



Medicaid Reform Performance Measures Workshop

Tallahassee, Florida

October 26, 2006

1:00 P.M. – 3:30 P.M.

**FLORIDA
MEDICAID** 



Introductions & Background

***Linda Macdonald
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Development***



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.*

Public Input

April 2006 – Disease Management Programs

- Contacted over 60 Advocacy Organizations to obtain input on disease management performance measures.*

October 2006 – Performance Workshops

- Conducted workshop on October 6 to obtain input from plans and all stakeholders on the proposed performance measures.*
- Comments on proposed measures were due October 12.*
- Posted stakeholder comments on-line on October 16.*
http://ahca.myflorida.com/Medicaid/medicaid_reform/provider/index.shtml
- Conduct workshop on October 26 to review comments received, changes made to proposed measures, and present final performance measures.*

Today's Workshop Objective

- ❖ *Review stakeholder comments received,*
- ❖ *Discuss any changes made to:*
 - *the timeline and/or*
 - *the proposed performance measures, and*
- ❖ *Present the final performance measures.*



Stakeholder Comments

***Melanie Brown-Woofter
Bureau of Health Systems
Development***



Stakeholder Comments

- ❖ *10 Medicaid Reform Health Plans*
- ❖ *1 Medicaid Reform Health Plan Applicant*
- ❖ *1 Health Care Advocacy Organization*
- ❖ *1 State Agency - Substance Abuse & Mental Health*

Stakeholder Comments

- ❖ *American Heart Association*
- ❖ *Amerigroup*
- ❖ *DCF, Office of Substance Abuse & Mental Health*
- ❖ *Children's Medical Services Network*
- ❖ *Evercare-UHC*
- ❖ *First Coast Advantage*
- ❖ *Florida NetPass, LLC*
- ❖ *Humana*
- ❖ *Preferred Medical Plan, Inc.*
- ❖ *South Florida Community Care Network*
- ❖ *Total Health Choice*
- ❖ *United Health Care*
- ❖ *Wellcare Health Plans, Inc.*

Stakeholder Comments

- ❖ *Performance Measures Criteria*
- ❖ *Administrative Issues*
- ❖ *Analysis of Data*
- ❖ *Use of Results*
- ❖ *Specific Measures Recommended*

Stakeholder Comments

Criteria

- ❖ *Set a minimum threshold for enrollment prior to submitting measures: Insufficient enrollment/small sample size compromises validity of measures.*
- ❖ *Measures should be phased-in over several years.*
- ❖ *Reconsider reporting by county.*
- ❖ *Reconsider reporting date of July 1, following each measurement year.*

Stakeholder Comments

Administrative Issues

- ❖ *Number of measures is burdensome.*
- ❖ *Develop plan performance incentives.*
- ❖ *Minimize medical record data collection: Difficult to collect and they require additional resources.*

Stakeholder Comments

Analysis of Data

- ❖ *Agency-defined measures need concise guidelines or they may not yield comparable data across plans.*
- ❖ *Self-reported measures are inaccurate.*
- ❖ *BMI is unreliable.*

Stakeholder Comments

Use of Results

- ❖ *Results should not be provided to beneficiaries in choice counseling if data/sample size is not valid.*
- ❖ *Measures from specialty plans will not be comparable to other plans.*

Stakeholder Comments

Specific Measures Recommended

- ❖ *Blood Pressure Levels*
- ❖ *LDL Cholesterol Levels*
- ❖ *HDL Cholesterol Levels*
- ❖ *Triglyceride Levels*
- ❖ *BMI Levels*
- ❖ *Smoking Status*
- ❖ *Left Ventricular Systolic Function*
- ❖ *Adherence to medications according to the patient's care plan*

Stakeholder Comments

Existing BH Contract Measures Recommended

- ❖ *Average number of days spent in the community by all Enrollees receiving Behavioral Health intensive case management services*
- ❖ *Amount of time between discharge from the State Mental Hospital and first date of service received from the Provider*

Stakeholder Comments

Performance Measures Requirements

- ❖ *Changes made to the timeline and/or the proposed performance measures include:*
 - *Phasing in performance measures over three years.*
 - *Selecting core performance measures to be implemented in first two years.*
 - *Starting the majority of disease management measures in second and third year.*
 - *Replacing or removing measures that posed barriers to yielding reliable information.*



Medicaid Reform Performance Measures

*Karen Chang
Bureau of Quality Management*



Performance Measures

Existing Contract Requirements

- ❖ *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;*

Performance Measures

Existing 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.*

Performance Measures

Existing Contract Requirements Continued

- ❖ *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.*

Performance Measures

Contract Measures to be Retained

- 1. Breast Cancer Screening*
- 2. Cervical Cancer Screening*
- 3. Well-Child Visits in the First 15 Months of Life*
- 4. Well-Child Visits in the Third, Fourth, Fifth & Sixth Years of Life*
- 5. Adolescent Well Care Visits*
- 6. Childhood Immunization Status*
- 7. Adolescent Immunization Status*
- 8. Number of enrollees admitted to the State Mental Hospital*

Performance Measures

Contract Measures to be Removed or Replaced

- 1. Colorectal Cancer Screening*
- 2. 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*
- 3. Average number of days spent in the community by all Enrollees receiving Behavioral Health intensive case management services*
- 4. Amount of Time Between Discharge from the State Mental Hospital and the First Date of Service Received from the Provider*
- 5. Number of Enrollees who receive a psychiatric evaluation within required time frames prior to admission to a nursing facility*

Performance Measures

Year 1

Plan Population Measures

Existing Contract Measures

1. *Cervical Cancer Screening (CCS)*
2. *Well-Child Visits in the First 15 Months of Life (W15)*
3. *Well-Child Visits in the Third, fourth, fifth, & Six the Years of Life (W34)*
4. *Adolescent Well Care Visits (AWC)*
5. *Number of Enrollees Admitted to the State Mental Hospital*

Contract Replacement Measures

6. *Follow-Up after Hospitalization for Mental Illness (FUH)*
7. *Annual Dental Visits (ADV)*

New Measures

8. *Controlling High Blood Pressure (CBP)*
9. *Comprehensive Diabetes Care (CDC)*
10. *Prenatal and Postpartum Care (PPC)*
11. *Ambulatory Care (AMB)*

Disease Management Measures

All DM Program Measures

12. *Smoking Cessation*

Asthma

13. *Use of Beta Agonist*

Performance Measures

Year 2

Plan Population Measures

Existing Contract Measures

1. *Breast Cancer Screening (BCS)*
2. *Childhood Immunization Status (CIS)*
3. *Adolescent Immunization Status (AIS)*

New Measures

4. *Antidepressant Medication Management (AMM)*
5. *Use of Appropriate Medications for People with Asthma (ASM)*
6. *Adults Access to Preventive /Ambulatory Health Services (AAP)*
7. *Frequency of Ongoing Prenatal Care (FPC)*
8. *Mental Health Utilization – Inpatient Discharges & Average Length Of Stay (MIP)*

Disease Management Measures

Hypertension

9. *Lipid Profile Annually*

Congestive Heart Failure

10. *Use of Angiotensin-Converting Enzyme (ACE) inhibitors /Angiotensin Receptor Blockers (ARB) Therapy*

Asthma

11. *Use of Controller Medication*
12. *Use of Rescue Medication*

Performance Measures Year 3

Plan Population Measures

New Measure

1. *Mental Health Utilization – Inpatient, Intermediate, & Ambulatory Services (MPT)*

Disease Management Measures

All DM Program Measures

2. *Body Weight Monitoring and / Loss (includes BMI)*
3. *Medication Regimen Adherence*

Diabetes

4. *Blood Glucose Self-Monitoring*
5. *Foot Exam Annually*

Asthma

6. *Asthma Action Plan*

HIV/AIDS

7. *CD4 Test Performed*
8. *Viral Load Test Performed and Results*

Performance Measures Policy Transmittal

- ❖ *Policy Transmittal regarding performance measures issued on November 30, 2006, will:*
 - *Specify which performance measures will be removed or added from those listed in the contract,*
 - *Provide a detailed description of year 1 Agency-Defined Measures, and*
 - *Provide reporting requirements including to whom the data is submitted, the format for data submission and timeframe.*

Future Discussions/Next Steps

- ❖ *Technical Assistance*
- ❖ *Application of Results*