

Managed Risk Medical Insurance Board Healthy Families Program

Advisory Committee on Quality Charter 2008

BACKGROUND

The Healthy Families Program (HFP) is administered by the Managed Risk Medical Insurance Board (MRMIB) to provide health, dental and vision care services to children of low-income families in California. As of June 30, 2008, 877,166 children were enrolled in HFP. MRMIB contracts with 24 health plans, 6 dental plans and 3 vision plans. The comprehensive benefits in the HFP are similar to those currently provided to the State of California employees.

Since 1998, MRMIB has periodically convened a Quality Improvement Work Group (QIWG) to advise the Board on ways to monitor the quality of care provided by HFP participating health and dental plans. The last convening of the QIWG was in 2003.

The recommendations from the QIWG that were presented to the Board at the September 24, 2003 meeting are included in Attachment 1.

PURPOSE

MRMIB will be preparing a new model contract for the Healthy Families Program next year. The preparation of new contracts gives MRMIB an opportunity to re-examine the quality data MRMIB has collected for the past four years and to further explore the other recommendations for quality improvement. The Advisory Committee will consider the following five issues:

1. Should MRMIB adopt new Healthcare Effectiveness Data and Information Set (HEDIS) measures which have been released since 2003, eliminate potentially outdated measures, or continue collecting the current list of measures? If new measures are being included in the HFP quality measurement set, should health plans be required to collect all measures each year or should measures be rotated?
2. MRMIB will begin collecting health plan encounter and claims data in 2009. Required activities related to this should be included in the new HFP Plan Model Contract. What requirements should MRMIB put on plans to submit accurate, complete and timely data? How should MRMIB use the encounter and claims data to promote quality improvement by the plans? Are there incentives MRMIB could use to encourage compliance?

3. What benchmarks should MRMIB use in setting performance targets (e.g. state, national, Medicaid, SCHIP, etc)? What steps should MRMIB take with plans that do not meet performance targets? How much time should plans have to meet their targets?
4. What tools should MRMIB use to assess plans' cultural and linguistic (C&L) competency? How should C&L performance be used in the evaluation of plan quality?
5. What quality indicators should MRMIB publicly report? How should plan performance be presented?

MEMBERSHIP AND GOVERNANCE

The Advisory Committee on Quality will help guide quality improvement efforts in the HFP. It is anticipated that subcommittees comprised of Committee members and other parties will develop specific recommendations on the issues listed above.

The Advisory Committee will consist of individuals with expertise in the following areas:

Providers:

- A practicing physician who is board certified in pediatrics
- A practicing physician who is board certified in a pediatric specialty
- A representative with expertise in behavioral health
- A representative from a publicly owned or operated health clinic that is included on MRMIB's current list of traditional and safety net providers
- A representative from a community, free, or rural health clinic that is included on MRMIB's current list of traditional and safety net providers
- A practicing dentist for a participating dental plan in HFP

Plans:

- A representative from a commercial health plan participating in HFP
- A representative from a local initiative health plan participating in HFP
- A representative from a county organized health system participating in HFP
- A representative from a dental plan in HFP

Researchers:

- A representative from the academic community who researches health plan quality and clinical outcomes with an emphasis in pediatric and adolescent care
- A representative from an organization that collects and analyzes encounter and claims data
- A representative with expertise in reporting plan quality data

Advocates:

- A representative from a children's advocacy group
- A representative with expertise in multicultural health issues

Subscribers:

- A representative with an eligible family member.

In addition to the expertise present on the Advisory Committee, other expertise will be solicited from participating plans and individuals serving on the subcommittees. These subcommittees will be established after the first meeting of the Advisory Committee if necessary.

Members of the Advisory Committee will be expected to advance the goals of the HFP. Although members will be selected from the above list of designated areas of expertise, it is expected that members will participate as experts in their fields, rather than representatives of their respective organizations.

The Advisory Committee on Quality will meet bimonthly and will be co-chaired by the Deputy Director, Benefits and Quality Monitoring for MRMIB. A second co-chair will be selected by the Advisory Committee. Advisory Committee activities will be supported by staff from MRMIB.

The Advisory Committee (and subcommittee) members will be expected to adhere to the following operating principles:

- Advisory Committee members agree that they will advance the purpose of the group and not the interests of their respective organizations.
- When possible, the Advisory Committee will select quality measurement tools developed and used by other large purchasers in California or by SCHIP programs in other states.
- The Advisory Committee will focus on implementation steps and not the development of new measurement tools.

Advisory Committee members will serve on a voluntary basis. Committee members are expected to 1) attend at least 90 percent of all Advisory Committee meetings; 2) actively participate in Committee discussions; 3) co-chair subcommittees (if necessary). Committee members may be asked to attend Board meetings.

FUNDING

Individuals serving on the Advisory Committee will do so voluntarily. Meetings will be scheduled so that Advisory Committee members may attend in person, but participation will also be available by conference call. MRMIB staff will pursue funding to support the cost of the Advisory Committee including travel expenses and subscriber stipends, but such funding is not guaranteed.

**Status of the Healthy Families Program
2003 Quality Improvement Work Group Recommendations**

2003 Recommendations	Status
<p>1.a. Quality Measures - HEDIS</p> <p>The QIWG recommended MRMIB add the following four additional HEDIS measures:</p> <ul style="list-style-type: none"> ○ Follow-up After Hospitalization for Mental Illness ○ Mental Health Utilization ○ Chemical Dependency Utilization ○ Chlamydia Screening 	<p>MRMIB began phasing in these measures in 2005. The Follow-up After Hospitalization for Mental Illness measure was discontinued in 2005. MRMIB added the Mental Health Utilization measure in 2006 and the Identification of Alcohol and Other Drug Services measure in 2005. MRMIB added the Chlamydia Screening measure in 2007. MRMIB prepares an annual report summarizing plan performance on these measures and reports the results in the HFP Handbook, open enrollment materials and on the HFP website.</p>
<p>1.b. Quality Measures – Consumer Surveys</p> <p>The QIWG recommended rotating the dental consumer survey in exchange for the Young Adult Health Care Survey.</p>	<p>MRMIB conducted the first dental consumer survey in 2002. This survey is conducted annually as funding permits. MRMIB conducted the first Young Adult Health Care Survey (YAHCS) in 2006. MRMIB conducted a second YAHCS survey in 2007 and will use comparisons in the 2007 HFP Member Satisfaction Report.</p>
<p>2. Encounter Data Collection</p> <p>The QIWG recommended collecting encounter data on the following medical conditions:</p> <ul style="list-style-type: none"> ○ Emergency room admission for asthma ○ Diabetes – type II (used for a proxy for obesity) ○ ADHD and depression treatment provided in the pediatrician's office and psychotropic medications ○ Appropriate treatment for children with upper respiratory infection 	<p>MRMIB began developing a database to collect encounter and claims data in April 2007. MRMIB will collect data from health plans in early 2009. Plans will submit their data monthly. MRMIB would like the Advisory Committee to recommend ways in which the encounter and claims data can be used for quality improvement.</p>

<p>3. Performance Targets</p> <p>The QIWG recommended MRMIB develop performance targets and corrective action plans directly with plans participating in the HFP.</p>	<p>MRMIB is seeking recommendations from the Advisory Committee on the performance targets MRMIB should use (e.g. state, national, SCHIP, Medicaid, etc.) to evaluate plan performance.</p>
<p>4. National Committee on Quality Assurance (NCQA) Accreditation</p> <p>The QIWG recommended that NCQA accreditation be voluntary with some public recognition of the effort to achieve accreditation. The QIWG also recommended that NCQA accreditation be one of two or three factors that are considered in rewarding plans on quality.</p>	<p>MRMIB added contract language in 2005 to require plans to have quality management programs approved by the National Committee on Quality Assurance (NCQA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or Department of Managed Health Care (DMHC).</p>
<p>5. Quality Improvement Incentives</p> <p>The QIWG supported MRMIB using incentives to promote continuous quality improvement among health and dental plans and recommended MRMIB form a special committee comprised of participating plans to identify incentives.</p>	<p>In 2006, MRMIB contacted the participating health plans and inquired about their use of provider incentives which MRMIB will share with the Advisory Committee. In addition, MRMIB continues to be interested in the use of incentives to promote quality improvement.</p>