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Performance of Risk-based MCOs: HEDIS Snapshot from DC

States' use of managed care has expanded steadily over the last 30 years. The Kaiser Commission on Medicaid and the Uninsured recently surveyed Medicaid managed care in the 50 states and found that, overall, 30 of the 48 states with comprehensive managed care programs are contracting with risk-based managed care organizations (MCOs). *See* Kaiser Comm'n on Medicaid and the Uninsured, *A Profile of Medicaid Managed Care Programs in 2010: Findings from a 50-state Survey* 2 (Sept. 2011) (also reporting 31 states operated primary care case management systems).

When MCOs aggressively entered the Medicaid market 30 years ago, they promised budget predictability to states and a medical home to Medicaid beneficiaries. And while the former has been achieved to some extent, the latter has not. More than two-thirds of responding states with MCOs report that enrolled Medicaid beneficiaries experience access problems. *Id.* at 3.

The Role of HEDIS

The Health Effectiveness Data and Information Set (HEDIS) is a group of performance measures owned by the National Committee for Quality Assurance (NCQA). Some state Medicaid programs use HEDIS to measure MCO performance.

D.C. Snapshot

More than 100,000 District of Columbia Medicaid beneficiaries are enrolled in, and thus depend on, one of four MCOs for their health care services. In 2009, the following four MCOs were contractors: Chartered Health Plan (CHP), Health Right, Inc. (HRI), Health Services for Children with Special Needs (HSCSN), and Unison Health Plan.

The most recent 2009 external quality review report of MCOs' performance on HEDIS measures shows wide variation among MCOs and some alarmingly low performance.

(Reminder: The MCOs are paid ahead of time to provide the services to their patients/enrollees.)

HEDIS Measure	CHP	HRI	HSCSN	Unison
Breast cancer screening: % women 40-69 years old	58.4%	48.71%	NA	NA
Cervical cancer screening: % of women 21-64 years old	78.91%	60.83%	NA	44.04%
Prenatal care timeliness: % of deliveries with PNC visit in 1st trimester or within 42 days of enrollment	70.56%	48.19%	58.54%	62.07%
Timeliness of post partum care: % with post partum visit 21-56 days after delivery	51.58%	44.04%	73.17%	47.13%
Childhood Immunizations: % of children with 4 diphtheria, tetanus and pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MMR), 2 H influenza type B, 1 chicken pox (VZV) and 4 pneumococcal conjugate vaccines by 2nd birthday	83.7%	NR	84.29%	64.73%
Well-Child Visits in the First 15 Months of Life: % of members who had six or more well-child visits with a PCP during their first 15 months of life	66.39%	NR	62.50%	31.00%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life: % of members 3-6 years who had 1 or more well-child visits with a PCP during the year	78.38%	57.91%	85.33%	74.18%
Adolescent Well Visit: % of members 12-21 who had at least 1 well-care visit with a PCP or OB/GYN during the year	50.37%	37.23%	67.40%	45.74%
Lead Screening: % of members aged 1-5 years with a lead screening*	73.97%	81.02%	74.29%	61.83%
Controlling High Blood Pressure: % members 18-85 years with HTN whose BP was adequately controlled during the year	42.82%	18.995%	NA	28.47%
Comprehensive Diabetes Care: % members 18-75 years of age with: • Hemoglobin A1c (HbA1c) testing	80.11%	68.84%	NA	63.47%
• HbA1c poor control (>9.0%) lower is better	46.72%	68.15%	NA	77.25%
• Eye Exam performed	54.01%	28.08%	NA	46.11%
• LDL-C screening	77.37%	69.52%	NA	57.49%
• LDL-C control (<100 mg/dL)	32.66%	30.48%	NA	19.16%
• Medical attention for nephropathy	81.39%	75.68%	NA	67.07%
• Blood pressure control (<130/80 mm Hg)	26.46%	19.86%	NA	19.16%
• Blood pressure control (<140/90 mm Hg)	52.19%	38.36%	NA	35.93%

NA = small denominator

NR = not reported (N<30)

Source: Delmarva Found., *Annual Report on the Quality, Access and Timeliness of Health Care Delivered through DC Medicaid Managed Care Plans-CY 2009* at 1-3, 1-6, 1-9 (Jan. 4, 2011).

* From 2008 to 2009, lead screening rates for children ages 1-5 fell for children enrolled in CHP and HRI. *See* Delmarva Found., *Annual Report on the Quality, Access and Timeliness of Health Care Delivered through DC Medicaid Managed Care Plans-CY 2009* at 1-7, A4-2 (Jan. 4, 2011).

Conclusion

As noted by the Delmarva Foundation, “significant efforts” must be made to improve performance of contracting MCOs in the District of Columbia. Delmarva Found., *Annual Report* at 1-10. Improved performance is critical because Medicaid beneficiaries are “locked in” and can only obtain services through their MCOs. Poor performance rates by MCOs also raise questions about the readiness of a system to expand enrollment to additional populations of Medicaid beneficiaries. For additional information, please contact: Jane Perkins, perkins@healthlaw.org