

# Monitoring Quality and Access In RItE Care & Rhody Health Partners

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## Introduction

RItE Care, Rhode Island's first Medicaid managed care program, was implemented in August 1994 and provides comprehensive health care for children and families. In 2008, the option to enroll in a managed care organization (MCO) was extended to adult Medicaid beneficiaries with disabilities. 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 any other health insurance coverage. In 2010, as a result of the passage of the Affordable Care Act, Medicaid coverage was expanded to eligible low-income adults with an annual income of up to 133% Federal Poverty level. Enrollment in a MCO for the Medicaid Expansion population (Rhody Health Expansion) began on January 1, 2014. Two Health Plans, Neighborhood Health Plan of Rhode Island (NHPRI) and UnitedHealthcare Community Plan of Rhode Island (UHCP-RI), participate in RItE Care, Rhody Health Partners, and Rhody Health Expansion.

## Executive Summary

The ranking methodology that has been in use by the National Committee for Quality Assurance (NCQA) from 2005-2014 was retired in 2015. The methodology was replaced with a rating methodology, similar to the Center for Medicaid and Medicaid Services (CMS) Five Star rating system. The NCQA rating consist of three types of quality measure domains, clinical quality, consumer satisfaction, and results from NCQA's review of the Health Plan's health quality processes.<sup>1</sup> NCQA rated more than 1,300 health insurance plans nationally based on these three types of quality domains. Both Neighborhood Health Plan of Rhode Island (NHPRI) and United Health Care Community Plan (UHCP) had a total performance rating of 4.5<sup>2</sup>. NHPRI had a performance rating of 4 for consumer satisfaction, 4.5 for prevention and for treatment, while UHCP-RI had a performance rating of 3.5 for consumer satisfaction, 4.5 for prevention, and 4.5 for treatment. In 2015, CMS commended Rhode Island Medicaid for being a higher performer based on the Federal Fiscal Year 2013 reporting of the Medicaid Child Core Set of Measures. Rhode Island was rated as a high performer for reporting 13 of the 15 measures and was the only state to achieve high performing status overall and in all three domains for having rates in the top quartile for at least three measures in each domain.<sup>3</sup>

This report focuses on the overall performance results of 43 nationally-benchmarked quality measures for RItE Care and Rhody Health Partners and 26 nationally-benchmarked quality measures for Rhody Health Expansion, during Calendar Year 2014. The goals of RItE Care,

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[http://www.ncqa.org/Portals/0/Report%20Cards/Health%20Plan%20Ratings/HPR\\_Ratings\\_MethodologyOverview\\_July\\_MeasureListUpdate.pdf](http://www.ncqa.org/Portals/0/Report%20Cards/Health%20Plan%20Ratings/HPR_Ratings_MethodologyOverview_July_MeasureListUpdate.pdf)

<sup>2</sup> A plan that is the top decile of plans =5. A plan that is in the top 3<sup>rd</sup> of plans, but not in the top 10<sup>th</sup> = 4.

<sup>3</sup> <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/child-core-set-hps-brief.pdf>

Rhody Health Partners, and Rhody Health Expansion are to **improve access to care, quality of care, and health outcomes** while containing costs.

## 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 State’s Performance Goal Program is now in its seventeenth (17<sup>th</sup>) year and continues to advance quality improvement initiatives that focus on access to preventive care, access to care, chronic disease management, and behavioral health services for enrollees.

### Methodology

The Performance Goal Program currently uses both Rhode Island-specific standards and standards based on national benchmarks (HEDIS<sup>®</sup> and CAHPS<sup>®</sup> 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**

**Performance Goal Program 2015 (RIte Care and Rhody Health Partners)**

<b>Performance Measures - Categories</b>	<b>Percent of total performance award available</b>	<b>Type of Measure</b>
1. Member Services	10%	State-specific
2. Medical Home/ Preventive Care	40%	HEDIS <sup>®</sup> & CAHPS <sup>®</sup>
3. Women’s Health	8%	
4. Chronic Care	20%	
5. Behavioral Health	20%	
6. Cost Management	2%	State-specific
<b>TOTAL</b>	100%	

**Performance Goal Program 2015 (Rhody Health Expansion)**

<b>Performance Measures - Categories</b>	<b>Percent of total performance award available</b>	<b>Type of Measure</b>
1. Member Services	10%	State-specific
2. Medical Home/ Preventive Care	19%	HEDIS <sup>®</sup> & CAHPS <sup>®</sup>
3. Women’s Health	3%	
4. Chronic Care	14%	
5. Behavioral Health	20%	
6. Cost Management	1%	State-specific
7. Care Management	33%	State-specific
<b>TOTAL</b>	100%	

The 2015 Performance Goal Program built on the enhancements that were put in place following the State's implementation in September 2010 of its new contract with the two participating Health Plans. As was the case in the preceding year, the 2015 Performance Goal Program included an analysis of the Health Plans' performance on a series of HEDIS<sup>®</sup> quality measures and the EOHHS' on-site assessment of the Health Plans' performance on the following State-specified goals:

- Engagement with the families of children who were newly-enrolled in RItE Care for Children with Special Health Care Needs and with members who were newly-enrolled in Rhody Health Partners
- Timely resolution of member appeals and grievances
- Outreach and communication to newly enrolled members
- Emergency room utilization for ambulatory sensitive conditions, and
- An analysis of resource maximization

For the *Use of Appropriate Medications for People with Asthma (ASM)*<sup>4</sup> measure, scores for all age strata and the total rate were recorded, with the incentive award based on Health Plans' performance on the total rate. This measure analyzes whether children and adults between 5 and 64 years of age who have persistent asthma received the appropriate medications to treat their asthma.

In this year's Performance Goal Program, the following measures, *Annual Monitoring for Patients on Persistent Medications (MPM)* and *Cervical Cancer Screening (CCS)* remained a baseline measure. Significant modifications made to the *Cervical Cancer Screening (CCS)* in HEDIS<sup>®</sup> 2014 resulted in the measures not being report in the 2014 Quality Compass<sup>®</sup>. In addition, the following measures were added as baseline measures, *Initiation and Engagement of Alcohol and Other Drug Dependence*, *Adherence to Antipsychotic Medications for Individuals with Schizophrenia*, and *Use of Multiple Concurrent Antipsychotics in Children and Adolescents*. Scores were recorded, but an incentive was not allocated for this measure. The CAHPS<sup>®</sup> measure, *Medical Assistance with Smoking and Tobacco Use Cessation (MSC)*, was a baseline measure for the Rhody Health Expansion population because the measure is based on a rolling average over two years and Rhody Health Expansion enrollment began in January 2014.

## 2015 Performance Goal Program Result Highlights

### Medical Home/ Preventive Care

- **Preventive/Ambulatory Visits**

Performance on this set of nine (9) measures continues to be a long-standing area of strength for Rhode Island Medicaid's participating Health Plans. As shown in Table 2, the Statewide Averages exceeds the 90<sup>th</sup> percentile for the majority of the measures that focus on access to primary care for infants, children, and adults. There was a slight decrease in the Children and Adolescent Access to Primary Care Practitioners measure (12-24 month cohort) with a statewide average in the 75<sup>th</sup> percentile. These results include both RItE Care, Rhody Health Partners members. The Rhody Health Expansion population, the statewide average for the Adult Access

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<sup>4</sup> NCQA retired this measure in 2015 and this measure is not included in the HEDIS<sup>®</sup> 2016 Technical Specification for Health Plans.

to Preventive/Ambulatory Care measure (20-44 year and 45-64 year) cohorts ranked in the 50<sup>th</sup> and 75<sup>th</sup> percentile respectively.

Rhode Island's inclusion of the HEDIS<sup>®</sup> access-related measures for infants, children, and adolescents in the State's annual Performance Goal Program pre-dates the development of the Federal *Core Set of Children's Health Care Quality Measures*<sup>5</sup>.

- **Frequency of Ongoing Prenatal Care**

Performance on this measure has been relatively stable over the last few years with the Health Plans meeting the Quality Compass<sup>®</sup> 75<sup>th</sup> or 90<sup>th</sup> percentile and the statewide aggregate rate meeting the 75<sup>th</sup> percentile consistently since calendar year 2011. The statewide average rate for calendar year 2014 marked the first time this measure met the 90<sup>th</sup> percentile based on Quality Compass<sup>®</sup> 2014 benchmarks. Performance on this measure for the Rhody Health Expansion was similar to the all population rate. This measure is also included in the Medicaid *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*.

- **Prenatal and Postpartum Care**

Rhode Island has performed well on both the prenatal and postpartum measures. Performance is more robust on the prenatal measure where Rhode Island has met either the Quality Compass<sup>®</sup> 75<sup>th</sup> or 90<sup>th</sup> percentile. The postpartum rate remain an area of opportunity with the statewide average rate consistently meeting the 75<sup>th</sup> percentile. Findings were similar for both metrics for the Rhody Health Expansion population. The prenatal care measure is included in the Medicaid *Core Set of Children's Health Care Quality Measures* and the postpartum rate is included in the *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*

- **Immunizations**

Performance on this set of three measures continues to be a long-standing area of strength for Rhode Island Medicaid's participating Health Plans. As shown in Table 2, the Statewide Averages exceed the 90<sup>th</sup> percentile for all three immunization measures for children and adolescents. Childhood immunization status is part of the *Medicaid Core Set of Children's Health Care Quality Measures*.

- **Lead Screening in Children**

For 2015, Rhode Island's Statewide Average continues to exceed the 75<sup>th</sup> percentile, with an increase in the statewide rate from 78% (CY 2013) to 83% (CY 2014). Rhode Island's performance was substantially greater than the national Medicaid average (or "mean").

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

This measure, which has been a long-standing one in the State's Performance Goal Program, focuses on whether Medicaid managed care enrollees who are 18 years of age or older and smoke or use tobacco received advice to stop from their health care providers. This measure is one component of the smoking cessation measure that is included in the *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*. This data set was developed by the Centers for Medicare and Medicaid (CMS) in partnership with the Agency for Healthcare Research and Quality (AHRQ), subsequent to the enactment of the Affordable Care Act (ACA).

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<sup>5</sup> The *Initial Core Set of Children's Health Care Quality Measures* was developed as a result of the enactment of the Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009.

Rhode Island's Statewide Average of 83% on the "advice to quit" decreased by two percentage points, moving from the 75<sup>th</sup> percentile to the 90<sup>th</sup> percentile in 2015, the rate specific to the Rhody Health Expansion population maintained at the 75<sup>th</sup> percentile at 81%. The state-wide rate continues to be above the Medicaid mean.

- **Members were Satisfied with Access to Urgent Care**

This CAHPS<sup>®</sup> measure is based on the following question, "When you needed care right away, how often did you get care as soon as you thought you needed"? Rhode Island's performance on this measure has consistently met the 75<sup>th</sup> or 90<sup>th</sup> percentile. For calendar year 2014, both Health Plans met the 90<sup>th</sup> percentile for this measure across all lines of business, including Rhody Health Expansion.

- **Adult Body Mass Index (BMI)**

Physical activity as well as obesity reduction is included in the U.S. Department of Health and Human Services' (DHHS) *Healthy People 2020* objectives. This is an area that Rhode Island continues to monitor because the impact of obesity and its associated long-term costs. Rhode Island exceeded the 90<sup>th</sup> percentile for the HEDIS<sup>®</sup> *Adult Body Mass Index (BMI)* measure. Rhode Island continues to demonstrate improvement on this measure year over year from a statewide average of 54% in calendar year 2011 to 91% in calendar year 2014. This measure is also included in the *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid* developed by CMS.

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

According to the Center for Disease Control and Prevention, "1 in 6 children and adolescents (16.2%) are obese. Obesity-related conditions include heart disease, stroke, and type 2 diabetes, which are among the leading causes of death."<sup>6</sup>

Rhode Island maintained improvement gained in 2014 and continues to meet either the 75<sup>th</sup> or 90<sup>th</sup> percentile in all three components of the HEDIS<sup>®</sup> *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure. There was a slight decrease in the statewide average rate for BMI percentile and the counseling for physical activity components of this measure from the 90<sup>th</sup> to the 75<sup>th</sup> percentile. Rhode Island will continue to monitor performance on this measure because of the impact of obesity and its associated long-term costs are of importance to the health of children and adolescents. This measure is also included in the national *Core Set of Children's Health Care Quality Measures*.

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

This measure continued to be a baseline and non-incented measure in the 2014 Performance Goal Program. This HEDIS<sup>®</sup> measure addresses the percentage of members 18 years of age and older who received at least 180 days of a select 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; and diuretics<sup>7</sup>. Rhode Island decrease slightly in this measure below the national Medicaid average and the 50<sup>th</sup> percentile. However, the statewide average for this measure specific to the Rhody Health Expansion population did meet the 50<sup>th</sup> percentile. This

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<sup>6</sup> <http://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Nutrition-Physical-Activity-and-Obesity>

<sup>7</sup> NCQA retired the anticonvulsant rate component of this measure in 2015.

measure is also one of those included in the national CMS *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*.

- **Use of Imaging Studies for Low Back Pain**

This year's Performance Goal Program marked the fifth year this measure was eligible for a performance incentive. Both Health Plans continue to focus their quality improvement efforts on this measure, which 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 approach to treatment (which is recommended clinically in the absence of serious pathology) had been undertaken (that is, no imaging services were ordered, such as MRI, CAT Scan, or X-ray) within the first 28 days of a diagnosis of low back pain.<sup>8</sup> Both Health Plans conducted a Quality Improvement project on this measure for 2015.

## Women's Health

- **Cervical Cancer Screening (Baseline Measure)**

This measure focuses on the receipt of Pap smears by women between 21 and 64 years of age. This finding (73%) is a decrease of 3 percentage points from a statewide average of 76% in Calendar Year 2013. It is important to note that NCQA made significant modifications to the *Cervical Cancer Screening (CCS)* measure in HEDIS 2014, and as such a rate was not reported in *Quality Compass 2014*<sup>®</sup>. This measure is also included in the national CMS *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*.

- **Chlamydia Screening in Women**

For Calendar Year 2014, Rhode Island's Statewide Average (64%) for *Chlamydia Screening*<sup>®</sup> among 16-20 year olds exceeded the national Medicaid which was reported in *Quality Compass*<sup>®</sup> 2014. This rate remained stable from CY 2013 when the Statewide Average was 63%, and continues to exceed the 75<sup>th</sup> percentile. Rhode Island's Statewide Average (70%) for HEDIS<sup>®</sup> 21-24 year old cohort exceeded the national Medicaid average, and is a slight improvement from a rate of 68% in CY 2013, achieving the 75<sup>th</sup> percentile. The rate specific to the Rhody Health Expansion population was slightly lower at 67% meeting the 50<sup>th</sup> percentile. This measure has been a Quality Improvement focus of both Plans and is also part of both the *Medicaid Core Set of Health Care Quality Measures for Adult and Children*.

## Chronic Care

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 year<sup>9</sup>. According to *National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI)*, "Despite the tremendous progress that has been made, morbidity and mortality from cardiovascular, lung, and blood diseases continue to impose a major burden on patients, their families, and the national health care system. The economic cost to the nation is substantial."<sup>10</sup>

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<sup>8</sup> <http://www.aafp.org/afp/2012/0215/p343.html>

<sup>9</sup> *Chronic disease prevalence*, General Health Status, *Healthy People 2020*, <http://www.healthypeople.gov/2020/about/GenHealthAbout.aspx#chronic>

<sup>10</sup> *National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI)*. Morbidity and mortality: 2012 chart book on cardiovascular, lung and blood diseases. Bethesda, MD: NHLBI; 2012 Oct [cited 2012 Feb]. Available from: <http://www.nhlbi.nih.gov/resources/docs/cht-book.htm>

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

This HEDIS® measure focuses on the percentage of children and adults between the ages of five and 64 years who have persistent asthma and who were prescribed appropriate medications during CY 2014. Four age groups are assessed: a) children between five and eleven years of age, b) children and adolescents between twelve and eighteen years of age, c) adults between nineteen and fifty years of age and d) adults between fifty-one and sixty-four years of age. The State did not achieve the 75<sup>th</sup> percentile and did not meet and/or exceed the national Medicaid average across all age cohorts. However, Rhode Island did meet the 90<sup>th</sup> percentile for the 19-50 and 51-64 year age cohort specific to Rhody Health Expansion. This measure was retired from HEDIS® and is not included in HEDIS 2016®.

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

Rhode Island’s Statewide Average of 88% remained consistent with CY 2013 rate and continued to exceed the national Medicaid average as well as meet the *Quality Compass*® 75<sup>th</sup> percentile. The Rhody Health Expansion specific population rate for CY 2014 was 96% exceeding the 90<sup>th</sup> percentile. This HEDIS® measure is also included in the CMS *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*.

- **Controlling High Blood Pressure**

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. The 2015 Performance Goal program marked the fourth year this measure became eligible for an incentive award. Rhode Island’s Statewide Average (71%) exceeded the national Medicaid average and achieved the *Quality Compass*® 90<sup>th</sup> percentile for the first time since its inclusion in the Performance Goal Program. The rate for this measure specific to the Rhody Health Expansion population was 69% meeting the 75<sup>th</sup> percentile. This HEDIS® measure is also included in the CMS *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid*.

- **Pharmacotherapy Management of COPD Exacerbation**

Chronic obstructive pulmonary disease (COPD) is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. This year’s Performance Goal Program marked the fifth year that this measure was eligible for a performance incentive. 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). Rhode Island’s Statewide Averages of 79% and 88% remained consistent with CY 2013 outcomes surpassing the 90<sup>th</sup> percentile for the component *Dispensed a Systemic corticosteroid dispensed within 14 days* and the 75<sup>th</sup> percentile for *Dispensed a Bronchodilator within 30 days* respectively. Similar rates were reported specific to the Rhody Health Expansion population of 80% and 89% respectively.

## **Behavioral Health**

- **Follow-up After Hospitalization for Mental Illness – 7 & 30 Days**

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. Starting in 2012, Health Plans' performance for both the 30-day and the more stringent 7-day components of this measure became eligible for an incentive. Rhode Island continues to demonstrate improved performance on this measure, achieving the 75<sup>th</sup> percentile for the 30-day and the 90<sup>th</sup> percentile for the 7-day follow-up measure across all populations. This measure is part of both the *Medicaid Core Set of Health Care Quality Measures for Adult and Children*.

- **Antidepressant Medication Management**

The HEDIS<sup>®</sup> *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 first piloted as a baseline metric in RIte Care's 2006 Performance Goal Program. Rhode Island's Statewide Average of 52% remains consistent from CY 2013 and continues to meet the 50<sup>th</sup> percentile. Both Health Plans continue to conduct a Quality Improvement Project (QIP) on this measure. This measure is also one which is included in the CMS *Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid* and is one of two quality improvement projects implemented as part of the Medicaid Adult Quality Grant.

- **Follow-up for Children Prescribed ADHD Medication (Initiation Phase)**

Seeking to further emphasize the importance of access to behavioral health services for children and youth, the HEDIS<sup>®</sup> *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 2015, Rhode Island's Statewide Average of 52% decreased slightly from 56% in CY 2013, however continued to exceed the Medicaid average and the *Quality Compass*<sup>®</sup> 75<sup>th</sup> percentile. This measure is one that is included in the *Core Set of Children's Health Care Quality Measures*.

Nearly forty percent (40%) of claims expenditures on high cost users are for persons with co-occurring mental health or substance and physical health needs underscoring the need for an integrated person-centered approach to care. In an effort to drive continued improvement in behavioral health and the integration of behavioral and physical care the following three metrics were added to the Performance Goal Program for 2015 as baseline measures:

- **Initiation and Engagement of Alcohol and Other Drug Dependence (AOD)**

This measure has two components, Initiation (the percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient or partial hospitalization within 14 days of diagnosis) and Engagement (the percentage of members who initiated treatment and who had two or more additional services with a diagnosis of alcohol and other drug dependence within 30 days of the initiation visit).

Rhode Island's statewide average rate for the Initiation component for CY 2014 was 45% meeting the 75<sup>th</sup> percentile and 19% for the Engagement component meeting the 90<sup>th</sup> percentile with a similar rate for the Rhody Health Expansion specific population of 50% and 22% respectively, resulting in both components meeting the 90<sup>th</sup> percentile. However, it is important to note that although the statewide average rate met or exceeded both the 75<sup>th</sup> and 90<sup>th</sup> percentile there remain a great opportunity of improvement in this metric given the overall low percentile rates. This measure is also included in the *Core Set of Adult Health Care Quality Measures*.



- **Adherence to Antipsychotic Medications for Individuals with Schizophrenia**

This measure focused on the percentage of adults 19-64 years of age with a diagnosis of schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period. The Rhode Island statewide average rate of 71% across all populations met the 75<sup>th</sup> percentile. This measure is also included in the *Core Set of Adult Health Care Quality Measures*.

- **Use of Multiple Concurrent Antipsychotic in Children and Adolescents**

The focus of this measure is the percentage of children and adolescents 1 through 17 years of age who were on two or more concurrent antipsychotic medications. A lower rate on this measure indicates better performance. A rate was not reported in Quality Compass® 2014 for this measure.

## 2015 Performance Goal Program Results

### *Quality Compass*<sup>®</sup>

Use of the *Quality Compass*<sup>®</sup> 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<sup>®</sup> and CAHPS<sup>®</sup> 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 10<sup>th</sup>, 25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, and new in 2015 the 95<sup>th</sup> level.

### Understanding Table 2 and 3<sup>11</sup>

Table 2 shows Statewide Averages for each of HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures included in Rhode Island’s Performance Goal Program for the four most recent years and Table 3 shows Statewide Average for each of the HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures specific to Rhody Health Expansion. It is important to note that because this is the first measurement year for the Rhody Health Expansion population, there is significant variability in many of the numerators and denominators. As a result, these results should not be interpreted as a true indication of how this new population is performing. The Statewide Averages have been computed by averaging the Health Plans’ results. The scores are highlighted in a particular color according to the percentile ranking for HEDIS<sup>®</sup> and CAHPS<sup>®</sup> measures as based on the National Committee for Quality Assurance’s *Quality Compass*<sup>®</sup> for Medicaid for that respective year. For example, the Statewide Average for CY 2014 (Performance Goal Program 2015) findings are based on the benchmark percentile ranking from *Quality Compass*<sup>®</sup> 2014.

- **90<sup>th</sup> percentile**  
Measures that have been highlighted in **blue** represent scores that met or exceeded the 90<sup>th</sup> percentile for that respective year.
- **75<sup>th</sup> percentile**  
Measures that have been highlighted in **pink** indicate scores for that met or exceeded the 75<sup>th</sup> for that respective year.
- **50<sup>th</sup> percentile**  
Measures that have been highlighted in **grey** indicate scores that met or exceeded the 50<sup>th</sup> percentile for that respective year.
- Performance measures shown in **green** are baseline measures.

All but two of the performance measures listed on pages 10-13 are HEDIS<sup>®</sup> measures. The remaining measures are from CAHPS<sup>®</sup>:

- Members were satisfied with access to urgent care
- Members over 18 year of age received advice on smoking cessation and tobacco use

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<sup>11</sup> HEDIS<sup>®</sup> and CAHPS<sup>®</sup> rates for the Rhody Health Expansion populations as part of the 2015 Performance Goal Program were scored and funded apart from Rite Care and Rhody Health Partners.

\* The baseline measure for 2015 (CY 2014) has been shown in **green**.

**Table 2: Rhode Island's 2015 Performance Goal Program  
Results of HEDIS® and CAHPS® Measures (Calendar Years 2011 – 2014)**

Performance Category and Measures		Statewide Average for CY 2011	Statewide Average for CY 2012	Statewide Average for CY 2013	Statewide Average for CY 2014
		Findings from the 2012 Performance Goal Program	Findings from the 2013 Performance Goal Program	Findings from the 2014 Performance Goal Program	Findings from the 2015 Performance Goal Program
	<b><i>Medical Home/ Preventive Care</i></b>				
1	Members were satisfied with access to urgent care	85	86	87	88
2	Adults with an ambulatory or preventive care visit (20-44 yrs.)	88	89	89	89
3	Adults with an ambulatory or preventive care visit (45-64 yrs.)	92	92	93	93
4	Infants had well-child visits in first 15 months of life+	82	82	90	86
5	Children had well-child visits in 3 <sup>rd</sup> -6 <sup>th</sup> year of life+	83	82	85	84
6	Adolescent immunizations before 13 <sup>th</sup> birthday+	86	84	86	88
7	Children receive immunizations by 2 <sup>nd</sup> birthday – Combo 3+	84	82	83	82
8	Children receive immunizations by 2 <sup>nd</sup> birthday – Combo 10+	21	56	64	65
9	Children receive periodic PCP visits (12-24 mos.)+	99	98	99	98
10	Children receive periodic PCP visits (25 mos.-6 yrs.)+	94	95	94	94
11	Children receive periodic PCP visits (7-11 yrs.)+	96	97	97	97
12	Children receive periodic PCP visits (12-19 yrs.)+	95	96	96	96
13	Members over 18 years received advice on smoking cessation+	83	83	80	83
14	Members received timely prenatal care+	92	93	94	92
15	Members received timely postpartum care+	71	71	71	71
16	Adolescent well care visit+	65	67	70	70
17	Frequency of ongoing prenatal care+	79	77	83	81
18	Lead screening for children	85	85	78	83
19	Adult Body Mass Index (BMI) assessment+	54	72	83	91
20	Body Mass Index (BMI) percentile for children & adolescents+	44	61	85	80
21	Counseling for nutrition for children & adolescents+	65	69	78	78
22	Counseling for physical activity for children & adolescents+	48	56	72	69
23	<b>Annual monitoring for patients on persistent medications+</b>	86	83	85	85
24	Use of imaging studies for low back pain	71	69	70	53

\* The baseline measure for 2015 (CY 2014) has been shown in green.

Performance Category and Measures		Statewide Average for CY 2011	Statewide Average for CY 2012	Statewide Average for CY 2013	Statewide Average for CY 2014
		Findings from the 2012 Performance Goal Program	Findings from the 2013 Performance Goal Program	Findings from the 2014 Performance Goal Program	Findings from the 2015 Performance Goal Program
	<b>Women's Health</b>				
25	<b>Cervical cancer screening (21-64 yrs.)+<sup>12</sup></b>	78	77	76	73
26	Chlamydia screening (16-20 yrs.)+	56	62	63	64
27	Chlamydia screening (21- 24 yrs.)+	67	68	68	70
	<b>Chronic Care</b>				
28	Enrollees with asthma use appropriate meds (5-11 yrs.)	92	93	93	91
29	Enrollees with asthma use appropriate meds (12-18 yrs.)	89	88	89	86
30	Enrollees with asthma use appropriate meds (19-50 yrs.)	79	79	79	76
31	Enrollees with asthma use appropriate meds (51-64 yrs.)	70	75	78	75
32	Enrollees with asthma use appropriate meds (Total Rate)	N/A	N/A	86	84
33	Adults with diabetes had HbA1c testing+	88	86	88	88
34	Controlling high blood pressure+	64	63	69	71
35	Pharmacotherapy management of COPD exacerbation: Systemic corticosteroid dispensed within 14 days	76	80	82	79
36	Pharmacotherapy management of COPD exacerbation: Bronchodilator dispensed within 30 days	82	90	90	88
	<b>Behavioral Health</b>				
37	Follow-up visit by 30 days post-discharge from hospital (Mental Health)+	83	81	81	78
38	Follow-up visit by 7 days post-discharge from hospital (Mental Health)+	66	64	62	64
39	Antidepressant medication management (Acute phase)+	47	52	52	52
40	Follow-up for children prescribed ADHD medication (Initiation phase)+	48	54	56	52
41	<b>Initiation and Engagement of Alcohol and Other Drug Dependence: Initiation within 14 days+</b>	N/A	N/A	N/A	45
42	<b>Initiation and Engagement of Alcohol and Other Drug Dependence: Engagement within 30 days+</b>	N/A	N/A	N/A	19
43	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia+</b>	N/A	N/A	N/A	71
44	<b>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</b>	N/A	N/A	N/A	2

\* The baseline measure for 2015 (CY 2014) has been shown in green.

+ HEDIS<sup>®</sup> measures that have been flagged with the (+) symbol are ones that are included in either the *Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid* or the *Initial Core Set of Children's Health Care Quality Measures*.

<sup>12</sup> As a result of significant modifications made to the *Cervical Cancer Screening (CCS)* measure in HEDIS 2014, a rate was not reported in Quality Compass 2014<sup>®</sup>. As such the score was recorded but the measure was considered baseline and not eligible for an incentive in 2015.

\* The baseline measure for 2015 (CY 2014) has been shown in green.

**Table 3: Rhode Island’s 2015 Performance Goal Program  
Results of HEDIS® and CAHPS® Measures (Calendar Year 2014)**

Performance Category and Measures		Statewide Average for CY 2014 (RHE)	Statewide Average for CY 2014 (All Population <sup>13</sup> )
		Findings from the 2015 Performance Goal Program	Findings from the 2015 Performance Goal Program
<b><i>Medical Home/ Preventive Care</i></b>			
1	Members were satisfied with access to urgent care	87	88
2	Adults with an ambulatory or preventive care visit (20-44 yrs.)	83	89
3	Adults with an ambulatory or preventive care visit (45-64 yrs.)	92	93
4	<b>Members over 18 years received advice on smoking cessation+</b>	75	79
5	Members received timely prenatal care+	75	92
6	Members received timely postpartum care+	42	71
7	Frequency of ongoing prenatal care+	83	81
8	Adult Body Mass Index (BMI) assessment+	100	91
9	<b>Annual monitoring for patients on persistent medications+</b>	88	85
10	Use of imaging studies for low back pain	70	53
<b>Performance Category and Measures</b>		<b>Statewide Average for CY 2014</b>	
<b><i>Women’s Health</i></b>			
11	<b>Cervical cancer screening (21-64 yrs.)+</b>	60	73
12	Chlamydia screening (16-20 yrs.)+	64	64
13	Chlamydia screening (21- 24 yrs.)+	67	70
<b><i>Chronic Care</i></b>			
14	Enrollees with asthma use appropriate meds (19-50 yrs.)	85	76
15	Enrollees with asthma use appropriate meds (51-64 yrs.)	83	75

<sup>13</sup> All populations is defined as all Medicaid Managed Care Lines of Business, exclusive of Rhody Health Expansion.

\* The baseline measure for 2015 (CY 2014) has been shown in green.

16	Enrollees with asthma use appropriate meds (Total Rate)	85	84
17	Adults with diabetes had HbA1c testing+	96	88
18	Controlling high blood pressure+	69	71
19	Pharmacotherapy management of COPD exacerbation: Systemic corticosteroid dispensed within 14 days	80	79
20	Pharmacotherapy management of COPD exacerbation: Bronchodilator dispensed within 30 days	89	88
	<b><i>Behavioral Health</i></b>		
21	Follow-up visit by 30 days post-discharge from hospital (Mental Health)+	72	78
22	Follow-up visit by 7 days post-discharge from hospital (Mental Health)+	59	67
23	Antidepressant medication management (Acute phase)+	65	52
24	<b>Initiation and Engagement of Alcohol and Other Drug Dependence: Initiation within 14 days+</b>	50	49
25	<b>Initiation and Engagement of Alcohol and Other Drug Dependence: Engagement within 30 days+</b>	22	19
26	<b>Adherence to Antipsychotic Medications for Individuals with Schizophrenia+</b>	54	71

\* The baseline measure for 2015 (CY 2014) has been shown in green.