

Monitoring Quality and Access through the Performance Goal Program

Rhode Island Executive Office of Health and Human Services • October 2016

Introduction

Rite Care, Rhode Island's first Medicaid managed care program, was implemented in August 1994 to provide 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 through Rhody Health Partners. In 2010, as a result of the passage of the Affordable Care Act, Medicaid coverage was expanded to include low-income adults with an annual income up to 133% Federal Poverty Level. Enrollment in an MCO for the Medicaid Expansion population began on January 1, 2014 through Rhody Health Expansion. In 2016, two health plans participated in Rite Care, Rhody Health Partners and Rhody Health Expansion: Neighborhood Health Plan of Rhode Island (NHPRI) and United Healthcare Community Plan of Rhode Island (UHCP-RI).

In 1998, Rhode Island Medicaid launched its Performance Goal Program to establish standards and payment for quality and access performance within managed care. Rhode Island was the second in the nation to implement a "pay-for-performance" program for its managed care program. The State's Performance Goal Program is now in its 18th year and continues to advance quality improvement initiatives that focus on eight domains: utilization, access to care, prevention and screening, women's health, chronic care, behavioral health, compliance and total cost of care.

Executive Summary

In 2016, two health plans participated in Rite Care, Rhody Health Partners and Rhody Health Expansion: Neighborhood Health Plan of Rhode Island (NHPRI) and United Healthcare Community Plan of Rhode Island (UHCP-RI). The goals of Rite Care, Rhody Health Partners, and Rhody Health Expansion are to improve access to care, improve quality of care and health outcomes, and to contain the costs of healthcare. This report focuses on the overall performance results of 30 nationally benchmarked quality measures for Rite Care and Rhody Health Partners and 18 nationally benchmarked quality measures for Rhody Health Expansion within the 2016 Performance Goal Program. The 2016 Performance Goal Program draws from calendar year 2015 data.

Each health plan received financial incentives for their performance in the 2016 Performance Goal Program. Statewide averages for all populations reveal outstanding performance (meeting the 75th or 90th percentile for at least 80% of the measures within a domain) in the Utilization, Access to Care, Prevention and Screening, Women's Health, and Chronic Care domains. Opportunities for improvement across all populations exist within the Behavioral Health domain. Statewide averages for the Rhody Health Expansion population reveal outstanding performance (meeting the 75th or 90th percentile for at least 80% of the measures within a domain) in the Chronic Care domain. The Rhody Health Expansion population outperformed the Rite Care and Rhody Health Partners populations across six measures related to Access to Care, Prevention and Screening, and Chronic Care.

The State’s Performance Goal Program is now in its 18th year and continues to advance quality improvement initiatives related to utilization, access to care, prevention and screening, women’s health, chronic care, behavioral health, compliance and total cost of care.

Performance Goal Program 2016 Methodology

The 2016 Performance Goal Program (PGP) used both Rhode Island-specific standards and standards based on national benchmarks (HEDIS® and CAHPS® measures). The 2016 PGP allocated financial incentives across seven domains (an eighth domain was reported as baseline, no incentive dollars were available for performance within this domain). Tables 1 and 2 display the percentage of performance award available by domain.

Table 1: Percentage of Performance Award Available by Domain for Rite Care and Rhody Health Partners

Component	Percentage of Total
1. Utilization	10.00%
2. Access to Care	20.00%
3. Prevention & Screening	15.00%
4. Women’s Health	10.00%
5. Chronic Care	15.00%
6. Behavioral Health	20.00%
7. Compliance	10.00%
8. Total Cost of Care	0.00%

Table 2: Percentage of Performance Award Available by Domain for Rhody Health Expansion

Component	Percentage of Total
1. Utilization	2.00%
2. Access to Care	20.00%
3. Prevention & Screening	8.00%
4. Women’s Health	10.00%
5. Chronic Care	20.00%
6. Behavioral Health	25.00%
7. Compliance	15.00%
8. Total Cost of Care	0.00%

HEDIS® and CAHPS® measures within each domain are benchmarked against the National Committee for Quality Assurance’s (NCQA) Quality Compass® 2015 Medicaid Edition. 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, 90th, and 95th level. Within the PGP 2016, each health

plan had potential to earn a full incentive for meeting the 90th percentile or a partial incentive for meeting the 75th percentile.

Changes to Performance Goal Program 2016

Three state-specific measures were reported as baseline in PGP 2016 within the Utilization and Total Cost of Care domains. Additionally, one HEDIS[®] measure was reported as baseline for the Rite Care and Rhody Health Partners populations.

- ED Visits/1000
- Re-hospitalization within 30 days, specific to inpatient psychiatric care
- *Use of Multiple Concurrent Antipsychotics in Children and Adolescents (HEDIS[®])*
- Total Cost of Care

Two HEDIS[®] measures used as baseline in the PGP 2015, were eligible for incentive in 2016:

- *Initiation and Engagement of Alcohol and Other Drug Dependence (HEDIS[®])*
- *Adherence to Antipsychotic Medications for individuals with Schizophrenia (HEDIS[®])*

Two state-specific measures were added to PGP 2016, along with three HEDIS[®] and CAHPS[®] measures:

- *Medication Management for people with Asthma (HEDIS[®])*
- *Comprehensive Diabetes Care (HEDIS[®])*
- HIV Viral Load Suppression
- *Call Answer Timeliness (CAHPS[®])*
- Accurate submission of encounter data

Performance Goal Program 2016 Results

The following report details highlights from the 2016 PGP. A full description of the 2016 PGP results of HEDIS[®] and CAHPS[®] measures can be found in Table 3. Additionally, a comparison of results between Rhody Health Expansion population and Rite Care and Rhody Health Partners population can be found in Table 4.

Utilization

Performance on this set of four measures continues to be a long-standing area of strength for Rhode Island Medicaid's participating health plans. As shown in Table 3, the Statewide Average for all populations exceeds the 75th and 90th percentiles for all four measures. There was a decrease in the *Well-child visits in the 3rd-6th years of life* measure and *Adolescent well-care visits with a PCP or PB/GYN* measure. The Rhody Health Expansion population demonstrated opportunity for improvement on the *Frequency of on-going prenatal care* measure, while the Rite Care and Rhody Health Partners populations exceeded the 90th percentile (comparison shown in Table 4).

Access to Care

On greater than 80% of the Access to Care measures, the Statewide Averages for all populations met or exceeded the 75th and 90th percentiles. The health plans continue to perform particularly well on the *Members who had a visit with a pcp* for age groups 25 months-19 years. State issues related to identifying newborns receiving coverage in the managed care plans have distorted the 12-24 month rate; the State and the health plans continue to work together to improve this issue. While the all

population rate (Table 3) for *Adults with an ambulatory or preventive care visit* does not meet the 75th percentile, the Rite Care and Rhody Health Partners only population (Table 4) exceeds the 75th percentile for this measure. This identified opportunity allows the health plans to focus improvement efforts on the Rhody Health Expansion population, ensuring they have access to primary care.

The *Initiation and engagement of alcohol and other drug dependence treatment* measure was included as baseline in the 2015 PGP, but was eligible for incentive in 2016 PGP. The Statewide Average for all populations showed a slight increase over last year in the initiation of treatment portion of this measure and held steady on the engagement in treatment portion of this measure (Table 3). The Rhody Health Expansion population outperformed Rite Care and Rhody Health Partners on both portions of this measure (Table 4).

The Statewide Average for all populations continued to perform in the 90th percentile for *Members satisfied with access to urgent care*. This measure, reported from the CAHPS® customer experience survey, complements the aforementioned Access to Care measures in that members of the health plan have a high level of satisfaction with their access.

Prevention and Screening

The health plans continue to perform well on most Prevention and Screening measures performing in the 75th or 90th percentiles year over year. The plans performed particularly well (90th percentile) on *Children immunizations by 2nd birthday (Combo 3 and Combo 10)*, *Child counseling for nutrition*, *Child counseling for physical activity*, and *Adult Body Mass Index (BMI) assessment* (Table 3). While the plans ranked in the 75th percentile for the *Female HPV vaccine by the 13th birthday* measure, at a Statewide Average of 31%, this measure demonstrates significant opportunity for absolute improvement in the rate (Table 3). This measure is aligned with statewide efforts to improve HPV vaccinations for school-aged children.

When excluding the Rhody Health Expansion population, the Statewide Average of *Members over 18 years receiving advice on smoking cessation* performed in the 75th percentile (Table 4). This measure, reported from the CAHPS® customer experience survey, presents an opportunity to improve practices of advising members to quit, especially for the Rhody Health Expansion population.

Rhody Health Expansion population outperformed the Rite Care and Rhody Health Partners population on *Adult Body Mass Index (BMI) assessment*, but both populations performed in the 90th percentile.

Women's Health

The Women's Health Domain measures have shown modest improvements since 2011, falling in and out of the 75th percentile ranking for that particular year. In 2016, the all population Statewide Average met the 75th percentile for all three measures (Table 3). The Rhody Health Expansion population performed in the 75th percentile for both *Chlamydia screening rates* (Table 4). The Rite Care and Rhody Health Partners only rate for *Chlamydia screening (21-24 years)* shows significant improvement over the all population rate from years past and performs in the 90th percentile (Table 3 and 4).

Chronic Care

The Chronic Care domain was the strongest domain for the Rhody Health Expansion population. Rhody Health Expansion met the 90th percentile for four measures and outperformed the Rite Care and Rhody Health Partners populations across three measures (Table 4).

In previous years, PGP has measured the use of appropriate medications for people with asthma. In 2016, HEDIS® replaced this measure with *Medication management for people with asthma* as a more effective assessment of asthma medication management.¹ Despite being a new measure, the Statewide Average all population rate ranked in the 75th percentile (Table 3) and the Rhody Health Expansion only population ranked in the 90th percentile (Table 4).

The *Use of imaging studies for low back pain* continues to be a difficult measure for health plan performance. Performance on this measure has declined since 2011 and the Statewide Average falls below the 75th percentile (Table 3). The State continues to work with the health plans to understand how to improve this measure so that members are getting the right care, at the time, in the right setting.

Behavioral Health

While addressing the behavioral health needs of members continues to be a focus of the Medicaid program, the measures within this domain demonstrate opportunity for improvement. The all population Statewide Average for *Follow-up visit post-discharge from mental health hospital stay* performed in the 75th percentile (Table 3). The Rite Care and Rhody Health Partners populations performed slightly better than the all population rate for these measures (Tables 3 and 4).

The plans have shown steady improvement over the years in the *Antidepressant medication management* measure, but have not performed in the 75th percentile to-date (Table 3). While the all population Statewide Average for *Adherence to antipsychotic medications for individuals with schizophrenia* declined from 2015 to 2016 and did not meet the 75th percentile, the Rite Care and Rhody Health Partners only population performed significantly better and did rank in the 75th percentile (Tables 3 and 4). In 2016, the state moved a significant number of behavioral health services, including dedicated Health Homes for individuals with severe and persistent mental illness, into the managed care plans. Having the full scope of the services allows the health plans to better manage their members' needs and access to services. The state hopes to see improvement across the measures in this domain in PGP 2017 due to multiple focused efforts on addressing behavioral health.

Two measures within this domain focus on the quality of behavioral health for children. *Follow-up for children prescribed ADHD medication* fell out of high rankings from years past (Table 3). However, in 2016, the health plans participated in a focused learning collaborative on improving ADHD care with pediatric primary care practices and hope to see a return to high rankings in future years. This year's PGP also marked the second year of monitoring *Use of multiple concurrent antipsychotics in children and adolescents*, but was included as a baseline measure not eligible for incentive payments. Again, statewide efforts to establish a pediatric psychiatry consultation service brings hope for significant improvement in this measure over the coming years.

¹ <http://www.ncqa.org/newsroom/news-archive/2015-news-archive/news-release-july-1-2015>

Table 3: Results of HEDIS® and CAHPS® Measures

Table 3 displays a calculated average from health plan reported numerators and denominators for All Population Rate on HEDIS® and CAHPS® measures used in PGP 2016. Annual PGP results correspond to results from the prior calendar year (CY). The scores are highlighted in a particular color according to the Quality Compass® Medicaid Edition for that respective year. For example, the Statewide Average for CY 2015 (PGP 2016) findings are based on the percentile ranking from Quality Compass® Medicaid Edition 2015.

Measures highlighted in **dark blue** represent scores that met or exceeded the 90th percentile for that respective year

Measures highlighted in **light blue** indicate scores for that met or exceeded the 75th for that respective year

Measures shown in **green** are baseline measures

Performance Domain and Measures		Statewide Average for CY 2011 (PGP 2012)	Statewide Average for CY 2012 (PGP 2013)	Statewide Average for CY 2013 (PGP 2014)	Statewide Average for CY 2014 (PGP 2015)	Statewide Average for CY 2015 (PGP 2016)
Utilization						
1	Well-child visits in the First 15 months of life (6 or more visits)	82	82	90	86	81
2	Well-child visits in the 3 rd -6 th years of life	83	82	85	84	80
3	Adolescents well-care visits with PCP or OB/GYN (12-21 years)	65	67	70	70	64
4	Frequency of on-going prenatal care (>= 81 percent of expected visits)	79	77	83	81	79
Access to Care						
5a	Members who had a visit with a pcp (12-24 months)	99	98	99	98	94
5b	Members who had a visit with a pcp (25 months-6 years)	94	95	94	94	93
5c	Members who had a visit with a pcp (7-11 years)	96	97	97	97	97
5d	Members who had a visit with a pcp (12-19 years)	95	96	96	96	96
6a	Adults with an ambulatory or preventive care visit (20-44 years)	88	89	89	89	81
6b	Adults with an ambulatory or preventive care visit (45-64 years)	92	92	93	93	89
7	Members received timely prenatal care	92	93	94	92	93
8	Members received timely postpartum care	71	71	71	71	74

9a	Initiation and engagement of alcohol and other drug dependence treatment (initiation within 14 days)	n/a	n/a	n/a	45	47
9b	Initiation and engagement of alcohol and other drug dependence treatment (engagement within 30 days)	n/a	n/a	n/a	19	19
10	Members were satisfied with access to urgent care	85	86	87	88	90
Prevention and Screening						
11a	Children immunizations by 2 nd birthday – Combo 3	84	82	83	82	82
11b	Children immunizations by 2 nd birthday – Combo 10	21	56	64	65	60
12	Lead screening for children	85	85	78	83	83
13	Adolescent immunizations before 13 th birthday	86	84	86	88	87
14	Females HPV vaccine by 13 th birthday	n/a	n/a	n/a	n/a	31
15a	Child Body Mass Index (BMI) percentile assessed	44	61	85	80	85
15b	Child counseling for nutrition	65	69	78	78	82
15c	Child counseling for physical activity	48	56	72	69	72
16	Members over 18 years received advice on smoking cessation	83	83	80	83	78
17	Adult Body Mass Index (BMI) assessment	54	72	83	91	94
Women's Health						
18	Cervical cancer screening (21-64 years)	78	77	76	73	70
19a	Chlamydia screening (16-20 years)	56	62	63	64	64
19b	Chlamydia screening (21-24 years)	67	68	68	70	71
Chronic Care						
20	Medication management for people with asthma ²	n/a	n/a	n/a	n/a	39
21a	Pharmacotherapy management of COPD exacerbation: dispensed systemic corticosteroid within 14 days	76	80	82	79	77
21b	Pharmacotherapy management of COPD exacerbation: dispensed bronchodilator within 30 days	82	90	90	88	89
22	Use of imaging studies for low back pain	71	69	70	53	34
23	Comprehensive diabetes care: HbA1c testing	88	86	88	88	90
24	Controlling high blood pressure	64	63	69	71	72
Behavioral Health						

² HEDIS 2016 retired the *Use of Appropriate Mediations for People with Asthma* and replaced with *Medication Management for People with Asthma*

25a	Follow-up visit within 30 days post-discharge from hospital (mental health)	83	81	81	78	75
25b	Follow-up visit within 7 days post-discharge from hospital (mental health)	66	64	62	64	60
26	Antidepressant medication management (acute phase)	47	52	52	52	56
27	Follow-up for children prescribed ADHD medication (initiation phase)	48	54	56	52	48
28	Adherence to antipsychotic medications for individuals with schizophrenia	n/a	n/a	n/a	71	66
29	Use of multiple concurrent antipsychotics in children and adolescents	n/a	n/a	n/a	2	2
Compliance						
30	Call answer timeliness	n/a	n/a	n/a	n/a	82

Table 4: Comparison of RHE and non-RHE populations results of HEDIS and CAHPS Measures

Table 4 displays a comparison of the Rhody Health Expansion and non-Rhody Health Expansion populations (Rite Care and Rhody Health Partners). The statewide averages are calculated average from health plan reported numerators and denominators on HEDIS® and CAHPS® measures used in PGP 2016. Annual PGP results correspond to results from the prior calendar year (CY). The scores are highlighted in a particular color according to the Quality Compass® Medicaid Edition for that respective year. For example, the Statewide Average for CY 2015 (PGP 2016) findings are based on the percentile ranking from Quality Compass® Medicaid Edition 2015.

Measures highlighted in **dark blue** represent scores that met or exceeded the 90th percentile for that respective year
 Measures highlighted in **light blue** indicate scores for that met or exceeded the 75th for that respective year
 No HEDIS® and CAHPS® measures were used as baseline for the Rhody Health Expansion population in 2016

Performance Domain and Measures	Statewide Average for CY 2015 (PGP 2016) RHE Population	Statewide Average for CY 2015 (PGP 2016) Non-RHE population
Utilization		
Frequency of on-going prenatal care (>= 81 percent of expected visits)	69	80
Access to Care		
Adults with an ambulatory or preventive care visit (20-44 years)	73	86
Adults with an ambulatory or preventive care visit (45-64 years)	87	91
Members received timely prenatal care	81	90
Members received timely postpartum care	64	82
Initiation and engagement of alcohol and other drug dependence treatment (initiation within 14 days)	48	47
Initiation and engagement of alcohol and other drug dependence treatment (engagement within 30 days)	20	17
Members were satisfied with access to urgent care	90	91
Prevention and Screening		
Members over 18 years received advice on smoking cessation	76	81
Adult Body Mass Index (BMI) assessment	97	93
Women's Health		

	Cervical cancer screening (21-64 years)	62	75
	Chlamydia screening (16-20 years)	65	64
	Chlamydia screening (21-24 years)	67	73
Chronic Care			
	Medication management for people with asthma ³	50	38
	Pharmacotherapy management of COPD exacerbation: dispensed systemic corticosteroid within 14 days	76	78
	Pharmacotherapy management of COPD exacerbation: dispensed bronchodilator within 30 days	92	88
	Use of imaging studies for low back pain	35	33
	Comprehensive diabetes care: HbA1c testing	92	88
	Controlling high blood pressure	71	73
Behavioral Health			
	Follow-up visit within 30 days post-discharge from hospital (mental health)	73	76
	Follow-up visit within 7 days post-discharge from hospital (mental health)	57	62
	Antidepressant medication management (acute phase)	48	52
	Adherence to antipsychotic medications for individuals with schizophrenia	54	70

³ HEDIS 2016 retired the *Use of Appropriate Medications for People with Asthma* and replaced with *Medication Management for People with Asthma*