

20. QUALITY ASSURANCE MONITORING PLAN

The New York State Office of Health Insurance Programs, Division of Managed Care developed a comprehensive, multifaceted Quality Assurance Monitoring Plan to evaluate on an ongoing basis how well the statewide managed care program is meeting its goals. The current Quality Strategy evolved over time based on member health needs, industry standards, federal and state law, lessons learned and best practices; and with input from MCO providers, consumer groups and other stakeholders.

The Quality Strategy utilizes data derived from a number of data systems including, but not limited to: HEDIS (Health Plan Employer Data and Information Set)/QARR (Quality Assurance Reporting Requirements), MEDS (Medicaid Encounter Data System), New York State CAHPS (Consumer Assessment of Healthcare Providers and Systems), and the External Quality Review – Technical Report to assess whether the program is meeting performance objectives. The Department’s current Quality Strategy is available at: (http://www.health.state.ny.us/health_care/managed_care/docs/quality_strategy.pdf). The Quality Strategy includes credentialing guidelines, clinical standards and the standards for managed care plan internal quality assurance plans. As the state of health care quality is continually changing (e.g. clinical practice and improved methods for quality measurement and monitoring accountability) the plan is amended, as necessary.

Quality measures have indicated consistent improvement in health plan performance over the years. Plan performance data is available on the SDOH website at: (http://www.health.state.ny.us/health_care/managed_care/reports/).

Medicaid Advantage Plans

Quality Assurance Activities for Medicaid Advantage Plans are discussed in Chapter 29 of the Operational Protocol.

20. QUALITY ASSURANCE MONITORING PLAN IN FHPlus

MCO Quality Assurance Monitoring Plan for Health Care Services

MCO Quality Assurance Monitoring is the same for FHPlus as for the Partnership Plan, with the exception of monitoring auto-assignment rates, since auto-assignment is not a feature of FHPlus. In all other areas, FHPlus is included in existing monitoring activities, reviews, and reports.

MCO Quality Assurance Monitoring Plan for Facilitated Enrollment Services

MCOs are required to develop internal Quality Assurance Protocols that will ensure they are able to provide effective, accurate and timely facilitated enrollment functions. They report data to the SDOH on the number of applications forwarded to local districts. The SDOH reviews MCO facilitated enrollment marketing materials, assigns contract managers to each MCO, and investigates and resolves complaints. The NYC DOH as part of their MCO monitoring role performs on-site monitoring of facilitated enrollment in New York City.

MCOs perform telephone verification on a sample of applications submitted by facilitated enrollers to ensure accuracy of information submitted. MCOs also perform both announced and unannounced field monitoring of their facilitated enrollers to ensure they are following programmatic rules.

Lead Agency Quality Assurance Monitoring Plan for Facilitated Enrollment Services

Lead agency quality assurance monitoring is done through the Health Provider Network (HPN) data system and through ongoing work with lead agencies. Through the HPN SDOH monitors:

- the path of each application through the enrollment process, and
- the percentage of applications accepted as final by the local department of social services/health plan vs. those that need to be returned to the lead agency due to an error in the application.
- SDOH follows up with those lead agencies that have applications in excess of the norm, and/or have unacceptable error rates.

The HPN is an on-line, secure, Internet Browser system that tracks applications from initial contact until eligibility is determined. Data elements include: date application is begun with enroller; date application is received by contractor; date application is sent to LDSS or Plan (i.e., CHPlus); date eligibility is determined by LDSS or Plan (i.e., CHPlus). The tracking system records a reason if: contractor returns the application to the enroller; LDSS or Plan returns the application to the contractor; LDSS or Plan determines the applicant to be ineligible. Finally, this tracking system records the outcome of the eligibility process, including the number of adults and the number of children enrolled in Medicaid, Family Health Plus and/or Child Health

Plus. Data is entered, and updated, by facilitated enrollment contractors. Both contractors and SDOH are able to run reports off of this system.