

# South Dakota Medical Assistance Quality Assurance

The emergence of Managed Care has produced many challenges and opportunities for state Medical Assistance agencies across the nation. There has been a great deal of attention directed at the “quality” of health care provided to Medical Assistance recipients who fall under Managed Care requirements. Along with concerns about the quality of services provided, there are also concerns over the availability of health care for these recipients.

The South Dakota Office of Medical Services has accepted the challenges that Managed Care has presented. Not only are we committed to providing our recipients with the highest quality of care available when and where they need it, we are also assuming a leadership role in the promotion of healthy and responsible lifestyles for our recipients. To the extent possible, we have also developed and implemented Quality Improvement projects in areas that we feel are important to the health and well being of our participants.

Our office utilizes many different avenues when evaluating the quality and availability of care provided to recipients of Medical Assistance. Examples are:

- Quality Assurance Studies
- Recipient Satisfaction Surveys and Specific Service Surveys
- Quality of Care Reviews
- 24 Hour Access Audits
- Primary Care Provider (PCP) Caseload Management
- Recipient Change Request Monitoring
- PCP Profiling

**Quality Assurance Studies** – These studies are conducted to examine issues of particular interest or concern within the populations that we serve. For the most part, our office utilizes the HEDIS measurements produced by the National Committee for Quality Assurance (NCQA). Data is obtained primarily from paid claims or by audits of individual medical records. Once the data has been assembled we are able to determine our baseline (where we are at) and compare that to our standard (where we would like to be). The findings of our studies are compared to benchmarks (predetermined standards/goals) such as Healthy People 2010.

Once issues have been identified, we use the results of these studies to formulate outreach campaigns to bring about our desired results. After a period of time, we do another analysis of our data to determine any measurable improvement (how far we have come).

\*\*See attached schedule of future studies to be completed.

**Recipient Satisfaction Surveys and Specific Service Surveys** – Our office sends out monthly Recipient Satisfaction Surveys to a random sample of our recipients receiving Medical Assistance. This survey asks questions regarding the quality of services the recipient receives, how they are treated, their ease in accessing medical care, satisfaction with their PCP, the availability of referrals, etc.

Our office also sends out a monthly Specific Service survey. This survey is sent to recipients who have recently received medical treatment. The survey specifically asks questions regarding the recipients satisfaction with the particular service/treatment they received. Both of these surveys give the recipient the opportunity to provide us with feedback on their experiences with the Medical Assistance Managed Care program.

\*\*Both surveys are completed on a monthly basis.

**Quality of Care Reviews** – Many times these reviews are the result of a recipient complaint. These reviews consist of a review of billing and medical records to assure appropriate payment, compliance with rules and regulations and to detect fraud and abuse of the Medical Assistance program.

\*\*Completed as complaints are received.

**24 Hour Access Audits** – Our office monitors 24 hour accessibility of our PCP's by conducting random after-hours phone audits. Our Managed Care staff call PCP's during non-business hours to determine if the PCP has an adequate process in place to allow recipients access to care and referrals. When it is determined that a PCP's 24 hour access process is sub-par, we work directly with the PCP to come up with a workable solution that will meet everyone's needs.

\*\*Completed on a quarterly basis. Every quarter a different area of the state is targeted with the entire state being completed on a yearly basis.

**Primary Care Provider (PCP) Caseload Management** - Our office monitors our PCP's caseload to ensure that our PCP's are not accepting any more than the maximum 750 recipients allowed.

\*\*Completed on a monthly basis.

**Recipient Change Request Monitoring** - Our office monitors our recipient's request for change from one PCP to another. When a recipient wishes to change their PCP they are asked to provide the reason for their desire to change. These change reasons are tracked and evaluated to determine if problems exist in certain areas or with certain PCP's.

\*\*Completed on an on-going basis.

**PCP Profiling** - Our office has the capability of conducting provider profiles that compare one PCP's performance in a certain area to the performance of his/her counterparts in the same geographic area or to other areas of the state. These profiles might compare one PCP's rate of age appropriately immunized children under age 2 who are enrolled in Medical Assistance to the rate for the same thing of another PCP. This gives the PCP feedback on how he/she is performing in relationship to their colleagues.

\*\*Completed on a periodic basis.

## Schedule of Quality Assurance Studies

### New Studies:

- **Adolescent Substance Abuse** - The number of Medicaid enrolled adolescents aged 13 to 21 during the reporting year who received substance abuse treatment (4/2001)
- **Low Birthweights** - the number of Medicaid infants born that are considered low birthweight babies. (5/2001)
- **Comprehensive Diabetes Care** - the percentage of SSI enrollees age 18-75 with type 1 and type 2 diabetes that received comprehensive diabetes care. (6/2001)

### Continuous Studies:

- **Mammography Study** - the number of Medicaid women ages 52-64 who received a mammogram screening. Postcards and flyers will be sent in October to coincide with Breast Cancer Awareness Month. (12/2001) **Follow up already completed.**

- **Cervical Cancer Screening** - the number of Medicaid eligible women who received at least one Pap test. (July 2001) We will measure the effect of our outreach efforts (postcards) that were sent out in January to remind women of the benefits of receiving this cervical cancer screening.
- **SCHIP Studies** - these studies are completed as an analysis of the medical services being received by our SCHIP population. These reports analyze many different areas such as well child visits, age appropriately immunized status, yearly eye exams, yearly dental exams and mental health issues such as eating disorders and substance abuse. These studies are submitted yearly as part of the comprehensive SCHIP report. (November & December 2001)
- **Well Child Checks** - the number of Medicaid children who are receiving the recommended number of Well Child Visits with their PCP. (February 2001)
- **Immunization Study** - the number of Medicaid children under age 2 who are age appropriately immunized. This study will coincide with our involvement in the GPRA Immunization project. We will be developing our baseline of age appropriately immunized children under age 2 and working toward raising our rates. (Timeline is dependent upon completion of IHS data interface with SDIIS).