



THE HSC HEALTH CARE SYSTEM  
Health Services for Children  
with Special Needs, Inc.  
(HSCSN)

# ***QUALITY AND PERFORMANCE IMPROVEMENT***

***ANNUAL  
PROGRAM EVALUATION  
2010***



## **HEALTH SERVICES FOR CHILDREN WITH SPECIAL NEEDS, INC.**

### **QUALITY AND PERFORMANCE IMPROVEMENT PROGRAM EVALUATION**

**2010**

#### **Purpose**

Health Services for Children with Special Needs, Inc. (HSCSN) will maintain an active Quality and Performance Improvement Program. For the purposes of oversight and assessment of the health plan enrollees and to ensure that the children and youth with special needs have access to appropriate, essential, quality care, service and cost effective healthcare.

The Program focuses on the performance of organization-wide functions that significantly affect enrollee health outcomes and perceptions of the enrollees and their families about the quality, safety and value of the services being provided. Structural systems are in place, which enable appropriate individuals and inter-department teams to work collaboratively to plan and implement improvements. This is accomplished by continuously assessing, monitoring, measuring and lastly evaluating operational performance outcomes of healthcare and service delivery processes. The 2010 Quality and Performance Improvement Program Evaluation will assess the progress and success of the Quality and Performance Improvement Program in meeting the goals outlined. This assessment will group the evaluation of each goal into the following comparable subject matter categories:

- Availability & Access
- Collaboration & Coordination of Care
- Staff Education & Training
- Utilization Management
- Quality/Performance Assessment, Measurement and Improvement
- Enrollee & Provider Satisfaction
- Certification & Regulatory Compliance

#### **Availability & Access**

HSCSN maintains a Network of appropriate providers who offers a range of preventive, primary care and specialty services sufficient in number, mix, geographical distribution and cultural competency; promote and monitor access to service in accordance with its contractual obligations. Annually, HSCSN conducts a GEO Access report to access its provider network.

## Program Goal

1. Availability/Access of Services
  - a. Maintains a Network of appropriate providers who offers a range of preventive, primary care and specialty services sufficient in number, mix, geographical distribution and cultural competency.
  - b. Promote and monitor access to services.
  - c. Maintains a process for credentialing and re-credentialing physicians and other licensed healthcare professionals and the assurance of provider adherence to quality initiatives and regulatory standards.
  - d. Actively promote the delivery of ethical, culturally competent care that is not exclusive of those involving high-risk, high cost and high-volume members.

HSCSN maintained a sufficient number and geographic distribution and lastly monitors availability of service providers, to ensure enrollee access and availability to services in accordance with the Child and Adolescent Supplemental Security Income Program (CASSIP) contract's access and availability standards. 100% of the enrollees in the District of Columbia have access to a provider within the standard for the provider type.

An analysis of the GEO Access/Availability report denotes the following availability & access findings (For a more detailed description of the HSCSN Provider Network, the GEO Access/Availability report is available upon request):

Primary Care Providers (PCP) – HSCSN has 328 PCPs at 321 locations. 100% of our enrollees have access to a PCP. A PCP is defined as those providers who are a licensed MD or DO who have chosen to be designated as a PCP for the HSCSN network and who specialize in the following fields:

- a. Family Medicine – 89 providers at 87 locations with 100% of our enrollees with access.
- b. Internal Medicine – 148 providers at 147 locations with 100% access.
- c. Pediatrics – 91 providers at 89 locations with 100% access.

### *Mental & Behavioral Health Practitioners*

Contractually, there must be a sufficient number of appropriately skilled providers. These providers are to provide covered Mental and Behavioral Health and Substance Abuse Services to enrollees and ensure that all covered services are available to the enrollees, including home and community based services. Recruitment of Mental Health providers still pose a challenge for the District of Columbia overall and HSCSN, due to Medicaid fees, which mental health providers feel are not sufficient and lastly, the availability of qualified providers, those that meet the qualifications as determined in the treatment of a pediatric, adolescent & young adult special needs population. A focus for network expansion in 2010 was to increase the network of mental & behavioral health providers. In 2010, HSCSN contracted with five (5) new mental health providers. HSCSN has 82 mental health providers at 82 locations with 100% access.

Mental & Behavioral Health Providers include:

- Psychiatrists (MD and DO)
  - Addiction Medicine
  - Child and Adolescent Psychiatry
  - Neurodevelopmental/Neurologist/Developmental and Behavioral Pediatrician
  - Psychiatry
- Psychologists
  - Psychologist/Neuro/Developmental Psychologist
  - Psychologist/Child, Youth
- Social Work

- Social Worker, Master's Level (LGSW)
- Licensed Clinical Social Worker (LICSW, LCSW, or LISW)
- Nursing
  - Registered Nurse/Psychiatric/Mental Health/Clinical Nurse
  - Specialist/Psychiatric/Mental Health
  - Nurse Practitioners/Psychiatric/Mental Health
- Therapists
  - Recreational and Dance Therapist
  - Licensed Marriage and Family Therapist
- Counselors
  - Registered/Certified Counselor/Addiction (Substance Use Disorder)
  - Professional Counselor
- Other Mental Health Provider
  - Physician Assistant
  - Other

### *Early Intervention Providers*

A focus for network expansion in 2010 was to increase the network of Early Intervention providers. In 2010, HSCSN contracted with six (6) new Early Intervention providers and there are 45 early intervention providers in the network. Early intervention providers include:

- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Developmental Pediatrics

In 2011, we will continue to focus contracting with mental/behavioral health and early intervention providers, along with adding the primary care and specialty providers from Providence Hospital. Recommendations for 2011 include the following:

- Identify and contract with providers who provide ABA for enrollees with autism.
- Add additional adult providers

### *Access & Availability Survey*

HSCSN conducts a quarterly enrollee survey to gauge access and availability. This telephonic survey is conducted using a random sample of enrollees in which HSCSN arranged for medical appointment transportation.

### **Overall (n=134)**

Overall, 74.6 percent of the respondents reported they were able to see a doctor within 7 days of their request. 19.4 percent reported they saw a doctor within 14 days and the remaining 5.9 percent were able to get an appointment in 21 days or more.

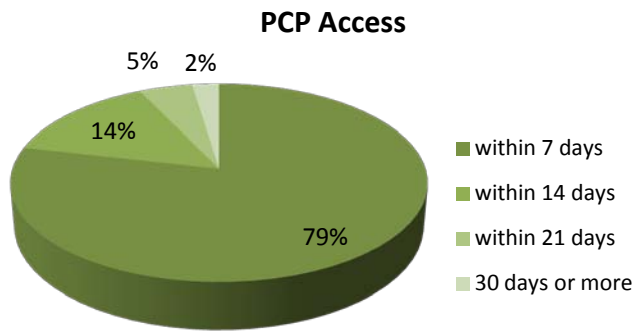
78.6 percent of the enrollees surveyed stated that they were able to get an appointment with a PCP within 7 days of request for service. For an appointment with a Specialist, other than a Mental Health provider, 88.2 percent were seen within either 7 days or 14 days. 100 percent were able to see a Mental Health provider within either 7 or 14 days.

HSCSN will continue to strive to meet or exceed the goal of appointments with PCP, Specialist & Mental Health providers per our CASSIP contract requirements, as illustrated below in **Table 1**.

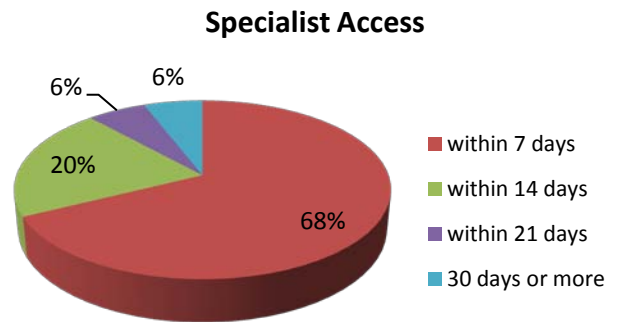
**Table 1: Access to a PCP, Specialist and Mental Health Provider**

	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Goal</b>
PCP W/I 7 Days	71%	87%	78.6%	30 Days
Specialist W/I 14 Days	64.2%	91%	88.2%	30 Days
Mental Health W/I 14 Days	87.5%	100%	100%	30 Days

**Graph 1**



**Graph 2**



When asked about office waits time, out of the 141 respondents:

- 2.8% waited between 0-15 minutes
- 55.3% waited between 16-30 minutes
- 24.1% waited between 31-45 minutes
- 17.2% waited over 46 minutes

Eighty-two percent (82.2%) of the respondents reported they spent at least forty-five minutes or less waiting to see their provider. The remaining 17.2% of respondents had to wait 46 minutes or more to see a provider. Although a little over 80% of the respondents reported waiting no longer than 45 minutes, within our CASSIP contractual obligation of the 45 minute wait time to see a provider, HSCSN stills considers this an opportunity for improvement.

Satisfaction is also assessed in this survey and due to the consistently favorable results over the years, this question was modified from *'Did you leave your doctor's office satisfied with the services you received'* to *'How satisfied were you with your doctor's visit'* to allow for degrees of opinion. In 2010, 90.1% reported their doctor explained things very well and 9.9% reported somewhat well.

**Table 2: HEDIS Children’s’, Adolescents’ & Adult Access to PCP/Preventive Health Services**

Years of Age	2008	2009	2010	National Medicaid 90 <sup>th</sup> Percentile*
12-24 Mos	94%	98%	95.6%	98%
25 Mos -6 Yr	91%	91.4%	95.6%	92.6%
7-11 Yr	94%	94%	96.7%	94.6%
12-19 Yr	91%	91.3%	90%	92.2%
20-44 Yr	67.8%	76.5%	71.3%	88.4%

P4P Measure

\* National Committee for Quality Assurance Quality Compass 2009

As illustrated above (**Refer to Table 2**), when comparing 2008 to 2010, HSCSN improved by 1.6 percentage point in the 12-24 month age category, and experienced a decreased by 2.4 percentage points from 2009 to 2010 and fell below the national Medicaid 90th percentile goal.

In the 25 month -6 years of age category, when comparing 2008 to 2010, HSCSN improved by 4.6 percentage points and improved by 4.2 percentage points when comparing 2009 to 2010 and exceeded the national Medicaid 90<sup>th</sup> percentile by three (3) percentage points.

Upon reviewing the 7-11 years of age category, an increase of 2.7 percentage points was noted when comparing 2008 to 2010 and 2009. HSCSN exceeds the national Medicaid 90<sup>th</sup> percentile by 2.1 percentage points.

When comparing the 12-19 years of age category from 2008 to 2010 it reveals a decrease of one (1) percentage point and 1.3 of a percentage point decrease comparing 2009 to 2010. HSCSN scored 2.2 percentage points below the national Medicaid 90<sup>th</sup> percentile for this age group. This age category is a pay for performance measure.

Lastly, when comparing the 20-44 years of age category from 2008 to 2010, HSCSN improved by 3.5 percentage points but experienced a decrease of 5.2 percentage points when comparing 2009 to 2010 and well below the national Medicaid 90<sup>th</sup> percentile for this age group by 17.1 percentage points. This age category is a pay for performance measure.

### *Credentialing & Re-credentialing*

HSCSN tracks the time it takes to complete the process of credentialing and re-credentialing through our QI work plan quarterly (**Refer to Table 3**), for the past three (3) years HSCSN has successfully decreased the amount of time it takes to complete the process and has surpassed the goal of 45 days by 12 days for initial credentialing and 35 for re-credentialing. The goal for 2011 is 35 days for initial and 15 days re-credentialing.


**Table 3: Completion Timeliness of Credentialing & Re-credentialing Files (Days)**

	2008	2009	2010	Goal
Initial	65	35	33	45
Re-credential	55	47	10	45


HSCSN utilizes the Council for Affordable Quality HealthCare (CAQH). CAQH is an alliance of health plans and networks that provides a central physician credentialing data registry. The mission of CAQH is to build the first national provider credentialing database system, which is designed to eliminate the duplicate collection and updating of provider information for health plans, hospitals and providers.

HSCSN utilizes National Committee for Quality Assurance (NCQA) standards for conducting credentialing and re-credentialing functions which are aligned with its credentialing and re-credentialing policies and procedures. The tables below (**Refer to Table 4 & 5**); illustrates the scoring components for credentialing and re-credentialing; both will maintain its overall total score of 100 percent as its goal.

**Table 4: Initial Credentialing**

	# of Provider Assessed for Standard	Overall Average Score	Weight	Total Weight
All Providers Credentialed in Calendar Year 2010	<b>146</b>			
CR 3A.1: License to Practice	146	100%	0.20	20%
CR 3A.2: DEA/CDS Certificate	102	100%	0.10	10%
CR 3A.3: Education, Training, Board Certification	146	100%	0.10	10%
CR 3A.4: Work History	146	100%	0.06	6%
CR 3A.5: Malpractice History	146	100%	0.02	2%
CR 4A.1: Reasons for Inability to Perform	146	100%	0.08	8%
Cr 4A.2: Lack of Drug Use	146	100%	0.20	20%
CR 4A.3: Loss of License	146	100%	0.02	2%
CR4A.4: Loss or Limitation of Privileges	146	100%	0.02	4%
CR4A.5: Malpractice Coverage	146	100%	0.14	14%
CR 4A.6: Attestation	146	100%	0.02	2%
CR 5A.1: Sanctions or Limitations on Licensure	146	100%	0.02	2%
CR 5A.2: Medicare/ Medicaid Sanctions	146	100%	0.02	2%
<b>Total Score</b>			<b>1.00</b>	100%

**Table 5: Re-Credentialing**

	# of Provider Assessed for Standard	Overall Average Score	Weight	Total Weight
All Providers Re-credentialed in Calendar Year 2010	31			
Compliant within 36 month timeframe	31	100%	0.20	20%
CR 7A.1: License to Practice	31	100%	0.10	10%
CR 7A.2 DEA/CDS Certificate	26	100%	0.10	10%
CR 7A.3: Board Certification	26	100%	0.06	6%
CR 7A.4 Malpractice History	31	100%	0.02	2%
CR 7B.1: Reasons for Inability to Perform	31	100%	0.08	8%
CR 7B.2: Lack of Drug Use	31	100%	0.20	20%
CR 7B.3: Loss or Limitation of Privileges	31	100%	0.02	2%
CR 7B.4: Malpractice Coverage	31	100%	0.14	4%
CR 7B.5: Attestation	31	100%	0.02	14%
CR 8A.1: Sanctions or Limitations on Licensure	31	100%	0.02	2%
CR 8A.2: Medicare/ Medicaid Sanctions	31	100%	0.02	2%
QM Indicators	31	100%	0.02	2%
<b>Total Score</b>			<b>1.00</b>	100%

As part of its oversight of delegated entities, HSCSN conducts an annual audit of its delegated entities and the function delegated. HSCSN delegates the credentialing function to six (6) provider organizations.

**Table 6: Delegated Credentialing**

Item/Standard	# of Provider Assessed for Standard	Overall Average Score	Weight	Total Weight
CR1 – Credential and Re-credential P&P’S	6	100%	0.16	16%
CR2 – Credentialing Committee	6	100%	0.10	10%
CR3 – Initial Primary Source Verification	6	88%	0.14	12%
CR4 – Contents of Application	6	93%	0.06	6%
CR5 – Initial Sanction Information	6	100%	0.08	8%
CR6 – Re-credential Primary Source Verification (Formerly Initial Site Visit)	6	98%	0.20	20%
CR7 – Re-credential Cycle Length	6	80%	0.10	8%
CR8 – Ongoing Monitoring and Interventions	6	80%	0.06	5%
CR9 – Notification to Authorities and Practitioner’s Appeal Rights	6	100%	0.06	6%
CR10 – Assessment of Organizational Providers	NA	NA	NA	NA
CR11 - Opportunities for Improvement	6	92%	0.04	4%
<b>FINAL SCORE FOR CRED STANDARDS</b>			<b>1.00</b>	<b>94%</b>

*Provider Medical Record Documentation*

As a component of the HSCSN Quality and Performance Improvement Program, practitioner/provider/facility reviews are conducted to monitor the facility management and the medical record documentation of providers. In 2010, 52 site visits were conducted. This represented an increase over the number of visits conducted in 2009.

Medical record review documentation is assessed during the provider site visit audit and is a required scoring component for all provider types. The practitioner/provider site must score at least an aggregate of eighty percent (80%). Compliance expectations are discussed with the practice/provider site after each completed audit. At that time, practice/provider site are advised where compliance falls short of the standards and what interventions may be used to correct the identified deficiencies. Practice/Provider sites, which have less than the satisfactory result of 80% will be given ten (10) business days after written notification of the audit results to submit a corrective action plan (CAP) to correct the identified deficiencies. Medical records reviewed are selected randomly. HSCSN will review five (5) to ten (10) percent of its enrollee records per practitioner/provider with a maximum of ten (10) records.

The table below (**Refer to Table 7**) illustrates HSCSN practitioner/provider sites medical record review documentation scores for all practitioner/provider types over the past several years. An analysis of the information collected, practitioner/provider documentation scores when compared to the goal of 80%, the results exceed the goal by 10.5 percentage points for 2010, 16.4 for 2009 and 5.6 percentage points for 2008

respectively. However, the analysis reveals a downward turn when comparing 2009 to 2010. The goal will remain at 80%.

**Table 7: Medical Record Review Documentation Scoring**

<b>MEDICAL RECORD DOCUMENTATION</b>			
<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Goal</b>
85.6%	96.4%	90.5%	80%

\* Aggregate score of all practitioner/provider type

*Primary Care Physician-Medical Record Review EPSDT/HealthCheck Documentation*

Early Periodic Screening, Diagnosis and Treatment (EPSDT) is the child health component of Medicaid and is designed to improve the health of low income children, by financing appropriate and necessary pediatric services. An EPSDT visit should encompass a physical, mental and developmental health needs assessment; screening services “to detect physical and mental conditions” as well as diagnostic and treatment coverage. The District of Columbia’s (DC) EPSDT program is known as HealthCheck. The goals of the DC Healthcheck Program are:

1. To assure available, accessible and appropriate quality healthcare for all DC Medicaid-eligible children from birth to age 21.
2. Improve knowledge of the external review of DC’s Medicaid managed care program
3. Help satisfy the requirements of the Salazar court mandates

EPSDT/HealthCheck requirements are derived from the DC periodicity schedule. As illustrated below in **Table 8**, Primary Care Physician (PCP) EPSDT documentation has improved tremendously over the past three (3) years. When comparing 2008 to 2010 documentation increased by 20 percentage points and 12 percentage when comparing 2009 to 2010 and 17 percentage points above the stated goal of 80 percent. The goal for 2011 will remain at 80%.

**Table 8: PCP EPSDT Medical Record Documentation Scoring**

<b>PCP EPSDT MEDICAL RECORD DOCUMENTATION</b>			
<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Goal</b>
77%	85%	97%	80%

\* Aggregate score of PCP practices EPSDT medical record documentation only.

**Table 9: PCP Practice Scores on EPSDT Components**

<b>EPSDT Medical Record Documentation</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>Goal</b>
Behavioral/Psych Assessment (2-21 yrs of age)	-	100%	98%	<b>80%</b>
Developmental Assessment (0-5 yrs of age)	-	95%	98%	<b>80%</b>
Anticipatory Guidance	-	92%	93%	<b>80%</b>
ETOH/Drug/Tobacco Assessed & Counseling	85%	83%	91%	<b>80%</b>
Sexual Activity Assessed and Safe Practice Counseling	85%	79%	90%	<b>80%</b>
Health & Developmental History & Physical Exam	100%	100%	100%	80%

In 2010, there was a decline (2 percentage points) in compliance with one of the six (6) EPSDT components when comparing 2009 to 2010, noted improvement in four (4) and one remained unchanged. All exceeded the goal of 80%. Education on EPSDT documentation occurs through the following activities:

1. Distributing educational materials during the site visit exit summation noting all deficiencies and highlighting specifically on EPSDT components.
2. Working collaboratively with the Provider Services department on subjective and objective training topics/inquiries noted during the visit.
3. FREE Online HealthCheck Provider Education System ([www.dchealthcheck.net](http://www.dchealthcheck.net))
  - a. CME Training on Health Supervision:
    - i. *Health History, Physical Exam, Screenings, Lab Tests, Immunizations, Health Education*
  - b. Information on Special Health Issues:
    - i. *Dental Health, HIV Guidelines, Obesity, Child Abuse & Neglect*
  - c. Guidelines on Documentation:
    - i. *EMRs, HealthCheck Reporting, Billing Codes & Procedures*
  - d. Provider Resources:
    - i. *Periodicity and Immunization Schedules, Anticipatory Guidance*
  - e. Five (5) CME's awarded upon completion of the curriculum

Through our internal and external collaborative efforts, we are confident that the continuation or implementation of the initiatives listed above will positively reflect the quality of care provided to our enrollees.

HSCSN strives to educate our providers on the importance of cultural competency and more importantly applying it to the healthcare management of our membership. For language access, enrollees or providers can request oral or telephonic interpretation/translation services on a 24 hour, 7 day a week basis immediately after a request for such services by a enrollee or on behalf of a enrollee with limited English proficiency (LEP); limited literacy proficiency (LLP) or the sensory impaired and/or a determination that the enrollee requires such services. They can request these services through Customer Care, Outreach or Care Management. The following list contains organizations or providers that are utilized to provide interpretation services:

- Language Line – Telephonic & Translations
- Sign Language Associated, Inc. – Face to Face
- Northern Virginia Area Health Education Center – Face to Face
- Birnbaum Interpreting Services – Face to Face
- Transperfect Translations – Translation of documents
- Multi-Lingual Solutions, Inc. – Telephonic, Interpretation & Translation of documents
- Purple Translations – Face to Face

## **Collaboration & Coordination of Care**

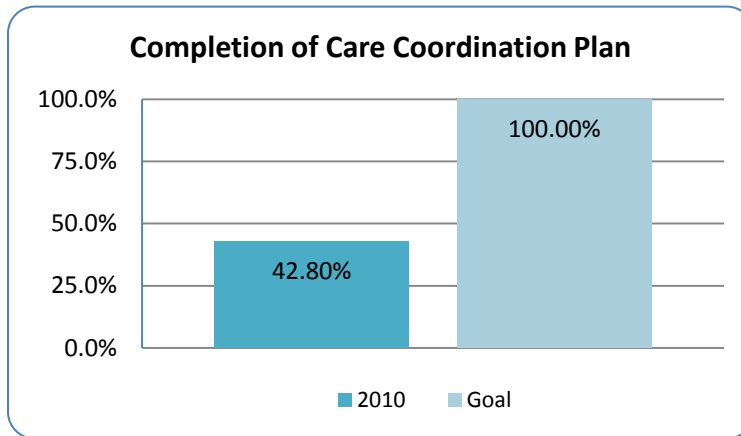
### **Program Goal**

2. Facilitate the development of a multi-disciplinary treatment plan through collaboration with the primary care provider (PCP), specialists, district agencies &/or institutions and the monitoring of continuity of care and periodic re-assessments.

HSCSN utilizes a multi-disciplinary approach to develop and periodical re-assess enrollee care coordination plan (CCP) or plan of treatment. CCP development input includes information from PCP, Specialists, if applicable, Individualized Education Program (IEP), Individualized Family Service Plan (IFSP) and Individuals with Disabilities Education Act (IDEA). HSCSN monitors the timely completion and re-assessment of CCPs via the QI work plan on a monthly basis.

Our 2010 CCP timely completion & re-assessment rate was 42.8%, well below the goal of 100% (**Graph 3**). HSCSN requested a contract modification to the semi-annual requirement to more accurately reflect the case management required by the enrollees served. HSCSN stratifies enrollees into acuity levels and requested that the frequency of CCP completion & re-assessment be based upon that acuity level. The District of Columbia Department of Health Care Finance (DC DHCF) agreed to the modification and HSCSN will report accordingly in 2011. The goal for 2011 will remain at 100%.

**Graph 3**



**Program Goal**

3. Ensure the coordination of healthcare services and case management to identify potential/actual health problems and ensure the inclusion of cultural considerations.

HSCSN evaluated care coordination activities and healthcare services of its membership for optimal health utilizing a variety of sources for performance measurement, including but not limited to the following:

- HEDIS CAHPS Member Satisfaction Survey
- HEDIS Performance Measures
- CASSIP Contractual Reporting Requirements

To better assess our enrollee population, HSCSN assesses how it coordinates the management of chronic conditions through the CAHPS Member/Child Satisfaction Survey, Chronic Care Conditions (CCC) component of the survey. (**Refer to Table 10**).

**Table 10: HEDIS/CAHPS Member/Child (Chronic Care Conditions) Satisfaction Survey Composite Question**

CAHPS 4.0H CCC Measure Description	2008	2009	2010
Coordination of Care	80%	83%	82%
<i>Received help coordinating child’s care among different providers or services</i>	75%	78%	75%

An analysis of the coordination of care CCC composite reveals a percentage point decrease when comparing 2009 to 2010. This composite question consists of two (2) questions; the more relevant question of the two is illustrated above in table 10. When comparing the data, HSCSN experienced a decline of three (3) percentage

points comparing 2009 to 2010 and remained unchanged when comparing 2008 to 2010. HSCSN remains committed to improve enrollee satisfaction through our continuing efforts to provide personalized coordination of healthcare services.

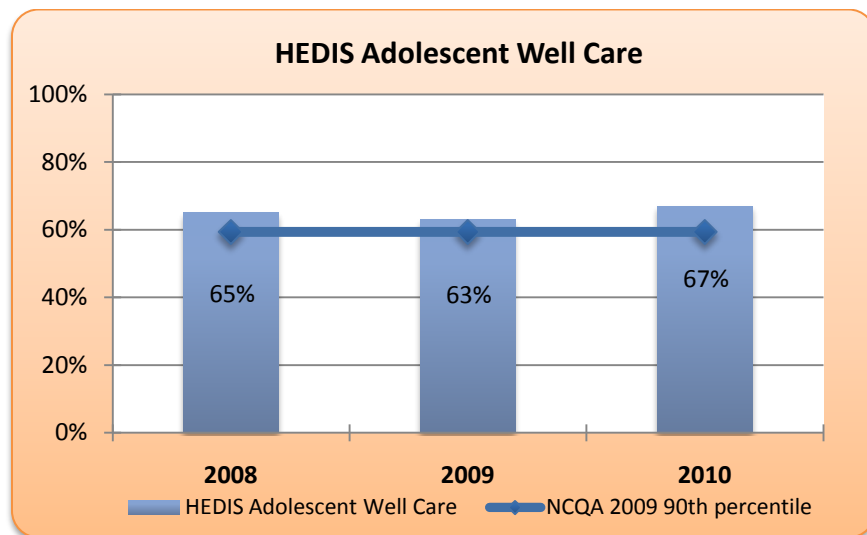
**Table 11: HEDIS/CAHPS Member/Child (Chronic Care Conditions) Satisfaction Survey Composite Question**

CAHPS 4.0H CCC Measure Description	2009	2010
Access to Specialized Service	66%	73%

HSCSN improved by seven (7) percentage points in 2010 compared to 2009. Further analysis revealed that of the three (3) questions comprised of this composite: *the Ease in getting special medical equipment for child*, 22% of the respondents answered never/sometimes, of the question in 2010 and 24% in 2009; *Ease in getting special therapy for child*, 28% of the respondents answered never/sometimes and of the question in 2010 and 35% I 2009; *Ease in getting treatment or counseling for child*, 32 % of the respondents answered never/sometimes in 2010 and 41% in 2009. Data reveals HSCSN is moving in a positive direction. (Refer to **Table11**).

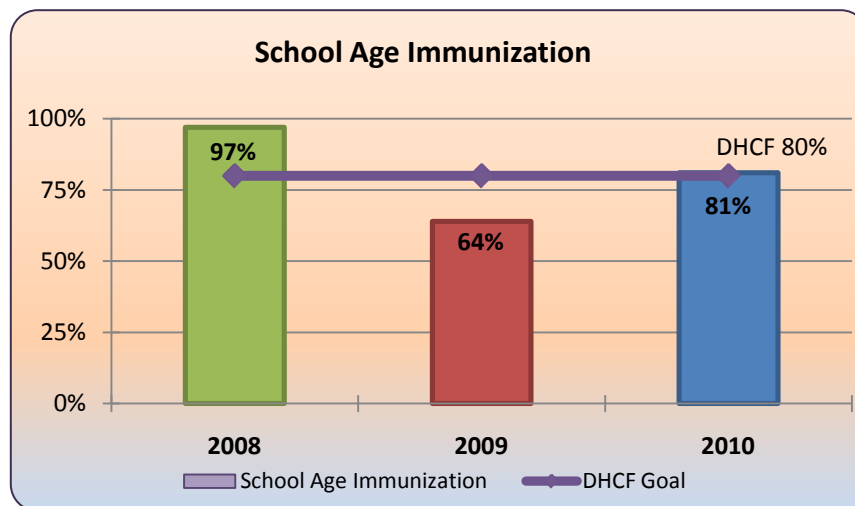
The average age of our enrollee population is 11 years of age, 66% are male and 93% are of black &/or African American descent. As illustrated in **Graph 4** below, when comparing 2008 to 2010 results of adolescent well care, HSCSN demonstrated an increase of two (2) percentage points and four (4) percentage points when comparing 2009 to 2010. HSCSN surpassed the NCQA 90<sup>th</sup> percentile (59.4%) by 7.6 percentage points respectively.

**Graph 4**



When reviewing school age immunizations rates displayed in **Graph 5** below, HSCSN experienced a 16 percentage point decrease when comparing 2008 to 2010 rates. However, when comparing 2009 to 2010, it illustrates an improvement of 17 percentage points and exceeds the DHCF goal of 80% by one (1) percentage point. The goal for 2011 will remain at 80 percent. In 2010, the District of Columbia Public Schools continued the policy of not requiring parents to show proof of immunization compliance prior to entry into school.

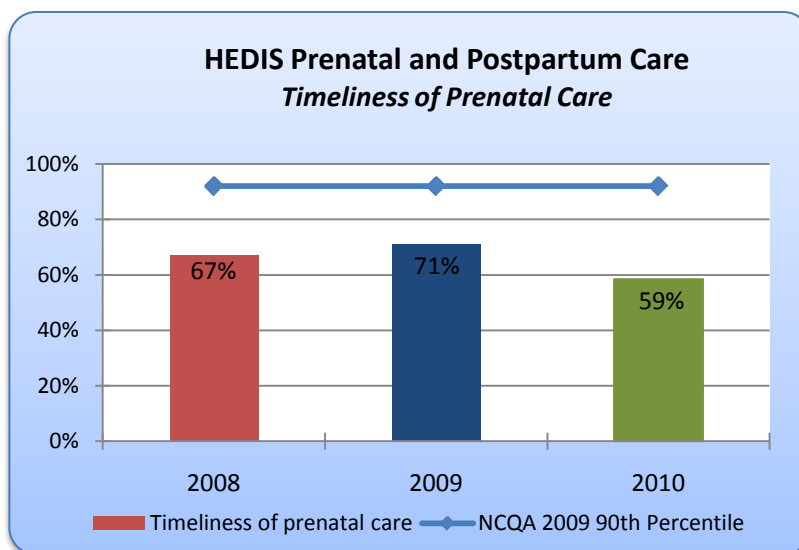
Graph 5



As a result of our past performance in the *Prenatal & Postpartum Care* HEDIS measure and our historical newborn visit performance, the pre-postpartum care continuum was identified as an opportunity for improvement. Beginning in 2009, the DC DHCF in conjunction with Delmarva, the DC external quality review organization, identified adverse birth outcomes in the District as an opportunity for improvement; hence the launch of the DC DHCF Quality Improvement (QI) Perinatal Collaborative. HSCSN began enhancing its proprietary care management system, Case Trakker, to include a perinatal module in 2007. This enhancement was intended to enable care managers to better manage enrollee appointment schedules and serve as a tickler system to ensure care management follow-up. The perinatal module was modeled/programmed to mirror the timeframes outlined in the HEDIS specifications for the *Prenatal and Postpartum Care and Frequency of Ongoing Prenatal Care* performance measures as well as to monitor and track the CASSIP contractual 48 hour newborn visit requirement. In 2009 and again in 2010, the module was revisited and modified to include components measured in the *QI collaborative Adverse Perinatal Outcome* measure as well as the development of the *HSC Baby & Me* program.

Graph 6

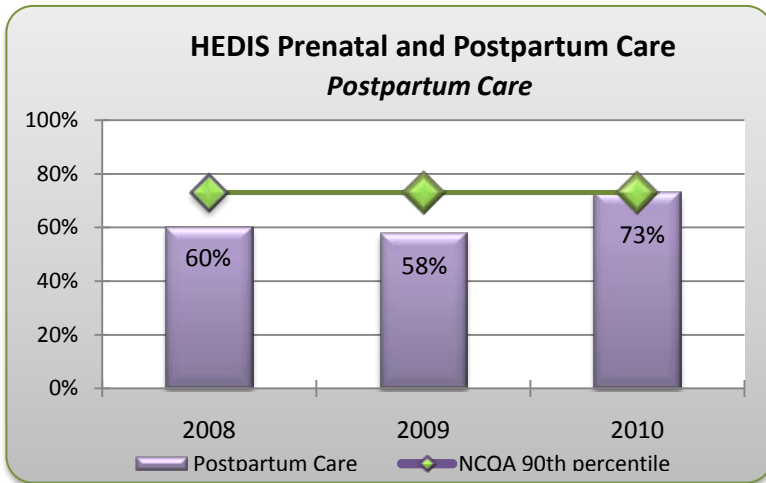
An analysis of the *timeliness of prenatal care* component of the Prenatal and Postpartum Care measure reveals an eight (8) percentage point decrease from 2008 to 2010 and a twelve percentage point decrease when comparing 2009 to 2010. A comparative analysis of the last two (2) years to the goal of 92%, the NCQA Medicaid 90<sup>th</sup> percentile, illustrates movement in the wrong direction. In 2010, pregnant enrollees represented 2% of our population. It is our belief, that this downward movement is contributed to the age of our enrollee population. This age group of pregnant enrollees (13-22 yrs of age) typically does not seek early prenatal care. This component of the measure looks at the percentage of deliveries



that received a prenatal care visit as a HSCSN enrollee in the first trimester or within 42 days of enrollment (Refer to Graph 6). The 2011 goal for will remain the NCQA Medicaid 90th percentile.

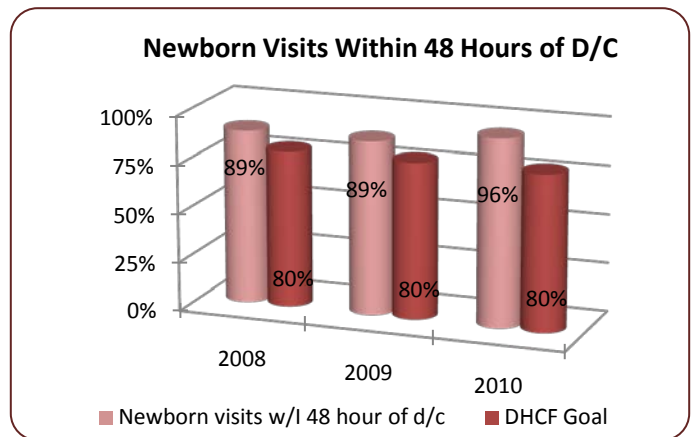
An analysis of the *postpartum* component of the Prenatal and Postpartum Care measure reveals a 13 percentage point increase from 2008 to 2010, and illustrates a 15 percentage point increase when comparing 2009 to 2010 and meets the NCQA Medicaid 90<sup>th</sup> percentile of 73 percent (Refer to Graph 7). This measure looks at the percent of deliveries that had a postpartum visit on or between 21 and 56 days after delivery. The 2011 goal for this measure will remain at the NCQA Medicaid 90<sup>th</sup> percentile.

Graph 7



A comparative analysis of HSCSN’s performance in completing newborn visits within 48 hours of discharge has improved significantly, as illustrated in Graph 6 below. When comparing 2008 to 2010 data it demonstrates a seven (7) percentage point increase as well as comparing 2009 to 2010. It is our belief that the gains are due partly to our small volume of pregnant enrollees, the dedicated care manager assigned to manage the pre-postpartum population and the information system changes to Case Trakker, the Care Management software system.

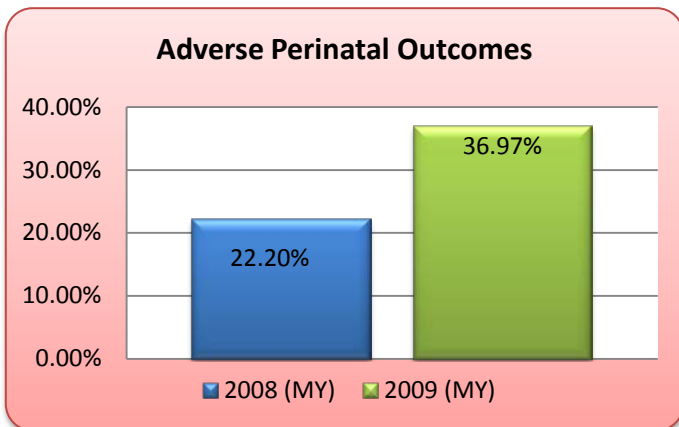
Graph 8



The DC DHCF launched an QI collaborative proposed to measure changes in the health status of pregnant women and selected perinatal outcomes as part of a multiyear initiative to improve health outcomes of infants born to mothers in the DC Medicaid program. The goals of this collaboration are to reduce the rates of:

- premature births
- infants born with low birth weight
- miscarriages
- HIV screenings
- infants who die in the first year of life

Graph 9



Inside the QI collaborative adverse perinatal measure, the number of premature births increased from 4 to 13 when comparing baseline to re-measurement I. Low birth weight negatively impacted our adverse perinatal outcome rate significantly, HSCSN experienced a baseline of six (6) low birth weight deliveries and 67 for re-measurement I, as illustrated in graph 7. When comparing the baseline of 22.2% to re-measurement I, 36.9%, HSCSN experienced an increase by 14.7 percentage points. HSCSN goal will remain at zero.

## **Staff Education, Training & Cultural Competency**

### **Program Goal**

4. Ensure organizational policies & procedures are in place for addressing compliance with all applicable privacy, confidentiality and information security requirements and periodic training/education of staff.

HSCSN has policies and procedures in place to guide personnel on the appropriate use and disclosure of protected health information (PHI). The use of PHI is limited to the “minimum necessary” to satisfy the request or to complete the task. However, if the use or disclosure is for treatment purposes, no limitation to the use and disclosure shall apply. Exceptions to the “minimum necessary” provision shall apply to the use and disclosure of PHI for the following purposes:

- Treatment,
- For information requested by the individual to whom it belongs,
- For information requested pursuant to a valid consent or authorization by the individual,
- For compliance with standardized Health Insurance Portability and Accountability Act (HIPAA) transactions,
- For required disclosures to the Department of Health and Human Services (HHS) for enforcement purposes, and
- For instances required by law or as otherwise permitted by law.

Per excerpts from our internal policy and procedure addressing the protection of PHI, all personnel who handle PHI in any manner are expected to know and abide by the following protocols:

- Determination of Workforce Access to PHI: Access to PHI will be granted based on the individual’s role as determined by the department head.
- Requests for Uses or Disclosures of PHI: Except in emergency situations, any person requesting PHI from HSCSN must include the requestor’s name, unique identifier, and the amount of information requested.
- Routine, Recurring Disclosures: Standard protocol exists for routine, recurring disclosures.
- Non-Routine Disclosures: Standard protocol exists for non-routine disclosures.
- Routine, Recurring Requests: Standard protocol exists for routine, recurring requests.
- Audits: The HSCSN Privacy Officer is responsible for facilitating random checks to ensure the minimum necessary standard is being applied when using and disclosing PHI.
- Requests for Uses or Disclosures of Entire Medical Records: HSCSN should not release the entire member medical record to internal departments or business associates unless necessary. Where practicable, a requestor should be required to limit a request to a specific time period or condition, so as to limit production of PHI.
- Good Faith Reliance: HSCSN may rely on the belief that the PHI requested is the minimum amount necessary to accomplish the purpose of the request when certain specified conditions are met.

Training and education sessions on PHI for HSCSN staff are conducted during new employee orientation sessions and annual re-orientation for existing employees which occur on a monthly basis. The tracking of orientation is housed in the Human Resources department. The employee orientation includes:

- What type of information is protected, such as, information within an enrollee’s medical record, conversations between the care manager, doctor and enrollee/caregiver and information in the computer system.
- Requirements for use/disclosures of PHI, such as, obtaining authorizations for uses/disclosures not considered part of treatment, payment or healthcare operations.
- HITECH requirements of the American Recovery and Reinvestment Act (ARRA) of 2009.
- Requirements for tracking disclosures and HSC procedures for ensuring compliance.

**Program Goal**

5. Provide cultural competency training for staff inclusive of the different cultures, language & ethnicity among providers, clinical and non-clinical staff & enrollees. Consider its effect on clinical encounters & patient safety. Institute policies & procedures addressing language access, the provision of oral interpreter services & written translated material, how to access & use these services as well as how to access the grievance & appeals system.

Healthcare cultural competence, including involving racial and ethnic disparities, can effectively be described as the ability and capability to effectively interact with others from various cultural backgrounds which exhibit unique behavioral patterns and have specific needs. Obtaining cultural background information on enrollees provides us with a better understanding of each individual enrollee’s needs and the application of that knowledge in the course of care to assist in the management of the enrollee and the enrollee’s family.

HSCSN has the ability and capability to effectively relate, correspond, communicate and function effectively as an individual or group entity within the limits and context of other’s culture, cultural needs and language (Table 12).

**Table 12: HSCSN Prevalent Languages**

**2009 Prevalent Languages spoken by HSCSN Membership**

Language	Members	Percentage
English	4204	98.38
English Spanish	15	0.35
Spanish	46	1.08
Other	8	0.19

HSCSN has the ability to understand the characteristics of our enrollees to enhance the effectiveness of healthcare delivery to this diverse population, which would include social, linguistic, moral, intellectual and behavioral characteristics. There are five (5) essential elements that contribute to HSCSN being culturally competent. These elements are:

- Valuing diversity
- Having the capacity for cultural self-assessment
- Being conscious of the dynamics inherent when cultures interact
- Having institutionalized cultural knowledge; and
- Having developed adaptations of service delivery reflecting and understanding of cultural competency

Training and education sessions on cultural competency are included in the HSC system orientation which occurs monthly for new employees. Each HSCSN employee is required to participate in re-orientation on an annual basis.

Enrollees or providers can request oral or telephonic interpretation/translation services on a 24 hour, 7 day a week basis immediately after a request for such services by a enrollee or on behalf of a enrollee with limited English proficiency (LEP); limited literacy proficiency (LLP) or the sensory impaired and/or a determination that the enrollee requires such services. These services are free and can be requested through Customer Care, Outreach or Care Management. The following are organizations or vendors that are used to provide interpretation/translation services are:

1. Language Line – telephonic & document translations  
(1-800-523-1786)
2. Sign Language Associates, Inc. – face to face (sign language)  
(301-962-3074)
3. Northern Virginia Area Health Education Center – face to face (translation/interpretation)  
(703-549-7060)
4. Birnbaum Interpreting Services – face to face (sign language)  
(301-587-8885)
5. Transperfect Translations – document translation  
(202-347-2300)
6. MultiLingual Solutions, Inc. – telephonic, document and face to face translation/interpretation services  
(301-424-7444)
7. Purple Translations – Face to Face and (sign language)  
(301-946-9710)

HSCSN maintains the following:

1. A list of all vital documents in prevalent languages on-hand
2. A list of all written and oral translation/interpretation providers available
3. A TTY Line for all enrollees
4. An (800) number for all enrollees
5. A list of languages spoken by all network providers

## **Utilization Management**

### **Program Goal**

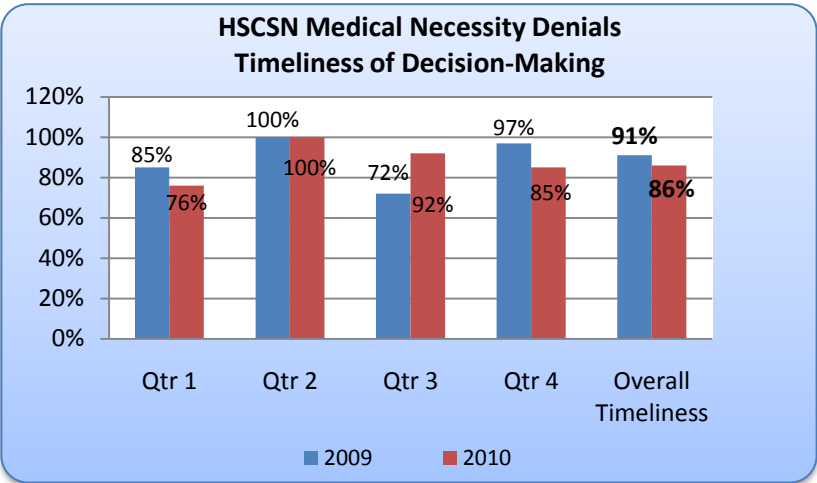
6. Maintain an effective utilization management program with the inclusion of the adoption/application of Medical Necessity criteria, authorizations, inter-rater reliability testing, denial/appeal process and the tracking thereof and monitoring of over & underutilization including durable medical equipment (DME) and supplies as well as an annual program evaluation.

HSCSN evaluates the Utilization Management (UM) Program/Plan and subsequently updates that program/plan on an annual basis with submission to the HSCSN Board of Directors for approval. The purpose of the UM program is to ensure the appropriate access and timely provision of quality services to improve the health status of enrollees in the most cost effective manner. The UM program provides a structure for monitoring access to services, utilization outcomes and resource allocation. The purpose of the annual UM program evaluation is to assess the structure, functions and outcomes of the UM program and goals.

Medical necessity criteria are reviewed, revised as appropriate and approved on at least an annual basis. Participating providers assist in the review and revision and approval of the criteria through participation on the Quality Council of Network Providers committee (QC). Inter-rater reliability testing is conducted annually to ensure consistency in medical management decision making and in the application of criteria sets and standards.

Eight (8) UM program goals were established by Benefits & Utilization Management Committee (BUMC) for 2010. Six (6) of the eight (8) goals met or exceeded the projected goal; the three goals exceeding the projection were the result of strategic modification of UM processes which resulted in significant improvements in the utilization of home care and residential treatment services. The UM process modifications included the number of services requiring prior authorization by the health plan was reduced; a centralized UM unit was established to expedite processing of requests; and a UM manager (RN) was hired for oversight of the centralized UM unit.

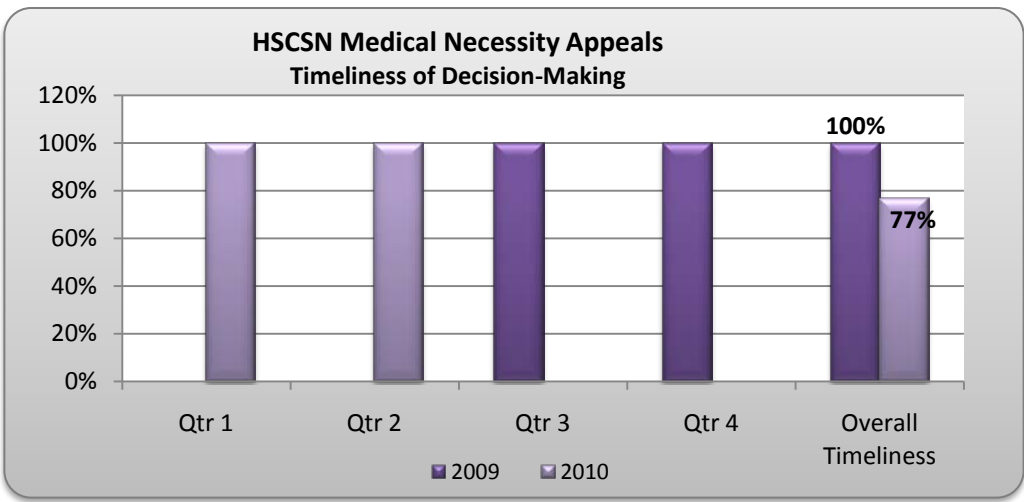
Graph 10



HSCSN monitors and tracks the timeliness of the denial/appeal process via a tracking log. (Refer to Graph 10 & 11) Utilizing NCQA timeframes for making UM decisions, HSCSN’s overall timeliness for denials decreased by five (5) percentage points when comparing 2009 to 2010. The overall timeliness of appeals decreased by 23 percentage points when comparing 2009 to 2010; both performed below the goal of 100%. The goal for both rendering denials and appeals timely will remain at 100%.

\*Includes both medical and behavioral health

Graph 11



\*Includes both medical and behavioral health

## Quality/Performance Assessment, Measurement and Improvement

### Program Goal

7. Maintain an effective risk management program with the inclusion of policies & procedures for complaints, grievances, administrative appeals, administrative hearings and an annual program evaluation.
8. Facilitate a culture of safety by emphasizing the importance of member safety & creating an environment that encourages error identification, remediation, non-punitive reporting, tracking, trending and prevention of recurrences through education, system redesign and process improvement.

The following table (**Refer to Table 13**) reflects the number and type of risk events that HSCSN was exposed to during calendar year, 2010. The number of risk events totaled 541.

**Table 13: Risk Events**

<i>2010 HSCSN Risk Events</i>					
Type of Risk Event	Administrative Hearings	Complaints	Critical/Sentinel Events	Mortality	Unusual Occurrences/Incidents
Number of Risk Events	8 (7 Settled/1 pending litigation)	88	31	10	404

In 2010, the number of Fair Hearings increased exponentially. This year there were eight (8) Fair Hearings filed. Similar to previous years, all of the fair hearings involved a termination, suspension, and/or reduction of homecare hours.

Previously under the CASSIP contract a Grievance is defined as “an expression of dissatisfaction about any matter other than an **Action**. An action is defined as the denial or limited authorization of a requested service. For purposes of the CASSIP contract, the term grievance is also used to refer to the overall system that includes Grievances and Appeals handled by HSCSN and access to the District’s Fair Hearing process.

During 2010 contract negotiations, DHCF changed the definition of a grievance and added a definition for complaints. Grievances are defined as an appeal of a complaint resolution (verbal or in writing) and should follow the Grievance process outlined in Section C.14 of the CASSIP contract. Complaints are defined as any member expression of dissatisfaction other than an **Action**. As a reflection of the definition changes, no grievances were reported this year, however, 88 complaints were reported.

Complaints comprised of 16.2% of all risk events. 81% of the complaints were about quality of service, such as, dissatisfaction with service, excessive wait times as they pertain to transportation and manners/professionalism. Our largest transportation provider, meaning they handle the bulk of our business, represented 52% of all transportation complaints this year, with issues involving excessive wait times, no pick up and staff rudeness. All transportation complaints are handled immediately by our Customer Care department working collaboratively with the vendor. 30% involve home health agencies.

19% of the complaints lodged were about quality of care and primarily involved home health agencies. Two of the investigations resulted in the providers being placed on a corrective action plan.

Unusual occurrences/incidents comprised of 74.6% of all risk events. An Unusual Occurrence/Incident is defined as “any unusual problem, incident or other situation that is likely to lead to an undesirable effect(s) or that varies from established policies and procedures or practices.” Unusual Occurrences/Incidents are classified as “major or minor incidents.” Major incidents are defined as serious incidents that pose a significant danger, or that are likely to result or have resulted in serious consequences to the health and safety of the enrollee. Minor incidents are defined as any event that is not consistent with the routine care of enrollees or routine operations of the provider; however they do not pose significant danger to the enrollee. All unusual occurrence/incidents occurred at psychiatric residential treatment facilities (PRTF) and were categorized as minor; however, all are reviewed by the HSCSN risk manager in conjunction with the facility risk manager or quality professional. In addition, the majority of reported unusual occurrences represented two (2) enrollees.

Critical/Sentinel events made up 0.57% of the reported risk events and are reported to the DC DHCF within 24 hours as contractually required. In accordance with DC DHCF, HSCSN continues to report any contact involving CFSA as a sentinel event. Compliance with this mandate continues to result in an increasing number of sentinel events throughout 2010. 84% of the reported sentinel events involved reports to CFSA/CPS or APS. <1% of the reported risk events were mortality cases, all of which are reviewed for appropriateness of care/services received and reported to DC DHCF within 48 hours as contractually required.

**Table 14: Timeliness of Complaint/Grievance Resolution**

2008	2009	2010
79%	98%	86%

HSCSN is contractually obligated to resolve complaints timely. Resolution should occur within 30 days. For 2010, 86% of complains were resolved within thirty (30) calendar days. This denotes a decrease of 12 percentage points when comparing 2009 to 2010; however, the number of complaints investigated increase from 65 in 2009 to 88 in 2010 and lastly, the goal was surpassed by six (6) percentage points. (**Refer to Table 14**). The goal for 2011 will remain at 80%.

**Program Goal**

9. Adoption/Implementation of clinical practice guidelines based upon valid/reliable clinical evidence or consensus. Reviewed & updated periodically, as appropriate.

HSCSN has adopted 19 clinical practice guidelines based upon the needs of our enrollee population. HEDIS, internal performance indicators from the 2010 QI work plan and QI collaborative measures were utilized to gauge guideline compliance and they are:

- HEDIS Asthma Medication Management
- HEDIS Attention Deficit/Hyperactivity Disorder (ADHD)
- HEDIS Dental
- HEDIS BMI Measurement
- CMS-416 EPSDT Participation Ratio
- QI Collaborative Adverse Perinatal Outcomes –HIV Screening

**Table 15: HEDIS Performance Measures and Results**

HEDIS Performance Measures	2008 HSCSN Results	2009 HSCSN Results	2010 HSCSN Results	NCQA* 90 <sup>th</sup> Percentile
<b>Effectiveness of Care</b>				
<b>Use of Appropriate Medications for people with Asthma</b>				
<i>Med Use for Asthma 5-11 years of age</i>	90%	93%	94%	95.48%
<i>Med Use for Asthma 12-50 years of age</i>	89%	94%	92%	90.7%
<i>Med Use for Asthma-All ages combined</i>	87%	92%	93%	92.67%
<b>Follow-Up Care for Children Prescribed ADHD Medication</b>				
<i>Initiation Phase</i>	40%	46%	38.3%	46.8%
<i>Continuation &amp; Maintenance (C &amp; M) Phase</i>	50%	100%	50%	53.8%
<b>Weight Assessment &amp; Counseling for Nutrition &amp; Physical Activity for Children/Adolescents</b>				
<i>BMI Percentile</i>		16%	45%	47.4%
<i>Counseling for Nutrition</i>		53%	63%	64%
<i>Physical Activity</i>		36.5%	57%	52%
<b>Adult BMI Assessment</b>				
<i>BMI</i>		19%	31%	49.3%
<b>Access/Availability of Care</b>				
<b>Annual Dental Visit</b>				
<i>Annual Dental Visits - Combined</i>	55%	59%	64%	59.80%

\*NCQA Quality Compass 2009

HSCSN experienced an improvement in two (2) of the three (3) the age categories of the asthma measure when comparing 2009 to 2010, as noted in **Table 15**. However, when comparing 2010 to the NCQA 90<sup>th</sup> percentile, two (2) of the age categories exceeded the 90<sup>th</sup> percentile.

Both phases of the ADHD measure experienced a decrease; 7.7 percentage points for the initiation phase and the continuation & maintenance phase denominator was too small to conduct a meaningful comparison.

HSCSN experienced an increase in the documentation of a BMI percentile by 29 percentage points when comparing 2009 to 2010, but below the 90<sup>th</sup> percentile. Counseling for nutrition and physical activity both illustrate an increase of 10 percentage points for nutrition and 20.5 percentage points for physical activity respectively. For adults, an assessment of weight using a BMI also increased comparatively by 12 percentage points.

The number of enrollees receiving dental visits has improved tremendously over the last three (3) years and has exceeded the 90<sup>th</sup> percentile. The NCQA 90<sup>th</sup> percentile will remain the goal for all HEDIS performance measures.

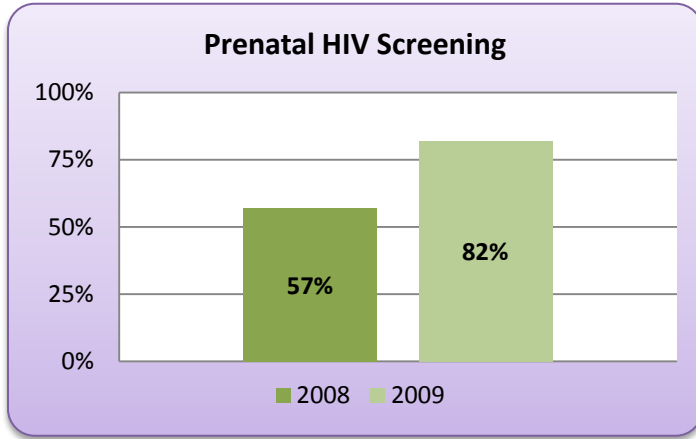
**Table 16: EPSDT Participation Ratio (CMS-416)**

Measure Description	FY2008	FY2009	FY2010	Goal
<b>EPSDT Participation Ratio</b>	79%	75%	77%	80%

\*DHCF Goal: 80%

EPSDT/HealthCheck participation ratio is a required performance measurement by DC DHCF with a goal of 80%. Data for the EPSDT participation ratio is derived from the CMS 416. As illustrated in **Table 16** above, HSCSN experienced an increase in compliance of two (2) percentage points when comparing FY 2009 to FY2010 and three (3) percentage points below the DHCF goal of 80 percent. Further analysis of the CMS-416 reveals that compliance decreases with age. The internal HSCSN goal for 2011 will remain at 80%.

**Graph 12**



Prenatal HIV screening is a component of the QI Collaborative Adverse Perinatal Outcomes measure. 57% of HSCSN pregnant enrollees received screening in the baseline measurement year and 82% in 2009, an increase of 25 percentage points. The goal is 100% screening. (Refer to graph 12)

**Program Goal**

- 10. Maintain an effective quality and performance program with the inclusion of QI work plan, policies & procedures to monitor/track quality of care/service and appropriateness of care/service. Identify barriers, disparities and opportunities for improvement. Conduct HEDIS or HEDIS-like performance measurements, clinical and non-clinical initiatives and annually evaluate the program.

HSCSN’S 2010 HEDIS season was marked with both successes and challenges. Throughout the course of the project, there was ongoing collaboration among internal staff and with the contracted HEDIS vendors. HSCSN continued to conduct the medical record abstraction in-house. Since, HSCSN is a predominately pediatric health plan, we are unable to report on numerous measures based upon the age of our population. Annually, HSCSN is required to submit to DHCF for approval the list of HEDIS measures it will report to NCQA, DHCF and the district’s EQRO. A sample of our HEDIS performance measures results are noted in **Table 17** below. The NCQA 90<sup>th</sup> percentile, for each performance measure will be the goal for 2011.

**Table 17: HEDIS Results**

Children’s & Adolescents’ Access to Primary Care Practitioners	2008 Reported Rate	2009 Reported Rate	2010 Reported Rate	2009 NCQA 90th Percentile
<i>Ages 12-19 Years</i>	91.3%	89.7%	90%	92.2%
Adult Access to Primary Care Practitioners	2008 Reported Rate	2009 Reported Rate	2010 Reported Rate	2009 NCQA 90th Percentile
<i>Ages 19-44 Years</i>	67.8%	76.5%	71.3%%	88.4%

Childhood Immunization Status	2008 Reported Rate	2009 Reported Rate	2010 Reported Rate	2009 NCQA 90 <sup>th</sup> Percentile
<i>Combo 2</i>	62.5%	69.5%	84.2%	85.4%
<i>Combo 3</i>	56.2%	63%	82.8%	80.6%
Immunizations for Adolescents	2008 Reported Rate	2009 Reported Rate	2010 Reported Rate	2009 NCQA 90 <sup>th</sup> Percentile
<i>Combo 1</i>			67.7%	

HSCSN was invited to participate in the National Initiative for Children’s Healthcare Quality (NICHQ)’s 9<sup>th</sup> Annual Forum for Improving Children’s Healthcare & Childhood Obesity Congress in March ‘10. The following quality improvement project storyboards were accepted:

1. Managing ADHD in a Pediatric Special Needs Medicaid Health Plan Environment
2. Identifying & Managing Overweight/Obesity in a Medicaid Health Plan Environment
3. Home Lead Assessment Project

### Program Goal

11. Implementation of remedial actions for deficiencies or areas where improvement will have a positive impact on enrollee health and/or service delivery.

HSCSN has taken remedial action for deficiencies in the following areas:

- Blood Lead Screening (CMS-416)
- 0-4 Immunization

**Table 18: Blood Lead Screening (FY 2010)**

***CMS 416: Total Number of Screening Blood Lead Tests***

Measure Description	<1 Yr	1-2 Yr	3-5 yrs
Blood Lead Screening	0.068%	17%	0.059%

\*DHCF Goal: 80%

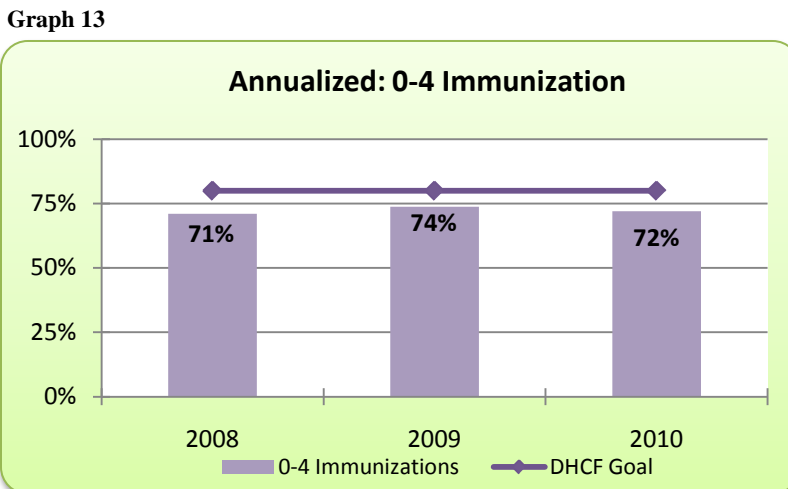
For FY 2010, per the CMS-416 only 68 enrollees received a blood lead screening. A comparative analysis of our reported HEDIS blood lead screenings and the CMS-416 reveal quite a discrepancy between the two. HSCSN is currently reviewing the programming, the data sources and the specifications for the CMS-416 report. Upon reviewing the specifications, it clearly states that we are allowed to use data collected from the HEDIS measure which we had not been doing. This alone will greatly improve our rate. Once the full analysis is completed, it is HSCSN’s intent to resubmit the CMS-416 for FY 2010. The HSCSN HEDIS performance measure, *Lead Screening in Children*, to assess performance results are noted below. As illustrated below we have experienced a tremendous improvement over the two years.

**Table 19: HEDIS Lead Screening in Children**

2008	2009	2010	NCQA 90 <sup>th</sup> Percentile
26.5%	68.09%	74.29%	87.10

HSCSN has long recognized the necessity of continued targeted improvement efforts for blood lead screenings. Interventions over the last couple of years included the Home Lead Assessment and Outreach Project to improve primary prevention efforts for childhood lead exposure which are ongoing. It is supported by the Coalition for Environmentally Safe Communities, a national non-profit organization providing technical assistance to communities at risk for environmental disease and Lead Safe DC (LSDC), a nonprofit outreach program developed by the National Nurses Consortium to provide direct outreach assessment services. The project intervention is to provide home visits to educate caregivers about lead effects, to assess the home for lead hazards, ensure screening compliance and assess results and intervening appropriately. Other improvement efforts included specifically targeting enrollees in the HEDIS measure denominator to ensure screening are done. This includes going into the home to obtain the blood draw. It is our belief that our interventions are effective based upon the improvements seen in the HEDIS data and therefore should be reflective in the CMS-416 as well.

A comparative analysis of the data from measurement year 2009 and 2010 displays an decrease by two (2) percentage points and remains below the DHCF performance goal of 80 percent (**Refer to Graph 13**) by eight (8) percentage points. Recognizing as such, this remains an opportunity for improvement for HSCSN and the goal will remain 80 percent.



## Program Goal

12. Identification and benchmarking of performance utilizing quality indicators related to special needs populations based on national pediatric, rehabilitation, and behavioral health standards to improve processes and outcomes.

Due to the uniqueness of HSCSN, national benchmarks specifically for or related to a pediatric & adolescent special needs population is essentially nonexistent; HSCSN utilizes the following benchmarking sources:

- Historical HSCSN administrative data
- Historical HSCSN population diagnosis specific data
- HEDIS 90<sup>th</sup> Percentile, for HEDIS measures
- DC DHCF assigned performance goals

**Table 20: HEDIS Mental Health Follow-Up**

	2008 (%)	2009 (%)	2010 (%)	NCQA 90 <sup>th</sup> Percentile
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**Follow-Up after Hospitalization for Mental Illness**

<i>Within 7 Days of Discharge</i>	14.2%	23.81%	17.14%	64.2%
<i>Within 30 Days of Discharge</i>	30.4%	42.86%	40%	81.2%

As illustrated in the table above (**Refer to Table 20**), HSCSN experienced a decrease in both the seven (7) and 30 day follow-up measures when comparing the 2009 to 2010 rates. When comparing ourselves to the NCQA 90<sup>th</sup> percentile, HSCSN’s rates are 47.06 percentage points for seven (7) day and 41.2 percentage points for 30 day follow-up far below the NCQA 90<sup>th</sup> percentile.

This comparative analysis was utilized to identify this measure as an opportunity for improvement. Recognizing as such, HSCSN put together a cross-functional team to focus on process improvements for mental health discharges and care coordination. Team participants include Chief Psychiatric Medical Officer, Care Management, Quality, HEDIS Manager, Provider Services, Contracting and Information Systems. To formally document the progress of the team as well as identified barriers and opportunities for improvement, HSCSN initiated a quality improvement activity form.

**Program Goal**

- Mechanisms to provide feedback to providers, health professionals and HSCSN staff on the results of quality initiatives, and to provide educational activities through such vehicles as newsletters and other correspondence, forums, continuing medical education activities, community based committees or in-services.

HSCSN utilizes the following mechanisms to provide feedback to providers, health professionals and HSCSN staff:

**Table 21: Educational Activities**

<b>Providers/Health Professionals</b>	
HSCSN Provider Educational Forums	HSCSN Quality Council
Quarterly Provider Newsletters	HSCSN Community Sponsored Events
Participation in DHCF QI Collaborative	Community Forums: CSAC, PALS & Male Caregivers
HSCSN Web-site	Provider Satisfaction Survey
HSCSN CME Committee	Targeted Provider Mailings
DHCF MCO Community Forums	Storyboard Presentations at NICHQ & AcademyHealth Research Annual Meetings
<b>HSCSN Staff</b>	
Lunch & Learn Seminars	Monthly All Staff Meetings
Member Safety/Risk Management (every other month)	HSCSN “Quality/Accreditation” Bulletin Board (Updated monthly)
Celebrate National HealthCare Quality Week	Celebrate Healthcare Risk Management Week
HSC Health System Newsletter	Departmental Staff Meetings
POIC Committee	Operations Committee
Health Education Committee	Quality Management Team Meetings

## **Beneficiary & Provider Satisfaction**

### **Program Goal**

14. Satisfaction assessment of enrollee, family or caregiver and the provider network.

#### **Enrollee Satisfaction**

As part of HSCSN’s efforts to assess enrollee satisfaction with the health plan, a sample of enrollees participated in the HEDIS/Consumer Assessment of Health Plans Study (CAHPS®) survey through the mail or by telephone. The primary objective of this survey was to obtain feedback from enrollees and/or parent(s)/guardian(s) to determine their ratings of and experience with the medical care they receive, communication and interaction with providers, health plan administration, health care access, and coverage. The 2010 survey response rate was 40%.

Enrollees were asked to give their overall ratings of their doctors, health care and health plan using a “0 to 10 scale”, where “0” means the worst possible and “10” means the best possible. Of the five (5) categories, HSCSN either showed improvement or essentially remained unchanged when comparing 2009 to 2010 in all categories. (**Refer to Table**) HSCSN will continue to compare itself using historical CAHPS data with the goal to continuously seek improvement.

**Table 22: CAHPS Overall Satisfaction Ratings**

CAHPS 4.0H Measure Description*	2008	2009	2010
Personal Doctor or Nurse	87%	88%	88%
Specialist <i>Seen Most Often</i>	85%	79%	85%
Health Plan Overall	83%	85%	86%
Health Care Received Overall	82%	82%	82%
Access to Dental Care	79%	84%	84%

\*Rating of 8, 9 or 10

**Table 23: HEDIS/CAHPS Member/Child Satisfaction Survey Composite Scores**

CAHPS 4.0H Measure Description	2009	2010
Getting Care Quickly	71%	69%
Customer Service	69%	74%
Getting Needed Care	52%	52%
Shared Decision-Making	69%	70%
Coordination of Care	62%	62%
Health Promotion & Education	51%	55%

An analysis of the *Getting Needed Care* composite question denotes an essentially unchanged rate from 2009 to 2010. The composite consists of two (2) questions:

1. Got to see a specialist your child needed to see
2. Got the care, tests or treatment for your child that you thought necessary

29 percent of the respondents answered never/sometimes for question 1 and 22% answered never/sometimes to question 2 and denotes an opportunity for improvement. The composite question regarding *Health Promotion and Education* attempts to gauge enrollees experience with their doctor discussing specifics to prevent illness. HSCSN did see some improvement in the composite by four (4) percentage points.

### Provider Satisfaction

HSCSN conducts a provider satisfaction survey annually. In 2010, 68 unique provider offices (PCP & Dentist) participated in the survey out of the universe of 517 unique provider offices. This represents an overall response rate of 13%. The table below displays our provider satisfaction outcomes over the past several years.

**Table 24: Provider Satisfaction Survey Results**

Measurement Year	2010	2009	2008
Overall Satisfaction*	92% ↓	94%	100%
Telephone Contact*	90% ↓	93%	93%
Care Management*	89% ↓	92%	99%
Utilization Management*	81% ↑	78%	89%
Overall Communication*	82% ↓	84%	97%
Timeliness of the Credentialing Process*	88.5% ↑	87%	88%
Reimbursement Process*	82% ↑	65%	100%

\*Composite Question  
Goal: 80%

The results illustrate a decrease in four (4) and an increase in three (3) of the seven (7) categories noted above in Table 1 when compared to last year. All categories scored above our internal goal of 80%; however, where we did not perform above or at 80% within the composite, HSCSN will target those indicators as opportunities for improvement (**Table 25**).

**Table 25: Underneath the Composite Results**

Measurement Year	2010	2009	2008
Utilization Management Composite			
<i>Explanation for Denial</i>	75%	79%	90%
<i>Appeals Process</i>	67%	64%	90%
Overall Communication Composite			
<i>Received a Provider Manual</i>	35%	47%	33%
<i>Received Provider Manual Training</i>	19%	34%	21%
<i>EPSDT Training</i>	22%	16%	27%
<i>Attended Information Sessions</i>	22%	41%	24%
Reimbursement Process Composite			
<i>Timeliness of Claims Payment</i>	79%	56%	83%

## Certification/Regulatory Compliance

### Program Goal

15. Ensure compliance with or exceed accreditation and regulatory agency standards

The District of Columbia Department of Health Care Finance (DC DHCF) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in a contracted Medicaid health plan annually. The

DC DHCF contracts with the Delmarva Foundation to serve as the External Quality Review Organization (EQRO) to conduct its annual review of Access, Structure and Operations (42 CFR 438.358 (3)). The annual review is a mandated activity per our CASSIP contract and Title 42 of the CFR, part 438 et seq. DHCF leadership approved the performance standards used in the CY 2010 review before application.

The purpose of this review is to conduct an analysis and evaluation on quality, timeliness and access to health care services. The focus of this review was on coordination, continuity of care and case management. The performance standards used to assess HSCSN’s operational systems were developed from:

- Code of Federal Regulations (CFR)
- Centers for Medicare and Medicaid Services (CMS) document, “*A Health Care Quality Improvement System (HCQIS) for Medicaid Managed Care*”

The following performance standards were included in the review cycle:

- Enrollee Rights
- Care Coordination
- Treatment Plan
- Managing Enrollees with Special Health Care Needs
- Practice Guidelines
- Over and Underutilization
- Quality and Appropriateness of Care
- Access and Availability
- Quality Program Oversight

In addition to the review standards, the 2010 review also included a review of the MCO’s Quality Improvement Collaborative activities. As a part of a multi-year initiative to evaluate health care outcomes across the MCOs, DC DHCF launched the Quality Improvement Collaborative (*Collaborative*). The Collaborative was designed to direct MCO resources to the most pressing health issues facing the District: perinatal outcomes; infant mortality, and adverse outcomes for chronic conditions (asthma, diabetes, hypertension and congestive heart failure). HSCSN reported on asthma and diabetes for the chronic conditions.

***EQRO REVIEW RESULTS SUMMARY***

**Enrollee Rights and Protections, 42 CFR § Subpart C-** details requirements to ensure that managed care enrollees have the right to receive information about available health care services, how to access services, policies and procedures relative to obtaining services, and the right to make health care decisions. Only selected enrollee rights and protections were included in the review.

**Table 26: Findings: HSCSN met all selected enrollee rights and protections standards**

# Standard Elements	Met	Partially Met	Not Met
4	4	0	0

**Quality Assessment and Performance Improvement - 42 CFR § 438 Subpart D,** Quality Assessment and Performance Improvement, sets forth MCO specifications for quality strategies to ensure the delivery of high quality health care and superb customer service. Only selected enrollee rights and protections were included in the review.

**Table 27: Findings: HSCSN met all selected quality assessment and performance improvement standards**

# Standard Elements	Met	Partially Met	Not Met
25	25	0	0

### **Health Care Quality Improvement System (HCQIS)**

The Centers for Medicare & Medicaid Services (*at the time known as the Health Care Financing Administration*) developed health care quality improvement standards to encourage the delivery of quality health care in 1993. These standards continue to be considered important in assessing quality for MCOs.

**Table 28: Findings: HSCSN met all the health care quality improvement system standards reviewed.**

# Standard Elements	Met	Partially Met	Not Met
5	5	0	0

### *PERFORMANCE IMPROVEMENT PROJECTS RESULTS SUMMARY*

The DC DHCF requires MCOs providing healthcare services to Medicaid enrollees to report selected performance measures. To ensure that the reported measures are accurate and reliable, DC DHCF contracts with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to assess the validity of the performance measures. This performance measures validation (PMV) is a required External Quality Review activity per the CFR and is to be conducted in a manner consistent with that described by the *CMS Protocols for External Quality Review of Medicaid Managed Care Organizations and Prepaid Inpatient Health Plans*. Delmarva's validation processes are in compliance with this requirement.

This report provides Delmarva's findings regarding the accuracy and reliability of measures reported by HSCSN.

### ***Required Measures***

DHCF selected two (2) new collaborative measures based on Calendar Year 2008 data for validation:

- Adverse Perinatal Outcomes
- Adverse Outcomes for Chronic Conditions

### **Adverse Perinatal Outcomes**

**Table 29: Findings: All six (6) validation standards were met for HSCSN. There were no substantially compliant or not valid standards.**

# Standard Elements	Fully Compliant	Substantially Compliant	Not Valid
6	6	0	0

### **Adverse Outcomes for Chronic Care**

**Table 30: Findings: All six (6) validation standards were met for HSCSN. There were no substantially compliant or not valid standards.**




# Standard Elements	Fully Compliant	Substantially Compliant	Not Valid
6	6	0	0

## National Committee for Quality Assurance (NCQA) Certification




NCQA is a private, non-profit organization dedicated to improving health care quality and accredits and certifies a wide range of health care organizations. NCQA Organization Certification indicates that an organization is well managed and delivers high quality care and service. Furthermore, Organization Certification requires organizations to consistently promote the adoption of strategies that will improve care, enhance service, and reduce costs.

HSCSN first earned a two (2)-year NCQA Certification in Utilization Management and Credentialing/Recredentialing in 2007. HSCSN was again awarded NCQA Certification in Credentialing and Utilization Management in April 2009.

**Table 31: 2009 NCQA Credentialing Organization Certification Results**

CATEGORY	Points Received	Possible Points	0%	20%	40%	60%	80%	100%	
<b><u>Credentialing</u></b>	72.10	72.10							100.00%
<b><u>Internal Quality Improvement Process</u></b>	18.90	18.90							100.00%
<b><u>Protecting Credentialing Information</u></b>	9.00	9.00							100.00%
<b>TOTAL</b>	<b>100.00</b>	<b>100.00</b>	<b>100%</b>						

**Table 32: 2009 NCQA Utilization Management Organization Certification Results**

CATEGORY	Points Received	Possible Points	0%	20%	40%	60%	80%	100%	
<b><u>Internal Quality Improvement Process</u></b>	6.37	6.37							100.00%
<b><u>Utilization Management</u></b>	75.56	80.87							93.44%
<b><u>Members' Rights and Responsibilities</u></b>	12.75	12.75							100.00%
<b>TOTAL</b>	<b>94.69</b>	<b>100.00</b>	<b>94.69%</b>						