

INFORMING CONSUMERS A Link To Quality Improvement

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INTRODUCTION

Access to information on performance and health outcomes is a catalyst that promotes consumer choice, competition and improved services. At times, the healthcare industry has resisted providing consumers with data on health plan performance, hospital services, and nursing home care. However, over the years, a number of consumer reports have emerged with comparative information that allows consumers to evaluate their health care choices. Such reports include:

- National Committee for Quality Assurance (NCQA) Interactive Report Card provided by the National Committee for Quality Assurance
- HealthScope, an interactive Website provided by the Pacific Business Group on Health, provides commercial consumers with quality ratings available from a number of different sources.
- Guide to California Medicare HMO's (Second Edition 2002) published by Consumers Union and the California HealthCare Foundation
- State of California HMO Report Card first published in 2001 by the California Office of Patient Advocates
- What Patients Think of California Hospitals, A Consumer Guide, a report card on patients evaluation and experience in California hospitals first published in August 2001 by the California HealthCare Foundation and the California Institute for Health Systems Performance
- In addition, the Center for Medicare and Medicaid Services (CMS) recently announced plans to release a guide that rates nursing homes in six states as part of a pilot program to allow patients to compare the quality of the facilities. The California HealthCare Foundation (CHCF) will be unveiling a similar but more detailed California-specific report at the end of September.

Quality information about the care of California's Medi-Cal consumers has not been reported to the same degree as the groups described in the above mentioned reports. In particular, health plan report cards are most often developed for commercial populations. As a publicly funded program that provides health services to over 2.6 million children and families who are among our most needy and vulnerable consumers, Medi-Cal critically needs examination regarding the quality and delivery of care as well as for the value the state is receiving from the health plans. Public reporting is a useful tool that can be utilized by state Medicaid managed care programs to evaluate their program's performance and improve the quality of care for their Medicaid population. By requesting public information about the performance of Medi-Cal managed care plans, we are in essence asking the state, as the purchaser of health services for this population, to provide public reports on data already collected from health plans. Information gathered by states is not only useful to them as purchasers to evaluate whether they are "getting what they pay for" but also for consumers, advocates, health plans, and other stakeholders to utilize when making choices and for other quality improvement efforts.

This Policy Brief highlights how other States have produced consumer report cards for Medicaid managed care as part of their quality assurance system. It serves as a guide for California to implement consumer report cards as a component of the State's oversight system for the Medi-Cal Managed Care program.

PUBLIC REPORTING FOR MEDI-CAL CONSUMERS

The NCQA, State Medicaid Directors, and Managed Care Organizations have all reported and/or documented that health plans with a record of public disclosure out-perform others and demonstrate steady improvements across almost all measures (The State of Managed Care Quality, NCQA 2001 Report). Of the information that states collect, performance measures such as Health Plan Employer Data and Information Set (HEDIS); measures developed by the Foundation for Accountability (FACCT); and External Quality Review Organizations (EQRO's); and, consumer surveys have been some of the most useful sources of data for states wishing to implement public disclosure. Of the ten largest states representing 10.7 million consumers (57% of the total national enrollment) enrolled in Medicaid managed care, five have utilized the performance and consumer survey data they collect to develop state-wide report cards for their Medicaid managed care consumers (see Table 3). These report cards provide some basic information on the quality of care provided to this population.

Table 3: Consumer Report Cards by State

State	Number of Medicaid Managed Care Enrollees ¹	Consumer Report Card(s)
California	2,611,101	
Tennessee	1,362,799	
Florida	1,115,391	√
New York	1,050,000 ²	√
Pennsylvania	1,005,502	√
Georgia ³	834,697	
Washington	781,549	√
Michigan	767,290 ⁴	√
North Carolina	634,292	
Texas	608,774	

¹State Health Facts Online, Medicaid Managed Care Enrollees, 2000; The Henry J. Kaiser Family Foundation.

²Number of Medicaid Managed Care Enrollees reported by State as of June 2002.

³Georgia does not have a Medicaid HMO system, they currently have a Primary Care Case Management Initiative to deliver health services to Medicaid enrollees in the State. Georgia does produce a Report Card on modified HEDIS Measures for their Physicians to utilize to compare their performance to other physicians, however this report is not made public.

⁴Number of Medicaid Managed Care Enrollees reported by State as of June 2002.

As noted, there are five states, Florida, New York, Pennsylvania, Michigan and Washington that produce public report cards for their Medicaid Managed Care consumers. These reports vary with respect to the types of measures they include for consumers to evaluate their health plans. Table 4 on the next page outlines by category the measures reported by each state in their consumer report cards.

Table 4: Measures Reported by State in Report Cards

Category of Measures	Florida	New York	Pennsylvania	Washington	Michigan
Quality of Care Measures (Child & Adult)	√	√	√		√
Patient/Member Satisfaction w/Care (Child & Adult CAHPS)	√	√	√	√	√
Care for Those with Special Needs		√	√		
Access to Care and Services		√	√	√	√
Financial Information	√				
Complaint Information	√				
Enrollment Information	√				

Within the categories outlined in Table 4, the number of measures reported by each state ranges anywhere from ten in Washington which reports only on select CAHPS Adult and Child survey questions, to twenty-eight in Pennsylvania's which includes information on HEDIS, CAHPS, and EQRO measures. In addition, New York and Pennsylvania have included performance information on specific state-developed measures as well. With the exception of Florida, all of the report cards mentioned above are designed for and include data information specifically for Medicaid managed care consumers. Florida's HMO report card, which is produced as a state legislative mandate, targets all HMO consumers and includes commercial, Medicaid, and Medicare managed care performance ratings on select measures for each product line.

In addition to providing a range of types of information, States also vary with regard to how they design and distribute consumer report cards. Table 5 outlines those systems.

Table 5: Consumer Report Card Formats & Distribution

	Print	Web Based	Languages/Adaptations	Included with Enrollment Packets	Available via Medicaid Offices, Community Based Organizations, etc.	Design
Florida	X	X	English		X	62 printed color pages on Commercial Medicare, Medicaid. Data shown by Stars, Bar Graphs & Percentages.
New York	X (by region)	X	English, Spanish (New York City also includes Russian & Chinese)	X	X	Large one page fold out brochure. Data shown by stars, ranking Above Average, Average, Below Average.
Pennsylvania	X (by region)	X	English, Spanish (Tag lines in Vietnamese, Cambodian, Russian) Large Print, Braille	X	X	6 page brochure. Data shown by symbols, ranking Above Average, Average, Below Average. Includes national benchmark.
Washington	X		English	X (plans to merge this year with enrollment packet)		7 page brochure. Data shown by stars, ranking Better, Similar, Below.
Michigan	X	X	English	X	X	Large one page fold out brochure. Data shown by stars, ranking Above Average, Average, Below Average.

HIGHLIGHTS FROM OTHER STATES

As one can see in Tables 4 and 5, there are a number of options for how performance information can be provided to consumers. However, New York, Pennsylvania, and Michigan have been identified as some of the leaders in managed care performance measurement, public reporting, and quality improvement. Their ability to provide consumers with quality information as well as utilize the data collected to drive performance improvement among health plans has enabled them to establish a more comprehensive quality monitoring system. These states' experiences with consumer report cards can serve as a model for California.

NEW YORK

In 1997, New York published its first consumer report card in New York City and expanded statewide after this first publication. The consumer report card, "A Consumer's Guide to Managed Care Plans" is based upon information collected through their Quality Assurance Reporting Requirements (QARR). This includes thirteen performance measures and nine satisfaction measures collected from all HMO's within the state serving commercial, Medicaid, and Child Health Insurance Program (CHIP) consumers. The state extracts information on selected measures from the QARR to develop a regional report card specifically for Medicaid consumers. To evaluate the report cards effectiveness, the state has had an independent vendor conduct focus groups with consumers this past year and is currently in the process of making changes based upon consumer input. The researchers discovered that consumers are utilizing the report cards and that many have access to the web. Therefore, some of the changes they are incorporating include adding web sites, sources for data, and a listing by county where plans are available. The state found that many Medicaid consumers were particularly interested in understanding how the information in the report is gathered as well as inquiring about additional evaluation measures.

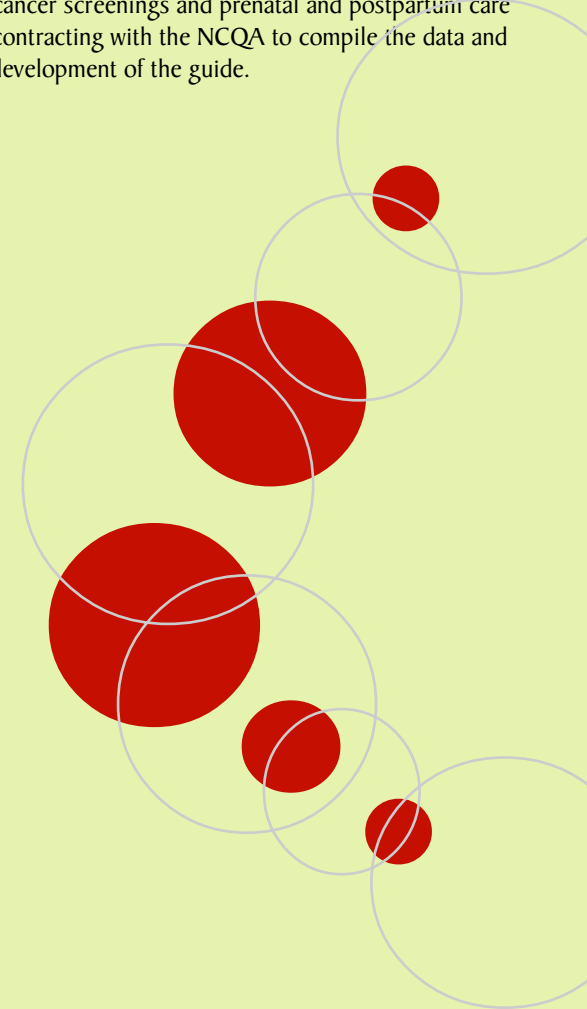
PENNSYLVANIA

Pennsylvania's public reporting system includes a rather comprehensive consumer report card that rates plans against each other as well as against national benchmarks on twenty-eight selected measures. Pennsylvania's fourth annual report card will be released in November 2003. The report, "A Consumer's Guide to the HealthChoices Health Plans," includes HEDIS, Consumer Assessment of Health Plans (CAHPS, Adult & Child), and EQRO data that the State collects on an annual basis. Since the development of the report card, the state has reported improvements in performance as well as having gained the cooperation of the managed care health plans. Pennsylvania invited their consumer advisory committees, advocates, and health plans to assist with identifying the selected measures and development of the guide. While it is unclear how the consumers have utilized this report within the state, it is evident that the health plans have accepted it as a means to evaluate and compare their performance and quality of care delivered to the Medicaid population.

MICHIGAN

For the past three years, Michigan's public report card, "A Guide to Michigan Medicaid Health Plans, Quality Checkup," has provided a comprehensive one-page, easy-to-read report for its consumers. The Guide reports on the performance of the Medicaid health plans within five selected categories using a composite of HEDIS and CAHPS data information. The guide compares all Medicaid contracted health plans against one another using eleven HEDIS and seven CAHPS measures. An additional category addresses health plan accreditation. In Michigan, as in most states, the majority of Medicaid enrollees are women and children. Two categories within the guide deal exclusively with these populations, reporting on immunizations and well child visits for children as well as Chlamydia and cancer screenings and prenatal and postpartum care for women. The state is currently contracting with the NCQA to compile the data and lend technical assistance with the development of the guide.

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REPORTING FOR MEDI-CAL CONSUMERS IN CALIFORNIA

The development of consumer report cards for Medi-Cal managed care consumers in California has long been a topic of discussion among the Department of Health Services (DHS), Department of Managed Health Care (DMHC), Office of Patient Advocate (OPA), advocacy groups, and many other stakeholders throughout the state. California DHS has responded to this interest by actively exploring avenues for providing Medi-Cal managed care consumers with performance information. Currently, DHS is working with the California HealthCare Foundation and the Medi-Cal Policy Institute to not only develop a reporting format on current data collected (which should be distributed by fall 2003), but also to establish a comprehensive quality monitoring system. While we commend the state DHS on their current efforts to monitor health care services for the Medi-Cal Managed Care consumer, there is still a tremendous need for further advocacy to ensure that on-going efforts are implemented and built upon as the state constructs a more comprehensive monitoring system.

Currently, California's primary source of publicly available performance data information consists of the 8 HEDIS measures and the CAHPS surveys that have been conducted by an EQRO over the past three years with Medi-Cal managed care health plans and consumers. Aside from the EQRO reports, which are posted on the state's website, DHS has not published any additional quality performance information on Medi-Cal managed care health plans. Since the state began publicly reporting the findings on the HEDIS measures and CAHPS survey, the reports have demonstrated the state's desire to produce a more comprehensive report that is readable and valuable to numerous stakeholders. However, these reports are not necessarily intended for use by consumers to determine whether or not the plan they choose will provide quality care.

The following recommendations have been developed to address this issue and better understand how California can move forward with developing consumer report cards on Medi-Cal managed care health plans. Implementation of these recommendations not only provides consumers with quality performance information but also incorporates an additional tool for accountability within the Medi-Cal Managed Care Program.

RECOMMENDATIONS FOR DEVELOPING CONSUMER REPORT CARDS IN CALIFORNIA

At a minimum, based upon current data collection, California DHS should:

- ◆ Develop a consumer report card based upon the current HEDIS and CAHPS data collected for the external quality reviews.
- ◆ Explore other current data sources that may be incorporated.
- ◆ Publicly announce the release of the EQRO reports and analysis of Medi-Cal managed care plan performance in the state.
- ◆ Establish plan performance improvement expectations based upon current EQRO reports.

Report Card-specific Recommendations

- ◆ Develop regional report cards on Medi-Cal managed care plans.
- ◆ Explore collecting additional performance measures that could be included in a consumer report card.
- ◆ Establish consumer advisory groups to assist with the development of a consumer report card.
- ◆ Conduct regional focus groups on an annual basis to evaluate the effectiveness of the consumer report card.
- ◆ Disseminate regional report cards in new enrollment packets, via advocacy and community-based organizations, libraries, and county and state agencies interfacing with eligible and enrolled Medi-Cal consumers.
- ◆ Provide regional report cards in English and Spanish. Each region should be evaluated for other language needs and reports developed accordingly.

Other Considerations

- ◆ Inform the public on the availability of such resources on the quality performance of health plans. These efforts should include but not be limited to local print and television media, press conferences, pharmacies, and community forums that will specifically target the Medi-Cal consumer markets.
- ◆ Develop a user-friendly website, such as New York's or OPA's, that allows for access to more detailed quality performance information that may support key data presented within a report card.
- ◆ Establish an annual release date for the Report Card in order to set an established expectation for consumers and other stakeholders.

GLOSSARY

HEDIS - Health Plan Employer Data & Information Set

Standard tool developed by NCQA to measure health plan performance.

CAHPS - Consumer Assessment of Health Plan Survey

Standard tool developed by NCQA to measure consumer satisfaction. Includes both a child and adult survey tool.

EQRO - External Quality Review Organization

The EQRO is the vendor contracted with by States to meet the Federal requirement to conduct an annual independent external review of Medicaid Managed Care plans.

FACCT - Foundation for Accountability

FACCT creates tools that help people understand and use quality information, develops consumer-focused quality measures, supports public education about health care quality, supports efforts to gather and provide quality information, and encourages health policy to empower and inform consumers.

STATE INTERVIEWS

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ADDITIONAL INFORMATION AND RESOURCES USED

IN THE DEVELOPMENT OF THIS REPORT

Organization Websites

Agency for Healthcare Research and Quality: www.ahrq.gov
American Public Human Services Association: <http://www.medicaid.aphsa.org>
California Consumer Protection Foundation: www.consumerfdn.org
California HealthCare Foundation: www.chcf.org
California Institute for Health Systems Performance: www.cihsp.org
Center for HealthCare Strategies: www.chcs.org
Center for Health Services Research & Policy: www.gwu.edu/~chsrp
Center for Medicare & Medicaid Services: <http://www.cms.hhs.gov>
Commonwealth Fund: www.cmwf.org
Community Catalyst: www.communitycatalyst.org
Consumers Union: www.consumerreports.org
Families USA: www.familiesusa.org
Foundation for Accountability: www.facct.org
Healthscope: www.healthscope.org
Kaiser Family Foundation: www.kff.org
Office of Patient Advocate: www.hmoHELP.ca.gov
Medi-Cal Policy Institute: www.medi-cal.org
National Academy for State Health Policy: www.nashp.org
National Committee for Quality Assurance: www.ncqa.org

State Websites

California: www.dhs.ca.gov
Florida: www.floridahealthstat.com
New York: www.health.state.ny.us
Pennsylvania: www.dpw.state.pa.us
Washington: www.wa.gov/dshs/
Michigan: www.michigan.gov/mdch

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ABOUT COMMUNITY HEALTH COUNCILS, INC.

We are a non-profit health advocacy, policy and education agency working to improve health and human conditions for people throughout California. The Medi-Cal Managed Care Quality Initiative Project works to increase Medi-Cal Managed Care consumers' awareness of health care quality and enhance consumer and patient organizations' involvement in health care quality issues. This brief is the first in a series that will highlight quality of care and consumer education issues as part of CHC, Inc.'s commitment to improving California's Medi-Cal Managed Care quality assurance system.

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