



As the External Quality Review Organization (EQRO) for Washington, Acumentra Health performs outside review of services provided to Medicaid enrollees by managed care organizations that contract with the Health Care Authority (HCA) and the Division of Behavioral Health and Recovery (DBHR). This newsletter updates EQR activities for the health plans and community stakeholders.

PREVIEW OF 2011 HEDIS RESULTS

HCA uses Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures to evaluate care delivery for Healthy Options enrollees. Each year's HEDIS results enable HCA to compare the performance of the state-contracted managed care organizations (MCOs) with national averages for the Medicaid population.

This issue of *Washington EQR Update* offers a preview of the HEDIS results that will appear in the 2011 Performance Measure Comparative Analysis Report.

High-level findings

The 2011 results present a mixed picture of the care received by Healthy Options enrollees.

The Healthy Options MCOs showed downward performance on many measures of preventive care from 2010 to 2011, or showed no improvement.

- Statewide average *immunization rates* fell for every individual vaccine except for Rotavirus and Influenza, which the MCOs began reporting in 2010. Considering the 19 vaccines and combinations reported in 2011, the statewide rates are significantly below the national Medicaid averages for all but the Hep B and Influenza vaccines.
- Performance on *diabetes care* indicators showed no significant changes in the aggregate, but the Healthy Options MCOs as a group significantly underperformed the national Medicaid averages for five of the eight indicators.

- The rate of *well-child care* (WCC) visits for Healthy Options enrollees continued to lag behind the national Medicaid performance, as in previous years.

Among the more positive results:

- Healthy Options enrollees visited emergency rooms at a significantly lower rate compared with Medicaid enrollees nationwide.
- Service utilization rates for Healthy Options enrollees remained below the U.S. averages in all categories of inpatient and ambulatory care, except for maternity care.
- All Healthy Options MCOs reported significant increases in Rotavirus immunization rates in 2011, and all but one MCO reported an upturn for Influenza immunizations.
- For two indicators of diabetes care—dilated retinal exams and blood pressure control—the 2011 statewide averages were significantly higher than the national averages.

Long-term trends

Figure 1 on page 2 shows the Healthy Options aggregate averages for seven separate immunizations and for Combo 2 and Combo 3 from 2007 to 2011. Figure 2 shows the five-year trends for WCC visits for infants, children, and adolescents.

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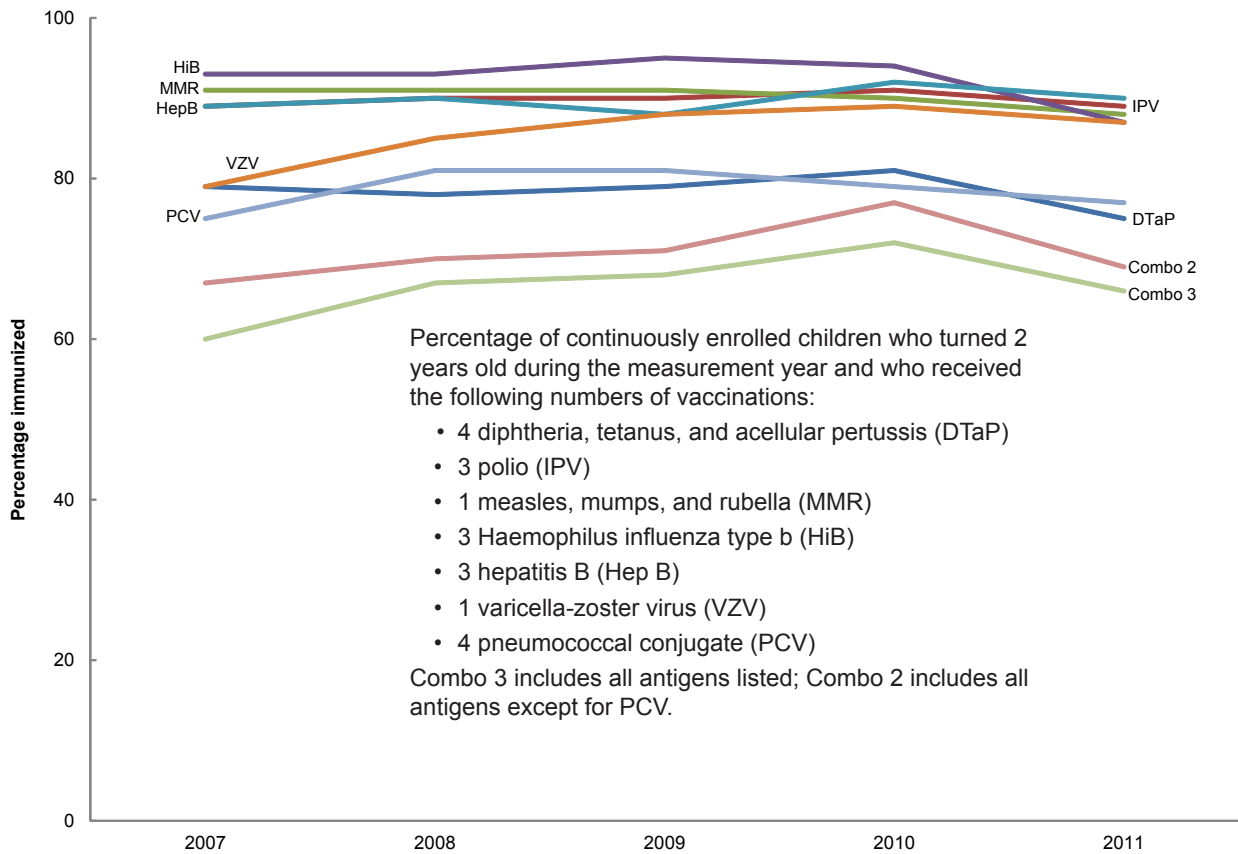


Figure 1. Healthy Options MCO averages for seven immunizations, Combo 2, and Combo 3, 2007–2011.

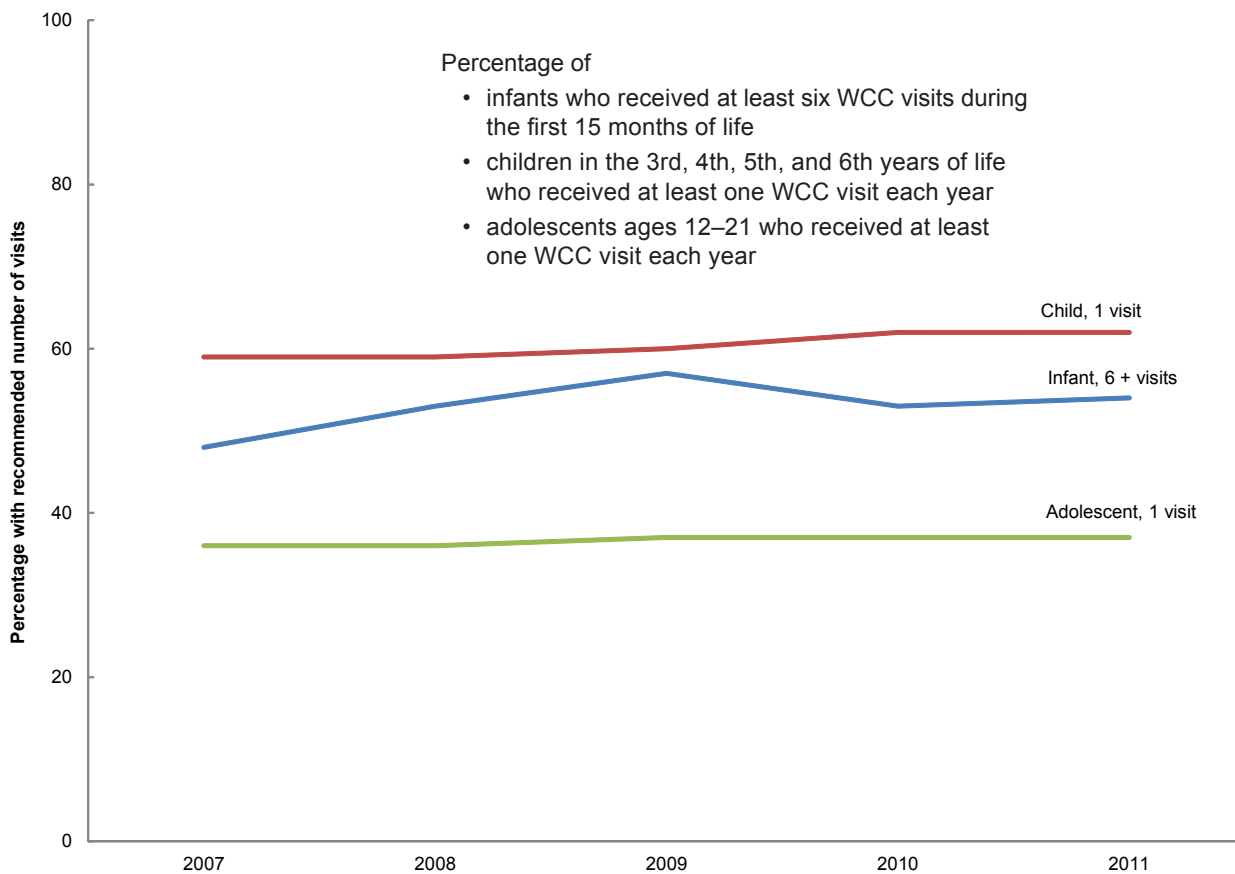


Figure 2. Healthy Options MCO averages for recommended WCC visits for infants, children, and adolescents, 2007–2011.

Immunizations: The statewide immunization rates reported for DTaP, MMR, and HiB in 2011 are lower than the 2007 rates; the differences for MMR and HiB are statistically significant. However, the 2011 rates for Hep B, VZV, Combo 2, and Combo 3 remain significantly higher than the 2007 rates.

The aggregate rate of DTaP immunizations fell to 75%, below the 80% target set by the federal benchmark report, *Healthy People 2010*, for health plans to achieve by 2010. Rates for all individual antigens are now below 90%, although IPV and Hep B remain close. Improvement in the PCV vaccination rate has stalled, leaving this indicator at 77%.

Analysis of the 2011 member-level data revealed:

- Immunization rates tended to be highest in Region 2 (Seattle, the northern I-5 corridor, and island counties) and lowest in Region 3 (western and southwestern counties).
- For most antigens and combinations, immunization rates were highest among Spanish-speaking enrollees and lowest among Russian speakers.
- Immunization rates for IPV, MMR, HiB, Hep B, and VZV were significantly higher for African-American enrollees than for Whites. Hispanic enrollees were immunized at higher rates compared with non-Hispanic enrollees.
- Immunization rates were higher for urban-dwelling enrollees than for rural dwellers for some indicators, but the differences were not as dramatic as reported in 2010.

WCC visits: Infants should receive at least six WCC visits during the first 15 months of life. Children in the 3rd, 4th, 5th, and 6th years of life and adolescents ages 12–21 should receive at least one WCC visit each year.

Visit rates for Healthy Options infants and children have trended gradually upward since 2007; the statewide averages in 2011 (53.7% for infants and 61.5% for children) reflect a statistically significant increase from the 2007 averages. Over the same period, adolescent visit rates have remained unchanged at between 36 and 37%. As a group, the Healthy Options plans continue to lag significantly behind the national Medicaid performance in providing WCC visits. However, as in the past, almost all infants are receiving at least one WCC visit in the first 15 months of life.

Analysis of the 2011 member-level data revealed:

- The highest WCC visit rates occurred in Region 2. Depending on the age group, visit rates were significantly lower in Region 1, east of the Cascades (for infants and children), and in Region 3 (for adolescents).
- Infants of English-speaking families had a significantly higher visit rate (55.2%) than those in other language groups. As in 2010, visit rates for children and adolescents were highest for Spanish speakers and lowest for Russian speakers, and Hispanic enrollees received visits at higher rates than non-Hispanic enrollees.

CHANGE IN ENCOUNTER DATA VALIDATION PROCEDURES

Medicaid encounter data must be complete and accurate to be useful in calculating statewide performance measures and determining capitation rates for managed care plans. DBHR requires each RSN to conduct an annual encounter data validation (EDV) for all mental health service providers that submit encounters. The RSN contract defines standards for data completeness and accuracy and the types of encounters and data fields the RSNs must submit.

As an independent check of the RSNs' EDV results, Aumentra Health performed a parallel EDV for all RSNs and for DBHR in 2008 and again in 2010.

Beginning in 2012, DBHR will change the EDV process. In an effort to reduce duplication of reviews at the provider level, DBHR will accept the RSNs' self-validation of their encounter data, subject to audit and verification by Aumentra Health.

Aumentra Health's previous EDV activities involved

- checking each field in each RSN's outpatient and inpatient records for missing and out-of-range data and logic problems

- comparing specific data fields in the state's electronic data sets against a sample of clinical records of each RSN provider to determine whether the providers were submitting complete, accurate data supported by documentation

Under the new procedures, the RSNs will electronically transmit datasets, code, and other information used for the EDV directly to Aumentra Health through a secure ShareFile connection. Aumentra Health will review a sample of the encounters and charts the RSN examined to ensure that the RSN's EDV contained no significant errors. In conjunction with the site visit to each RSN, Aumentra Health will visit one provider agency to perform a chart review.

DBHR has issued instructions to the RSNs for the procedural change in 2012, and Clif Hindmarsh, MS, senior data analyst for Aumentra Health, explained the steps in the new process to RSN representatives at an October 18 training session in Olympia. The PowerPoint presentation and supporting materials are [available on the Aumentra Health website](#).

MQM MEETING HIGHLIGHTS

Representatives of MCOs, RSNs, and state agencies gathered on October 19 in Olympia for the fall 2011 Medicaid Quality Management meeting. All attendees convened for the morning session, and RSN representatives remained that afternoon to receive additional information from Aumentra Health staff on upcoming 2012 review activities.

A morning presentation by Barb Lantz, manager of HCA's Quality Monitoring Unit, outlined recent challenges and opportunities for the state Medicaid program.

- State agencies have been asked to produce 5% and 10% budget-reduction scenarios. HCA's proposed reductions would eliminate pharmacy payments for adults, affecting 500,000 Washingtonians, and other programs including, but not limited to, Basic Health, the Children's Health Program, and non-emergency dental services. A special legislative session is expected to address budget issues.
- In mid-September, HCA issued a Request for Proposals (RFP) seeking bidders to serve as MCOs for Medicaid clients beginning in July 2012. The RFP defines new requirements for care management, a Transitional Care Performance Improvement Project, and working agreements between MCOs and RSNs.

- HCA's ongoing care integration efforts include a planning grant for health homes and a grant to design a new care delivery model for dual-eligible (Medicare-Medicaid) clients.

DBHR representatives Robin McIlvaine and Alice Huber updated attendees on budget topics and the state's redesign of publicly funded mental health care delivery. Robin touched on systems of care, family and youth support, wraparound services, the mental health benefit package, and health disparities. Alice emphasized the importance of data integrity to support the continuation of needed mental health programs and services.

Graydon Andrus of the Downtown Emergency Services Center and Yoon Joo Han of Asian Counseling and Referral Service updated the progress of their grant programs funded by the U.S. Substance Abuse and Mental Health Services Administration. These programs focus on integrating primary and behavioral health care for vulnerable populations in King County and the Puget Sound region.

Speaker presentations are available on the Washington EQRO page of Aumentra Health's website.

PIP TRAINING FOR RSNs

Real, sustained improvements in health care result from a continuous cycle of measuring and analyzing performance to guide effective interventions. Performance improvement projects (PIPs), conducted according to federal protocols, enable managed care organizations to assess and improve the processes and outcomes of care for Medicaid enrollees.

DBHR requires each contracted RSN to conduct ongoing PIPs on clinical and nonclinical topics. Aumentra Health has validated the PIPs each year since 2008. Validation helps to ensure that each PIP is designed, conducted, and reported so that external parties can have confidence in the RSNs' reported improvements.

To provide technical assistance for the RSNs, Aumentra Health has delivered four PIP training sessions—the first in 2007, before becoming the mental health EQRO for Washington. The most recent training, held October 18 in Olympia, drew 18 RSN representatives, including quality managers and administrators.

Feedback from previous PIP activities indicated that the RSNs faced challenges in selecting appropriate study topics based

on identifying low-performance areas and the reasons for poor performance. Many attendees had requested additional training in the use of statistical methods.

Aumentra Health trainers discussed Using your Quality Management Strategy/Annual Program Evaluation to Identify PIP Topics; Selecting and Developing Meaningful PIP Topics; and Designing and Evaluating Effective Intervention Strategies. Attendees received a PIP resource list and a brochure describing appropriate statistical tests and sampling procedures.

Group exercises generated a high level of engagement as RSN representatives teamed up to plan sample PIPs. Steps included identifying problems and barriers, planning the necessary data analysis, and designing effective intervention strategies and ways to track success. Attendees have rated these opportunities for interaction and networking as among the most valuable features of the training sessions, as they reinforce best practices.

To view the PowerPoint discussions and other PIP training tools, **visit the Aumentra Health website.**