STATE OF HAWAII
KA MOKUʻĀINA O HAWAIʻI
DEPARTMENT OF HUMAN SERVICES
KA ʻOIHANA MĀLAMA LAWELAWE KANAKA
Med-QUEST Division
Health Analytics Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

April 24, 2023

MEMORANDUM

<u>MEMO NO.</u>
QI-2316
CCS-2304

TO: QUEST Integration Health Plans
           Community Care Services

FROM: Judy Mohr Peterson, PhD
           Med-QUEST Division Administrator

SUBJECT: SELECT QUEST INTEGRATION (QI) AND COMMUNITY CARE SERVICES (CCS)
           REPORTS AND KEY PERFORMANCE INDICATORS IN PRODUCTION EFFECTIVE
           APRIL 29, 2023; PROCESS FOR PRODUCTION ANNOUCEMENT AND OVERSIGHT

The purpose of this memo is to inform QI Health Plans and CCS Behavioral Health Organization contracted under RFP-MQD-2021-008 and RFP-MQD-2021-010, respectively, that a subset of the reports and key performance indicators (KPIs) in the reporting packages will be going into production for data quality and other contract compliance effective April 29, 2023. This memo additionally formally documents reports and KPIs that went into production effective September 1, 2022, following an announcement at a meeting between Med-QUEST (MQD) and the QI and CCS Health Plans.

<u>Background:</u>
MQD formally released a revised QI and CCS reporting package in July 2021 and subsequently provided technical assistance to Health Plans to implement the new managed care reporting requirements. In July 2022, MQD hired a contractor to assist with improving data quality for the purposes of moving reports into production. With the assistance of the contractor, and discussions with Health Plans, the reports were divided into waves to better enable moving the

reporting package from pilot to production through more intensive focus on a few reports at a time. Through a series of efforts including presentations, group-based technical assistance, questions and answers, and individualized assistance, MQD has worked with Health Plans to transition reports from "pilot" into "production."

Moving a report into "Production" indicates that Health Plans have sufficiently understood the intention of the report and report fields; technical assistance has been provided to ensure data quality; Health Plans have been provided the new data quality assurance tools and strategies prior to submitting the report to MQD; and an evaluation of the incoming reports from the majority of the Health Plans indicates that the report is accurate. A report in production is no longer in a "pilot" stage, and MQD anticipates making minimal to no content changes on the report. Once the report is in production, it will continue to be evaluated against data quality metrics and subject to escalation if data standards are not met.

<u>High Quality Data:</u>
In order for reports to be accepted with production quality data, they must:

- Be thoroughly completed. All fields should be filled out.
- Align to data reference tables. All fields should be completed with valid data types that are compliant with guidance in data reference tables.
- Be Accurate. Plans should submit information that is accurate and consistent across reports. For example, Total Cost of Care appears across several reports and should be consistent across all reports. In addition, many reports include references to data located in other fields or tabs within the report. These references should be consistent with one another.

In addition to moving reports into production, MQD will also make formal announcements on which Key Performance Indicators (KPIs) within reports will be evaluated for performance; to maintain consistency, these KPIs will be referred to as KPIs in "production." MQD has parsed KPIs into four groups: Critical; contractual standards with benchmarks specified; contractual standards without benchmarks specified; and contractual best practices. At this time, MQD will primarily focus on evaluating Health Plan performance against KPIs in the first two groups (Critical and contractual standards with benchmarks specified) and eventually expand into additional groups over time. The remainder of the KPIs will be calculated and evaluated for informational purposes but will not result in any escalation actions (e.g., issuance of Corrective Action Plans, etc.) until those KPIs are formally moved into production. Therefore, a report in production shall be subject to escalation if standards are not met for data quality of all the information and data submitted within; and for failing to meet benchmarks for the select KPIs in production, where applicable.

Escalation procedures have been detailed previously and presented to Health Plans. The general workflow is included as an attachment to this memo as Appendix 1.

With this memo, MQD is formally documenting reports and KPIs that went into production on September 1, 2022, after announcements made at a Health Plan meeting. Additionally, MQD is also announcing the reports and KPIs that will be going into production as of April 29, 2023. Beginning July 1, 2023, report and KPI production announcements will be included in the quarterly Health Plan Manual Amendment releases. In addition, a new section in the Health Plan Manual will include an up-to-date list of reports and KPIs in production along with corresponding benchmarks.

Reports and KPIs in Production:
On September 1, 2022, several reports were moved into production including the Medical Loss Ratio, Provider Grievance and Claims, and Prior Authorization Medical reports. In addition, a subset of KPIs from the following reports were moved into production for contract compliance: Medical Loss Ratio, Provider Grievance and Claims, Prior Authorization Medical, Medicaid Contract, and Accreditation Status Reports.

As of April 29, 2023, the Health Disparities, Prescription Drug, Primary Care, Provider Preventable Conditions, Value Driven Healthcare, Community Integration Services, and the 1179 reports will move into production. MQD will review these reports for data quality beginning with any reports submitted after April 29, 2023. A subset of KPIs within these reports will move into production. Table 1 includes all reports in production and Table 2 includes all KPIs in production to date.

Table 1: Managed Care Reports in Production as of April 29, 2023

Reports in Production				
Report Name	QI?	CCS?	Frequency	Next Due Date
Health Disparities Report (HDR)	Y	N	Quarterly	4/30/23
Prescription Drug Report (PDR)	Y	Y	Monthly, Annually	4/30/23
Primary Care Report (PCR)	Y	N	Annually	10/31/23
Provider Preventable Conditions (PPC)	Y	Y	Quarterly	5/31/23
Value Drive Health Care (VHC)	Y	N	Annually	10/31/23
1179	Y	Y	Monthly	5/15/23

Table 2: Select Managed Care Report KPIs in Production as of April 29, 2023

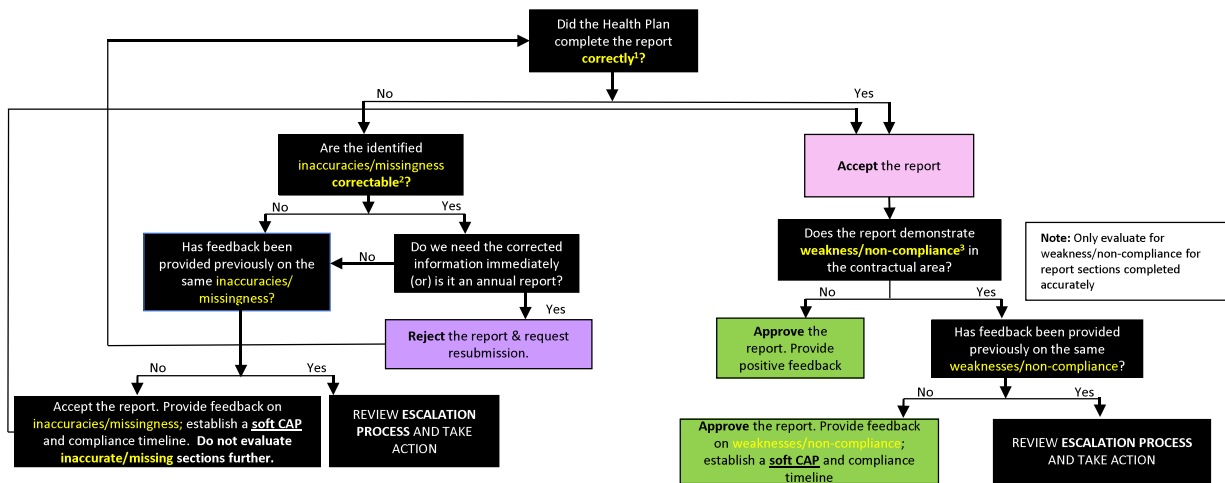| KPIs in Production					
Report Name	**QI?**	**CCS?**	**Frequency**	**Next Due Date**	**KPIs in Production & Benchmark**
Medical Loss Ratio (MLR)	Y	N	Quarterly	4/30/23	KPI #1: 85% or higher
Provider Grievances and Claims (PGC)	Y	Y	Quarterly	4/30/23	KPI #3: 99% KPI #5: 99% KPI #7: 99% KPI #9: 99% KPI #11: 99% KPI #13: 99% KPI #15: 99% KPI #17: 99%
Prior Authorizations Medical (PAM)	Y	Y	Quarterly	4/30/23	KPI #1: <10% KPI #2: <5% KPI #3: ≤ 14 business days KPI #4: ≤ 72 hours
Prescription Drug Report (PDR)	Y	Y	Monthly, Annually	4/30/23	KPI #2: Yes
Provider Preventable Conditions (PPC)	Y	Y	Quarterly	5/31/23	KPI #2: 0 KPI #3: Yes
Medicaid Contract (MCR)	Y	N	Annually	10/31/23	KPI #1: 0 KPI #2: 0
Accreditation Status	Y	N	Annually, Ad Hoc	10/31/23	KPI #1: Yes KPI #8: Yes KPI #9: Yes

Note:
KPI# corresponds to sequential order in the review tool; numbers will be added to all review tools as of July 1, 2023. MQD may evaluate baseline performance of Health Plans based on recent report submissions and adjust initial benchmarks as needed.
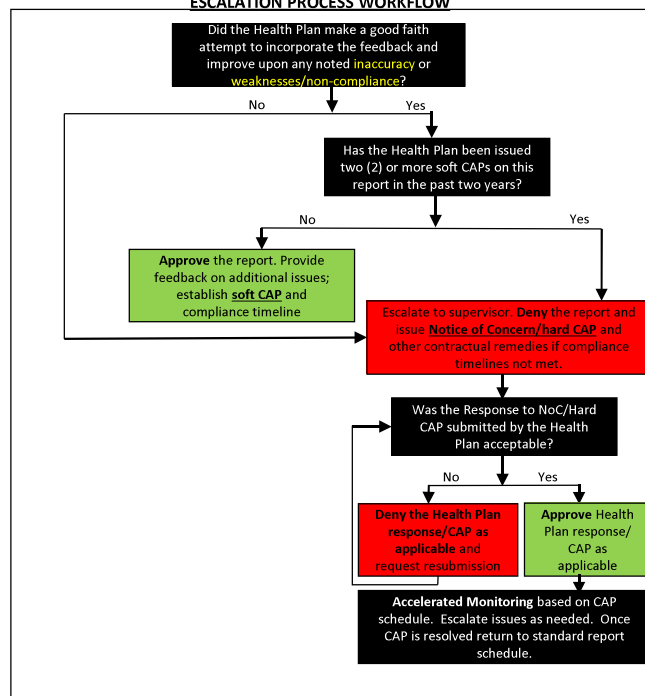
If you have any questions, please contact Mr. Josh Holmes at jholmes@dhs.hawaii.gov.

Attachment

REPORT REVIEW PROCESS WORKFLOW

Did the Health Plan complete the report correctly[1]?

No → / Yes →

Are the identified inaccuracies/missingness correctable[2]?

No / Yes

Has feedback been provided previously on the same inaccuracies/missingness?

Do we need the corrected information immediately (or) is it an annual report?

No

Yes → **Reject** the report & request resubmission.

No → Accept the report. Provide feedback on inaccuracies/missingness; establish a **soft CAP** and compliance timeline. **Do not evaluate inaccurate/missing sections further.**

Yes → REVIEW **ESCALATION PROCESS** AND TAKE ACTION

Accept the report

Does the report demonstrate weakness/non-compliance[3] in the contractual area?

Note: Only evaluate for weakness/non-compliance for report sections completed accurately

No → **Approve** the report. Provide positive feedback

Yes → **Has feedback been provided previously on the same weaknesses/non-compliance?**

No → **Approve** the report. Provide feedback on weaknesses/non-compliance; establish a **soft CAP** and compliance timeline

Yes → REVIEW **ESCALATION PROCESS** AND TAKE ACTION

ESCALATION PROCESS WORKFLOW

Did the Health Plan make a good faith attempt to incorporate the feedback and improve upon any noted inaccuracy or weaknesses/non-compliance?

No / Yes

Has the Health Plan been issued two (2) or more soft CAPs on this report in the past two years?

No → **Approve** the report. Provide feedback on additional issues; establish **soft CAP** and compliance timeline

Yes → Escalate to supervisor. **Deny** the report and issue **Notice of Concern/hard CAP** and other contractual remedies if compliance timelines not met.

Was the Response to NoC/Hard CAP submitted by the Health Plan acceptable?

No → **Deny the Health Plan response/CAP as applicable** and request resubmission

Yes → **Approve** Health Plan response/CAP as applicable

Accelerated Monitoring based on CAP schedule. Escalate issues as needed. Once CAP is resolved return to standard report schedule.

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[1]**What** does "**correctly**" mean?
"Correctly" focuses on accurate/complete reporting, meaning:
1) Attestation is signed
2) All sections have been completed (except if an exception was approved)
3) All questions within the sections have been answered
4) Data submitted is complete, accurate, and free of issues. No data quality issues are present.
5) The Health Plan followed the manual instructions and submitted information/data in the required format, and using the required methodologies.

[2]What is a **correctable** issue?
A correctable issue is one or more of the following:
1) Attestation section was not completed
2) Failure to submit one or more report sections without any prior approval to omit that section.
3) Failure to include part of a report that MQD believes the Health Plan can provide (e.g. a data column in a file or a narrative)
4) Incorrect formatting of a data file; failure to follow the manual instructions (these represent issues that the Health Plan can correct by paying better attention to instructions)
5) Aggregate data does not equal member-, provider-, or claims-level data, or data reported elsewhere by the Health Plan.
6) Data omission, missingness, or under-reporting; some types of data quality issues.

Non-correctable issues include the following:
1) Health Plan needs to begin collecting data that it has not previously collected.
2) Health Plan needs to implement a major system/workflow change to rectify a data quality issue.

Note: When a Health Plan reports correctly, but the data reveals under-performance, this is not considered a report issue. Rather, we treat this as a weakness or non-compliance in the contractual area that the report is evaluating. This type of issue should be addressed through non-report related remedies.

[3]**Weaknesses/Non-Compliance:** MQD is using a phased approach to oversee contract compliance.

Contract Year	Weakness		Non-Compliance	
	Definition	Remedy	Definition	Remedy
First	None	None	Not meeting one or more Phase I KPIs	Hard CAP
Second	Not meeting select* Phase III KPIs	None	Not meeting one or more Phase I or Phase II KPIs	Phase I: Hard Cap; All others Per protocol
Third	Not meeting select* Phase III or Phase IV KPIs	TBD	Not meeting one or more Phase I, Phase II, or select* Phase III KPIs	Phase I: Hard Cap; All others Per protocol
Fourth	Not meeting select* Phase III or Phase IV KPIs	Per Protocol	Not meeting one or more Phase I, Phase II, or select* Phase III or Phase IV KPIs	Phase I: Hard Cap; Per protocol

*MQD will provide the list of select KPIs subject to escalation annually prior to the start of each contract year.