State of Illinois
Department of Healthcare and Family Services

SFY 2008–2009 External Quality Review Technical Report

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Introduction

Since June 2002, Health Services Advisory Group, Inc. (HSAG), has served as the external quality review organization (EQRO) for the Illinois Department of Healthcare and Family Services (HFS or the Department), formerly known as the Illinois Department of Public Aid (IDPA). The state fiscal year (SFY) 2008–2009 Illinois External Quality Review (EQR) Technical Report describes the manner in which data from EQR activities conducted in accordance with the Code of Federal Regulations (CFR), at 42 CFR 438.358, were aggregated and analyzed. The report also describes how conclusions were drawn as to the quality and timeliness of, and access to, care furnished to participants of the Illinois Medical Assistance Program. These beneficiaries were enrolled in one of Illinois' three contracted managed care organizations (referred to as HFS managed care organizations or MCOs): **Family Health Network, Inc.** (**FHN**), **Harmony Health Plan of Illinois, Inc.** (**Harmony**), and **Meridian Health Plan, Inc.** (**Meridian**). **Meridian** entered the Illinois market in December 2008; therefore, the health plan did not participate in most of the evaluation activities. This executive summary outlines the mandatory and optional EQR activities performed by HSAG in 2008–2009.

Compliance Monitoring—QAP Structure and Operations—SFY 2008–2009

HSAG conducted on-site, comprehensive compliance reviews of **FHN** and **Harmony** in 2008. In 2009, the MCOs were required to complete corrective action plans (CAPs) for elements that did not fully meet standards. **Harmony** has successfully addressed all but one of the requirements of its compliance monitoring CAP, while **FHN** is still actively working on its CAP. **FHN** should continue to work with the State to implement case management software and follow HSAG's recommendations to achieve compliance with quality assessment program (QAP) standards.

HSAG conducted a readiness review for **Meridian** prior to its entry into the Illinois Medicaid market and found that required documentation was provided and appropriate. HSAG approved all elements.

Validation of Performance Measures—NCQA HEDIS Compliance Audit—SFY 2008–2009

HSAG performed an independent audit of **FHN**'s and **Harmony**'s 2009 Healthcare Effectiveness Data and Information Set (HEDIS®) data. Three HEDIS measures were selected for validation:

- *Childhood Immunization Status*
- *Well-Child Visits in the First 15 Months of Life (0 Visits and 6 or More Visits)*
- *Prenatal and Postpartum Care*

FHN and **Harmony** reported on other HEDIS measures that HSAG did not validate during the audit, although HSAG validated the processes for collecting and calculating each measure. The report includes the rates for these HEDIS measures, which are:

- *Lead Screening in Children*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Adolescent Well-Care Visits*
- *Adults' Access to Preventative/Ambulatory Health Services*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Chlamydia Screening in Women*
- *Frequency of Ongoing Prenatal Care (0–21 Percent of Visits and 81–100 Percent of Visits)*
- *Controlling High Blood Pressure*
- *Comprehensive Diabetes Care*
- *Use of Appropriate Medications for People With Asthma*
- *Follow-up After Hospitalization for Mental Illness*

The 2009 HEDIS compliance audit showed that both **FHN** and **Harmony** successfully prepared the selected performance measures in accordance with *HEDIS 2009 Technical Specifications*. Both MCOs had information systems that met HEDIS standards, with no significant impact on the reliability of HEDIS reporting, valid medical record review processes, and performance measures (for those included in the audit) that followed HEDIS specifications and provided reportable rates. Encounter data submission was still low, although improvements were noted compared to the previous year, especially for **Harmony**. The MCOs should continue efforts to increase the submission of encounter data.

While both **FHN** and **Harmony** have shown some improvements in HEDIS rates over time, overall, declines and/or low performance levels indicated that the health plans need additional interventions to ensure the quality and timeliness of, and access to, care provided to HFS beneficiaries. Of particular concern are decreases in rates for maternity and asthma care, given that the MCOs have been engaged in PIPs in these areas. The MCOs should focus efforts on improving these rates.

FHN has improved 20 of the 28 measures since initially reporting them. The measures related to *Childhood Immunization Status*, *Well-Child Visits*, and most of the *Comprehensive Diabetes Care* measures demonstrated the strongest improvement. Despite the improvements over time, results for the majority of the rates were still below the national Medicaid 2008 HEDIS 50th percentiles. Rates for 8 of the 28 measures decreased since initially reported.

Harmony has improved 22 of the 28 measures since initially reporting them. The measures related to *Childhood Immunization Status*, *Well-Child Visits*, and some of the *Comprehensive Diabetes Care* measures demonstrated the strongest improvement. Despite the improvements over time, results for the majority of the rates were still below the national Medicaid 2008 HEDIS 50th percentiles. Rates for 6 of the 28 measures decreased since initially reported.

Performance Improvement Projects—SFY 2008–2009

Table 1-1 displays the PIPs conducted by each MCO that HSAG validated in 2008–2009.

Table 1-1—Illinois 2008–2009 Performance Improvement Projects				
MCO	Asthma	EPSDT Screening	Perinatal Care/ Depression Screening	Ambulatory Follow-Up/PCP Communication
FHN	√	√	√	√
Harmony	√	√	√	√
Meridian		√	√	√

For the 2008–2009 asthma PIP, **FHN** received a *Met* score for 85 percent of the total possible evaluation elements and 100 percent of the critical elements, achieving a *Met* validation status. **Harmony** received a score of 83 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met*, achieving a *Met* validation status. For both MCOs, HSAG assessed Activities I–X for this PIP validation cycle.

For the 2008–2009 PIP on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, **FHN** received a score of 94 percent for total possible evaluation elements *Met* and a 100 percent score for critical elements *Met*, achieving a *Met* validation status. **FHN** showed significant improvement on six out of eight measures for this PIP. The other two measures, nutritional assessment and growth measurement, showed improvement, but the improvement was not statistically significant. **Harmony** received a score of 85 percent for the total possible evaluation elements *Met* and a score of 92 percent for critical elements *Met*, resulting in a *Not Met* validation status. Due to data collection issues, the results for **Harmony**'s EPSDT PIP were not available at the time of this report. The results will be provided as an addendum to this report.

HSAG assessed Activities I–IX for this EPSDT PIP validation cycle for **FHN** and **Harmony**. **Meridian** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* in its 2008–2009 EPSDT screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle for **Meridian**.

For the 2008–2009 perinatal care and depression screening PIP, **FHN** received a score of 92 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met*, achieving a *Met* validation status. Of the 452 women in **FHN**'s sample, 73.5 percent did not have a depression screen, an improvement of 10.8 percentage points over the baseline rate, though the rate was still low. **FHN**, however, has performed excellent in getting providers to use objective depression screens rather than subjective screens. For 2008, 98.3 percent of depression screens were objective depression screens. In comparison, **Harmony** received a score of 87 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met*, achieving a *Met* validation status. There continued to be a significant difference in rates between **Harmony**'s two service areas (i.e., Cook and Southern). The Southern area usually has better rates for the HEDIS measures, while **Harmony** (Cook) appears to perform slightly better on depression screening. Of the 411 women in the Harmony samples, 75.9 percent did not have a depression

screen. This was a decrease from the baseline rate and was low for depression screening. Like **FHN**, **Harmony** has improved on getting providers to use objective depression screens rather than subjective screens. For 2008, the Cook area showed a 22.4 percentage-point increase in objective depression screens, while the Southern area had a 46.8 percentage-point increase. For both **FHN** and **Harmony**, the low rates for Timeliness of Prenatal Care, Frequency of Ongoing Prenatal Care, and Postpartum Care continued to represent a significant area for improvement.

HSAG assessed Activities I–X for the perinatal depression PIP validation cycle for **FHN** and **Harmony**. **Meridian** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 perinatal care and depression screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle for **Meridian**.

For the 2008–2009 PIP on improving ambulatory follow-up and primary care provider (PCP) communication, **FHN** received a score of 100 percent for the total possible evaluation elements *Met* and a 100 percent score for critical elements *Met*, achieving a *Met* validation status. **Harmony** received a score of 91 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met*, achieving a *Met* validation status. HSAG assessed Activities I–V for this PIP validation cycle for **FHN** and **Harmony**. **Meridian** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 improving ambulatory follow-up and PCP communication PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle for **Meridian**.

Harmony has shown improvement in getting providers to use objective depression screens, rather than subjective screens. The MCOs should access technical assistance as needed and implement HSAG's recommendations to ensure successful interventions, accurate statistical analyses, and true improvements sustained over time. Further, both MCOs should strengthen their focus on improving clinical outcomes and the quality of care and services to HFS beneficiaries. **Meridian** should continue the strong performance demonstrated in the initial activities of its PIPs.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys—SFY 2008–2009

The Myers Group administered the adult Medicaid and child Medicaid CAHPS surveys on behalf of **FHN** and **Harmony**. Reports generated by The Myers Group were forwarded to HSAG for analysis.

The 2009 CAHPS scores indicated that patients statewide are satisfied with how well their doctors communicate with them regarding the care of adults and children. In contrast, specialist ratings were below the national averages for adults and children. The MCOs should continue efforts to meet patients' expectations regarding their health care experiences.

Overall Conclusions and Recommendations

Harmony showed strong performance in implementing the recommendations for improvement discussed in its 2008 compliance monitoring report. **FHN** should focus on continuing the development and implementation of a basic system that promotes continuity of care and case management.

Achieving further improvements in the MCOs' performance on HEDIS measures should be a top priority. Both **FHN** and **Harmony** should focus efforts on maternity-related services and improvements to the encounter data reporting process. **FHN** demonstrated strong performance on measures that track follow-up after hospitalization for mental illness. Both MCOs showed improvement in measures related to the care of children and adolescents and should continue efforts to increase these rates.

HFS encourages the MCOs to continue to use technical assistance when conducting PIPs. Validation of the asthma, EPSDT, and perinatal care and depression screening PIPs for **FHN** and **Harmony** indicated that both MCOs should improve the statistical analysis of data and achieve measurable and sustained improvements in outcomes of care for beneficiaries. Both MCOs also should improve evaluation element scores so that the validation status reflects a level of high confidence in the reported PIP results. **Meridian** showed strong performance on conducting activities for its PIPs.

FHN's and **Harmony**'s 2009 adult and child Medicaid CAHPS results indicated that quality improvement initiatives should focus on improving *Getting Needed Care* and *Rating of Specialist Seen Most Often.*

2. Background

Purpose of the EQR Technical Report

The SFY 2008–2009 EQR Technical Report provides an evaluation of the data sources reviewed by HSAG. As the EQRO, HSAG assessed the progress made in fulfilling the Department's goals for the quality and timeliness of, and access to, care furnished to Illinois Medical Assistance Program recipients for the Department contracted MCOs for the SFY 2008–2009 evaluation period. A goal of this report is to ascertain whether health plans have met the intent of the Balanced Budget Act of 1997 (BBA) and State requirements.

The BBA requires that states contract with an EQRO to conduct an annual evaluation of MCOs that serve Medicaid recipients. The purpose of this annual evaluation is to determine each MCO's compliance with federal quality assessment and performance improvement standards. CMS regulates requirements and procedures for the EQRO.

Pursuant to the BBA, 42 CFR 438.364 calls for the production by each state of a detailed technical report on EQR results. In accordance with 42 CFR 438.358, the EQR technical report describes the manner in which the data from EQR activities were aggregated and analyzed. The report also describes how conclusions were drawn as to the quality and timeliness of, and access to, care furnished to Illinois Medical Assistance Program recipients by Department-contracted MCOs. Information released in this technical report does not disclose the identity of any recipient, in accordance with 438.350(f) and 438.364(a)(b). This report specifically addresses the following for each EQR activity conducted:

- Objectives
- Technical methods of data collection and analysis
- Description of data obtained
- Conclusions drawn from the data

In addition, this report includes an assessment of each MCO's strengths and weaknesses with respect to the quality and timeliness of, and access to, health care services furnished to HFS beneficiaries, and offers recommendations for improving the quality of health care services furnished by each MCO. Comparisons of MCO performance related to quality, timeliness, access, and performance improvement are also included.

History of State Medicaid

Managed care is a voluntary program in Illinois and has been a health care option for medical assistance participants since 1976. MCOs include health maintenance organizations (HMOs) and managed care community networks (MCCNs). The Department contracts with the MCOs to manage the provision of health care for HFS beneficiaries. The contracts require the MCOs to offer the same comprehensive set of services to their HFS beneficiaries that are available to the fee-for-service population. Except for financial solvency and licensing requirements, HMOs and MCCNs have the same contractual requirements. The Department of Insurance licenses HMOs, which contract on an at-risk basis to provide medical services to their HFS beneficiaries. MCCNs are provider-sponsored organizations within Illinois certified by the Department as meeting its requirements for such organizations.

All Kids offers health insurance coverage to income-eligible children and pregnant women. FamilyCare broadens coverage to eligible parents or caretaker relatives, as well as children. Children with family incomes of up to 200 percent of the federal poverty level (FPL) can qualify, regardless of available insurance. Children in families above 200 percent of the FPL must be uninsured to qualify. Parents can qualify with a family income of up to 185 percent of the FPL. The Department increased the income standard for parents to 185 percent of the FPL in January 2006. Children and pregnant women can be enrolled in a State-administered All Kids health plan. All children enrolled in All Kids get 12 months of continuous financial eligibility both upon initial determination of eligibility and upon renewal of eligibility.

All Kids and FamilyCare provide health insurance coverage to children, parents, and pregnant women who are eligible based on their income and meet other nonfinancial eligibility requirements. At the end of state fiscal year (SFY) 2006, 1.7 million children and their parents were covered by one of six All Kids and FamilyCare plans.

Primary Care Case Management Program

Illinois Health Connect (IHC) is the statewide primary care case management (PCCM) program of HFS. The program is for most persons covered by HFS' medical programs. Clients who are enrolled in IHC have a medical home through a PCP to ensure that primary and preventive care is provided in the best setting.

The goals of IHC are to:

- Improve the quality of health care and increase the utilization of primary and preventive care.
- Reduce the usage of the emergency room for routine medical care.
- Improve access to care through the availability of a provider network and expansion of providers.
- Provide the most appropriate and cost-effective level of care.
- Connect clients with a "best fit" medical home.

Eligible clients who must select a PCP for their medical home include most children enrolled in All Kids, adults enrolled in FamilyCare, and seniors and disabled adults. Some populations, such as participants who have Medicare, are excluded from enrolling in IHC. In the voluntary managed care counties, eligible clients may opt out of IHC to enroll with a PCP in an MCO for their medical home. As a result of IHC, there are over 5,700 IHC medical homes with a panel capacity of over 5.3 million available for eligible HFS Medical Assistance Program clients statewide. With this expansive network, almost 2 million clients have been enrolled or assigned to a medical home.

Through the Health Connect Referral System, clients are seen by their own IHC PCP, or a physician or clinic affiliated with their IHC PCP, whenever appropriate. PCPs seeing IHC clients, who are not enrolled on their panel or an affiliate's panel on the date of service, must obtain a referral from the client's PCP in order to be reimbursed by HFS for services provided.

Illinois Medicaid Demographics

The Illinois Medical Assistance Program's managed care initiative in Illinois operates in selected counties throughout the State. Enrollment in the program is voluntary. The Department's overall goal for its managed care system is to appropriately respond to the health care needs of Illinois Medical Assistance Program enrollees. Specifically, the goal is to respond to HFS beneficiaries in a timely manner, ensure adequate access to covered services, provide quality health care, improve health outcomes, and conduct ongoing internal monitoring and oversight. The focus is on quality improvement and providing a delivery system alternative that is available to certain population groups on a voluntary basis. During the report period, the Department contracted with three MCOs—**FHN**, **Harmony,** and **Meridian**—to provide health care services to Medicaid managed care recipients.

Harmony is an HMO and **FHN** is a not-for-profit, provider-sponsored organization that operates as an MCCN. Both health plans operated in Cook County in SFY 2008–2009. **Harmony** also operated in the southern counties of Madison, Perry, Randolph, St. Clair, Washington, Jackson, and Williamson in SFY 2008–2009. **Meridian** is a physician-owned and operated MCO that began providing services to HFS beneficiaries in Adams, Brown, Henry, Mercer, Pike, Rock Island, and Scott counties in January 2009.[2-1]

Through its contracts with the MCOs, the Department strives to ensure the accessibility and availability of appropriate health care, provide for continuity of care, and provide quality care to HFS beneficiaries. The major focus is on timely preventive and primary care, health promotion, disease prevention, and improving health outcomes.

Table 2-1 shows enrollment in the Illinois program in March 2009, when the total enrollment was 185,947.[2-2]

[2-1] Total enrollment figures for participating MCOs, http://www.hfs.illinois.gov/managedcare/managedcare_enrollment.html
[2-2] 2009EnrollmentReport_march.xls, MCO Enrollment FY 2009 (Unduplicated Persons)

Table 2-1—March 2009 MCO Enrollment in Illinois				
MCO	Cook	Downstate	North West	Total Enrollment
FHN	47,541	-	-	47,541
Harmony	123,147	15,119	-	138,266
Meridian	-	-	140	140
Total Enrollment	**170,688**	**15,119**	**140**	**185,947**

Scope of the Report

Mandatory EQR Activities

The 2008–2009 EQR Technical Report focuses on the three federally mandated EQR activities that HSAG performed for the MCOs over a 12-month period (July 1, 2008, to June 30, 2009). As set forth in 42 CFR 438.352, these mandatory activities were:

- Compliance with QAP standards. During 2008–2009, HSAG reviewed the MCOs' mandatory CAPs for standards not met during the 2007–2008 comprehensive review of MCO compliance with the QAP standards.
- Validation of performance measures. The State contracted with HSAG to conduct a HEDIS compliance audit of 2009 data for the MCOs. The process of validating performance measures includes two elements: (1) validation of an MCO's data collection process and (2) a review of performance measure results compared with other MCOs and national benchmarks.
- Validation of PIPs**.** As part of the 2008–2009 review, HSAG validated PIPs conducted by the MCOs regarding compliance with requirements set forth in 42 CFR 438.240(b)(1). In 2008–2009, the MCOs conducted PIPs on the topics of asthma, EPSDT screening, perinatal care and depression screening, and improving ambulatory follow-up and PCP communication.

Optional EQR Activities

Other EQR activities conducted by HSAG included:

- Assessment of consumer satisfaction surveys. Each year, the MCOs are required to independently administer a consumer satisfaction survey. As part of its 2008–2009 review, HSAG evaluated the results of adult and child CAHPS surveys conducted in 2009 by The Meyers Group to identify trends, strengths, and opportunities for improvement.
- Information Systems (IS) Review. At the direction of HFS, HSAG conducted an IS Review for Harmony Health Plan.
- Provision of technical assistance. HSAG has provided ongoing technical assistance to the MCOs at the request of the Department.

Summary of State Quality Strategy Objectives and Incentives

Throughout SFY 2008–2009, HFS worked towards revising the State Quality Strategy to incorporate the following comments and recommendations from the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS), including:

- The overall program goal could be enhanced by adding a short list of objectives that references baseline performance data, measureable targets, and planned initiatives.
- HFS should clarify what constitutes satisfactory progress for an MCO unable to meet each of the established goals, and the actions HFS will take if progress is not achieved.
- Include targets the MCOs must meet for each HEDIS measure. This includes MCOs' outcomes and trends, baseline, benchmarks and target.
- Identify successes that may be considered best practices.
- Ongoing challenges the State identifies in improving the quality of care to beneficiaries.
- Recommendations by the State for ongoing quality improvement activities, for example performance improvement projects, withholds/pay-for-performance incentives, value-based purchasing incentives or disincentives, telemedicine, and health information technology changes.

During the February, 2009 Quality Monthly Meeting, HFS requested that each MCO review the State Quality Strategy and forward suggested changes and recommendations to the Bureau of Managed Care. HFS is in the process of revising the MCO model contract and plans to engage the MCOs and stakeholders in review and recommendations for revisions to the State Quality Strategy.

Throughout SFY 2008–2009 HFS has increased its focus on MCO quality assurance goals, progress and outcomes, and establishing thresholds for improved performance. In addition, HFS has placed emphasis on ensuring that MCOs have quality assurances process in place, adequate resources and demonstrated commitment toward ongoing quality improvement.

Quality Performance Withhold

HFS offered quality performance payments to encourage the improvement of certain quality-of-care indicators. The HEDIS measures used to determine the quality performance payments were:

- *Childhood Immunization Status–Combo 2*
- *Well-Child Visits in the First 15 Months of Life—6 or more Visits*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Timeliness of Prenatal Care*
- *Use of Appropriate Medications for People With Asthma—Ages Combined*
- *Comprehensive Diabetes Care–HbA1C Testing*

For the 2009–2010 reporting year, HFS has plans to change the quality performance withhold and the performance measures to address areas of lower performance. In addition, a new incentive performance bonus will be established.

Organization of the Report

The EQR technical report is organized as follows:

- Section 1 (Executive Summary) of this report outlines EQR activities, conclusions, and recommendations for compliance monitoring, validation of performance measures, PIPs, CAHPS, IS Review, the Illinois quality strategy and work plan, and the PTT. Section 1 also summarizes overall conclusions and recommendations.
- Section 2 (Background) describes the purpose of the EQR technical report, the history of State Medicaid, Illinois Medicaid demographics, the scope of the report (mandatory and optional EQR activities), the State quality strategy objectives and incentives, and the organization of the report.
- Section 3 (Description of EQR Activities) describes for each EQR activity the objectives, technical methods of data collection and analysis, plan-specific findings, and conclusions drawn from the data.
- Section 4 (Plan Comparisons) compares the results and findings from the three mandatory EQR activities and the optional customer satisfaction surveys for the MCOs and offers recommendations.
- Section 5 (Conclusions and Recommendations) provides overall conclusions and recommendations for the State and the MCOs based on the MCO comparisons and a synthesis of historical and current EQR data.
- Appendix A displays trended graphs for HEDIS 2005–2009.
- Appendix B displays the Illinois HEDIS 2009 Medicaid rates for Child and Adolescent Care and Adults' Access to Preventive/Ambulatory Care Measures.
- Appendix C displays the Illinois HEDIS 2009 Medicaid rates for Preventive Screening for Women and Maternity-Related Measures.
- Appendix D displays the HEDIS 2009 Medicaid rates for Chronic Conditions/Disease Management Measures.
- Appendix E displays the Medicaid HEDIS 2008 means and percentiles.
- Appendix F displays trending for the HEDIS 2006 through 2009 Medicaid rates.

3. Description of EQR Activities

Introduction

This section describes the EQR activities conducted in accordance with 42 CFR 438.358 for each of the three Department-contracted Medicaid MCOs. For each of the activities, the report presents the objectives, technical methods of data collection and analysis, description of data obtained and findings for each plan, and conclusions drawn from the data. Additional details about the results of the EQR activities are included in the individual and aggregate MCO reports prepared by HSAG.

Compliance Monitoring—QAP Structure and Operations—SFY 2008–2009

Compliance monitoring is designed to determine an MCO's compliance with its contract, State and federal regulations, and various compliance monitoring standards. Compliance is also determined through review of individual files to evaluate implementation of standards.

In 2007–2008, HSAG conducted comprehensive, on-site compliance reviews of **Harmony** and **FHN**. The purpose of the reviews was to evaluate the plans' compliance with elements of 11 standards and follow-up on compliance with CAPs from the 2005–2006 compliance review. The 2008 on-site compliance review also included a review of individual files and records in the areas of delegation, credentialing/recredentialing, continuity of care and case management, grievances, appeals, and denials. The MCOs were required to submit CAPs for standards *Not Met* and *Partially Met*. In 2008–2009 HSAG reviewed the responses of **Harmony** and **FHN** to their respective CAPs and conducted a readiness review of **Meridian**.

Objectives

Private accreditation organizations, state licensing and Medicaid agencies, and the federal Medicare program all recognize that having standards is only the first step in promoting safe and effective health care. Making sure that the standards are followed is the second step. According to 42 CFR 438.358, a state or its EQRO must conduct a review within a three-year period to determine health plan compliance with QAP standards. HSAG assessed compliance in 2007–2008 through monitoring tools it developed that incorporated questions from the protocol and items from the current contract. A primary objective of the reviews was to determine the MCOs' compliance with QAP-related contractual standards specified in the April 1, 2006, Illinois Department of Public Aid Contract for Furnishing Health Services by a Health Maintenance Organization. The Illinois Department of Public Aid has since been renamed the Illinois Department of Healthcare and Family Services. A particular focus was on how policies were being implemented through written procedures and daily practices, and how outcomes were addressed.

The State and the individual MCOs are using the information and findings from the compliance reviews to:

- Evaluate the quality and timeliness of, and access to, health care furnished by the MCOs to Medical Assistance Program participants.
- Identify, implement, and monitor system interventions to improve quality.
- Evaluate current performance processes.
- Plan and initiate activities to sustain and enhance current performance processes.

Technical Methods of Data Collection and Analysis

HSAG used the 2008–2009 CAP Document Request Tracking Tool in its review of the MCOs' responses regarding standards that were *Not Met* or *Partially Met* in the 2007–2008 comprehensive monitoring review. The tool tracked standards, documents, dates that documents were requested and submitted, document titles, and HSAG's comments with respect to whether each standard was *Met*.

Prior to **Meridian**'s entry into the Illinois Medicaid managed care market, HSAG conducted a document review using the 2008 Readiness Review Tool. In addition, HSAG conducted a three-day information systems (IS) readiness review site visit. The agenda included:

- Introductions and opening remarks
- Enrollment/Disenrollment—Interview Member Services Department/Information Technology (IT) staff
- Capitation Reconciliation—Interview claims department manager/IT staff/member services
- Claims Processing/Claims Payment—Interview claims department manager/IT staff
- Encounter Data Submission—Interview IT manager/claims department
- Member Services—Interview member services line manager
- 24-Hour Call Center—Interview 24-hour call center manager
- Prior Authorization—Interview utilization management (UM) manager
- Reporting Capacity
- Case Management—Medical management/case management manager
- Provider Relations—Provider services manager
- Administrative Capacity—Compliance officer
- Implementation Plan
- Program Services
- Marketing and Enrollment
- Quality Assurance Plan
- Enrollee Services—Member services manager
- Exit conference

Plan-Specific Findings

Family Health Network

Table 3-1 summarizes **FHN**'s 2009 CAP responses as of May 2009. **FHN** is working with the State to implement case management software that will assist the MCO in meeting quality standards. The next data submission is scheduled for September 30, 2009, and HSAG will conduct an on-site review in December 2009. Updated findings will be included in the 2009–2010 EQR technical report.

Table 3-1—FHN 2009 CAP Responses		
Standard		**Comments**
Standard I—Quality Assurance Program		
I-4	Submission policy and procedure.	—
	Encounter submission analysis plan.	—
	Example corrective action plan from medical group.	—
I-6	Description of method vendor will use to identify and stratify children with special health care needs.	—
	Disease management and case management implementation plan, including target dates.	Standard *Met*
I-10	QAP description update to include provider database maintenance, including review of changes in provider addresses, providers who have left the network, a review of open and closed panels, etc.	—
I-18	Updated work plan, including goals and interventions for addressing root causes for barriers identified, particularly those barriers most impacting meaningful improvement.	—
I-19	Samples of the two most recent provider newsletters.	Standard *Met*
I-20	Data analysis plan that outlines the methodology used to design and implement and impact PIP studies and other health outcome indicators for meaningful improvement.	—
I-26	Revised QAP (January 2009).	—
Standard II—Systematic Process of Quality Assessment and Improvement		
II-9	Sample copy of an all-in-one Consent for Release of Information and Consultation Form.	—
	Report from behavioral health vendor summarizing current intensive case management case load, including the comorbid diagnosis.	—
II-10	Sample vendor case management and disease management assessment form(s).	—
	Sample vendor case management and disease management care plan form(s).	—
	Vendor policy and procedures for coordination of care.	—
II-12	Annual program evaluation, including an assessment of the impact of encounter data issues on the accuracy of quality indicators.	—

Table 3-1—FHN 2009 CAP Responses		
Standard		**Comments**
II-23	Updated work plan, including goals and interventions for addressing root causes for barriers identified, particularly those barriers most impacting meaningful improvement. (Same as I-18.)	—
	Copy of tracking tool developed to trend the medical groups' oversight/monitoring results.	—
	Copy of monitoring tool used to monitor a delegated vendor's required submissions.	—
	2008 Annual Report	—
Standard III—QAP Structure		
III-8	Updated 2009 QAP (November 2009).	—
III-9	Board of Directors meeting minutes reflecting expanded content.	—
III-18	Disease management and case management implementation plan, including target dates. (Can be same as I-6, if applicable).	Standard *Met*
III-19	Samples of the two most recent provider newsletters. (Same as I-19.)	Standard *Met*
Standard IV—Monitoring of Delegated Activities		
IV-4	Copy of tracking tool developed to trend the delegated vendor reports.	—
IV-6	Sample behavioral health assessment form(s).	Standard *Met*
	Sample behavioral health care plan form(s).	Standard *Met*
	Sample copy of all-in-one Consent for Release of Information and Consultation Form (Same as II-9).	Standard *Met*
	Copy of record review form used during FHN oversight visit.	—
Standard V—Credentialing and Recredentialing		
V-1 and V-2	Copies of revised credentialing policies.	Standard *Met*
V-6	Updated Provider Selection and Retention Policy.	Standard *Met*
V-7	Samples of the two most recent provider newsletters. (Same as I-19.)	Standard *Met*
V-20	Copy of Quality Assurance (QA)/UM Committee meeting minutes, including details regarding behavioral health.	Standard *Met*
V-24	Copy of a log or a checklist, or evidence of another tracking mechanism the health plan has in place to ensure that the professional claims liability history has been reviewed via the National Practitioner Data Bank (NPDB) for each provider credentialed and recredentialed.	Standard *Met*
V-25	Copy of a log or a checklist, or evidence of another tracking mechanism the health plan has in place to ensure that state medical regulatory boards have been accessed and information reviewed for each provider credentialed and recredentialed.	Standard *Met*
V-29	Copy of a log or evidence of another tracking mechanism the health plan has in place to ensure that each provider is recredentialed every three years.	Standard *Met*
V-30, V-31, and V-32	Copy of a log or a checklist, or evidence of another tracking mechanism the health plan has in place to ensure that all information is collected during the credentialing processes and all information is reviewed and used to determine if a provider is appropriate for recredentialing and a renewed agreement.	Standard *Met*

Table 3-1—FHN 2009 CAP Responses		
Standard		Comments
Standard VI—Continuity of Care and Case Management		
VI-1	Sample of care coordination vendor reports.	—
	Care coordination vendor policies and procedures regarding monitoring and follow-up on quality-of-care issues.	—
VI-2	Documentation describing the tracking mechanism for monitoring timeliness of case management contacts with child and adult members with complex and serious medical conditions after initial identification.	—
	Sample vendor case management assessment form(s). (Same as I-10.)	—
	Health plan and vendor policy and procedures for coordination of care.	—
VI-3, VI-4, VI-6, VI-7, and VI-8	Sample vendor case management care plan form(s) addressing core components for children and adults with complex health needs and medically complicated conditions.	—
VI-5	Health plan and vendor policy and procedures specifically addressing maintenance of permanent enrollee records.	—
VI-7 and VI-8	Health plan and vendor policy and procedures for coordination of care specifically addressing participation of the enrollee, the enrollee's PCP, and specialists caring for the enrollee.	—
VI-8	Care coordination vendor policies and procedures regarding timely prior-approval processes for care should prior approval be necessary.	—
Standard VII—Coordination of QAP Activity With Other Management Activity		
VII-2	Copy of a log or a checklist, or evidence of another tracking mechanism the health plan has in place to ensure that QA information is collected during the credentialing process and all information is reviewed and used to determine if a provider is appropriate for recredentialing and a renewed agreement.	—
	Credentialing and recredentialing policies containing language specifically addressing use of QA information to determine if a provider is appropriate for recredentialing and a renewed agreement.	—
Standard IX—Enrollee Information, Rights, and Protections (Including Grievances)		
IX-26 and IX-31	Updated member handbook.	—
	Updated certificate of coverage.	—
IX-45	Updated Member Rights and Responsibilities policy	—
	Updated member handbook.	—
Standard X—Utilization Management		
X-2	Copy of tracking tool developed to trend the delegated vendor reports. (Same as IV-4.)	—
X-13 and X-15	Updated Denial policy (January 2009).	Standard *Met*
Standard XI—Access and Availability—Service Delivery		
XI-3	Copies of contracts specifically indicating PCP and WHCP providers are required to 1) identify maternity cases presenting the potential for high-risk maternal or neonatal complications and 2) arrange appropriate referrals to physician specialists or transfer to Level III perinatal facilities are required.	—

Table 3-1—FHN 2009 CAP Responses		
Standard		**Comments**
XI-4 and XI-7	Copies of "secret shopper" and after-hours nurse call trending tools. (December 2008).	—
XI-5	Sample of initial site visit tool indicating handicap accessibility is verified.	Standard *Met*
	Policy and Procedure outlining physical access standards for enrollees with disabilities.	
XI-13	Geomapping of behavioral health vendor provider network.	Standard *Met*

Harmony Health Plan

HSAG's review of **Harmony**'s CAP responses found that all standards elements except one were *Met*. The standard element *Not Met* was the description of the plan to monitor provision of prenatal care. HSAG found no documents related to this requirement in the information it received in July or August 2009. HSAG will conduct an on-site review in December 2009. Updated findings will be included in the 2009–2010 EQR technical report.

Table 3-2 summarizes **Harmony**'s 2009 CAP responses.

Table 3-2—Harmony 2009 CAP Responses		
Standard		**Comments**
Standard II—Systematic Process of Quality Assessment and Improvement		
II-6	Description of plan to monitor provision of prenatal care.	Standard *Not Met*
II-10	Description of current processes used to monitor care plans and ensure that individualized care plans are in place consistently while a computerized process is under development.	Standard *Met*
II-9	MCO to submit report that identifies Illinois members enrolled in active behavioral health case management for the months of November 2008 through February 2009.	Standard *Met*
Standard IV—Monitoring of Delegated Activities (Combined Delegation With Monitoring BH Subcontractors)		
IV-6	Documentation of communication of this communication requirement to HBH behavioral health network providers, including the need to request release of information from the client.	Standard *Met*
	Documentation of the monitoring the MCO will conduct to ensure that communication occurs whenever possible.	Standard *Met*
	Documentation of what steps the MCO will take when communication has not taken place as expected.	Standard *Met*
	Case management process improvement effectiveness, specifically the results of monthly audits, are included in the upcoming quarterly reports, specifically in MAC Committee meeting minutes.	Standard *Met*
	MCO to submit results of the oversight audit completed in February 2009.	Standard *Met*

Table 3-2—Harmony 2009 CAP Responses		
Standard		**Comments**
Standard V—Credentialing and Recredentialing		
V-4 and V-21	Committee meeting minutes for annual approval of revised policies after initial approval January 10, 2007.	Standard *Met*
	Signed (by the committee chair) Peer Review Committee minutes submitted January 10, 2007.	Standard *Met*
V-19	A policy or policies that include language regarding the documentation of peer review activities to be maintained in the practitioner's credentialing file.	Standard *Met*
Standard VI—Continuity of Care and Case Management		
VI-1	Meeting minutes, studies, and reports used to influence and oversee the program.	Standard *Met*
VI-2	Comprehensive assessment form as referenced in the response.	Standard *Met*
	Sample care plans (specifically for chronic conditions) to validate this function.	Standard *Met*
	Clarification needed regarding when distribution of treatment plans will begin for each care management program type.	Standard *Met*
VI-3	Clarification needed regarding when distribution of treatment plans will begin for each care management program type.	Standard *Met*
VI-4	P&P Case Management Process Steps, Sample of Case Management Process and Documentation and Case Management Process Workflow documents referenced in the response were not attached. (Attachments appear to be repeated from VI-3.)	Standard *Met*
	Documentation to validate the MCO's methods for monitoring care plans for adherence to community standards (specifically clinical practice guidelines) in treatment plan development and the ongoing provision of services represented in treatment plans.	Standard *Met*
VI-5	Documentation to determine the MCO's methods for monitoring that each member in a care management program has a documented care plan on file.	Standard *Met*
	Screen shot of date and percentage completed (goals) and case management process work flow documents referenced in the response were not attached. (Attachments appear to be repeated from VI-3.)	Standard *Met*
VI-6	Documentation to determine the MCO's methods for monitoring that each member in a care management program has a care plan based on an assessment completed and on file.	Standard *Met*
VI-7	Documentation of the current MCO internal monitoring process being used to ensure that care plans are developed with the PCP.	Standard *Met*

Table 3-2—Harmony 2009 CAP Responses		
Standard		**Comments**
VI-8	Documentation of the current MCO internal process being used to ensure that case management records consistently contain sufficient information regarding the progress of members.	Standard *Met*
	Documentation of the current MCO internal process used to ensure that case management records and processes for members with medically complicated conditions consistently include appropriate assessment and monitoring of care. The documentation should include the development of individual care treatment plans that meet the case management needs of the member and are developed with the assistance of the member, the member's PCP, and any specialist involved in the member's care.	Standard *Met*
	Documentation of the current MCO internal process being used to monitor that case management processes ensure that members in case management are receiving appropriate, quality care.	Standard *Met*
Standard IX—Enrollee Information, Rights, and Protections (Including Grievances)		
IX-8 andIX-12	Internal monitoring tool was referenced in response; however, no monitoring tool was attached to this item.	Standard *Met*
IX-14	Policy or policies that include language for enrollee notice of the following decision points: Medical Director/Physician Advisory Review and External Independent Review (EIR).	Standard *Met*
IX-15	Policy on the member's right to be free from restraint.	Standard *Met*

Meridian

HSAG's Readiness Review of **Meridian** found that required documentation was provided and appropriate, and all elements were approved. Documentation and responses included the following areas:

- Administrative Capacity
  - Personnel
  - Business Records
  - Medical Records
  - Payments to Providers
  - Subcontracts
  - Fraud and Abuse Procedures
- Implementation Plan
  - Description of Implementation and Operations Plan
  - Work Plan for Implementation and Ongoing Operations
  - Plan to Ensure Continuity of Ongoing Patient Care
- Program Services
  - Covered Services
  - Coordination and Continuity of Care
  - Emergency Services and Post-Stabilization Services

  - Network Characteristics
  - Marketing and Enrollment
  - Provider Relations
  - Quality Assurance Plan
  - Required Minimum Standards of Care
- Enrollee Services
  - Enrollee Services Plan
- Reporting Capacity
  - Required Reporting
  - Data Processing Environment

HSAG did not identify any issues of concern during the **Meridian** Readiness Review.

Validation of Performance Measures—HEDIS Compliance Audit—SFY 2008–2009

Objectives

HEDIS performance measures are a nationally recognized set of performance measures developed by NCQA. Health care purchasers use these measures to assess the quality and timeliness of care and service delivery to members of managed care delivery systems. This section describes the evaluation of the MCOs' ability to collect and accurately report on the performance measures.

A key element of improving health care services is the ability to provide easily understood, comparable information on the performance of the MCOs. Systematically measuring performance provides a common language based on numeric values and allows the establishment of benchmarks, or points of reference, for performance. Performance measure results allow the MCO to make informed judgments about the effectiveness of existing processes and procedures, identify opportunities for improvement, and determine if interventions or redesigned processes are meeting objectives.

The Department requires the MCOs to monitor and evaluate the quality of care through the use of HEDIS and Department-defined performance measures. The MCOs must establish methods by which to determine if the administrative data are accurate for each measure. In addition, the MCOs are required by contract to track and monitor each performance measure and applicable performance goal on an ongoing basis, and to implement a quality improvement initiative addressing compliance until the MCOs meet the performance goal.

NCQA licenses organizations and certifies selected employees of licensed organizations to conduct performance measure audits using NCQA's standardized audit methodology. The NCQA HEDIS® Compliance Audit™ indicates the extent to which MCOs have adequate and sound capabilities for processing medical, member, and provider information for accurate and automated performance measurement, including HEDIS reporting. The validation addresses the technical aspects of producing HEDIS data, including:

- Information practices and control procedures
- Sampling methods and procedures
- Data integrity
- Compliance with HEDIS specifications
- Analytic file production

NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Technical Methods of Data Collection and Analysis

During 2009, the Department required that an NCQA-licensed audit organization conduct an independent audit of each MCO's measurement year (MY) 2008 data. The State contracted with HSAG to audit **FHN** and **Harmony**. The audits were conducted in a manner consistent with the 2009 NCQA *HEDIS Compliance Audit: Standards, Policies, and Procedures, Volume 5*. The audit incorporated two main components:

- A detailed assessment of the MCO's IS capabilities for collecting, analyzing, and reporting HEDIS information.
- A review of the specific reporting methods used for HEDIS measures, including computer programming and query logic used to access and manipulate data and to calculate measures; databases and files used to store HEDIS information; medical record abstraction tools and abstraction procedures used; and any manual processes employed for 2009 HEDIS data production and reporting. The audit extends to include any data collection and reporting processes supplied by vendors, contractors, or third parties, as well as the MCO's oversight of these outsourced functions.

For each MCO, a specific set of performance measures was selected. This selection was based on factors such as Department-required measures, a full year of data, previously audited measures, and past performance. The measures selected for validation through the HEDIS compliance audits were the following:

- *Childhood Immunization Status*
- *Well-Child Visits in the First 15 Months of Life (0 Visits and 6 or More Visits)*
- *Prenatal and Postpartum Care*

FHN and **Harmony** reported on other HEDIS measures that were not validated during the audit, although the processes for collecting and calculating each measure were validated. The rates for these HEDIS measures are included in this report and consist of the following performance measures:

- *Lead Screening in Children*
- *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*
- *Adolescent Well-Care Visits*
- *Adults' Access to Preventative/Ambulatory Care*
- *Breast Cancer Screening*
- *Cervical Cancer Screening*
- *Chlamydia Screening in Women*
- *Frequency of Ongoing Prenatal Care (0–21 Percent of Visits and 81–100 Percent of Visits)*
- *Controlling High Blood Pressure*
- *Comprehensive Diabetes Care*
- *Use of Appropriate Medications for People With Asthma*
- *Follow-up After Hospitalization for Mental Illness*

HSAG used a number of different methods and information sources to conduct the audits, including:

- Teleconference calls with MCO personnel and vendor representatives, as necessary.
- Detailed review of each MCO's completed responses to the HEDIS Record of Administration, Data Management and Processes (HEDIS RoadMap) published by NCQA as Appendix 2 to HEDIS Volume 5, and updated information communicated by NCQA to the audit team directly.
- On-site meetings in the MCOs' offices, including: staff interviews, live system and procedure documentation, documentation review and requests for additional information, primary HEDIS data source verification, programming logic review and inspection of dated job logs, computer database and file structure review, and discussion and feedback sessions.
- Detailed evaluation of computer programming used to access administrative data sets and calculate HEDIS measures.
- If the hybrid method was used, reabstraction of a sample of medical records selected by the auditors, with a comparison of the results to the MCO's review determinations for the same records.
- Requests for corrective actions and modifications to the MCO's HEDIS data collection and reporting processes and data samples, as necessary, and verification that actions were taken.
- Accuracy checks of the final HEDIS rates as presented within the NCQA-published 2009 Interactive Data Submission System (IDSS) completed by the MCO.
- Interviews of a variety of individuals whose department or responsibilities played a role in the production of HEDIS data. Typically, such individuals included the HEDIS manager, IS director, quality management director, enrollment and provider data manager, medical records staff, claims processing staff, programmers, analysts, and others involved in the HEDIS preparation process. Representatives of vendors that provided or processed HEDIS 2009 (and earlier historical) data may also have been interviewed and asked to provide documentation of their work.

Each of the audited measures reviewed by the audit team received a final audit result consistent with the NCQA categories listed below. Table 3-3 provides the audit finding results that are applicable to the HEDIS measures.

Table 3-3—HEDIS Measure Audit Findings

Rate/Result	Comment
0-XXX	Reportable rate or numeric result for HEDIS measures.
NR	Not Reported: 1. Plan chose not to report 2. Calculated rate was materially biased 3. Plan not required to report
NA	Small Denominator: The organization followed the specifications but the denominator was too small to report a valid rate
NB	No Benefit: The organization did not offer the health benefits required by the measure (e.g., mental health or chemical dependency)

For measures reported as percentages, NCQA has defined significant bias as a deviation of more than 5 percentage points from the true percentage. (For certain measures, a deviation of more than 10 percentage points in the number of reported events determines a significant bias.)

For some measures, more than one rate is required for HEDIS reporting (for example, *Childhood Immunization Status* and *Well-Child Visits in the First 15 Months of Life*). It is possible that the MCO prepared some of the rates required by the measure appropriately but had significant bias in others. According to NCQA guidelines, the MCO would receive a reportable result for the measure as a whole, but significantly biased rates within the measure would receive an "NR" result in the Interactive Data Submission System (IDSS), where appropriate.

Upon completion of the audit, HSAG prepared a final audit report for the MCOs that included a completed and signed final audit statement. The reports were forwarded to the Department for review.

For the discussions that follow regarding conclusions drawn from the data for each MCO, full compliance is defined as the lack of any findings that would significantly bias HEDIS reporting by more than 5 percentage points. Additionally, when discussing rates for *Well-Child Visits in the First 15 Months of Life,* assessments are made for *0 Visits* and *6 or More Visits*, as those measures are most indicative of the range of quality of health care. *Frequency of Ongoing Prenatal Care* is also assessed using the two categories of *0–21 Percent of Visits*, and *81–100 Percent of Visits*.

To validate the medical record review (MRR) portion of the audit, NCQA policies and procedures require auditors to perform two steps: (1) review the MRR processes employed by the MCO, including staff qualifications, training, data collection instruments/tools, interrater reliability (IRR) testing, and the method used for combining MRR data with administrative data; and (2) reabstract and compare the audit team's results to the MCO's abstraction results for a selection of hybrid measures.

HSAG's audit team reviewed the processes in place at each MCO for performance of MRR for all measures reported using the hybrid method. The audit team reviewed data collection tools and training materials to verify that all key HEDIS data elements were captured. Feedback was provided to each MCO's staff if the data collection tools appeared to be missing necessary data elements.

HSAG's audit team also performed a reabstraction of records selected for MRRs and compared the results to each MCO's findings for the same medical records. This process completed the medical record validation process and provided an assessment of actual reviewer accuracy. HSAG reviewed up to 30 records identified by each MCO as meeting numerator event requirements (determined through MRR) for measures selected for audit and MRR validation. Records were randomly selected from the entire population of MRR numerator positives identified by the MCO, as indicated on the MRR numerator listings submitted to the audit team. If fewer than 30 medical records were found to meet numerator requirements, all records were reviewed. Reported discrepancies only included "critical errors," defined as an abstraction error that affected the final outcome of the numerator event (i.e., changed a positive event to a negative one or vice versa).

For each of the selected measures where the hybrid methodology was used, auditors determined the impact of the findings from the validation process on the MCO's audit designation. The goal of the

MRR validation was to determine whether the MCO made abstraction errors that significantly biased its final reported rate. HSAG used the standardized protocol developed by NCQA to validate the integrity of the MRR processes of audited MCOs. The NCQA-endorsed t-test was employed to test the difference between the MCO's estimate of the positive rate and the audited estimate of the positive rate. If the test revealed that the difference was greater than 5 percent, the MCO's estimate of the positive rate was rejected and the measure could not be reported using the hybrid methodology.

Plan-Specific Findings

Family Health Network

FHN received a final audit statement indicating that the selected performance measures for the audit were prepared in accordance with the *HEDIS 2009 Technical Specifications* and presented fairly the MCO's performance with respect to these specifications. HSAG found that **FHN** had:

- Information systems that met HEDIS standards with no significant impact on the reliability of HEDIS reporting.
- Valid MRR processes.
- Performance measures (for those included in the audit) that followed HEDIS specifications and provided a reportable rate for the measure.

HEDIS Rates

The Medicaid HEDIS 2009 rates for **FHN** and the national Medicaid 2008 HEDIS 50th percentiles are presented below (Table 3-4). As a visual aid for quick reference, numbers highlighted in yellow indicate the rates that were at or above the 50th percentile.

Table 3-4—FHN HEDIS 2009 Rates

HEDIS Measures	FHN	2008 HEDIS 50th Percentiles
Child and Adolescent Care		
Childhood Immunizations—Combo 2	72.0	75.4
Childhood Immunizations—Combo 3	65.8	68.6
Lead Screening in Children	69.5	65.9
Well-Child Visits in the First 15 Months (6+ Visits)	43.5	57.5
*Well-Child Visits in the First 15 Months (0 Visits)**	7.7	1.9
Well-Child Visits (3–6 Years)	74.8	68.2
Adolescent Well-Care Visits	36.9	42.1
Adults' Access to Preventive/Ambulatory Care		
20–44 Years of Age	59.4	79.6
45–64 Years of Age	58.8	85.7
Preventive Screening for Women		
Breast Cancer Screening (Combined Rate)	33.9	50.1
Cervical Cancer Screening	55.4	67.0
Chlamydia Screening (Combined Rate)	53.7	51.9
Maternity-Related Measures		
*Frequency of Ongoing Prenatal Care (<21% Visits)**	39.3	7.7
Frequency of Ongoing Prenatal Care (81–100% Visits)	25.6	61.5
Timeliness of Prenatal Care	49.4	84.1
Postpartum Care	32.9	60.8
Chronic Conditions/Disease Management		
Controlling High Blood Pressure (Combined Rate)	54.6	55.4
Diabetes Care (HbA1C Testing)	66.9	79.6
Diabetes Care (Good HbA1c Control)	27.0	32.8
*Diabetes Care (Poor HbA1c Control)**	65.5	46.0
Diabetes Care (Eye Exam)	24.3	53.8
Diabetes Care (LDL-C Screening)	60.8	73.2
Diabetes Care (LDL-C Level <100 mg/Dl)	19.6	33.1
Diabetes Care (Nephropathy Monitoring)	79.7	76.1
Diabetes Care (BP <140/90)	45.3	58.2
Diabetes Care (BP <130/80)	27.0	29.7
Appropriate Medications for Asthma (Combined Rate)	85.0	88.7
Follow-up After Hospitalization for Mental Illness—7 Days	64.2	43.2
Follow-up After Hospitalization for Mental Illness—30 Days	76.5	65.9
* Lower rates indicate better performance for these measures.		

Encounter Data Completeness

Table 3-5 provides an estimate of the data completeness for **FHN**'s hybrid performance measures. These measures use administrative encounter data and supplement the results with medical record data. The rates in the table represent the percentage of the final HEDIS rate that was determined solely through the use of administrative encounter data. A rate of 100 percent for the last column indicates that the encounter data was complete for that HEDIS measure.

Table 3-5–FHN Estimated Encounter Data Completeness for Hybrid Measures

Performance Measures	Final HEDIS Rate	Percent Encounter Data
Childhood Immunizations—Combo 2	72.0%	10.7%
Childhood Immunizations—Combo 3	65.8%	9.7%
Lead Screening in Children	69.5%	58.4%
Well-Child Visits in the First 15 Months (6+ Visits)	43.5%	44.2%
Well-Child Visits (3–6 Years)	74.8%	86.4%
Adolescent Well-Care Visits	36.9%	83.2%
Cervical Cancer Screening	55.4%	55.0%
Frequency of Ongoing Prenatal Care (81-100%)	25.6%	18.1%
Timeliness of Prenatal Care	49.4%	38.4%
Postpartum Care	32.9%	38.9%
Diabetes Care (HbA1c Testing)	66.9%	18.2%
Diabetes Care (Eye Exam)	24.3%	52.8%
Diabetes Care (LDL-C Screening)	60.8%	20.0%
Diabetes Care (Nephropathy Monitoring)	79.7%	51.7%

Compliance Audit Results

The HEDIS 2009 compliance audit indicated that **FHN** was in full compliance with the *HEDIS 2009 Technical Specifications* (Table 3-6). Membership data supported all necessary HEDIS calculations, medical data were fully compliant with the audit standards, and measure calculations resulted in rates that were not significantly biased. Furthermore, all selected HEDIS performance measures attained an *R* designation.

Table 3-6—FHN 2009 HEDIS Compliance Audit Results

Main Information Systems			Selected 2007 HEDIS Measures
Membership Data	Medical Data	Measure Calculation	All of the selected HEDIS measures received an *R* audit designation.
Fully Compliant	Fully Compliant	Fully Compliant	

The rationale for full compliance with membership data, medical data, and measure calculation was based on the findings summarized below for the IS standards. Any deviation from the standards that could bias the final results was identified. Recommendations for improving MCO processes were also identified.

IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

FHN was compliant with this IS standard. **FHN** continues to educate providers on claims/encounter data completeness. **FHN** may want to implement a standard method for collecting electronic encounter data as currently they are receiving the data in multiple, proprietary formats. The use of the Claims/Encounter Inload report is a useful practice, although according to **FHN**, the PHOs do not necessarily use the error report (one PHO used it consistently). **FHN** may want to consider discussing the usefulness of the Claims/Encounter Inload report as part of their provider education. **FHN** should send e-mail correspondence back to the PHOs pertaining to data receipt, as this will act as the data transfer log. **FHN** identified a backlog of encounters for a few months from various PHOs. This was ultimately reconciled by PHOs resubmitting data and thus has no impact on HEDIS reporting. **FHN** should begin to establish data entry standards and threshold for staff who enter paper claims. As the volume of internal claims processing is increasing, **FHN** should begin to explore the acquisition of a claims adjudication system. In addition, as the volume of administrative data grows, **FHN** may want to consider updating its IT data warehousing structure. **FHN** should also implement methods to obtain lab values from its lab vendor.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

There were no concerns noted by the auditors with this IS standard. A Monthly 834 file is received by **FHN** from the State. The 834 file is uploaded and reconciled appropriately. **FHN** also reconciles the 820 capitation file to the 834 file. Membership increased slightly over the past year.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

Several of the recommendations made last year by HSAG were implemented by **FHN** this year. **FHN** documented policies and procedures for provider database processing. In addition, IRR was performed on data entry into the provider systems and was tracked over time. **FHN** performs on-site delegation audits to all PHOs annually. Continuous quality improvement was seen as **FHN** identified limitations in the current provider system and began implementing a credentialing system. **FHN** should begin reconciling data between the Provider Maintenance database and the new Credentialing database. **FHN** was compliant with this IS standard.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

FHN had a major staff change in the MRR process from last year. Thus, the auditors requested a convenience sample for this year. Although staff has excellent knowledge about the MRR process, **FHN** should begin to formalize training for MRR. **FHN** should also formalize training with IRR staff on critical vs. non-critical errors as was discussed last year. **FHN** currently draws samples in early December. **FHN** may want to consider waiting until the middle of February to draw the sample to account for more complete data. Finally, **FHN** should provide instructions to reviewers as to what constitutes instructions for qualifying events as a guide.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

The auditors noted that **FHN** utilized several supplemental databases for this HEDIS reporting period. **FHN** utilized standard external supplemental databases such as the two immunization registries. **FHN** utilized a non-standard supplemental file from the PHOs. This was a supplemental file the PHOs sent back to **FHN** after the plan identified non-compliant HEDIS members. **FHN** should ensure that provider type is added into this database for next year. **FHN** once again elected not to use the Prenatal Case Management supplemental database as it did not meet HEDIS specifications (i.e., member-reported information).

IS 6.0—Member Call Center Data—Capture, Transfer, and Entry

Not applicable under the scope of the audit.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

FHN was fully compliant with this IS standard. **FHN** had adequate data reconciliation steps with all sources of data including vendor data and supplemental data. A HEDIS repository was not utilized as data are queried from several Access databases. **FHN** should consider implementing processes and procedures for a disaster recovery plan. Primary source verification was performed for all three measures under the scope of the audit. There were no issues noted with primary source verification.

Medical Record Review Validation Findings

Through the MRR validation, the audit team determined that **FHN**'s processes for IRR testing met standards, as presented in Table 3-7. Additional audit findings related to MRR processes are located under IS Standard 4.0, above.

Table 3-7—FHN Selected HEDIS Measures for Medical Record Validation

Measure	Product Line	Number of Records Overread	T-test	Pass/Fail
Childhood Immunization Status—Combo 3	Medicaid	30	N/A	Pass
Timeliness of Prenatal Care	Medicaid	30	N/A	Pass

FHN Trended Results

Table 3-8 provides the results of **FHN**'s trended performance measures. Only HEDIS measures reported for at least the last two years are included in the table. The last column of the table denotes the difference in the rates between the first reportable HEDIS rate and HEDIS 2009 results.

Table 3-8—FHN Trended HEDIS Results

HEDIS Measures	HEDIS 2005	HEDIS 2006	HEDIS 2007	HEDIS 2008	HEDIS 2009	Difference from Baseline
Childhood Immunizations—Combo 2	47.2	67.0	72.4	68.9	72.0	24.8
Childhood Immunizations—Combo 3	NA	38.5	59.4	53.0	65.8	27.3
Well-Child Visits in the First 15 Months (6+ Visits)	18.5	28.9	21.2	29.0	43.5	25.0
*Well-Child Visits in the First 15 Months (0 Visits)**	27.7	19.0	18.8	10.0	7.7	20.0
Well-Child Visits (3–6 Years)	53.0	64.5	70.0	68.4	74.8	21.8
Adolescent Well Care Visits	NA	38.2	37.7	32.2	36.9	-1.3
Adults' Access (20–44 Years)	NA	NA	60.2	56.6	59.4	-0.8
Adults' Access (45–64 Years)	NA	NA	44.1	48.6	58.8	14.7
Breast Cancer Screening (Combined Rate)	NA	NA	24.7	27.8	33.9	9.2
Cervical Cancer Screening	52.0	53.6	60.7	68.0	55.4	3.4
Chlamydia Screening in Women (Combined Rate)	NA	NA	56.7	47.7	53.7	-3.0
*Frequency of Ongoing Prenatal Care (<21% Visits)**	NA	NA	31.8	29.4	39.3	-7.5
Frequency of Ongoing Prenatal Care (81-100% Visits)	NA	NA	26.3	33.4	25.6	-0.7
Timeliness of Prenatal Care	29.9	50.3	48.1	45.4	49.4	19.5
Postpartum Care	23.1	23.2	26.3	32.3	32.9	9.8
Controlling High Blood Pressure (Combined Rate)	NA	NA	46.7	45.3	54.6	7.9
Diabetes Care (HbA1C Testing)	33.3	49.2	65.1	68.5	66.9	33.6
Diabetes Care (Good HbA1c Control)	NA	NA	9.6	12.0	27.0	17.4
*Diabetes Care (Poor HbA1c Control)**	80.0	75.4	80.7	56.5	65.5	14.5
Diabetes Care (Eye Exam)	8.0	1.6	25.3	22.8	24.3	16.3
Diabetes Care (LDL-C Screening)	22.7	44.3	55.4	56.5	60.8	38.1
Diabetes Care (LDL-C Level <100 mg/dL)	9.3	14.8	18.1	15.2	19.6	10.3
Diabetes Care (Nephropathy Monitoring)	0.0	21.3	71.1	57.6	79.7	79.7
Diabetes Care (BP <140/90)	NA	NA	55.4	51.1	45.3	-10.1
Diabetes Care (BP <130/80)	NA	NA	31.3	22.8	27.0	-4.3
Appropriate Medications for Asthma (Combined Rate)	NA	87.1	83.1	79.3	85.0	-2.1
Follow-up After Hospitalization for Mental Illness—7 Days	NA	NA	55.8	56.4	64.2	8.4
Follow-up After Hospitalization for Mental Illness—30 Days	NA	NA	69.8	67.9	76.5	6.7

* Lower rates indicate better performance for these measures.

The results show that 20 of the 28 measures improved since **FHN** initially reported them. The measures related to *Childhood Immunizations*, *Well Child Visits*, and most of the *Comprehensive Diabetes Care* measures demonstrated the strongest improvement. Despite the improvements over time, results for the majority of the rates were still below the national Medicaid 2008 HEDIS 50th percentiles. Rates for 8 of the 28 measures decreased since initially reported.

Harmony Health Plan

Harmony received a final audit statement indicating that the selected performance measures for the audit were prepared in accordance with the *HEDIS 2009 Technical Specifications* and presented fairly the MCO's performance with respect to these specifications. HSAG found that **Harmony** had:

- Information systems that met HEDIS standards with no significant impact on the reliability of HEDIS reporting.
- Valid MRR processes.
- Performance measures (for those included in the audit) that followed HEDIS specifications and provided a reportable rate for the measure.

HEDIS Rates

The Medicaid HEDIS 2009 rates for **Harmony** and the national Medicaid 2008 HEDIS 50th percentiles are presented in Table 3-9. As a visual aid for quick reference, numbers highlighted in yellow indicate the rates that were at or above the 50th percentile.

Table 3-9—Harmony HEDIS 2009 Rates		
HEDIS Measures	**Harmony**	**2008 HEDIS 50th Percentiles**
Child and Adolescent Care		
Childhood Immunizations—Combo 2	62.5	75.4
Childhood Immunizations—Combo 3	51.6	68.6
Lead Screening in Children	69.8	65.9
Well-Child Visits in the First 15 Months (6+ Visits)	40.4	57.5
*Well-Child Visits in the First 15 Months (0 Visits)**	4.6	1.9
Well-Child Visits (3–6 Years)	65.9	68.2
Adolescent Well-Care Visits	37.7	42.1
Adults' Access to Preventive/Ambulatory Care		
20–44 Years of Age	66.3	79.6
45–64 Years of Age	63.3	85.7
Preventive Screening for Women		
Breast Cancer Screening (Combined Rate)	32.5	50.1
Cervical Cancer Screening	62.0	67.0
Chlamydia Screening (Combined Rate)	48.8	51.9
Maternity-Related Measures		
*Frequency of Ongoing Prenatal Care (<21% Visits)**	27.0	7.7
Frequency of Ongoing Prenatal Care (81–100% Visits)	33.6	61.5
Timeliness of Prenatal Care	56.4	84.1
Postpartum Care	40.1	60.8
Chronic Conditions/Disease Management		
Controlling High Blood Pressure (Combined Rate)	39.7	55.4
Diabetes Care (HbA1C Testing)	68.1	79.6
Diabetes Care (Good HbA1c Control)	24.6	32.8
*Diabetes Care (Poor HbA1c Control)**	67.3	46.0
Diabetes Care (Eye Exam)	13.3	53.8
Diabetes Care (LDL-C Screening)	58.0	73.2
Diabetes Care (LDL-C Level <100 mg/Dl)	17.7	33.1
Diabetes Care (Nephropathy Monitoring)	69.9	76.1
Diabetes Care (BP <140/90)	54.0	58.2
Diabetes Care (BP <130/80)	27.4	29.7
Appropriate Medications for Asthma (Combined Rate)	86.6	88.7
Follow-up After Hospitalization for Mental Illness—7 Days	43.2	43.2
Follow-up After Hospitalization for Mental Illness—30 Days	55.6	65.9
* Lower rates indicate better performance for these measures.		

Encounter Data Completeness

Table 3-10 provides an estimate of the data completeness for **Harmony**'s hybrid performance measures. These measures use administrative encounter data and supplement the results with medical record data. The rates in the table represent the percentage of the final HEDIS rate that was determined solely through the use of administrative encounter data. A rate of 100 percent for the last columns indicates that the encounter data was complete for that HEDIS measure.

Table 3-10–Harmony Estimated Encounter Data Completeness for Hybrid Measures

Performance Measures	Final HEDIS Rate	Percent Encounter Data
Childhood Immunizations—Combo 2	62.5%	58.8%
Childhood Immunizations—Combo 3	51.6%	24.5%
Lead Screening in Children	69.8%	77.7%
Well-Child Visits in the First 15 Months (6+ Visits)	40.4%	63.9%
Well-Child Visits (3–6 Years)	65.9%	82.3%
Adolescent Well-Care Visits	37.7%	74.2%
Cervical Cancer Screening	62.0%	83.9%
Frequency of Ongoing Prenatal Care (81-100%)	33.6%	52.2%
Timeliness of Prenatal Care	56.4%	41.8%
Postpartum Care	40.1%	76.4%
Diabetes Care (HbA1c Testing)	68.1%	17.2%
Diabetes Care (Eye Exam)	13.3%	43.8%
Diabetes Care (LDL-C Screening)	58.0%	21.1%
Diabetes Care (Nephropathy Monitoring)	69.9%	29.0%

Compliance Audit Results

The HEDIS 2009 compliance audit indicated that **Harmony** was in full compliance with the *HEDIS 2009 Technical Specifications* (Table 3-11). Membership data supported all necessary HEDIS calculations, medical data were fully compliant with the audit standards, and measure calculations resulted in rates that were not significantly biased. Furthermore, all selected HEDIS performance measures attained an *R* designation.

Table 3-11—Harmony HEDIS 2009 Compliance Audit Results

Main Information Systems			Selected 2007 HEDIS Measures
Membership Data	Medical Data	Measure Calculation	All of the selected HEDIS measures received an *R* audit designation.
Fully Compliant	Fully Compliant	Fully Compliant	

The rationale for full compliance with membership data, medical data, and measure calculation was based on the findings summarized below for the IS standards. Any deviation from the standards that could bias the final results was identified. Recommendations for improving MCO processes were also identified.

IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

The processes in place appeared to be adequate to ensure accurate claims and encounter data processing for the three measures under the scope of the audit. **Harmony** has taken measures to improve claims and encounter data submission and accuracy, and to correct the issues noted with the identification of type of provider. There was a small percentage of encounter data that was still problematic in terms of submitting the data to the State, but **Harmony** was able to use their data for HEDIS reporting and pursued medical record information for incomplete data.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

The auditors did not have an issue with the actual processing of enrollment data, however, reconciliation with the capitation (820 file versus the 834 enrollment file) was not done on a regular basis since the State was behind in submitting this file to the MCOs. In addition, there were cases on the enrollment file (i.e., the 93=SSI and the 98=DCFS) that were no longer **Harmony**'s responsibility. These cases have never been terminated from the enrollment files (so they appear as being continuously enrolled in **Harmony**), and **Harmony** did not receive any capitation for them. For HEDIS reporting, these cases should be removed for future submissions. The State has indicated they will provide documentation to **Harmony** allowing them to remove those members from their enrollment roster.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

Harmony has taken actions to correct the provider data issues noted in last year's audit. **Harmony** has begun to track and monitor encounter data submission for direct submitters, however, data from clearinghouses is challenging due to the lack of group numbers. **Harmony** only receives the NPI number (so encounter data could be tracked at the provider level). It may be possible to use the encounter data from the clearinghouses and link it to the member's ID to determine the submitting provider group.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

The processes in place appeared to be adequate to ensure accurate medical record abstraction for the three measures under the scope of the audit.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

Harmony submitted records for validation of their supplemental databases, and HSAG also validated some data during the on-site audit. These cases were determined to be sufficient for HEDIS reporting.

IS 6.0—Member Call Center Data—Capture, Transfer, and Entry

Not applicable.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

The processes for the data integration, including the error checks, were appropriate. HSAG also validated some primary source data during the on-site audit, including supplemental databases. These cases were determined to be sufficient for HEDIS reporting. The final source code review was also approved for the three measures, with no errors detected.

Medical Record Review Validation Findings

The audit team determined that **Harmony**'s processes for IRR testing met standards, as presented in Table 3-12. Additional audit findings related to MRR processes are located under IS Standard 4.0, above.

Table 3-12—Harmony Selected HEDIS Measures for Medical Record Validation

Measure	Product Line	Number of Records Overread	T-test	Pass/Fail
Well-Child Visits in the First 15 Months of Life (6+ Visits)	Medicaid	30	-3.958	Pass
Postpartum Care	Medicaid	30	-11.272	Pass

Harmony Trended Results

Table 3-13 provides the results of **Harmony**'s trended performance measures. Only HEDIS measures reported for at least the last two years are included in the table. The last column of the table denotes the difference in the rates between the first reportable HEDIS rate and HEDIS 2009 results.

Table 3-13—Harmony Trended HEDIS Results

HEDIS Measures	HEDIS 2005	HEDIS 2006	HEDIS 2007	HEDIS 2008	HEDIS 2009	Difference from Baseline
Childhood Immunizations—Combo 2	49.5	49.5	58.6	53.8	62.5	13.0
Childhood Immunizations—Combo 3	NA	22.6	38.2	42.8	51.6	29.0
Well-Child Visits in the First 15 Months (6+ Visits)	14.6	36.0	41.1	21.7	40.4	25.8
*Well-Child Visits in the First 15 Months (0 Visits)**	16.5	10.0	6.3	9.2	4.6	11.9
Well-Child Visits (3–6 Years)	55.8	58.9	64.5	57.4	65.9	10.1
Adolescent Well Care Visits	NA	NA	36.5	37.7	37.7	1.2
Adults' Access (20–44 Years)	NA	NA	62.1	57.5	66.3	4.2
Adults' Access (45–64 Years)	NA	NA	55.7	54.6	63.3	7.6
Breast Cancer Screening (Combined Rate)	NA	NA	27.7	35.5	32.5	4.8
Cervical Cancer Screening	55.1	56.5	50.4	59.1	62.0	6.9
Chlamydia Screening in Women (Combined Rate)	NA	NA	52.8	49.3	48.8	-4.0
*Frequency of Ongoing Prenatal Care (<21% Visits)**	NA	NA	24.1	21.9	27.0	-2.9
Frequency of Ongoing Prenatal Care (81-100% Visits)	NA	NA	33.8	31.4	33.6	-0.2
Timeliness of Prenatal Care	55.4	59.1	53.5	56.4	56.4	1.0
Postpartum Care	36.8	37.0	34.3	35.0	40.1	3.3
Controlling High Blood Pressure (Combined Rate)	NA	NA	26.0	34.3	39.7	13.7
Diabetes Care (HbA1C Testing)	48.3	54.2	62.6	57.7	68.1	19.8
Diabetes Care (Good HbA1c Control)	NA	NA	8.8	15.6	24.6	15.8
*Diabetes Care (Poor HbA1c Control)**	90.0	76.0	79.8	72.7	67.3	22.7
Diabetes Care (Eye Exam)	13.1	9.4	13.1	9.0	13.3	0.2
Diabetes Care (LDL-C Screening)	60.6	60.8	55.3	52.3	58.0	-2.6
Diabetes Care (LDL-C Level <100 mg/dL)	15.4	14.9	12.4	12.4	17.7	2.3
Diabetes Care (Nephropathy Monitoring)	NA	NA	62.1	59.9	69.9	7.8
Diabetes Care (BP <140/90)	NA	NA	31.6	45.0	54.0	22.4
Diabetes Care (BP <130/80)	NA	NA	14.4	23.6	27.4	13.0
Appropriate Medications for Asthma (Combined Rate)	NA	82.4	83.4	84.1	86.6	4.2
Follow-up After Hospitalization for Mental Illness—7 Days	NA	NA	47.9	20.0	43.2	-4.7
Follow-up After Hospitalization for Mental Illness—30 Days	NA	NA	65.1	32.3	55.6	-9.5

* Lower rates indicate better performance for these measures.

The results show that 22 of the 28 measures improved since **Harmony** initially reported them. The measures related to *Childhood Immunizations*, *Well Child Visits*, and some of the *Comprehensive Diabetes Care* measures demonstrated the strongest improvement. Despite the improvements over time, results for the majority of the rates were still below the national Medicaid 2008 HEDIS 50th percentiles. Rates for 6 of the 28 measures decreased since initially reported.

Information Systems Review

Objectives

The 2007–2008 EQR Technical Report noted **Harmony** reported HEDIS 2008 rates well below expected rates and the Department's goals. Consequently, HFS mandated an information systems (IS) review for **Harmony**.

The purpose of this IS review was to determine the reasons for **Harmony**'s low reported rates for HEDIS 2008 and ensure that **Harmony** had adequate information systems, accounting processes, and control procedures to ensure that processed information is timely, accurate, and complete. The **Harmony** IS review included an examination of the following systems and/or processes:

- Claims/encounter processing
- Member enrollment/disenrollment
- Capitation reconciliation
- Encounter data submission

Technical Methods of Data Collection and Analysis

HSAG identified key types of data that the team should review as part of the IS review. The following list indicates the type of data collected and how HSAG conducted an analysis of this data:

- *Information Systems Capabilities Assessment Tools (ISCATs)* were requested and received from **Harmony**. Upon receipt by HSAG, the ISCAT underwent a cursory review to ensure the completion of all sections and the presence of all attachments. The ISCAT was then forwarded to the validation team for review. The validation team reviewed all ISCAT documents, noting issues or items that needed further follow-up. Information included in the ISCAT was used by the review team to begin completion of the review tools, as applicable.
- *Supporting documentation* included any documentation that provided reviewers with additional information to complete the IS review process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, with issues or clarifications flagged for further follow-up. Supporting documentation also came from other types of validation activities such as past HEDIS compliance audits or performance measure validation audits.

HSAG conducted an IS review based on previous reviews, using aspects of the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) performance measure validation protocol. HSAG prepared a documentation request consisting of the ISCAT and a supplemental questionnaire. Working in collaboration with HFS, HSAG customized the ISCAT to collect the necessary data that were consistent with Illinois' health service delivery model.

HSAG conducted an on-site visit to **Harmony** at the corporate office in Tampa, Florida. HSAG collected the information using several methods, including interviews, system demonstration, review of data output files, observation of data processing, and review of data reports. The on-site visit activities were as follows:

- **Opening meetings**—Included introductions of the IS review team and key **Harmony** staff involved in performance indicator activities. The review purpose, the required documentation, basic meeting logistics, and queries to be performed were discussed.
- **Review of ISCAT and supporting documentation**—This session was designed to be interactive with key **Harmony** staff so that the review team could obtain a complete picture of all the steps taken to generate responses to the ISCAT. The goal of the session was to obtain a complete picture of the degree of compliance with written documentation. Interviews were used to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.
- **Evaluation of system compliance**—Included a review of the IS assessment, focusing on claims/encounter processing, member enrollment/disenrollment, capitation reconciliation and encounter data submission. This included interviews with appropriate staff members, system demonstrations and the review of appropriate internal reports to identify if **Harmony** had controls within each cycle and were functioning appropriately to ensure that all transactions were accounted for and processed accurately.
- **Closing conference**—Summarized preliminary findings based on the review of the ISCAT and the on-site visit, and revisited the documentation requirements for any post-visit activities.

Findings

The **Harmony** IS review included an examination for claims/encounter processing (including both paper claims/encounters and Electronic Data Interchange (EDI) submissions), member enrollment/ disenrollment, capitation reconciliation, and encounter data submission to HFS. The following is a brief summary of the findings for each of these areas. A more detailed description can be found in the **Harmony** IS Review report.

Claims/Encounter Processing Findings

The review of claims/encounter data processing began with the receipt of claims in the mailroom/ receiving area and continued through to the adjudication process. **Harmony** described the entire processing cycle for both paper claims/encounters and EDI-submitted claims. HSAG reviewed reports and processes generated to monitor the timeliness of the flow of claims/encounter data through the adjudication process. **Harmony** also provided statistics that it used to measure the effectiveness of the claims adjudication process.

Paper Claims/Encounters

At this time, **Harmony** has appropriate processes in place to ensure for accurate and timely processing of claims/encounter data submitted by providers on paper forms. The following provides a historical perspective of the issues, along with how the **Harmony** has corrected these issues.

Prior to December 2006 **Harmony** processed all claims and capitated encounters through its Peradigm system. This required that all capitated encounters go through the rigorous edits of the claim adjudication process. As a result, capitated encounters were often flagged for edit errors and returned to providers for corrections and resubmissions. To resolve the issue of encounter data rejections, **Harmony** developed an encounter database system to process encounters outside of the Peradigm system. This system, Operational Data Store (ODS), was designed to include the same edits required for processing with the State as well as HEDIS reporting without the more rigorous claims adjudication edits. **Harmony** implemented the new encounter database system in late 2006.

The new ODS system required provider education on the submission processes. In addition, once the encounters were in the new ODS database, they needed to be cross-walked to the HEDIS data warehouse as well as to the file used to submit the encounters to the State. Both of these processes required more time to perfect than originally anticipated by **Harmony**.

EDI Claims/Encounters

The process for EDI submissions is well monitored to ensure that files are received and processed appropriately. **Harmony** described the processing cycle for EDI-submitted claims, beginning with the initial receipt, and explained how files are initially processed/edited. This description included the process for adjudicating EDI claims that require prior authorization and procedures for performing coordination of benefits, including the identification of any third-party liability. The processing of claims via EDI submission has resulted in approximately 77 percent of all claims auto-adjudicating (i.e., the claim is automatically processed through to actual payment without any staff intervention).

Harmony described the process for tracking and monitoring of EDI claims/encounters that are initially rejected and returned to providers. **Harmony** tracks and monitors these files and gives providers the reason it rejected an EDI encounter file. However, tracking and monitoring rejected claims/encounters by the data clearinghouses is not within **Harmony**’s direct control. For example, a provider may submit an encounter to a clearinghouse for processing, but the clearinghouse may reject the encounter based on any edits they have established. There is no real incentive for the provider to resubmit an encounter to the clearinghouse, and the clearinghouses generally do not track and monitor this information for **Harmony**. Therefore, **Harmony** should ensure that providers work with their clearinghouse to obtain the reason for a rejection and identify how to resubmit the data.

Member Enrollment/Disenrollment Findings

HSAG thoroughly reviewed the enrollment/disenrollment procedures that **Harmony** follows with HFS and did not have any concerns with **Harmony**'s method for processing enrollment data. HSAG identified that **Harmony** has adequate procedures for receiving and processing daily and monthly 834 files. **Harmony** also identified the accounting procedures it follows to resolve discrepancies between the 834 file and internal systems (Peradigm). **Harmony** adequately described the reconciliation process, starting with the reconciliation of the 834F file with the enrollment data in their system.

Capitation Reconciliation Findings

HSAG did not have any concerns with **Harmony**'s capitation reconciliation processes. **Harmony** appropriately identified and completely described the procedures for receiving and processing the monthly 820 capitation file to the 834 file and capitation payments, including premium adjustments for retroactive terminations. This process included examining the monthly 834 file to determine the following:

- Members in the 820 file and the 834 file (data matches)
- Members in the 820 file, but not the 834 file (possible overpayment by the State or member has been inadvertently disenrolled and needs to be added)
- Members not in the 820 file, but on the 834 file (underpayment by the State or member should be disenrolled)

Encounter Data Submission (to HFS)

Harmony identified the population and accuracy controls, including any reconciliation procedures performed to ensure that 100 percent of paid adjudicated claims, immunization claims with zero payment, and claims paid under capitated payment arrangements are submitted to HFS as encounters per the HFS Specifications for Reporting Payment Information on Encounter Data.

Although **Harmony** has had some issues with submitting its encounter data to HFS, most of these issues have been resolved, and **Harmony** is in the process of submitting all of its outstanding encounter data to HFS. The following provides a historical perspective of the issues **Harmony** noted and how the plan corrected these issues.

Harmony used the WESS system to submit encounters to HFS prior to December 2006. When **Harmony** changed to the new system to capture the encounter database, the plan had not yet fully developed the ODS system to submit capitated encounters to the State. As previously indicated, **Harmony** encountered issues with the implementation of the new ODS system. After the conversion from WESS to ODS for the submission of encounter data to the State, **Harmony** started having edit issues (related to the alignment of formatting with the State). The new ODS system generated numerous encounter submission errors as it had not been fully mapped to State acceptance standards and edits. Consequently, **Harmony** halted the submission of encounter data to the State until the plan could properly format the data.

Since **Harmony** anticipated some down time with encounter submissions to HFS during this process, the plan tried to identify and solve the root causes of rejections from the State and made it a priority to fix these issues during the system conversion. During this system conversion process, **Harmony** analyzed the most frequent rejections for both institutional and professional claims/ encounters. For example, for inpatient encounters, 48 percent of the errors were related to provider information, but after the conversion was completed, the rejection rate for inpatient encounters due to incorrect or missing provider information was down to 13 percent.

Starting in May 2008, **Harmony** aggressively started requiring NPI submission on claims and encounters and was able to submit all outstanding encounters through April 2008. Based on the above information, **Harmony** believes it has resolved all of its primary historical rejection issues with the system conversion.

In February 2009, **Harmony** indicated that it had submitted all outstanding institutional encounters to the State and that by April, it had submitted the remaining encounters (professional) to the State. Rejection rates are still about 10 percent, and **Harmony** is continuing to identify, resolve, and resubmit these encounters. HSAG has identified the need to track and trend encounter submission and rejection rates, and **Harmony** has indicated that it is developing these reports.

HSAG also discussed with **Harmony** the possible reasons the plan's self-reported HEDIS rates differ from the HEDIS rates calculated by HFS based on the submitted encounter data. **Harmony** attributed its drop in rates from HEDIS 2007 to HEDIS 2008 to the system conversion that occurred at the end of 2006. When **Harmony** separated the systems (Peradigm and ODS), the plan was not able to link the provider type to the new ODS encounter system because only Peradigm captured the provider type. Therefore, **Harmony** did not use encounters with missing provider information (e.g., PCP identification or provider type unknown) for HEDIS reporting in 2007 (HEDIS reporting year 2008), and these data were not provided to HFS during that time. **Harmony** has corrected these issues by moving toward collecting the NPI and working the "unknown providers" outside of the staging tables prior to downloading them into its HEDIS repository database (CRMS).

Harmony acknowledges there are still some issues with some of their encounter data to get flat files submissions into the correct format for submission to HFS. **Harmony** is working on converting these encounters to an appropriate submission format that will pass all of the edits. The flat file submissions account for about 14 percent of all encounter data submissions from providers. This missing encounter data would likely have an impact on rates reported by the State using only administrative data.

Conclusions and Recommendations

HSAG concluded that **Harmony** has begun a concentrated effort to improve data quality for both internal and external reporting. HSAG based the following recommendations on the findings from the **Harmony** IS review with the understanding that **Harmony** has not fully implemented all of the processes at this time.

- HSAG identified that **Harmony** did not have a robust method to track and trend rejected claims/ encounters from the various data sources. HSAG recommends that **Harmony** begin to enhance the data rejection tracking methodology.
- Although **Harmony** tracks encounter data by group number, the overall methodology is insufficient as providers who submit to clearinghouses are not tracked. To mitigate this process, HSAG recommends that **Harmony** begin tracking and trending encounter data by NPI for providers that submit through clearinghouses and ultimately for direct submitters. By implementing this step, **Harmony** would be able to identify on a monthly basis which providers are under-submitting encounters. **Harmony** should continue to establish a benchmark based on historical encounter data submissions and identify providers that do not meet this benchmark on a monthly basis.
- **Harmony** should educate providers who use a clearinghouse about the appropriate steps to take if an encounter is rejected. **Harmony** should ensure that providers work with their clearinghouse to obtain the reason for a rejection and identify how to resubmit the data. **Harmony** should then be able to track providers that submit encounter data through a clearinghouse.
- HSAG recommends that **Harmony** focus on how data from flat file submissions (reported as 14 percent of overall claims/encounters) and the Pseudo-Claims database could be included for encounter data reporting. **Harmony** should be able to provide to HFS the breakout of what percentage each of these data sources contributes to the overall, self-reported rate.
- Although **Harmony** provided the statistics that it used to measure the effectiveness of the encounter data submission process—such as the number of encounters initially accepted by HFS and the number of days from fully adjudicated, paid claim status to the date of encounter submission—HSAG identified that **Harmony** did not have a robust method for tracking encounter rejection reports (including the reason) from HFS. HSAG recommends that **Harmony** enhance the current tracking mechanism to identify all rejection types by HFS and how long it takes for the plan to ultimately correct the issue and resubmit the encounter until accepted by HFS. **Harmony** should use these internal statistics as a guide to identify the most common types of errors and how they are ultimately resolved. HSAG recommends that **Harmony** share these results with HFS on a monthly basis to identify rejections and their corresponding resolution.
- HSAG recommends that HFS form an encounter data work group with the Medicaid managed care plans in Illinois and provide encounter data rejection reports to the MCOs. HSAG has observed in other states the benefits of forming and maintaining an encounter data work group. This work group should be focused on identifying common errors and addressing how to reconcile them.

Validation of Performance Improvement Projects—SFY 2008–2009

Objectives

As part of its quality assessment and performance improvement program, the Department requires each health plan to conduct PIPs in accordance with 42 CFR 438.240. The purpose of PIPs is to achieve through ongoing measurements and intervention significant improvements in clinical and nonclinical areas of care that are sustained over time. This structured method of assessing and improving health plan processes can have a favorable effect on health outcomes and member satisfaction. Additionally, as one of the mandatory EQR activities under the BBA, the State is required to validate the PIPs conducted by its contracted MCOs and prepaid inpatient health plans (PIHPs). The Department contracted with HSAG to meet this validation requirement.

The primary objective of PIP validation was to determine each health plan's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- Measurement of performance using objective quality indicators.
- Implementation of systematic interventions to achieve improvement in quality.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

For such projects to achieve real improvements in care and member satisfaction, as well as confidence in the reported improvements, PIPs must be designed, conducted, and reported using sound methodology and must be completed in a reasonable time period.

Beginning in 2004–2005, the Department required each MCO to participate in a mandatory statewide PIP focused on improving performance related to EPSDT screenings and visits, including the content of care for children younger than 3 years of age. Following the baseline EPSDT study, the MCOs were required to implement interventions to improve EPSDT rates. The intervention period was to be conducted during SFY 2005–2006, with a remeasurement phase scheduled for SFY 2006–2007. Based on the findings from the baseline EPSDT study, however, the Department and the HFS MCOs decided to continue their intervention efforts through SFY 2006–2007. Furthermore, the Department and the MCOs agreed that an EPSDT provider survey should be conducted in SFY 2006–2007 to help identify potential barriers providers may encounter in providing EPSDT services. With the results of this analysis, the HFS MCOs could pinpoint areas to target for intervention. Administration of the survey was initiated on May 4, 2007, and completed on July 20, 2007. In 2009, HSAG validated Remeasurement 1 for **FHN** and **Harmony**, and **Meridian** began conducting initial EPSDT PIP activities.

In 2005–2006, the Department implemented a requirement that each MCO participate in a statewide PIP with a study topic and methodology established by the Department in collaboration with the MCOs. The 2005–2006 Department-specified PIP, which continued in 2006–2007, focused on perinatal care and depression screening. During 2006–2007 the MCOs were in the intervention

phase of the perinatal care and depression screening PIP. Remeasurement 3 took place for women in **FHN** and **Harmony** who had live births between November 6, 2007, and November 5, 2008. **Meridian** began conducting initial perinatal care and depression screening PIP activities in 2009.

In 2005, **FHN** and **Harmony** began conducting PIPs on asthma care (i.e., increasing the use of appropriate medications for members with asthma), and both MCOs performed Remeasurement 2 in 2008.

In 2008–2009, the Department required that each MCO participate in a statewide PIP on improving ambulatory follow-up and PCP communication. The Department, in collaboration with the MCOs, established the study topic and methodology.

To continue the objective of enhancing the MCOs' knowledge and expertise in conducting PIPs, HSAG provided ongoing technical assistance to the Department and the MCOs on the development of the study methodology, including selection of the study question, identification of study indicators, and establishment of the data analysis plan throughout the PIP process. Further, through a statewide collaborative, HSAG served as an advisor to the MCOs and provided technical assistance on sampling methodology, medical record abstraction, and data submission format.

Technical Methods of Data Collection and Analysis

The methodology used to validate PIPs was based on CMS guidelines as outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities,* Final Protocol, Version 1.0, May 1, 2002 (CMS PIP Protocol). Using this protocol, HSAG, in collaboration with the Department, developed the PIP Summary Form, which each health plan completed and submitted to HSAG for review and evaluation. The PIP Summary Form standardized the process for submitting information regarding PIPs and ensured that the projects addressed all CMS PIP Protocol requirements.

HSAG, with the Department's input and approval, developed a PIP validation tool to ensure uniform validation of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following 10 CMS PIP Protocol activities:

- Activity I. Appropriate Study Topic
- Activity II. Clearly Defined, Answerable Study Question
- Activity III. Clearly Defined Study Indicator(s)
- Activity IV. Correctly Identified Study Population
- Activity V. Valid Sampling Techniques (if Sampling Was Used)
- Activity VI. Accurate/Complete Data Collection
- Activity VII. Appropriate Improvement Strategies
- Activity VIII. Sufficient Data Analysis and Interpretation
- Activity IX. Real Improvement Achieved
- Activity X. Sustained Improvement Achieved

HSAG calculated the percentage score of evaluation elements met for each MCO by dividing the total elements *Met* by the total elements *Met*, *Partially Met*, and *Not Met*. Any evaluation element that received a *Not Applicable* or *Not Assessed* designation was not included in the overall score. While all elements are important in assessing a PIP, HSAG designated some elements as critical to producing valid and reliable results and for demonstrating high confidence in the PIP findings. These critical elements must be *Met* for the PIP to be in compliance. The percentage score of critical elements *Met* was calculated by dividing the total *Met* critical elements by the total critical elements *Met*, *Partially Met*, and *Not Met*. A *Partially Met* validation status indicates low confidence in the reported PIP results.

Plan-Specific Findings

Family Health Network

Asthma PIP

FHN received a *Met* score for 85 percent of the total possible evaluation elements and 100 percent of the critical elements for its 2008–2009 asthma PIP, achieving a *Met* validation status. Activities I–X were assessed for this PIP validation cycle. Table 3-14 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-14—FHN 2008–2009 Asthma PIP Validation Report Element Scores

Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
34	5	1	13	10*
*Three critical elements were *NA*.				

The score of 85 percent of the total possible evaluation elements *Met* represents a decline from the 2007–2008 score of 89 percent and the 2006–2007 score of 100 percent, although **FHN** received a *Met* score for 100 percent of critical elements in 2008–2009, as it had in the two previous years. In 2005–2006 **FHN** received a *Met* score for 92 percent of the total possible evaluation elements and 80 percent of the critical elements for its asthma PIP, achieving a *Partially Met* validation status.

EPSDT Screening PIP

FHN received a score of 94 percent for total possible evaluation elements *Met* and a 100 percent score for critical elements *Met* for its 2008–2009 EPSDT screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–IX for this PIP validation cycle. Table 3-15 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-15—FHN 2008–2009 EPSDT Screening PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
45	2	1	13	13

The score of 94 percent of the total possible evaluation elements *Met* represents a decline from the 2007–2008 score of 95 percent and the 2006–2007 score of 100 percent, although **FHN** received a *Met* score for 100 percent of critical elements in 2008–2009, as it had in the previous two years. In 2005–2006 **FHN** received a *Met* score for 93 percent of the total possible evaluation elements and 100 percent of the critical elements for its EPSDT screening PIP, achieving a *Met* validation status.

Perinatal Care and Depression Screening PIP

FHN received a score of 92 percent for the total possible evaluation elements *Met* and a 100 percent score for critical elements *Met* for its 2008–2009 perinatal care and depression screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–X for this PIP validation cycle. Table 3-16 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-16—FHN 2008–2009 Perinatal Care and Depression Screening PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
48	4	0	13	13

The score of 92 percent of the total possible evaluation elements *Met* represents a decline from the 2007–2008 score of 94 percent and the 2006–2007 score of 100 percent, although **FHN** received a *Met* score for 100 percent of critical elements in 2008–2009, as it had in the previous two years. **FHN** received a score for 100 percent of the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2005–2006 perinatal care and depression screening PIP, achieving a *Met* validation status.

Improving Ambulatory Follow-Up and PCP Communication PIP

FHN received a score of 100 percent for the total possible evaluation elements *Met* and a 100 percent score for critical elements *Met* for its 2008–2009 improving ambulatory follow-up and PCP communication PIP, achieving a *Met* validation status. HSAG assessed Activities I–V for this PIP validation cycle. Table 3-17 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined high confidence in the results.

Table 3-17—FHN 2008–2009 Improving Ambulatory Follow-Up and PCP Communication PIP Validation Report Element Scores

Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
17	0	0	8	8

Harmony Health Plan

Asthma PIP

Harmony received a score of 83 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 asthma PIP, achieving a *Met* validation status. HSAG assessed Activities I–X for this PIP validation cycle. Table 3-18 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-18—Harmony 2008–2009 Asthma PIP Validation Report Element Scores

Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
40	7	1	13	12*
*One critical element was *NA*.				

This represents an improvement compared 2007–2008, when **Harmony** received a score of 79 percent for the total possible evaluation elements *Met* and a score of 92 percent for critical elements *Met,* thereby achieving *Partially Met* validation status. In 2006–2007 **Harmony** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its asthma PIP. In 2005–2006 **Harmony** received a score of 87 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its asthma PIP, achieving a *Met* validation status.

EPSDT Screening PIP

Harmony received a score of 85 percent for the total possible evaluation elements *Met* and a score of 92 percent for critical elements *Met* for its 2008–2009 EPSDT screening PIP, resulting in a *Not Met* validation status. HSAG assessed Activities I–IX for this PIP validation cycle. Table 3-19 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined that the reported PIP results were not credible.

Table 3-19—Harmony 2008–2009 EPSDT Screening PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
41	5	2	13	12

This represents a decline from 2007–2008, when **Harmony** received a score of 92 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met,* thereby achieving *Met* validation status. In 2006–2007 **Harmony** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its EPSDT screening PIP. In 2005–2006 **Harmony** received a score of 98 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its EPSDT screening PIP, achieving a *Met* validation status.

Perinatal Care and Depression Screening PIP

Harmony received a score of 87 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 perinatal care and depression screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–X for this PIP validation cycle. Table 3-20 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-20—Harmony 2008–2009 Perinatal Care and Depression Screening PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
45	6	1	13	13

This represents an improvement compared to 2007–2008, when **Harmony** received a score of 84 percent for the total possible evaluation elements *Met* and a score of 92 percent for critical elements *Met,* thereby achieving a *Partially Met* validation status. In 2006–2007 **Harmony** received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met*. **Harmony** also received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2005–2006 perinatal care and depression screening PIP, achieving a *Met* validation status.

Improving Ambulatory Follow-Up and PCP Communication PIP

Harmony received a score of 91 percent for the total possible evaluation elements *Met* and a 100 percent score for critical elements *Met* for its 2008–2009 improving ambulatory follow-up and PCP communication PIP, achieving a *Met* validation status. HSAG assessed Activities I–V for this PIP validation cycle. Table 3-21 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-21—Harmony 2008–2009 Improving Ambulatory Follow-Up and PCP Communication PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
21	2	0	9	9

Meridian

EPSDT Screening PIP

Meridian received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 EPSDT screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle. Table 3-22 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined high confidence in the results.

Table 3-22—Meridian 2008–2009 EPSDT Screening PIP Validation Report Element Scores				
Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
17	0	0	8	8

Perinatal Care and Depression Screening PIP

Meridian received a score of 100 percent for the total possible evaluation elements *Met* and a score of 100 percent for critical elements *Met* for its 2008–2009 perinatal care and depression screening PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle. Table 3-23 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined high confidence in the results.

Table 3-23—Meridian 2008–2009 Perinatal Care and Depression Screening PIP Validation Report Element Scores

Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
18	0	0	8	8

Improving Ambulatory Follow-Up and PCP Communication PIP

Meridian received a score of 100 percent for the total possible evaluation elements *Met* and a 100 percent score for critical elements *Met* for its 2008–2009 improving ambulatory follow-up and PCP communication PIP, achieving a *Met* validation status. HSAG assessed Activities I–IV for this PIP validation cycle. Table 3-24 displays the number of evaluation elements *Met*, *Partially Met*, or *Not Met* and the total critical elements *Met*. Based on the validation of this PIP study, HSAG's assessment determined confidence in the results.

Table 3-24—Meridian 2008–2009 Improving Ambulatory Follow-Up and PCP Communication PIP Validation Report Element Scores

Number *Met*	Number *Partially Met*	Number *Not Met*	Total Possible Critical Elements Assessed	Total Critical Elements *Met*
17	0	0	8	8

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys—SFY 2008–2009

The CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. **FHN** and **Harmony** were responsible for obtaining a CAHPS vendor to administer the CAHPS surveys on their behalf. **FHN**'s and **Harmony**'s results were forwarded to HSAG for analysis.

Objectives

The overarching objective of the CAHPS surveys was to effectively and efficiently obtain information on patients' levels of satisfaction with their health care experiences.

Technical Methods of Data Collection and Analysis

For **FHN** and **Harmony**, the adult Medicaid and child Medicaid populations were surveyed. The Myers Group administered the CAHPS surveys on behalf of **FHN** and **Harmony**.

The technical method of data collection was through administration of the CAHPS 4.0H Adult Medicaid Survey to the adult population and the CAHPS 4.0H Child Medicaid Survey to the child population. Both plans used a mixed methodology for data collection, which included both a mail and telephone phase for data collection. The surveys could be completed in English or Spanish.

The survey questions were categorized into nine measures of satisfaction. These measures included four global ratings and five composite scores. The global ratings reflected patients' overall satisfaction with their personal doctor, specialist, health plan, and all health care. The composite scores were derived from sets of questions to address different aspects of care (e.g., getting needed care and how well doctors communicate). When a minimum of 100 responses for a measure was not achieved, the result of the measure was "Not Applicable" (NA).

For each of the four global ratings, the percentage of respondents who chose the top satisfaction ratings (a response value of 9 or 10 on a scale of 0 to 10) was calculated. This percentage was referred to as a question summary rate (or top-box response). In addition to the question summary rate, a three-point mean was calculated. Response values of 0 to 6 were given a score of 1, response values of 7 and 8 were given a score of 2, and response values of 9 and 10 were given a score of 3. The three-point mean was the sum of the response scores (1, 2, or 3) divided by the total number of responses to the global rating question.

For each of the five composite scores, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices in the adult Medicaid survey fell into one of the following two categories 1) "Never," "Sometimes," "Usually," and "Always" or 2) "Definitely No," "Somewhat No," "Somewhat Yes," and "Definitely Yes." For the child Medicaid

survey, response choices fell into one of the following two categories: 1) "Never," "Sometimes," "Usually," and "Always" or 2) "A Big Problem," "A Small Problem," and "Not a Problem."

A positive or top-box response for the composites was defined as a response of "Always," "Not a Problem," or "Definitely Yes." The percentage of top-box responses was referred to as a global proportion for the composite scores.

In addition to the global proportion, a three-point mean was calculated for each of the composite scores. Scoring was based on a three-point scale. Responses of "Always," "Not a Problem," and "Definitely Yes" were given a score of 3, responses of "Usually," "A Small Problem," or "Somewhat Yes" were given a score of 2, and all other responses were given a score of 1. The three-point mean was the average of the mean score for each question included in the composite.

Plan-Specific Findings

Family Health Network

Adult Medicaid

The Myers Group collected 205 valid surveys from the eligible **FHN** adult Medicaid member population from January through May 2009, yielding a response rate of 16.1 percent. The overall NCQA target number of valid surveys is 411. **FHN**'s 2009 adult Medicaid CAHPS top-box percentages and three-point means are presented in Table 3-25, along with NCQA's 2008 CAHPS top-box national averages (percentage of 9 and 10 response values).

Table 3-25—FHN 2009 Adult Medicaid CAHPS Results

	Top-Box Percentages	Three-Point Mean Scores	2008 NCQA CAHPS National Averages
Composite Measures			
Getting Needed Care	47.0%	2.11	48.9%
Getting Care Quickly	54.4%	2.31	55.7%
How Well Doctors Communicate	76.0%	2.64	67.7%
Customer Service	64.9%	2.51	57.3%
Shared Decision Making	NA	NA	58.7%
Global Ratings			
Rating of All Health Care	50.0%	2.30	46.9%
Rating of Personal Doctor	59.1%	2.45	60.5%
Rating of Specialist Seen Most Often	47.2%	2.22	60.9%
Rating of Health Plan	48.7%	2.28	53.4%

A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.

FHN scored above the 2008 NCQA CAHPS top-box national averages for four measures: *How Well Doctors Communicate*, *Customer Service,* and *Rating of All Health Care*.

Child Medicaid

The Myers Group collected 283 valid surveys from the eligible **FHN** child Medicaid member population from January through May 2009, yielding a response rate of 18.3 percent. The overall NCQA target number of valid surveys is 411. **FHN's** 2009 child Medicaid CAHPS top-box percentages and three-point means are presented in Table 3-26, along with NCQA's 2008 CAHPS top-box national averages (percentage of 9 and 10 response values). Because of changes in the Child Medicaid survey from version 3.0H to version 4.0H, 2009 results are not comparable to 2008 data for the *Getting Needed Care*, *Getting Care Quickly*, and *Customer Service* composite measures.

Table 3-26—FHN 2009 Child Medicaid CAHPS Results

	Top-Box Percentages	Three-Point Mean Scores	2008 NCQA CAHPS National Averages
Composite Measures			
Getting Needed Care	NA	NA	—
Getting Care Quickly	65.6%	2.45	—
How Well Doctors Communicate	71.4%	2.60	69.2%
Customer Service	NA	NA	—
Shared Decision Making	NA	NA	New in 2009
Global Ratings			
Rating of All Health Care	54.6%	2.40	65.2%
Rating of Personal Doctor	68.0%	2.60	64.8%
Rating of Specialist Seen Most Often	NA	NA	64.2%
Rating of Health Plan	58.1%	2.44	62.2%
A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.			

FHN scored above the 2008 NCQA CAHPS top-box national averages for two measures: *How Well Doctors Communicate* and *Rating of Personal Doctor.*

Harmony Health Plan

Adult Medicaid

The Myers Group collected 521 valid surveys from the eligible **Harmony** adult Medicaid member population from January through May 2009, yielding a response rate of 20.1 percent. The overall NCQA target number of valid surveys is 411. **Harmony**'s 2009 adult Medicaid CAHPS top-box percentages and three-point means are presented in Table 3-27, along with NCQA's 2008 CAHPS top-box national averages (percentage of 9 and 10 response values).

Table 3-27—Harmony 2009 Adult Medicaid CAHPS Results			
	Top-Box Percentages	**Three-Point Mean Scores**	**2008 NCQA CAHPS National Averages**
Composite Measures			
Getting Needed Care	37.5%	1.98	48.9%
Getting Care Quickly	51.4%	2.26	55.7%
How Well Doctors Communicate	70.6%	2.57	67.7%
Customer Service	60.7%	2.40	57.3%
Shared Decision Making	58.8%	2.48	58.7%
Global Ratings			
Rating of All Health Care	39.2%	2.13	46.9%
Rating of Personal Doctor	54.0%	2.34	60.5%
Rating of Specialist Seen Most Often	55.7%	NA	60.9%
Rating of Health Plan	39.5%	2.12	53.4%
A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.			

Harmony scored above the 2008 NCQA CAHPS top-box national averages for two measures: *How Well Doctors Communicate* and *Customer Service,* and at about the same level for *Shared Decision Making*.

Child Medicaid

The Myers Group collected 583 valid surveys from the eligible **Harmony** child Medicaid member population from January through May 2009, yielding a response rate of 18.7 percent. The overall NCQA target number of valid surveys is 411. **Harmony's** 2009 child Medicaid CAHPS top-box percentages and three-point means are presented in Table 3-28, along with NCQA's 2008 CAHPS top-box national averages (percentage of 9 and 10 response values). Because of changes in the Child Medicaid survey from version 3.0H to version 4.0H, 2009 results are not comparable to 2008 data for the *Getting Needed Care*, *Getting Care Quickly*, and *Customer Service* composite measures.

Table 3-28—Harmony 2009 Child Medicaid CAHPS Results

	Top-Box Percentages	Three-Point Mean Scores	2008 NCQA CAHPS National Averages
Composite Measures			
Getting Needed Care	46.0%	2.13	—
Getting Care Quickly	63.5%	2.44	—
How Well Doctors Communicate	70.9%	2.56	69.2%
Customer Service	61.0%	2.40	—
Shared Decision Making	65.0%	2.57	New in 2009
Global Ratings			
Rating of All Health Care	47.9%	2.29	65.2%
Rating of Personal Doctor	62.5%	2.47	64.8%
Rating of Specialist Seen Most Often	52.1%	2.33	64.2%
Rating of Health Plan	48.7%	2.28	62.2%

A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.

Harmony scored above the 2008 NCQA CAHPS top-box national averages for one measure: *How Well Doctors Communicate.*

Illinois Quality Strategy and Work Plan

Throughout SFY 2008–2009, HFS has worked on revising the State Quality Strategy to incorporate the following comments and recommendations from the Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS):

- The overall program goal could be enhanced by adding a short list of objectives that references baseline performance data, measureable targets, and planned initiatives.
- HFS should clarify what constitutes satisfactory progress for an MCO unable to meet each of the established goals, and the actions HFS will take if progress is not achieved.
- HFS should include targets the MCOs must meet for each HEDIS measure. This should include the MCO outcomes and trends, baseline, benchmarks, and targets.
- HFS should identify successes that may be considered best practices.
- The State should identify ongoing challenges to improving the quality of care to beneficiaries.
- The State should recommend ongoing quality improvement activities—e.g., performance improvement projects, withholds/pay-for-performance incentives, value-based purchasing incentives or disincentives, telemedicine, and health information technology changes.

Throughout SFY 2008–2009 HFS has increased its focus on MCO quality assurance goals, progress and outcomes, and thresholds for improved performance. In addition, HFS has emphasized ensuring that MCOs have quality assurance processes, adequate resources, and a demonstrated commitment toward ongoing quality improvement.

Performance Tracking Tool (PTT)

At the time of this report, this year's modifications to the PTT were not yet complete. The modifications are expected to be completed by mid-November 2009. The updates include current benchmarks along with the new quality incentive measures and methodology, as well as the performance measure goals for next year.

The PTT includes the following:

- A key timeline for reporting requirements.
- Compliance monitoring activities, including areas for targeted improvement for the MCOs.
- A simplified process for entering rates for the various activities (e.g., HEDIS, CAHPS, PIPs).
- Links to automatically trend, graph, determine HEDIS percentile rankings, determine next goals, and calculate incentive payment qualification.
- PIP summary tables to determine validation status and improvements on individual PIP quality indicators.
- A Chi-square and *p* value calculator to facilitate the MCOs' ability to determine if changes were statistically significant.

Both **FHN** and **Harmony** have begun to use the PTT for tracking and monitoring of rates and activities, quality improvement efforts, comparisons to benchmarks, setting and achieving goals, and internal and external reporting (e.g., the MCO's annual report to HFS).

HFS may use the PTT to enhance reporting to CMS and to the State legislature, as well as to enhance other interdepartmental reporting and determine areas that need focused attention (e.g., HFS can use the PTT to develop collaborative PIPs). The PTT may soon be expanded to include the PCCM population, facilitating comparisons between the MCOs and PCCM.

Technical Assistance

As requested by the Department, HSAG has continued to provide technical guidance to the MCOs to assist them in conducting the mandatory EQR activities—particularly, to establish scientifically sound PIPs and develop effective corrective action plans (CAPs). HSAG, at the request of the Department, provided technical assistance training to the MCOs in conducting root-cause analyses and implementing meaningful interventions to address the findings outlined in the MCO annual program evaluations and the results of PIPs and performance measures.

4. Plan Comparisons and Recommendations

Introduction

This section of the report contains comparisons among MCOs' results for four EQR activities (compliance monitoring CAPs, validation of performance measures, validation of PIPs, and assessment of consumer satisfaction surveys). As a result of the comparative analysis, in Section 5 of this report HSAG offers conclusions and recommendations to facilitate the continued quality and timeliness of, and access to, services available to Illinois Medical Assistance Program beneficiaries.

The methodology used for the comparison of the MCOs' results for each of the EQR activities involved an analysis of the MCOs' overall performance scores as well as the specific standards and/or elements used to assess the MCOs' performance. Common areas for improvement among the MCOs were also identified for each EQR activity by reviewing all previous report findings.

The validity of this type of comparative analysis is possible due to the systematic, methodological approach, including the use of standardized data collection tools by HSAG in conducting the EQR activities.

Compliance Monitoring—QAP Structure and Operations—SFY 2008–2009

During SFY 2008–2009 **Harmony** implemented and enhanced their case and disease management software programs. In addition, **Harmony** added additional resources to support the case and disease management program activities. The implementation of case and disease management software has been a major focus for **FHN** throughout SFY 2008–2009. Implementation began in September 2009 with roll-out of the program in the first quarter of 2010. **FHN** has also added resources to the medical management program. HSAG is scheduled to conduct an on-site review of the case and disease management programs in December 2009.

Validation of Performance Measures—HEDIS Compliance Audit—SFY 2008–2009

The State contracted with HSAG to conduct HEDIS compliance audits for **FHN** and **Harmony**. Both MCOs received a final audit statement indicating that the selected performance measures for the audit were prepared in accordance with the *HEDIS 2009 Technical Specifications* and presented the MCO's performance with respect to these specifications. HSAG found that **FHN** and **Harmony** had:

- Information systems that met HEDIS standards with no significant impact on the reliability of HEDIS reporting
- Valid Medical Record Review (MRR) processes
- Performance measures (for those included in the audit) that followed HEDIS specifications and provided a reportable rate for the measure

This section of the report compares the performance measure results for **FHN** and **Harmony** based on the HEDIS 2009 measures listed in Table 4-1. The measures have been classified into related categories for discussion purposes. In addition, please see Appendix A through F for detailed HEDIS trended performance graphs, HEDIS measures by category comparisons, HEDIS trended rate tables and the Medicaid HEDIS 2008 Means and Percentiles.

Table 4-1—Classification of HEDIS 2009 Measures

Category	HEDIS 2009 Measure
Child and Adolescent Care	*Childhood Immunization Status (Combinations 2 and 3)*
	Lead Screening in Children
	Well-Child Visits in the First 15 Months of Life (0 Visits and 6+ Visits)
	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
	Adolescent Well-care Visits
Access to Care	*Adults' Access to Preventative/Ambulatory Care*
Preventative Screening for Women	*Breast Cancer Screening*
	Cervical Cancer Screening
	Chlamydia Screening in Women (Combined Rate)
Maternity-Related Care	*Frequency of Ongoing Prenatal Care (0–21 percent and 81–100 percent of Visits)*
	Timeliness of Prenatal Care
	Postpartum Care
Chronic Conditions/Disease Management	*Controlling High Blood Pressure (Combined Rate)*
	Comprehensive Diabetes Care
	Use of Appropriate Medications for People With Asthma (Combined Rate)
	Follow-up After Hospitalization for Mental Illness (7 Days and 30 Days)

Child and Adolescent Care

This section addresses HEDIS measures regarding care for children and adolescents. The HEDIS measures were: *Childhood Immunization Status*; *Lead Screening in Children; Well-Child Visits in the First 15 Months of Life*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*; and *Adolescent Well-Care Visits*.

Childhood Immunization Status

Figure 4-1 displays comparative rates for *Childhood Immunizations—Combination 2* (i.e., diphtheria, tetanus toxoids, and acellular pertussis/diphtheria-tetanus toxoid [DTaP/DT]; inactivated poliovirus vaccine [IPV]; measles-mumps-rubella [MMR]; Haemophilus influenzae type b [HIB]; hepatitis B [Hep B]; and varicella-zoster virus [VZV]) for the past five years.

Overall, **FHN** has improved from 47.2 percent in 2005 to 72.0 percent for 2009. This represents a gain of 24.8 percentage points since 2005, and **FHN**'s rate is approaching the National Medicaid HEDIS 2008 50th percentile of 75.4 percent. The rate for **Harmony** has also shown improvement, increasing from 49.5 percent in 2005 to 62.5 percent for 2009, for a gain of 13.0 percentage points. This year resulted in the highest improvement for **Harmony** over prior years.

Figure 4-1—Comparison of HFS MCO Performance for *Childhood Immunizations—Combination 2*

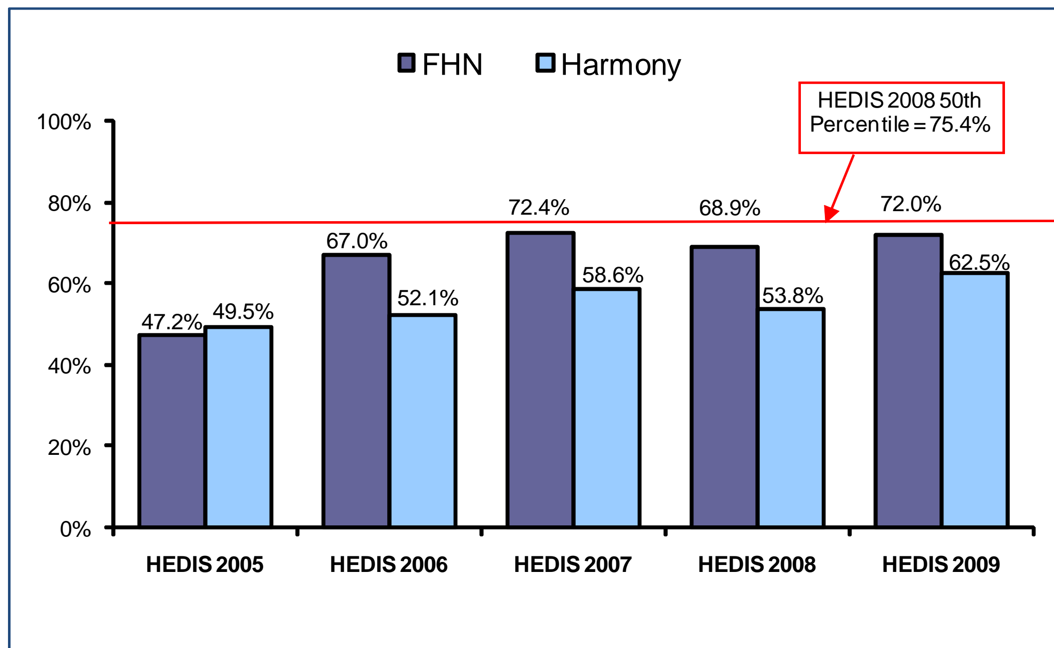
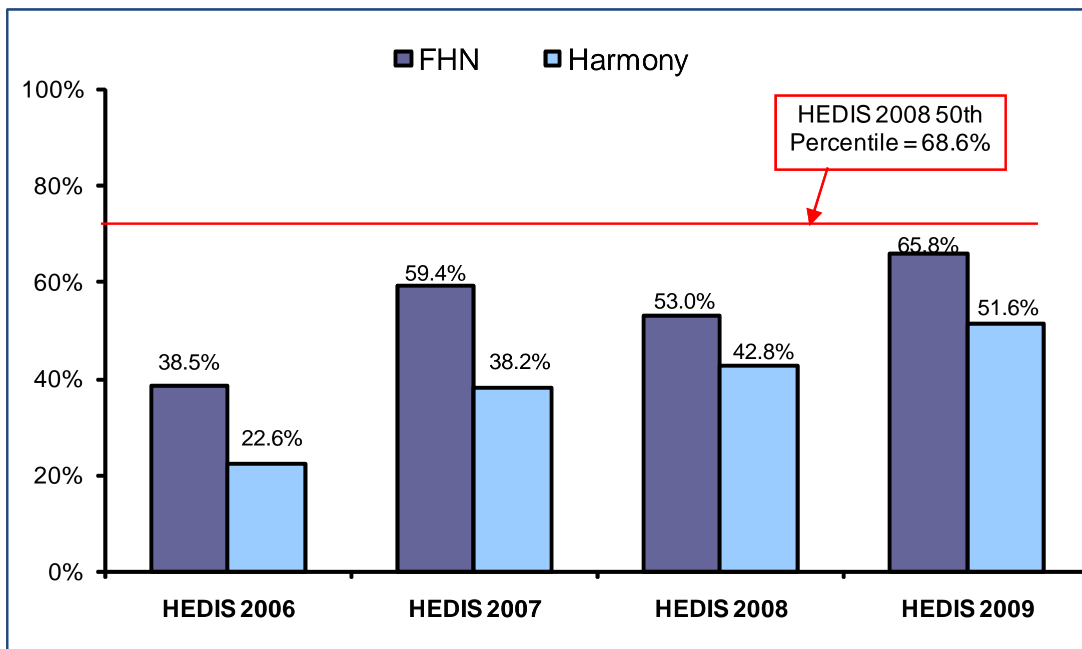


Figure 4-2 displays comparative rates for *Childhood Immunizations—Combination 3* (i.e., DTaP/DT, IPV, MMR, HIB, Hep B, VZV, and pneumococcal conjugate vaccine [PCV]). This measure was new for HEDIS 2006, so comparisons were limited to four years.

FHN's rate improved 12.8 percentage points over last year, and has increased 27.3 percentage points since HEDIS 2006. The rate for **Harmony** demonstrated similar improvement, increasing 8.8 percentage points this year, and 29.0 percentage points since HEDIS 2006. Although both rates are improving, the rate for **FHN** is 14.2 percentage points higher than **Harmony**, and is approaching the National Medicaid 50th percentile.

Figure 4-2—Comparison of HFS MCO Performance for *Childhood Immunizations—Combination 3*

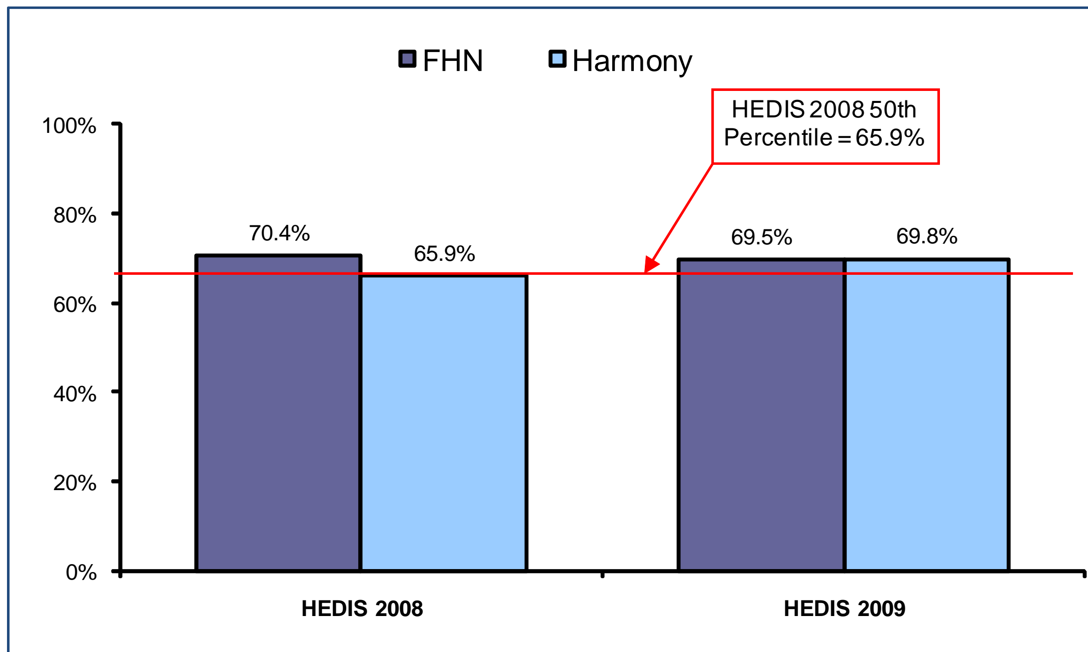


Lead Screening in Children

Figure 4-3 presents the comparative performance of the MCOs for *Lead Screening in Children*. This became a new HEDIS measure for 2008.

The rates for **FHN** and **Harmony** are nearly identical for this measure, with only 0.3 percentage points difference. Both MCOs achieved a rate above the national HEDIS 2008 Medicaid 50th percentile of 65.9 percent.

Figure 4-3—Comparison of HFS MCO Performance for Lead Screening in Children



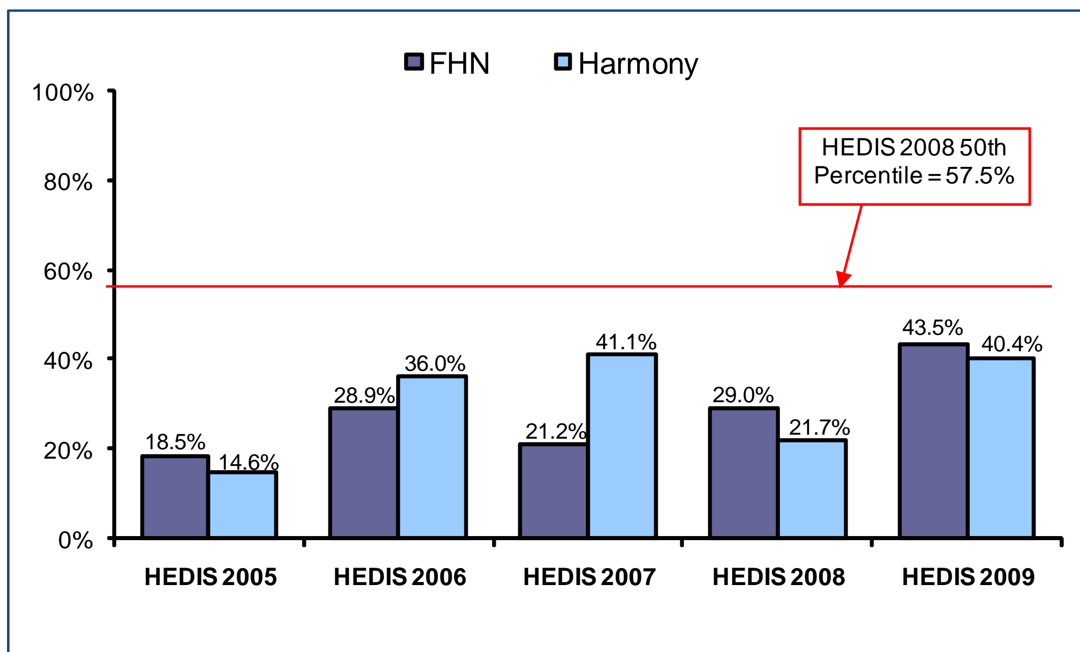
Since the eligible population for this measure consists of children who turned two years of age during the measurement year, the current EPSDT PIP may have helped to improve this measure. As a matter of efficiency, both MCOs should continue to link improvement activities with *Childhood Immunizations* and *Well-Child Visits in the First 15 Months of Life*.

Well-Child Visits in the First 15 Months of Life

Figure 4-4 presents the comparative performance of the MCOs for *Well-Child Visits in the First 15 Months of Life—Six or More Visits*. Neither MCO achieved a rate above the national HEDIS 2008 Medicaid 50th percentile of 57.5 percent.

The rate for **FHN** improved by 14.5 percentage points this year, from 29.0 percent to 43.5 percent. Since HEDIS 2005, **FHN**'s rate has improved by 25.0 percentage points. **Harmony**'s rate also rebounded this year after having a significant decline last year due to a data issue related to the inability to identify the provider type. Despite the improvements, the rates for both MCOs are well below the HEDIS 2008 50th percentile of 57.5 percent.

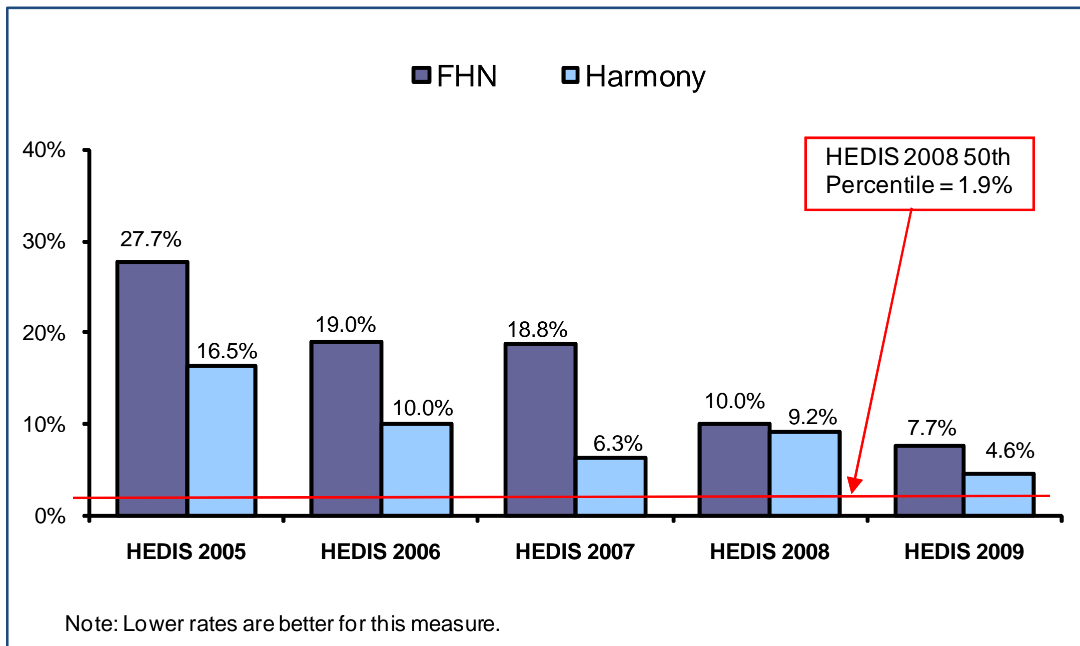
Figure 4-4—Comparison of HFS MCO Performance for *Well-Child Visits During the First 15 Months of Life—Six or More Visits*



Well-Child Visits – Zero Visits

For the *Zero Visits* measure, lower rates indicate better performance. **FHN** has continued to improve on this measure each year. Overall, **FHN** has improved by 20.0 percentage points since HEDIS 2005. **Harmony** has also continued to improve with this measure, going from 16.5 percent in 2005 to 4.6 percent in 2009, indicating less than five percent of these children do not receive a well-child visit in their first 15 months of life.

Figure 4-5—Comparison of HFS MCO Performance for *Well-Child Visits During the First 15 Months of Life—Zero Visits*



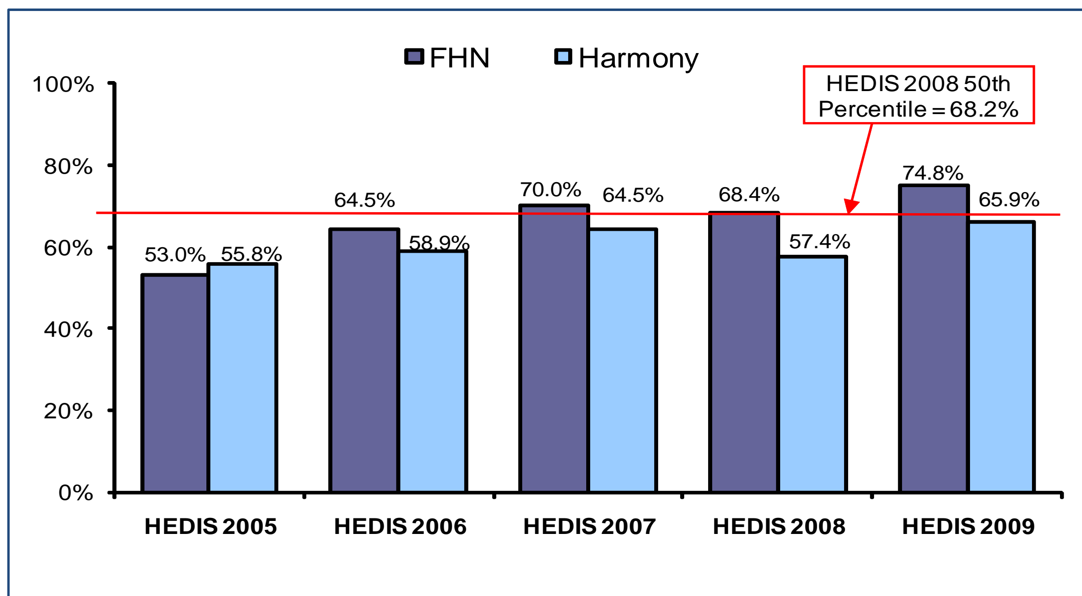
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life

Figure 4-6 presents the comparative rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life*. Both MCOs showed improvement this year, and the trend for this measure has also demonstrated continued improvement.

The rate for **FHN** improved by 6.4 percentage points this year, and is above the National HEDIS 2008 Medicaid 50th percentile of 68.2 percent, as shown in Figure 4-5 below. **FHN**'s current rate is also above the National HEDIS 2008 Medicaid 75th percentile of 74.0 percent. Overall, **FHN** has improved 21.8 percentage points since HEDIS 2005.

The rate for **Harmony** improved by 8.5 percentage points this year, and is just 2.3 percentage points below the National HEDIS 2008 Medicaid 50th percentile. Overall, **Harmony** has improved 10.1 percentage points since HEDIS 2005.

Figure 4-6—Comparison of HFS MCO Performance for *Well-Child Visits During the Third, Fourth, Fifth, and Sixth Year of Life*

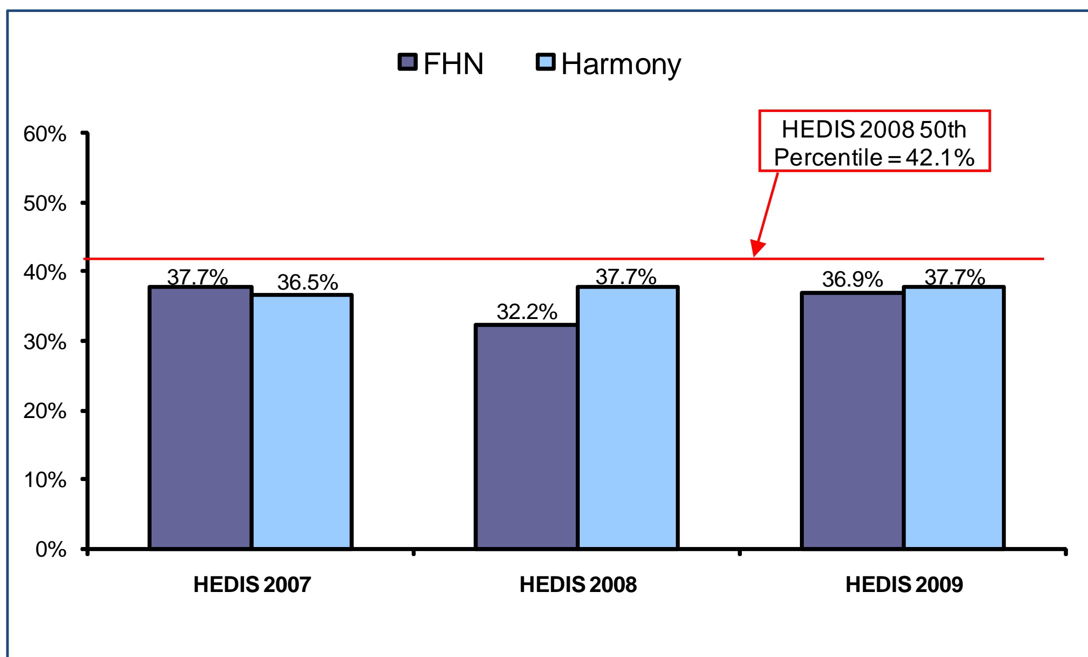


Adolescent Well-care Visits

Figure 4-7 presents the comparative rates for *Adolescent Well-care Visits*. Although **FHN** and **Harmony** internally calculate this HEDIS measure each year, the MCOs did not publicly report this rate until HEDIS 2007.

FHN's rate this year improved by 4.7 percentage points, but is still below the baseline rate of 37.7 percent. **Harmony's** rate remained identical this year to last year's rate. Both MCOs reported rates below the national Medicaid HEDIS 2008 50th percentile of 42.1 percent.

Figure 4-7—Comparison of HFS MCO Performance for *Adolescent Well-care Visits*



Access to Care

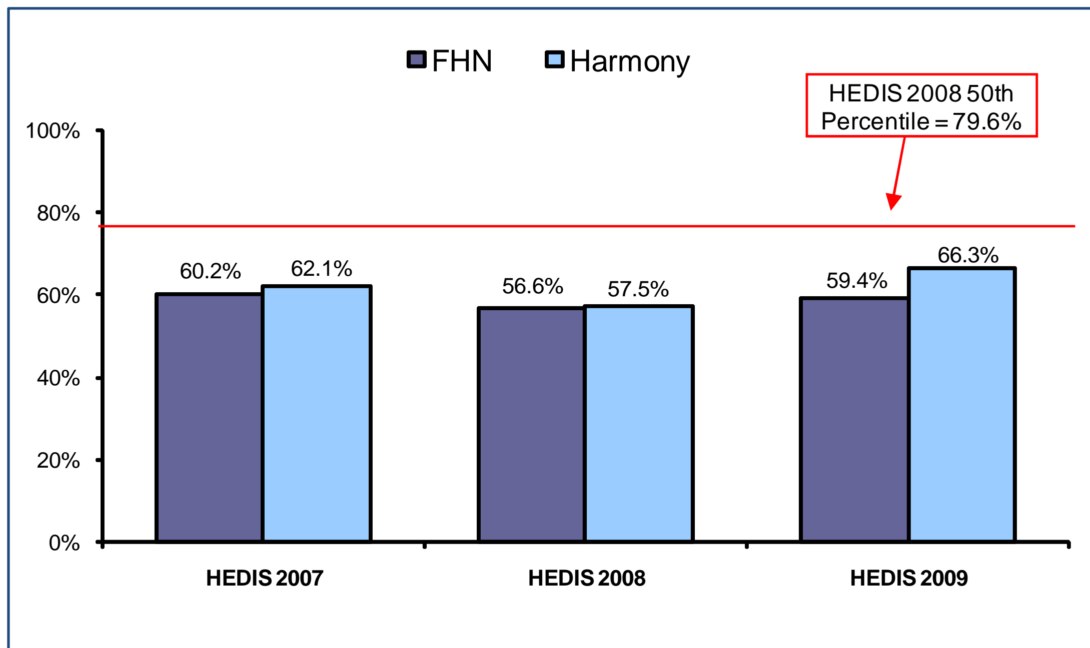
This section addresses HEDIS measures regarding access to care. The HEDIS measures were: Adults Access to Preventative/Ambulatory Care (20–44 Years of Age, and 45–64 Years of Age).

Adults' Access to Preventative/Ambulatory Care (Ages 20-44)

Figure 4-8 presents the comparative rates for *Adults' Access to Preventative/Ambulatory Care (Ages 20–44).* The MCOs first reported this measure for HEDIS 2007.

Although the rate for **FHN** improved by 2.8 percentage points this year, the rate remains below the baseline rate of 60.2 percent reported for HEDIS 2007. The rate for **Harmony** improved 8.8 percentage points and has improved above their baseline rate. The rates for both MCOs remained well below the national Medicaid 50th percentile of 79.6 percent.

Figure 4-8—Comparison of HFS MCO Performance for *Adults' Access to Preventative/Ambulatory Care (Ages 20–44)*

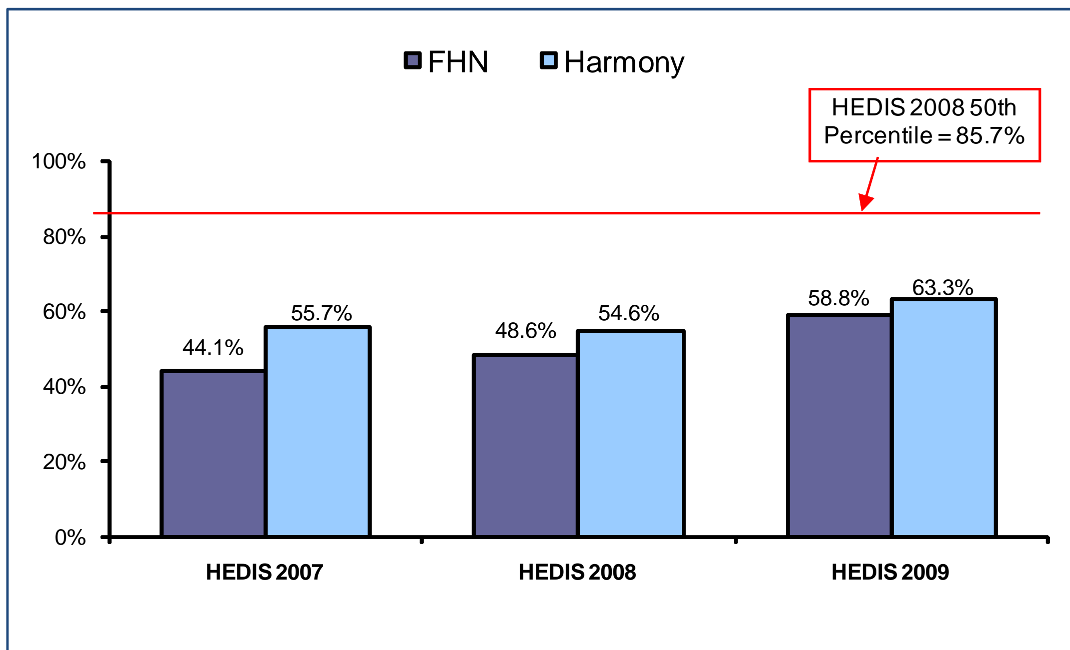


Adults' Access to Preventative/Ambulatory Care (Ages 45-64)

Figure 4-9 presents the comparative rates for *Adults' Access to Preventative/Ambulatory Care (Ages 45–64)*. The MCOs first reported this measure for HEDIS 2007.

The rate for **FHN** improved by 10.2 percentage points this year, and 14.7 percentage points since HEDIS 2007. The rate for **Harmony** improved 8.7 percentage points, and is 7.6 percentage points above the baseline rate. Although the rates for both MCOs have improved since HEDIS 2007, the rates remain well below the national Medicaid 50th percentile of 85.7 percent.

Figure 4-9—Comparison of HFS MCO Performance for *Adults' Access to Preventative/Ambulatory Care (Ages 45–64)*



As noted in the 2007–2008 EQR Technical Report, the low rates for these two measures of *Adults' Access to Preventative/Ambulatory Care* indicated that both **FHN** and **Harmony** need to improve access to care. Although a portion of this low rate may be attributed to member noncompliance, there may also be internal factors that need to be addressed, such as provider noncompliance and access-to-care barriers. The recommendation remains the same: both **FHN** and **Harmony** should examine their network provider coverage along with potential access-to-care barriers, and evaluate internal policies regarding member and provider education.

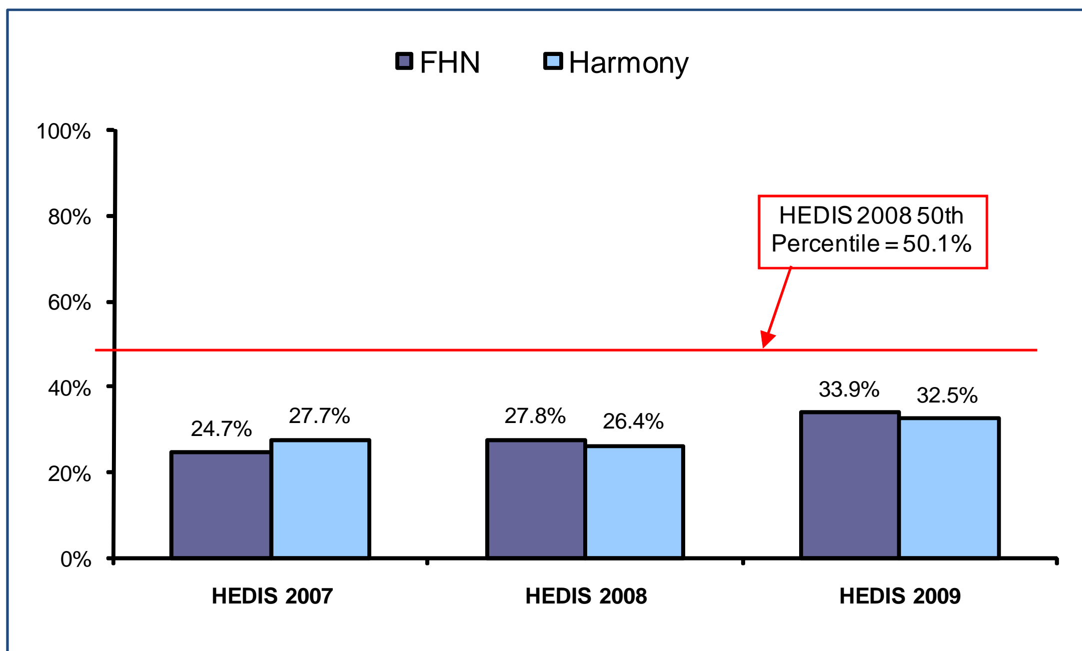
Preventive Screenings for Women

This section addresses HEDIS measures regarding preventive screenings for women. The HEDIS measures were *Breast Cancer Screening*, *Cervical Cancer Screening*, and *Chlamydia Screening in Women*.

Breast Cancer Screening

Figure 4-10 compares the *Breast Cancer Screening* rates for women enrolled in **FHN** or **Harmony**. The MCOs first reported rates from this measure for HEDIS 2007. Last year, only 1.4 percentage points separated the rates between **FHN** and **Harmony**. This year, the difference between the two rates is again 1.4 percentage points, with both MCOs reporting a 6.1 percentage point gain. Although both MCOs demonstrated improvement, the rates for both were well below the national Medicaid 50th percentile of 50.1 percent.

Figure 4-10—Comparison of HFS MCO Performance for *Breast Cancer Screening (Combined Rate)*

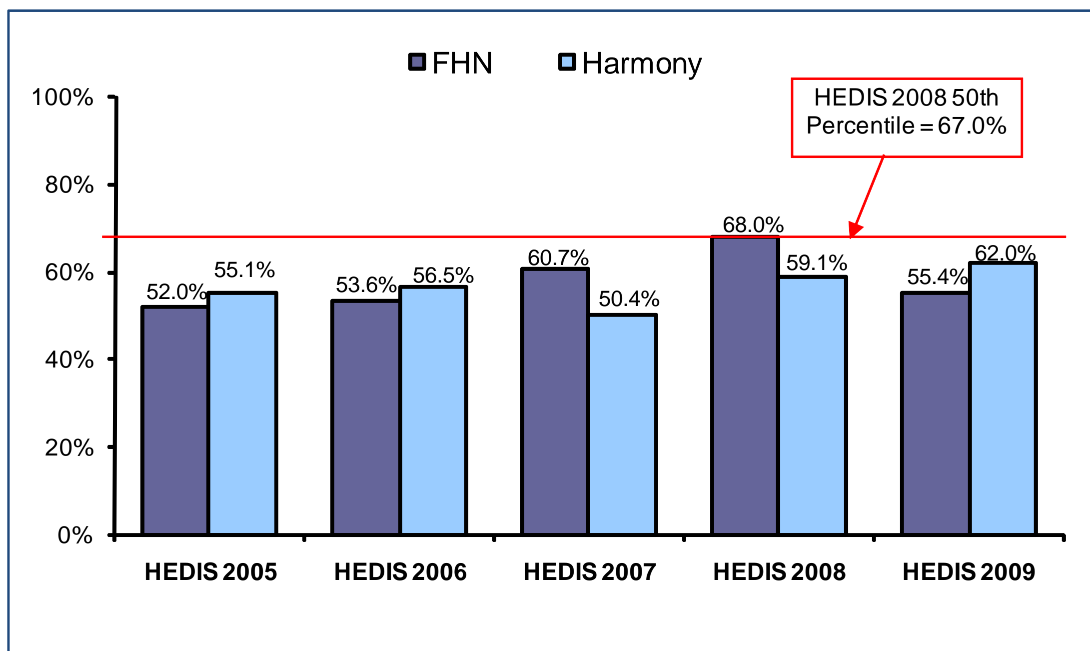


Cervical Cancer Screening

The rates for *Cervical Cancer Screening* are displayed in Figure 4-11. The rates for both MCOs are below the National Medicaid HEDIS 2008 50th percentile of 67.0 percent.

After demonstrating consistent improvement for HEDIS 2008, the rate for **FHN** had a sharp decline this year of 12.6 percentage points, and has fallen to a level close to their rate reported for HEDIS 2005. By contrast, **Harmony**'s rate improved 2.9 percentage points, which represents a new high for this measure, and is 10.0 percentage points above the HEDIS 2005 rate.

Figure 4-11—Comparison of HFS MCO Performance for *Cervical Cancer Screening*

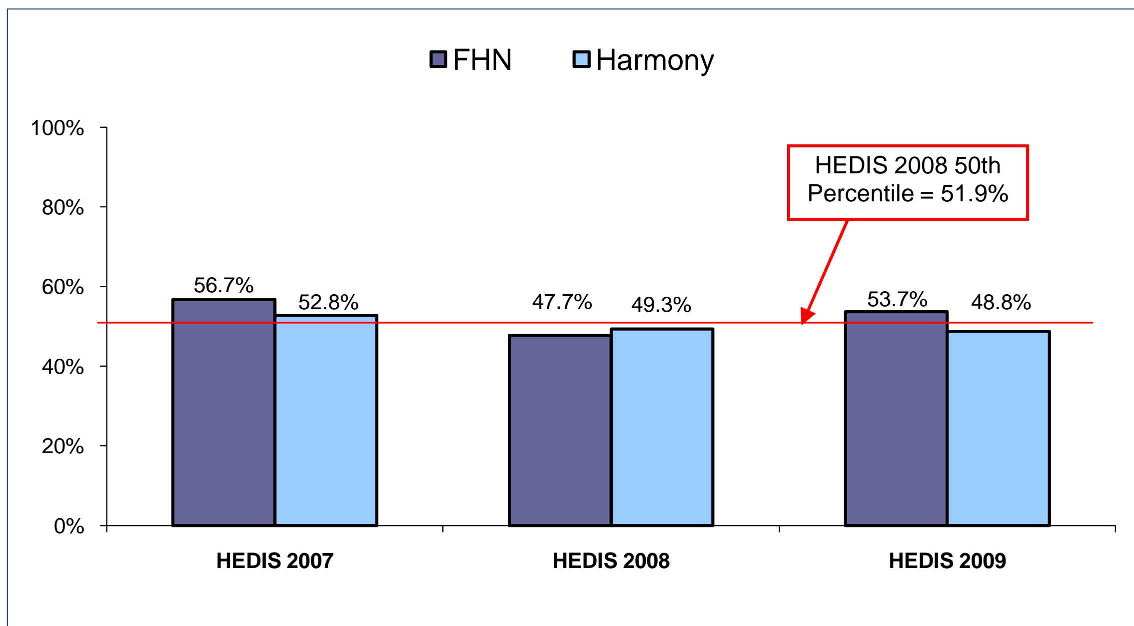


Chlamydia Screening in Women (Combined Rate)

Figure 4-12 presents the comparative rates for *Chlamydia Screening in Women.* The MCOs first reported this measure for HEDIS 2007.

Since HEDIS 2007, the rates for both **FHN** and **Harmony** have declined. However, this year the rate for **FHN** improved by 6.0 percentage points over last year, and is only 3.0 percentage points lower than the baseline rate. **Harmony**'s rate only had a slight decrease of 0.5 percentage points, and is lower than the baseline rate by 4.0 percentage points.

Figure 4-12—Comparison of HFS MCO Performance for *Chlamydia Screening in Women (Combined Rate)*



Maternity-Related Care

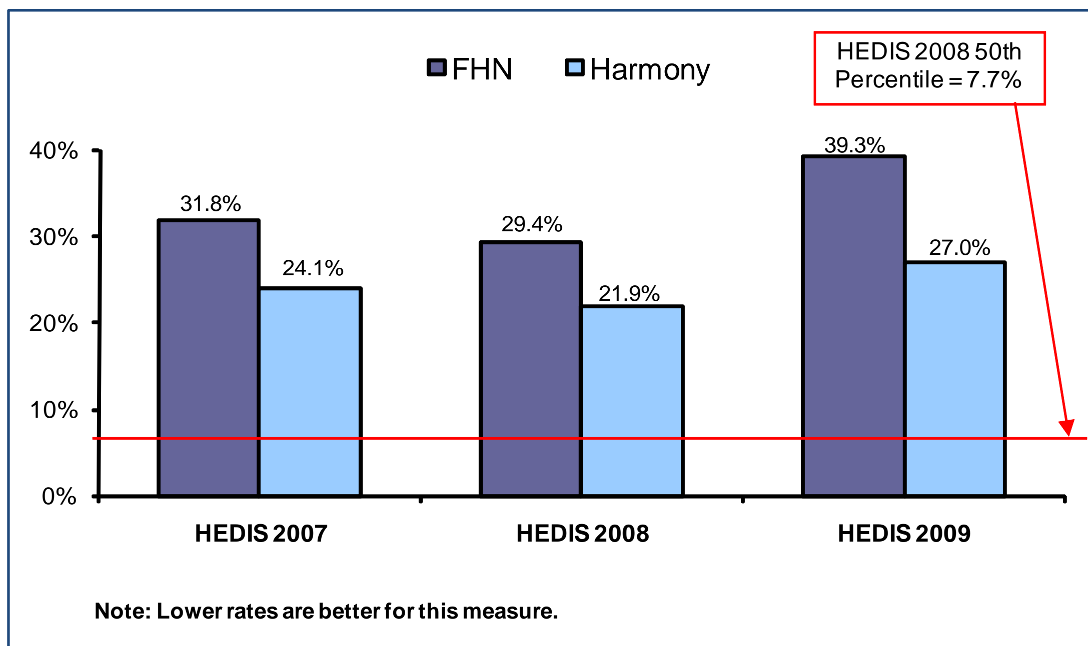
This section addresses HEDIS measures related to maternity care. The HEDIS measures were *Frequency of Ongoing Prenatal Care, Timeliness of Prenatal Care,* and *Postpartum Care.*

Frequency of Ongoing Prenatal Care (0-21 Percent of Visits)

Figure 4-13 presents the comparative rates for *Frequency of Ongoing Prenatal Care (0–21 Percent of Visits).* The MCOs first reported this measure for HEDIS 2007.

Lower rates are better for this measure since this measure evaluates the percentage of women who received 0–21 percent of their total recommended prenatal care visits. Both MCOs reported rates above the national Medicaid HEDIS 2008 50th percentile of 7.7 percent, and showed a decline in improvement. **FHN**'s rate declined by 9.9 percentage points and **Harmony**'s rate declined by 5.1 percentage points over last year.

Figure 4-13—Comparison of HFS MCO Performance For *Frequency of Ongoing Prenatal Care (0–21 Percent of Visits)*



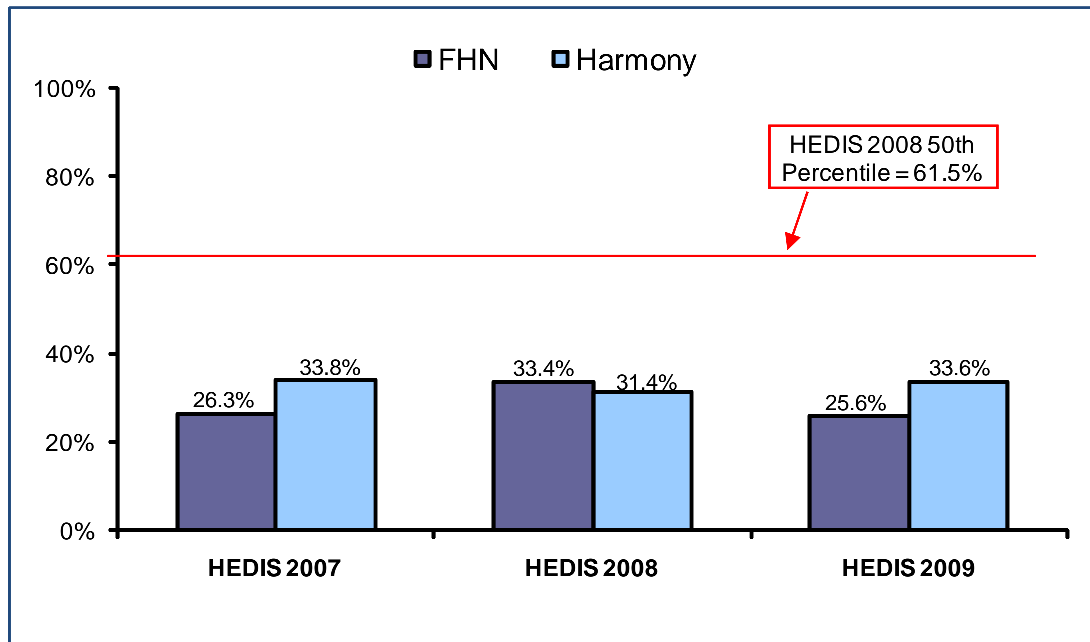
The high rates for this measure continue to represent an area of concern, and was discussed in last year's annual report. There were several potential issues identified as probably causes for the poor rates for this measure: the encounter data may be incomplete, the MCO may have had difficulty identifying pregnant members, there may have been an issue with access to OB/GYNs, there may have been an issue with member compliance, or there may have been a combination of these factors. It is strongly recommended both MCOs explore this issue (i.e., conduct a root-cause analysis) to determine the reason for low compliance, and develop interventions to improve this rate.

Frequency of Ongoing Prenatal Care (81-100 Percent of Visits)

Figure 4-14 presents the comparative rates for *Frequency of Ongoing Prenatal Care (81–100 Percent of Visits)*. The MCOs first reported this measure for HEDIS 2007. In contrast to the previous measure (0–21 percent of visits), higher rates are better for this measure.

The rate for **FHN** declined 7.8 percentage points this year, and is now below the rate reported for HEDIS 2007. **Harmony**'s rate improved 2.2 percentage points from last year, after having a small decline for HEDIS 2008. The rate for **Harmony** is now nearly identical (0.2 percentage points below) the rate reported for HEDIS 2007. The rates for both MCOs are well below the national Medicaid HEDIS 2008 50th percentile of 61.5 percent.

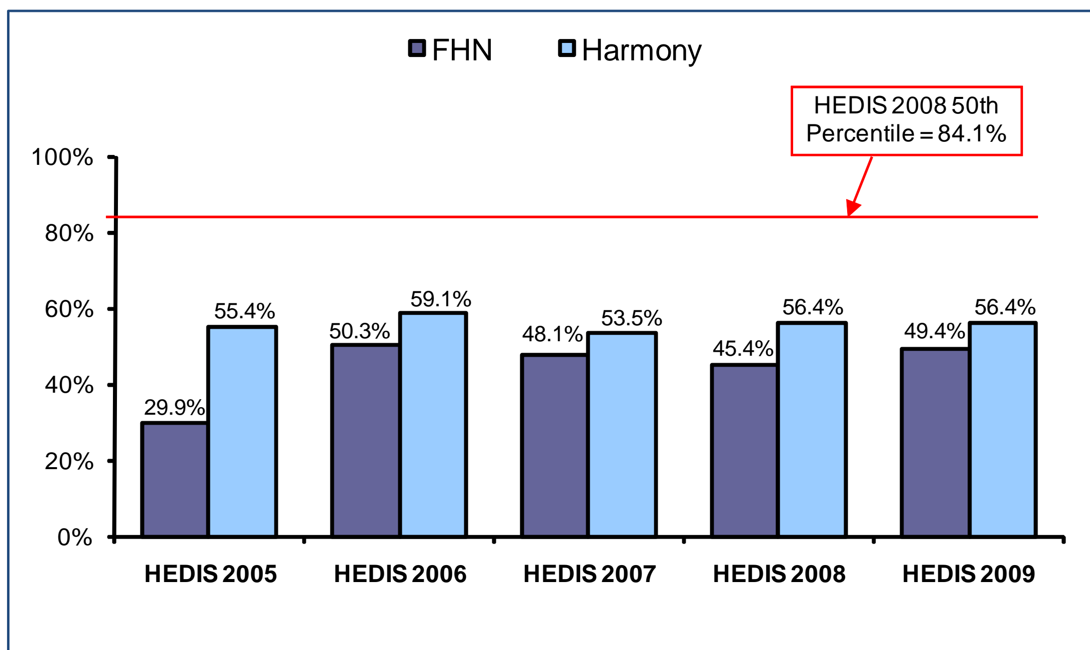
Figure 4-14—Comparison of HFS MCO Performance For *Frequency of Ongoing Prenatal Care (81–100 Percent of Visits)*



Timeliness of Prenatal Care

Figure 4-15 presents the comparative performance of the HFS MCOs for *Timeliness of Prenatal Care*. **FHN**'s rate improved by 4.0 percentage points this year. However, the general trend for **FHN** is relatively flat, indicating no real improvement. **Harmony**'s rate is identical to last year's rate, and also shown no real improvement over the past four years. Both MCOs are well below the national HEDIS 2008 Medicaid 50th percentile of 84.1 percent, and in fact, both MCOs continue to be below the national 10th percentile for the fifth consecutive year.

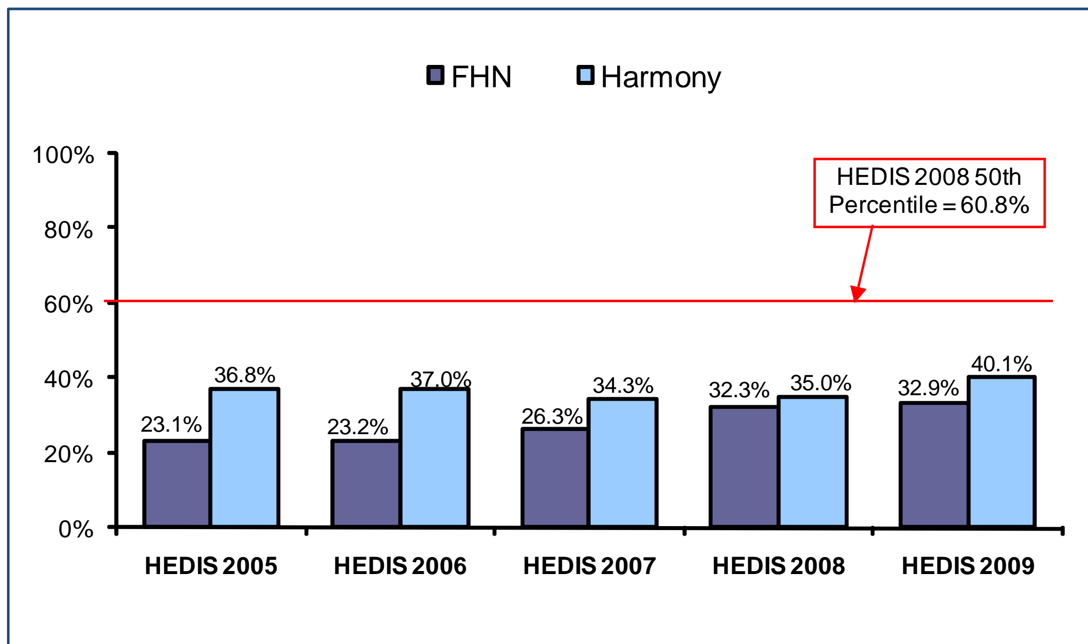
Figure 4-15—Comparison of HFS MCO Performance for *Timeliness of Prenatal Care*



Postpartum Care

Figure 4-16 presents the comparative performance of the HFS MCOs for Postpartum Care. **FHN**'s rate is nearly the same as last year's rate, with an increase of 0.6 percentage points. Overall, **FHN**'s rate has improved 9.8 percentage points since HEDIS 2005. **Harmony**'s rate increased by 6.1 percentage points this year and is now 3.3 percentage points above the reported rate for HEDIS 2005. Both MCOs are well below the national HEDIS 2008 Medicaid 50th percentile of 60.8 percent, and also below the national 10th percentile for the fifth consecutive year.

Figure 4-16—Comparison of HFS MCO Performance for *Postpartum Care*



The low rates for the maternity-related measures have been discussed for the past several years in the annual report. Both MCOs continue to report rates well below the 10th percentile. To improve these maternity-related measures, the State and the MCOs began a collaborative perinatal depression screening PIP in 2006–2007. All of these maternity-related measures were included as part of the PIP, as well as several non-HEDIS measures addressing depression and follow-up (for positive depression screening) for these women. The first remeasurement period for the PIP occurred in 2008. The interventions **FHN** and **Harmony** have implemented are expected to result in higher rates for these HEDIS measures. While **Harmony**'s rate has improved, **FHN**'s rate did not show significant improvement for this year, though it may still be too early to realize the full effects from any interventions. Nevertheless, given these rates are still very low, both **FHN** and **Harmony** should conduct a barrier analysis to determine why these rates are low and how they can be improved.

Chronic Conditions/Disease Management

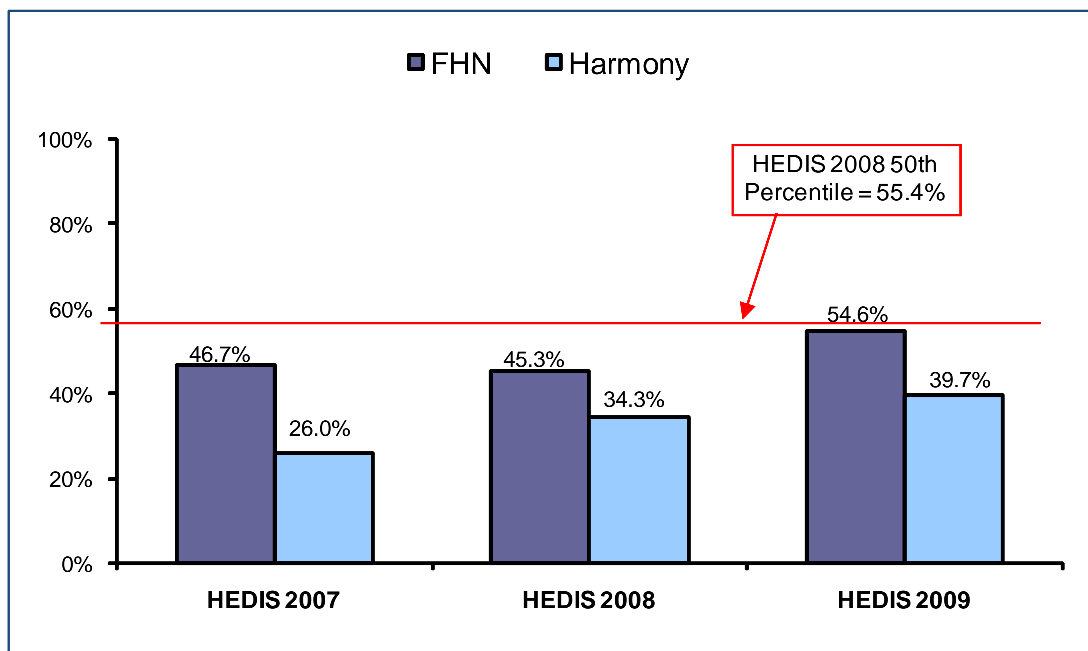
This section addresses HEDIS measures regarding chronic conditions/disease management. The HEDIS measures were *Controlling High Blood Pressure, Comprehensive Diabetes Care, Use of Appropriate Medications for People With Asthma,* and *Follow-up After Hospitalization for Mental Illness*.

Controlling High Blood Pressure

Figure 4-17 presents the comparative rates for *Controlling High Blood Pressure*. The MCOs first reported this measure for HEDIS 2007.

Both MCOs have shown improvement with this measure since HEDIS 2007. **FHN**'s rate improved by 9.3 percentage points this year and is near the national Medicaid 50th percentile 55.4 percent. **Harmony**'s rate increased 5.4 percentage points, and is 13.7 percentage points higher than their rate reported for HEDIS 2007.

Figure 4-17—Comparison of HFS MCO Performance for *Controlling High Blood Pressure (Combined Rate)*

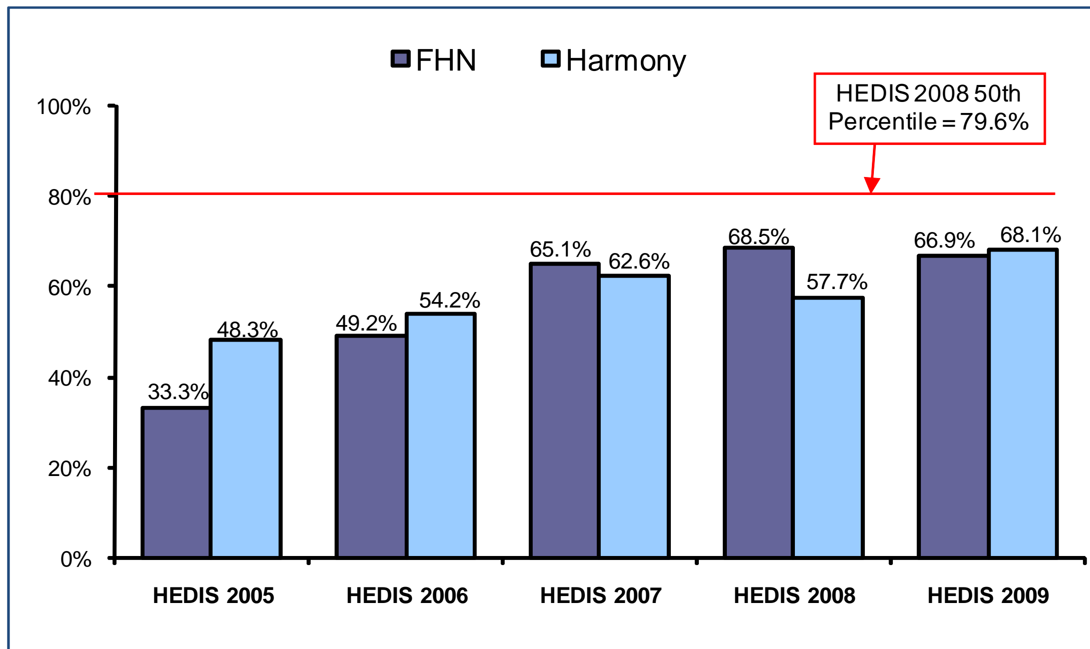


Comprehensive Diabetes Care - HbA1c Testing

Figure 4-18 through Figure 4-25 show comparisons for the performance measures under *Comprehensive Diabetes Care*. The performance measures were *HbA1c Testing*, *Poor HbA1c Control, Eye Exam*, *LDL-C Screening, LDL-C Level <100 mg/dL, Monitoring for Diabetic Nephropathy, Blood Pressure <140/90,* and *Blood Pressure < 130/80*.

Figure 4-18 presents the comparative rates for *Comprehensive Diabetes Care—HbA1c Testing*. Neither MCO had a rate above the national Medicaid HEDIS 2008 50th percentile of 79.6 percent. Overall, **FHN**'s rates have consistently improved, gaining 33.6 percentage points with this measure since HEDIS 2005. **Harmony**'s rate has also shown steady improvement and is 19.8 percentage points higher than HEDIS 2005.

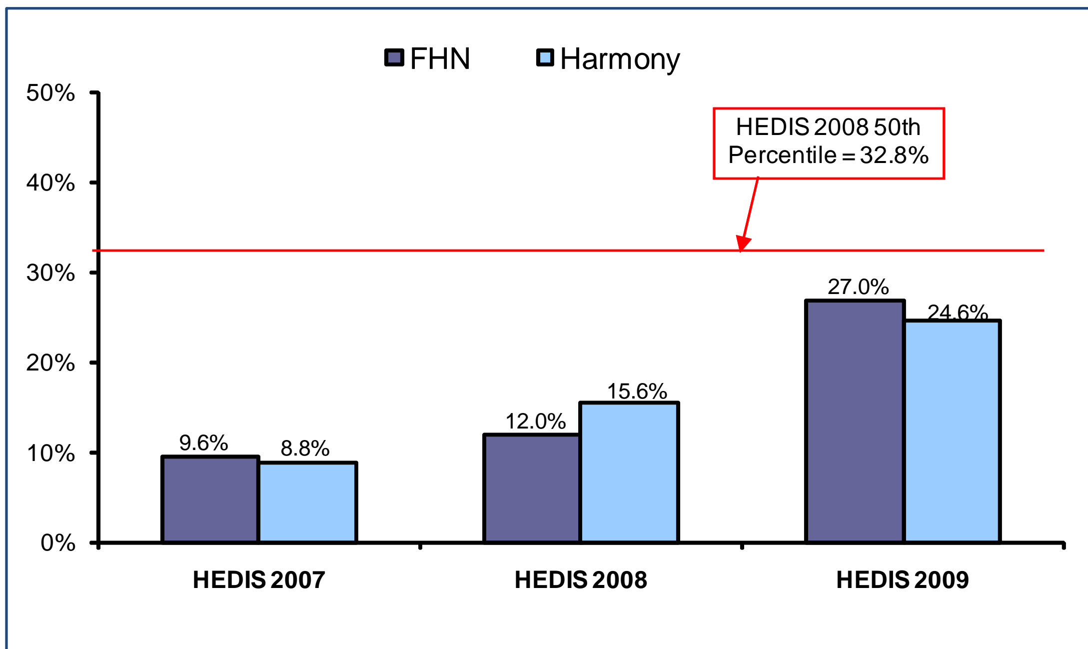
Figure 4-18—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—HbA1c Testing*



Comprehensive Diabetes Care – Good HbA1c Control

Figure 4-19 presents the comparative rates for *Comprehensive Diabetes Care—Good HbA1c Control*. The MCOs first reported this measure for HEDIS 2007. The rate for **FHN** increased by 15.0 percentage points this year, while **Harmony**'s rate improved by 9.0 percentage points. Both rates demonstrated good improvement, but are below the national Medicaid HEDIS 2008 50th percentile of 32.8 percent.

Figure 4-19—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Good HbA1c Control*

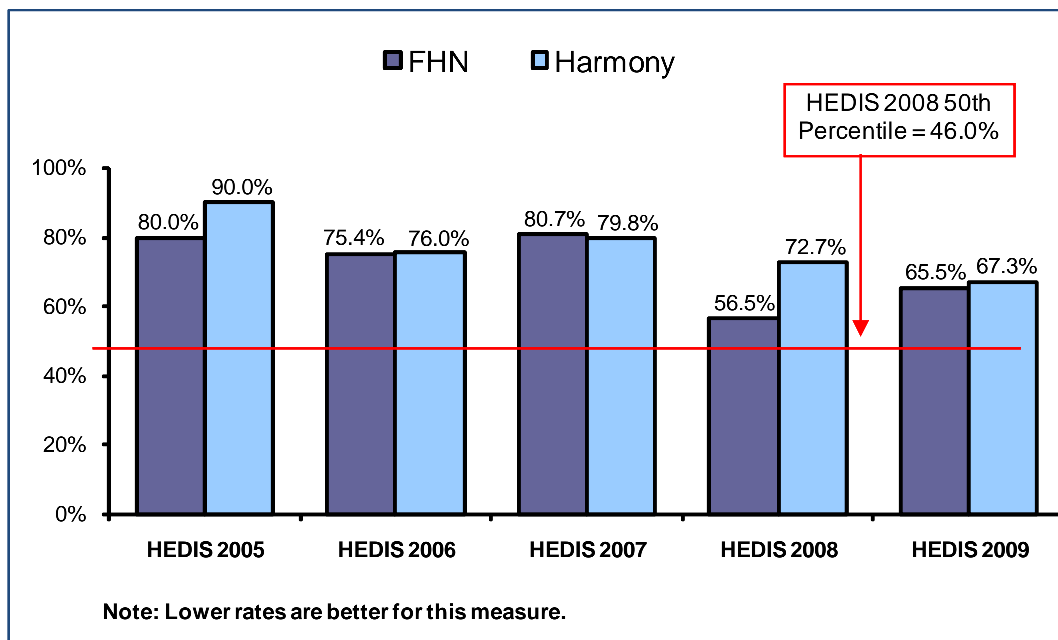


Comprehensive Diabetes Care – Poor HbA1c Control

Figure 4-20 presents the comparative rates for *Comprehensive Diabetes Care—Poor HbA1c Control*. Lower rates are better for this measure since this measure evaluates the percentage of members who were in poor control of their diabetes.

Overall, the rate for **FHN** has declined since HEDIS 2005. However, the rate for **FHN** increased this year by 9.0 percentage points. **Harmony**'s rate has demonstrated a steady improvement with this measure, decreasing its rate by 22.7 percentage points since HEDIS 2005. Both rates are fairly close, with **FHN** just 1.8 percentage points lower than **Harmony**. Both MCOs exceeded the national Medicaid 50th percentile of 46.0 percent.

Figure 4-20—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Poor HbA1c Control*

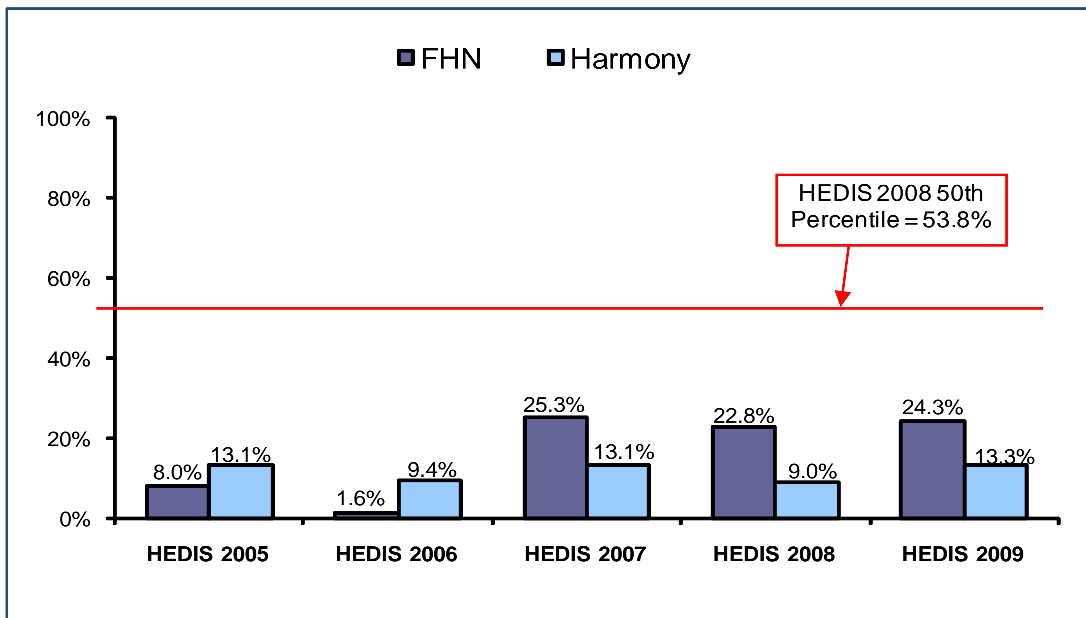


Comprehensive Diabetes Care – Eye Exam

Figure 4-21 presents the comparative rates for *Comprehensive Diabetes Care—Eye Exam*. Both MCOs have struggled to improve on this measure since HEDIS 2005.

Although both MCOs showed a small gain this year, both rates remain well below the national Medicaid HEDIS 2008 50th percentile of 53.8 percent. Overall, **FHN**'s rate has improved 16.3 percentage points from HEDIS 2005, while the rate for **Harmony** has improved only 0.2 percentage points.

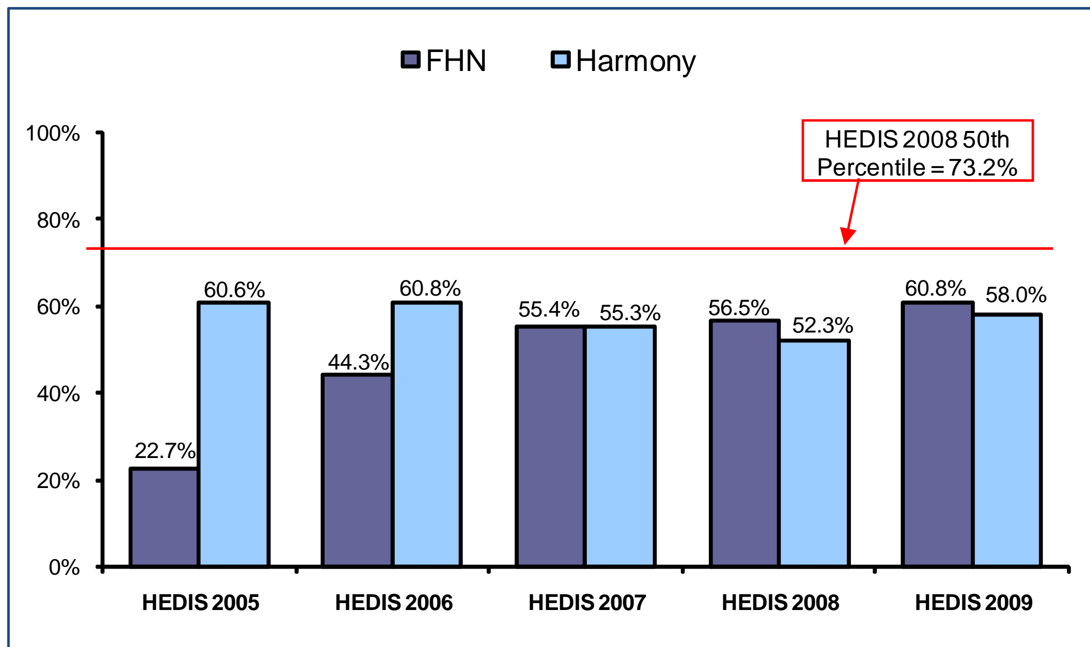
Figure 4-21—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Eye Exam*



Comprehensive Diabetes Care – LDL Screening

Figure 4-22 presents the comparative rates for *Comprehensive Diabetes Care—LDL-C Screening*. **FHN**'s rate has continued to improve each year and has improved significantly (38.1 percentage points) since HEDIS 2005. **Harmony**'s rate has declined each year and is 2.6 percentage points lower than 2005. Both MCOs had rates well below the national Medicaid HEDIS 2008 50th percentile of 73.2 percent.

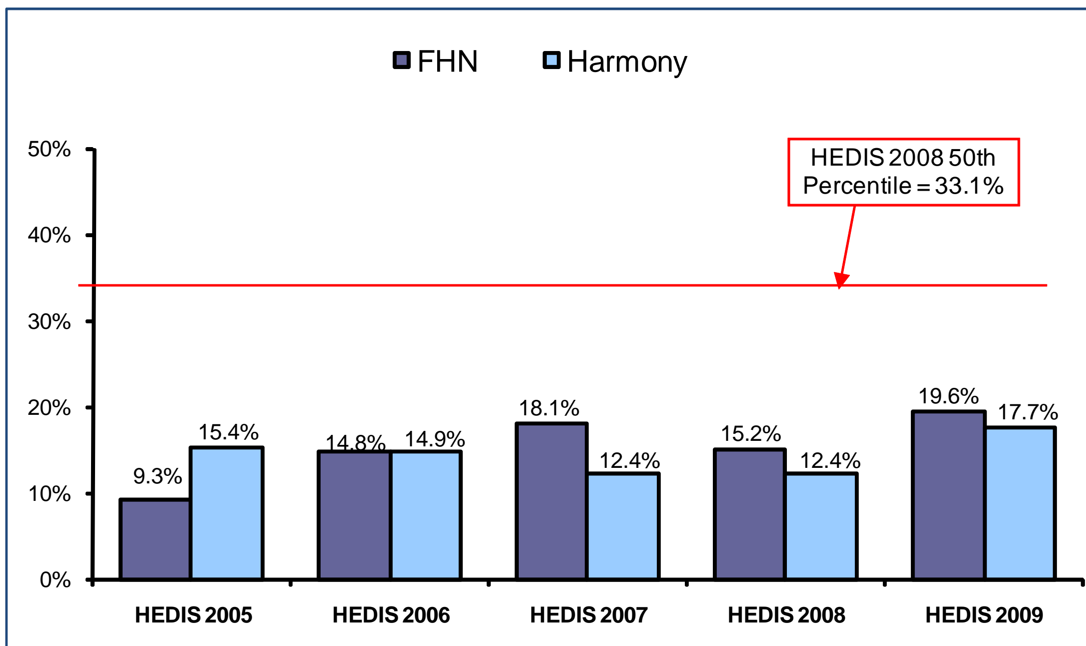
Figure 4-22—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—LDL-C Screening*



Comprehensive Diabetes Care – LDL-C Level <100mg/DL

Figure 4-23 presents the comparative rates for *Comprehensive Diabetes Care—LDL-C Level <100mg/DL*. Both MCOs had rates well below the national Medicaid HEDIS 2008 50th percentile of 33.1 percent. The low rates for this measure may be due to lack of encounter data from laboratories as evidenced by the low rate of encounter data for LDL-C Screening in Table 4-2 on page 4-32.

Figure 4-23—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—LDL-C Level <100mg/DL*

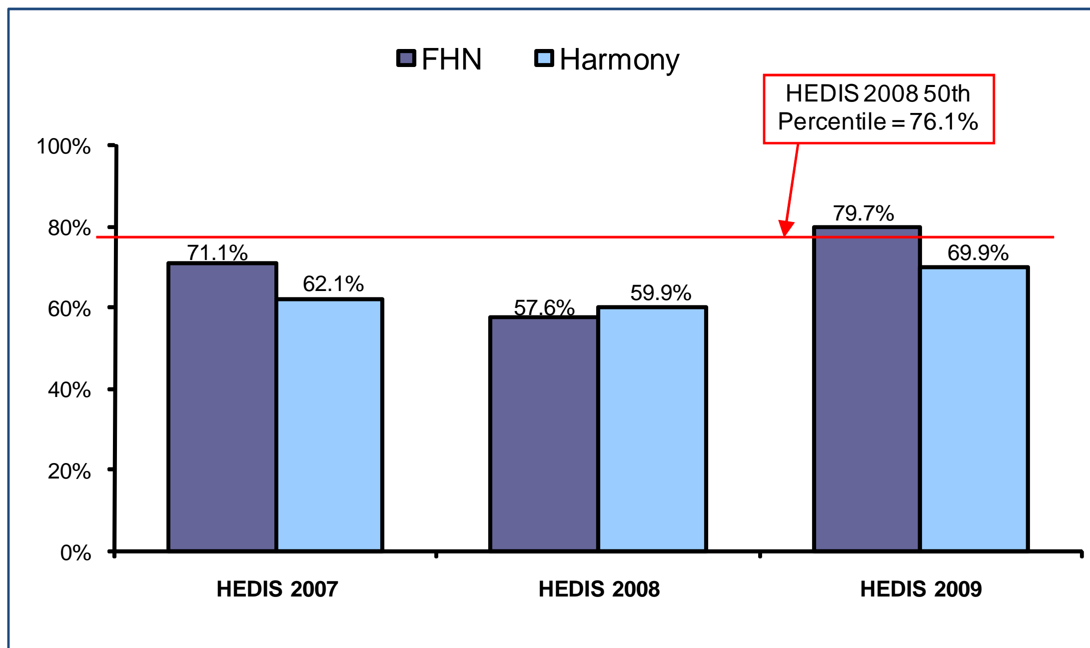


Comprehensive Diabetes Care – Monitoring for Nephropathy

Figure 4-24 presents the comparative rates for *Comprehensive Diabetes Care—Monitoring for Nephropathy*. The HEDIS technical specifications for this measure changed for HEDIS 2007; therefore, rates are only comparable for the past three years.

Rates for both MCOs improved this year. **FHN**'s rate improved 22.1 percentage points after having a significant decrease last year. The current rate is above the national Medicaid HEDIS 2008 50th percentile of 76.1 percent. The rate for **Harmony** improved by 10.0 percentage points, from 59.9 percent to 69.9 percent.

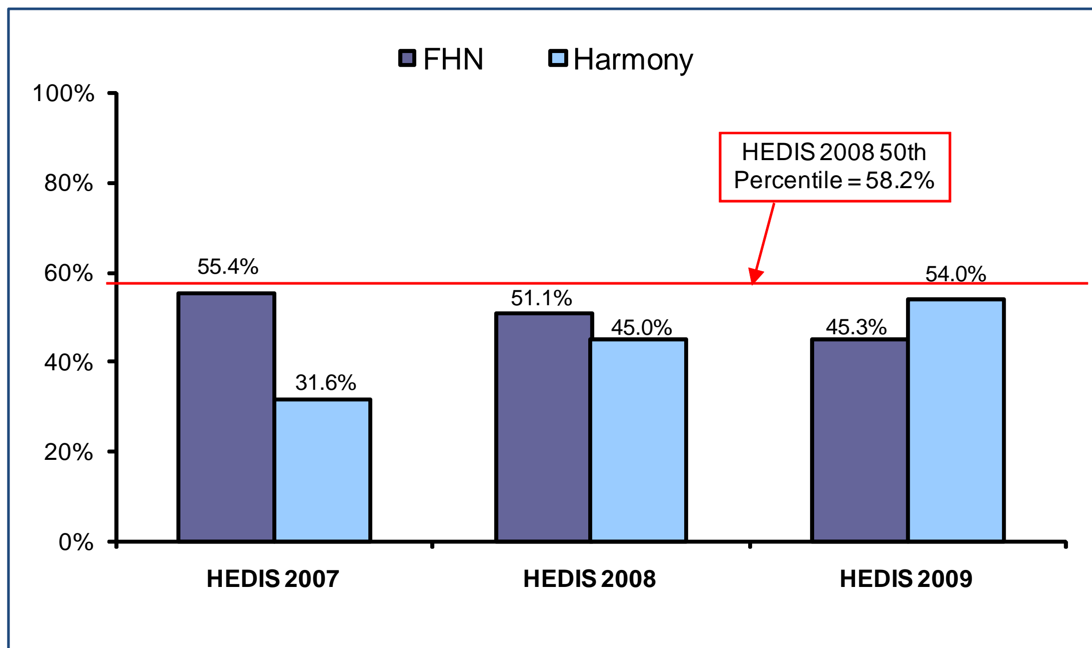
Figure 4-24—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Monitoring for Nephropathy*



Comprehensive Diabetes Care – Blood Pressure (<140/90 and 130/80)

Figure 4-25 presents the comparative rates for *Comprehensive Diabetes Care—Blood Pressure (Less than 140/90 and 130/80).* The MCOs first reported these two measures for HEDIS 2007. **FHN**'s rate for this measure has declined each year, including a 5.8 percentage point decrease this year. By contrast, **Harmony**'s rate has improved each year. This year's rate for **Harmony** improved 9.0 percentage points and is near the national Medicaid 50th percentile of 58.2 percent.

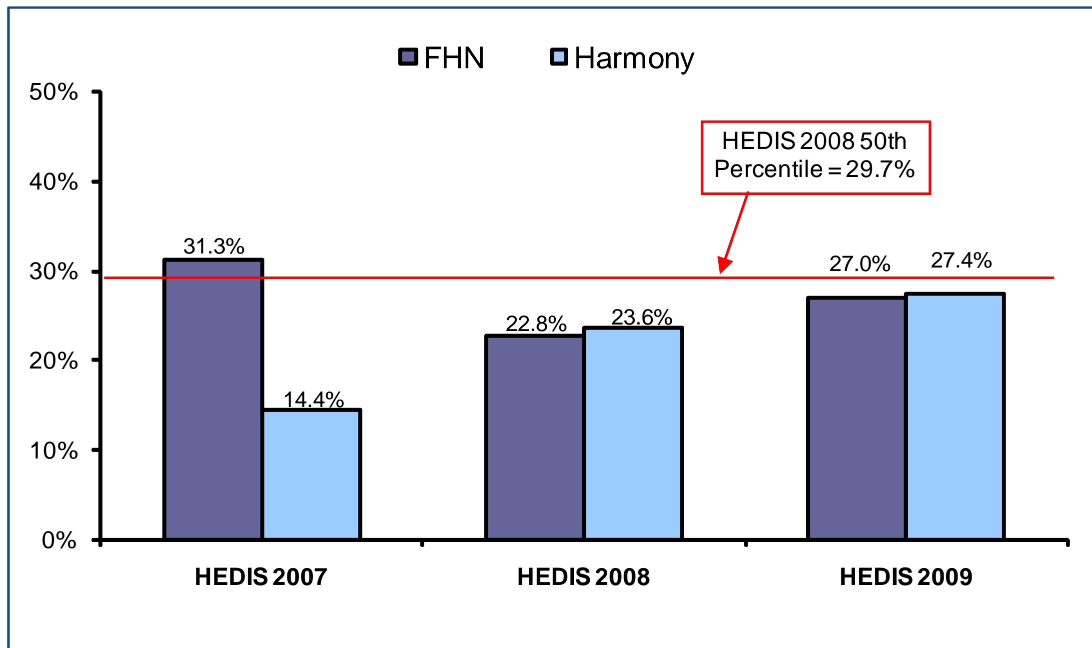
Figure 4-25—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Blood Pressure <140/90*



Comprehensive Diabetes Care – Blood Pressure (<130/80)

Figure 4-26 presents the comparative rates for *Comprehensive Diabetes Care—Blood Pressure <130/80*. The rate for **FHN** improved 4.2 percentage points this year after showing a decline of 8.5 percentage points last year. The rate for **Harmony** improved 3.8 percentage points. Both MCOs have rates near the national Medicaid 50th percentile of 29.7 percent.

Figure 4-26—Comparison of HFS MCO Performance for *Comprehensive Diabetes Care—Blood Pressure <130/80*

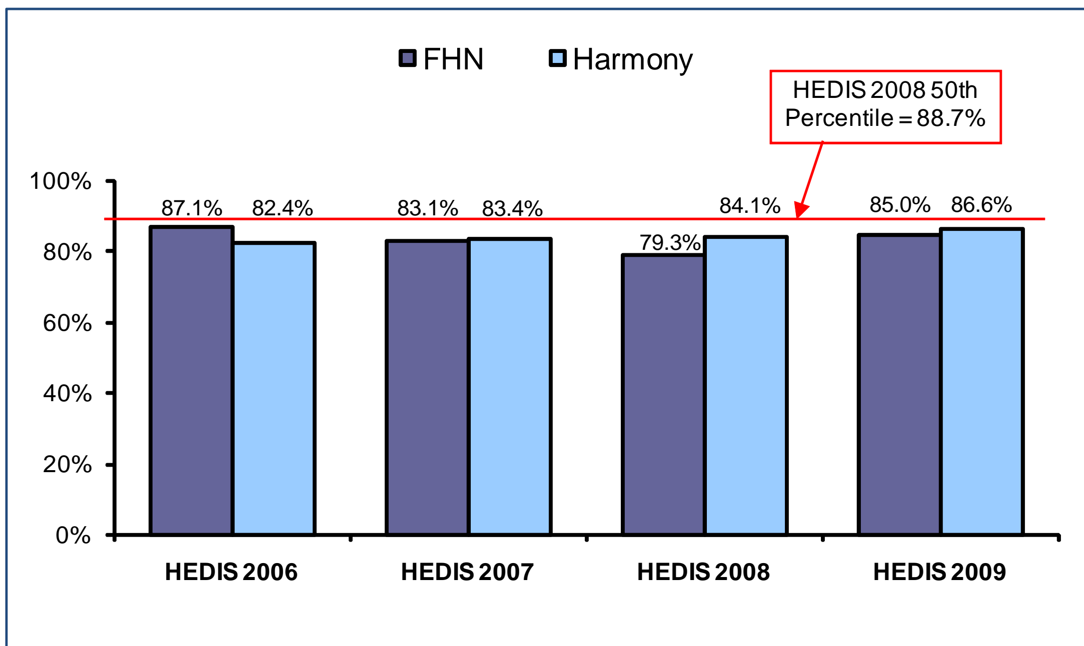


Use of Appropriate Medications for People With Asthma

Figure 4-27 presents the comparative performance of **FHN** and **Harmony** for *Use of Appropriate Medications for People With Asthma (Combined)*. The HEDIS technical specifications changed for this measure beginning with HEDIS 2006, so trending was limited to four years.

The rate for **FHN** improved this year by 5.7 percentage points. Overall, **FHN** has reported a slight but steady decline in this rate, from 87.1 percent for HEDIS 2006 to 85.0 percent for HEDIS 2009. In contrast, **Harmony** has shown a slight but steady increase in its rate since HEDIS 2006. Both MCOs have rates near the national Medicaid 50th percentile of 88.7 percent.

Figure 4-27—Comparison of HFS MCO Performance for *Use of Appropriate Medications for People With Asthma (Combined)*

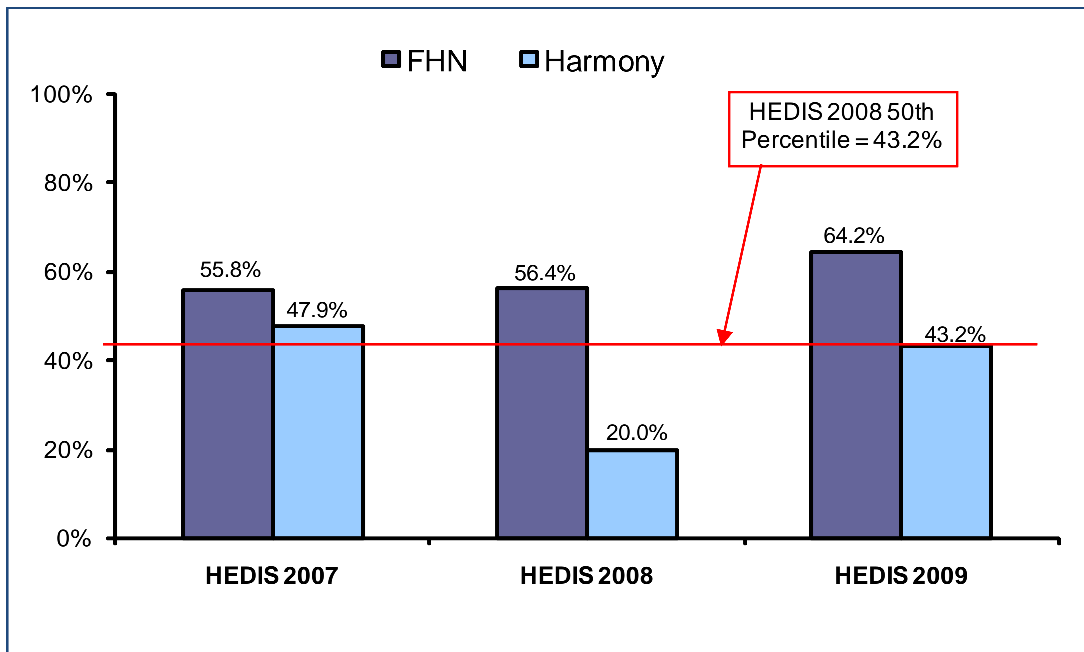


Follow-up After Hospitalization for Mental Illness - (7 days)

Figure 4-28 and Figure 4-29 below present the comparative rates for *Follow-up After Hospitalization for Mental Illness (7 Days and 30 Days).* The MCOs first reported these measures for HEDIS 2007.

FHN's rate of 64.2 percent was well above the national Medicaid HEDIS 2008 50th percentile of 43.2 percent, and represented a 7.8 percentage point increase from last year. This rate is merely 1.2 percentage points below the national Medicaid 90th percentile of 65.4 percent (see Appendix B). **Harmony**'s rate improved after having a significant decline last year. This year, **Harmony**'s rate is equal to the national Medicaid 50th percentile.

Figure 4-28—Comparison of HFS MCO Performance for *Follow-up After Hospitalization for Mental Illness (7 Days)*

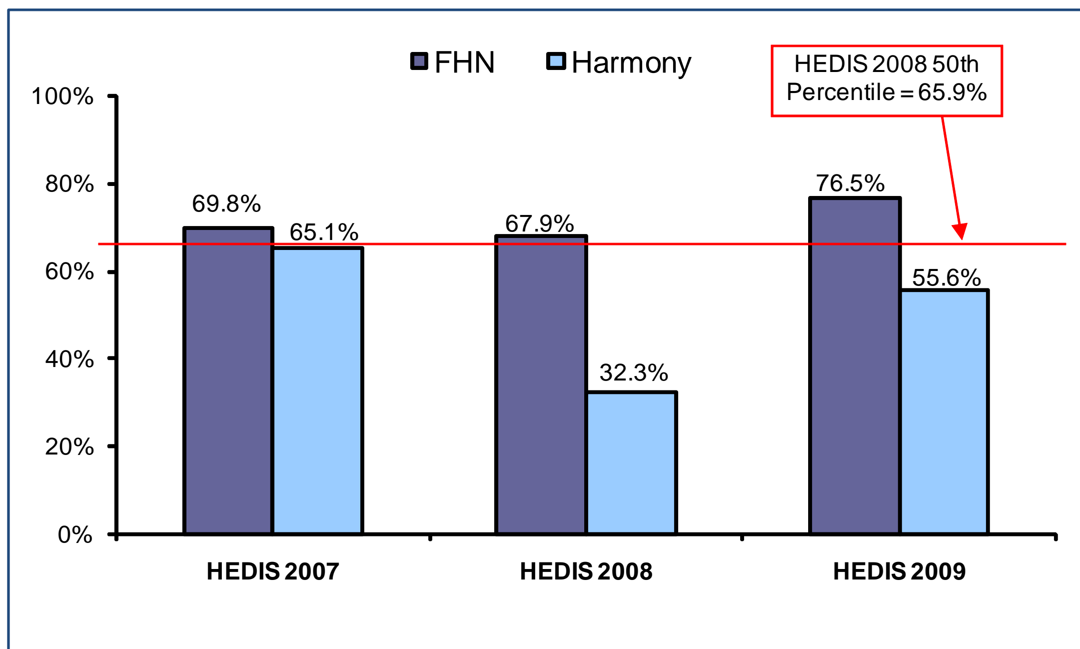


Follow-up After Hospitalization for Mental Illness - (30 days)

For 30-day follow-up, **FHN**'s rate improved from 67.9 percent to 76.5 percent, and is above the national Medicaid HEDIS 2008 75th percentile of 75.0 percent (see Appendix B). **Harmony**'s rate rebounded from 32.3 percent to 55.6 percent after last year's steep decline.

These two measures (7-day, and 30-day follow-up) related to mental health appear to be an area of strength for the MCOs, and in particular, for **FHN**.

Figure 4-29—Comparison of HFS MCO Performance for *Follow-up After Hospitalization for Mental Illness (30 Days)*



Encounter Data Completeness

Table 4-2 provides an estimate of the data completeness for the hybrid performance measures. These measures use administrative encounter data and supplement the results with medical record data. The rates in the table represent the percentage of the final HEDIS rate that was determined solely through the use of administrative encounter data. A rate of 100 percent for the last two columns indicates that the encounter data was complete for that HEDIS measure. Bold typeface indicates the higher of the two plans.

Table 4-2—Estimated Encounter Data Completeness for Hybrid Measures

Performance Measures	Final HEDIS Rate		Percent Encounter Data	
	FHN	HAR	FHN	HAR
Childhood Immunizations—Combo 2	**72.0%**	62.5%	10.7%	**58.8%**
Childhood Immunizations—Combo 3	**65.8%**	51.6%	9.7%	**24.5%**
Lead Screening in Children	69.5%	**69.8%**	58.4%	**77.7%**
Well-Child Visits in the First 15 Months (6+ Visits)	**43.5%**	40.4%	44.2%	**63.9%**
Well-Child Visits (3–6 Years)	**74.8%**	65.9%	**86.4%**	82.3%
Adolescent Well-Care Visits	36.9%	**37.7%**	**83.2%**	74.2%
Cervical Cancer Screening	55.4%	**62.0%**	55.0%	**83.9%**
Frequency of Ongoing Prenatal Care (81-100%)	25.6%	**33.6%**	18.1%	**52.2%**
Timeliness of Prenatal Care	49.4%	**56.4%**	38.4%	**41.8%**
Postpartum Care	32.9%	**40.1%**	38.9%	**76.4%**
Diabetes Care (HbA1c Testing)	66.9%	**68.1%**	**18.2%**	17.2%
Diabetes Care (Eye Exam)	**24.3%**	13.3%	**52.8%**	43.8%
Diabetes Care (LDL-C Screening)	**60.8%**	58.0%	20.0%	**21.1%**
Diabetes Care (Nephropathy Monitoring)	**79.7%**	69.9%	**51.7%**	29.0%

Both MCOs reported a higher final HEDIS rate on 7 of the 14 measures presented in the table. The percentage of the rate that was captured using administrative encounter data was substantially lower for **FHN**. **FHN** did show good encounter data completeness for *Well-child Visits (3–6 Years)*, and *Adolescent Well-Care Visits*. These results indicate that **FHN** continues to have difficulty obtaining complete encounter data. This concern was mentioned in the prior EQR technical report, and **FHN** is strongly encouraged to focus efforts on improving encounter data submission.

Compared to **FHN**, **Harmony**'s encounter data submission was much higher, especially for the measures related to early well-child care (i.e., *Childhood Immunizations*, *Lead Screening in Children*, and *Well-Child Visits in the First 15 Months of Life*) and maternity care. **Harmony** should continue to reinforce efforts to improve submission of encounter data. **Harmony** should also focus efforts on improving services provided to HFS beneficiaries, including conducting a barrier analysis and implementing corrective action plans, as needed.

Findings and Recommendations

The following is a summary of findings and recommendations discussed for the performance measures in this report:

- Both MCOs have continued to improve with the children and adolescent care measures. The rates for *Lead Screening in Children* are above the 50th percentile for both MCOs, and **FHN** reported a rate above the 75th percentile for *Well-Child Visits (3–6 Years)*. *Childhood Immunizations*, which has shown steady improvement, is below the 50th percentile. Only the rates for *Adolescent Well-Care Visit* have remained stagnant compared to the baseline rate.
- Although the rates improved this year, the low rates for *Adults' Access to Preventative Ambulatory Care* services indicate that both MCOs need to improve access to care.
- The rates for both MCOs for measures in the preventative screenings for women category showed mixed results. **Harmony** had a small improvement in *Cervical Cancer Screening*, but had small declines for *Breast Cancer Screening and Chlamydia Screening*. **FHN** had a significant decline for *Cervical Cancer Screening*, but improvements in *Breast Cancer Screening* and *Chlamydia Screening*.
- The rates for maternity care (*Timeliness of Prenatal Care, Frequency of Ongoing Prenatal Care,* and *Postpartum Care*) continue to be very low (below the 10th percentiles for the fifth year) and show little or no improvement. Although both MCOs have an ongoing PIP for these measures, several rates actually declined this year.
- There has been mixed results for measures in chronic conditions/disease management category. Both MCOs have shown improvement with *Controlling High Blood Pressure*. Most of the diabetes measures have improved for both MCOs, although several rates (i.e., *Eye Exams*, *LDL-C Screening*, *LDL-C Level*, and *Blood Pressure*) have declined or shown little to no improvement. The rates for the asthma measures are fairly close to the initial baseline rates.
- The two measures related to mental health represent an area of strength for **FHN**, with both rates above the 75th percentiles. The rates for **Harmony** rebounded this year after falling by more than 50 percent last year, but the rates are still below their initial baseline rates.
- Encounter data submission is still low for **FHN**, although **FHN** did show good encounter data completeness for *Well-child Visits (3–6 Years)*, and *Adolescent Well-Care Visits*. **Harmony**'s encounter data submission improved after the issue noted for last year was corrected -especially for the measures related to early well-child care (i.e., *Childhood Immunizations*, *Lead Screening in Children*, and *Well-Child Visits in the First 15 Months of Life*) and maternity care. Both MCOs should reinforce efforts to improve submission of encounter data**.**

FHN's rates improved on 30 out of 38 measures, with 8 measures showing a decline. **FHN** continued to improve rates for childhood immunizations, well-child visits, and measures related to chronic conditions/disease management, but struggled with rates for maternity care, access to care, and preventative screening for women. **FHN** should also concentrate efforts on improving encounter data submission from providers.

Harmony's rates improved for 32 out of 38 measures this year, with four measures showing a decline and two measures remaining the same. **Harmony** corrected the issue with their encounter

data this year and the subsequently their rates using encounter data submission improved considerably from last year.

Validation of Performance Improvement Projects—SFY 2008–2009

Asthma PIP

As shown in Table 4-3, both **FHN** and **Harmony** achieved *Met* validation status for the 2008–2009 asthma PIPs.

Table 4-3—Comparison of 2008–2009 Asthma PIPs		
Results	**FHN**	**Harmony**
Activities Completed	I–X	I–X
Number of Elements *Met*	34	40
Number of Elements *Partially Met*	5	7
Number of Elements *Not Met*	1	1
Total Possible Critical Elements Assessed	13	13
Total Critical Elements *Met*	10*	12**
Percentage of Total Possible Evaluation Elements *Met*	85%	83%
Percentage of Critical Elements *Met*	100%	100%
Validation Status	*Met*	*Met*
*Three critical elements were *NA*. ** One critical element was *NA*.		

As was the case in 2007–2008, validation of the Asthma PIPs indicated that both **FHN** and **Harmony** have opportunities to improve the statistical analysis of data and achieve improvements in outcomes of care for beneficiaries with asthma.

- **FHN**'s absence of success in performance improvements as a result of the original interventions required revision of the interventions (Activity VII). Not all of the interventions are currently in place. The two newer interventions were just being proposed and/or implemented in 2008. There was only one intervention for 2006 and 2007, respectively. After a review of the resubmitted PIP in 2007, score for this evaluation element remained *Partially Met*. **FHN** provided proposed interventions that were scheduled to occur in the third and fourth quarters of 2008–2009; however, there was a lack of documentation to validate that the interventions were revised.
- **FHN** provided an interpretation of the extent to which the study was successful (Activity VIII). The study was successful for only three out of four age groups for Study Indicator 2. Follow-up activities were not discussed in the PIP documentation. After a review of the resubmitted PIP in February 2009, the score for this evaluation element remained *Partially Met*. For the recalculation of Study Indicator 2, ages 5–9, 18–56, and the combined rates did not demonstrate

improvement. The PIP documentation did not include an interpretation of the extent to which the study was successful.

- Some, but not all of **FHN**'s study indicators demonstrated improvement. Study Indicator 1 continually performed worse than the Baseline with the exception of the 5-to-9-year-old age group, which showed performance improvement from Remeasurement 1 to Remeasurement 2. All of the age groups and the combined age groups documented improvement in Study Indicator 2. After a review of the resubmitted PIP documentation in February 2009, the score for this evaluation element remained *Partially Met*. For the recalculation of Study Indicator 2, ages 5–9, 18–56, and the combined rates did not demonstrate improvement.
- Not all of the study indicators demonstrated improvement that appeared to be the result of the interventions (Activity IX). **FHN** acknowledged its concern with the results and had initiated monitoring and oversight for its providers and medical groups in January 2008. Additionally, the proposed disease management program had only minimally been launched as of the PIP submission date of October 2008. At that time, the HSAG PIP Review Team suggested that another causal/barrier analysis be conducted with implementation strategies developed and implemented. After a review of the resubmitted PIP documentation in February 2009, the score for this evaluation element remained *Partially Met*. The HSAG PIP Review Team suggested that a causal/barrier analysis be conducted to identify improvement strategies.
- Some, but not all, of **FHN**'s study indicators demonstrated statistical evidence of true improvement (Activity IX). The 5-to-9-year-old age group had better performance in Study Indicator 1 from Remeasurement 1 to Remeasurement 2, but this improvement was not statistically significant. For Study Indicator 2, only the 18-to-56-year-old age group and the combined age groups had statistically significant improvements. The 5-to-9-year- old and 10-to-17-year-old age groups for this study indicator improved, but the improvement was not statistically significant. After a review of the resubmitted PIP documentation in February 2009, the score for this evaluation element was changed from *Partially Met* to *Not Met*. With the recalculation of Study Indicator 2 using the updated list of beta-agonists, ages 5–9, 18–56, and the combined rates did not demonstrate statistically significant improvement.
- Repeated measurements over comparable time periods did not demonstrate that **FHN** had achieved sustained improvement (Activity V). Indicator 1 continually declined over the measurement periods. Because the Baseline rates were not changed to reflect the updated list of beta-agonists and new methodology, Study Indicator 2 was evaluated using the initial list of beta-agonists. According to the initial list of beta-agonists, the 18-to-56-year-old age group demonstrated sustained improvement after repeated measurements over comparable time periods. The 5-to-9-year- old, 10-to-17-year-old, and combined age groups did not yet meet the requirement that a succeeding remeasurement result follow the one remeasurement that performed better than the Baseline. HSAG recommended that upon resubmission of the PIP, the **FHN** should update the Baseline data with the new mythology and updated list of beta-agonists and told that Activity X would be reassessed with this data. After a review of the resubmitted PIP documentation in February 2009, the score for this evaluation element remained *Partially Met*. **FHN** recalculated Study Indicator 2's Baseline rate using the updated list of beta-agonists. For Remeasurement 1, all age groups except 10–17 did not demonstrate statistically significant improvement. From Remeasurement 1 to Remeasurement 2, Study Indicator 2 demonstrated a nonstatistically significant decline in results. Also, the combined age group demonstrated a statistically significant decline.

- HSAG's validation of **Harmony**'s asthma PIP found that while some of the implemented interventions were likely to induce permanent change, not all the study indicators demonstrated improvement (Activity VII). After review of resubmitted PIP documentation in February 2009, the score for this evaluation element remained *Partially Met*. Not all age groups demonstrated improvement for both study indicators.
- Activity VII also calls for MCOs to standardize and monitor interventions that are successful. HSAG's validation found that Study Indicator 1 improved; however, because no data were provided for Study Indicator 2, this evaluation element could not be scored. After review of the resubmitted PIP documentation in February 2009, the score for this evaluation element was changed from *NA* to *Partially Met*. **Harmony** provided data for Study Indicator 2 that demonstrated some improvement. Additionally, **Harmony** noted that interventions for both study indicators were ongoing and how they were monitored. However, there was no documentation about standardizing the interventions.
- **Harmony**'s documentation included an interpretation of the findings for some but not all of the indicators (Activity VIII). There was only a brief interpretation of the statistical significance for Study Indicator 1. The interpretation of the findings should discuss the individual results for each measurement period for each study indicator. After review of the resubmitted PIP documentation in February 2009, this score remained *Partially Met*. **Harmony** provided an interpretation of the findings for both study indicators. However, the interpretations for Baseline and Remeasurement 1 were brief; additional details should be provided. Additionally, the interpretations presented for Study Indicator 2 were not clear since results were reported as increases without an explanation that an increase in rates did not demonstrate improvement for this indicator.
- **Harmony** did not present results in a way that provided accurate, clear, and easily understood information (Activity VIII). The tables presenting data for Study Indicator 1 and the p-value analysis were not clearly labeled. In addition, the date ranges and data in Activity VIII did not match the identical tables provided in Activity I on page A-5 and Activity X on page A-24. After review of the resubmitted PIP in February 2009, the score for this evaluation element remained *Partially Met*. **Harmony** removed the tables previously located in Activities I, VIII, and X, and presented the results for both study indicators in a table in Activity IX. The results for both study indicators were presented clearly with consistent date ranges in Activity III; however, the p values were calculated incorrectly. One of the p values reported for Study Indicator 1, 18 to 56 years of age, for Remeasurement 1 to Remeasurement 2 remained inaccurate, and some of the p values were calculated incorrectly for Study Indicator 2. For example, for 5 to 9 years of age, the p value was reported as 0.00 for Baseline to Remeasurement 1, but the HSAG PIP Review Team calculated this p value as 0.0153. For 5 to 56 years of age, the p value was reported as 0.00 for Remeasurement 1 to Remeasurement 2, but the HSAG PIP Review Team calculated it as 0.0718.
- Not all the study indicators demonstrated improvement that appeared to be the result of interventions (Activity IX). The 5-to-9-year-old and combined age groups demonstrated improvement that appeared to be the result of interventions. No data were provided for Study Indicator 2. HSAG informed **Harmony** that resubmission of the PIP must include data for Study Indicator 2. After the 2009 review of the resubmitted PIP documentation, this evaluation element remained *Partially Met*. **Harmony** provided data for Study Indicator 2, which only demonstrated improvement for the 18-to-56-year-old age group.

EPSDT Screening PIP

The follow-up rates were originally scheduled to be included in last year's EQR technical report. However, due to an issue with **Harmony**'s data, only the results for **FHN** were available. This year's report presents the results for both **FHN** and **Harmony**, along with a brief historical summary of the EPSDT PIP following the original baseline submission.

Following the baseline EPSDT PIP, the MCOs were required to implement interventions to improve EPSDT rates. The MCOs were to conduct the intervention period during SFY 2005–2006 with a remeasurement phase scheduled for SFY 2006–2007. Based on the findings from the baseline EPSDT study, however, the Department and the HFS MCOs decided to continue their intervention efforts through SFY 2006–2007. Furthermore, the Department and the MCOs agreed to conduct the EPSDT Provider Survey in SFY 2006–2007 to help identify potential barriers providers may encounter in providing EPSDT services and, therefore, pinpoint areas the HFS MCOs could target for intervention.

It was also determined during the baseline study that additional programming efforts and analysis could provide more meaningful insight into the actual EPSDT services documented during an EPSDT visit. This was conducted by identifying *only the EPSDT visits* for members in the original statewide collaborative EPSDT PIP. Hence, the unit of analysis became the EPSDT visit rather than the member. These EPSDT visits were then analyzed to determine which services providers delivered during each EPSDT visit. Since these rates were based on EPSDT visits, member noncompliance was not a factor. Low rates indicated that providers did not deliver specific EPSDT services during an EPSDT visit and/or providers did not adequately document services in the medical record.

The additional analysis considered only the eight EPSDT services required for each visit and did not include blood lead testing, dental/oral evaluation, hemoglobin/hematocrit testing, and immunizations since these services are not necessarily required on each EPSDT visit. The following is the list of EPSDT services, or study indicators, used for the additional analysis:

- Health history
- Developmental screening (subjective or objective)
- Nutritional assessment
- Physical examination
- Growth measurement
- Anticipatory guidance
- Vision screening (subjective or objective)
- Hearing screening (subjective or objective)

Following the intervention phase, including the EPSDT Provider Survey, both **FHN** and **Harmony** conducted a remeasurement of the baseline study indicators listed above. The goals of this remeasurement study were to:

- Determine what progress has been made in providing and documenting EPSDT services.
- Determine if interventions have improved rates for the EPSDT study indicators compared to baseline results.
- Determine if the impact on EPSDT rates has resulted in corresponding increases for HEDIS measures such as childhood immunizations and well-child visits.

After the MCOs submitted their data from the remeasurement study, the analysis revealed an issue with data from **Harmony** that significantly and negatively biased the results. This issue could not be resolved in an appropriate time frame, so HFS required **Harmony** to repeat the EPSDT PIP for SFY 2008–2009. The initial results from the SFY 2008–2009 abstraction also determined a material bias for several indicators. HFS, therefore, required **Harmony** to re-abstract the medical record data. **Harmony** has corrected the data issue; however, the remeasurement data in this report reflects SFY 2008 for **FHN** (for services provided in 2006–2007) and SFY 2008–2009 for **Harmony** (for services provided in 2007–2008).

Table 4-4 below provides the results for **FHN** for the baseline and remeasurement periods (2004–2005 and 2006–2007, respectively). **FHN** providers documented an average of 6.2 EPSDT services in the medical record for the remeasurement study compared to 5.4 EPSDT services during the baseline study. The percentage of EPSDT visits with all 8 required services documented improved significantly, from 30.8 percent to 43.9 percent, a gain of 13.1 percentage points.

Table 4-4—Percentage of EPSDT Visits With Documented EPSDT Services for FHN

Study Indicator	2004–2005	2006–2007	Change
Total Number of EPSDT Visits	N = 2255	N = 2184	-71
Average Number of EPSDT Services Documented Per Visit	5.4	6.2	+1.2
Number of EPSDT Visits With All Eight Services Documented	695 (30.8%)	959 (43.9%)	+13.1%
Measures Dependent on Chart Documentation			
Health History	87.2%	94.4%	+7.2%
Nutritional Assessment	69.8%	71.3%	+1.5%
Developmental Screening (Objective or Subjective)	65.4%	75.5%	+10.1%
Anticipatory Guidance	61.7%	67.6%	+5.9%
Measures Related to Performing a Service			
Comprehensive Physical Exam	68.7%	89.3%	+20.6%
Growth Measurement	92.4%	94.0%	+1.6%
Vision Screening (Objective or Subjective)	47.2%	64.2%	+17.0%
Hearing Screening (Objective or Subjective)	45.9%	64.1%	+18.2%

Overall, **FHN** showed significant improvement on six out of eight measures. Two measures, nutritional assessment and growth measurement, showed improvement, but the improvement was not statistically significant. Developmental screening has improved, and **FHN** has demonstrated improvement in the use of objective developmental screening tools rather than using just subjective screening. The actual number of EPSDT services performed and documented during an EPSDT

visit improved. **FHN** should continue its current provider interventions to maintain improvement and focus on improving compliance by members.

Table 4-5 below provides the results for **Harmony** for the baseline and remeasurement periods (2004–2005 and 2007–2008, respectively). An average of 5.8 EPSDT services were documented in the medical record for the remeasurement study compared to 6.4 EPSDT services during the baseline study. The percentage of EPSDT visits with all 8 required services documented decreased significantly, from 50.1 percent to 27.6 percent, a decrease of 22.5 percentage points.

Table 4-5—Percentage of EPSDT Visits With Documented EPSDT Services for Harmony			
Study Indicator	**2004–2005**	**2007–2008**	**Change**
Total Number of EPSDT Visits	1,705	2,528	+823
Average Number of EPSDT Services Documented Per Visit	6.4	5.8	-0.6
Number of EPSDT Visits With All Eight Services Documented	854 (50.1%)	698 (27.6%)	-22.5%
Measures Dependent on Chart Documentation			
Health History	88.1%	79.4%	-8.7%
Nutritional Assessment	75.5%	70.6%	-4.9%
Developmental Screening (Objective or Subjective)	76.7%	78.6%	+1.9%
Anticipatory Guidance	68.1%	73.3%	+5.2%
Measures Related to Performing a Service			
Comprehensive Physical Exam	83.0%	85.8%	+2.8%
Growth Measurement	95.8%	87.7%	-8.1%
Vision Screening (Objective or Subjective)	77.8%	59.7%	-18.1%
Hearing Screening (Objective or Subjective)	78.4%	49.5%	-28.9%

Overall, **Harmony** showed some improvement for three out of eight measures. The most significant improvement was in the documentation of anticipatory guidance, which achieved a 5.2 percentage-point increase. Five measures declined, with four of those measures declining by more than 5.0 percentage points. Examination of the rates by service area showed that Cook County improved on three measures (i.e., developmental screening, anticipatory guidance, and physical exam), while all of these rates for the Southern area declined. However, the Southern area still outperformed Cook County on every other measure.

Since these results were based on provider documentation during an EPSDT visit, low rates were due to provider noncompliance with performing the required EPSDT services and/or documentation of those services. **Harmony** should conduct a root-cause analysis to determine the reasons providers are not performing as many EPSDT services during an EPSDT visit and the reasons for rate differences between service areas. Ideally, there should be no difference in the rates between the two service areas. **Harmony** should also strengthen and revise its current provider interventions to improve compliance with EPSDT requirements.

As shown in Table 4-6, both **FHN** and **Meridian** achieved a *Met* validation status for the SFY 2008–2009 EPSDT screening PIPs, while **Harmony**'s performance declined to a *Not Met* validation status.

Table 4-6—Comparison of 2008–2009 EPSDT Screening PIPs			
Results	FHN	Harmony	Meridian
Activities Completed	I–IX	I–IX	I-IV
Number of Elements *Met*	45	41	17
Number of Elements *Partially Met*	2	5	0
Number of Elements *Not Met*	1	2	0
Total Possible Critical Elements Assessed	13	13	8
Total Critical Elements *Met*	13	12	8
Percentage of Total Possible Evaluation Elements *Met*	94%	85%	100%
Percentage of Critical Elements *Met*	100%	92%	100%
Validation Status	*Met*	*Not Met*	*Met*

Meridian appears to be well positioned to successfully complete the remaining activities of its EPSDT Screening PIP, but both **FHN** and **Harmony** have opportunities to improve their performance.

- Not all of **FHN**'s study indicators demonstrated improvement, nor did improvement appear to be the result of planned interventions (Activity IX). Study Indicator 10 was the only study indicator to demonstrate improvement of the 10 total indicators.
- **Harmony** documented a process for collecting Baseline and remeasurement data; however, this process was not systematic (Activity VI). The data collection methodology did not have a process in place to deal with missing medical records. **Harmony** should have had a process in place to handle the missing 218 medical records. After review of the resubmitted PIP documentation in June 2009, the score for this evaluation element remained *Partially Met*. **Harmony** has documented that they have implemented a vigorous oversight program for medical record review. This process will affect future submissions; however, this process was not in place at the time of this year's submission.
- **Harmony**'s results were not generalizable to the study population (Activity VIII) due to the majority of the missing medical records coming from the Southern Illinois (SIL) region. After review of the resubmitted PIP in June 2009, the score for this evaluation element remained *Not Met*. **Harmony** provided an explanation as to how the results obtained were generalizable to the study population despite the missing medical records. **Harmony** also reported that stating the majority of missing records were from SIL region was in error and has retracted this information from the PIP Summary Form. However, HSAG determined that without a breakdown by geographic area, **Harmony** cannot conclude that the missing records did not bias the results; therefore, the results were not generalizable to the study population. The bullet point that existed on page A-39 of the original submission regarding the missing records from SIL region should remain. **Harmony** can strike through information that no longer is pertinent to the PIP; however, documentation cannot be deleted from the PIP Summary Form.

- The PIP documentation included a discussion of the inability to compare data from Baseline to Remeasurement 1; however, **Harmony** also reported that this was not an issue. The lack of comparability and the lack of a process to correct the missing medical records were significant issues that should be addressed by **Harmony** (Activity VIII). After review of the resubmitted PIP documentation in June 2009, the score for this evaluation element remained *Partially Met*. **Harmony** provided information on how it planned to address the missing medical record data in the future; however, those comments only relate to future submissions and did not address the issue of missing records for this submission. Additionally, **Harmony** should be consistent with its sampling methodology in order for results to be comparable between measurement periods (i.e., proportional sampling by region used in 2007–2008 and not used in 2008–2009).
- **Harmony**'s remeasurement methodology was not the same as the Baseline methodology (Activity IX). The plan reported that the missing medical records were as a result of a member that was no longer with the organization; however, a process to resolve this issue was not discussed. After review of the resubmitted PIP documentation in June 2009, the score for this evaluation element remained *Not Met*. The sampling methodology changed from Baseline to Remeasurement 1 without an explanation.
- **Harmony** demonstrated documented improvement for three of the nine study indicators and the improvement noted appeared to be the result of planned interventions (Activity IX). In order for these evaluation elements to receive *Met* scores, all study indicators must demonstrate improvement that appears to be the result of planned interventions. After review of the resubmitted PIP documentation in June 2009, the score for these evaluation elements remained *Partially Met*. The data continue to reflect that only three of the nine study indicators demonstrated improvement.
- There was statistical evidence that **Harmony**'s improvement was true improvement for one of the three study indicators demonstrating improvement (Activity IX). If the plan had documented the correct denominator for Study Indicator 9, the improvement noted for this study indicator would also have been statistically significant. After review of the resubmitted PIP documentation in June 2009, the score for this evaluation element remained *Partially Met*. The PIP demonstrated statistically significant improvement for two of the three study indicators that demonstrated improvement. This was evident with the corrected data. In order for this evaluation element to receive a *Met* score, all study indicators must demonstrate improvement that was statistically significant.

Perinatal Care and Depression Screening PIP

As shown in Table 4-7, **FHN**, **Harmony**, and **Meridian** achieved *Met* validation status for the SFY 2008–2009 perinatal care and depression screening PIPs.

Table 4-7—Comparison of 2008–2009 Perinatal Care and Depression Screening PIPs			
Results	FHN	Harmony	Meridian
Activities Completed	I-X	I-X	I-V
Number of Elements *Met*	48	45	17
Number of Elements *Partially Met*	4	6	0
Number of Elements *Not Met*	0	1	0
Total Possible Critical Elements Assessed	13	13	8
Total Critical Elements *Met*	13	13	8
Percentage of Total Possible Evaluation Elements *Met*	92%	87%	100%
Percentage of Critical Elements *Met*	100%	100%	100%
Validation Status	*Met*	*Met*	*Met*

Meridian appears to be well positioned to successfully complete the remaining activities of its Perinatal Care and Depression Screening PIP, but both **FHN** and **Harmony** have opportunities to improve their performance.

- There were documented and statistically significant improvements and in some, but not all, of **FHN**'s study indicators, and improvement in some of the indicators appeared to be the result of planned interventions (Activity IX). There was statistical evidence that improvement from Remeasurement 1 to Remeasurement 2 was true improvement for Study Indicators 2, 3 (>/= 81 percent), and 4C. Study Indicators 1 and 4A did not show improvement from Remeasurement 1 to Remeasurement 2. For Study Indicators 5 and 6, only a Baseline and one remeasurement were reported (Remeasurement 2). HSAG had suggested to **FHN** in the previous submission that a second causal/barrier analysis be performed to determine what changes should be made to existing improvement strategies and interventions. It does not appear that **FHN** considered that recommendation for this PIP submission. **FHN** should consider the use of a causal/barrier analysis process to ascertain what strategies could be used to produce improved outcomes for all study indicators. After a review of the resubmitted PIP in February 2009, the score for these evaluation elements remained *Partially Met*. **FHN** discussed causes/barriers in January 2009 and made no changes to the current strategies. **FHN** reported that the new strategies would not be proposed until March 2009.
- Two of **FHN**'s measurement results were better than the Baseline result without a statistically significant decrease in performance between the remeasurement periods for Study Indicators 2, 3, (<21 percent and >/= 81 percent), and 4C. Study Indicator 4A showed some improvement; however, it was not sustained over repeated measurements (Activity X). Study Indicator 1 performed worse than the Baseline in two remeasurement periods. This evaluation element did not apply to Study Indicator 4B because it did not meet the criteria of one remeasurement that

performed better than the Baseline and a succeeding remeasurement result. Study Indicators 5 and 6 could not be evaluated at this time as only a Baseline and one remeasurement has been reported. After a review of the resubmitted PIP in February 2009, the score for this evaluation element remained *Partially Met*. The PIP did not demonstrate sustained improvement across all study indicators.

- Some of **Harmony**'s implemented interventions were likely to induce permanent change, however, not all of the study indicators demonstrated improvement (Activity VII), so the element received a *Partially Met* score.
- It was unclear to the HSAG PIP Review Team if **Harmony**'s original interventions were revised if not successful (Activity VII). The narrative descriptions in the PIP documentation reported the interventions; however, no further details were provided. After review of the resubmitted PIP documentation in February 2009, the score for this evaluation element was changed from *Partially Met* to *Met*. **Harmony** provided detailed information about how interventions were modified, continued, and/or implemented.
- **Harmony**'s documentation included an interpretation for some but not all the study indicators (Activity VIII). A very general interpretation of the results was provided for Study Indicators 1, 2, and 3. Future submissions must include a more detailed description of the results for Study Indicators 1 through 3. An interpretation of findings was not included for Study Indicators 4 through 6. This must be included in future PIP submissions. After review of the resubmitted PIP documentation in February 2009, the score for this evaluation element remained Partially Met. **Harmony** provided further information about the results for Study Indicators 1 through 3, and provided an interpretation of findings for Study Indicators 4 through 6. However, the interpretation of findings for Study Indicators 4 through 6 was not provided for Baseline to Remeasurement 1.
- **Harmony** incorrectly calculated p values for Indicator 3 and some p values were rounded incorrectly (Activity VIII). The PIP mentioned that standard t tests were used; however, a more appropriate test to use would be either the z test for proportions or the Chi-square test because the comparisons used proportions, not means. Statistical differences between the initial measurement and remeasurement were not provided for Study Indicators 4 through 6. This must be provided in future submissions. After review of the resubmitted PIP documentation, the score for this evaluation element remained *Partially Met*. **Harmony** provided statistical differences between the initial measurement and remeasurement for Study Indicators 4 through 6, and statistical differences were recalculated for Study Indicators 1 through 3 using the Chi-square test. However, inaccurate Chi-square and p value calculations remained. In the resubmitted documentation, Chi-square tests and p values were calculated incorrectly for Study Indicator 3 (81 percent plus) for Baseline to Remeasurement 1 and Remeasurement 1 to Remeasurement 2. In addition, the Chi-square tests and p values were incorrectly reported for Study Indicator 4 (women who were screened for depression during the pregnancy and prior to delivery) for Baseline to Remeasurement 1, for all elements of Study Indicator 5 for Baseline to Remeasurement 1, and all elements of Study Indicator 6 for Baseline to Remeasurement 1.
- **Harmony** received *Partially Met* scores for a number of Activity IX elements. Study Indicators 1, 2, and 3 (<21 percent) improved from Remeasurement 1 to Remeasurement 2. Study Indicator 3 (>/=81 percent) did not improve from Remeasurement 1 to Remeasurement 2. Data for Study Indicators 4 through 6 must be included in future PIP submissions. Further, not all the study indicators demonstrated improvement that appeared to be the result of planned

interventions. Only Study Indicator 3 (<21 percent) showed statistically significant improvement. All other indicators showed either improvement that was not statistically significant (Indicators 1 and 2) or no improvement (Indicator 3>/=81 percent). Repeated measurements over time did not demonstrate sustained improvement (Activity X). After review of the resubmitted PIP documentation in February 2009, the scores for Activity IX evaluation elements remained *Partially Met* and Activity X was *Not Met*. **Harmony** included data for Study Indicators 4 through 6, but Study Indicator 4 did not improve from Baseline to Remeasurement 1. Study Indicator 5 showed some improvement in pregnant women who had follow-up within seven days for a positive depression screen, and Study Indicator 6 also demonstrated improvement for some elements of the indicator.

Improving Ambulatory Follow-Up and PCP Communication

As shown in Table 4-7, **FHN**, **Harmony**, and **Meridian** achieved *Met* validation status for the SFY 2008–2009 perinatal care and depression screening PIPs.

Table 4-8—Comparison of 2008–2009 Improving Ambulatory Follow-Up and PCP Communication PIPs			
Results	**FHN**	**Harmony**	**Meridian**
Activities Completed	I-V	I-V	I-IV
Number of Elements *Met*	17	21	17
Number of Elements *Partially Met*	0	2	0
Number of Elements *Not Met*	0	0	0
Total Possible Critical Elements Assessed	8	9	8
Total Critical Elements *Met*	8	9	8
Percentage of Total Possible Evaluation Elements *Met*	100%	91%	100%
Percentage of Critical Elements *Met*	100%	100%	100%
Validation Status	*Met*	*Met*	*Met*

FHN and **Meridian** appear to be well positioned to successfully complete the remaining activities of their Improving Ambulatory Follow-Up and PCP Communication PIPs, but **Harmony** has an opportunity for improvement.

- **Harmony Behavioral Health** (**HBH**) did not specify that this study was a collaborative PIP. Future submissions should include this information in Activity I of the PIP submission. Data were provided to support the selection of the study; however, the data were not specific to **HBH**. Future submissions should specify that the study topic was chosen collaboratively and **HBH** should provide plan-specific data to support the study topic as relevant to the plan.

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Surveys—SFY 2008–2009

Adult Medicaid

Table 4-9 presents the 2009 adult Medicaid CAHPS results for **FHN** and **Harmony**, as well as the 2008 NCQA national averages.

Table 4-9—2009 Adult Medicaid CAHPS Results			
	FHN	Harmony	2008 NCQA CAHPS National Averages
Composite Measures			
Getting Needed Care	47.0%	37.5%	48.9%
Getting Care Quickly	54.4%	51.4%	55.7%
How Well Doctors Communicate	76.0%	70.6%	67.7%
Customer Service	64.9%	60.7%	57.3%
Shared Decision Making	NA	58.8%	58.7%
Global Ratings			
Rating of All Health Care	50.0%	39.2%	46.9%
Rating of Personal Doctor	59.1%	54.0%	60.5%
Rating of Specialist Seen Most Often	47.2%	55.7%	60.9%
Rating of Health Plan	48.7%	39.5%	53.4%
A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.			

Both **FHN** and **Harmony** scored above the 2008 NCQA Adult CAHPS top-box national averages for *How Well Doctors Communicate* and *Customer Service*. **FHN** scored above the national average for *Rating of All Health Care* and **Harmony** scored just above to the national average for *Shared Decision Making*.

Harmony scored substantially below the national averages than **FHN** for *Getting Needed Care* and ratings of *All Health Care, Personal Doctor,* and *Health Plan.*

Both **FHN** and **Harmony** scored below the national average for *Rating of Specialist Seen Most Often.*

Child Medicaid

Table 4-10 presents the 2009 child Medicaid CAHPS results for **FHN** and **Harmony**, as well as the 2008 NCQA national averages. Because of changes from version 3.0H and 4.0H, 2009 results are not comparable to 2008 data for *Getting Needed Care, Getting Care Quickly,* and *How Well Doctors Communicate.*

Table 4-10—2009 Child Medicaid CAHPS Results			
	FHN	Harmony	2008 NCQA CAHPS National Averages
Composite Measures			
Getting Needed Care	NA	46.0%	—
Getting Care Quickly	65.6%	63.5%	—
How Well Doctors Communicate	71.4%	70.9%	69.2%
Courteous and Helpful Office Staff	NA	61.0%	—
Customer Service	NA	65.0%	New in 2009
Global Ratings			
Rating of All Health Care	54.6%	47.9%	65.2%
Rating of Personal Doctor	68.0%	62.5%	64.8%
Rating of Specialist Seen Most Often	NA	52.1%	64.2%
Rating of Health Plan	58.1%	48.7%	62.2%
A minimum of 100 responses is required for a measure to be reported as a CAHPS survey result. Measures that do not meet the minimum number of responses are denoted as NA.			

Both **FHN** and **Harmony** scored above the 2008 NCQA Child CAHPS top-box national averages for *How Well Doctors Communicate*. **FHN** scored above the national average for *Rating of Personal Doctor.*

5. Conclusions and Recommendations

State

- The HEDIS compliance audit indicated that the HFS MCOs successfully prepared the selected performance measures in accordance with HEDIS 2009 Technical Specifications and presented fairly the MCOs' performance with respect to these specifications. Both MCOs that completed this activity in 2009 had information systems that met HEDIS standards with no significant impact on the reliability of HEDIS reporting, valid MRR processes, and performance measures (for those included in the audit) that followed HEDIS specifications and provided reportable rates. However, encounter data submission was still low, although improvements were noted compared to the previous year, especially for **Harmony**. The State should emphasize the importance of the MCOs' efforts to increase the submission of encounter data.
- While both **FHN** and **Harmony** have shown some improvements in HEDIS rates over time, overall, declines and/or low performance levels indicated that additional interventions are needed to ensure the quality and timeliness of, and access to care provided to HFS beneficiaries. Of particular concern are decreases in rates for maternity and asthma care, given that the MCOs have been engaged in PIPs in these areas. The State should clearly communicate to the MCOs the importance of improving these rates.
- Both **FHN** and **Harmony** had a number of *Partially Met* or *Not Met* elements for activities in the later stages of their PIPs. The State should emphasize the importance of the MCOs' seeking technical assistance as needed and implementing recommendations to ensure successful interventions, accurate statistical analyses, and true improvements that are sustained over time.
- The 2009 CAHPS scores indicated that patients statewide are satisfied with how well their doctors communicate with them regarding the care of adults and children. In contrast, specialist ratings were below the national averages for adults and children. The State should reinforce with MCOs the importance of meeting patients' expectations regarding their health care experiences, since satisfaction can impact compliance and encourage beneficiaries to access needed care in a timely manner.

MCOs

Family Health Network

- Substantial work remains for **FHN** to complete its compliance monitoring CAP. **FHN** should continue to work with the State on implementing case management software and follow HSAG's recommendations to achieve compliance with QAP standards.
- **FHN** demonstrated progress in improving HEDIS results on measures related to the care of children and adolescents, and should continue efforts to increase these rates.
- **FHN** showed strong performance on measures that track follow-up after hospitalization for mental illness.

- Low HEDIS scores indicated that **FHN** should focus improvement efforts in the areas of adolescent well-care; adults' access to preventative ambulatory care; breast and cervical cancer screening; perinatal care; the diabetes care areas of eye exams, LDL-C screening, LDL-level, and blood pressure; and asthma care.
- Because **FHN** met only 85 percent of the total possible evaluation elements for its Asthma PIP, the MCO should continue to address inadequacies in its interventions in order to achieve sustained improvements.
- Because **FHN** demonstrated improvement on only one of the ten study indicators for its EPSDT Screening PIP, **FHN** should plan and implement interventions to achieve and statistically verify true improvements.
- Remeasurement 2 showed that **FHN** still needs to achieve significant improvements in its Perinatal Care and Depression Screening indicators. **FHN** planned to propose consideration of a second causal/barrier analysis, as previously recommended by HSAG, in March 2009; it is essential that effective strategies be developed and implemented in order to improve the quality of perinatal care provided to beneficiaries.
- **FHN** demonstrated strong performance on the initial activities of its *Improving Ambulatory Follow-Up and PCP Communication* PIP.
- **FHN**'s adult CAHPS results were strongest for *How Well Doctors Communicate, Customer Service,* and *Rating of All Health Care,* but lower than the national average for *Rating of Specialist Seen Most Often.* **FHN** scored above the child CAHPS national averages for *How Well Doctors Communicate* and *Rating of Personal Doctor.* **FHN** should continue to implement strategies to continually improve patient satisfaction.

Harmony

- **Harmony** has successfully addressed all but one of the requirements of its compliance monitoring CAP. HSAG recommended that **Harmony** submit a description of a plan to monitor provision of prenatal care in order to reach full compliance with QAP standards.
- **Harmony** demonstrated progress in improving HEDIS results on measures related to the care of children and adolescents, and should continue efforts to increase these rates.
- Low HEDIS scores indicated that **Harmony** should focus improvement efforts in the areas of adolescent well-care; adults' access to preventative ambulatory care; breast and cervical cancer screening; perinatal care; the diabetes care areas of eye exams, LDL-C screening, LDL-level, and blood pressure; asthma care, and follow-up after hospitalization for mental illness.
- Because **Harmony** met only 83 percent of the total possible evaluation elements for its Asthma PIP, the MCO should continue to address inadequacies in its interventions in order to achieve sustained improvements, and to improve statistical analysis and interpretation of data.
- **Harmony**'s score of 85 percent of the total possible evaluation elements for its EPSDT PIP reflected problems with Activities VI, VIII, and IX. **Harmony** should correct issues related to the generalizability of findings, and plan and implement interventions to achieve and statistically verify true improvements.
- **Harmony**'s score of 87 percent of the total possible evaluation elements for its Perinatal Care and Depression Screening PIP reflected problems with Activities VII-X. **Harmony** should plan

and implement interventions that result in statistically significant, sustained improvements over time; provide appropriate interpretation of data; and correctly conduct statistical analyses.

- **Harmony** should ensure that future submissions specify that the *Improving Ambulatory Follow-Up and PCP Communication* PIP study topic was chosen collaboratively. Further, **HBH** should provide plan-specific data to support the study topic as relevant to the plan.
- **Harmony**'s adult CAHPS results were strongest for *How Well Doctors Communicate*, *Customer Service*, and *Shared Decision Making*. However, **Harmony** scored substantially below the national averages for *Getting Needed Care* and ratings of *All Health Care*, *Personal Doctor*, *Specialist Seen Most Often*, and *Health Plan*. **Harmony** scored above the child CAHPS national average for *How Well Doctors Communicate*. **Harmony** should continue to implement strategies to continually improve patient satisfaction.

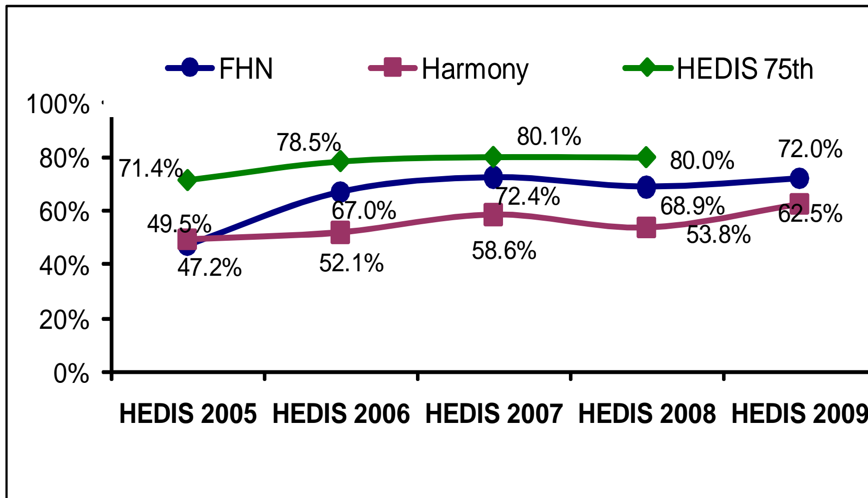
Meridian

- **Meridian**'s strong performance on its Readiness Review and the initial activities in its Perinatal Care and Depression Screening and Improving Ambulatory Follow-Up and PCP Communication PIPs indicate that the MCO is well positioned to provide quality and timely care and appropriate access to services for HFS beneficiaries enrolled in the MCO.

Appendix A. Trended Graphs HEDIS 2005-2009

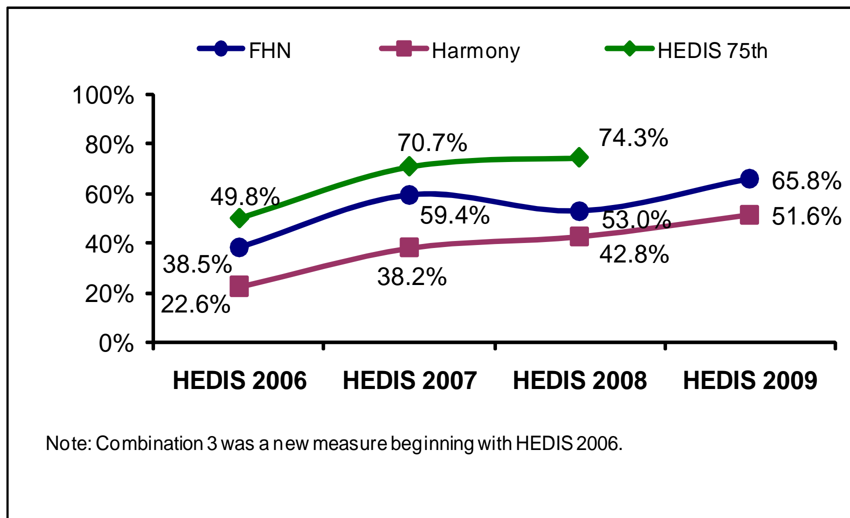
This appendix displays trended line graphs for the performance measures with at least two years of HEDIS reporting compared to the national Medicaid HEDIS 75th percentile for each reporting year. These graphs use the HEDIS 75th percentile since this is the level the MCOs must achieve to receive withhold (incentive) payments. The national Medicaid HEDIS percentiles for each year are provided beside each graph.

Figure A-1—*Childhood Immunizations—Combination #2*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	47.8	56.6	66.0	71.4	75.7
2006	53.8	62.7	72.4	78.5	82.7
2007	58.7	68.3	75.2	80.1	84.8
2008	57.2	67.6	75.4	80.0	84.7

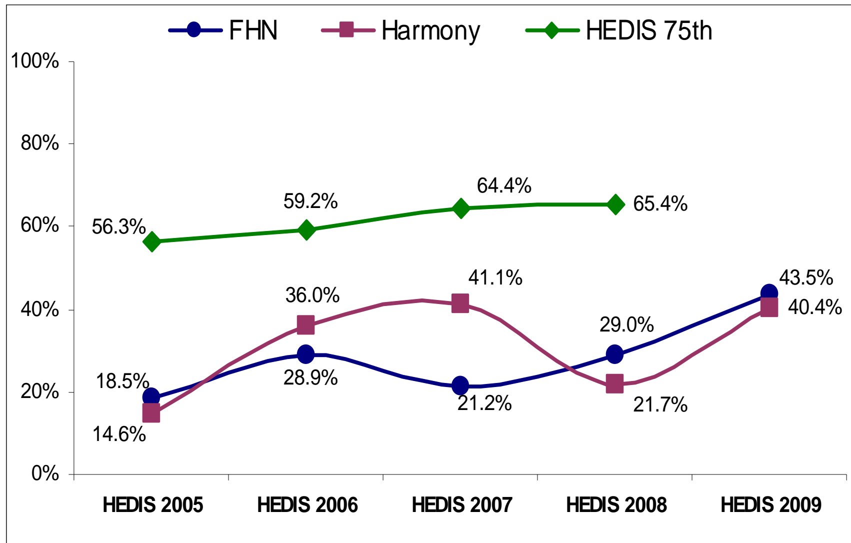
Figure A-2—*Childhood Immunizations—Combination #3*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	NA	NA	NA	NA	NA
2006	25.1	33.8	42.3	49.8	57.8
2007	41.8	54.3	62.6	70.7	74.5
2008	50.1	59.9	68.6	74.3	78.2

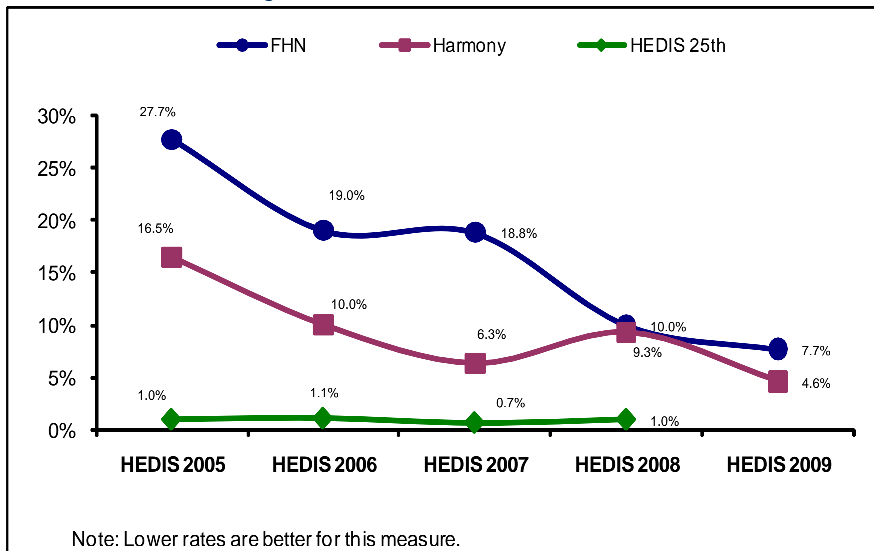
Note: Combination 3 was a new measure beginning with HEDIS 2006.

Figure A-3—*Well-Child Visits in the First 15 Months of Life (6+ Visits)*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	15.2	38.7	46.4	56.3	65.7
2006	22.4	41.6	50.0	59.2	68.6
2007	38.0	46.6	56.6	64.4	75.2
2008	29.0	44.5	57.5	65.4	73.7

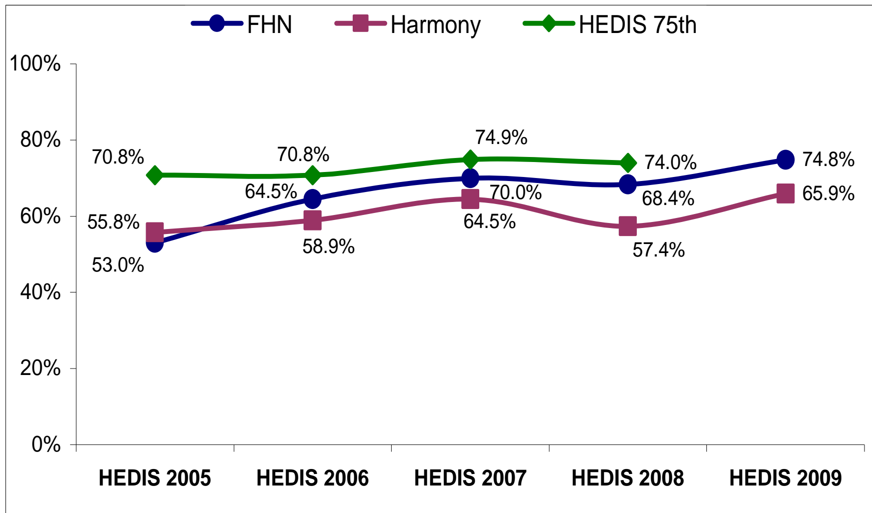
Figure A-4—*Well-Child Visits in the First 15 Months of Life (No Visits)*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	0.5	1.0	2.1	3.9	13.1
2006	0.5	1.1	2.0	3.9	10.0
2007	0.4	0.7	1.4	2.9	6.8
2008	0.6	1.0	1.9	3.1	6.8

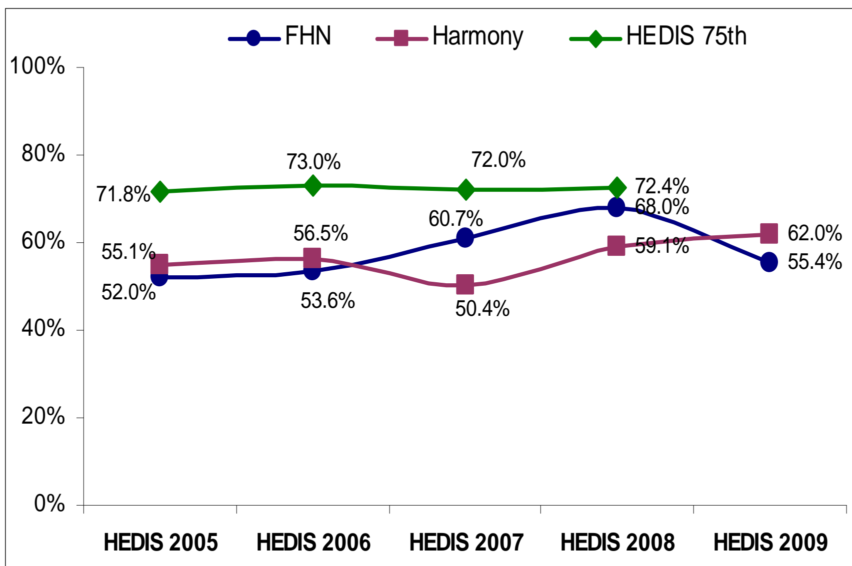
Note: Lower rates are better for this measure.

Figure A-5—*Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life*



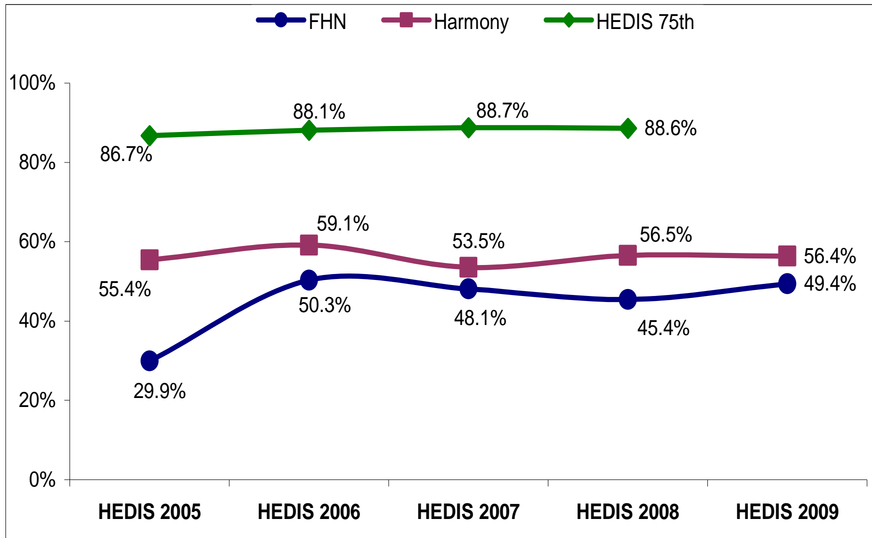
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	48.6	56.3	64.1	70.8	76.7
2006	50.1	56.7	64.8	70.8	77.5
2007	55.7	62.7	67.5	74.9	79.9
2008	52.3	59.8	68.2	74.0	78.9

Figure A-6—*Cervical Cancer Screening*



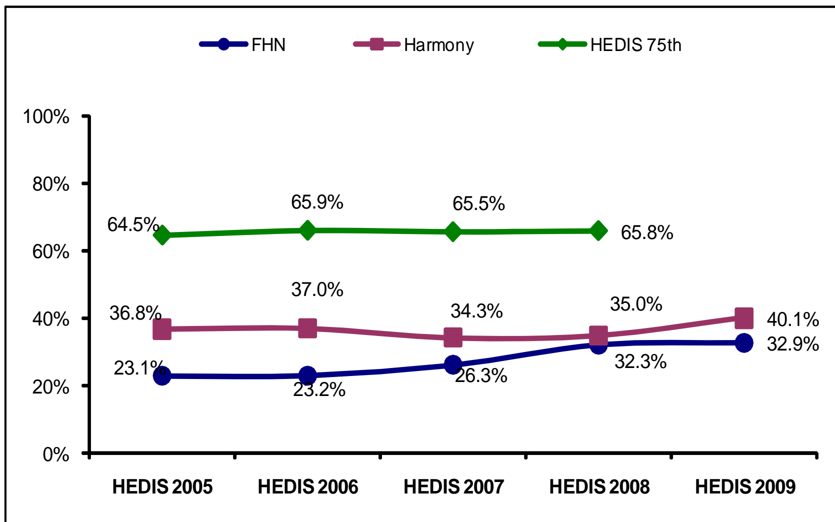
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	51.1	58.6	64.5	71.8	76.6
2006	49.9	59.7	66.1	73.0	76.6
2007	53.7	60.2	66.5	72.0	77.4
2008	50.5	56.5	67.0	72.4	77.5

Figure A-7—*Timeliness of Prenatal Care*



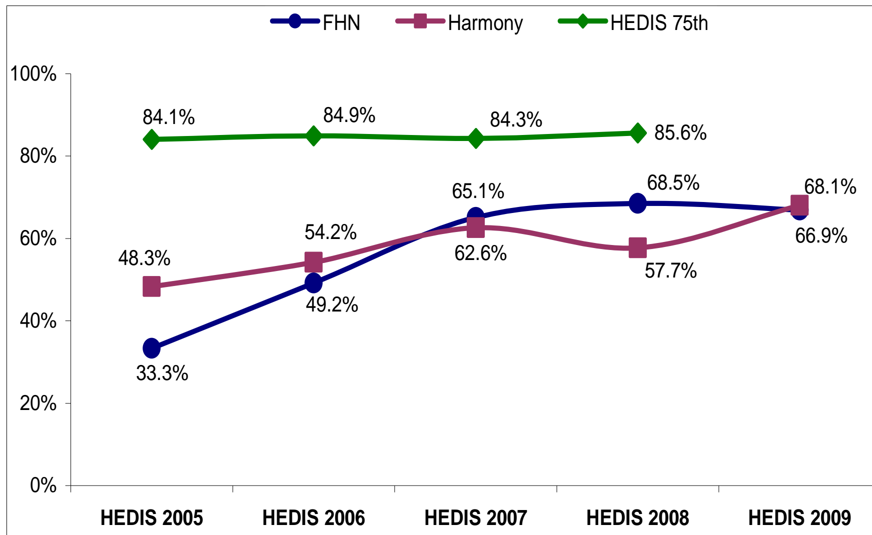
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	63.7	73.8	81.5	86.7	89.5
2006	61.1	74.2	83.3	88.1	91.5
2007	70.3	77.0	84.2	88.7	91.5
2008	68.4	76.6	84.1	88.6	91.4

Figure A-8—Postpartum Care Visits



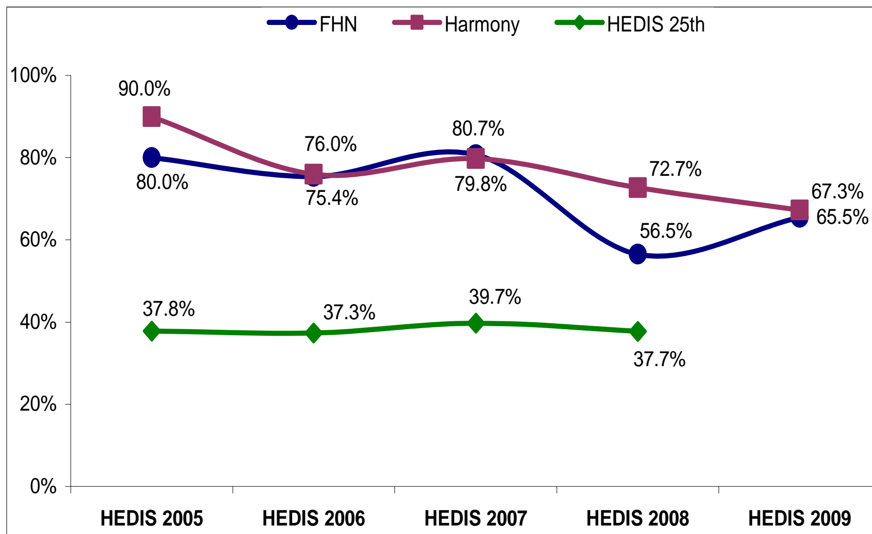
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	40.9	51.1	58.4	64.5	69.7
2006	41.8	49.7	58.8	65.9	71.0
2007	47.4	54.3	59.7	65.5	71.1
2008	47.0	54.0	60.8	65.8	70.6

Figure A-9—*Comprehensive Diabetes Care—HbA1c Testing*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	56.9	69.8	78.4	84.1	88.8
2006	64.0	71.1	77.4	84.9	88.8
2007	67.6	74.4	79.3	84.3	89.1
2008	65.7	74.2	79.6	85.6	88.8

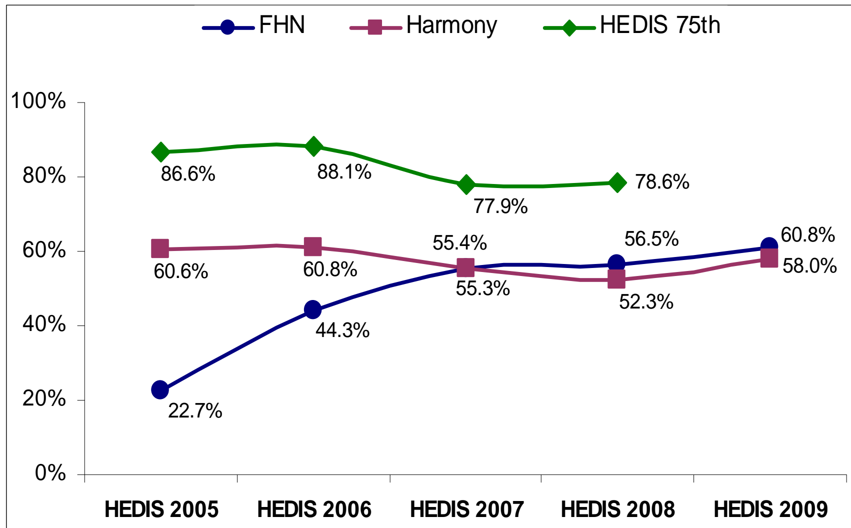
Figure A-10—*Comprehensive Diabetes Care—Poor HbA1c Control*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	31.1	37.8	47.5	58.5	76.6
2006	30.3	37.3	45.2	60.1	74.3
2007	32.1	39.7	46.7	57.4	69.6
2008	32.4	37.7	46.0	52.5	69.8

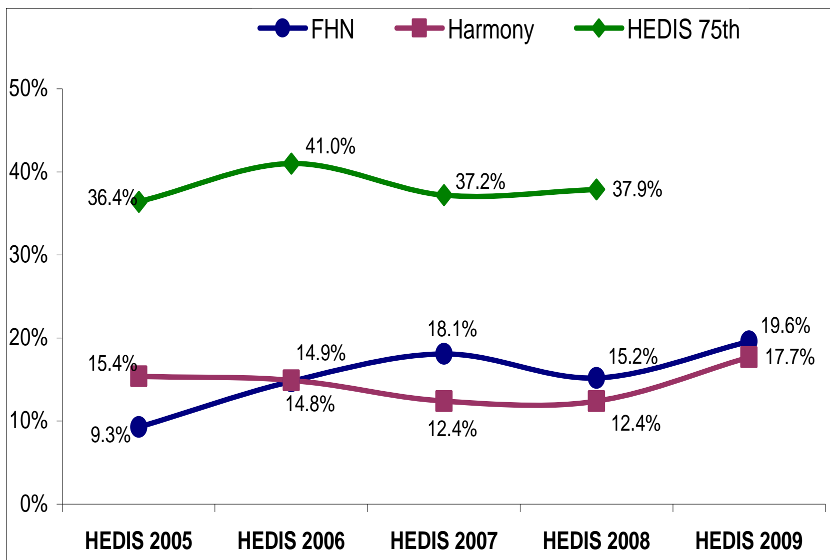
Note: Lower rates are better for this measure.

Figure A-11—*Comprehensive Diabetes Care—LDL-C Screening*



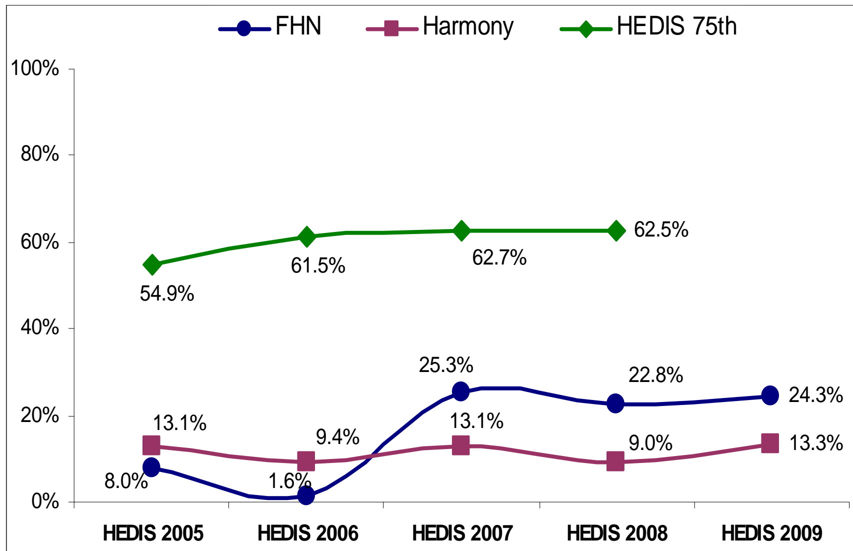
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	61.8	73.0	81.4	86.6	91.4
2006	66.3	76.2	83.3	88.1	90.8
2007	58.7	66.9	72.8	77.9	81.0
2008	58.6	66.7	73.2	78.6	81.8

Figure A-12—*Comprehensive Diabetes Care—LDL-C Level <100*



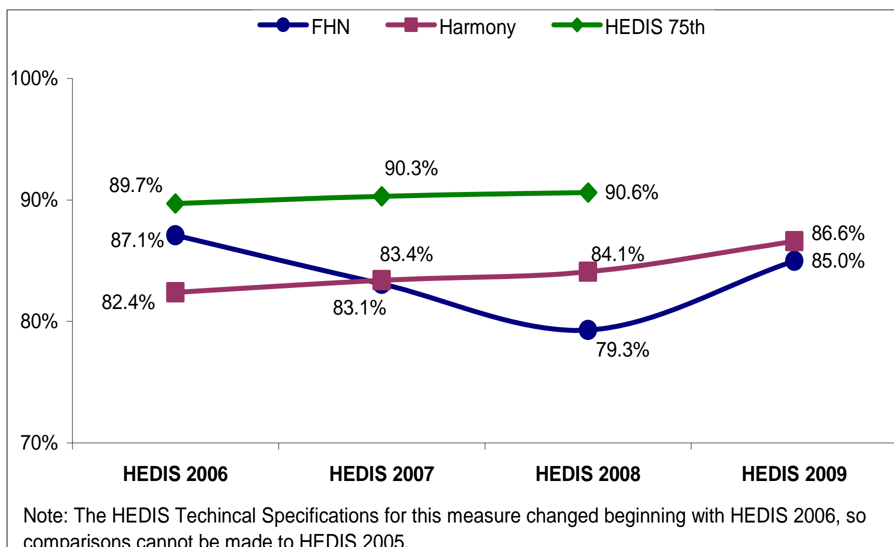
Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	14.4	23.7	31.7	36.4	41.6
2006	14.4	26.5	34.1	41.0	46.5
2007	15.2	24.1	31.3	37.2	44.1
2008	16.5	25.1	33.1	37.9	42.6

Figure A-13—*Comprehensive Diabetes Care—Eye Exams*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	18.5	35.3	46.9	54.9	60.9
2006	25.5	35.2	50.8	61.5	68.1
2007	30.6	42.1	53.6	62.7	68.3
2008	24.2	39.7	53.8	62.5	67.6

Figure A-14—*Use of Appropriate Medications for People With Asthma (Combined Rate)*



Medicaid HEDIS Percentiles					
HEDIS	10th	25th	50th	75th	90th
2005	NA	NA	NA	NA	NA
2006	78.4	84.0	87.1	89.7	92.5
2007	81.5	85.6	88.4	90.3	92.0
2008	80.4	86.1	88.7	90.6	91.9

Note: HEDIS Technical Specifications changed starting with HEDIS 2006.

CHILD AND ADOLESCENT CARE AND ADULTS' ACCESS TO PREVENTIVE/AMBULATORY CARE MEASURES

This appendix displays the Child and Adolescent Care and Adults' Access to Preventive/ Ambulatory Care measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Child and Adolescent Care					
Childhood Immunizations—Combo 2	72.0	62.5	67.5	75.4	84.7
Childhood Immunizations—Combo 3	65.8	51.6	59.0	68.6	78.2
Lead Screening in Children	69.5	69.8	69.7	65.9	84.0
Children's Access to PCPs (12-24 Months)	81.8	83.3	82.8	95.8	98.4
Children's Access to PCPs (25 months – 6 Years)	68.9	70.1	69.8	86.5	92.0
Children's Access to PCPs (7 – 11 Years)	49.5	61.6	59.3	87.8	94.1
Adolescent's Access to PCPs (12-19 Years)	49.9	60.8	59.2	84.5	91.9
*Well-Child Visits in the First 15 Months (0 Visits)**	7.7	4.6	6.3	1.9	6.8
Well-Child Visits in the First 15 Months (6+ Visits)	43.5	40.4	42.0	57.5	73.7
Well-Child Visits (3–6 Years)	74.8	65.9	70.6	68.2	78.9
Adolescent Well-Care Visits	36.9	37.7	37.3	42.1	56.7
Adults' Access to Preventive/Ambulatory Care					
20–44 Years of Age	59.4	66.3	64.8	79.6	87.6
45–64 Years of Age	58.8	63.3	62.4	85.7	90.2

*** Lower rates indicate better performance for these measures.**

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles	(red)	(orange)	(white)	(yellow)	(blue)	(green)

PREVENTIVE SCREENING FOR WOMEN AND MATERNITY-RELATED MEASURES

This appendix displays the Preventive Screening for Women and maternity-related measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Preventive Screening for Women					
Breast Cancer Screening (Combined Rate)	33.9	32.5	32.7	50.1	61.2
Cervical Cancer Screening	55.4	62.0	58.6	67.0	77.5
Chlamydia Screening (16–20 Years of Age)	53.6	44.5	45.7	48.8	65.3
Chlamydia Screening (21–25 Years of Age)	53.8	54.8	54.6	56.4	69.6
Chlamydia Screening (Combined Rate)	53.7	48.8	49.5	51.9	67.0
Maternity-Related Measures					
*Frequency of Ongoing Prenatal Care (<21 Visits)**	39.3	27.0	33.4	7.7	24.4
Frequency of Ongoing Prenatal Care (81–100 Visits)	25.6	33.6	29.4	61.5	80.7
Timeliness of Prenatal Care	49.4	56.4	52.8	84.1	91.4
Postpartum Care	32.9	40.1	36.3	60.8	70.6

*** Lower rates indicate better performance for these measures.**

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles						

Chronic Conditions/Disease Management Measures

This appendix displays the Chronic Conditions/Disease Management measures for **FHN** and **Harmony** for HEDIS 2009 compared to the HEDIS 2008 50th and 90th percentiles.

HEDIS Measures	FHN	HAR	Total for HFS MCOs	2008 HEDIS Percentiles	
				50th	90th
Chronic Conditions/Disease Management					
Controlling High Blood Pressure (Combined Rate)	54.6	39.7	43.3	55.4	65.0
Diabetes Care (HbA1C Testing)	66.9	68.1	67.8	79.6	88.8
*Diabetes Care (Poor HbA1c Control)**	65.5	67.3	67.0	46.0	69.8
Diabetes Care (Good HbA1c Control)	27.0	24.6	25.1	32.8	42.5
Diabetes Care (Eye Exam)	24.3	13.3	15.7	53.8	67.6
Diabetes Care (LDL-C Screening)	60.8	58.0	58.6	73.2	81.8
Diabetes Care (LDL-C Level <100 mg/Dl)	19.6	17.7	18.1	33.1	42.6
Diabetes Care (Nephropathy Monitoring)	79.7	69.9	72.0	76.1	85.4
Diabetes Care (BP < 140/90)	45.3	54.0	52.2	58.2	71.3
Diabetes Care (BP < 130/80)	27.0	27.4	27.3	29.7	41.2
Appropriate Medications for Asthma (5–9 Years)	92.2	86.7	87.8	91.8	96.1
Appropriate Medications for Asthma (10–17 Years)	80.6	88.1	87.2	89.5	93.3
Appropriate Medications for Asthma (18–56 Years)	79.6	84.9	84.3	85.8	90.7
Appropriate Medications for Asthma (Combined Rate)	85.0	86.6	86.4	88.7	91.9
Follow-up After Hospitalization for Mental Illness-7 Days	64.2	43.2	47.4	43.2	65.4
Follow-up After Hospitalization for Mental Illness-30 Days	76.5	55.6	59.8	65.9	80.3

*** Lower rates indicate better performance for these measures.**

	HEDIS 2008 Percentile					
	<10	10-24	25-49	50-74	75-89	90-100
Color Code for Percentiles						

Appendix E. Medicaid HEDIS 2008 Means and Percentiles

Medicaid HEDIS 2008 Means and Percentiles						
	Mean	P10	P25	P50	P75	P90
Childhood Immunizations (Combo 2)	72.3	57.2	67.6	75.4	80.0	84.7
Childhood Immunizations (Combo 3)	65.6	50.1	59.9	68.6	74.3	78.2
Lead Screening in Children	61.5	32.3	49.3	65.9	76.5	84.0
*Well-Child Visits in the First 15 Months of Life (0 Visits)**	5.6	0.6	1.0	1.9	3.1	6.8
Well-Child Visits in the First 15 Months of Life (6+ Visits)	53.0	29.0	44.5	57.5	65.4	73.7
Well-Child Visits (3–6 Years)	65.3	52.3	59.8	68.2	74.0	78.9
Adolescent Well-Care Visits	42.0	27.2	35.9	42.1	51.4	56.7
Children's and Adolescents' Access to PCPs (12–24 Months)	93.4	87.7	93.2	95.8	97.4	98.4
Children's and Adolescents' Access to PCPs (25 Months–6 Years)	84.3	74.2	82.3	86.5	89.4	92.0
Children's and Adolescents' Access to PCPs (7–11 Years)	85.8	75.5	82.2	87.8	91.2	94.1
Children's and Adolescents' Access to PCPs (12–19 Years)	82.6	70.6	78.1	84.5	90.0	91.9
Adult's Access to Preventive/Ambulatory Care (20-44 Years)	76.8	60.7	71.6	79.6	84.8	87.6
Adult's Access to Preventive/Ambulatory Care (45-64 Years)	82.4	71.2	79.3	85.7	88.3	90.2
Breast Cancer Screening	50.0	38.8	44.4	50.1	56.4	61.2
Cervical Cancer Screening	64.8	50.5	56.5	67.0	72.4	77.5
Chlamydia Screening in Women (16-20 years)	48.7	32.7	41.1	48.8	57.2	65.3
Chlamydia Screening in Women (21-25 Years)	54.1	33.4	47.9	56.4	64.7	69.6
Chlamydia Screening in Women (Combined)	50.8	32.6	43.7	51.9	59.7	67.0
Timeliness of Prenatal Care	81.4	68.4	76.6	84.1	88.6	91.4
*Frequency of Ongoing Prenatal Care (<21%)**	12.5	1.9	3.4	7.7	15.1	24.4
Frequency of Ongoing Prenatal Care (81–100%)	59.3	31.1	50.6	61.5	75.3	80.7
Postpartum Care	58.7	47.0	54.0	60.8	65.8	70.6
Use of Appropriate Medications for People With Asthma (5–9 Years)	89.3	82.8	88.7	91.8	94.5	96.1
Use of Appropriate Medications for People With Asthma (10–17 Years)	86.9	81.0	86.1	89.5	91.5	93.3
Use of Appropriate Medications for People With Asthma (18–56 Years)	84.5	77.6	81.4	85.8	88.9	90.7
Use of Appropriate Medications for People With Asthma (Total)	86.9	80.4	86.1	88.7	90.6	91.9
Controlling High Blood Pressure (Combined Rate)	53.4	39.0	47.2	55.4	61.6	65.0
Comprehensive Diabetes Care (HbA1c Testing)	77.4	65.7	74.2	79.6	85.6	88.8
*Comprehensive Diabetes Care (Poor HbA1c Control)**	47.7	32.4	37.7	46.0	52.5	69.8
Comprehensive Diabetes Care (Good HbA1c Control)	31.5	15.9	27.7	32.8	38.9	42.5
Comprehensive Diabetes Care (Eye Exams)	50.1	24.2	39.7	53.8	62.5	67.6
Comprehensive Diabetes Care (LDL-C Screening)	70.9	58.6	66.7	73.2	78.6	81.8
Comprehensive Diabetes Care (LDL-C Level <100)	31.4	16.5	25.1	33.1	37.9	42.6
Comprehensive Diabetes Care (BP <130/80)	29.6	16.3	25.8	29.7	36.5	41.2
Comprehensive Diabetes Care (BP <140/90)	55.5	37.0	49.6	58.2	65.7	71.3
Comprehensive Diabetes Care (Monitoring Nephropathy)	74.4	59.7	67.9	76.1	80.5	85.4
Follow-up After Hospitalization for Mental Illness (7 Days)	42.5	14.5	27.5	43.2	57.4	65.4
Follow-up After Hospitalization for Mental Illness (30 Days)	61.0	30.5	51.4	65.9	75.0	80.3

*** A lower rate indicates better performance (i.e., a rate in the 10th percentile is better than a rate in the 90th percentile).**

HEDIS Measures	HEDIS Rates for Family Health Network				HEDIS Rates for Harmony Health Plan				HEDIS 2008 National Medicaid Percentiles		
	2006	2007	2008	2009	2006	2007	2008	2009	50th	75th	90th
Child and Adolescent Care											
Childhood Immunizations—Combo 2	67.0	72.4	68.9	72.0	52.1	58.6	53.8	62.5	75.4	80.0	84.7
Childhood Immunizations—Combo 3	38.5	59.4	53.0	65.8	22.6	38.2	42.8	51.6	68.6	74.3	78.2
Lead Screening in Children	NA	NA	70.4	69.5	NA	NA	65.9	69.8	65.9	76.5	84.0
*Well-Child Visits in the First 15 Months (0 Visits)**	19.0	18.8	10.0	7.7	10.0	6.3	9.2	4.6	1.9	3.1	6.8
Well-Child Visits in the First 15 Months (6+ Visits)	28.9	21.2	29.0	43.5	36.0	41.1	21.7	40.4	57.5	65.4	73.7
Well-Child Visits (3–6 Years)	64.5	70.0	68.4	74.8	58.9	64.5	57.4	65.9	68.2	74.0	78.9
Adolescent Well-Care Visits	NA	37.7	32.2	36.9	NA	36.5	37.7	37.7	42.1	51.4	56.7
Children's Access to PCPs (12–24 Months)	NA	NA	77.3	81.8	NA	NA	82.5	83.3	95.8	97.4	98.4
Children's Access to PCPs (25 months – 6 Years)	NA	NA	65.2	68.9	NA	NA	65.7	70.1	86.5	89.4	92.0
Children's Access to PCPs (7 – 11 Years)	NA	NA	52.4	49.5	NA	NA	60.7	61.6	87.8	91.2	94.1
Adolescent's Access to PCPs (12–19 Years)	NA	NA	48.4	49.9	NA	NA	58.7	60.8	84.5	90.0	91.9
Adults' Access to Preventive/Ambulatory Care											
20–44 Years of Age	NA	60.2	56.6	59.4	NA	62.1	57.5	66.3	79.6	84.8	87.6
45–64 Years of Age	NA	44.1	48.6	58.8	NA	55.7	54.6	63.3	85.7	88.3	90.2
Preventive Screening for Women											
Breast Cancer Screening (Combined Rate)	NA	24.7	27.8	33.9	NA	27.7	35.5	32.5	50.1	56.4	61.2
Cervical Cancer Screening	53.6	60.7	68.0	55.4	56.5	50.4	59.1	62.0	67.0	72.4	77.5
Chlamydia Screening (16–20 Years of Age)	NA	60.2	47.7	31.3	NA	49.5	45.1	44.5	48.8	57.2	65.3
Chlamydia Screening (21–25 Years of Age)	NA	54.8	47.7	31.2	NA	56.0	53.3	54.8	56.4	64.7	69.6
Chlamydia Screening (Combined Rate)	NA	56.7	47.7	31.3	NA	52.8	49.3	48.8	51.9	59.7	67.0

HEDIS Measures	HEDIS Rates for Family Health Network				HEDIS Rates for Harmony Health Plan				HEDIS 2008 National Medicaid Percentiles		
	2006	2007	2008	2009	2006	2007	2008	2009	50th	75th	90th
Maternity-Related Measures											
*Frequency of Ongoing Prenatal Care (<21% Visits)**	NA	31.8	29.4	39.3	NA	24.1	21.9	27.0	7.7	15.1	24.4
Frequency of Ongoing Prenatal Care (81–100% Visits)	NA	26.3	33.4	25.6	NA	33.8	31.4	33.6	61.5	75.3	80.7
Timeliness of Prenatal Care	50.3	48.1	45.4	49.4	59.1	53.5	56.4	56.4	84.1	88.6	91.4
Postpartum Care	23.2	26.3	32.3	32.9	37.0	34.3	35.0	40.1	60.8	75.3	70.6
Chronic Conditions/Disease Management											
Controlling High Blood Pressure (Combined Rate)	NA	46.7	45.3	54.6	NA	26.0	34.3	39.7	55.4	61.6	65.0
Diabetes Care (HbA1C Testing)	49.2	65.1	68.5	66.9	54.2	62.6	57.7	68.1	79.6	85.6	88.8
*Diabetes Care (Poor HbA1c Control)**	75.4	39.8	56.5	65.5	76.0	79.8	72.7	67.3	46.0	52.5	69.8
Diabetes Care (Good HbA1c Control)	NA	NA	12.0	27.0	NA	NA	15.6	24.6	32.8	38.9	42.5
Diabetes Care (Eye Exam)	1.6	25.3	22.8	24.3	9.4	13.1	9.0	13.3	53.8	62.5	67.6
Diabetes Care (LDL-C Screening)	44.3	55.4	56.5	60.8	60.8	55.3	52.3	58.0	73.2	78.6	81.8
Diabetes Care (LDL-C Level <100 mg/Dl)	14.8	18.1	15.2	19.6	14.9	12.4	12.4	17.7	33.1	37.9	42.6
Diabetes Care (Nephropathy Monitoring)	21.3	71.1	57.6	79.7	26.0	62.1	59.9	69.9	76.1	80.5	85.4
Diabetes Care (BP < 140/90)	NA	55.4	51.1	45.3	NA	31.6	45.0	54.0	58.2	65.7	71.3
Diabetes Care (BP < 130/80)	NA	31.3	22.8	27.0	NA	14.4	23.6	27.4	29.7	36.5	41.2
Appropriate Medications for Asthma (5–9 Years)	NA	81.4	85.5	92.2	73.8	78.2	85.8	86.7	91.8	94.5	96.1
Appropriate Medications for Asthma (10–17 Years)	NA	80.5	77.1	80.6	86.7	86.8	84.7	88.1	89.5	91.5	93.3
Appropriate Medications for Asthma (18–56 Years)	NA	87.3	73.6	79.6	84.6	84.2	82.0	84.9	85.8	88.9	90.7
Appropriate Medications for Asthma (Combined Rate)	NA	83.1	79.3	85.0	82.4	83.4	84.1	86.6	88.7	90.6	91.9
Follow-up After Hospitalization for Mental Illness-7 Days	NA	55.8	56.4	64.2	NA	47.9	20.0	43.2	43.2	57.4	65.4
Follow-up After Hospitalization for Mental Illness-30 Days	NA	69.8	67.9	76.5	NA	65.1	32.3	55.6	65.9	75.0	80.3

***Lower rates are better for these measures.**

	Quality Performance Program Measures