQA, the RI DHS, and the State's External Quality Review Organization.

In our **2009 Performance Goal Program**, notable performance was demonstrated by RItE Care in comparison to the NCQA's Quality Compass® series of national benchmarks for Medicaid Health Plans, including the following:

- The Statewide Average across all RItE Care Health Plans met or exceeded the 90th percentile for fifteen (15) HEDIS® and CAHPS® measures – our highest performance to date;
- For an additional four (4) HEDIS® and CAHPS® measures, the Statewide Average met or exceeded the 75th percentile.

In addition, other noteworthy achievements were documented in the 2009 Performance Goal Program. They include:

- Another important “first” was achieved by RItE Care, specific to *Lead Screening in Children*. In 2009, RItE Care's Statewide Average exceeded the DHS goal of 85 percent for this measure.
- Measurable improvements were also demonstrated in Chlamydia screening, based in part on the Health Plans' cooperative approach to executing a Chlamydia-focused quality improvement project (QIP) during 2009 and the latter quarter of CY 2008.
- In 2009, RItE Care also piloted use of a new series of baseline HEDIS® measures which focus upon weight assessment and counseling for nutrition and physical activity for children. These

⁵ *About BMI for Adults*, Centers for Disease Control and Prevention, http://www.cdc.gov/healthyweight/assessing/bmi/adult_BMI/index.html (Accessed on 10/06/2009).

⁶ *Healthy People 2010, Leading Health Indicators*, <http://www.healthypeople.gov/Document/html/> (Accessed on 10/01/2009).

new baseline measures represent an important addition to the Performance Goal Program, due to the impacts of overweight and obesity on the health of adults and children.

In the coming year, RItE Care will continue to partner with the State's participating Health Plans and our External Quality Review Organization to further advance families' access to high quality preventive care and chronic disease management services.

Table 2: Results of HEDIS® and CAHPS® Measures in Rite Care's Performance Goal Program, 2007 - 2009

Performance Category and Measures	Type of Measure	Statewide Average 2007	Statewide Average ¹ 2008	Statewide Average 2009	75 th Percentile ²	90 th Percentile ³
		CY 2006	CY 2007	CY 2008		
<i>Medical Home Preventive Care</i>						
Members were satisfied with access to urgent care	CAHPS®	84	87	86	84	86
Adults with an ambulatory or preventive care visit (20-44 yrs.)	HEDIS®	88	89	89	85	88
Adults with an ambulatory or preventive care visit (45-64 yrs.)	HEDIS®	89	90	91	88	90
Infants had well-child visits in first 15 months of life	HEDIS®	84	81	84	65	74
Children had well-child visits in 3 rd -6 th year of life	HEDIS®	78	78	81	74	79
Adolescents receive 2 nd MMR before 13 th birthday ⁴	HEDIS®	85	N/A	N/A		
Adolescents receive 3 rd HepB before 13 th birthday	HEDIS®	83	N/A	N/A		
Adolescents receive 1 VZV before 13 th birthday	HEDIS®	81	N/A	N/A		
Children receive immunizations by 2 nd birthday ⁵	HEDIS®	81	76	79	74	78
Children receive periodic PCP visits (12-24 mos.)	HEDIS®	98	99	98	97	98
Children receive periodic PCP visits (25 mos.-6 yrs.)	HEDIS®	93	93	94	90	92
Children receive periodic PCP visits (7-11 yrs.)	HEDIS®	94	95	96	92	94
Children receive periodic PCP visits (12-19 yrs.)	HEDIS®	92	92	93	90	92
Members over 18 yrs received advice on smoking cessation	CAHPS®	69	74	74	74	76
Members received timely prenatal care	HEDIS®	89	88	89	89	92
Members received timely postpartum care	HEDIS®	66	64	67	65	71
Adolescent well care visit	HEDIS®	58	59	63	51	57
Frequency of ongoing prenatal care	HEDIS®	67	66	73	75	85
Lead screening for children ⁶	HEDIS®	82	85	88	N/A	N/A
Adult Body Mass Index (BMI) assessment. ⁷	HEDIS®	N/A	N/A	23 ⁸	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® 2008 & CAHPS® 2008, Quality Compass 2008 ®).

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

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® 2010 specifications.

⁵ One Health Plan rotated this measure in HEDIS® 2009, therefore its score from HEDIS® 2008 was used in calculating the 2009 Statewide Average.

⁶ This measure was launched in HEDIS® 2008, therefore there were no benchmarks available in Quality Compass 2008® for comparison.

⁷ This measure (*Adult Body Mass Index Assessment*) was introduced by the NCQA in HEDIS® 2009 and added to Rite Care's Performance Goal Program as a baseline measure. Due to its being a first-year HEDIS® measure, no Quality Compass® 2008 benchmarks are available.

Performance Category and Measures	Type of Measure	Statewide Average 2007	Statewide Average 2008	Statewide Average 2009	75 th Percentile ⁹	90 th Percentile ¹⁰
		CY 2006	CY 2007	CY 2008		
<i>Medical Home Preventive Care (continued)</i>						
Body Mass Index (BMI) percentile for children & adolescents ¹¹	HEDIS®	N/A	N/A	27 ¹²	N/A	N/A
Counseling for nutrition for children & adolescents ¹³	HEDIS®	N/A	N/A	63 ¹⁴	N/A	N/A
Counseling for physical activity for children & adolescents ¹⁵	HEDIS®	N/A	N/A	53 ¹⁶	N/A	N/A
<i>Women's Health</i>						
Cervical cancer screening (21-64 yrs.)	HEDIS®	82	85	82	72	77
Chlamydia screening (16-20 yrs.)	HEDIS®	45	49	55	57	65
Chlamydia screening (21-24 yrs.)	HEDIS®	49	62	66	65	70
<i>Chronic Care</i>						
Children with asthma use appropriate meds (5-9 yrs.)	HEDIS®	97	97	96	95	96
Children with asthma use appropriate meds (10-17 yrs.)	HEDIS®	90	93	94	91	93
Adults with diabetes had HbA1c testing	HEDIS®	85	84	85	86	89
Antidepressant Rx management (acute phase)	HEDIS®	44	43	46	48	50
Follow-up for children prescribed ADHD medication - initiation phase	HEDIS®	37	44	38	41	47
<i>Behavioral Health</i>						
Follow-up visit by 30 days post discharge from hospital (mental health)	HEDIS®	78	79	83	75	80

⁸ The 2009 Statewide Average for this baseline, first-year measure was based on data supplied by two of the three Health Plans.

⁹ Quality Compass 2008 ®.

¹⁰ Ibid.

¹¹ This measure (*Weight Assessment & Counseling for Nutrition & Physical Activity: BMI Percentile*) was introduced by the NCQA in HEDIS® 2009 and added to RItE Care's Performance Goal Program as a baseline measure. Due to its being a first-year HEDIS® measure, no Quality Compass® benchmarks are available.

¹² The 2009 Statewide Average for this baseline, first-year measure was based on data supplied by two of the three Health Plans.

¹³ This measure (*Weight Assessment & Counseling for Nutrition & Physical Activity: Counseling for Nutrition*) was introduced by the NCQA in HEDIS® 2009 and added to RItE Care's Performance Goal Program as a baseline measure. Due to its being a first-year HEDIS® measure, no Quality Compass® benchmarks are available.

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