



Commonwealth of Kentucky  
Department for Medicaid Services  
Division of Program Quality and Outcomes

**Managed Care Program Progress Report  
IPRO/DMS Contract Year  
7/1/2014–6/30/2015**

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## Background and Introduction

The Commonwealth of Kentucky's report, *Strategy for Assessing and Improving the Quality of Managed Care Services*, outlines a strategy for quality oversight that is aligned with federal regulations and pursuant to the Social Security Act (Part 1915<sup>1</sup> and Part 1932(a)),<sup>2</sup> the Balanced Budget Act of 1997 and Title 42,<sup>3</sup> Part 438 of the Code of Federal Regulations (CFR).<sup>4</sup>

According to the Social Security Act (42 CFR Part 1932(a)) all states that contract with Medicaid managed care organizations (MCOs) to provide Medicaid services are required to provide for an external independent quality review. The Balanced Budget Act of 1997 further described mechanisms states should use in monitoring Medicaid MCO quality. In early 2003, the Centers for Medicare and Medicaid Services (CMS) issued a final rule defining the requirements for external quality review and state quality monitoring<sup>5</sup> which include three mandatory external review activities and five optional activities. DMS has a contract with an external quality review organization (EQRO), the Island Peer Review Organization (IPRO), to conduct all of the three mandatory review activities as well as many of the optional activities. The Kentucky external quality review work plan includes the following review activities:

- Validate performance improvement projects (PIPs)
- Validate plan performance measures
- Conduct review of MCO compliance with state and federal standards
- Validate encounter data
- Validate provider network submissions
- Conduct focused studies
- Prepare an annual Technical Report
- Develop a quality dashboard tool
- Develop an annual health plan report card
- Conduct a comprehensive evaluation summary
- Develop performance measures
- Conduct access and availability surveys as needed

In addition to the mandatory and optional activities listed in federal regulation, Kentucky also contracts with their EQRO to validate patient level claims, conduct individual case reviews, pharmacy reviews, an annual Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) review and an annual progress report. Technical assistance and presentations are provided as needed. The role of external quality review in Kentucky Medicaid Managed Care is documented in the *Quality Companion Guide*. Prepared by the EQRO, this document is intended to assist MCOs in carrying out quality improvement activities and includes background information on EQR regulations and the role of the EQRO, instructions and time lines related to compliance review, PIP validation and performance measure validation.

The purpose of this Progress Report is to summarize information from the external quality review activities that describe the status and progress that has occurred in Kentucky's Medicaid Managed Care Program during the contract period of July 1, 2014 through June 30, 2015. Key reports referenced while preparing this Progress Report include the following:

- Commonwealth of Kentucky’s Strategy for Assessing and Improving the Quality of Managed Care Services, September 2012<sup>6</sup>
- 2015 External Quality Review Technical Report for MCO contract year(s) 2012–2014<sup>7</sup>
- The Comprehensive Evaluation Summary of the Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services, June 2015<sup>8</sup>
- Quality Companion Guide Final Version December 2014
- 2015 MCO Compliance Review findings
- Quarterly Desk Audit Reports, 4<sup>th</sup> Quarter 2014
- A Member’s Guide to Choosing a Medicaid Health Plan, 2014 and 2015 Draft
- Kentucky Medicaid Management Information System (MMIS) Encounter Data Validation Report, June 1, 2015 to June 30, 2015
- Encounter Data Rate Benchmarking Study: MCO HEDIS® 2014 Rates vs. Plan Encounter Data Calculated Rates, January 2015
- Kentucky Medicaid Managed Care Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) Review of 2013, December 2014
- Validation of Managed Care Provider Network Submissions: Audit Report, September 2014 and February 2015
- Web-Based Provider Directory Validation Study September 2014 and February 2015
- Validation of Reporting Year 2014 Kentucky Medicaid Managed Care Performance Measures, February 2015
- Access and Availability Behavioral Health Survey, October 2014
- Kentucky Behavioral Health Study, July 2014
- Experience of Care Survey: Children with a Behavioral Health Condition, November 2014
- Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity Among the Kentucky Medicaid Managed Care Population, Clinical Focus Study 2015, Draft Report June 2015
- Kentucky Medically Fragile Children Focused Study, Draft Report June 2015 and Executive Summary Draft Report June 2015

### **Managed Care Organizations**

During the contract year July 1, 2014 through June 30, 2015, there were five Medicaid MCOs in Kentucky: Anthem Blue Cross Blue Shield; Coventry Health and Life Insurance Company (doing business as (dba) CoventryCares of Kentucky); Humana-CareSource; University Health Care (dba Passport Health Plan) and WellCare of Kentucky, Inc.

As a result of the Patient Protection and Affordable Care Act (ACA), Medicaid eligibility was expanded in Kentucky and statewide enrollment was in effect for three of the five MCOs (CoventryCares of KY, Passport Health Plan and WellCare of KY). Anthem Blue Cross Blue Shield offers enrollment statewide with the exception of Region 3 (composed of Jefferson County and 15 surrounding counties) and Humana-CareSource was only available in Region 3.

### **Enrollment/Regions**

Enrollment in Kentucky’s Medicaid Managed Care Program steadily increased over the past year. As of June 30, 2014, 997,864 Medicaid beneficiaries were enrolled in Medicaid Managed Care and by June 29, 2015, there were 1,162,413 enrolled, an increase of 14.7%. During this period, enrollment in CoventryCares of KY dropped 7% while enrollment in the other four plans increased. Anthem Blue

Cross Blue Shield and Humana CareSource saw the highest percent increases in enrollment of 79.4% and 68.7% respectively, followed by gains in enrollment for Passport Health Plan of 37.9% and 9.7% for WellCare of KY. WellCare of KY has the highest enrollment of 427,831 members. (**Table 1**).

**Table 1. Medicaid Enrollment between June 30, 2014 and June 29, 2015**

MCO	Enrollment 6/30/2014	Enrollment 6/29/2015	Percent Change	Service Area
Anthem Blue Cross Blue Shield	39,955	71,696	+79.4%	Statewide except Region 3
CoventryCares of Kentucky	315,417	293,370	-7.0%	Statewide
Humana-CareSource	68,736	115,980	+68.7%	Statewide
Passport Health Plan	183,814	253,536	+37.9%	Statewide
WellCare of Kentucky	389,942	427,831	+9.7%	Statewide
<i>Managed Care Total</i>	<i>997,864</i>	<i>1,162,413</i>	<i>+16.5%</i>	Statewide
Fee-for-Service	121,951	121,576	-0.3%	Statewide
<i>Total Medicaid</i>	<i>1,119,815</i>	<i>1,283,989</i>	<i>+14.7%</i>	Statewide

### Responsibility for Program Monitoring

DMS oversees the Kentucky Medicaid Managed Care Program and is responsible for contracting with Medicaid MCOs, monitoring their provision of services according to federal and state regulations and overseeing the state’s Quality Strategy as well as each MCO’s quality program. DMS contracts with an external quality review organization (EQRO) to assist the state in conducting external reviews and evaluations of state and MCO quality performance and improvement.

In mid-2013, DMS underwent an internal re-organization to better address its responsibilities for monitoring and oversight of an expanding Medicaid Managed Care Program. A new division within DMS, the Division of Program Quality and Outcomes (DPQ&O), was created and consisted of two branches – Disease and Case Management Branch and Managed Care Oversight – Quality Branch. Effective July 1, 2014, the Managed Care Oversight - Contract Management Branch became part of the Division of Program Quality and Outcomes.

New leadership positions were created and several new staff appointments were recently completed. Overall, the state has vigorously applied new staff resources and expertise to the development of their expanding Medicaid Managed Care Program which will serve to provide direction and cohesiveness for the program moving forward.

### Benefits

Kentucky’s Medicaid Managed Care Program offers a comprehensive benefit plan for enrollees.<sup>9</sup> Enrollee benefit information is made available to new enrollees as they become eligible and to all enrollees during the open enrollment period. Information regarding benefits is provided on the DMS Medicaid website, Member Information page. The Kentucky Medicaid Member Handbook also provides an overview of the benefits members are entitled to receive through the Kentucky Medicaid Benefit Plan.

Beginning on January 1, 2014, all members were to be in the same benefit plan. The Benefit Plan covers basic medical services including acute inpatient hospital services; outpatient hospital/ambulatory surgical centers; laboratory, diagnostic and radiology services; physician office

visits; preventive services; early and periodic screening, diagnosis and treatment (EPSDT); emergency ambulance and hospital emergency room services; occupational, physical and speech therapy; hospice, chiropractic, hearing and vision services; prosthetic devices; and durable medical equipment. Also included in the benefit package are behavioral health services; dental services; maternity services; prescription drugs; home healthcare; substance abuse; family planning; podiatry; and end-stage renal disease and transplants. While a number of services require a small co-payment, some people covered by Medicaid are exempt, including non-KCHIP (children not in Kentucky's Child Health Plus Program), children under 19 years who are in foster care, pregnant women, as well as hospice care and home care patients. While the Benefit Plan sets co-payments and limits for each benefit category, many of the Medicaid MCOs have opted to augment the benefits and/or services by removing co-payments and offering additional services such as member rewards and gift incentives, free mobile phone service, and 24-hour nurse advice lines, to name a few.<sup>10</sup>

## Data Systems Validation

Medicaid MCOs in Kentucky are required to maintain a Management Information System (MIS) to support all aspects of managed care operation including member enrollment, encounter data, provider network data, quality performance data, claims and surveillance utilization reports to identify fraud and/or abuse by providers and members. The MCO verifies, through edits and audits, the accuracy and timeliness of the information contained in their databases. They are expected to screen for data completeness, logic and consistency. The data must be consistent with procedure codes, diagnoses codes and other codes as defined by DMS and in the case of HEDIS<sup>®11</sup> data, as defined by the National Committee for Quality Assurance (NCQA).

The EQRO is responsible for validating encounter data, provider network data and Kentucky Performance Measures.

### Encounters

Encounters are defined as professional face-to-face transactions between an enrollee and a provider and are submitted to DMS weekly or at least monthly. May 2013 was the first month for submitting encounter data for the expansion MCOs with Humana-CareSource submitting encounters since mid-2013, and Anthem Health Plan beginning submissions in June 2014.

The EQRO receives a final extracted file from DMS each month for further processing and prepares a monthly data validation report which summarizes each MCO's submission. The format of this report has two parts, a file validation report and an intake report. In both reports, data are presented for all MCOs and for each MCO separately. The validation report presents the number and percent of missing data and the number and percent of invalid data for each encounter variable. A separate validation table is created by encounter type including inpatient, outpatient, professional, home health, long term care, dental and pharmacy. The intake report presents the number of encounters submitted to Kentucky MMIS and includes encounter volume reports by place of service.

### *Monthly Encounter Data Validation Report*

According to the Intake Report portion of the Monthly Encounter Data Validation Report prepared for June 2015, the total number of monthly encounters increased from 6.4 million in June 2014 to 15.4 million through June 2015, an increase of 142%. Several variables continue to show a high proportion of missing data elements including inpatient diagnoses codes 4 and above, inpatient procedure codes, inpatient surgical ICD-9 codes 2 and above, performing provider key, procedure modifier codes, referring provider key, and all outpatient surgical ICD-9 codes. For the month of June 2015, provider-related information was missing several key elements including National Provider Identification (NPI) number (53.5% of encounters), Provider License Number (45.3% of encounters) and Taxonomy (53.8% of encounters).

The EQRO continues to work with DMS, the MCOs and other divisions of the Cabinet for Health and Family Services to correct errors in encounter submissions and to more closely align the edits used by DMS with those used by the MCOs. During 2014, the DMS' Contract Management Branch hired new staff to focus on encounter data by monitoring encounter data submissions to make sure they are

timely and accurate and in compliance with the MCO's contract. They continually check edits and the resubmission processes. Penalties and withholds are in place when an MCO is out of compliance and are released once the compliance is met. Regularly scheduled monthly meetings, held between DMS and the MCOs, have been useful in helping the MCOs resolve their encounter problems.

### ***Encounter Data Rate Benchmarking Study***

In January 2015, the EQRO completed another encounter data validation study entitled *Encounter Data Rate Benchmarking Study: MCO HEDIS®2014 Rates vs. Plan Encounter Data Calculated Rates*. The purpose of this study was to compare MCO-specific HEDIS® rates with rates calculated from the EQRO encounter data warehouse. The overall goal was to identify inconsistencies and improve the quality of the data in the data warehouse so that DMS could confidently use the encounter data to reliably calculate measures of quality. The following four HEDIS®2014 measures were selected for this study:

- Breast Cancer Screening
- Annual Dental Visit
- Children and Adolescents' Access to Primary Care Practitioners
- Adults' Access to Preventive/Ambulatory Health Services

Rates were calculated for four Kentucky MCOs – CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY. Anthem Health Plan was not included since they had only started submitting encounters in 2014. The results were then compared to the rates submitted by the MCOs to NCQA for their annual HEDIS® reporting and statistically significant inconsistencies were noted. Each MCO received a file listing discrepancies and were asked to report on possible reasons for the differences between the results of the MCO HEDIS® rates and the EQRO's data warehouse rates. For rates that MCOs reported on, statistically significant differences were found for three CoventryCares of KY rates and six of WellCare of KY's rates. All reported measures for Humana-CareSource and Passport Health Plan were found to have statistically significant differences. Most inconsistencies were related to members who were found in the HEDIS® denominator, but not in the Kentucky data warehouse denominator or vice versa or when compliant members were identified in the HEDIS® numerator, but not the EQRO data warehouse numerator and vice versa.

### **Provider Network**

Kentucky MCOs maintain a provider network database that is continually updated and submitted to DMS on at least a monthly basis. The MCOs use their provider network data to populate their printed Provider Directory and their on-line provider query tool for members and potential members. Each MCO runs geo-access reports against their provider network database and submits these reports to DMS. The EQRO completed two audits of Kentucky's Provider Network Submissions, one in September 2014 and again in February 2015. Two validations of MCO web-based provider directories were also conducted in September 2014 and February 2015.

### ***Validation of Managed Care Provider Network Submissions***

The Provider Network validations used a sample of providers randomly selected from the state's Managed Care Assignment Processing System (MCAPS). Surveys were sent to 100 primary care providers and 100 specialists from each MCO. The overall response rate in September 2014 was 60.9% and in February 2015 it was slightly higher at 62.5%. In both audits, returned responses

validated information that was correct in the MCAPS data system and reported revisions that should be made to incorrect data. A total of 187 out of 375 providers (49.9%) returned the survey noting at least one revision in the September 2014 report and in February 2015, 213 out of 497 providers (42.9%) submitted responses with changes. Survey items with a substantial percentage of providers with missing data in the MCAPS data included provider license number, secondary specialty, Spanish and other languages. The EQRO sent plan specific reports including a list of changes and a list of incorrect addresses to the MCOs and requested that the MCOs update their provider directory file with this information.

Based on the findings from the Provider Network Validation studies, the EQRO recommended that DMS consider expanding the MCAPS data dictionary to include more specificity in the definitions of the data elements and that they consider adding several data elements to the MCAPS to collect information about wheelchair access, hours at site, provider usage of Health Information Technology and providers' Patient-Centered Medical Home certification status and level. Other recommendations called for clarifications or relocations for the field "Spanish", secondary specialty and interpreter/translation services available.

### ***Web-based Provider Directory Validation***

The Web-based Provider Directory Validation was performed to ensure that enrollees are receiving accurate information regarding providers when they access the plan's web-based directory. The objectives of this study were two-fold: 1) to determine if all providers included in the MCAPS submission for each MCO are listed in the web-based provider directory and 2) to ensure that provider information published in the MCO's web directories are consistent with the information reported in the MCAPS and/or the provider network validation responses.

The September 2014 study used MCAPS submissions from May 2014 for four plans – CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY (Anthem Blue Cross Blue Shield was not included). A random sample of 50% of providers who responded to the Provider Network Validation Study was drawn, but no more than 50 providers from each MCO (25 PCPs and 25 specialists) were audited. Overall, 86% of the PCPs and 83% of the specialists were found in the plan web directories. Accuracy of the web directory data was determined by comparing the information published in the MCOs' web directories to both the MCO's MCAPS data and the provider's validation survey responses and if the web-based data matched either the MCAPS or the provider's survey response, the information was considered accurate. The resulting overall accuracy rate of the provider information published in the web directories was 85% for PCPs and 84% for specialists.

For the February 2015 study, DMS sent the EQRO each MCO's MCAPS submissions as of October 2014. All five MCOs were included in this validation – Anthem Blue Cross Blue Shield, CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY. With a total sample size of 249 providers (124 PCPs and 125 specialists), 90% of the PCPs and 75% of the specialists were found in the MCO web directories. Web directory information that matched either the MCAPS submission data or the provider's survey responses resulted in overall accuracy rates of 85% for the PCPs and 88% for the specialists. It was suggested that DMS follow-up with MCOs to ensure that any inaccuracies in provider information from this validation study and the provider network validation are corrected and are accurately reflected in both the MCO's MCAPS submissions and their web directories.

A limitation was noted for the web-based provider directory validation methodology in that the study sample only included providers who responded to the Provider Network Survey and thus did not take into account the entire population of providers in the MCAPS. Further, the EQRO recommended that the web-based directory validation should also include a measure that indicates whether the web directory information is more consistent with the MCAPS or the provider network survey responses as a way to target data improvement.

## **Quality Performance**

Quality performance data is the basis for quality assurance and improvement activities. MCOs contract with a certified HEDIS<sup>®</sup> auditor to conduct an NCQA-approved audit prior to submitting their HEDIS<sup>®</sup> and CAHPS<sup>®</sup> (Consumer Assessment of Healthcare Providers and Systems<sup>12</sup>) data to DMS. Complete HEDIS<sup>®</sup>2015 and CAHPS<sup>®</sup>2015 data files were successfully submitted by CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY in June 2015 for services provided in the 2014 measurement year (MY). As a new plan in 2014, Anthem submitted only a partial set of measures. DMS elected not to rotate any of the HEDIS<sup>®</sup> measures selected for rotation by NCQA. DMS is reviewing the possibility of rotation of HEDIS<sup>®</sup> measures for future submissions.

### ***Validation of Reporting Year 2014 Kentucky Medicaid Managed Care Performance Measures***

The Kentucky Medicaid MCO contract requires annual reporting of performance measures (PMs), selected by DMS, and include both HEDIS<sup>®</sup> and State-specific PMs that reflect Healthy Kentuckians 2010 and Healthy Kentuckians 2020 goals and health care priorities. Together, the measures address access to, timeliness of, and quality of care provided for children, adolescents and adults enrolled in managed care with a focus on preventive care, health screenings, prenatal care, as well as special populations (e.g., adults with hypertension and children with special health care needs (CSHCN)). The EQRO validated the Kentucky Performance Measures for reporting year (RY) 2014 based on the CMS protocol: *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities (updated 2012)*<sup>13</sup>. The performance validation methodology included an information systems capabilities assessment; denominator validation; data collection validation and numerator and rate validation.

Each of the measures was further reviewed for changes to incorporate in reporting year 2015, including MCO experiences, lessons learned from calculating the measures, the results of the PM validation findings and DMS priorities. All measures for RY 2015 were updated where applicable including dates, codes and HEDIS<sup>®</sup> specifications. Specifications were clarified based on findings from previous validation results. A new measure was developed for RY 2015 based on the CMS-416 Form EPSDT Services – Dental Services.

### ***MCO Performance Annual Health Plan Report Card***

The EQRO summarized HEDIS<sup>®</sup>2014 quality performance data in Kentucky's consumer-friendly document entitled "A Member's Guide to Choosing a Medicaid Health Plan." Copies of the guide were included in mailings during open enrollment and the guide was also available on the DMS Medicaid Managed Care webpage <http://www.chfs.ky.gov/dms/member+information.htm#plans>). A similar guide is currently being developed with HEDIS<sup>®</sup> 2015 and CAHPS<sup>®</sup> 2015 data and will be posted on the DMS website.

### ***MCO Performance Dashboard***

Using HEDIS®2014 data, the EQRO designed a quality performance dashboard to pictorially describe national, statewide and MCO-specific performance on selected quality and satisfaction measures using graphs and charts. This version of the dashboard is posted on the EQRO website for DMS internal monitoring purposes. The dashboard content is comprehensive and clearly displayed, making it easy to navigate the site and allows the searcher to quickly obtain information.

## Compliance with State and Federal Standards

Kentucky's EQRO annually evaluates MCO performance against contract requirements and state and federal regulatory standards. In an effort to prevent duplicative review, federal regulations allow for use of the NCQA accreditation findings, where they are determined equivalent to regulatory requirements. Currently, three Kentucky MCOs are NCQA accredited, CoventryCares of KY, Passport Health Plan and WellCare of KY. Anthem Blue Cross Blue Shield and Humana-CareSource anticipate submitting applications in 2015. Since Kentucky has specific measures that are not included in the accreditation reviews, the state prefers to use a policy for deeming based on previous plan performance rather than deeming based on accreditation.

The annual compliance review for the contract year January 2014–December 2014 was conducted in March 2015. Four MCOs (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) received a re-review, based on findings of the previous year. Anthem Blue Cross Blue Shield received a full review, as this was the plan's first year participating in the Kentucky Medicaid program. Data was collected from the MCOs prior to the survey, during the onsite visit or in follow-up. All data submitted to the EQRO are considered in determining the extent to which the health plan is in compliance with the standards.

Contract requirements and regulations were addressed within the following domains (in order of review tool number):

1. Quality and Measurement Improvement
2. Grievance System
3. Health Risk Assessment (HRA)
4. Credentialing and Recredentialing
5. Access
- 5a. Utilization Management
6. Program Integrity
7. Early Periodic Screening, Diagnostic and Treatment Services (EPSDT)
8. Delegation
9. Health Information Systems
10. Case Management/Care Coordination
- 12a. Enrollee Rights
- 12b. Member Outreach
13. Medical Records
15. Behavioral Health Services
16. Pharmacy Services

Reviewer findings for each domain area formed the basis for assigning preliminary and final review designations. The standard designations used are listed in **Table 2**.

**Table 2. Standard Designations for Compliance Review**

Standard Designations for Compliance		Points
Full Compliance	MCO has met or exceeded the standard.	3
Substantial Compliance	MCO has met most requirements of the standard, but may be deficient in a small number of areas.	2
Minimal Compliance	MCO has met some requirements of the standard, but has significant deficiencies requiring corrective action.	1
Non-Compliance	MCO has not met the standard and requires corrective action.	0
Not Applicable	The standard does not apply to the MCO.	N/A

Each element within a review category receives one of the determinations listed in **Table 2** and a score for each determination (3 points for full compliance; 2 points for substantial compliance; 1 point for minimal compliance; and 0 points for non-compliance). The numerical score for each review category is then calculated by adding the points achieved for each element and dividing by the number of elements. Thus, an MCO may have some elements within a category deemed minimally compliant or non-compliant, but when averaged with other elements, the overall average for that category may still indicate substantial compliance. The overall compliance determination is assigned as follows:

- Full Compliance: point range of 3.0
- Substantial Compliance: point range of 2.0–2.99
- Minimal Compliance: point range of 1.0–1.99
- Non-Compliant: point range of 0–0.99, and
- Not Applicable –N/A

For the 2015 compliance review, DMS directed that any elements that were found less than compliant in the year prior (2014) and the current review (2015) should be scored minimal compliance and any elements that were found less than compliant for the two (2) prior years (2013 and 2014) and the current review (2015) should be scored non-compliant.

### ***Compliance Review Findings – Quarterly Desk Audit Tables***

While DMS remains committed to conducting compliance reviews on an annual basis, in an effort to streamline the compliance review requirements, the EQRO initiated desk audits of selected MCO reports submitted quarterly. Thus instead of reviewing all quarterly reports while conducting the annual compliance review, the EQRO received the reports as they were submitted and created Desk Audit Tables by plan and by quarter for each of the following review areas:

- Availability and Access
- Continuity and Coordination (Case Management/Care Coordination)
- Coverage and Authorization of Services (Utilization Management)
- Enrollee Rights
- Grievance System

In preparing the tables to compare data from each of the MCOs, the EQRO identified a lack of consistency in MCO interpretations of the data specifications for reporting, thus making comparisons across MCOs difficult. In the Desk Audit Tables, the EQRO provided suggestions for revising the report language and instructions to improve reporting consistency.

**Table 3** summarizes review findings for each category of review in 2015. The final findings are sent to the MCOs and also to DMS' Corrective Action Plan and Letter of Concern Committee (CAP/LOC Committee). The Division of Program Quality and Outcomes, Managed Care Oversight Quality Branch and the Managed Care Oversight Contract Management Branch work together to review the findings and determine which domains and elements require a Letter of Concern (LOC) and/or a Corrective Action Plan (CAP) request for the MCO. The CAP/LOC committee issues the LOCs and CAP requests to the MCOs. In general, the MCOs must provide a CAP for all elements deemed Minimal Compliance or Non-Compliance.

**Table 3. Overall Compliance Determinations by Review Category - 2015**

Tool #/Review Area	Anthem BCBS	CoventryCares of KY	Humana-CareSource	Passport Health Plan	WellCare of KY
1. QI/MI	Substantial	Substantial	Substantial	Substantial	Full
2. Grievances	Substantial	Minimal	Substantial	Substantial	Full
3. HRA	Minimal	Minimal	Substantial	Substantial	Substantial
4. Credentialing/Recredentialing	Substantial	Full	Substantial	Substantial	Full
5. Access	Substantial	Substantial	Substantial	Full	Full
5a. UM	Substantial	Substantial	Substantial	Full	Full
6. Program Integrity	Substantial	Non-Compliance	Substantial	Full	Full
7. EPSDT	Substantial	Full	Substantial	Minimal	N/A
8. Delegation	Substantial	Minimal	N/A	N/A	Full
9. Health Information Systems	Full	N/A	N/A	N/A	N/A
10. Care Management	Substantial	Non-Compliance	Substantial	Minimal	Full
12a. Enrollee Rights	Substantial	Substantial	Substantial	N/A	Full
12b. Member Outreach	Substantial	N/A	N/A	N/A	N/A
13. Medical Records	Substantial	Full	Full	Substantial	N/A
15. Behavioral Health Services	Substantial	Substantial	Substantial	Substantial	Substantial
16. Pharmacy Services	Substantial	Non-Compliance	Substantial	Full	Substantial
(# of Elements Reviewed)	(79/738)	(46/166)	(6/169)	(12/161)	(2/130)
% Requiring Corrective Action	10.7%	27.7%	3.6%	7.5%	1.5%

Note: The number (#) of elements reviewed for each domain and in total varies by MCO according to their applicability  
 N/A – Not applicable

Health Information Systems was in full compliance for Anthem Blue Cross Blue Shield and was not reviewed for the other four MCOs since they all received full compliance for this domain area in 2014. The evaluation of this review area included, but was not limited to, a review of policies and procedures for claims processing; claims payment and encounter data reporting; timeliness and accuracy of encounter data; timeliness of claims payments; and methods for meeting Kentucky Health Information Exchange (KHIE) requirements.

WellCare of KY had nine review areas with overall full compliance; Passport Health Plan had four areas in full compliance; CoventryCares of KY had three fully compliant areas and Anthem Blue Cross Blue Shield and Humana-CareSource each had one review area in overall full compliance.

The overwhelming majority of review areas for all plans (60%) exhibited substantial compliance, meaning that most requirements of the standards were met, but there were a small number of deficiencies identified. Many of the deficiencies noted were omissions or lack of clarity in MCO policies and procedures, Provider Manual, or Member Handbook.

MCOs receiving overall minimal compliance determinations included: Anthem (Health Risk Assessment (HRA) review); CoventryCares of KY (Grievances, HRA and Delegation); and Passport Health Plan (EPSDT and Care Management). CoventryCares of KY was the only MCO to receive any overall non-compliant determinations (Program Integrity, Care Management and Pharmacy Services).

The proportion of elements reviewed that could require a corrective action plan ranged from a high of 27.7% for CoventryCares of KY to a low of 1.5% for WellCare of KY. Of all elements reviewed for all five MCOs, 10.5% received minimal or non-compliant ratings that could require a corrective action plan.

## Provider Network Access

Kentucky Medicaid MCOs are required to maintain and monitor a network of appropriate providers and assure that there is adequate provider capacity that is sufficient in number, mix of specialty and geographic distribution. The MCOs conduct ongoing reviews of provider credentials and assure that enrollees receive timely access to services within designated time and travel parameters. Progress in meeting these contract provisions is described using Compliance Review findings along with Access and Availability survey findings, HEDIS® Access and Availability measures, HEDIS® Use of Services and CAHPS® Consumer Satisfaction Survey results.

### Compliance with Access Standards

The EQRO's Compliance Review assessment of access included, but was not limited to a review of policies and procedures for direct access services, provider access requirements, program capacity reporting, evidence of monitoring program capacity and provider compliance with hours of operation and availability.

Findings from the 2015 Compliance Review related to provider network access indicated that Passport Health Plan and WellCare of KY received overall full compliance and Anthem BCBS, CoventryCares of KY and Humana-CareSource each received an overall rating of substantial compliance. Anthem BCBS, Passport Health Plan and WellCare of KY had no elements requiring a corrective action plan, while CoventryCares of KY and Humana-CareSource each had only one element that could require corrective action.

### *Access and Availability Survey of Behavioral Health Providers*

During 2014, DMS and the EQRO collaborated on a design to conduct an access and availability survey for behavioral health providers using the "secret shopper" methodology. The objective of the survey was to measure compliance with the contract standard requiring MCOs to maintain a compliance rate of at least 80% for appointment availability within 60 days. The study design intended to draw a random sample of 250 behavioral health providers from each MCO but after receiving the MCAPS file from DMS and excluding providers who did not meet the study criteria, the final file contained fewer than 250 providers for each plan. Random sampling was not conducted and the entire universe of 904 providers was selected. There were three provider types surveyed: psychiatrists, psychologists and social workers/counselors/therapists. The four participating MCOs were: CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY.

The survey was fielded between August and October 2014, allowing time for initial phone calls and recalls for providers after obtaining updated phone numbers. The methodology used several different scenarios for requesting an appointment with the behavioral health provider depending on the type of provider being called and whether the member was an adult or child/adolescent. Surveyors made up to four attempts to contact a live person at each provider office to complete the survey. If contact was not made with a live staff member, the surveyor did not leave a phone number for the provider to call-back.

Key findings included:

- Overall, 72.0% of the providers were able to be contacted.
- Only 10.3% of the providers were both able to be contacted and scheduled an appointment within 60 days.
- Plan compliance rates ranged from 5.7% to 14.1%.
- Compliance rates by provider type varied from 5.8% among psychiatrists to 21.3% for social workers/counselors/therapists.

MCOs received a plan-specific summary of providers who could not be contacted and those who could not give an appointment within the standard time frame. MCOs were asked to review the files and submit explanations regarding the providers who could not be contacted and appointments that were not made.

One of the limitations identified for this study was the fact that on the MCAPS file, there is no indicator for whether the behavioral health provider's panel is open or closed, while this indicator is present on MCAPS for PCPs. Not leaving a call-back phone number when the surveyor encountered an answering machine or voice mail system was another limitation that adversely impacted the number of providers counted as contacted. MCOs interviewed for the Comprehensive Evaluation Summary Report commented that there is an access/availability issue for behavioral health providers in Kentucky Medicaid Managed Care but felt that the results of this survey did not accurately reflect the true rate of access.

### **Board Certification**

HEDIS® Board Certification rates illustrate the percentage of physicians in an MCO's provider network who are board certified as of the last day of the MY (December 31, 2014) in the specialties of family medicine, internal medicine, obstetrics/gynecology(OB/GYN), pediatrics, geriatrics and other specialties. The HEDIS®2015 statewide board certification rate for family medicine providers was below the HEDIS®2014 national NCQA Quality Compass 10<sup>th</sup> percentile rate and statewide rates for the remaining specialty categories were all below the 25<sup>th</sup> national Medicaid percentile rate. Notable results above the national Medicaid 50<sup>th</sup> percentile were demonstrated by Humana-CareSource (OB/GYNs and pediatricians); WellCare of KY (geriatricians) and CoventryCares of KY (internal medicine and other physician specialties).

### **Access and Use of Services – HEDIS® 2015**

HEDIS® Access measures indicate the percentages of children and adults who access their PCP for preventive services, dental services and alcohol and other drug (AOD) dependence treatment. Access to prenatal and postpartum services, well-child visits, adolescent well-care visits and call answer timeliness for Medicaid managed care enrollees was also assessed.

Performance measures related to Access were an area of strength statewide and for all five MCOs. Measures for which Kentucky's HEDIS® 2015 weighted statewide average met or exceeded the HEDIS®2014 national Medicaid 50<sup>th</sup> percentile included the following:

- Adult Access to Preventive/Ambulatory Health Services for all age groups
- Children and Adolescents' Access to Primary Care Practitioners for all age groups
- Annual Dental Visits for all age groups
- Timeliness of Prenatal Care
- Postpartum Care

- Frequency of Ongoing Prenatal Care: 81+%
- Adolescent Well-Care Visits
- Engagement of AOD Dependence Treatment, ages 13 – 17 years, 18+ years and total
- Initiation of AOD Dependence Treatment, ages 13 – 17 years

Although strong performance was demonstrated by these access rates, there remains opportunity for improvement. The HEDIS® 2015 weighted statewide rate for Well-Child Visits in the First 15 Months of Life ( $\geq 6$  Visits); Well-Child Visits in the Three to Six Years of Life; Call Answer Timeliness; and Initiation of AOD Dependence Treatment (18+ years and total) fell short of the national Medicaid 50<sup>th</sup> percentile.

### **Consumer Satisfaction with Access – CAHPS® 2015**

Each of the five MCOs conduct annual adult and child member satisfaction surveys. The adult survey was sent to a random sample of members aged 18 years and older as of December 31, 2014, and continuously enrolled for at least five of the last six months of 2014. The child and adolescent member satisfaction survey was sent to the parent/guardian of randomly sampled members aged 17 years and younger as of December 31, 2014, and continuously enrolled for at least five of the last six months of 2014.

Table 4 highlights four CAHPS® 2015 measures related to access from the adult and child satisfaction surveys: getting care quickly; getting needed care; doctor is available when needed and satisfaction with customer service. For both the adult and child surveys, the Kentucky statewide average was above the 2014 NCQA national Medicaid average for all four measures. (**Table 4**).

**Table 4. CAHPS® 2015 5.0 Adult and Child Satisfaction Survey – Access Measures(%)**

Measure	Anthem BCBS	Coventry-Cares of KY	Humana-CareSource	Passport Health Plan	WellCare of KY	Statewide Average 2015
<b>Adult Survey</b>						
<i>Get Care Quickly<sup>2</sup></i>	85.26	81.48	83.10	81.55	83.18	83.0 ↑
<i>Get Needed Care<sup>2</sup></i>	84.68	83.27	86.32	83.21	84.53	84.4 ↑
<i>Adult Doctor Available<sup>1</sup> (Q4)</i>	88.61	84.67	87.58	84.72	83.49	85.9 ↑
<i>Customer Service<sup>2</sup></i>	89.17	88.70	96.36	89.87	90.56	90.8 ↑
<b>Child Survey</b>						
<i>Get Care Quickly<sup>2</sup></i>	90.90	94.65	87.84	92.08	89.75	91.1 ↑
<i>Get Needed Care<sup>2</sup></i>	83.58	86.60	81.32	89.42	88.25	85.9 ↑
<i>Child Doctor Available<sup>1</sup> (Q4)</i>	91.84	95.33	91.76	93.93	88.73	92.4 ↑
<i>Customer Service<sup>2</sup></i>	86.16	87.25	91.52	90.88	85.40	88.3 ↑

<sup>1</sup> Note: for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” or “Usually.”

<sup>2</sup> These indicators are composite measures.

↑ Arrow indicates Kentucky statewide average higher than the 2014 NCQA Quality Compass national Medicaid<sup>14</sup> average

## Quality Assessment and Performance Improvement

Quality Assessment and Performance Improvement (QAPI) is part of the EQRO’s annual compliance review and includes, but is not limited to, a process review of each MCO’s Health Information Systems, Credentialing and Delegation Procedures, Utilization Management, Quality Improvement (QI) Program, Annual QI Evaluation, QI Work Plan and QI Committee Structure and Function. In addition to procedure and process measures, the EQRO also reviews MCO performance including a compilation and analysis of quality performance and satisfaction data submitted by Kentucky Medicaid MCOs. In terms of improvement, the EQRO validated MCO performance improvement projects (PIPs), completed two focused clinical studies and conducted two new focused clinical studies during the contract period. This section of the Progress Report outlines and discusses the various quality assessment and improvement activities undertaken as part of Kentucky’s Medicaid Managed Care Program.

### *Health Information Systems:*

The compliance review evaluation of MCO Health Information Systems, conducted only for Anthem Blue Cross Blue Shield, included, but was not limited to, a review of policies and procedures for claims processing; claims payment and encounter data reporting; timeliness and accuracy of encounter

data; timeliness of claims payments; and methods for meeting KHIE requirements. Anthem Blue Cross Blue Shield received an overall full compliance determination in 2015.

*Credentialing:*

Kentucky Medicaid MCOs are responsible for ongoing review of provider performance and credentials. As part of the 2015 Compliance Review, the EQRO assessed MCO written policies and procedures regarding the selection and retention of providers in their network. Providers, including individuals and facilities, must be validly licensed and/or certified to provide services in the state, and may also be accountable to a governing body for review of credentials for physicians, dentists, advanced registered nurse practitioners and vision care providers.

Findings from the 2015 Compliance Review indicated that two MCOs reviewed for Credentialing/Recredentialing received overall full compliance (CoventryCares of KY and WellCare of KY) while substantial compliance ratings were received by Anthem Blue Cross Blue Shield, Humana-CareSource and Passport Health Plan. Anthem Blue Cross Blue Shield was required to submit six CAPS.

*Delegation:*

With the approval of DMS, MCOs are allowed to enter into subcontracts for the performance of administrative functions or the provision of services to members. Kentucky MCOs used subcontractors for a variety of purposes such as HEDIS® data collection and record review, claims processing, call centers, behavioral, dental and vision providers, to name a few. MCOs are required to notify DMS in writing, regarding all subcontracts on a quarterly basis and of the termination of a subcontract within ten days of termination.

The 2015 Compliance Review evaluation in this area included, but was not limited to, a review of subcontractor contracts and subcontractor oversight, including subcontractor reporting requirements and conduct pre-delegation evaluations and annual, formal evaluations. Humana-CareSource and Passport Health Plan received overall full compliance ratings for their Delegation services in 2014 and thus were not reviewed in 2015. WellCare of KY received an overall determination of full compliance for their Delegation services in 2015 and Anthem Blue Cross Blue Shield received a substantial compliance rating. CoventryCares of KY, with only one element reviewed for Delegation services, received a minimal compliance rating and were required to prepare a corrective action plan.

*Utilization Management:*

A comprehensive Utilization Management (UM) program reviews services for medical necessity and monitors and evaluates the appropriateness of care and services on a regular basis. Each MCO's UM program is required to have mechanisms in place to check for consistency in the application of clinical review criteria and protocols. The EQRO's Compliance Review included an evaluation of UM policies and procedures, UM committee meeting minutes and a review of a sample of UM cases. Passport Health Plan and WellCare of KY received full compliance determinations for UM in 2015 while the other three MCOs, received overall substantial compliance ratings. Anthem Blue Cross Blue Shield had two elements that required a CAP and Humana-CareSource had one element that required a CAP.

### *Quality Measurement and Improvement:*

Findings from the 2015 Compliance Review indicated that WellCare of KY was overall in full compliance for Quality Measurement and Improvement standards while Anthem Blue Cross Blue Shield, CoventryCares of KY, Humana-CareSource and Passport Health Plan each had overall substantial compliance ratings. MCOs with substantial compliance had a number of CAPs required ranging from two for Humana-CareSource to as many as 22 for CoventryCares of KY.

## **Performance Measurement**

Kentucky Medicaid performance measures are derived from three annual data submissions to DMS: Kentucky Performance Measures; The Healthcare Effectiveness Data and Information Set (HEDIS®) and CAHPS® consumer satisfaction.

### **Kentucky Performance Measures – Reporting Year 2014**

Kentucky Performance Measures, submitted annually to DMS, are validated by the EQRO according to CMS protocol. All audit findings were compiled and audit reports were prepared. The performance validation methodology includes an information system capabilities assessment; denominator validation; data collection validation; and numerator validation.

Four MCOs reported performance measures for reporting year 2014: CoventryCares of KY, Humana CareSource, Passport Health Plan and WellCare of KY. Anthem Blue Cross Blue Shield began enrolling members in 2014, and was not required to report Kentucky Performance Measures for reporting year 2014. The 2014 measure rates were presented in the EQRO's report entitled *Validation of Reporting Year 2014 Kentucky Medicaid Managed Care Performance Measures*, dated February 2015. It is noted that the MCOs' performance is difficult to compare due to variation in service area characteristics and duration of MCO experience in Kentucky. Passport Health Plan had a limited and more urban/suburban service area and had been in operation for over twenty years, while the other MCOs served the Kentucky Medicaid population for less than three years (as of June 2013) and had a larger service area with more rural areas.

For the 2014 reporting year, the majority of the Kentucky Performance Measures (excluding the HEDIS® measures in the dataset) had statewide rates below 50% with wide variation in rates between the MCOs. Several promising results, however, should be highlighted including:

- Rates for documentation of height and weight for both children/adolescents and adults were above 75%.
- The rate for cholesterol screening for adults was very good, at 82.6%.
- Over half (55.42%) of the adolescents 12-17 years of age who had a well care visit with a primary care provider had screening/counseling for tobacco.
- Over half (54.4%) of the pregnant members who had positive screening for tobacco use received intervention for tobacco use.
- Rates for access to care for Children with Special Health Care Needs (CSHCN) exceeded 90% for all age groups, with the highest rate of access for those 12-24 months of age.
- Rates related to access to preventive services for CSHCN were as high as 66.5% for well-child visits for children 3 – 6 years of age.

- In reporting year 2013, seven statewide performance measure rates could not be calculated since at least one MCO failed the medical record review validation. Each of these measures was successfully reported in reporting year 2014.

Several opportunities for improvement to be considered include:

- Only about 25% of adults and 33% of children and adolescents had a healthy weight for height reported.
- Less than a third of the adults received counseling for nutrition and physical activity (31.1% and 29.9% respectively).
- The rate for adolescent screening for depression was 23.3%.
- Screening for tobacco during the prenatal period was found 37.2% of the time, followed by screening for alcohol use (35.2%) and substance use (34.3%).
- Prenatal assessment/counseling for nutrition was found in 16.9% of records and prenatal counseling for use of prescription and/or over the counter medications was recorded 29.8% of the time.
- Rates for prenatal screenings were low for domestic violence screening (14.4%), depression screening (21.7%) and postpartum depression screening (34.9%).

### Quality Performance – HEDIS® 2015

HEDIS® measures are required to be reported for the following domains: Board Certification, Effectiveness of Care, Access/Availability of Care and Use of Services. All five MCOs (Anthem Blue Cross Blue Shield, CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) successfully submitted audited HEDIS® data in June 2015 for services provided in MY 2014. This was the first year of reporting for Anthem Blue Cross Blue Shield.

HEDIS® 2015 results for Board Certification, Access and Use of Services were summarized in the Provider Network Access section above. Effectiveness of Care results are summarized below. HEDIS® 2015 Effectiveness of Care measures evaluate how well a health plan provided preventive screenings and care for members with acute and chronic illnesses, including: respiratory illnesses, cardiovascular illnesses, diabetes, behavioral health and musculoskeletal conditions. In addition, medication management measures were also included.

A review of HEDIS® Effectiveness of Care results for the Kentucky MCOs reporting in 2015 indicated that over 70% of the statewide weighted average rates compared favorably with HEDIS® 2014 Medicaid National Quality Compass results at the 50<sup>th</sup> percentile including the following:

- Adult BMI Assessment
- Child BMI Percentile (all ages)
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, all age groups
- Childhood Immunizations for Diphtheria, Tetanus, Pertussis/Diphtheria Tetanus (DTaP/DT); Polio (IPV); Measles, Mumps and Rubella (MMR); Varicella; Pneumococcal Conjugate and Combinations #2, #3 and #9
- Immunizations for Adolescents, including Meningococcal, Tetanus, Diphtheria, Pertussis/Tetanus, Diphtheria booster (Tdap/Td) and Combination #1

- Lead Screening in Children
- Breast Cancer Screening
- Chlamydia Screening in Women, all age groups
- Appropriate Testing for Children with Pharyngitis
- Use of Spirometry Testing in the Assessment of COPD
- Pharmacotherapy Management of COPD Exacerbation, Systemic Corticosteroid and Bronchodilator
- Use of Appropriate Medications for People with Asthma (Ages 5–11 Years, 12–18 Years, and Total)
- Controlling High Blood Pressure
- Follow-up Care for Children Prescribed ADHD Medication (Initiation and Continuation/Maintenance Phases)
- Annual Monitoring for Patients on Persistent Medications (ACE Inhibitors, Diuretics, Total)
- Medication Management for People with Asthma: 75% (All Age Groups and Total)
- Comprehensive Diabetes Care:
  - HbA1c Testing
  - HbA1c Poor Control (> 9.0%)
  - HbA1c Control (< 8.0% and < 7.0%)
  - Medical Attention for Nephropathy
  - Blood Pressure Control (< 140/90 mmHg)

Opportunities exist for MCOs to focus on improvement for measures with weighted statewide averages below the national Medicaid Quality Compass 10<sup>th</sup> percentile benchmark including:

- Cervical Cancer Screening
- Appropriate Treatment for Children with Upper Respiratory Infection
- Use of Imaging Studies for Low Back Pain
- Annual Monitoring for Patients on Persistent Medications (Digoxin)

### **Consumer Satisfaction – CAHPS® 2015**

Statewide, 73.9% of adults were overall satisfied with their healthcare under managed care and 78.4% were satisfied with their health plan; both statewide rates were above the 2014 national Medicaid average for overall satisfaction with healthcare and rating of health plan. For the child survey, 83.7% of those surveyed were satisfied overall with their child’s healthcare and 82.5% were satisfied with their health plan; both rates falling just short of the CAHPS® 2014 national Medicaid average.

## **Quality Improvement**

### **Performance Improvement Projects (PIPs)**

A protocol for conducting PIPs was developed by CMS to assist MCOs in the design and implementation of their performance improvement efforts. Federal regulations require that all PIPs be validated according to these guidelines. In Kentucky, the EQRO is responsible for validating PIPs. Two new PIP topics are proposed each year and are generally completed in two to three years; thus, an MCO is likely to have two to six PIPs at various stages of activity: initiation, baseline measurement, implementation, and up to two years of re-measurement.

The EQRO’s process for validating MCO PIPs starts with DMS approval of the PIP topic. Then, using a team of two to three reviewers, the EQRO reviews the PIP proposal, topic selection rationale, methodology, planned interventions and study indicators. The EQRO follows each PIP through completion with conference calls with each MCO to discuss progress and problems. PIP results are scored based on the first and second re-measurement results. The EQRO validation team approach is a key tool used in validating the PIP results, but more importantly, it helps the MCO refine the measurement indicators and study methodology prior to implementation. The MCO benefits from a shared perspective of more than one reviewer. Periodic calls with each MCO to discuss ongoing activities helps the MCO identify problems early and allows for possible revisions. During the year, the EQRO also conducted training for MCO staff on PIP development and implementation.

Initially, the MCO selected their PIP topics based on HEDIS® results, but currently, DMS has designated two topic categories: physical health and behavioral health; and each MCO is able to determine a specific PIP project within each category. In 2014, Kentucky initiated a statewide collaborative PIP entitled, Safe and Judicious Antipsychotic Medication Use in Children and Adolescents to satisfy the behavioral health category requirement. The EQRO is assisting Kentucky MCOs as they identify barriers to care and develop interventions for this statewide improvement effort.

**Table 5** presents a list of active PIP topics for Kentucky MCOs.

**Table 5 PIP Project Status 2012-2015**

Plan	PIP Topic	Proposal Submitted	PIP Period
Anthem Blue Cross Blue Shield	Reducing Avoidable Emergency Department Utilization	2014	2014-2016
	Statewide PIP – Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
CoventryCares of KY	Major Depression: Anti-depressant Medication Management and Compliance	2012	2012-2014
	Decreasing Non-emergent/Inappropriate Emergency Department Use	2012	2012-2014
	Secondary Prevention by Supporting Families of Children with ADHD	2013	2013-2015
	Decreasing Avoidable Hospital Readmissions	2013	2013-2015
	Increasing Comprehensive Diabetes Testing and Screening	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
Humana- CareSource	Untreated Depression	2013	2013-2015
	Emergency Department Use Management	2013	2013-2015
	Increasing Postpartum Visits	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016

Plan	PIP Topic	Proposal Submitted	PIP Period
Passport Health Plan	Reduction of Emergency Room Care Rates	2011	2011-2014*
	Reduction of Inappropriately Prescribed Antibiotics for Pharyngitis and Upper Respiratory Infections (URI)	2011	2011-2014*
	You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan	2013	2013-2015
	Psychotropic Drug Intervention Program	2013	2013-2015
	Reducing Readmission Rates of Postpartum Members	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
WellCare of KY	Utilization of Behavioral Health Medication in Children	2012	2012-2014
	Decreasing Inappropriate Emergency Department Utilization	2012	2012-2014
	Follow-up After Hospitalization for Mental Illness	2013	2013-2015
	Management of Chronic Obstructive Pulmonary Disease (COPD)	2013	2013-2015
	Postpartum Care	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016

\*Final EQRO review of second re-measurement was sent to MCO 2/24/2015

The EQRO's review of PIPs included a review of study topic selection, selected indicators, interventions, data analysis and assessment of results as well as a description of PIP strengths and opportunities for improvement. Several recurring strengths were noted in the PIP review summaries including:

- Strong project rationale using multiple literature citations and/or statewide and plan-specific data
- Selected topic demonstrates substantial opportunity for improvement
- Strong evidence of topic relevance to the plan or a public health issue
- Use of external collaborators
- Use of a multi-disciplinary team for project implementation
- Interventions address barriers
- Multi-dimensional interventions targeting providers, members and health plan

Throughout the process, the EQRO's role in validating the PIP also involved identification of opportunities for improvement, such as the following recurring comments from active PIP reviews:

- Indicators are not clearly defined or are not clearly linked to the proposed interventions
- Process measures should be added in order to track the progress and success of the major interventions
- Indicators should align with the rationale/objectives

- MCO needs to develop and implement a more active intervention strategy. Proposed interventions are passive education activities such as mailings and website postings
- Project descriptions lack specifics regarding the interventions, such as timeframes and logistics on how the interventions will be implemented

Passport Health Plan's two 2012 PIPs, Reduction of Emergency Room Care Rates and Reduction of Inappropriately Prescribed Antibiotics in Children with Pharyngitis and Upper Respiratory Infections were completed during this contract year. The EQRO deemed both to have met their compliance requirements and the PIPs received final scores of 72.5 and 92.5 (out of 100) respectively. For these completed PIPs, the EQRO determined that the validation findings generally indicated that the credibility of the PIP results was not at risk.

CoventryCares of KY had two 2013 PIPs which were reviewed at interim measurement and both failed to meet their compliance requirements. As directed by DMS, the MCO is required to submit corrective action plans related to the two PIPs - Decreasing Non-Emergent/Inappropriate Emergency Department Utilization and Major Depression: Antidepressant Medication Management and Compliance.

### **Focused Clinical Studies**

During the contract year, the EQRO completed two focused studies both related to behavioral health: an administrative data analysis of Kentucky behavioral health, completed in July 2014 and an experience of care survey of children with a behavioral health condition, completed in November 2014. Two focused studies are being conducted in 2015, one related to medically fragile children and the second focuses on child and adolescent overweight and obesity.

### ***Kentucky Behavioral Health Study***

This study provides a statewide profile of behavioral health disorder prevalence and service utilization for Kentucky's Medicaid Managed Care population during 2013 using electronic encounter data to identify the eligible population and create the study dataset. Chronic physical condition prevalence and service utilization patterns are quantified in order to identify susceptible subpopulations for targeted case management, care coordination and other quality improvement interventions. Another aim of the study was to identify demographic and clinical risk factors for outcomes of all-cause hospitalization, behavioral health hospitalization and all-cause and psychiatric Emergency Department (ED) re-visits within 30 days of a behavioral health hospital discharge.

The behavioral health eligible population comprised 34% (245,011/713,888) of the total Kentucky Medicaid Managed Care population. Prominent behavioral health diagnoses for the adult subset included anxiety (43%); depression (39%) and drug abuse (17%). Adolescents (ages 13-17 years) were most frequently diagnosed with attention deficit disorder (43%), depression (25%), anxiety (17%), psychoses (17%) and conduct disorder (15%), while children (ages 0-12 years) had prominent behavioral health diagnoses of attention deficit disorder (48%), conduct disorder (21%), speech delay (11%) and anxiety (10%). The all-cause hospitalization rate for this behavioral health population was 13.7%. Encounter data analysis also indicated that 83% of adults with a behavioral health hospitalization lacked a follow-up mental health visit within 30 days of their behavioral health hospital discharge. Another important finding indicated that 86% of adults with a behavioral health disorder also had at least one chronic physical condition. Increased odds for hospitalization were

found to be associated with increased age, male gender, black or other race/ethnicity, urban residence and enrollment in foster care.

Recommendations proposed for Kentucky Medicaid Managed Care plans included targeting care management to susceptible subpopulations based on risk; identifying and sharing best practices among providers; evaluating access to follow-up visits; offering continuing education to providers on clinical guidelines; collaborating with providers to screen for substance abuse and depression; considering new quality performance measures for 2015 and implementing evidence-based interventions in PIPs that target identified behavioral health problem areas.

Based on findings from the Kentucky Behavioral Health Study, DMS was encouraged to provide guidance to the MCOs and collaborate with the Department of Community-Based Services (DCBS) in addressing the issues identified in the report. Findings from this study have also been very useful to the MCO's as they consider barriers and interventions for their collaborative PIP topic of Safe and Judicious Antipsychotic Medication Use in Children and Adolescents.

### *Experience of Care for Children with a Behavioral Health Condition*

The EQRO collaborated with DMS to implement this experience of care focused study in 2014. The study aim was to identify pediatric experience of care problems and opportunities for improvement in physical healthcare, behavioral healthcare and coordination of care. The EQRO, in collaboration with DMS, developed the experience of care survey questions to address access, satisfaction, inclusion of family in treatment, education, cultural competency, perceived improvement and ease of getting information from the health plan. The sample was made up of members aged 0 – 17 years who were randomly selected from the total administrative claims-based file of Kentucky Medicaid Managed Care enrollees with a behavioral health diagnosis or a prescription for psychotropic medication during 2013. The study was conducted via a mail-in survey to parents of a random sample of 4,800 children, 1,200 from each of the four participating MCOs: CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY.

Of the 4,800 surveys mailed, 779 (16.2%) were undeliverable, yielding an adjusted population of 4,021 (the number of surveys mailed minus the undeliverable surveys). A total of 912 surveys were completed yielding an overall response rate of 22.7%.

Children's physical health status was reported as excellent or good by 85.7% of respondents while the corresponding rate for behavioral health status was only reported as excellent or good by 51.5% of the respondents. Among survey respondents who reported that their child needed treatment or counseling for behavioral health problems, only 22.9% reported that they saw improvement in their child's condition. In terms of satisfaction with care received, 70.6% of respondents were "very satisfied" with care for physical health problems, while 53% were "very satisfied" with their behavioral health care.

Findings suggested that there were problems with provider-parent communication regarding medication use. Also, while timely access to a general provider for treatment of a physical health problem was reported as "always" for 64.9% of respondents, timely access to specialists for a physical problem was reported as "always" by only 50.6% of respondents. Corresponding rates for timely access to general and specialty behavioral health providers were 59.9% and 54.6%, respectively. An

analysis of risk factors provided valuable information regarding drivers of dissatisfaction with physical health care, behavioral health care and care coordination and included: lack of health plan explanation of both health care benefits and choices of doctors; and lack of timely access to general physical and behavioral health providers and specialists.

To improve member satisfaction among the pediatric behavioral health population, it was recommended that interventions in the statewide collaborative PIP should take advantage of the insights shared in this study to address the following:

- Member education about their behavioral health benefits and choice of providers
- Provider education consistent with guideline recommendations for medication management, counseling interventions and communication with the family to encourage family involvement in treatment decisions
- Health plan interventions to improve care coordination

### ***Medically Fragile Children Focused Study, Draft Report June 2015***

This focused clinical study conducted in 2014 - 2015, has two aims: 1) to profile health care utilization among children in foster care for whom approval for a medically fragile designation has been obtained from DCBS Medical Support Section, and 2) to identify gaps in care coordination and opportunities to improve the performance of the care coordination team (MCO care/case managers, DCBS social workers and nurse consultants with the Kentucky Commission for Children with Special Health Care Needs (CCSHCN)).

The health care utilization profile linked 223 children in foster care who were identified by DCBS as medically fragile with their administrative claims/encounter data records for the study period of 7/1/2013 – 6/30/2014. Utilization overall and by MCO was profiled for hospitalizations, ED visits, outpatient visits by PCP and specialties and dental visits for medically fragile children compared to all other children. Medically fragile children in the study population identified by DCBS were enrolled in one of the four MCOs – CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY. Qualitative findings were derived from a validated survey instrument, entitled Relational Coordination Survey for Patient Care<sup>15</sup> which was modified and used to survey 26 MCO care/case managers, 168 DCBS social workers and 18 CCSHCN nurse consultants. Response rates ranged from 94% for CCSHCN, 69% for MCOs and 53% for DCBS. A review of 105 medically fragile children's case management charts was conducted and a review of service denials for 21 medically fragile children was also performed.

Key findings included:

- Very young children, adolescents and infants comprised the majority of medically fragile children, and most were diagnosed with a complex chronic condition.
- Medically fragile children utilized a disproportionate amount of hospital inpatient and ED services.
- The low relational coordination ranking of PCP and specialist physician providers by all workgroups indicates the need to engage physicians as part of the medically fragile care coordination team.
- Access to and availability of physicians is a barrier to medically fragile care coordination.

- Lack of MCO care/case manager access to the foster parent is a barrier to MCO provision of care coordination for medically fragile children.
- There is a lack of MCO engagement as part of the medically fragile care coordination team.
- Excessive medically fragile caseload is a prime concern for DCBS, but not MCOs.

As a result of these findings, several recommendations were proposed. DMS was encouraged to continue to work with the MCOs to improve access and availability for medically fragile children to both physical and behavioral health providers. It was suggested that DMS convene a collaborative workgroup of lead MCO, DCBS and CSHCN care/case managers to further identify the specific provider specialties with barriers to access for medically fragile children. The workgroup could also develop associated communication tools for ongoing monitoring of case management and coordinate collaborative quality improvement activities.

### *Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity Among the Kentucky Medicaid Managed Care Population, Clinical Focus Study 2015, Draft Report June 2015*

This focused study was a retrospective review of medical records of children and adolescents enrolled in Kentucky Medicaid Managed Care. The purpose of the study was to assess the implementation of the Expert Committee guideline<sup>16</sup> recommendations for the prevention, identification, assessment and treatment of overweight and obesity among children. A random sample of eligible enrollees who turned 2 – 18 years old during the measurement year, November 1, 2013 to October 31, 2014 was selected from the five Medicaid Managed Care plans (Anthem Blue Cross and Blue Shield, CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY). The final study sample of 668 was fairly evenly distributed by age group with 217 preschool children, 225 school-age children and 226 adolescents.

Key findings included:

- While BMI value or percentile was appropriately documented for older adolescents, BMI percentile documentation was present for only 49% of younger children.
- Risk assessment was lacking in medical record documentation, with only 57% of records including family history and 29% including plotting of BMI on a growth chart.
- Less than half of the members in the study sample had nutritional counseling (47%) or physical activity counseling (41%), and most counseling was not specific to risk behaviors.
- Obesity was noted to be particularly prevalent in the adolescent age group (30%), but 17% of preschool children were also noted to be obese.
- Most records of overweight and obese children did not include appropriate laboratory testing for obesity-related conditions, and risk behavior assessment was not universally documented.
- Most records of at-risk overweight and obese children and adolescents did not include assessment of risk behaviors or behavioral or weight goals; only 5% included a scheduled follow-up of weight status, and only 2% included any structured, higher intensity interventions.

The study recommendations encouraged MCOs to promote BMI percentile screening and universal prevention interventions for all Medicaid Managed Care-enrolled children beginning in early childhood; to improve provider risk assessment, management and monitoring of overweight and obese enrollees; to ensure that resources for nutrition, physical activity and weight management are disseminated to network providers; and to educate members and families regarding cardiovascular

and other health risks associated with overweight and obesity. It was further recommended that improvement efforts address obesity with a chronic care model that includes motivational interviewing, family involvement and engagement of all office staff in the care of at-risk children and adolescents.

## **Early and Periodic Screening, Diagnosis and Treatment (EPSDT)**

Early Periodic Screening, Diagnosis and Treatment (EPSDT), a federally required Medicaid program for children, has two major components – EPSDT Screenings and EPSDT Special Services. The Screening Program provides well-child check-ups and screening tests for Medicaid eligible children in specified age groups. EPSDT Special Services are only provided when medically necessary, if they are not covered in another Medicaid program, or are medically indicated and needed in excess of a program limit. DMS contracts with Kentucky’s EQRO to validate that the MCOs’ administration of EPSDT benefits are consistent with federal and state requirements.

### ***Kentucky Medicaid Managed Care Early Periodic Screening, Diagnostic and Treatment Services (EPSDT) Review of 2013, Final December 2014***

The EQRO conducted a review of adherence to EPSDT protocol using MCO EPSDT data reports and a review of a sample of files related to complaints, grievances, denials and care management. Other reports and data referenced included 2013 HEDIS® (measurement year (MY) 2012 data) and Kentucky Performance Measures (MY 2012), MCO statutory reports, and an EPSDT encounter data validation study. EPSDT programs for each of the four Kentucky Medicaid MCOs participating in 2013 (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) were evaluated. Anthem Blue Cross Blue Shield did not begin enrolling child and adolescent members until July 2014 and thus was not included in this evaluation.

Statutory reports relevant to EPSDT services submitted by Kentucky MCOs included the following:

- Quarterly Report #24 – Overview of Activities Related to EPSDT, Pregnant Women, Maternal and Infant Death
- Annual Report #93 – EPSDT Annual Participation Report (as reported on CMS-416)
- Quarterly Report #17 – Quality Assessment and Performance Improvement Work Plan
- Quarterly Report #85 – Quality Improvement Program Evaluation
- Annual Report #94 – CAHPS Medicaid Child Survey
- Annual Report #86 – Annual Outreach Plan

Key findings included:

- Many children did not receive the expected tests and services during EPSDT/well-care visits.
- Encounter codes did not wholly reflect a comprehensive well-care visit or developmental screening, as described in standard clinical guidelines or EPSDT requirements.
- Well-care visit exams, screenings, and counseling documented were not always consistent with those required for EPSDT services or recommended by national clinical guidelines.
- Performance of well-care visit components varied across age groups.
- Approximately one-third of members received age-appropriate vision screening, a required component of EPSDT services.

- There was poor evidence of hearing screens; however, there were also hearing screens found in the medical record that were not coded in the administrative data.
- Developmental surveillance was conducted across all age groups, most commonly in the youngest age groups.
- Results of the EPSDT validation study and HEDIS® and Kentucky Performance Measures indicated opportunities for improvement in mental health, vision, hearing and developmental screening; depression and behavioral risk screening for adolescents; BMI screening and nutrition/physical activity counseling; immunizations and lead screening.

For the 2015 Compliance Reviews, EPSDT screening and services was not reviewed for WellCare of KY since they received full compliance for this category in 2014. Anthem Blue Cross Blue Shield underwent a full review and received substantial compliance with four CAPs required to be submitted. The remaining MCOs had desk audits for EPSDT with CoventryCares of KY receiving full compliance and Humana-CareSource receiving substantial compliance. The EQRO's review of Passport Health Plan indicated that there were recommendations from previous reviews that were not fully addressed regarding EPSDT care coordination and policy and procedures. The MCO received an overall minimal compliance determination and was required to submit two CAPs.

## Program Integrity

Maintaining program integrity includes guarding against fraud, abuse and deliberate misuse of Medicaid program benefits; ensuring that Medicaid enrollees receive necessary quality medical services; and ensuring that providers and recipients are in compliance with federal and state Medicaid regulations. In determining MCO compliance with federal and state regulations for program integrity, the EQRO's evaluation for the 2015 Compliance Review, included, but was not limited to, a review of MCO policies and procedures, training programs, compliance with Annual Disclosure of Ownership (ADO) and financial interest provisions and a file review of program integrity cases.

Overall compliance determinations regarding Program Integrity for Kentucky Medicaid MCOs varied from full compliance for Passport Health Plan and WellCare of KY, substantial compliance for Humana-CareSource and Anthem Blue Cross Blue Shield, to non-compliance for CoventryCares of KY. WellCare of KY and Passport Health Plan did not have to prepare any CAPs, while Humana-CareSource was required to submit one and Anthem Blue Cross Blue Shield submitted 12 corrective actions out of 113 elements reviewed. Out of the nine elements reviewed for CoventryCares of KY, the MCO was required to submit CAPs for seven (78%) due to omissions or failure to address required standards in the MCO's policies and procedures for program integrity.

## Health Risk Assessment (HRA)

Evaluation of MCO policies and procedures related to HRAs included, but was not limited to, a review of initial health screenings and MCO-initiated outreach to new members. Anthem Blue Cross Blue Shield and CoventryCares of KY both received overall minimal compliance determinations for the HRA elements while the remaining three MCOs (Humana-CareSource, Passport Health Plan and WellCare of KY) received overall substantial compliance. All MCOs faced challenges in obtaining health risk

assessments. General issues identified were: lack of documentation of assistance with PCP linkage and/or referrals to case management for identified needs. MCOs received minimal compliance findings for policy and procedure omissions and file review results that indicated incomplete member information, lack of timely outreach to new members, especially pregnant women, to complete the initial HRA and lack of timely completion of the HRA.

## Care Management/Coordination

Care coordination is a key component of managed care and is based on the assurance that all enrollees have an ongoing source of primary care 24 hours a day, 7 days a week. The MCO plays a unique role in being able to identify persons with special healthcare needs (including chronic physical, developmental, behavioral, neurological or emotional conditions) and offer care coordination through case management. MCOs identify enrollees in need of care coordination from Health Risk Assessments (HRAs) completed for new enrollees and by tracking other indicators of need such as encounter data algorithms to identify high risk diagnosis codes, high utilization, repeated use of emergency rooms, frequent inpatient stays and hospital readmissions.

This review element closely examines coordination efforts between the MCOs and Kentucky's Department of Community Based Services (DCBS) and the Department of Aging and Independent Living (DAIL). MCOs need to have access to baseline information about individuals identified by DCBS and DAIL to enable timely and appropriate referrals and for MCO case managers to assure enrollee access to needed services. DCBS/DAIL service plans are the key source of this baseline information and ongoing communication with DCBS/DAIL staff is essential to coordinate the most appropriate services needed by individual members. DMS, through the Disease and Case Management Branch in the Division of Program Quality and Outcomes has been working to improve communication between the state agencies and the MCOs. A revamped care plan form has provided a more consistent format for recording and sharing care coordination information.

Overall compliance determinations in 2015 for Care Management resulted in full compliance for WellCare of KY and substantial compliance ratings for Anthem Blue Cross Blue Shield and Humana-CareSource. Passport Health Plan had an overall minimal compliance rating and CoventryCares of KY received a non-compliant rating for Care Management. The requirements related to service plans were designated not applicable as the service plan is under the domain of DCBS and DAIL. As noted in prior years, each of the MCOs faced challenges related to obtaining complete service plans and all demonstrated efforts to obtain the plans and to meet with DCBS regularly. Minimal compliance ratings identified the need to develop and implement policies and procedures to ensure access to care coordination for all DCBS clients and to improve tracking, analyzing, reporting and implementing corrective actions regarding care coordination of DCBS clients. It was also noted that MCO policies and procedures need to better address Pediatric Interface Services and school-based services.

## Enrollee Rights and Responsibilities

MCO Member Services is responsible for providing information to enrollees and responding to enrollee questions, problems and complaints. They educate and assist the enrollee in selecting or changing their primary care provider. MCO Member Services is also responsible for providing written

information, such as a member handbook; explaining covered services; and giving instructions on how to access services. State and federal regulations call for cultural awareness and sensitivity in handling member grievances, cultural issues and program integrity. Kentucky MCOs conduct ongoing monitoring of their Member Services activities by tracking the content and efficiency of calls including returned calls, call resolution, repeat callers and abandonment rates. MCOs using a call center service require vendor oversight and extensive reporting to track trends.

Evaluation of Enrollee Rights and Responsibilities in the 2015 Compliance Review included an assessment of policies and procedures for member rights and responsibilities, PCP changes and Member Services functions. Overall compliance review determinations for Enrollee Rights were substantial compliance for three MCOs (Anthem Blue Cross Blue Shield, CoventryCares of KY and Humana-CareSource), while WellCare of KY received a full compliance rating. Enrollee Rights and Responsibilities were not reviewed in 2015 for Passport Health Plan. Humana-CareSource was required to submit one CAP, while Anthem Blue Cross Blue Shield required five corrective actions.

## Summary of Program Progress - Strengths and Opportunities for Improvement

This report described the status and progress of the Kentucky Medicaid Managed Care Program's external quality review activities that have occurred over the past twelve-month contract period of July 1, 2014 through June 30, 2015. During the contract period, numerous strengths as well as opportunities for improvement have been identified and are highlighted below.

### Strengths

#### *Program Administration*

- Kentucky's Medicaid Managed Care Program is composed of five MCOs with capacity to serve Medicaid enrollment statewide. Enrollment has steadily increased over the past year from 997,864 as of June 30, 2014 to 1,162,413 as of June 29, 2015, an increase of 14.7%.
- With support from the legislature and Commissioner, DMS continued to develop staff functions by moving the Managed Care Oversight – Contract Management Branch under the Division of Program Quality and Outcomes. New leadership positions were filled and additional staff appointments were completed.
- Kentucky has a contract in place for external quality review, including work plan activities for the annual technical report, the three mandatory quality review activities, and several additional activities including focused clinical studies, validation of encounter and provider network data, validation of Kentucky Performance Measures, development of a quality performance annual report card and a quality monitoring dashboard tool.
- There continues to be excellent lines of communication between the state, the MCOs and the EQRO.

#### *Data Systems*

- Data collection systems for all five Medicaid MCOs are in place including encounter data, provider network data, HEDIS® and Kentucky Performance Measures. All MCOs submitted data to DMS according to established timeframes.
- Each month the EQRO received a final extracted encounter file from DMS and created a monthly Encounter Data Validation Report summarizing the MCO submissions. DMS continues to work with the MCOs, the EQRO and appropriate divisions of DMS to review MCO progress in encounter data quality and completeness and to troubleshoot issues in need of improvement.
- The EQRO completed an Encounter Data Rate Benchmarking Study to compare MCO-specific HEDIS® rates with rates calculated from the EQRO encounter data warehouse for breast cancer screening; annual dental visit; children and adolescents' access to primary care practitioners; and adults' access to preventive/ambulatory health services.
- The EQRO successfully completed four data validation reviews of the Kentucky Medicaid Managed Care Program Provider Network, including two audits of Kentucky's Provider Network Submissions (September 2014 and February 2015) and two validations of MCO web-based provider directories in the same months.
- The overall accuracy rates of the provider information published in the web directories was found to be 85% for PCPs and 84% for specialists.
- Kentucky Performance Measures, HEDIS® and CAHPS® data were successfully submitted by all MCOs in 2015 for services provided in the 2014 measurement year.
- The EQRO validated the Kentucky Performance Measures for reporting year 2014 and compiled all MCO HEDIS® audit findings.
- The EQRO summarized HEDIS® 2014 quality performance data in Kentucky's consumer-friendly document entitled "A Members Guide to Choosing a Medicaid Health Plan." A copy of the guide is posted on the DMS website. A similar guide is also being developed with HEDIS® and CAHPS® 2015 data.
- The EQRO developed an internal dashboard monitoring tool for DMS using HEDIS® 2014 data which was posted on the EQRO's website.

### *Compliance with State and Federal Standards*

- An annual compliance review was successfully completed by the EQRO for the calendar year January 2014–December 2014 for all five MCOs. Four MCOs (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) received a re-review, based on findings of the previous year. Anthem Blue Cross Blue Shield received a full review, as this was the plan’s first year participating in the Kentucky Medicaid program.
- The overwhelming majority of review areas for all plans (60%) exhibited overall substantial compliance.
- Health Information Systems was in full compliance for Anthem Blue Cross Blue Shield and was not reviewed for the other four MCOs since they received full compliance ratings in the previous compliance review.
- Overall full compliance was also received in the following review areas: Quality Measurement and Improvement (WellCare of KY); Grievances (WellCare of KY); Credentialing/Recredentialing (CoventryCares of KY and WellCare of KY); Access (Passport Health Plan and WellCare of KY); Utilization Management (Passport Health Plan and WellCare of KY); Program Integrity (Passport Health Plan and WellCare of KY); EPSDT (CoventryCares of KY); Delegation (WellCare of KY); Care Management (WellCare of KY); Enrollee Rights (WellCare of KY); Medical Records (CoventryCares of KY and Humana-CareSource); and Pharmacy Services (Passport Health Plan).

### *Provider Network Access*

- The EQRO conducted a telephone survey of provider appointment availability for behavioral health providers using the “secret shopper” methodology.
- HEDIS® 2015 statewide performance measures related to Access were an area of strength for all five MCOs.
- Measures for which Kentucky’s weighted statewide average met or exceeded the HEDIS® 2014 national Medicaid 50<sup>th</sup> percentile included: Adult Access to Preventive/Ambulatory Health Services (all age groups); Children and Adolescents’ Access to Primary Care Practitioners (all age groups); Annual Dental Visit (all age groups); Timeliness of Prenatal Care; Postpartum Care; Frequency of Ongoing Prenatal Care: 81+%; Adolescent Well-Care Visits; Engagement of Alcohol and other Drug (AOD) Dependence Treatment, ages 13 – 17 years, 18+ years and total; and Initiation of AOD Dependence Treatment, ages 13 – 17 years.
- Overall, the adult and child CAHPS® 2015 survey results showed strong consumer satisfaction with access to care under the Kentucky Medicaid Managed Care Program, including ratings for Getting Care Quickly, Getting Needed Care, Customer Service and Doctor Availability.

### *Quality Assessment*

- Four MCOs (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) reported Kentucky Performance Measures for reporting year 2014. The EQRO validated the Kentucky Performance Measures for 2014.
- All five MCOs successfully submitted audited HEDIS® data in June 2015 for services provided in the 2014 measurement year.
- A review of HEDIS® Effectiveness of Care results for the five MCOs reporting in 2015 indicated that over 70% of the statewide weighted average rates compared favorably with HEDIS® 2014 Medicaid National Quality Compass results at the 50<sup>th</sup> percentile and included as many as 16 measure areas.
- Statewide results of the adult CAHPS® 2015 survey indicated that 73.9% of adults were satisfied overall with their healthcare under managed which was above the 2014 national Medicaid average for overall satisfaction with healthcare. For the child survey, 83.7% of those surveyed were satisfied overall with their healthcare, falling just short of the CAHPS® 2014 national Medicaid average.

### *Performance Improvement*

- The EQRO reviewed all PIP proposals submitted by Kentucky Medicaid MCOs for 2015 and continues to validate all PIPs in progress through periodic conference calls with the MCOs. The EQRO also conducted training for MCOs on PIP development and implementation.
- Validation findings for all completed PIP reviews indicated that the credibility of the PIP results is not at risk after the revisions suggested by the EQRO were addressed.
- The EQRO assisted DMS in the development and implementation of the state’s first statewide collaborative PIP for 2015, entitled Safe and Judicious Antipsychotic Medication Use in Children and Adolescents.
- The EQRO completed two related focused studies: (1) Kentucky Behavioral Health Study, July 2014; and (2) Experience of Care for Children with a Behavioral Health Condition, November 2014.
- In 2014 - 2015, the EQRO implemented two new focused studies: (1) Medically Fragile Children in Foster Care and (2) Child and Adolescent Overweight and Obesity. Final reports are currently being prepared.

## Opportunities for Improvement

### *Data Systems*

- A monthly validation review of encounter data submissions continues to indicate a number of variables that consistently have a high percent of missing data elements including inpatient diagnoses codes 4 and above, inpatient procedure codes, inpatient surgical codes 2 and above, performing provider key, procedure modifier codes, referring provider key and outpatient surgical ICD-9 codes. Provider-related data was also missing several key elements including NPI, provider license number and taxonomy.
- The Encounter Data Rate Benchmarking Study identified statistically significant inconsistencies in rates for all four MCOs in the study (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY).
- The audits of MCO provider network submissions indicated that close to half of the returned surveys noted at least one revision.

### *Compliance with State and Federal Standards*

- CoventryCares of KY was required to submit 46 Corrective Action Plans (CAPs) for Minimal or Non-Compliant elements, or 27.7% of total elements reviewed, followed by Anthem BCBS (10.7%), Passport Health Plan (7.5%), Humana-CareSource (3.6%) and WellCare of KY (1.5%).
- In preparing Quarterly Desk Audit Tables as part of the compliance review, the EQRO noted a lack of consistency in MCO interpretations of the data specifications for reporting, thus making comparisons across MCOs difficult. The EQRO provided suggestions for revising report language and instructions to improve reporting consistency.
- Of all elements reviewed for all five MCOs, 10.6% received minimal or non-compliant ratings requiring a corrective action plan.
- Overall non-compliant ratings were received by CoventryCares of KY for Program Integrity, Care Management and Pharmacy Services.
- Overall minimal compliance determinations were received for Grievances (CoventryCares of KY); HRA (Anthem BCBS and CoventryCares of KY); EPSDT (Passport Health Plan); Delegation (CoventryCares of KY); and Care Management (Passport Health Plan).
- Minimal compliance ratings for Care Management identified the need to continue to develop and implement policies and procedures to ensure access to care coordination for all DCBS clients and to improve tracking, analyzing, reporting and implementing corrective actions regarding care coordination of DCBS clients. It was also noted that MCO policies and procedures need to better address Pediatric Interface Services and school-based services.

### *Provider Network Access*

- The Access and Availability Survey of Behavioral Health Providers reported that only 10.3% of appointments were made within 60 days falling far short of the compliance standard of 80%. Limitations of the survey methodology may have adversely impacted the survey results.
- As a measure of provider access, HEDIS® 2015 statewide rates for Board Certification for family medicine providers was below the HEDIS®2014 national NCQA Quality Compass 10<sup>th</sup> percentile rate and statewide rates for the remaining specialty categories (internal medicine, obstetrics/gynecology, pediatrics, geriatrics and other) were all below the 25<sup>th</sup> national Medicaid percentile rate.
- Although strong performance was demonstrated by many access measures, there remains opportunity for improvement. Kentucky's weighted statewide average rate fell short of the 2014 national Medicaid 50<sup>th</sup> percentile for Well-Child Visits in the First 15 Months of Life ( $\geq 6$  Visits); Well-Child Visits in the Three to Six Years of Life; Call Answer Timeliness; and Initiation of AOD Dependence Treatment (18 years and total).

### *Quality Assessment*

- The majority of the statewide rates for the Kentucky Performance Measures (2014 reporting year), were below 50% with wide variation in rates between the MCOs. Major opportunities for improvement exist for numerous measures including: healthy weight for height (adults and children); counseling for nutrition and physical activity (adults and children); adolescent screening for depression; prenatal screening for tobacco, alcohol and substance use; prenatal assessment/counseling for nutrition; prenatal counseling for use of prescription and/or over the counter medications and prenatal screening for domestic violence, depression and postpartum depression.
- Results of the EPSDT validation study and HEDIS® and Kentucky Performance Measures indicated opportunities for improvement in mental health, vision, hearing and developmental screening; depression and behavioral risk

screening for adolescents; BMI screening and nutrition/physical activity counseling; immunizations and lead screening.

- HEDIS® 2015 measures with weighted statewide averages below the 2014 national 10<sup>th</sup> percentile present opportunities for improvement, including Cervical Cancer Screening; Appropriate Treatment for Children with Upper Respiratory Infection; Use of Imaging Studies for Low Back Pain; and Annual Monitoring for Patients on Persistent Medications (Digoxin).

### *Performance Improvement*

- Recommendations from the administrative data analysis of behavioral health prevalence and service utilization identified the following opportunities for improvement: targeting care management to susceptible populations based on risk; identifying and sharing best practices among providers; evaluating access to follow-up visits; offering continuing education to providers on clinical guidelines; collaborating with providers to screen for substance abuse and depression; considering new quality performance measures for 2015 and implementing evidence-based interventions in PIPs that target identified behavioral health problem areas.
- Recommendations from the experience of care survey of children with a behavioral health condition focused on the following areas for improvement: provider-parent communication regarding medication use; timely access to specialists for a physical problem; timely access to general and specialty behavioral health providers; member education about behavioral health benefits; provider education consistent with guideline recommendations and MCO interventions for care coordination.

## Recommendations

Focusing on the strengths and opportunities for improvement identified for the Kentucky Medicaid Managed Care Program between July 1, 2014 and June 30, 2015, the following key performance area recommendations are presented for DMS' consideration.

### Data Systems

External quality review activities are strongly rooted in data quality including validations of performance data, encounter data and provider network data. The protocols for validating data require an assessment of multiple dimensions including:

- Validity and accuracy – does the data reflect the real world?
- Consistency – can the data be compared over time and between entities?
- Completeness – is there missing data?
- Timeliness – is the data available at the time needed?
- Relevance – does the data meet the users' needs?

The quality of data collected and maintained by the MCOs is of critical importance in measuring program progress and achievements and for targeting improvement efforts. Missing codes in encounter data submissions and inconsistent performance rates as identified in the Encounter Data Rate Benchmarking Study adversely impact the usefulness of the data. Data elements should be clearly defined and specified. Inconsistent provider information in MCO and DMS Medicaid provider datasets needs to be continually audited and improved. Recommendations from the Provider Network Audits should be implemented to improve the usability of the provider data. The monthly encounter data meetings between DMS and the MCOs are valuable in helping the MCOs resolve encounter data submission problems and should be continued.

### Provider Network Access

HEDIS® performance measures and CAHPS® satisfaction measures related to access were an area of strength for all five MCOs reviewed in this progress report; however, opportunities for improvement in the following HEDIS® rates should be addressed:

- Board Certification for all provider specialties
- Well-Child Visits in the First 15 Months of Life (6+ visits)
- Well-Child Visits in the Three to Six Years of Life
- Adolescent Well-Care Visits
- Initiation of AOD Dependence Treatment: 18+ years and Total

Since results of the Access and Availability Survey of Behavioral Health Providers appear to have been biased by limitations of the survey methodology, further study of potential indicators for member access and availability for this specialty group should be pursued. A follow-up survey not using the secret shopper methodology or a repeat secret shopper survey with a revised methodology may yield more valid results. A separate survey to determine open and closed panel status for behavioral health providers would also be useful. In addition to this access and availability survey, Kentucky MCOs can also take advantage of findings from the Kentucky Behavioral Health focused study and the

Experience of Care Survey to design and implement targeted interventions for the statewide collaborative PIP.

### **Quality Assessment and Performance Improvement**

Using the national 2014 Medicaid Quality Compass as a benchmark, opportunities for improvement should be considered for the following HEDIS® 2015 measures that fell below the national Medicaid 10<sup>th</sup> percentile:

- Cervical Cancer Screening
- Appropriate Treatment for Children with Upper Respiratory Infection
- Annual Monitoring for Patients on Persistent Medications (Digoxin)
- Use of Imaging Studies for Low Back Pain

Several Kentucky Performance Measures which fell below 50% also offer opportunities for improvement:

- Healthy weight for height for both adults and children
- Counseling for nutrition and physical activity for both adults and children/adolescents
- Adolescent screening for depression
- Screening for tobacco, alcohol use and substance use during the prenatal period
- Prenatal assessment/counseling for nutrition and prenatal counseling for use of prescription and/or over the counter medications
- Prenatal screening for domestic violence, prenatal screening for depression and postpartum screening for depression

With results from the Kentucky Behavioral Health Study and the Experience of Care Survey for Children with a Behavioral Health Condition, DMS may want to consider potential new measures that have been under review by NCQA such as, body mass index screening and follow-up for people with serious mental illness (SMI); clinical depression screening and follow-up for people with alcohol or other drug dependence use; controlling high blood pressure for people with SMI; and follow-up after emergency department use for mental illness or AOD dependence.

### **Care Coordination**

All MCOs faced challenges in obtaining health risk assessments. General issues identified were: lack of documentation of assistance with PCP linkage and/or referrals to case management for identified needs. Care management review findings further revealed the need to develop and implement policies and procedures to ensure access to care coordination for all DCBS clients and to track, analyze, report and implement corrective actions regarding care coordination of DCBS clients. As noted in prior years, each of the MCOs faced challenges related to obtaining complete service plans but all demonstrated efforts to obtain the plans and to meet with DCBS regularly. While there has been substantial improvement in care coordination and communications between state agencies and MCOs, DMS needs to continue efforts to coordinate and maintain those improved communications.

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## References

<sup>1</sup> [http://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](http://www.ssa.gov/OP_Home/ssact/title19/1915.htm)

<sup>2</sup> [http://www.ssa.gov/OP\\_Home/ssact/title19/1932.htm](http://www.ssa.gov/OP_Home/ssact/title19/1932.htm)

<sup>3</sup> <http://www.govtrack.us/congress/bills/105/hr2015>

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<sup>5</sup> 42 CFR Part 438.

<sup>6</sup> Cabinet for Health and Family Services, Department of Medicaid Services, “Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services, September, 2012.

<sup>7</sup> IPRO, “2015 External Quality Review Technical Report, MCO Contract Years 2012-2014,” Draft August 2015.

<sup>8</sup> IPRO, Comprehensive Evaluation Summary of the Commonwealth of Kentucky’s Strategy for Assessing and Improving the Quality of Managed Care Services, June 2015.

<sup>9</sup> <http://chfs.ky.gov/NR/rdonlyres/82416E1B-5D96-4FF7-AB27-0CB231416771/0/YourKYMedicaidBenefitPlan.pdf>.

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<sup>10</sup> <http://www.chfs.ky.gov/NR/rdonlyres/8055AD06-0297-442A-8214-1F923A098F7A/0/SidebySide2014non3153014.pdf>.

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<sup>11</sup> HEDIS® (The Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance.

<sup>12</sup> CAHPS® (Consumer Assessment of Healthcare Providers and Systems) is a registered trademark for the Agency for Healthcare Research and Quality; <http://cahps.ahrq.gov/about.htm>.

<sup>13</sup> For the most recent protocols, refer to <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Quality-of-Care-External-Quality-Review.html>

<sup>14</sup> National Committee for Quality Assurance Quality Compass, Medicaid CAHPS®2014.

<sup>15</sup> AHRQ. Measure #46. Relational Coordination Survey (RCS); <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/atlas2014/careap4.pdf>. Accessed June 4, 2015.

<sup>16</sup> Barlow SE. Expert committee recommendations regarding the prevention, assessment and treatment of child and adolescent overweight and obesity: summary report. *Pediatrics* 2007;120:S164.

## Executive Summary for Managed Care Progress Report IPRO/DMS Contract Year 7/1/2014-6/30/2015

The purpose of this Progress Report is to summarize information from the external quality review activities that describe the status and progress that has occurred in Kentucky's Medicaid Managed Care Program during the contract period of July 1, 2014 through June 30, 2015.

### Medicaid Enrollment between June 30, 2014 and June 29, 2015

MCO	Enrollment 6/30/2014	Enrollment 6/29/2015	Percent Change	Service Area
Anthem Blue Cross Blue Shield	39,955	71,696	+79.4%	Statewide except Region 3
CoventryCares of Kentucky	315,417	293,370	-7.0%	Statewide
Humana-CareSource	68,736	115,980	+68.7%	Statewide
Passport Health Plan	183,814	253,536	+37.9%	Statewide
WellCare of Kentucky	389,942	427,831	+9.7%	Statewide
<i>Managed Care Total</i>	<i>997,864</i>	<i>1,162,413</i>	<i>+16.5%</i>	Statewide
Fee-for-Service	121,951	121,576	-0.3%	Statewide
<i>Total Medicaid</i>	<i>1,119,815</i>	<i>1,283,989</i>	<i>+14.7%</i>	Statewide

### Overall Compliance Determinations by Review Category – 2015

Tool #/Review Area	Anthem BCBS	CoventryCares of KY	Humana- CareSource	Passport Health Plan	WellCare of KY
1. QI/MI	Substantial	Substantial	Substantial	Substantial	Full
2. Grievances	Substantial	Minimal	Substantial	Substantial	Full
3. HRA	Minimal	Minimal	Substantial	Substantial	Substantial
4. Credentialing/Recredentialing	Substantial	Full	Substantial	Substantial	Full

5. Access	Substantial	Substantial	Substantial	Full	Full
5a. UM	Substantial	Substantial	Substantial	Full	Full
6. Program Integrity	Substantial	Non-Compliance	Substantial	Full	Full
7. EPSDT	Substantial	Full	Substantial	Minimal	N/A
8. Delegation	Substantial	Minimal	N/A	N/A	Full
9. Health Information Systems	Full	N/A	N/A	N/A	N/A
10. Care Management	Substantial	Non-Compliance	Substantial	Minimal	Full
12a. Enrollee Rights	Substantial	Substantial	Substantial	N/A	Full
12b. Member Outreach	Substantial	N/A	N/A	N/A	N/A
13. Medical Records	Substantial	Full	Full	Substantial	N/A
15. Behavioral Health Services	Substantial	Substantial	Substantial	Substantial	Substantial
16. Pharmacy Services	Substantial	Non-Compliance	Substantial	Full	Substantial
(# of Elements Reviewed)	(79/738)	(46/166)	(6/169)	(12/161)	(2/130)
% Requiring Corrective Action	10.7%	27.7%	3.6%	7.5%	1.5%

Note: The number (#) of elements reviewed for each domain and in total varies by MCO according to their applicability

N/A – Not applicable

CAHPS® 2015 5.0 Adult and Child Satisfaction Survey – Access Measures(%)

Measure	Anthem BCBS	Coventry-Cares of KY	Humana-CareSource	Passport Health Plan	WellCare of KY	Statewide Average 2015
<b>Adult Survey</b>						
<i>Get Care Quickly</i> <sup>2</sup>	85.26	81.48	83.10	81.55	83.18	83.0 ↑
<i>Get Needed Care</i> <sup>2</sup>	84.68	83.27	86.32	83.21	84.53	84.4 ↑
<i>Adult Doctor Available</i> <sup>1</sup> (Q4)	88.61	84.67	87.58	84.72	83.49	85.9 ↑
<i>Customer Service</i> <sup>2</sup>	89.17	88.70	96.36	89.87	90.56	90.8 ↑
<b>Child Survey</b>						
<i>Get Care Quickly</i> <sup>2</sup>	90.90	94.65	87.84	92.08	89.75	91.1 ↑
<i>Get Needed Care</i> <sup>2</sup>	83.58	86.60	81.32	89.42	88.25	85.9 ↑
<i>Child Doctor Available</i> <sup>1</sup> (Q4)	91.84	95.33	91.76	93.93	88.73	92.4 ↑
<i>Customer Service</i> <sup>2</sup>	86.16	87.25	91.52	90.88	85.40	88.3 ↑

<sup>1</sup> Note: for measures that call for respondents to answer with “Always,” “Usually,” “Sometimes” or “Never” the Medicaid rate is based on responses of “Always” or “Usually.”

<sup>2</sup> These indicators are composite measures.

↑ Arrow indicates Kentucky statewide average higher than the 2014 NCQA Quality Compass national Medicaid<sup>1</sup> average

PIP Project Status 2012-2015

Plan	PIP Topic	Proposal Submitted	PIP Period
Anthem Blue Cross Blue Shield	Reducing Avoidable Emergency Department Utilization	2014	2014-2016
	Statewide PIP – Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
CoventryCares of KY	Major Depression: Anti-depressant Medication Management and Compliance	2012	2012-2014
	Decreasing Non-emergent/Inappropriate Emergency Department Use	2012	2012-2014

Plan	PIP Topic	Proposal Submitted	PIP Period
	Secondary Prevention by Supporting Families of Children with ADHD	2013	2013-2015
	Decreasing Avoidable Hospital Readmissions	2013	2013-2015
	Increasing Comprehensive Diabetes Testing and Screening	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
Humana-CareSource	Untreated Depression	2013	2013-2015
	Emergency Department Use Management	2013	2013-2015
	Increasing Postpartum Visits	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
Passport Health Plan	Reduction of Emergency Room Care Rates	2011	2011-2014*
	Reduction of Inappropriately Prescribed Antibiotics for Pharyngitis and Upper Respiratory Infections (URI)	2011	2011-2014*
	You Can Control Your Asthma! Development and Implementation of an Asthma Action Plan	2013	2013-2015
	Psychotropic Drug Intervention Program	2013	2013-2015
	Reducing Readmission Rates of Postpartum Members	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016
WellCare of KY	Utilization of Behavioral Health Medication in Children	2012	2012-2014
	Decreasing Inappropriate Emergency Department Utilization	2012	2012-2014
	Follow-up After Hospitalization for Mental Illness	2013	2013-2015
	Management of Chronic Obstructive Pulmonary	2013	2013-2015

Plan	PIP Topic	Proposal Submitted	PIP Period
	Disease (COPD)		
	Postpartum Care	2014	2014-2016
	Statewide PIP - Safe and Judicious Antipsychotic Medication Use in Children and Adolescents	2014	2014-2016

\*Final EQRO review of second re-measurement was sent to MCO 2/24/2015

<sup>i</sup> National Committee for Quality Assurance Quality Compass, Medicaid CAHPS®2014.

## Program Progress Strengths:

### *Program Administration*

Kentucky's Medicaid Managed Care Program is composed of five MCOs with capacity to serve Medicaid enrollment statewide. Enrollment has steadily increased over the past year from 997,864 as of June 30, 2014 to 1,162,413 as of June 29, 2015, an increase of 14.7%.

DMS continued to develop staff functions by moving the Managed Care Oversight – Contract Management Branch under the Division of Program Quality and Outcomes. New leadership positions were filled and additional staff appointments were completed.

Kentucky has a contract in place for external quality review, including work plan activities for the annual technical report, the three mandatory quality review activities, and several additional activities including focused clinical studies, validation of encounter and provider network data, validation of Kentucky Performance Measures, development of a quality performance annual report card and a quality monitoring dashboard tool.

There continues to be excellent lines of communication between the state, the MCOs and the EQRO.

### *Data Systems*

Data collection systems for all five Medicaid MCOs are in place including encounter data, provider network data, HEDIS® and Kentucky Performance Measures. All MCOs submitted data to DMS according to established timeframes.

Each month the EQRO received a final extracted encounter file from DMS and created a monthly Encounter Data Validation Report summarizing the MCO submissions. DMS continues to work with the MCOs, the EQRO and appropriate divisions of DMS to review MCO progress in encounter data quality and completeness and to troubleshoot issues in need of improvement.

The EQRO completed an Encounter Data Rate Benchmarking Study to compare MCO-specific HEDIS® rates with rates calculated from the EQRO encounter data warehouse for breast cancer screening; annual dental visit; children and adolescents' access to primary care practitioners; and adults' access to preventive/ambulatory health services.

The EQRO successfully completed four data validation reviews of the Kentucky Medicaid Managed Care Program Provider Network, including two audits of Kentucky's Provider Network Submissions (September 2014 and February 2015) and two validations of MCO web-based provider directories in the same months.

The overall accuracy rates of the provider information published in the web directories was found to be 85% for PCPs and 84% for specialists.

Kentucky Performance Measures, HEDIS® and CAHPS® data were successfully submitted by all MCOs in 2015 for services provided in the 2014 measurement year.

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The EQRO validated the Kentucky Performance Measures for reporting year 2014 and compiled all MCO HEDIS® audit findings.

The EQRO summarized HEDIS® 2014 quality performance data in Kentucky's consumer-friendly document entitled "A Members Guide to Choosing a Medicaid Health Plan." A copy of the guide is posted on the DMS website. A similar guide is also being developed with HEDIS® and CAHPS® 2015 data.

The EQRO developed an internal dashboard monitoring tool for DMS using HEDIS® 2014 data which was posted on the EQRO's website.

### *Compliance with State and Federal Standards*

An annual compliance review was successfully completed by the EQRO for the calendar year January 2014–December 2014 for all five MCOs. Four MCOs (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) received a re-review, based on findings of the previous year. Anthem Blue Cross Blue Shield received a full review, as this was the plan's first year participating in the Kentucky Medicaid program.

The overwhelming majority of review areas for all plans (60%) exhibited overall substantial compliance. Health Information Systems was in full compliance for Anthem Blue Cross Blue Shield and was not reviewed for the other four MCOs since they received full compliance ratings in the previous compliance review.

Overall full compliance was also received in the following review areas: Quality Measurement and Improvement (WellCare of KY); Grievances (WellCare of KY); Credentialing/Recertification (CoventryCares of KY and WellCare of KY); Access (Passport Health Plan and WellCare of KY); Utilization Management (Passport Health Plan and WellCare of KY); Program Integrity (Passport Health Plan and WellCare of KY); EPSDT (CoventryCares of KY); Delegation (WellCare of KY); Care Management (WellCare of KY); Enrollee Rights (WellCare of KY); Medical Records (CoventryCares of KY and Humana-CareSource); and Pharmacy Services (Passport Health Plan).

### *Provider Network Access*

The EQRO conducted a telephone survey of provider appointment availability for behavioral health providers using the "secret shopper" methodology.

HEDIS® 2015 statewide performance measures related to Access were an area of strength for all five MCOs.

Measures for which Kentucky's weighted statewide average met or exceeded the HEDIS® 2014 national Medicaid 50<sup>th</sup> percentile included: Adult Access to Preventive/Ambulatory Health Services (all age groups); Children and Adolescents' Access to Primary Care Practitioners (all age groups); Annual Dental Visit (all age groups); Timeliness of Prenatal Care; Postpartum Care; Frequency of Ongoing Prenatal Care: 81+%; Adolescent Well-Care Visits; Engagement of Alcohol and other Drug (AOD) Dependence Treatment, ages 13 – 17 years, 18+ years and total; and Initiation of AOD Dependence Treatment, ages 13 – 17 years.

Overall, the adult and child CAHPS® 2015 survey results showed strong consumer satisfaction with access to care under the Kentucky Medicaid Managed Care Program, including ratings for Getting Care Quickly, Getting Needed Care, Customer Service and Doctor Availability.

### *Quality Assessment*

Four MCOs (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY) reported Kentucky Performance Measures for reporting year 2014. The EQRO validated the Kentucky Performance Measures for 2014.

All five MCOs successfully submitted audited HEDIS® data in June 2015 for services provided in the 2014 measurement year.

A review of HEDIS® Effectiveness of Care results for the five MCOs reporting in 2015 indicated that over 70% of the statewide weighted average rates compared favorably with HEDIS® 2014 Medicaid National Quality Compass results at the 50<sup>th</sup> percentile and included as many as 16 measure areas.

Statewide results of the adult CAHPS® 2015 survey indicated that 73.9% of adults were satisfied overall with their healthcare under managed which was above the 2014 national Medicaid average for overall

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satisfaction with healthcare. For the child survey, 83.7% of those surveyed were satisfied overall with their healthcare, falling just short of the CAHPS® 2014 national Medicaid average.

### *Performance Improvement*

The EQRO reviewed all PIP proposals submitted by Kentucky Medicaid MCOs for 2015 and continues to validate all PIPs in progress through periodic conference calls with the MCOs. The EQRO also conducted training for MCOs on PIP development and implementation.

Validation findings for all completed PIP reviews indicated that the credibility of the PIP results is not at risk after the revisions suggested by the EQRO were addressed.

The EQRO assisted DMS in the development and implementation of the state's first statewide collaborative PIP for 2015, entitled Safe and Judicious Antipsychotic Medication Use in Children and Adolescents.

The EQRO completed two related focused studies: (1) Kentucky Behavioral Health Study, July 2014; and (2) Experience of Care for Children with a Behavioral Health Condition, November 2014.

In 2014 - 2015, the EQRO implemented two new focused studies: (1) Medically Fragile Children in Foster Care and (2) Child and Adolescent Overweight and Obesity. Final reports are currently being prepared.

## **Opportunities for Improvement:**

### *Data Systems*

- A monthly validation review of encounter data submissions continues to indicate a number of variables that consistently have a high percent of missing data elements including inpatient diagnoses codes 4 and above, inpatient procedure codes, inpatient surgical codes 2 and above, performing provider key, procedure modifier codes, referring provider key and outpatient surgical ICD-9 codes. Provider-related data was also missing several key elements including NPI, provider license number and taxonomy.
- The Encounter Data Rate Benchmarking Study identified statistically significant inconsistencies in rates for all four MCOs in the study (CoventryCares of KY, Humana-CareSource, Passport Health Plan and WellCare of KY).
- The audits of MCO provider network submissions indicated that close to half of the returned surveys noted at least one revision.

### *Compliance with State and Federal Standards*

- CoventryCares of KY was required to submit 46 Corrective Action Plans (CAPs) for Minimal or Non-Compliant elements, or 27.7% of total elements reviewed, followed by Anthem BCBS (10.7%), Passport Health Plan (7.5%), Humana-CareSource (3.6%) and WellCare of KY (1.5%).
- In preparing Quarterly Desk Audit Tables as part of the compliance review, the EQRO noted a lack of consistency in MCO interpretations of the data specifications for reporting, thus making comparisons across MCOs difficult. The EQRO provided suggestions for revising report language and instructions to improve reporting consistency.
- Of all elements reviewed for all five MCOs, 10.6% received minimal or non-compliant ratings requiring a corrective action plan.
- Overall non-compliant ratings were received by CoventryCares of KY for Program Integrity, Care Management and Pharmacy Services.
- Overall minimal compliance determinations were received for Grievances (CoventryCares of KY); HRA (Anthem BCBS and CoventryCares of KY); EPSDT (Passport Health Plan); Delegation (CoventryCares of KY); and Care Management (Passport Health Plan).
- Minimal compliance ratings for Care Management identified the need to continue to develop and implement policies and procedures to ensure access to care coordination for all DCBS clients and to improve tracking, analyzing, reporting and implementing corrective actions regarding care coordination of DCBS clients. It was also noted that MCO policies and procedures need to better address Pediatric Interface Services and school-based services.

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### *Provider Network Access*

- The Access and Availability Survey of Behavioral Health Providers reported that only 10.3% of appointments were made within 60 days falling far short of the compliance standard of 80%. Limitations of the survey methodology may have adversely impacted the survey results.
- As a measure of provider access, HEDIS® 2015 statewide rates for Board Certification for family medicine providers was below the HEDIS® 2014 national NCQA Quality Compass 10<sup>th</sup> percentile rate and statewide rates for the remaining specialty categories (internal medicine, obstetrics/gynecology, pediatrics, geriatrics and other) were all below the 25<sup>th</sup> national Medicaid percentile rate.
- Although strong performance was demonstrated by many access measures, there remains opportunity for improvement. Kentucky's weighted statewide average rate fell short of the 2014 national Medicaid 50<sup>th</sup> percentile for Well-Child Visits in the First 15 Months of Life (≥ 6 Visits); Well-Child Visits in the Three to Six Years of Life; Call Answer Timeliness; and Initiation of AOD Dependence Treatment (18 years and total).

### *Quality Assessment*

- The majority of the statewide rates for the Kentucky Performance Measures (2014 reporting year), were below 50% with wide variation in rates between the MCOs. Major opportunities for improvement exist for numerous measures including: healthy weight for height (adults and children); counseling for nutrition and physical activity (adults and children); adolescent screening for depression; prenatal screening for tobacco, alcohol and substance use; prenatal assessment/counseling for nutrition; prenatal counseling for use of prescription and/or over the counter medications and prenatal screening for domestic violence, depression and postpartum depression.
- Results of the EPSDT validation study and HEDIS® and Kentucky Performance Measures indicated opportunities for improvement in mental health, vision, hearing and developmental screening; depression and behavioral risk screening for adolescents; BMI screening and nutrition/physical activity counseling; immunizations and lead screening.
- HEDIS® 2015 measures with weighted statewide averages below the 2014 national 10<sup>th</sup> percentile present opportunities for improvement, including Cervical Cancer Screening; Appropriate Treatment for Children with Upper Respiratory Infection; Use of Imaging Studies for Low Back Pain; and Annual Monitoring for Patients on Persistent Medications (Digoxin).

### *Performance Improvement*

- Recommendations from the administrative data analysis of behavioral health prevalence and service utilization identified the following opportunities for improvement: targeting care management to susceptible populations based on risk; identifying and sharing best practices among providers; evaluating access to follow-up visits; offering continuing education to providers on clinical guidelines; collaborating with providers to screen for substance abuse and depression; considering new quality performance measures for 2015 and implementing evidence-based interventions in PIPs that target identified behavioral health problem areas.
- Recommendations from the experience of care survey of children with a behavioral health condition focused on the following areas for improvement: provider-parent communication regarding medication use; timely access to specialists for a physical problem; timely access to general and specialty behavioral health providers; member education about behavioral health benefits; provider education consistent with guideline recommendations and MCO interventions for care coordination.

## **Recommendations for DMS:**

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## Data Systems

The quality of data collected and maintained by the MCOs is of critical importance in measuring program progress and achievements and for targeting improvement efforts. Missing codes in encounter data submissions and inconsistent performance rates as identified in the Encounter Data Rate Benchmarking Study adversely impact the usefulness of the data. Data elements should be clearly defined and specified. Inconsistent provider information in MCO and DMS Medicaid provider datasets needs to be continually audited and improved. Recommendations from the Provider Network Audits should be implemented to improve the usability of the provider data. The monthly encounter data meetings between DMS and the MCOs are valuable in helping the MCOs resolve encounter data submission problems and should be continued.

## Provider Network Access

Opportunities for improvement in the following HEDIS® rates should be addressed:

- Board Certification for all provider specialties
- Well-Child Visits in the First 15 Months of Life (6+ visits)
- Well-Child Visits in the Three to Six Years of Life
- Adolescent Well-Care Visits
- Initiation of AOD Dependence Treatment: 18+ years and Total

Since results of the Access and Availability Survey of Behavioral Health Providers appear to have been biased by limitations of the survey methodology, further study of potential indicators for member access and availability for this specialty group should be pursued. A follow-up survey not using the secret shopper methodology or a repeat secret shopper survey with a revised methodology may yield more valid results. A separate survey to determine open and closed panel status for behavioral health providers would also be useful. In addition to this access and availability survey, Kentucky MCOs can also take advantage of findings from the Kentucky Behavioral Health focused study and the Experience of Care Survey to design and implement targeted interventions for the statewide collaborative PIP.

## Quality Assessment and Performance Improvement

Opportunities for improvement should be considered for the following HEDIS® 2015 measures that fell below the national Medicaid 10<sup>th</sup> percentile:

- Cervical Cancer Screening
- Appropriate Treatment for Children with Upper Respiratory Infection
- Annual Monitoring for Patients on Persistent Medications (Digoxin)
- Use of Imaging Studies for Low Back Pain

Several Kentucky Performance Measures which fell below 50% also offer opportunities for improvement:

- Healthy weight for height for both adults and children
- Counseling for nutrition and physical activity for both adults and children/adolescents
- Adolescent screening for depression

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- Screening for tobacco, alcohol use and substance use during the prenatal period
  - Prenatal assessment/counseling for nutrition and prenatal counseling for use of prescription and/or over the counter medications
  - Prenatal screening for domestic violence, prenatal screening for depression and postpartum screening for depression

With results from the Kentucky Behavioral Health Study and the Experience of Care Survey for Children with a Behavioral Health Condition, DMS may want to consider potential new measures that have been under review by NCQA such as, body mass index screening and follow-up for people with serious mental illness (SMI); clinical depression screening and follow-up for people with alcohol or other drug dependence use; controlling high blood pressure for people with SMI; and follow-up after emergency department use for mental illness or AOD dependence.

### **Care Coordination**

All MCOs faced challenges in obtaining health risk assessments. General issues identified were: lack of documentation of assistance with PCP linkage and/or referrals to case management for identified needs. Care management review findings further revealed the need to develop and implement policies and procedures to ensure access to care coordination for all DCBS clients and to track, analyze report and implement corrective actions regarding care coordination of DCBS clients. As noted in prior years, each of the MCOs faced challenges related to obtaining complete service plans but all demonstrated efforts to obtain the plans and to meet with DCBS regularly. While there has been substantial improvement in care coordination and communications between state agencies and MCOs, DMS needs to continue efforts to coordinate and maintain those improved communications.