Iowa Medicaid Enterprise

Managed Care Report

April 2016 Performance Data

Published on July 26, 2016

OVERVIEW

Performance monitoring and data analysis are critical components in assessing how well the managed care organizations (MCO) are maintaining and improving the quality of care delivered to members.

The monthly data reports are a snapshot of information on major contract compliance areas and member enrollment. The department examines the data from a compliance perspective and conducts further analysis if any issues are identified.

Over time, the data experience will grow and produce trend information that will allow us to examine if the MCOs are accomplishing health outcomes and promoting quality in the health care delivery system, in addition to meeting contract requirements. Quarterly reports will include additional data analysis and review of trends.

The MCOs participating in the IA Health Link program include:

- Amerigroup Iowa, Inc. (Amerigroup)
- AmeriHealth Caritas Iowa, Inc. (AmeriHealth)
- UnitedHealthcare Plan of the River Valley, Inc. (UnitedHealthcare)

More information on the move to managed care is available at

http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization

Providers and members can find more information on the IA Health Link program at

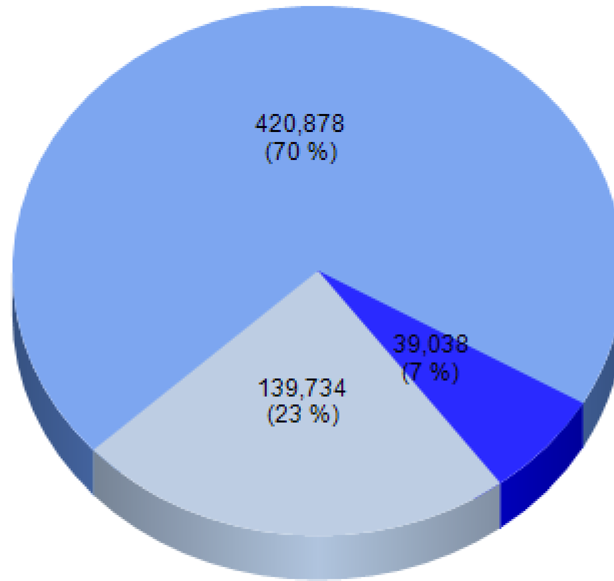
http://dhs.iowa.gov/iahealthlink

PLAN ENROLLMENT BY PROGRAM

April All MCO Enrollment by Program

Total MCO Enrollment = 599,650

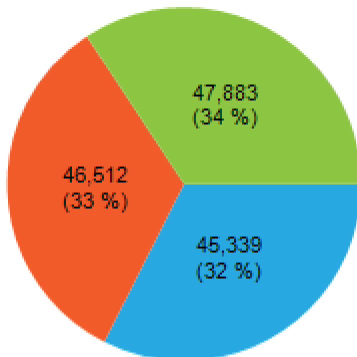
hawk-i   Iowa Wellness Plan   Mediciad



Iowa Wellness Plan

Enrollment = 139,734

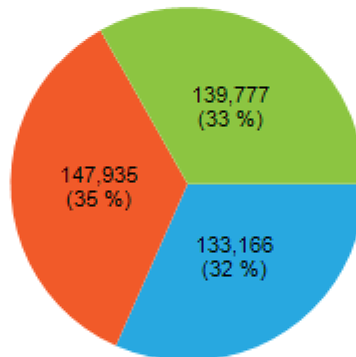
Amerigroup
AmeriHealth
United Healthcare



Traditional Medicaid

Enrollment = 420,878

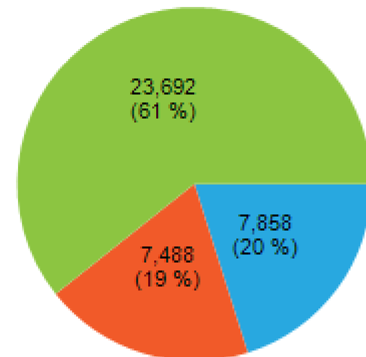
Amerigroup
AmeriHealth
United Healthcare



hawk-i

Enrollment = 39,038

Amerigroup
AmeriHealth
United Healthcare



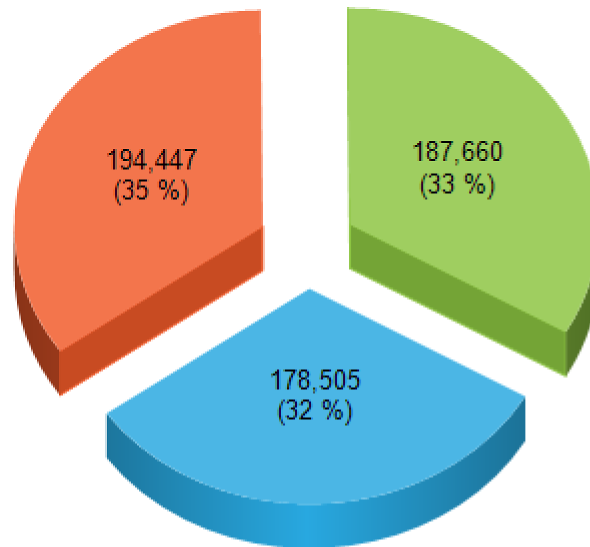
*Plan Enrollment by Program Totals were calculated on 7/19/2016 – data pulled on other dates will not reflect the same numbers due to reinstatements and eligibility changes

PLAN ENROLLMENT BY MCO

April MCO Plan Enrollment Distribution

Total MCO Enrollment = 560,612 *

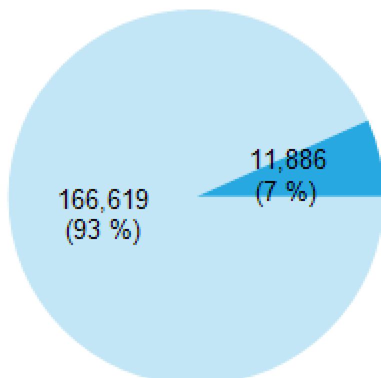
Amerigroup AmeriHealth UnitedHealthCare



Amerigroup

Plan Assignment

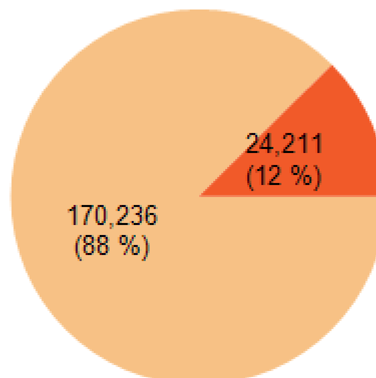
Default Assignment
Self-Selection



AmeriHealth

Plan Assignment

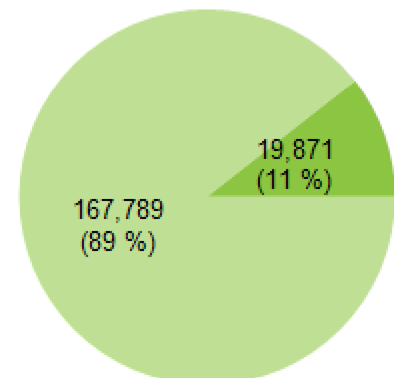
Default Assignment
Self-Selection



United Healthcare

Plan Assignment

Default Assignment
Self-Selection



*Plan Enrollment by MCO Totals were calculated on 7/20/2016 – data pulled on other dates will not reflect the same numbers due to reinstatements and eligibility changes

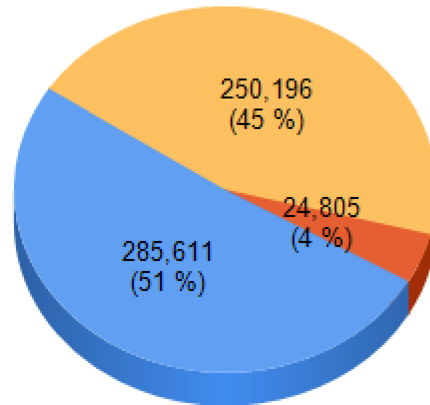
*Totals do not include hawk-i (39,038 members as of 7/18/2016 – data pulled on other dates will not reflect the same numbers due to reinstatements and eligibility changes)

DEMOGRAPHICS

April Managed Care Enrollment by Age

Total MCO Enrollment = 560,612 *

0-21 22-64 65+



*About 80,692 members remain in the Fee-for-Service (FFS) program

*Managed Care Enrollment Age Totals were calculated on 7/20/2016 – data pulled on other dates will not reflect the same numbers due to reinstatements and eligibility changes

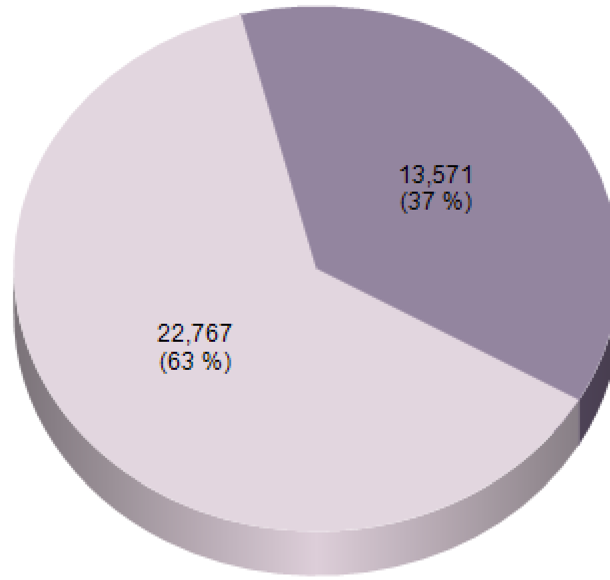
*Totals do not include hawk-i (39,038 members as of 7/18/2016 – data pulled on other dates will not reflect the same numbers due to reinstatements and eligibility changes)

ALL MCO LONG TERM SERVICES AND SUPPORTS (LTSS) ENROLLMENT

April LTSS Managed Care Enrollment by Location

MCO LTSS Enrollment = 36,338

Community Based Services | Facility Based Services

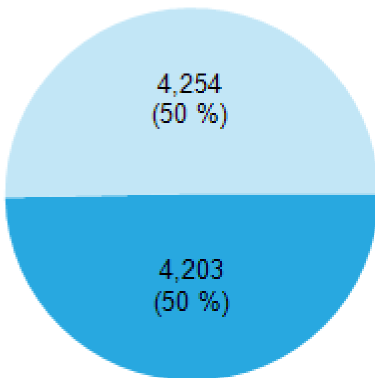


MCO LTSS ENROLLMENT BY PLAN

Amerigroup LTSS

Enrollment = 8,457

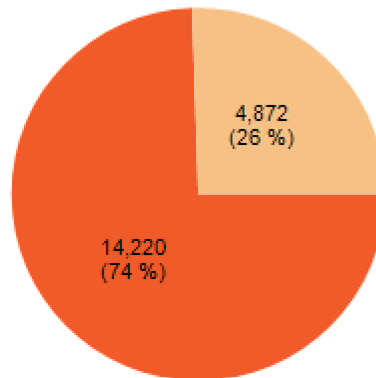
Community Based Services
Facility Based Services



AmeriHealth LTSS

Enrollment = 19,092

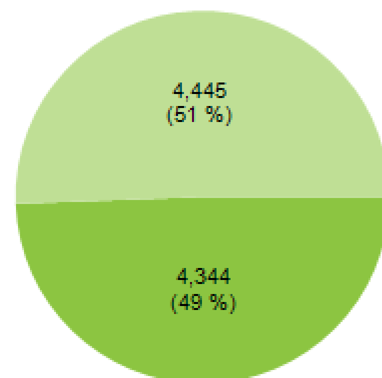
Community Based Services
Facility Based Services



UnitedHealthCare LTSS

Enrollment = 8,789

Community Based Services
Facility Based Services



*LTSS Enrollment Totals were calculated on 7/20/2016

Performance Summary

Performance Measure	Amerigroup	AmeriHealth	United Healthcare
90% clean claims paid or denied within 14 days	97.1%	99.9%	99.9%
95% clean claims paid or denied within 21 days	99.8%	99.9%	100.0%
100% of Medical PAs must be completed within 7 calendar days of request	89.4%	92.8%	99.7%
100% of Medical PA for expedited services must be authorized within 3 business days of request	100.0%	91.8%	100.0%
100% Pharmacy PAs must be must be completed within 24 hours	99.5%	100.0%	100.0%
80% Member Helpline calls answered within expected time	90.3%	96.7%	99.5%
80% Provider Helpline calls answered within expected time	91.4%	99.2%	95.2%

Contractual References for Performance Measures

- **13.4.6 Claims Payment Timeliness**

The Contractor shall pay providers for covered medically necessary services rendered to the Contractor's members in accordance with Law. The Contractor shall pay or deny ninety percent (90%) of all clean claims within fourteen (14) calendar days of receipt, ninety-nine point five percent (99.5%) of all clean claims within twenty-one (21) calendar days of receipt and one hundred percent (100%) of all claims within ninety (90) calendar days of receipt. A "clean claim" is one in which all information required for processing is present. If a claim is denied because more information was required to process the claim, the claim denial notice shall specifically describe all information and supporting documentation needed to evaluate the claim for processing.

- **11.2.7.2.1 Prior Authorization Standard Timeframes**

In accordance with 42 C.F.R. § 438.210, the Contractor shall notify members of standard authorization decisions as expeditiously as required by the member's health condition, not to exceed seven (7) calendar days after the request for services. An extension of up to fourteen (14) calendar days is permitted if the member or provider requests an extension or if the Contractor justifies to the Agency a need for more information and explains how the extension is in the member's best interest.

- **11.2.7.2.2 Prior Authorization Expedited Timeframes**

In situations where a provider indicates or the Contractor determines that following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function, the Contractor shall make an expedited authorization decision and provide notice as expeditiously as the member's health condition requires and no later than three (3) business days after receipt of the request for service. The Contractor may extend the three (3) business days by up to fourteen (14) calendar days if the member or the provider requests an extension or the Contractor justifies a need (to the State agency, upon request) for additional information and how the extension is in the best interest of the member.

- **3.2.6.3 Pharmacy Prior Authorization (PA):** Consistent with all applicable laws, the Contractor is required to use a PA program to ensure the appropriate use of medications. For any drugs that require prior authorization:
  - 3.2.6.3.1 The Contractor shall provide response by telephone or other telecommunication device within twenty-four (24) hours of a request for prior authorization.

- **8.3.3 Helpline Performance Metrics**

The Contractor shall maintain a service level of eighty percent (80%) for incoming calls that is calculated with this equation: SL= ((T-(A+B)/T)*100) where T= all calls that enter queue, A=calls that are answered after 30 seconds, B=calls that are abandoned after 30 seconds.

- **14.4.5 Provider Helpline Performance Report**

The Contractor shall demonstrate the following: maintain a service level of eighty percent (80%) for incoming calls that is calculated with this equation: SL= ((T-(A+B)/T)*100) where T= all calls that enter queue, A=calls that are answered after 30 seconds, B=calls that are abandoned after 30 seconds.

NETWORK ADEQUACY AND HISTORICAL UTILIZATION

Network Adequacy helps us to ensure that the MCOs are offering a enough providers, and the right types, to serve the IA Health Link population. The IME and the Centers for Medicare and Medicaid Services (CMS) developed a network adequacy tool that is based on Medicaid members' historical utilization of services. **Historical utilization**, as seen in the table below, is a measure of the percentage of assigned members who current providers are part of the managed care network for a particular service or provider type based on claims history.

	AmeriHealth			Amerigroup			United		
Provider Type - Adult	East	Central	West	East	Central	West	East	Central	West
Primary Care	87.0%	94.0%	91.0%	92.00%	96.67%	96.89%	84.2%	85.7%	71.3%
Cardiology	99.0%	100.0%	85.0%	95.96%	96.50%	97.08%	89.9%	93.0%	70.8%
Endocrinology	91.0%	97.0%	99.0%	89.74%	99.55%	99.47%	99.1%	62.7%	33.0%
Gastroenterology	89.0%	98.0%	90.0%	90.83%	93.56%	100.00%	82.8%	92.7%	95.9%
Neurology	83.0%	94.0%	88.0%	84.42%	94.57%	97.04%	67.5%	63.4%	80.7%
Oncology	90.0%	99.0%	94.0%	91.63%	94.94%	99.77%	98.9%	20.6%	46.4%
Orthopedics	75.0%	96.0%	84.0%	75.76%	72.00%	96.57%	88.6%	92.7%	86.8%
Pulmonology	99.0%	93.0%	73.0%	93.95%	96.97%	96.24%	82.3%	91.2%	75.6%
Rheumatology	100.0%	100.0%	98.0%	100.00%	85.16%	94.74%	2.7%	81.2%	3.4%
Urology	83.0%	98.0%	96.0%	85.05%	98.96%	99.35%	94.3%	88.6%	44.5%
Provider Type - Pediatric	East	Central	West	East	Central	West	East	Central	West
Primary Care	93.0%	95.0%	91.0%	91.33%	98.10%	97.36%	84.7%	82.5%	79.8%
Provider Type - Facilities and Pharmacy	East	Central	West	East	Central	West	East	Central	West
Hospitals	96.0%	99.0%	94.0%	95.57%	94.63%	95.48%	95.2%	87.7%	71.8%
Pharmacies	97.0%	96.0%	97.0%	99.79%	99.68%	99.85%	99.0%	99.1%	97.3%
ICF/ID	100.0%	100.0%	99.0%	96.99%	100.00%	92.90%	60.8%	93.3%	90.8%
ICF/SNF	96.0%	94.0%	96.0%	98.13%	98.43%	99.46%	91.9%	96.1%	91.6%
Provider Type - Waiver	East	Central	West	East	Central	West	East	Central	West
AIDS/HIV Level 1: Adult Day Care	No Util	No Util	No Util	No Util	No Util	No Util	No Util	No Util	No Util
AIDS/HIV Level 2: CDAC, Home Health Aide	100.0%	100.0%	100.0%	No Util	100.00%	100.0%	100.0%	100.0%	No Util
AIDS/HIV Level 4: Home Delivered Meals	100.0%	100.0%	No Util	100.00%	100.00%	No Util	100.0%	100.0%	100.0%
BI Level 1: Adult Day Care, Prevocational Services, Supported Employment	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	68.1%	100.0%	86.5%
BI Level 2: CDAC	100.0%	100.0%	98.0%	100.00%	96.99%	95.86%	100.0%	100.0%	100.0%
BI Level 3: Supported Community Living	100.0%	100.0%	100.0%	99.24%	93.79%	99.21%	92.1%	99.1%	97.2%
Elderly Level 1: Adult Day Care	100.0%	100.0%	100.0%	100.00%	100.00%	100.00%	100.0%	98.2%	100.0%
Elderly Level 2: CDAC, Home Health Aide	99.0%	96.0%	91.0%	99.55%	98.28%	96.73%	94.7%	99.7%	99.8%
Elderly Level 4: Home Delivered Meals	96.0%	97.0%	94.0%	97.26%	94.47%	95.78%	98.8%	95.7%	94.0%
HD Level 1: Adult Day Care	100.0%	100.0%	No Util	100.00%	100.00%	No Util	No Util	100.0%	No Util
HD Level 2: CDAC, Counseling, Home Health Aide	100.0%	98.0%	100.0%	99.20%	100.00%	100.00%	100.0%	100.0%	100.0%
HD Level 4: Home Delivered Meals	98.0%	100.0%	99.0%	100.00%	100.00%	100.00%	95.1%	93.0%	100.0%
ID Level 1: Adult Day Care, Day Habilitation, Prevocational Services, Supported Employment	100.0%	100.0%	100.0%	99.88%	92.60%	100.00%	86.9%	94.5%	92.9%
ID Level 2: CDAC, Home Health Aide	100.0%	97.0%	98.0%	94.84%	100.00%	100.00%	100.0%	100.0%	100.0%
ID Level 3: Supported Community Living	100.0%	100.0%	99.0%	99.16%	96.23%	99.17%	89.6%	93.5%	81.2%
PD Level 2: CDAC,	100.0%	100.0%	99.0%	99.19%	98.75%	98.30%	100.0%	100.0%	100.0%
Provider Type - Behavioral	East	Central	West	East	Central	West	East	Central	West
Behavioral Health - Inpatient	100.0%	97.0%	100.0%	97.35%	100.00%	100.00%	93.5%	90.3%	73.0%
Behavioral Health - Outpatient	92.0%	96.0%	97.0%	98.22%	96.56%	96.44%	97.7%	96.6%	80.9%
Habilitation Level 1: Day Habilitation, Prevocational Services, Supported Employment	100.0%	100.0%	100.0%	100.00%	90.49%	100.00%	84.3%	98.7%	99.6%
Habilitation Level 3: Home Based Habilitation	100.0%	100.0%	92.0%	99.84%	96.60%	98.97%	88.7%	98.8%	95.7%
Children's Mental Health Level 1: Respite	100.0%	100.0%	100.0%	100.0%	92.77%	100.0%	100.0%	92.5%	100.0%