Medicaid Reform Performance Measures Workshop

Tallahassee, Florida

October 6, 2006

1:00 P.M. – 4:00 P.M.



Opening Remarks The Value of Measuring Quality

Thomas W. Arnold Deputy Secretary for Medicaid





- Increase Access to Care for Medicaid Enrollees
- Improve the Quality of Care and Services Received by Medicaid Enrollees
- Increase the Cost Effectiveness of the Medicaid Program



Value of Measuring Quality

- Empowers Beneficiaries to Make Informed Choices
- Improves Quality and Enhances Accountability
- Provides Transparency of Plan Performance to Beneficiaries and others
- Increases Cost Effectiveness



Legislative Requirements Section 409.91211(3)(p), F.S.

- The Agency shall implement:
 - Standards for plan compliance, including, but not limited to, standards for quality assurance and performance improvement standards for peer or professional reviews, grievance policies, and policies for maintaining program integrity.
 - Develop a data-reporting system, seek input from managed care plans in order to establish requirements for patient-encounter reporting, and ensure that the data reported is accurate and complete.



Legislative Requirements

Section 409.91211(3)(p), F.S. Continued

Data-Reporting System

- Work with plans to establish a uniform system to measure & monitor outcomes.
- System shall use financial, clinical, & other criteria based on pharmacy, medical services, and other data that is related to the provision of Medicaid services, including, but not limited to:
 - HEDIS or measures that are similar to HEDIS
 - Member satisfaction
 - Provider satisfaction
 - Report cards on plan performance and best practices
 - Utilization and quality data for the purpose of ensuring access to medically necessary services, including underutilization or inappropriate denial of services.



Legislative Requirements Section 409.91211(3)(i), F.S.

- Implement a mechanism for providing information to beneficiaries for the purpose of selecting a Plan.
- Beneficiaries will be provided with, among others:
 - Plan Performance Data
 - Any other information the Agency determines would facilitate a recipient's understanding of the plan or insurance that would best meet his or her needs.



Medicaid Reform Waiver Quality Strategy

- The Goal is to Promote the Health and Well Being of Beneficiaries by:
 - Assuring Access to Services
 - Holding Plans Accountable for Health Outcomes
 - Promoting Quality & Cost-effective Delivery of Services



Medicaid Reform Waiver Quality Strategy

- The Quality Strategy includes, but is not limited to, review of:
 - Clinical Outcome Measures
 - Quality Improvement Indicators
 - Evaluation of Disease Management Programs



Disease Management

- System of coordinated health care interventions and communications for individuals with conditions in which patient self-care efforts are significant.
 - Supports the physician or practitioner/patient relationship and plan of care;
 - Emphasizes prevention by utilizing evidence-based practice guidelines and patient empowerment strategies; and
 - Evaluates clinical, humanistic, and economic outcomes on an on-going basis with the goal of improving overall health status.



What does this mean for Reform Plans?

Measurement – Measurement – Measurement







- * April 2006
 - Contacted over 60 Advocacy Organizations to Obtain Input on Disease Management Performance Measures.
- * **October 2006**

Performance Measures Workshops

- Conduct Workshop on October 6 to Obtain Input From Plans and All Interested Parties on the Proposed Performance Measures.
- Conduct Workshop on October 26 to Review Comments Received and Present Final Performance Measures.



Today's Workshop Objective

 Obtain Input on the Performance Measures the Agency is Considering Adding or Removing from the Current List Specified in the Contract.



Medicaid Reform Performance Measure Requirements

Karen Chang, Bureau of Quality Management



Reform Contract Requirements

Performance Measures

- The Health Plan shall collect data on patient outcome Performance Measures, as defined by the Health Plan Employer Data and Information Set (HEDIS) or otherwise defined by the Agency and report the results of the measures to the Agency annually. The Agency may add or remove reporting requirements with 30-days advance notice. At a minimum, the following performance measures shall be measured by the Health Plan:
 - (1) Breast Cancer Screening;
 - (2) Cervical Cancer Screening;
 - (3) Colorectal Cancer Screening;
 - (4) Well Child Visits in the First 15 Months of Life;
 - (5) Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life;
 - (6) Adolescent Well Care Visits;
 - (7) Childhood Immunization Status;



Reform Contract Requirements Continued

- (8) Adolescent Immunization Status;
- (9) Preventive and Total Dental Visits for Children/Adolescents Between Three Years and Eleven Years and for Children/Adolescents Between Twelve Years and Twenty Years of Age;
- (10) Average number of days spent in the community by all Enrollees receiving Behavioral Health intensive case management services;
- (11) Number of enrollees admitted to the State Mental Hospital;
- (12) Amount of time between discharge from the State Mental Hospital and first date of service received from the Provider; and
- (13) Number of Enrollees who receive a psychiatric evaluation within required time frames prior to admission to a nursing facility.
- (14) Agency-specified data on the five Disease Management programs for chronic conditions specified in subsection B.6.a. of this Section.



Reform Contract Requirements Performance Measure Report

- The Health Plan shall report the performance measures described in Section VIII, A.3.c.
- The Health Plan shall calculate the performance measures based on the calendar year (January 1 through December 31), unless otherwise specified.
- The performance measure report is due by October 1 after the measurement year.



Selecting Performance Measures

- Broadly Applicable Across Populations
- Scientific Soundness
- ✤ Measurable
- * Actionable



Performance Measures Classifications

- * HEDIS Measures:
 - Acute Medical
 - Preventive
 - Chronic Illnesses (i.e. diabetes Lipid profile annually)
- * Agency Defined Measures:
 - Behavioral Health
 - Chronic Illnesses (i.e. diabetes Blood Glucose Self-Monitoring)



Performance Measures Criteria

* Populations To Be Measured

- Entire Plan Enrollees
- Disease Management Program Enrollees

* Types of Measures

- HEDIS Measures
- Agency Defined Measures



Performance Measures Criteria Continued

Measurement Year

- January 1 through December 31 of Each Year
- 2007 Baseline Year
- * Reporting
 - By Plan by County
 - Due July 1 of Each Year Beginning 2008



Validation of Performance Measures

External Quality Review Organization (EQRO)

- Provides Technical Assistance to Reform Plans
- Validates Performance Measures



Application of Results

- Empower Beneficiaries to Make Informed Choices
- Assess Reform Plan Performance
- Identify Plan Quality Improvement Opportunities
- Provide Transparency about Plan Performance to Beneficiaries
- Incorporate into Federal Reporting to Ensure Continuation of Funding



Feedback to Beneficiaries

Choice Counseling Materials

flmedicaidreform.com

Florida Compare Care

FloridaCompareCare.gov



15 Minute Break



Performance Measures

Melanie Brown-Woofter, Bureau of Health Systems Development



Measures for Entire Plan Enrollee Population



HEDIS Performance Measures By Domain

- * Effectiveness of Care
- * Access to /Availability of Care
- * Use of Services



Effectiveness of Care

Contract Measures

- Breast Cancer Screening (BCS)
- Cervical Cancer Screening (CCS)

- Follow-Up after Hospitalization for Mental Illness (FUH)
- Antidepressant Medication Management (AMM)
- Chlamydia Screening in Women (CHL)





Contract Measures

- Childhood Immunization Status (CIS)
- Adolescent Immunization Status (AIS)

- Use of Appropriate Medications for People with Asthma (ASM)
- Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)



Access to /Availability of Care

- Adults Access to Preventive /Ambulatory Health Services (AAP)
- Annual Dental Visits (ADV)
- Prenatal and Postpartum Care (PPC)





Contract Measures

- ✤ Well-Child Visits in the First 15 Months of Life (W15)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Adolescent Well Care Visits (AWC)





- Frequency of Ongoing Prenatal Care (FPC)
- Ambulatory Care (AMB)
- Mental Health Utilization Inpatient Discharges & Average Length Of Stay (MIP)
- Mental Health Utilization Inpatient, Intermediate, & Ambulatory Services (MPT)



Behavioral Measures

Contract Measures

- Number of Enrollees Admitted to the State Mental Hospital
- Amount of Time Between Discharge from the State Mental Hospital and the First Date of Service Received from the Provider



Proposed Changes

Contract Measures Recommended To Be Removed

- (3) Colorectal Cancer Screening
- (10) Average number of days spent in the community by all Enrollees receiving Behavioral Health intensive case management services
- (13) Number of Enrollees who receive a psychiatric evaluation within required time frames prior to admission to a nursing facility





Contract Measure Recommended To Be Replaced

(9) Preventive and Total Dental Visits for Children/Adolescents Between Three Years and Eleven Years and for Children/Adolescents Between Twelve Years and Twenty ears of Age



Summary of Proposed Entire Plan Enrollee Population Measures

- Follow-Up after Hospitalization for Mental Illness (FUH)
- Antidepressant Medication Management (AMM)
- Use of Appropriate Medications for People with Asthma (ASM)
- ✤ Controlling High Blood Pressure (CBP)
- Comprehensive Diabetes Care (CDC)
- Adults Access to Preventive /Ambulatory Health Services (AAP)
- Annual Dental Visits (ADV)
- Chlamydia Screening in Women (CHL)
- Prenatal and Postpartum Care (PPC)
- Frequency of Ongoing Prenatal Care (FPC)
- Ambulatory Care (AMB)
- Mental Health Utilization Inpatient Discharges & Average Length Of Stay (MIP)
- Mental Health Utilization Inpatient, Intermediate, & Ambulatory Services (MPT)



Measures for Disease Management Program Enrollees



All Disease Management Programs

- The following measures will be required for all Disease Management Programs.
 - Body Weight Monitoring and Loss (includes Body Mass Index (BMI))
 - Medication Regimen Adherence
 - Smoking Cessation





- The following measures will be required for the Diabetes Disease Management Program.
 - Hemoglobin A1c Testing*
 - Blood Glucose Self-Monitoring
 - Eye Exam Annually*
 - Lipid profile Annually*
 - Foot Exam Annually
 - Microalbumin Testing*



Congestive Heart Failure

- The following measures will be required for the Congestive Heart Failure Disease Management Program.
 - Blood Pressure Control*
 - Assessment of Left Ventricular Ejection Fraction
 - Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/Angiotensin Receptor Blockers (ARB) Therapy*





- The following measures will be required for the Hypertension Disease Management Program.
 - Blood Pressure Control*
 - Lipid Profile Annually*
 - Left Ventricular Systolic (LVS) Function Assessment





- The following measures will be required for the Asthma Disease Management Program.
 - Use of Controller Medication*
 - Use of Rescue Medication*
 - Use of Beta Agonist*
 - Asthma Action Plan





- The following measures will be required for the HIV/AIDS Disease Management Program.
 - CD4 Test Performed and Results
 - Viral Load Test Performed and Results



Summary of Proposed Disease Management Measures

Overall:

- Body Weight Monitoring and / Loss (includes BMI)
- Medication Regimen Adherence
- Smoking Cessation

Diabetes:

- Hemoglobin A1c Testing
- Blood Glucose Self-Monitoring
- Eye Exam Annually
- Lipid Profile Annually
- Foot Exam Annually
- Microalbumin Testing

Congestive Heart Failure:

- Blood Pressure Control
- Assessment of Left Ventricular Ejection fraction
- Use of Angiotensin-Converting Enzyme (ACE) inhibitors /Angiotensin Receptor Blockers (ARB) Therapy

Hypertension:

- Blood Pressure Control
- Lipid Profile Annually
- Left Ventricular Systolic (LVS) Function Assessment

Asthma:

- Use of Controller Medication
- Use of Rescue Medication
- Use of Beta Agonist
- Asthma Action Plan

HIV/AIDS:

- CD4 Test Performed
- Viral Load Test Performed and Results



Open Floor for Discussion & Comments



Comments about Performance Measures Criteria

The Agency is seeking :

- Feedback about the time frame for collection of the measures.
- Potential issues related to reporting a measure by a specified timeframe.

The Agency will use this information to develop a reporting schedule.



Comments about Application of Results



Other Issues



Timeline for Selecting Performance Measures

 Written comments to be submitted by October 12, 2006.

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- Second Performance Measures Workshop held on October 26, 2006, to Review Comments & Selected Performance Measures.
- Transmittal with Performance Measures Posted on November 30, 2006.

