HCPF Total Quality Management

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Agenda

- What is HCPF's Total Quality Management?
- Purpose of QA (visual of cost of poor quality spectrum)
- State-level QA - Melissa's Process
  - ▫ MAP Dashboard
  - ▫ County Incentives
  - ▫ Cost of Errors
  - ▫ Improvement Process
- Eligibility Site-level QA
  - ▫ Administrative Ruleset (and memo)
  - ▫ Requirements
  - ▫ How this ties to Oversight and Accountability

Definitions

Eligibility Site - Medical Assistance site, county, Eligibility Application Program site.

Quality Assurance - to assure quality at the front end of a process

Quality Control - to control quality while in a process

Total Quality Management - an approach organizations use to continuously improve internal processes and increase quality.

LeanSixSigma - a process improvement methodology designed to eliminate problems, remove waste and inefficiency, and improve working conditions to provide a better response to customers' needs.

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What is HCPF's Total Quality Management (TQM) Process?

Total Quality Management is an approach organizations use to continuously improve internal processes and increase quality.

- Is part of the Department's Oversight and Accountability Program
- Includes:
  - State-level QA
  - Eligibility Site-level QA
  - Medical Assistance Performance (MAP) Dashboards
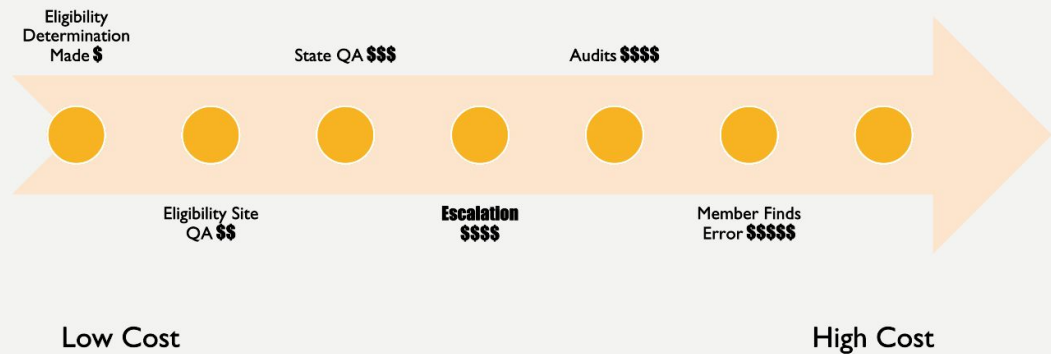 - County Incentives
  - Administrative Ruleset

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Purpose of QA

- Quality Assurance (QA) is to assure quality at the front end of a process
- Quality Control (QC) is to control quality while in the process
- QA/QC is used to gather performance data to make decisions on how to improve the quality
- The sooner the error is found, the less costly it is
- TQM is the whole process from error ID to improvement

COST OF POOR QUALITY SPECTRUM

Eligibility Determination Made $

State QA $$$

Audits $$$$

Eligibility Site QA $$

Escalation $$$$

Member Finds Error $$$$$

Low Cost

High Cost

Ideally, errors are caught prior to authorization at "Eligibility Determination Made". If not, the error makes its way down the spectrum and can be found by the "Eligibility Site QA", "State QA" "Audits", or by the Member. The earlier the error is found, the less costly it is.

Financial Cost

- Improper Payments
  - Capitation fees paid for members that are incorrectly enrolled
  - Paying claims for members that are incorrectly enrolled
  - Claiming the wrong Federal Medical Assistance Percentage (FMAP) for members enrolled in the wrong category of assistance

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Human Cost

- Customer Service Cost
  - More county/state workers involved to review escalations, appeals, etc
  - Customer's time, confusion - more office visits, phone calls, etc.
- Access to Care Cost
  - Inability to go to doctor if they are improperly denied
  - Barriers to health access
  - Going to Emergency Room for services; county may bear this cost with uncompensated care

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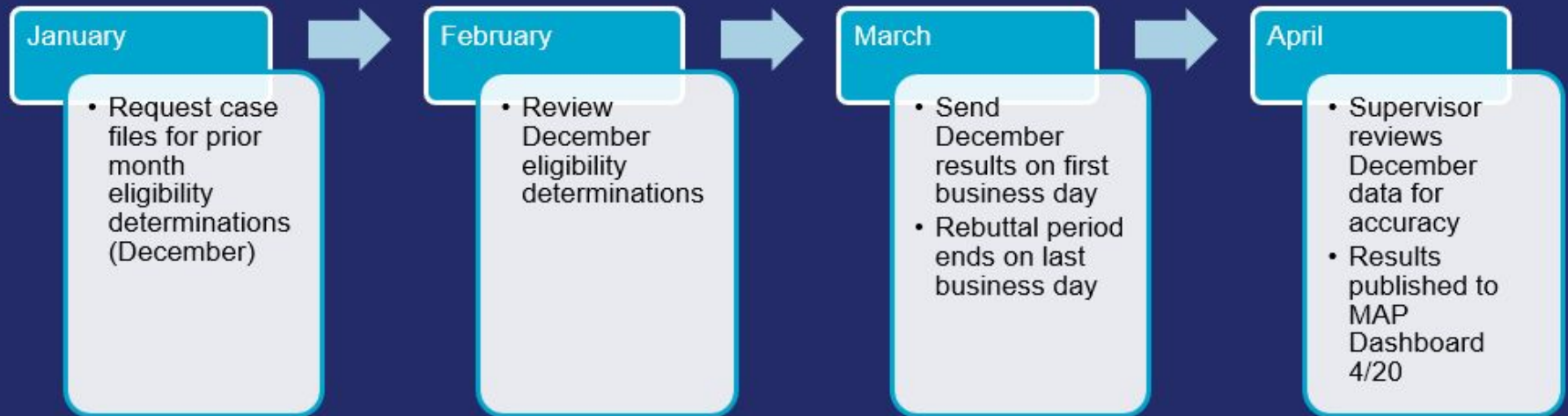Policy & Financing

State QA Process

State-Level QA

- Reviews 120 individual eligibility determinations per month (1440/year)
  - Sample size varies per eligibility site
- Results are shared with sites every month with the opportunity to rebut errors
- Final results are published on the MAP Accuracy Dashboard

State QA Review Timeline

January
- Request case files for prior month eligibility determinations (December)

February
- Review December eligibility determinations

March
- Send December results on first business day
- Rebuttal period ends on last business day

April
- Supervisor reviews December data for accuracy
- Results published to MAP Dashboard 4/20

What Constitutes an Error

- Mistake in processing that violates established rules, regulations, and/or other guidance
- Errors differ by the impact on eligibility
  - IMPACTS ELIGIBILITY if it caused someone to be incorrectly approved, denied/terminated, or enrolled in the wrong category of assistance
  - DOES NOT IMPACT if a mistake occurred but had no impact on the outcome of the eligibility determination

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Site Errors

- Any error caused by the eligibility site, typically -
  - Data entry
  - Missing documentation
  - Over verification
- QA checks user ID in CBMS history windows to determine if error was caused by site or system

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State Errors

- System Errors -
  - Errors caused by PEAK/RTE or CBMS
  - Actions taken by these systems have specific user IDs that do not belong to a site worker
- Insufficient Guidance
  - Error happened because the state did not communicate requirements to sites

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Observations

- Errors that occurred before the action sampled for review
  - For example - tax filer information received six months ago, not entered
- Errors made when processing eligibility for a non-countable individual in the member's household
  - For example - sampled member is a single tax filer living with an unrelated roommate; roommate is also receiving MA and their income information was not updated

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Member Errors

- These errors occur when the member makes a mistake when reporting their information
  - For example - 40-year adult approved via PEAK/RTE; enrolled in MAGI Children because they entered their birth year as 2022 instead of 1982
- QA does NOT cite member errors and sites are not held responsible for these mistakes

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Rebuttal Process

- Sites receive results on the first working day of the month
- Sites have 10 business days to review QA's errors and either agree to the error or rebut
- QA reviews all rebuttals and provides a response by the end of the month
  - Error Stands or Error Reversed

State QA "White Glove" Process

- Review monthly data for discrepancies that will make the dashboard data inaccurate
- Review all cases where site rebutted the error but error was not reversed
- Sites now have the option to appeal the QA reviewer's decision for additional review

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Questions?

Medical Assistance Performance (MAP) Management

Medical Assistance Performance (MAP) Management Process

- Dept MAP Measure Owners
- Monthly review of all Eligibility Site MAP Dashboards
  - After the 20th of the month and by the 4th Monday of the month
- Updates Cause and Response notes and Target Status
- Initiates Management Decision Letters (MDLs) for Improvement or Corrective Action Plans (IAPs or CAPs).

Medical Assistance Performance (MAP) Dashboards

- Data from State-level QA is used in the Accuracy MAP Dashboard
- The Accuracy MAP Dashboard is used for determining if Sites met Fiscal Year (FY) End Targets for the Accuracy Incentive.

Statewide			Accuracy: Director Level					
Measure Type	Target Status	Measure Name	Smart Chart		Monthly Actual	YTD Actual	FY End Target	Sample
Determination Outcomes	✓	Incorrect Eligibility Determinations			0.8%	2.3%	3	121
Determination Outcome	●	Errors That Did Not Impact Eligibility			18.2%	20.1%	3	121

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Administrative Ruleset

The Department's County Administrative rules, found at 10 CCR 2505-5 1.020, give HCPF the regulatory authority to:

- Require compliance with Department expectations
- Operationalize regulatory reviews, such as the Eligibility Quality Assurance Program
- Issue non-compliance notices (Management Decision Letters) and require plans from counties to address issues.
- Implement fiscal sanctions for continued non-compliance.

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County Incentives

- Accuracy Incentive implemented in 2021 for the purpose of reducing eligibility determination error rates (HCPF OM 21-080)
- MAP Dashboard monitored for compliance with two performance measures
  - Measure 1: # of individuals incorrectly approved, denied, or terminated divided by # of individuals sampled
  - Measure 2: # of individuals with errors that did not impact eligibility divided by # of individuals sampled

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What do County Incentives requirements mean for Counties?

The County Incentives Program reimburses the county for a portion of the Medical Assistance local share paid by the county on annual basis, if contract benchmarks and deliverables are met.

If the county does not meet MAP Dashboard targets and is issued an MDL, that performance measure is non-compliant. 70% of performance measures must remain compliant.

If the county does not meet both accuracy targets, the county is non-compliant with accuracy measures.

Non-compliance with contract requirements means that the county must fully fund their local share without any reimbursement from HCPF

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State Systemic Error Improvement Process

The Department has developed an internal cross division team to research systemic errors.

- Process is based on LeanSixSigma
- Selects from Audit and QA findings
- Implements solutions to eliminate or reduce findings

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Eligibility Site-level QA

Eligibility Sites are required by 10 CCR 2505-5 1.020.9 to have internal controls, including Quality Assurance processes.

- Requirements:
  - Have a documented QA/QC Program Plan
  - Documented plan be aligned with State-level QA
  - Documented plan outline how the Site will address QA/QC findings
  - Documented process provided to the Department, upon request
- How this ties to Oversight and Accountability
  - Process Reviewed during Management Evaluation (ME) Reviews
  - Eligibility Site reviews compared to State-level QA Reviews
  - Will reduce errors that could be found by auditors

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County Assistance Resources

The Department offers support to Eligibility Sites in the following ways:

- Technical Support- Continuous Improvement (CI) Learning Sessions
- 1x1 CI assistance
- Grant program
- Budget Request

How to request assistance:

- CI Form: HCPF Home>For Our Stakeholders>Eligibility Partners>Performance Improvement Team> Continuous Improvement Team
- Grant and Budget Request

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Future of State TQM

- MAP Dashboards are moving to Tableau
- Updated timeliness performance measures
- Statewide Performance Report Card
- Launch of Desk Review Program (FY22-23)

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Questions?

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Thank you!