Medical Assistance Advisory Council Meeting Managed Care Monitoring

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Karen Brodsky
Chief of Managed Care Contracting
Carol Grant
Chief of Operations
DMAHS

Monitoring Goals

- Quality of care
- Access to services
- Beneficiary satisfaction
- Fiscal solvency
- Organizational soundness
- Program integrity

DMAHS Processes to Monitor Managed Care Activities

- HMO reports
- HMO policies & procedures
- Marketing literature review
- Provider network analysis
- EQRO assessment
- CAHPS survey
- Complaints & grievances
- Encounter data
- Program integrity disclosures/investigations
- Tort investigations
- Financial reports

Sample HMO Reports

- Medicaid enrollment by primary care provider
- Member & Provider Grievance Summary Reports
- Pharmacy Prior Auth & Denial Report
- Ratio of Prior Auths Denied to Requested
- Annual HEDIS measures
- After Hours Availability Survey report

Sample of HMO Policies & Procedures

1. Drug Utilization Review Program
2. Identifying and serving enrollees with special needs
3. Discharge planning
4. Prior authorization (medical & Rx)
5. Care management program
6. Provider network requirements
7. Grievances/Appeals and confidentiality

Examples of Marketing Literature

1. Letters
2. Fliers
3. Brochures
4. Member handbooks
5. Website content
6. Educational materials

Provider Network Analysis

DMAHS takes the following steps:

1. Provider network file monitoring
2. Review of HMO Geo-access reports
3. PCP, OB/GYN & PCD spot checks
4. Hospital impact analysis
5. Review of PCP panel size

The EQRO Annual Assessment

- Annual review to determine compliance with State and Federal Medicaid managed care regulations and contract requirements. Conducted in 3 steps:

1. Desk review of written materials
2. Health Plan on-site interviews
3. Review of past performance and evaluations

EQRO Review Categories

- Access
- Quality Assess. & Perform. Improvement
- Quality Management
- Committee Structure
- Programs for Elderly and Disabled
- Provider Training and Performance
- Satisfaction
- Enrollee Rights and Responsibilities
- Care Management & Continuity of Care
- Credentialing & Re-credentialing
- Utilization Management
- Administration & Operations
- Fraud, Waste, and Abuse
- Management Information Systems

Quality Strategy Document

Appropriate, quality, patient–centered care at the right time for every member

IPRO Activities:

- Annual Assessment of HMO Operations
- Quality Improvement Projects
- Performance Measure Validation
- Focused Studies
- Care/Case management Audits

Quality Strategy Document, cont.

Office of Quality Assurance Activities:

- HMO Quality Reports
- Provider Network Adequacy
- Member and Provider Complaints

Member Satisfaction Tools

- CAHPS survey
- Medicaid Hotline tracking
- ACS Member Line tracking
- HMO complaints & grievances reports

HMO Transition

1. Continuity of Care Monitoring
2. Monitoring of New Members
3. Monitoring of New Services

Completed via:

- HMOs providing individual assessment info
- Review of encounter data
- Complaint tracking through ACS, Hotline and OQA

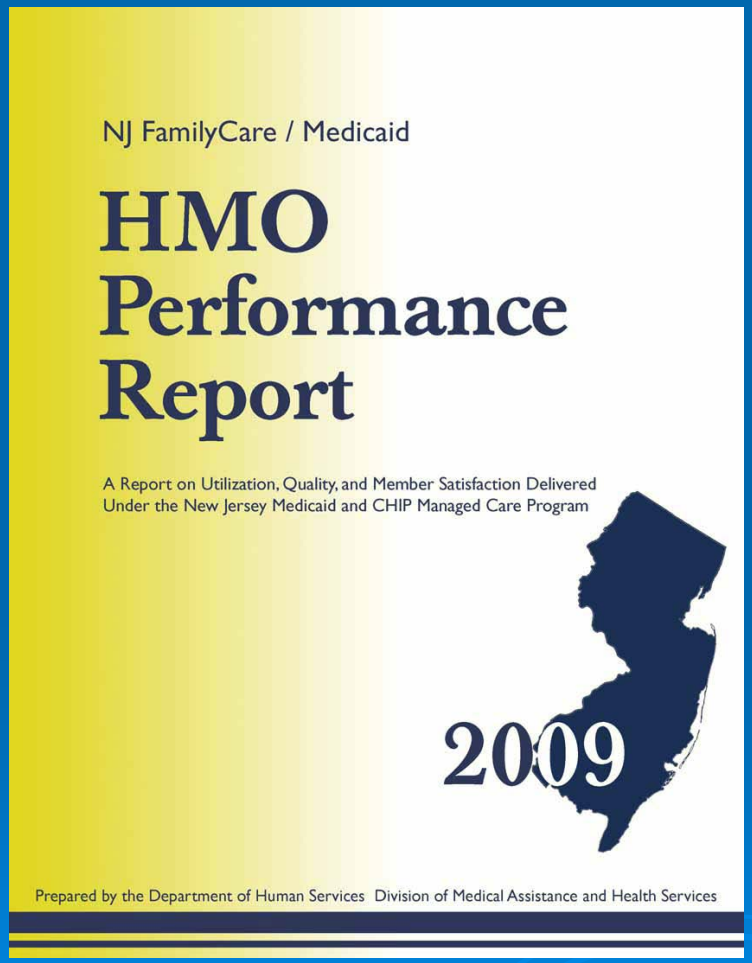
Program Integrity Monitoring

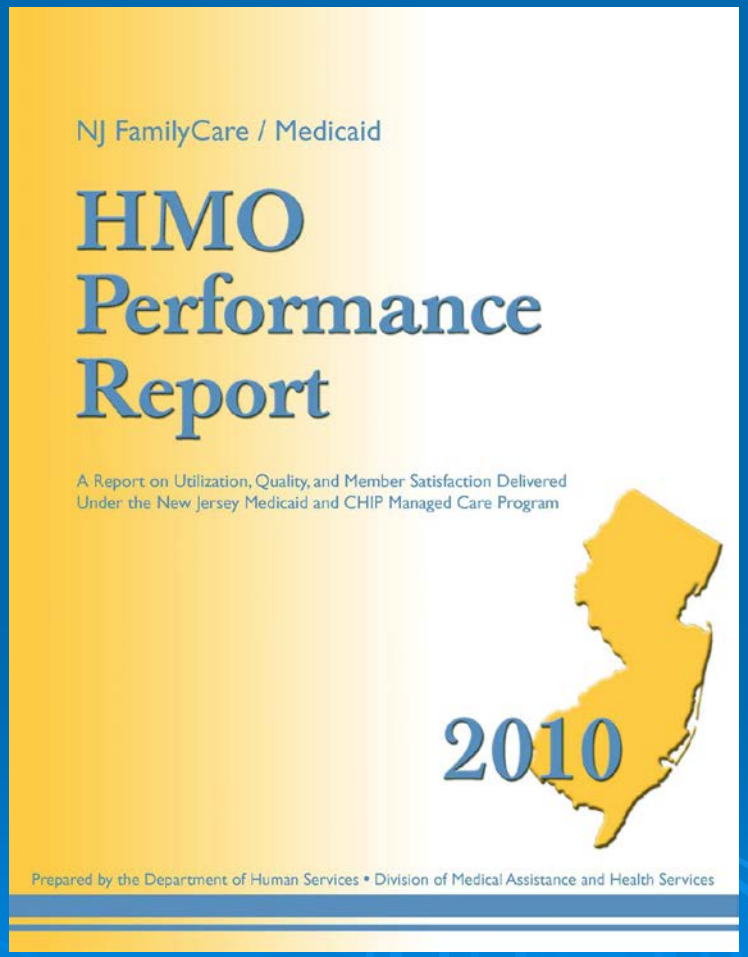
1. Monthly MFD/HMO meetings
2. Review of quarterly SIU reports from HMOs
3. Monitor HMOs' SIU staffing levels
4. MFD, MCO, and MFCU collaboration
5. Collect/review Ownership Disclosure Forms
6. HMOs capture criminal conviction disclosures from providers, contractors

HMO Monitoring Meetings

1. Contract Issues meeting
2. Medical and Dental Directors meeting
3. Encounter data monitoring meeting
4. HMO HIT meeting
5. Pharmacy HMO meeting
6. Ad hoc meetings

HMO Performance Report





Questions?