

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton/Amick</i>	DATE <i>10/31/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000157</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cleared 11/26/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11-12-13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Jan Polatty

From: Lea Kerrison <lea@kerrisonlaw.com>
Sent: Thursday, October 31, 2013 10:38 AM
To: James Bradford
Cc: Anthony Keck; Deirdra Singleton; Jan Polatty
Subject: Formal Decision Requested - 2014 Withhold Measures
Attachments: Formal Decision Requested - 2014 Withhold Measures.PDF

Jim, as extended to the plans by the Department's letter of October 25th, please find a collective request for formal decision respecting the 2014 Withhold program and measures. I will follow this email with a second request for formal decision respecting one 2013 measure. Call or email me if you need more on the matter, and I look forward to the decisions. Thank you, Lea

Lea B. Kerrison, Esq.
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Ben, pls log to
Deirdra / Amick.
"Approp. Sign"



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October 31, 2013

Via Email Only

James D. Bradford, MD
SC Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RE: Proposed 2014 Withhold Measures
Formal Decision Requested

Dear Jim:

On behalf Absolute Total Care, BlueChoice Health Plan Medicaid, Select Health of South Carolina and WellCare, I offer the following global and specific recommendations and suggested alternatives for the 2014 Withhold Measures. Please provide a formal decision, with rationale, respecting this request.

As we understand, the Department's withhold program targets certain measures for immediate improvement during the measurement year. Such a goal requires the targeted measures' outcomes to be accurate and timely so plans may observe and improve results during the measurement year. Globally, we request the Department make five policy changes to the Withholds program:

1. Please assure the plans that, once determined, the final 2014 measures shall also be utilized for 2015. Maintaining withhold measures year over year enables more plan and provider focus on the measures over time and better opportunity to improve results;
2. Please reduce the total number of measures and the expectation respecting the 25th percentile, given the measures proposed. The number of proposed measures spreads plan improvement focus, and the 25% penalty provision becomes an issue for the plans when considering the specific measure chosen. We hereby request reduction of the total number of measures to ten, with no penalty unless a plan has more than two measures below the 25th percentile threshold. Alternatively, if the Department determines 2014

will include more than ten measures, then we request no penalty unless a plan has more than three measures below the 25th percentile threshold.

3. Given the reliance on HEDIS measures, please commit to utilize the HEDIS calendar for measurement rather than the calendar year.
4. Please reconsider the standard deviation improvement guideline. Standard deviation improvement follows plan improvement for a measure. If a plan improves a measure dramatically in one year, the following year's standard deviation will require more aggressive improvement, incenting plans to improve but not by too much.
5. We informally understand the plans shall be allowed to choose hybrid or administrative data for measurement, where appropriate. Please formally confirm this to be the case.

Respecting the specific 2014 Withhold Measures, we urge the Department to choose measures for which the plans can accurately assess and act upon results through internal claims or other data review during and throughout the measurement year. Some Department proposed measures, bulleted below, do not currently provide such ability, preventing optimal achievement through the withhold program.

The Withhold Measures we recommend removing might be utilized in 2016 or beyond, following appropriate attachment of such measures to the claims process.

We agree that all of the Department proposed measures promote health, and the measures we request removed may be better affected through a different program or utilized once more accurate, timely data collection can be achieved.

Below are comments for each of Department proposed 2014 Withhold Measures, along with recommendations and suggested alternative measures:

Prevention and Screening

- **Adolescent Well Care Visits:** The plans do not object to this measure. We all recognize the value of regular PCP visits to health outcomes. However, historically, this measure offers little guidance to plans focusing on improving it due to detractors such as the "sports" physical. Further, some members simply will not seek healthcare when they feel well. The Department should not include this measure without actively supporting it. For instance, the Department should release a Provider Bulletin regarding the need to complete all components of a well visit when a Medicaid recipient presents for a sports physical, which would also allow the provider to be paid for the service.

- **Well Child Visits in First 15 Months:** The plans support this measure.
- **Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life:** The plans support this measure.
- **Immunizations (childhood):** Over 50% of immunization information derives from expensive chart review because many providers do not "bill" the plan for vaccination due to its provision through the VFC state program. While the DHEC database has increased availability of administrative data, data match issues prevent plans from utilizing the DHEC database for administrative capture. New DHEC regulations related to the mandatory reporting of immunizations will be phased in over the next three years, after which time this measure should be more meaningful. The plans support this measure.
- **Immunizations (adolescent):** For this measure, we repeat our recommendation for Immunizations (childhood).

Chronic Disease and Behavioral Health

- **Use of Appropriate Medications for People with Asthma (total) (ASM):** The plans support this measure.
- **Medication Management for People with Asthma (MMA):** The plans support this measure if it is limited to medication compliance of 50%. Providers commonly prescribe one controller medication prescription which can last two months, leaving many members as false negatives for compliance. Also, many children are taken off of medications during the summer.

Diabetes Optimal Care

- **Eye Exam:** The plans support this measure but also request support from SC DHHS. We request the Department reiterating to providers that (1) eye exams are covered services, and (2) Logisticare presents no transportation barriers. Certain providers continue to bill members, believing eye exams are not covered. Lack of Medicaid billing also negatively affects capture of prior year eye exams necessary to determine whether a current year eye exam is necessary. Current billing practices make data capture and reliance extremely difficult.
- **HbA1c testing:** The plans support this measure, limited to measuring whether the test is performed and not the actual testing results.

- **LDL Screening:** The plans support this measure, limited to measuring whether the test is performed and not the actual testing results.
- **Blood Pressure Control:** We strongly recommend removing this measure, as it offers no ability to assess and act upon results through internal claims or other data review during and throughout the measurement year. No Department advocated electronic reporting mechanisms exist for this measure. While data collection follows from CPT-2 codes, providers have no reason, requirement or incentive to use it. CPT-2 codes captured data for less than 0.25% of the eligible population in HEDIS year 2013. Measure data is stored on registries to which the plans do not have access, and data collection is 100% medical record review commenced following the measurement year.
- **Medical Attention for Nephropathy:** The plans support this measure, as it may be monitored and focused upon during the measurement year.
- **Diabetes Foot Exam:** We strongly recommend removing this measure, as data collection is extremely difficult. Again, data collection could be utilized through CPT-2 codes, but providers do not and have no reason, requirement or incentive to use them. This is not a HEDIS measure, and would require 100% chart review. Finally, Logisticare's transportation benefit specifically excludes foot exams, reducing member access.

Hypertension Optimal Care

- **Controlling High Blood Pressure (CBP):** We strongly recommend removing this measure, as it offers no ability to assess and act upon results through internal claims or other data review during and throughout the measurement year. Data may only be measured through 100% medical record review commenced following the measurement year.

Suggested Alternative Measures

We reiterate the position that SC DHHS limit the number of measures to ten, allowing plans and providers the focus to significantly move the results. Should the department continue with additional measures, we recommend the Department consider the following suggested alternative measures in lieu of those recommended for removal:

- **Cholesterol Management for patients with Cardiovascular Conditions (CMC):** The denominator consists of members who were discharged for AMI, CABG or PCI on or between January 1st and November 1st of year prior to measurement year (2013).
- **Persistence of Beta-Blocker Treatment After a Heart Attack (PBI):** The denominator is taken from July 1st prior to measurement year to June 30th of measurement year.

We look forward to your formal response respecting the above global policy and specific recommendations of the plans.

Respectfully Submitted,



Lea B. Kerrison

cc: Anthony E. Keck
Deirdra T. Singleton

I.BK

November 26, 2013

VIA EMAIL ONLY:

Paul Accardi, Chief Operating Officer
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Dave Shafer, President
WellCare of South Carolina
200 Center Point, Suite 180
Columbia, South Carolina 29210

Dear Sirs/Madam:

Thank you for your ongoing participation in the development of the 2014 Quality Withhold Measures. The information contained in this letter represents the final decisions related to various aspects of the quality withhold program for 2014. In formulating the measures for 2014, SCDHHS has taken into account information from a number of sources, including:

- The comments offered by the managed care plans.
- 2014 Centers for Medicare and Medicaid Services (CMS) reporting requirements for children and adults.
- Alignment with the other initiatives currently being undertaken by SCDHHS and the efforts of public-private partnerships, such as the SC Health Coordinating Council.

Timeline for Measure Adoption

To better enable plans to improve quality in the focus areas, SCDHHS agrees that the withhold measures adopted for calendar year 2014 will also be used for calendar year 2015.

Withhold Amount

For 2014, SCDHHS will continue to withhold 1.5% of premium payments for the withhold program.

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November 26, 2013

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Improvement Requirements

For 2014, SCDHHS will continue to use the one standard deviation increase requirement that is currently in place. This requirement does not apply to measures where the 75th percentile has been achieved. SCDHHS may explore other means of measuring improvement in future years.

Measurement Year

To ensure timely evaluation of quality measures, SCDHHS will continue to use the same procedures and cutoffs related to measurement periods.

Administrative versus Hybrid Data

Plans may choose to use either administrative or hybrid data for quality measurement.

Blood Pressure Related Measures

While the blood pressure-related metrics cannot currently be measured via administrative data, the transition to ICD-10 will allow for the blood pressure control to be assessed via claims information. For this reason, SCDHHS will not enforce withholds for these measures until 2015.

We look forward to our continued collaboration in improving to quality of care delivered to South Carolina Medicaid beneficiaries.

Sincerely,

Deirdra T. Singleton
Deputy Director

cc: Cesar Martinez, Advicare
Thomas Lindquist, Molina Healthcare
Lea Kerrison, Medicaid Health Plans of South Carolina
Jim Ritchie, SC Alliance of Health Plans
Nathaniel Patterson, Program Director

Diabetes Optimal Care	
Eye exam	The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a retinal or dilated eye exam by an eye care professional (Ophthalmologist or Optometrist) in the measurement year, or a negative retinal exam (no evidence of retinopathy) by an eye care professional in the year prior to the measurement year.
HbA1c testing	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had testing for HbA1c performed.
LDL Screening	The percentage of patients with diabetes 18-75 years of age who received an LDL-C screening during the measurement year.
Blood Pressure Control	The percentage of patients 18-75 years of age with diabetes (type 1 or type 2) who had most recent blood pressure in control (less than 140/90 mmHg).
Medical Attention for Nephropathy	The percentage of patients 18-75 years of age with type 1 or type 2 diabetes who received a nephropathy screening test or evidence of nephropathy during the measurement year, as documented through administrative data.
Diabetes Foot Exam	% of patients 18-75 years of age with diabetes mellitus who had a foot exam during the measurement year.
Hypertension Optimal Care	
Controlling High Blood Pressure (CBP)	The percent of patients 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
Asthma Optimal Care	
Medication Management for People with Asthma (MMA)	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period. Two rates are reported: (1.) The percentage of patients who remained on an asthma controller medication for at least 50% of their treatment period. (2.) Remained on an asthma controller medication for at least 75% of their treatment period.
Use of Appropriate Medication for People with Asthma (ASM)	The percentage of patients 5-64 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.
Preventive Health Optimal Care	
Well-Child Visits in the First 15 Months of Life	The percentage of patients who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care physician during their first 15 months of life (6 visits).
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of patients 3-6 years of age who had one or more well-child visits with a primary care physician during the measurement year.
Adolescent Well-Care Visits	The percentage of patients 12-21 years of age who had at least one comprehensive well-care visit with a primary care physician or an OB/GYN practitioner during the measurement year.
Adults' Access to Preventive/Ambulatory Health Services (AAP)	The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each production line. Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.
Prenatal Care	The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care. Timeliness of Prenatal Care is the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester <i>or</i> within 42 days of enrolling in the organization.

Behavioral Health Measures	
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed. The reported rate, the Initiation Phase, is the percentage of members 6-12 years of age as of the IPSD with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.
Follow-Up After Hospitalization for Mental Illness (FUH)	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. The rate reported is the percentage of discharges for which the member received follow-up within 30 days of discharge.