APPENDIX C

CLINICAL PERFORMANCE

The Medicare-Medicaid population offers unique challenges in managing care. This RFA seeks to identify Applicants with experience in optimizing health outcomes and improving experiences of care for their Medicare and/or Medicaid individuals. The purpose of Appendix C is to evaluate an Applicant's success at improving and/or sustaining high levels of positive health outcomes. ODJFS is using the Healthcare Effectiveness Data and Information Set (HEDIS) clinical measures and satisfaction surveys, as well as structured quality improvement initiatives to evaluate the Applicant's ability to impact health outcomes for Medicare and/or Medicaid individuals.

Section I: Healthcare Effectiveness Data and Information Set (HEDIS) Results

Section I.a:

Instructions for Completing Section I.a:

(1) The reported HEDIS results must have undergone a HEDIS Compliance Audit conducted by a National Committee for Quality Assurance (NCQA)-Certified HEDIS Compliance Auditor (CHCA). Reported HEDIS results must be the final, auditor-locked version reported to NCQA's Interactive Data Submission System (IDSS). Reported Consumer Assessment of Healthcare Providers and Systems (CAHPS) results must be generated from the final data sets submitted to NCQA's IDSS.

(2) Only HEDIS/CAHPS 2011 measures associated with Medicare populations are to be reported for Appendix C. In addition, the reported HEDIS measures must represent Medicare populations within the reported State for which the Applicant provided managed care services as referenced in Appendix B. If an Applicant does not have Medicare HEDIS results for a particular measure then enter "N/A", for "Not Applicable", in the appropriate space(s). If an Applicant does not have calendar year (CY) 2010 HEDIS or measurement year (MY) 2011 CAHPS results for a measure then the Applicant shall enter a "N/A" in the appropriate box.

(3) An Applicant must report Medicare Advantage HMO/PPO results from the State referenced in Appendix B with the largest number of Medicare Advantage HMO/PPO member months for CY 2010 for which there are HEDIS/CAHPS results that meet the requirements set forth in (1) and (2) above. If the Applicant was a Medicare Advantage HMO/PPO and was not a Medicare SNP in the given State, the Applicant must report its results only for the boxes marked with an "X" in the column "Report for Medicare Advantage HMO/PPO". If the Applicant was both a Medicare Advantage HMO/PPO and a Medicare SNP, the Applicant must report results for both the Medicare Advantage HMO/PPO and the Medicare SNP columns, results as marked with an "X" in Table 1 below. The Applicant may only report one result per measure**.**

(4) Applicants must submit the final, auditor-locked IDSS data-filled workbook and audit designation table for self-reported audited HEDIS data and the NCQA HEDIS Survey Results Report as downloaded from NCQA's IDSS for CAHPS results for each set of HEDIS results for each set of Medicare HEDIS results reported for Appendix C.

*****MEDICARE RESULTS ONLY*****

The following self-reported, audited HEDIS/CAHPS measure results reflect the Applicant's Medicare experience in the State of _____________.

Table 1: Reporting of HEDIS/CAHPS Medicare Results

#	Measure ID	Element ID	HEDIS Measure	Report for Medicare Advantage HMO/PPO	Report for Medicare SNP	CY/MY 2010 Result
1			Pneumonia Vaccination Status for Older Adults ≥ 65 Years of Age (HEDIS CAHPS Medicare Health Plan Survey)	X		
2			Care for Older Adults: Advance Care Planning		X	
3			Care for Older Adults: Medication Review		X	
4			Care for Older Adults: Functional Status Assessment		X	
5			Care for Older Adults: Pain Screening		X	
6			Adults' Access to Preventive/Ambulatory Health Services: Total	X		
7			Osteoporosis Management in Women Who Had a Fracture	X		
8			Medication Reconciliation Post-Discharge		X	
9			Use of High-Risk Medications in the Elderly: At Least One High-Risk Medication	X		

10			Use of High-Risk Medications in the Elderly: At Least Two or More Different High-Risk Medications	**X**			
11			Antidepressant Medication Management - Effective Acute Phase Treatment	**X**			
12			Antidepressant Medication Management - Effective Continuation Phase Treatment	**X**			
13			Follow-Up After Hospitalization for Mental Illness within 7 Days of Discharge	**X**			
14			Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)	**X**			
15			Comprehensive Diabetes Care - HbA1c control (<8.0%)	**X**			
16			Comprehensive Diabetes Care - LDL-C control (<100 mg/dL)	**X**			
17			Controlling High Blood Pressure	**X**			
18			Cholesterol Management for Patients with Cardiovascular Conditions- LDL Control <100	**X**			
19			Persistence of Beta-Blocker Treatment After a Heart Attack	**X**			
20			Pharmacotherapy Management of COPD Exacerbation:	**X**			

			Dispensed a Systemic Corticosteroid Within 14 Days of the Event			
21			Pharmacotherapy Management of COPD Exacerbation: Dispensed a Bronchodilator Within 30 Days of the Event	**X**		
22			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation of AOD Treatment (18 + Years)	**X**		
23			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Engagement of AOD Treatment: (18 + Years)	**X**		
24			Rating of Health Plan (HEDIS CAHPS Medicare Health Plan Survey)	**X**		

<u>Instructions for Completing Section I.b:</u>

(1) The reported HEDIS results must have undergone a HEDIS Compliance Audit conducted by a National Committee for Quality Assurance (NCQA)-Certified HEDIS Compliance Auditor (CHCA). Reported HEDIS results must be the final, auditor-locked version reported to NCQA's Interactive Data Submission System (IDSS). Reported Consumer Assessment of Healthcare Providers and Systems (CAHPS) results must be generated from the final data sets submitted to NCQA's IDSS.

(2) Only HEDIS/CAHPS 2011 measures associated with Medicaid populations are to be reported for Appendix C, Section 1.b. In addition, the reported HEDIS measures must represent Medicaid populations within one of the reported States for which the Applicant provided managed care services as referenced in Appendix B. If an Applicant does not have Medicaid HEDIS results for a particular measure then enter "N/A", for "Not Applicable", in the appropriate space(s). If an Applicant does not have calendar

year (CY) 2010 HEDIS or measurement year (MY) 2011 CAHPS results for a measure then the Applicant shall enter a "N/A" in the appropriate box.

(3) An Applicant must report Medicaid results from the State referenced in Appendix B with the largest number of Medicaid member months for CY 2010 for which there are HEDIS/CAHPS results that meet the requirements set forth in (1) and (2) above.

(4) Applicants must submit the final, auditor-locked IDSS data-filled workbook and audit designation table for self-reported audited HEDIS data and the NCQA HEDIS Survey Results Report as downloaded from NCQA's IDSS for CAHPS results for each set of HEDIS results for the set of Medicaid HEDIS results reported for Appendix C.

*****MEDICAID RESULTS ONLY*****

The following self-reported, audited HEDIS/CAHPS measure results reflect the Applicant's Medicaid experience in the State of _____________.

Table 2: Reporting of HEDIS/CAHPS Medicaid Results

#	Measure ID	Element ID	HEDIS Measure	CY/MY 2010 Result
1			Adults' Access to Preventive/Ambulatory Health Services: Total	
2			Antidepressant Medication Management - Effective Acute Phase Treatment	
3			Antidepressant Medication Management - Effective Continuation Phase Treatment	
4			Follow-Up After Hospitalization for Mental Illness within 7 Days of Discharge	
5			Comprehensive Diabetes Care - Blood Pressure Control (<140/90 mm Hg)	
6			Comprehensive Diabetes Care - HbA1c control (<8.0%)	
7			Comprehensive Diabetes Care - LDL-C control (<100 mg/dL)	
8			Controlling High Blood Pressure	
9			Cholesterol Management for Patients with Cardiovascular Conditions- LDL Control <100	

10			Persistence of Beta-Blocker Treatment After a Heart Attack	
11			Pharmacotherapy Management of COPD Exacerbation: Dispensed a Systemic Corticosteroid Within 14 Days of the Event	
12			Pharmacotherapy Management of COPD Exacerbation: Dispensed a Bronchodilator Within 30 Days of the Event	
13			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Initiation of AOD Treatment (18 + Years)	
14			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: Engagement of AOD Treatment: (18 + Years)	
15			Rating of Health Plan-Adult (HEDIS CAHPS Medicaid Health Plan Survey)	

Section II: Structured Quality Improvement Initiatives

Instructions for Completing Section II:

The Applicant must describe components of its structured quality improvement initiatives listed below. The initiatives may have been implemented in any State/Line of Business referenced in Appendix B within the time frame of CY 2010 through CY 2012. An initiative may have been initiated prior to but no later than CY 2010 to allow for an evaluation of the initiative's effectiveness. The Applicant may submit an essay for a maximum of three out of the following four structured quality improvement initiatives:

1. Preventing unnecessary long term institutionalization by re-directing Medicaid individuals to community settings and using community-based long term care services and supports.

2. Transitioning Medicaid individuals who have resided in nursing facilities for longer than 90 days into community settings by arranging and providing for home and community based services and supports.

3. Improving health outcomes or quality of life indicators for Medicaid and/or Medicare members with severe and persistent mental illness.

4. Decreasing inappropriate and avoidable hospital admissions and reducing inappropriate use of high-cost acute care services for Medicaid and/or Medicare members.

Describe how components a) through e) listed below were met for each of the quality improvement initiatives submitted. The Applicant must report the State/Line of Business *(must be one of those described in Appendix B)* for which the quality improvement initiative applies. **Each description of an initiative is limited to 5 pages. All essay responses *must comply with the Essay Requirements, including the certification, described in Section III.B.3 of this RFA.***

a. *Selection of appropriate project topic and study question for the Medicaid and/or Medicare population:* The project must target improvement in a clinical service area and must represent the enrollment/membership in terms of demographics, prevalence of a disease/clinical condition, or consequences of the disease/clinical condition if not addressed. There must be a clear rationale as to why the initiative was selected and how it specifically relates to the organization's membership. The study question must be clearly defined so that it helps maintain the focus of the quality improvement project and aids the design of the data collection, analysis and interpretation.

b. *Use of quality indicators and a structured project methodology:* There must be one or more quality indicators selected that are used to track performance and improvement over time. Indicators must be objective, clearly defined (with a numerator and denominator), meaningful to the intervention, and supported by current clinical knowledge or health services research. Indicators must have benchmarks and goals that may be modified and updated over time. The methodology must describe the study population; how the data collection procedures were valid and reliable; and a sound sampling methodology, if applicable.

c. *Implementation of interventions and improvement strategies:* An improvement strategy must be implemented, defined as an intervention that will change behavior at an institutional, provider or enrollee level. The effectiveness of the intervention must be evaluated by measuring the change in performance according to the predefined quality indicators per component *b*.

d. *Reporting improvement and demonstrating sustained improvement:* There must be an assessment of whether any change in performance can be directly attributed to or is unrelated to the intervention. The Applicant must present evidence that any reported improvement can be attributed to the initiative and represents true improvement. Real changes must result in sustained improvements over time. The Applicant must demonstrate improvement by documenting pre- and post- measurements over comparable time periods with the tests of statistical significance using the predefined quality indicators per component *b*. The Applicant must report:

1) Pre- and post-measurements over comparable time periods for the quality indicators discussed in component *b.*

2) If there was improvement in an indicator, the Applicant must report if the improvement was statistically significant.

e. *Independent validation of study results.* The Applicant must report if the results of the quality improvement initiative were independently validated.

1. Describe, in order, how components a) through e) were met and indicate the state submitted in Appendix B for which initiative 1 was implemented.

2. Describe, in order, how components a) through e) were met and indicate the state submitted in Appendix B for which initiative 2 was implemented.

3. Describe, in order, how components a) through e) were met and indicate the state and line of business submitted in Appendix B for which initiative 3 was implemented.

4. Describe, in order, how components a) through e) were met and indicate the state and line of business submitted in Appendix B for which initiative 4 was implemented.

NOTE: Each Applicant may submit essays for up to three initiatives. If the Applicant is not submitting an essay for a particular initiative listed above, indicate "No Response."

SCORING METHODOLOGY

The remainder of this Appendix is a description of the process that will be used by ODJFS in scoring an Applicant's responses to the questions in this Appendix. Applicants are not to fill in and return this section with their applications. However, ODJFS strongly encourages applicants to use these pages to evaluate the quality and responsiveness of their application packets prior to submission.

Appendix C
Clinical Performance

Scoring: Section I.a.

(1) For each individual measure, a score shall be assigned according to the values set forth in Appendix C Scoring Instructions (located at the end of this Appendix).

(2)

a) If the Applicant was a Medicare Advantage HMO/PPO and was not a Medicare SNP in the given State, the applicable nineteen (19) measures as marked with an "X" in Table 1 per instructions in Section I.a. above are added together to get a final score for Section I.a. of Appendix C.

Scores	Measure ID	Element ID	Score
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

13			
14			
15			
16			
17			
18			
19			
TOTAL Score			

b) If the Applicant was both a Medicare Advantage HMO/PPO and a Medicare SNP in the given State, the applicable twenty-four (24) measures as marked with an "X" in Table 1 per instructions in Section I.a. above are added together to get a final score for Section I.a. of Appendix C.

Scores	Measure ID	Element ID	Score
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
TOTAL Score			

*****END*****

Scoring: Section I.b.

(1) For each individual measure, a score shall be assigned according to the values set forth in Appendix C Scoring Instructions (located at the end of this Appendix).

(2) The five (5) highest scored measures above are added together to get a final score for Section I.b. of Appendix C.

Top Five Highest Scores	Measure ID	Element ID	Score
1			
2			
3			
4			
5			
TOTAL Score			

END

Scoring: Section II

The scores are assigned according to the values set forth in Appendix C Scoring Instructions (located at the end of this Appendix). The results for questions one through three are added together to get a final score for Section II of Appendix C. The Applicant will only be scored on a maximum of three quality improvement initiatives.

Question	Score
1	
2	
3	
TOTAL Score	

Scoring Instructions: Section I

Section I is worth a maximum of 19,000 points.

Section I.a. is worth a maximum of 14,250 points.

For Medicare Advantage HMOs/PPOs that are not Medicare SNPs in the State in which the Applicant reports results, the scores for the nineteen measures are summed. Each measure is worth 750 points per the HEDIS Medicare Scoring Key (located at the end of the Appendix).

Measure	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	

For Medicare Advantage HMOs/PPOs that are Medicare SNPs in the State in which the Applicant reports results, the scores for the twenty-four measures are summed. Each Medicare Advantage Plan measure marked with an “X” in the column “Report for Medicare Advantage HMO/PPO” in Table 1 is worth 565.7895 points and each Medicare SNP measure as marked with an “X” in the column “Report for Medicare SNP” is worth 700 points per the HEDIS Medicare Scoring Key (located at the end of the Appendix).

Measure	Score
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

21	
22	
23	
24	
Final Score	

Section I.b. is worth a maximum of 4,750 points.

Each measure is worth 950 points per the HEDIS Medicaid Scoring Key (located at the end of the Appendix).

Measure	**Score**
1	
2	
3	
4	
5	

Section II

Section II is worth a maximum of 6,000 points.

(1) For the three individual structured quality improvement initiatives for which the Applicant reports a response, a score shall be assigned according to the instructions set forth below. The Applicant will be scored on no more than three responses. If the Applicant submits more than three structured quality improvement initiatives, only the first three submitted will be scored.

Quality Improvement Initiative 1:

Does the quality improvement initiative address preventing unnecessary long term institutionalization by re-directing Medicaid consumers to community settings and using community-based long term care services and supports?

Yes___ No___

The Applicant will be scored on 1.a.-1.e. if the answer is Yes. The Applicant will receive 0 points for 1.a. through 1.e. if the answer is No.

1.a.

1. Did the Applicant discuss how the initiative targeted improvement?

   Yes___ No___

2. Did the Applicant discuss how the initiative specifically related to the organization's membership?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

1.b.

1. Did the Applicant discuss one or more selected quality indicators that were used to track performance and improvement over time?

   Yes___ No___

2. Did the Applicant discuss how the quality indicators were meaningful to monitoring success of the intervention?

   Yes___ No___

3. Did the Applicant discuss the benchmarks and goals that the quality indicators were compared to throughout the initiative?

Yes___ No___

The Applicant will receive 400 points if the answer is Yes to all three questions. The Applicant will receive 0 points if the answer is No to any of the above questions.

1.c.

1. Did the Applicant define the intervention for the quality improvement initiative?

   Yes___ No___

2. Did the Applicant discuss how the intervention was expected to change behavior at either an institutional, provider and/or enrollee level?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

1.d.

1. Did the Applicant present pre- and post-results for the quality indicators listed in 1.b.?

   Yes___ No___

2. Did the results for each quality indicator show improvement that was statistically significant?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

1.e. Did the Applicant report that the results of the quality improvement initiative were independently validated?

Yes___ No___

The Applicant will receive 400 points if the answer is Yes. The Applicant will receive 0 points if the answer is No.

Quality Improvement Initiative 2:

5. Does the quality improvement initiative address transitioning individuals who have resided in nursing facilities for longer than 90 days into community settings by arranging and providing for home and community based services and supports?

Yes___ No___

The Applicant will be scored on 2.a.-2.e. if the answer is Yes. The Applicant will receive 0 points for 2.a. through 2.e. if the answer is No.

2.a.

1. Did the Applicant discuss how the initiative targeted improvement?

   Yes___ No___

2. Did the Applicant discuss how the initiative specifically related to the organization's membership?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

2.b.

1. Did the Applicant discuss one or more selected quality indicators that were used to track performance and improvement over time?

   Yes___ No___

2. Did the Applicant discuss how the quality indicators were meaningful to monitoring success of the intervention?

   Yes___ No___

3. Did the Applicant discuss the benchmarks and goals that the quality indicators were compared to throughout the initiative?

   Yes___ No___

The Applicant will receive 400 points if the answer is Yes to all three questions. The Applicant will receive 0 points if the answer is No to any of the above questions.

2.c.

1. Did the Applicant define the intervention for the quality improvement initiative?

   Yes___ No___

2. Did the Applicant discuss how the intervention was expected to change behavior at either an institutional, provider and/or enrollee level?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

2.d.

1. Did the Applicant present pre- and post-results for the quality indicators listed in 1.b.?

   Yes___ No___

2. Did the results for each quality indicator show improvement that was statistically significant?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

2.e. Did the Applicant report that the results of the quality improvement initiative were independently validated?

Yes___ No___

The Applicant will receive 400 points if the answer is Yes. The Applicant will receive 0 points if the answer is No.

Quality Improvement Initiative 3:

Does the quality improvement initiative address improving health outcomes or quality of life indicators for Medicaid and/or Medicare members with severe and persistent mental illness?

Yes___ No___

The Applicant will be scored on 3.a.-3.e. if the answer is Yes. The Applicant will receive 0 points for 3.a. through 3.e. if the answer is No.

3.a.

1. Did the Applicant discuss how the initiative targeted improvement?

   Yes___ No___

2. Did the Applicant discuss how the initiative specifically related to the organization's membership?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

3.b.

1. Did the Applicant discuss one or more selected quality indicators that were used to track performance and improvement over time?

   Yes___ No___

2. Did the Applicant discuss how the quality indicators were meaningful to monitoring success of the intervention?

   Yes___ No___

3. Did the Applicant discuss the benchmarks and goals that the quality indicators were compared to throughout the initiative?

   Yes___ No___

The Applicant will receive 400 points if the answer is Yes to all three questions. The Applicant will receive 0 points if the answer is No to any of the above questions.

3.c.

1. Did the Applicant define the intervention for the quality improvement initiative?

   Yes___ No___

2. Did the Applicant discuss how the intervention was expected to change behavior at either an institutional, provider and/or enrollee level?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

3.d.

1. Did the Applicant present pre- and post-results for the quality indicators listed in 1.b.?

   Yes___ No___

2. Did the results for each quality indicator show improvement that was statistically significant?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

3.e. Did the Applicant report that the results of the quality improvement initiative were independently validated?

Yes___ No___

The Applicant will receive 400 points if the answer is Yes. The Applicant will receive 0 points if the answer is No.

Quality Improvement Initiative 4:

Does the quality improvement initiative address decreasing inappropriate and avoidable hospital admissions and reducing inappropriate use of high-cost acute care services?

Yes___ No___

The Applicant will be scored on 4.a.-4.e. if the answer is Yes. The Applicant will receive 0 points for 4.a. through 4.e. if the answer is No.

4.a.

1. Did the Applicant discuss how the initiative targeted improvement?

   Yes___ No___

2. Did the Applicant discuss how the initiative specifically related to the organization's membership?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

4.b.

1. Did the Applicant discuss one or more selected quality indicators that were used to track performance and improvement over time?

   Yes___ No___

2. Did the Applicant discuss how the quality indicators were meaningful to monitoring success of the intervention?

   Yes___ No___

3. Did the Applicant discuss the benchmarks and goals that the quality indicators were compared to throughout the initiative?

   Yes___ No___

The Applicant will receive 400 points if the answer is Yes to all three questions. The Applicant will receive 0 points if the answer is No to any of the above questions.

4.c.

1. Did the Applicant define the intervention for the quality improvement initiative?

   Yes___ No___

2. Did the Applicant discuss how the intervention was expected to change behavior at either an institutional, provider and/or enrollee level?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

4.d.

1. Did the Applicant present pre- and post-results for the quality indicators listed in 1.b.?

   Yes___ No___

2. Did the results for each quality indicator show improvement that was statistically significant?

   Yes___ No___

The Applicant will receive 400 points if the answer to both questions is Yes. The Applicant will receive 0 points if the answer to either question is No.

4.e. Did the Applicant report that the results of the quality improvement initiative were independently validated?

Yes___ No___

The Applicant will receive 400 points if the answer is Yes. The Applicant will receive 0 points in the answer is No.

Five Components of the Three Reported Quality Improvement Initiatives	**Score**
1.a.	
1.b.	
1.c.	
1.d.	
1.e.	

Total for First Quality Improvement Initiative	
2.a.	
2.b.	
2.c.	
2.d.	
2.e.	
Total for Second Quality Improvement Initiative	
3.a.	
3.b.	
3.c.	
3.d.	
3.e.	
Total for Third Quality Improvement Initiative	