

Monitoring Quality And Access In RItE Care & Rhody Health Partners

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Introduction

Calendar Year 2010 marked an important transition year for two of Rhode Island's Medicaid managed care programs, RItE Care and Rhody Health Partners, which enroll families and individuals in Health Plans. RItE Care is Rhode Island's Medicaid managed care program that provides comprehensive health care for children and families. Rhody Health Partners is the State's Medicaid managed care program that serves adults with disabilities and chronic conditions who live in the community and are not eligible for Medicare or other health insurance coverage.

During 2010, the State selected two Health Plans, Neighborhood Health Plan of Rhode Island and UnitedHealthcare of New England, which submitted proposals to participate in RItE Care and Rhody Health Partners for a new multi-year contract period that began on September 1, 2010. In September 2011, the National Committee for Quality Assurance (NCQA) ranked over 213 Medicaid Health Plans nationwide and scored 99 of those based on clinical performance, member satisfaction, and NCQA Accreditation. In comparison to Medicaid Health Plans throughout the United States, NHPRI was ranked 8th (87.4%) among Medicaid Health Plans and UHCNE was ranked 16th (86.4%).¹

This report focuses on overall performance in RItE Care and Rhody Health Partners during Calendar Year 2010. The goals of RItE Care and Rhody Health Partners are to **improve access to care, the quality of care, and health outcomes** while containing costs. Rhode Island Medicaid, which is part of the State's Executive Office of Health and Human Services, monitors quality and access in the State's two participating Health Plans by:

- Defining quality and access standards in Rhode Island's contracts with the Health Plans
- Conducting the annual Performance Goal Program, which includes annual on-site compliance reviews
- Directing monthly contract compliance meetings with each Health Plan
- Contracting with an External Quality Review Organization (EQRO) to perform an independent annual review of the Medicaid managed care program
- 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

¹ NCQA's Health Insurance Plan Rankings 2011-2012. For more information, please refer to: <http://www.ncqa.org/tabid/1424/Default.aspx>

- Increasing the number of annual quality improvement projects (QIPs) to be conducted by the Health Plans from three (3) to four (4)
- Reinforcing the State’s requirement that participating Health Plans maintain accreditation by the National Committee for Quality Assurance (NCQA) and setting a performance “floor”, to ensure that:
 - Any denial of accreditation by the NCQA shall be considered cause for termination of the State’s *Medicaid Managed Care Services Contract* with the Health Plan
 - Achievement of no greater than a provisional accreditation status by the NCQA shall require a Corrective Action Plan within 30 days of the Health Plan’s receipt of its Final Report from the NCQA and may result in termination of the State’s *Medicaid Managed Care Services Contract* with the Health Plan

External Quality Review

The State is required by the Centers for Medicare and Medicaid Services (CMS) to have an External Quality Review Organization (EQRO) conduct an annual review² of the services provided by Rhode Island Medicaid’s participating Health Plans. IPRO, which contracts with Rhode Island to perform the external quality review (EQRO), analyzes the audited HEDIS® and CAHPS® information that has been submitted to the National Committee for Quality Assurance (NCQA). The EQR process also assesses access metrics and evaluates the quality improvement initiatives that have been conducted by the Health Plans throughout the reporting year.

“IPRO’s external quality review concludes that the Rhode Island Medicaid managed care program...had a positive impact on accessibility, timeliness and quality of services for Medicaid recipients...given the Health Plans’ Excellent NCQA accreditation status and rankings among the top 15 percent of Medicaid Health Plans ...”³.

² Annual External Quality Review - Technical Report Aggregate, Reporting Year 2010, IPRO, Inc., October 2011.

³ Ibid, p. 7.

Rhode Island’s Performance Goal Program

In 1998, Rhode Island Medicaid launched its *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 “pay-for-performance” program for its Medicaid managed care program. The Performance Goal Program is now in its thirteenth year and continues to advance quality improvement initiatives that focus on access to preventive care and chronic disease management services for enrollees.

Methodology

The Performance Goal Program currently uses both Rhode Island-specific standards and standards based on national benchmarks (HEDIS® and CAHPS® measures). Table 1 shows the percent allocation of incentive payments available to Health Plans by performance measure category.

**Table 1. Percentage of Performance Award Available by Category
Calendar Year 2010**

Performance Measures- Categories	Percent of total performance award available	Type of Measure
1. Member Services	12%	State-specific
2. Medical Home/ Preventive Care	47.5%	HEDIS® & CAHPS®
3. Women’s Health	10%	
4. Chronic Care	20%	
5. Behavioral Health	8%	
6. Cost Management	2.5%	State-specific
TOTAL	100%	

Innovations in Rhode Island’s 2011 Performance Goal Program

Several key features differentiate the 2011 Performance Goal Program from prior years. During Calendar Year 2010, BCBSRI discontinued its participation in Rhode Island Medicaid. Therefore, when viewing the findings from the 2011 Performance Goal Program, the Statewide Average score noted for each measure is based on the performance of two (NHPRI and UHCNE) Medicaid-participating Health Plans rather than three MCOs as in prior years.

Both of these Health Plans participate in RItE Care as well as the State’s Medicaid managed care programs for special populations: Rhody Health Partners and RItE Care for Children with Special Health Care Needs (CSHCN). Based on the methodology established by the National Committee for Quality Assurance, both of the Health Plans’ special populations have been included in their Medicaid HEDIS® samples for all relevant measures. For example, as shown in Table 2, the *Cervical Cancer Screening* measure includes women between 21 and 64 years of age who were enrolled in RItE Care as well as those who were enrolled in Rhody Health Partners during CY 2010. Also in Table 2, the *Childhood Immunization Status* measure reflects the

experience of RItE Care-enrolled children who turned two years old during CY 2010 and includes Children with Special Health Care Needs.

In last year's Performance Goal Program, the Health Plans' care management functions were assessed and focused on children with special needs who were newly enrolled in RItE Care. This qualitative assessment was repeated in this year's Performance Goal Program and expanded upon, to include an analysis of the Health Plans' care management functions for adults who were newly enrolled in Rhody Health Partners. The 2011 findings will be used by the State's External Quality Review Organization as the basis for a clinical focused study of care management in Rhode Island's participating Medicaid Health Plans.

As previously noted, Rhode Island Medicaid entered into a new *Medicaid Managed Care Services Contract* for RItE Care, RItE Care for CSHCN, and Rhody Health Partners, which became effective on September 1, 2010. Several modifications were made to enhance the State's quality monitoring and oversight, including the following:

- Adding four (4) HEDIS® measures which focus on the needs of members with chronic health care conditions:
 - *Annual Monitoring for Patients on Persistent Medications*
 - *Use of Imaging Studies for Low Back Pain*
 - *Controlling High Blood Pressure*
 - *Pharmacotherapy Management of COPD*

- Supplementing two (2) HEDIS® measures which have been included in the Performance Goal Program in prior years, to increase their rigor:
 - Adding the Combo 10 component in the *Child Immunization Status* measure.⁴
 - Adding the 7-day follow-up component in the *Follow-up After Hospitalization for Mental Illness* measure.⁵

⁴ In prior years, Rhode Island evaluated the findings for the *Combo 3* component of the HEDIS® *Child Immunization Status* measure for the Performance Goal Program. The *Combo 10* component of this measure includes Rotavirus and Influenza vaccinations as well as all of the vaccines that are required for the *Combo 3* component.

⁵ Previously, Rhode Island had established the 30-day component of the HEDIS® *Follow-up After Hospitalization for Mental Illness* measure for the Performance Goal Program. The provision of follow-up behavioral health (BH) services within seven (7) days enables individuals to receive helpful supports that can decrease the likelihood of a BH hospital readmission.

2011 Performance Goal Program Results

Medical Home/ Preventive Care

- **Preventive/Ambulatory Visits**

Performance on this set of nine (9) measures has been a long-standing area of strength for Rhode Island Medicaid's participating Health Plans. As shown in Table 2, the statewide averages exceeded the 90th percentile for the majority of measures that focus on access to primary care for infants, children, and adults. These results include RItE Care as well as Rhody Health Partners members.

- **Lead Screening in Children**

For CY 2010, Rhode Island's Statewide Average for lead screening increased to 87 percent, approaching the 90th percentile compared with Medicaid Health Plans nationally. As was the case in the previous year, Rhode Island's performance was substantially greater than the national Medicaid average (or "mean") of approximately 66 percent.

- **Members 18 Years of Age and Older Received Advice on Smoking and Tobacco Use**

This measure was revised by the National Committee for Quality Assurance (NCQA) in 2010 and will be reinstated as a measure when the NCQA completes its revision.

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

Several new preventive health measures, focusing on weight assessment and counseling, were included as baseline data in last year's Performance Goal Program. Physical activity, as well as overweight and obesity, were included in the Department of Health and Human Services' (DHHS) *Healthy People 2010 Leading Health Indicators*, which set forth ten high priority public health indicators for the United States. In *Healthy People 2020*, objectives specific to physical activity and obesity reduction have been reaffirmed by the DHHS.

This year's Performance Goal Program marked the first time that these measures were eligible for performance incentives, because national benchmarks just became available in Quality Compass® 2010. Rhode Island exceeded the 50th percentile and the national Medicaid average for both the HEDIS® *Adult Body Mass Index (BMI)* measure and the BMI component from the HEDIS® *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure. Rhode Island exceeded the 75th percentile and the national Medicaid average for the counseling for nutrition and physical activity components of the latter measure.

- **Annual Monitoring for Patients on Persistent Medications (Baseline Measure)**

This HEDIS® measure addresses the percentage of members 18 years of age and older who received at least 180 days of ambulatory medication therapy for a selected therapeutic agent (i.e., a medication) during the measurement year and who had at least one monitoring event (such as a blood test) for the therapeutic agent during the measurement year. Yearly monitoring is analyzed for members who take any of the following specified medications: ACE inhibitors or angiotensin receptor blockers; digoxin; diuretics; and anticonvulsants. Although Rhode Island did not achieve the 75th percentile for this baseline measurement, the State did surpass the national Medicaid average.

- **Use of Imaging Studies for Low Back Pain (Baseline Measure)**

This HEDIS® measure was newly added as a baseline measure to the Performance Goal Program in 2011. This measure focuses on the percentage of individuals between 18 and 50 years of age with a primary diagnosis of low back pain who did not have an imaging study within 28 days of their diagnosis. A higher score indicates that a conservative approach⁶ to treatment had been undertaken (that is, no imaging services such as MRI, CAT Scan, or X-ray) within the first 28 days. In the absence of clinical “red flags”, current therapeutic guidelines state that the routine use of X-rays is not justified within this 28-day time interval due to risks posed by high doses of radiation⁷.

Women’s Health

- **Cervical Cancer Screening**

For Calendar Year 2010, Rhode Island’s Statewide Average for *Cervical Cancer Screening* was 74 percent. This measure focuses on the receipt of Pap smears by women between 21 and 64 years of age. This finding (74 percent) was substantially greater than the national Medicaid average (66 percent) which was reported in Quality Compass® 2010 and exceeded the 75th percentile when compared with other Medicaid Health Plans nationally.

- **Chlamydia Screening in Women**

For Calendar Year 2010, Rhode Island’s Statewide Average (56 percent) for *Chlamydia Screening* among 16-20 year olds exceeded the national Medicaid average (54 percent) which was reported in Quality Compass® 2010, but it did not reach the 75th percentile. A similar pattern was demonstrated for the HEDIS® 21-24 year old cohort. Rhode Island’s Statewide Average (66 percent) exceeded the national Medicaid average (61 percent), but it did not achieve the 75th percentile.

Chronic Care

Because chronic diseases are the leading cause of death and disability in the United States, four (4) new HEDIS® measures were added to the 2011 Performance Goal Program and the findings were treated as baseline information. As noted by the DHHS in *Healthy People 2020*, heart disease, cancer, and stroke alone cause more than fifty (50) percent of all deaths each year⁸ and in 2008 almost one out of every two individuals 18 years of age or older had at least one of the following chronic illnesses⁹: Cardiovascular Disease, Arthritis, Diabetes, Asthma, Cancer and Chronic Obstructive Pulmonary Disease.

⁶ The National Guideline Clearinghouse at the Agency for Healthcare Research and Quality (AHRQ) maintains an electronic repository of current clinical practice guidelines, including the clinical practice guideline that focuses on the diagnosis and treatment of low back pain. This Guideline was issued jointly by the American College of Physicians and the American Pain Society in 2007. Recommendation 2 stated: “Clinicians should not routinely obtain imaging or other diagnostic tests in patients with nonspecific low back pain.”

<http://www.guideline.gov/expert/expert-commentary.aspx>

⁷ *Guideline for the evidence-informed primary care management of low back pain*, National Quality Measures Clearinghouse (Agency for Healthcare Research and Quality), pgs. 7 & 8.

<http://www.guideline.gov/content.aspx>.

⁸ *Chronic disease prevalence*, General Health Status, Healthy People 2020, pgs. 2 & 3.

<http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx>

⁹ *Ibid.*, p. 3. <http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx>

- **Appropriate Use of Asthma Medications for People with Asthma**

In *Healthy People 2020*, the DHHS identified¹⁰ that significant health disparities exist regarding the incidence of asthma in the United States. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level and employees with certain exposures in the workplace.

This HEDIS® measure focuses on the percentage of children and adults between the ages of five (5) and 50 years who have persistent asthma and who were prescribed appropriate medications during CY 2010. Two age groups are assessed: a) children between five and eleven years of age and b) children and adults between twelve and fifty years of age. Although Rhode Island did not achieve the 75th percentile for either age group, the State did surpass the national Medicaid average for both age groups.

- **Comprehensive Diabetes Care – Hemoglobin A1c Testing**

Although Rhode Island's Statewide Average (85 percent) exceeded the national Medicaid average (81 percent), it did not meet the Quality Compass® 75th percentile. Performance on this measure has not changed significantly over the past three years. Comprehensive diabetes care remains a targeted area of focus for performance improvement in the coming year.

- **Controlling High Blood Pressure (Baseline Measure)**

This HEDIS® measure assesses the percentage of individuals eighteen (18) years of age and older who had a diagnosis of hypertension whose blood pressure was adequately controlled. This measure was added to the Performance Goal Program in 2011 and the findings were treated as baseline information. Although Rhode Island's Statewide Average (62 percent) exceeded the national Medicaid average (55 percent), it did not meet the Quality Compass® 75th percentile.

- **Pharmacotherapy Management of COPD Exacerbation (Baseline Measure)**

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. It is the fourth leading cause of death in the United States¹¹. As noted previously, this measure was added to the Performance Goal Program in 2011 and the findings were treated as baseline information. This measure consists of two components: the percentage of COPD exacerbations for individuals forty (40) years of age and older who received either a systemic corticosteroid within fourteen (14) days or a bronchodilator within thirty (30) days following an inpatient hospital discharge or an emergency department visit (EDV). The State's performance surpassed the 90th percentile for both components of this HEDIS® measure.

Behavioral Health

- **Follow-up After Hospitalization for Mental Illness – 7 Days (Baseline Measure)**

The "follow-up within thirty (30) days" component of the HEDIS® *Follow-up After Hospitalization for Mental Illness* has been a long-standing area of success for Rhode Island's Medicaid managed care program. As noted previously, Rhode Island "raised the bar" for this measure when it issued its *Medicaid Managed Care Services Contract* in September of 2010. In

¹⁰ *Understanding Respiratory Diseases – Asthma*, Healthy People 2020, pgs. 1 & 2.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx>

¹¹ *Respiratory Diseases*, Healthy People 2020, pgs. 1 & 2.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx>

addition to assessing whether individuals six (6) years of age received follow-up within 30 days after discharge from a behavioral health hospital, Rhode Island recently added the “follow-up within seven (7) days” as a baseline measure this year. Rhode Island fell just short of achieving the 90th percentile for the 30-day follow-up component and exceeded the 75th percentile for the 7-day follow-up measure.

- **Antidepressant Medication Management**

The HEDIS® *Antidepressant Medication Management (AMM)* measure, which looks at the effective follow-up of individuals eighteen (18) years of age and older during the acute phase of treatment for major depression, was piloted as a baseline metric in RItE Care’s 2006 Performance Goal Program. For Calendar Year 2010, Rhode Island’s Statewide Average (52 percent) exceeded the 50th percentile but did not yet reach the Quality Compass® 75th percentile. However, there has been a demonstrated improvement in performance in CY 2008 and 2009. Because this measure has yet to achieve either the 75th or the 90th percentile Quality Compass® benchmark, *Antidepressant Medication Management (AMM)* was selected as an area of focus for one of the four quality improvement projects which are to be carried out by each Health Plan in 2011.

- **Follow-up for Children Prescribed ADHD Medication**

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* measure was added as a baseline metric in 2007 and has been treated as an active measure during each subsequent year. This measure focuses on the percentage of children between six (6) and twelve (12) years of age who had clinical follow-up within thirty (30) days of when a medication for attention deficit hyperactivity disorder (ADHD) was first prescribed. For Calendar Year 2010, Rhode Island’s Statewide Average exceeded the Quality Compass® 75th percentile.

2011 Performance Goal Program Results

Quality Compass®

Use of the *Quality Compass*® benchmarks allows Rhode Island to compare its statewide performance annually to that of other Medicaid Health Plans nationwide. Quality Compass is produced annually by the NCQA. It provides information for all HEDIS® and CAHPS® measures, including the number of Medicaid Health Plans which reported results for each measure. An average or “mean” score is produced for each measure, as well as percentile rankings at the 10th, 25th, 50th, 75th, and 90th levels.

Understanding Table 2

Table 2 shows three years of Statewide Averages for each HEDIS® and CAHPS® measure included in Rhode Island’s Performance Goal Program. The Statewide Averages have been computed by averaging the Health Plans’ results. Rhode Island’s Statewide Average for each measure can be compared to the national benchmarks shown in the columns on the right side of Table 2.

- **90th percentile**

Measures that have been highlighted in **blue** for CY 2010 represent scores that met or exceeded the 90th percentile for HEDIS® and CAHPS® measures, as based on the National Committee for Quality Assurance's *Quality Compass® 2010 for Medicaid*.

- **75th percentile**

Measures that have been highlighted in **pink** indicate scores for CY 2010 that met or exceeded the 75th percentile.

- **50th percentile**

Measures that have been highlighted in **grey** indicate scores for CY 2010 that met or exceeded the 50th percentile.

- Performance measures shown in **green** are first year baseline measures.

All but two of the performance measures on pages 10 and 11 are HEDIS® measures. The remaining measures are from CAHPS®. They are:

- Members were satisfied with access to urgent care
- Members over 18 yrs received advice on smoking cessation

**Table 2: Rhode Island's 2011 Performance Goal Program
Results of HEDIS® and CAHPS® Measures in Rite Care (Calendar Years 2008 – 2010)**

Performance Category and Measures	Statewide Average for CY 2008	Statewide Average for CY 2009	Statewide Average for CY 2010	50 th Percentile	75 th Percentile	90 th Percentile
	Findings from the 2009 Performance Goal Program	Findings from the 2010 Performance Goal Program	Findings from the 2011 Performance Goal Program			
<i>Medical Home/ Preventive Care</i>						
Members were satisfied with access to urgent care	86	83	83	N/A	84	87
Adults with an ambulatory or preventive care visit (20-44 yrs.)	89	89	88	N/A	87	89
Adults with an ambulatory or preventive care visit (45-64 yrs.)	91	90	92	N/A	90	91
Infants had well-child visits in first 15 months of life	84	77	82	N/A	69	76
Children had well-child visits in 3 rd -6 th year of life	81	78	81	N/A	77	82
Adolescent Immunizations before 13 th birthday	N/A	65	85	N/A	N/A	N/A
Children receive immunizations by 2 nd birthday – Combo 3	79	80	81	N/A	77	82
Children receive immunizations by 2 nd birthday – Combo 10*	N/A	N/A	32	N/A	N/A	N/A
Children receive periodic PCP visits (12-24 mos.)	98	99	98	N/A	97	98
Children receive periodic PCP visits (25 mos.-6 yrs.)	94	95	93	N/A	92	94
Children receive periodic PCP visits (7-11 yrs.)	96	96	96	N/A	93	96
Children receive periodic PCP visits (12-19 yrs.)	93	94	95	N/A	92	94
Members over 18 yrs received advice on smoking cessation	74	N/A	N/A	N/A	N/A	N/A
Members received timely prenatal care	89	90	91	N/A	90	93
Members received timely postpartum care	67	67	66	N/A	70	74
Adolescent well care visit	63	60	66	N/A	56	63
Frequency of ongoing prenatal care	73	68	74	N/A	74	82
Lead screening for children	88	84	87	N/A	81	88
Adult Body Mass Index (BMI) assessment.	23	30	41	35	49	N/A
Body Mass Index (BMI) percentile for children & adolescents	27	32	33	29	45	N/A
Counseling for nutrition for children & adolescents	63	57	61	46	58	N/A
Counseling for physical activity for children & adolescents	53	44	47	36	45	N/A
Annual Monitoring for Patients on Persistent Medications*	N/A	N/A	85	N/A	87	88
Use of Imaging Studies for Low Back Pain*	N/A	N/A	68	N/A	80	84

Performance Category and Measures	Statewide Average for CY 2008	Statewide Average for CY 2009	Statewide Average for CY 2010	50 th Percentile	75 th Percentile	90 th Percentile
	Findings from the 2009 Performance Goal Program	Findings from the 2010 Performance Goal Program	Findings from the 2011 Performance Goal Program			
<i>Women's Health</i>						
Cervical cancer screening (21-64 yrs.)	82	76	74	N/A	73	79
Chlamydia screening (16-20 yrs.)	55	54	56	N/A	61	66
Chlamydia screening (21- 24 yrs.)	66	66	66	N/A	69	73
<i>Chronic Care</i>						
Enrollees with asthma use appropriate meds (5-11 yrs.)	96**	95	93	N/A	94	96
Enrollees with asthma use appropriate meds (12-50 yrs.)	94**	88	88	N/A	89	91
Adults with diabetes had HbA1c testing	85	84	85	N/A	86	90
<i>Controlling High Blood Pressure*</i>	N/A	N/A	62	N/A	63	67
<i>Pharmacotherapy Management of COPD Exacerbation: Systemic corticosteroid dispensed within 14 days*</i>	N/A	N/A	79	N/A	71	76
<i>Pharmacotherapy Management of COPD Exacerbation: Bronchodilator dispensed within 30 days*</i>	N/A	N/A	91	N/A	87	90
<i>Behavioral Health</i>						
Follow-up visit by 30 days post discharge from hospital (Mental Health)	83	77	82	N/A	74	83
<i>Follow-up visit by 7 days post discharge from hospital (Mental Health)*</i>	N/A	N/A	64	N/A	59	64
Antidepressant Rx management (Acute phase)	46	49	52	48	53	N/A
Follow-up for children prescribed ADHD medication (Initiation phase)	38	48	46	N/A	42	48

* New baseline measures for 2011 (CY 2010) are shown in green.

** For the asthma measure, the age categories in the 2009 Performance Goal Program were: 5-9 yrs. and 10-17 yrs.