

District of Columbia
Department of Health Care Finance

Medicaid
Managed Care
Organizations

External Quality
Review

2009
Performance
Measure Validation
Report (MY 2008)

Health Services for
Children with Special
Needs

Final Report



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2009 Performance Measures Validation for Health Services for Children with Special Needs

Executive Summary

The Department of Health Care Finance (DHCF) requires managed care organizations (MCOs) providing healthcare services to Medicaid enrollees to report selected performance measures. To ensure that the reported measures are accurate and reliable, 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 (EQR) activity per the Code of Federal Regulations (CFR) and is to be conducted in a manner consistent with that described by the Centers for Medicare and Medicaid Services' (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 Health Services for Children with Special Needs (HSCSN).

Required Measures

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

- Adverse Perinatal Outcomes
- Adverse Outcomes for Chronic Conditions

Methodology

Validations were conducted following the methods outlined in the Centers for Medicare and Medicaid Services' (CMS) *Validating Performance Measures, A protocol for use in Conducting Medicaid External Quality Review Activities*. The validation process includes a review of relevant documents prior to an onsite visit to each plan. During the onsite visits, interviews are conducted to clarify issues and questions that arise during the document review. Information gathered is then used to assign a compliant rating for each performance measure of Fully Compliant (FC), Substantially Compliant (SC), Not Compliant (NC), or Not Applicable (NA).

Findings

Performance Measure Rates and Audit Ratings

Performance Measure		Audit Rating	Reported Rate per 1,000
Adverse Perinatal Outcomes	Adverse Perinatal Outcomes Rate (including HIV Testing) per 1,000	FC	222
	Adverse Perinatal Outcomes Rate (excluding HIV Testing) per 1,000	FC	136
Averse Outcomes of Chronic Diseases	Adverse Outcomes of Chronic Diseases Rate per 1,000	FC	679
	Chronic Diseases Death Rate per 1,000	FC	5

HSCSN was found to be fully compliant.

HSCSN demonstrated best practices in the following areas:

- HSCSN improved data efficiencies with more automation of their claims processes. The project included implementation of a web-based solution and a new process for scanning claims in-house.
- HSCSN’s processes for calculating the collaborative measures were well documented

HSCSN did not experience any significant challenges that would have interfered with the reporting of the DC collaborative measures.

Recommendations

HSCSN may benefit from the following:

- HSCSN is encouraged to pursue source to enhance data completeness.
- Continue to use SharePoint as the platform to document and develop performance measure reports.

Section I Validation Overview

Introduction

The DHCF, the District agency administering the Medicaid program in the District of Columbia, requires all contracted Medicaid Managed Care Organizations (MCOs) to report performance measures to the District as in accordance with the Code of Federal Regulations (CFR) 438.358 which requires states with Medicaid managed care delivery systems provide for an independent assessment of the quality of care provided to Medicaid managed care enrollees. DHCF selected two collaborative measures which to assess the MCOs' performance:

- Adverse Perinatal Outcomes
- Adverse Outcomes from Chronic Conditions.

Certified HEDIS Compliance Auditor (CHCA) from Delmarva and MetaStar (a Delmarva subcontractor) utilized methods consistent with the CMS protocol for validating performance measures. There are two primary objectives associated with the validation process

- 1) To evaluate the accuracy of the performance measures reported by the MCO
- 2) To determine the extent to which the MCO followed the specifications required by the State for calculating the performance measures.

The validation activity was divided into two principle components:

- An overall assessment of the MCO's information systems capability to capture and process the information required for reporting an evaluation of the processes (e.g. source code programs) that the MCO used to prepare individual measures.

This report summarizes the findings from the validation activities and assigns designations – Fully Compliant, Substantially Compliant, Not Valid, or Not Applicable- to the MCO's measures

Validation Results

HSCSN submitted measures were prepared according to the Measure Year 2008 Specifications produced by the District of Columbia Department of Health Care Finance and present fairly, in all material respects, the MCO's performance with respect to these specifications.

Strengths and Challenges

HSCSN demonstrated best practices in the following areas:

- HSCSN improved data efficiencies with more automation of their claims processes. The project included implementation of a web-based solution and a new process for scanning claims in-house.
- HSCSN's processes for calculating the collaborative measures were well documented.

HSCSN did not experience any significant challenges that would have interfered with the reporting of the DC collaborative measures.

Recommendations

HSCSN may benefit from the following:

- HSCSN is encouraged to pursue source to enhance data completeness.
- Continue to use SharePoint as the platform to document and develop performance measure reports.

Validation Purpose

The goal of conducting PMV is to evaluate the accuracy of the measures produced and reported by the MCO and to determine the extent to which the MCO followed specifications established by DMCAA for calculating and reporting the measures.

Audit Methodology

Delmarva's Certified HEDIS Compliance Auditor (CHCA) utilized methods consistent with Centers for Medicare and Medicaid Services' (CMS) Validating Performance Measures, A protocol for use in Conducting Medicaid External Quality Review Activities, to assess the MCO's performance measures data collection and reporting processes for conformity with CMS Protocol. The methodology is consistent with that described in the Centers for Medicare & Medicaid Services (CMS) protocol for conducting Medicaid External Quality Review Activities, Validating Performance Measures in the following areas:

- Review of data systems and processes used by the MCO
- Assessment rates for algorithmic compliance to state defined specifications
- Verification that the reported rates are based on accurate sources of information.

Information from several other sources was also used to satisfy validation requirements. These sources included, but were not limited to:

- Information Systems Capabilities Assessment (ISCA)

- 2009 HEDIS Final Audit Reports Documentation (e.g., IS specifications, data dictionaries, program source code, data queries, record review tools, policies and procedures) for review prior to or during the onsite validation
- Observations resulting from on-site information system queries and MCO staff interviews
Information provided subsequent to the on-site visit to address any deficiencies and/or outstanding issues

The following tables provide information on the PMV team and key review participants from the MCO.

Audit Team

Table 1. Audit Team

Name	Role	Dates of Involvement	Role In Validation Process
Amy Cleary, MBA, CHCA,CPHQ	Auditor	Throughout the validation.	The auditor conducts all aspects of the onsite validation and onsite follow up activities. She collaborates with other team members for evaluating those processes, prepares final validation findings reports, and prepares all pertinent working papers.
Laura Poynor, MBA, CHCA	Auditor	Throughout the validation.	The auditor conducts all aspects of the onsite validation and onsite follow up activities. She collaborates with other team members for evaluating those processes, prepares final validation findings reports, and prepares all pertinent working papers.

Table 2. MCO / Validation Coverage Information

MCO Information	Audit Management
Constance Yancy	Director, Quality/Accreditation
October 29, 2009	Date of On-site Visit

Pre-Onsite Validation Activities

The validation process began with a kick-off call between the validation team and the MCO. The auditor confirmed with the MCO and DHCF the two performance measures to be validated and reported in the MCO's 2009 PMV report.

The MCO completed and submitted its 2009 ISCA. The auditors evaluated the information in the ISCA for consistency to findings previously reported in previous assessments of the MCOs systems. Source code review was performed for both measures. A site visit date was set, a tentative agenda provided and a summary of ISCA issues compiled.

On-Site Validation Activities

The validation team conducted an on-site visit to the MCO to investigate any potential issues identified through review of the ISCA document and to observe the systems used by the MCO to collect and produce measure data. Auditors scheduled the visit in advance and provided the MCO with contact information should they have any questions regarding the validation activities.

The members of the validation team held an entrance meeting with the MCO staff to describe the validation purpose, scope, necessary documentation, and to identify staff to be interviewed. These staff interviews provide insight into the accuracy and reliability of the reporting processes by allowing the health plan to clarify and provide more detail for any issues identified through the auditor's review of the ISCA.

During the on-site visit, the auditors review the information systems structure, protocols and procedures, and measure specific data collection methods. Both adverse outcome measures are calculated with administrative data only.

At the conclusion of these activities, the auditor meets with the MCO staff to review preliminary findings, request additional documentation if necessary, and provide guidance on areas requiring action.

Post Onsite Activities

Following the on-site visit, any action items were forwarded to the MCO. All outstanding issues were resolved prior to the issuance of the final report or the MCO was notified of its noncompliance with the action items and of the impact on the overall validation outcome.

Section II Information Systems Capabilities Assessment

The review of the MCO's information systems was designed to collect information that documented the effect of information management practices on the measures reporting process. Delmarva followed the CMS protocol worksheets criteria in its assessment. The validation was not intended to evaluate the overall effectiveness of the MCO's management information systems. Rather, the focus was on evaluating aspects of the information systems that specifically impacted the MCO's ability to accurately report the required measures. In essence, the MCO must demonstrate that it had the automated systems, information management practices, and data control procedures needed to ensure that all information required for performance measures reporting was adequately captured, translated, stored, analyzed, and reported.

In the following tables, Delmarva summarizes the IS standards and criteria, describes any compliance issues, and documents the potential impact of those findings on performance measures reporting. The impact designations are abbreviated as follows:

Met = Met

NM = Not Met

N/A = Not Applicable

Standards

Table 3. Required Performance Measures

Measures	Measure Calculation Method	Population
Adverse Perinatal Outcomes	Administrative	Medicaid managed care enrollees
Adverse Outcomes of Chronic Disease	Administrative	Medicaid and Alliance managed care enrollees

Data Integration and Control Findings

Table 4. Data Integration and Control Findings

Data Integration and Control Element	Met	Not Met	N/A	Comments
Accuracy of data transfers to assigned performance measure repository				
<ul style="list-style-type: none"> MCO's processes appear to accurately and completely transfer data from the transaction files into the repository used to keep the data until the calculations of the performance measures have been completed and validated. 	M			Document review and onsite interviews indicated that HSCSN used appropriate processes to assure data is accurate and complete when transferred to the reporting warehouse. MCO appears to be compliant with this element.
Accuracy of file consolidations, extracts, and derivations.				
<ul style="list-style-type: none"> MCO's processes appear to consolidate files, and to extract required information from the performance measure repository are appropriate. 	M			HSCSN received data from internal and external sources for reporting. Documentation review and onsite interview supported that HSCSN processes for consolidation and extraction are adequate. MCO appears to be compliant with this element.
<ul style="list-style-type: none"> Computer program reports or documentation reflect coordination activities, and no data necessary to performance measure reporting are lost or inappropriately modified during transfer. 	M			HSCSN's ISCA document and onsite visit indicated that HSCSN coordinates data processes adequately to assure no loss of data. MCO appears to be compliant with this element.
<ul style="list-style-type: none"> Procedures for coordinating the activities of vendors appear to ensure the accurate, timely, and complete integration of data into the performance measure database. 	M			Documentation review and onsite interviews indicated HSCSN had appropriate vendor oversight and data integration. MCO appears to be compliant with this element.
Accuracy of the performance measure data repository structure and format				

Data Integration and Control Element	Met	Not Met	N/A	Comments
<ul style="list-style-type: none"> The repository's design, program flow charts, and source codes enable accurate reporting and analysis. 	M			HSCSN used the same reporting data warehouse for HEDIS and DC collaborative measures. Documentation review and onsite interviews indicated that repository design is adequate for reporting. MCO appears to be compliant with this element.
<ul style="list-style-type: none"> Data is linked properly to join data from all necessary sources (e.g., identifying a member with a given disease/condition). 	M			Documentation review and onsite interviews indicated that HSCSN member data is linked appropriately. MCO appears to be compliant with this element.
Assurance of effective management of report production and of the reporting software.				
Documentation of the production process is adequate.	M			HSCSN provided detailed documentation for their production processes which were adequate. MCO appears to be compliant with this element.
Standard data runouts were used.	M			Documentation review and onsite interviews demonstrated HSCSN used standard runouts. MCO appears to be compliant with this element.
MCO's processes and documentation comply with the MCO standards associated with reporting program specifications, code review, and testing.	M			HSCSN's ISCA document indicated the MCO processes complied with HSCSN standards. MCO appears to be compliant with this element.

Data Integration and Control Element	Met	Not Met	N/A	Comments
Reporting software and performance measurement reporting repository are properly documented and managed.	M			Documentation review and onsite interviews indicated reporting processes are properly managed and documented. MCO appears to be compliant with this element.

Table 5. Data and Processes Used to Calculate and Report Performance Measures Findings

Audit Element	Met	Not Met	N/A	Comments
<i>Measurement plans and policies which stipulate and enforce documentation of data requirements, issues, validation efforts and results. These include:</i>				
• Data file and field definitions used for each measure.	M			Documentation review indicated that HSCSN used a collaborative approach to report development which included review of data definitions. MCO appears to be compliant with this element.
• Maps to standard coding if not used in original data collection.	M			HSCSN does not use nonstandard codes. MCO appears to be compliant with this element.
<i>Documentation of programming specifications (which may be either a schematic diagram or in narrative form) for each measure includes at least the following</i>				
• All data sources both external and internal.	M			Documentation review supported all data sources are documented in detail. MCO appears to be compliant with this element.

Audit Element	Met	Not Met	N/A	Comments
<ul style="list-style-type: none"> Detailed computer queries, programming logic, or source code used to identify the denominator and/or numerator 	M			Documentation review and onsite interviews indicated HSCSN adequately documented programs used for denominator and numerator items. MCO appears to be compliant with this element.
Documentation of calculation for changes in performance from previous periods (if applicable), including statistical tests of significance.			N/A	
Data that are related from measure to measure are consistent (e.g., membership counts, provider totals, number of pregnancies and births).	M			Source code review supported consistency among data. MCO appears to be compliant with this element.
When determining improvement in performance between measurement periods, appropriate statistical methodology is applied to determine levels of significance of changes.			N/A	

Denominator Validation Findings

Table 6. Denominator Validation Findings

Audit Element	Met	Not Met	N/A	Comments
All members who met the criteria for the denominator were included in the initial population from which the final denominator was produced.	M			Documentation and source code review indicated HSCSN properly identified denominator population. MCO appears to be compliant with this element.
The MCO has properly evaluated the completeness and accuracy of any codes used to identify medical events, such as diagnoses, procedures, or prescriptions, and these codes have been appropriately identified and applied as specified in each performance measure.	M			Documentation review and onsite interviews indicated HSCSN evaluated the completeness and accuracy of codes applied to measures. MCO appears to be compliant with this element.
Members and events are in proper member subgroups.	M			HSCSN sorted data according to measure specifications. MCO appears to be compliant with this element.
Time parameters required by the specifications of the performance measure are followed.	M			HSCSN followed measure specifications for time parameters for each measure. MCO appears to be compliant with this element.
Performance measure specifications or definitions that exclude members from a denominator were followed.	M			HSCSN applied criteria according to measure specifications. MCO appears to be compliant with this element.
Systems or methods used by the MCO to calculate populations are valid.	M			Documentation and source code review indicated HSCSN calculated rates according to the measure specifications. MCO appears to be compliant with this element.

Numerator Calculation Policies, Procedures, Data, and Information Review

Numerator Validation Findings

Table 7. Numerator Validation Findings

Audit Element	Met	Not Met	N/A	Comments
The MCO has used the appropriate data to identify the entire at-risk population.	M			Documentation and source code review indicated HSCSN identified the population according to the measure criteria. MCO appears to be compliant with this element.
The MCO has in place and utilizes procedures to capture data for those performance indicators that could be easily under-reported due to the availability of services outside the MCO.	M			Documentation review, onsite interviews and source code review indicated HSCSN used procedures to capture complete data. MCO appears to be compliant with this element.
The MCO's codes used to identify medical events are complete, accurate, and descriptive for type of service and timing.	M			Documentation and source code review indicated that HSCSN codes were complete and followed measure specifications. MCO appears to be compliant with this element.
The MCO correctly identified members and events for inclusion or exclusion in the numerator.	M			HSCSN identified numerator events according to member specifications. MCO appears to be compliant with this element.

Audit Element	Met	Not Met	N/A	Comments
All non-standard codes used in numerator determination have been mapped to a standard coding scheme in a consistent and reliable manner.	M			HSCSN does not use non-standard codes. MCO appears to be compliant with this element.
Specified time parameters for performance measure were applied to the calculation.	M			HSCSN followed time parameters according to the measure specifications. MCO appears to be compliant with this element.

Section III Final Audit Designation

Auditor’s Note of Limitation

MCO visits occurred at the end of October 2009 with final and approved measure specifications as of 10/15/2009. Since that time, both measures were modified and these modifications may affect interpretations of the findings from the onsite visits.

Performance Measure Tables

Audit Designation Table for Adverse Perinatal Outcomes

Table 8. Audit Designation Table for Adverse Perinatal Outcomes

Performance Measure: Adverse Perinatal Outcomes				
Validation Component	Audit Element	Meets Validation Requirements		
		Yes	No	N/A
Documentation	MCO processes seem to have appropriate and complete measurement procedures and programming specifications including data sources, programming logic, and computer source code.	X		
Denominator	MCO processes seem to use complete and accurate data sources to calculate the denominator.	X		
	The MCO employed the performance measure specifications for the denominator calculation.	X		
Numerator	MCO processes seem to use complete and accurate data sources to calculate the numerator.	X		
	The MCO employed the performance measure specifications for the numerator calculation.	X		

Performance Measure: Adverse Perinatal Outcomes				
Validation Component	Audit Element	Meets Validation Requirements		
		Yes	No	N/A
Reporting	State Specifications for reporting performance measures were followed.	X		
Audit Designation		FC		

FC = Fully Compliant

SC = Substantially Compliant

NV = Not Valid

NA = Not Applicable

Audit Designation Table for Adverse Outcomes for Chronic Diseases

Table 9. Audit Designation Table for Adverse Outcomes of Chronic Disease

Performance Measure: Chronic Care				
Validation Component	Audit Element	Meets Validation Requirements		
		Yes	No	N/A
Documentation	Processes seem to have appropriate and complete measurement procedures and programming specifications including data sources, programming logic, and computer source code.	X		
Denominator	Processes seem to use complete and accurate data sources to calculate the denominator.	X		
	The plan employed the performance measure specifications for the denominator calculation.	X		
Numerator	Processes seem to use complete and accurate data sources to calculate the numerator.	X		
	The plan employed the performance measure specifications for the numerator calculation.	X		

Performance Measure: Chronic Care				
Validation Component	Audit Element	Meets Validation Requirements		
		Yes	No	N/A
Reporting	State Specifications for reporting performance measures were followed.	X		
Audit Designation		FC		

FC = Fully Compliant

SC = Substantially Compliant

NV = Not Valid

NA = Not Applicable

HSCSN Performance Measures Results

Measure	Rate	Final Audit Designation
Adverse Perinatal Outcomes (a lower rate is better)		
Adverse Perinatal Outcomes	22.22%	FC
Adverse Perinatal Outcomes (excluding category of no Maternal HIV Testing)	13.62%	FC
Adverse Perinatal Outcomes per 1,000	222	FC
Adverse Perinatal Outcomes (excluding category of no Maternal HIV Testing) Rate per 1,000	136	FC
Adverse Outcomes of Chronic Disease (A lower rate is better)		
Adverse Outcomes of Chronic Disease*	67.95%	FC
Death Rate of Chronic Disease	0.45%	FC
Adverse Outcomes of Chronic Disease* Rate per 1,000	679	FC
Death Rate of Chronic Disease per 1,000	5	FC

*HSCSN did not have any members that were in the age categories for the COPD and Hypertension populations in the Adverse Outcomes of Chronic Disease Measure.

Appendix 1

HSCSN Adverse Perinatal Outcomes Rate Worksheet

DHCF Perinatal Care Collaborative, Measurement Year, 2008	
Adverse Perinatal Outcomes	
Part 1 - Calculations: Pregnancies	
All births occurring in CY 2008	46
Number of Pregnancy Exclusions	2
Denominator 1 - Net Pregnancies for CY 2008	44
<i>Numerator Calculations</i>	
1a: Miscarriages or fetal loss	3
1b: Neonates with weight<2500grams	31
1c: Neonates 32 weeks or less	4
1d: No maternal HIV testing	24
Numerator 1A - Total (including 1d: No maternal HIV Testing)	62
Numerator 1B - Total (excluding 1d: No maternal HIV Testing)	38
Part 2 - Calculations: Infant Death Rate	
Denominator 2: All children between 0 and 365 days old	3575
Numerator 2 - Number of infant deaths during CY 2008	12
Part 3A - Adverse Perinatal Outcomes Rate	
Denominator 1	44
Denominator 2	235
Denominator Total	279
Numerator 1A	62
Numerator 2	0
Numerator Total	62
Adverse Perinatal Outcomes Rate	22.22%
Adverse Perinatal Outcomes Rate/1,000	222
Part 3B - Adverse Perinatal Outcomes Rate (excluding category of No Maternal HIV Testing)	
Denominator 1	44
Denominator 2	235
Denominator Total	279
Numerator 1B	38
Numerator 2	0
Numerator Total	38
Adverse Perinatal Outcomes Rate (excluding category of No Maternal HIV Testing)	13.62%
Adverse Perinatal Outcomes Rate/1,000	136

HSCSN Adverse Outcomes of Chronic Disease Rate Worksheet

DC Medicaid Health Care Quality Performance Measure for 2009	
Part 1-Adverse Chronic Diseases Outcome Rate	
Denominator Calculations	
Diabetes Population, ages 6-75 for CY 2008	24
Asthma Population, ages 2-50 for CY 2008	419
Hypertension, ages 18-85 for CY 2008	0
Congestive Heart Failure, ages 18-75 for CY 2008	0
Subtotal- denominator	443
Remove Duplicates	0
Denominator Total	443
Numerator Calculations	
Emergency room events	68
Hospital Admission- Acute inpatient events	233
All possible numerator events	301
Remove a. facility transfers	0
Remove b. admission to non-acute facilities	0
Remove c. Congestive Heart Failure/Hypertension exclusions	0
Exclusions from numerator total	0
Numerator Net Events Total	301
Adverse Chronic Disease Outcome Rate	67.95%
Adverse Chronic Disease Outcome Rate/1,000	679
Part 2- Chronic Disease Outcome Death Rate	
Denominator from Part 1	443
Numerator- number of deaths	2
Death rate	0.45%
Chronic Disease Death Rate/1,000	5