

Partnering with an External Quality Review Organization (EQRO) to Improve Dental Access and Utilization

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Introduction

- Each state that contracts with an MCO must ensure that a qualified EQRO performs annual EQR activities for each MCO.
- The EQR process is intended to be a collegial interaction with the goal of improving quality of health care services provided to Medicaid enrollees.

External Quality Review (EQR)

- External quality review (EQR)—the analysis and evaluation by an external quality review organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care organization (MCO), or its contractors, furnishes to Medicaid recipients.

External Quality Review Organization

- An organization that meets the competence and independence requirements set forth in CFR 438.354 and performs external quality review, other EQR-related activities as set forth in CFR 438.358, or both.
- Health Services Advisory Group (HSAG) has been the EQRO for the State of Nevada since 2000.

Mandatory Activities

- CMS regulations encourage states to use EQROs to perform mandatory review activities such as:
 - Determining MCO compliance with managed care regulations
 - Validating quality improvement projects completed by MCOs
 - Validating performance measures submitted by the MCOs
 - Writing technical report re: quality, timeliness, and access to care furnished by the MCOs

Optional Activities

- CMS regulations encourage states to use EQROs to conduct optional activities:
 - Focused studies
 - Encounter data validation
 - Consumer satisfaction surveys
 - Information system capabilities
 - Technical assistance to MCOs/State

Background

- HSAG assisted the State of Nevada in the implementation of a program to provide improved dental access for Medicaid and Check Up children by participation in:
 - Planning of the dental program (2002)
 - Implementation of dental services, including monitoring and oversight (2003-2005)
 - Partnership and ongoing evaluation (2005-present)

Planning

- Determined strategic goals
- Worked with UNLV and MCOs to develop infrastructure and processes
- Conducted readiness review
- Assisted in corrective actions

Implementation

- Analysis of data collected through the Medicaid/Check Up Key Indicator Report identified the need for:
 - Changes to the credentialing process
 - Improvement in medical record keeping practices
 - Overall operational improvement

Post - Implementation

- Evaluated the oversight by the MCOs for the provision of dental services through:
 - Quality measures assessment
 - Review of contractor agreements
 - Analysis of dental provider network, including credentialing
 - Assessment of recipient satisfaction with dental services and provision of care

Monitoring and Oversight

- Dental Key Indicator Tracking Tool – collected performance data on the following indicators:
 - Access to dental services
 - Adequacy of the dental provider network
 - Utilization of dental services
- Identified trends and opportunities for improvement

Weekly Key Indicator Report for Nov-Dec 2002

			Week Ending							
Telephone Access	Goals	Previous Avg.	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec
Number of Incoming Calls			1460	1991	1866	1107	1909	1743	1196	713
Number of Abandoned Calls			28	27	29	7	27	36	25	7
Abandonment Rate	7%		1.9%	1.4%	1.6%	0.6%	1.4%	2.1%	2.1%	1.0%
Average Wait Time	3 min		1.2	1.12	1.12	1.12	1.13	1.12	1.06	1.09
Average FTEs		5	5	6.5	6.5	6.5	6.5	6.5	6.5	6.5
			Week Ending							
Appointments	Goals	Previous Avg.	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec
Appointments Made			1379	987	1401	899	1345	1252	1184	519
No-Shows			637	464	752	373	643	589	620	273
Patients Seen			742	523	649	526	702	663	564	246
HPN Medicaid			162	110	142	124	166	146	130	59
HPN Check Up			164	109	137	119	152	152	115	43
NVCare Check Up			259	180	242	168	229	227	195	97
Nevada Health Solutions			157	124	128	115	155	138	124	47
Fee for Service			25	21	21	12	10	25	5	7
Average Office Wait Time	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr	1 hr

Weekly Key Indicator Report for Nov-Dec 2002

			Week Ending							
Provider Network	Goals	Previous Avg.	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec
Primary Care Dentists			46	46	46	46	46	46	46	46
Subcontracted <u>PCDs</u>			14	14	14	14	14	14	14	14
Specialists			16	16	16	16	16	16	16	16
Endo			1	1	1	1	1	1	1	1
<u>Pedo</u>			8	8	8	8	8	8	8	8
OS			4	4	4	4	4	4	4	4
Ortho			1	1	1	1	1	1	1	1
<u>Perio</u>			1	1	1	1	1	1	1	1
Providers Pending Credentialing		5.40	2	2	2	2	2	2	2	3
			Week Ending							
Other Indicators	Goals	Previous Avg.	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec
Medicaid Recipients			69,631	69,631	69,631	69,631	68,336	68,336	68,336	68,336
PCD/Recipient Ratio			1513.72	1513.72	1513.72	1513.72	1485.57	1485.57	1485.57	1485.57
Number of Referrals			77	48	55	34	46	56	20	30

Partnership with State

- Integrate quality strategy with action plans for improvement
- Target performance improvement projects/studies
- Capture information for incentive compensation for improved health care outcomes
- Support evidence-based management of State's program design and development

Ongoing Evaluation

- Conduct annual review of the impact and effectiveness of the MCO's quality assessment and performance improvement program
- Compare MCO performance at the local and national level as indicators are developed
- Use technical report to provide a “report card” of MCO performance

Moving Forward

- Use federal requirements to improve the quality of dental services for Nevada Medicaid/Check Up recipients
- Develop a quality review strategy to improve dental services for Nevada Medicaid/Check Up recipients
- Utilize EQRO to monitor dental services for Nevada Medicaid/Check Up recipients
- Collaborate with MCOs and EQRO

Strengthening the Partnership

- Continue to evaluate MCO performance in the provision of dental care and service
- Monitor corrective action plans
- Identify best practices and intervention strategies
- Review and make recommendations regarding state contracts

Summary

- Provided an infrastructure for increased access and utilization to dental care and services
- Provided monitoring, analysis and evaluation of identified areas for improvement and intervention strategies
- Improved utilization and access to dental care and services

Conclusions

- Regulations offer substantial opportunities for assessing and improving the quality of care and dental services for Medicaid enrollees if states:
 - Undertake strategic planning
 - Use the EQRO as a technical resource
- Opportunities for states to focus on targeted care and services in:
 - State quality strategies
 - Contracts with EQROs and MCOs