# Rules of
# Department of Health and Senior Services
## Division 10—Office of the Director
## Chapter 5—Procedures for the Collection and Submission of Data to Monitor Health Maintenance Organizations

## Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES

### Division 10—Office of the Director

### Chapter 5—Procedures for the Collection and Submission of Data to Monitor Health Maintenance Organizations

**19 CSR 10-5.010 Monitoring Health Maintenance Organizations Definitions**

*PURPOSE: This rule establishes the procedures for health maintenance organizations to collect and submit data to the Department of Health pursuant to section 192.068, RSMo.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Department means Missouri Department of Health and Senior Services;

(B) Director means the director of the Missouri Department of Health and Senior Services;

(C) Health care plan means any separately licensed entity subject to the provisions of sections 354.400 to 354.636, RSMo which had enrollees in the plan for at least six (6) months of the year for which data are to be reported and for at least six (6) months of the following year;

(D) NCQA means the National Committee on Quality Assurance; and

(E) HEDIS® means the current Health Plan Employer Data and Information Set.

(2) Starting in 1998, health care plans shall submit annually to the department, member satisfaction survey data—

(A) The member satisfaction survey shall be conducted according to HEDIS® technical specifications, including survey instrument, sample size, sampling method, collection protocols and CAHPS® component of the HEDIS® compliance audit;

(B) The commercial and Medicaid member satisfaction data shall be submitted to the department in electronic form, through a certified survey vendor, and meet the specifications of Table A. Table A is included herein.

(C) In 1998 the data shall be submitted by September 1. In subsequent years a final member-level data file and a CAHPS® component audit verification letter shall be submitted by June 15 or the date required by NCQA if other than June 15. If the required submission date falls on a weekend or a federally recognized holiday, the due date will be the first working day following the weekend or federal holiday. The data year (reporting period) for the CAPHS® submission shall be the calendar year (CY) immediately preceding the JUne 15 submission date; and

(D) Medicare health care plans shall participate in a member satisfaction survey conducted by the Centers for Medicare and Medicaid Services. The department will obtain the data from the Centers for Medicare and Medicaid Services.

(3) Starting in 1998, health care plans shall provide annually to the department, audited quality indicator data—

(A) Quality indicator data shall be in accordance to all HEDIS® specifications;

(B) All health care plans shall submit to the department documentation from a NCQA licensed organization that the quality indicator data submitted to the department have been audited through a partial or complete compliance audit according to HEDIS® specifications;

(C) Each licensed health care plan shall submit separate quality indicator data files for their commercial, Medicaid and Medicare enrollees. Health care plans that contract with the Division of Medical Services to provide coverage in more than one Medicaid region, shall submit separate quality indicator data for the enrollees in each region. The quality indicator data shall be submitted to the department in electronic form and conform to the specifications listed in Table B. Table B is included herein.

(D) In 1998 the data shall be submitted by September 1. In subsequent years a final data file shall be submitted by June 15 or the date file required by NCQA if other than June 15. If the required submission date falls on a weekend or a federally recognized holiday, the due date will be the first working day following the weekend or federal holiday. The data year (reporting period) for the HEDIS® (Table B) submission shall be the calendar year (CY) immediately preceding the June 15 submission date.

(4) In 1998 access to care data shall be submitted by September 1. In subsequent years the data shall be submitted by June 15. If the required submission date falls on a weekend or a federally recognized holiday, the due date will be the first working day following the weekend or federal holiday. The data year (reporting period) for Table D (access to care) submission shall be the calendar year (CY) immediately preceding the June 15 submission date. Access to care data shall include the data elements and conform to the specifications listed in Table D. Table D is included herein.

(5) A health care plan demonstrates continual or substantial failure to comply with the provisions of this rule when the health care plan has been notified by the department that it fails to comply with the provisions of section 192.068, RSMo and this rule and the health care plan—

(A) Fails to provide required data;

(B) Fails to submit data that meet the data standards detailed in this rule; or

(C) Fails to submit data within the time frames established in this rule.

## Table A

## Member Satisfaction Survey Data File Specifications

**File Content**

**Commercial:** Member satisfaction survey data for commercial plans shall be based on the version of the NCQA-required Consumer Assessment of Health Plans Study (CAHPS®) Questionnaire, applicable for the reporting year. The data reported to the Department shall include the member level and a CAHPS® component audit verification letter from the commercial adult core set of questions, plus any NCQA-mandated or -recommended items for the adult segment of the questionnaire. The data shall also include any HEDIS® measures specified in Table B, for a given product line and reporting year, that are collected via the CAHPS® survey tool.

**Medicaid:** Member satisfaction survey data for MC+ plans shall be based on the version of the NCQA-required Consumer Assessment of Health Plans Study (CAHPS®) Questionnaire, applicable for the reporting year. The data reported to the Department shall include the member level and a CAHPS® component audit verification letter from the child core survey (Medicaid version) plus any additional questions required by the Division of Medical Services for the reporting year. The data shall also include any HEDIS® measures specified in Table B, for a given product line and reporting year, that are collected via the CAHPS® survey tool.

**File format and media**

The member level and a CAHPS® component audit verification letter and their respective record layouts shall be submitted electronically, using the data submission tools (DST) specified by the Department. Other file specifications shall conform to those required by NCQA for submission of the CAHPS® Questionnaire results by the certified vendors.

**File consistency**

Plans that elect to submit separate files for sub-groups of their enrollment population must consistently do so for all data submission categories required by this rule.

## Table B

## Quality Indicator Data Specifications

Data reported for each of the indicators listed below shall conform to the NCQA HEDIS® Data Submission Tool and all other HEDIS® technical specifications for indicator descriptions and calculations. An "X" in the table below indicates data are to be reported for this quality indicator if the health care plan offers this product line to Missouri residents. NCQA rotates certain measures every year. Rotated measurers shall be reported in accordance with current HEDIS® technical specifications for reporting rotated measures. Measures followed by an asterisk (*) shall be reported every year regardless of NCQA's rotation strategy.

| | Applicable to: | | |
|---|---|---|---|
| **Indicator** | **Commercial** | **Medicaid** | **Medicare** |
| Childhood Immunization Status* | X | X | |
| Adolescent Immunization Status* | X | X | |
| Adolescent Well-Care Visits | X | X | |
| Use of Appropriate Medications for People with Asthma | X | X | |
| Chlamydia Screening for Women | X | X | |
| Breast Cancer Screening | X | | X |
| Cervical Cancer Screening | X | X | |
| Beta Blocker Treatment After Heart Attack | X | | X |
| Controlling High Blood Pressure | X | | X |
| Cholesterol Management After Acute Cardiovascular Event | X | | X |
| Comprehensive Diabetes Care | X | | X |
| Antidepressant Medication Management | X | | X |
| Flu Shots for Older Adults (CAHPS®) | | | X |
| Advising Smokers to Quit (CAHPS®) | X | | X |
| Annual Dental Visit | | X | |

**File Content**

As applicable for each of the quality indicators listed above, except for those collected via the CAHPS® questionnaire, the plans shall report the following elements from the NCQA HEDIS® Data Submission Tool:

1. Data collection methodology (Administrative or Hybrid).
2. Eligible member population (i.e., members who meet all denominator criteria).
3. Minimum required sample size (MRSS) or other sample size.
4. Number of original sample records excluded because of valid data errors.
5. Number of records excluded because of contraindications identified through administrative data.
6. Number of records excluded because of contraindications identified through medical record review.
7. Additional records added from the auxiliary list.
8. Denominator.
9. Numerator events by administrative data.
10. Numerator events by medical record.
11. Reported rate.
12. Lower 95% confidence interval.
13. Upper 95% confidence interval.

All data elements above shall conform to the HEDIS® technical specifications, as outlined in the NCQA-published technical manuals.

## Table B

## Quality Indicator Data Specifications
(continued)

**File format and media**

The quality indicator data shall be submitted electronically, in a data file format to be specified by the Department. All other data specifications shall conform to those required by NCQA for submission of the audited quality indicator data.

**File Consistency**

Plans that elect to submit separate files for sub-groups of their enrollment population must consistently do so for all data submission categories required by this rule. Health care plans that contract with the Division of Medical Services to provide coverage in more than one Medicaid region, shall submit separate quality indicator data for the enrollees in each region.

## Table D

## Managed Health Care Services

**File Specifications**

Responses to the survey items in Table D must be submitted electronically, in a data file format specified by the Department.

Table D must be completed for each managed care product line (Commercial, Medicaid, or Medicare) offered by each licensed health care plan. Responses should be based on activity or status during the reporting period, within each product line (payer). Survey questions in Table D shall apply, except where otherwise noted, only to fully insured (ERISA exempt) enrollments.

## Table D
## Managed Health Care Services

### I. HEALTH PLAN INFORMATION

**Instructions: Submit one set of Table D information, Parts I and II, for each product line (i.e. type of payor) offered by your organization.**

1.) Product Line (CHECK ONE): ( ) Commercial ( ) Medicare ( ) Medicaid

2.) Missouri Department of Insurance Licensed Plan Name:

_____ Dba (if applicable): _____

3.) Extended NAIC Identification Number (7-digit): __ __ __ __ __ __ __

4.) Name as marketed to your members (for Consumer's Guide display purposes):

_____

5.) List the following for each of your products within this product line:

| a.) Product Name (Marketed) | b.) HMO/POS | c.) Customer Service (Phone Numbers) | d.) RN Hotline (Phone Numbers) |
|---|---|---|---|
| | | | |
| | | | |

6.) Through what organization was your managed care organization accredited as of the last day of the reporting period?

Accrediting organization: ( ) NCQA ( ) URAC ( ) JCAHO ( ) None

Level of Accreditation: _____ _____ _____

7.) Managed Care Organization Contact Person for Table D Information:

a.) Name: _____ b.) Title: _____

c.) Phone: _____ d.) Fax: _____ e.) E-mail: _____

**Table D**
**Managed Health Care Services**

**II. HEALTH PLAN SERVICES**

1.) Please indicate for each of the following high risk conditions/diseases, if your managed care plan (A) has screening mechanisms, (B) distributes educational material for all plan enrollees, (C) provides specific educational materials to persons-at-risk, (D) provides case management, and (E) provides disease management. (CHECK ALL THAT APPLY. SEE NOTE BELOW.)

| High Risk Conditions/Diseases | (A) Screening Mechanisms | (B) Education for All Plan Enrollees | (C) Education for Persons-at-Risk | (D) Case Management | (E) Disease Management |
|---|---|---|---|---|---|
| Asthma | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Stroke/Cardiovascular Disease | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Breast Cancer | ( ) | ( ) | ( ) | ( ) | ( ) |
| Cervical Cancer | ( ) | ( ) | ( ) | ( ) | ( ) |
| Ovarian Cancer | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Colorectal Cancer | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Sickle Cell Disorders | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Congestive Heart Failure (CHF) | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Chronic Obstructive Pulmonary Disease (COPD) | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Diabetes | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Depression | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| HIV | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| High Risk Pregnancy | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Obesity | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Lead Poisoning | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Chlamydia: Females | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| High Blood Pressure | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Alcohol/Substance Abuse: | | | | | |
| Adolescents | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Pregnant Women | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Tobacco Use | ( NA ) | ( ) | ( NA ) | ( ) | ( ) |
| Other_____ (PLEASE SPECIFY) | ( ) | ( ) | ( ) | ( ) | ( ) |

Note: Screening Mechanisms is a protocol by which the Managed Care Organization identifies through administrative data, members at risk for certain diseases or conditions, utilizing clinical guidelines, and then formally conveys to the network PCPs or personal physician to proactively screen these at-risk patients in their daily practice.

Education strategies for plan enrollees may include but are not limited to newsletters, periodicals, direct mailings and similar types of media campaigns.

Case management is a protocol where case managers work with providers and physicians to coordinate the medical care that patients with complex or chronic illnesses need to receive. Case managers help members obtain services and medical equipment as ordered by their physicians.

Disease management is a strategy where nurses and other health professionals help members learn to self-manage their chronic condition effectively through disease-specific education, general health promotion and reinforcement of the treatment plan designed by each member's physician.

2.) Please indicate if your managed care plan provides any of the following:

a.) Routine distribution of educational materials on general health promotion, disease prevention and wellness ( ) YES ( ) NO

b.) Distribution of pre- and post-surgical information to enrollees ( ) YES ( ) NO

c.) Promotion of the use of the National Asthma Education Prevention Program (NAEPP) among providers? ( ) YES ( ) NO

Note: The term *reminder/recall* in Questions 3a – 3b refers to notices intended to insure timely scheduling of the specific preventive screening/test or service indicated. General education materials or notices tied to anniversary dates, such as birthdays or enrollment dates, do not meet this definition.

3a.) **Commercial or Medicaid only** (If completing for a Medicare plan, skip to Question 3b)

Do you send reminder/recall letters and/or make telephone calls from your managed care plan office to your members to ensure usage of the following preventive services?

| | | |
|---|---|---|
| Mammograms | ( ) YES | ( ) NO |
| Immunizations | ( ) YES | ( ) NO |
| Pap smears | ( ) YES | ( ) NO |
| Diabetic Screens/Tests | ( ) YES | ( ) NO |

3b.) **Medicare only**

Do you send reminder/recall letters and/or make telephone calls from your managed care plan office to your members to ensure usage of the following preventive services?

| | | |
|---|---|---|
| Mammograms | ( ) YES | ( ) NO |
| Immunizations | ( ) YES | ( ) NO |
| Well-woman checks | ( ) YES | ( ) NO |
| Diabetic Screens/Tests | ( ) YES | ( ) NO |

4.) **Commercial only:** During the reporting period, did your plan manage the following health services for your ASO group contracts? For each of the health services listed below, please indicate if it was elected as a covered benefit in all the ASO contracts with your plan, in some of the ASO contracts, or in none of the ASO contracts. (CHECK ONE COLUMN ONLY)

| Selected Covered Benefits: ASO Contracts | All Contracts | Some Contracts | None of the Contracts |
|---|---|---|---|
| Immunizations..... | ( ) | ( ) | ( ) |
| Mammograms ..... | ( ) | ( ) | ( ) |
| Pap Smears..... | ( ) | ( ) | ( ) |

5.) During the reporting period, did your plan provide coverage to your non-ASO members for the following health benefits? Please indicate if the benefit item was offered as standard coverage for all non-ASO products within the product line (commercial, Medicaid or Medicare), as standard coverage only for some non-ASO products in the product line, offered only by rider clause (employer option), or not covered at all. (CHECK ONLY ONE FOR EACH BENEFIT LISTED)

| | Non-ASO Products Only | | | |
|---|---|---|---|---|
| | **All Products** | **Some Products** | **Offered only by rider clause** | **Not Offered** |
| Rx coverage of: Prenatal vitamins, including folic acid..... | ( ) | ( ) | ( ) | ( ) |
| Non-Morbid Obesity: | | | | |
| Prescriptions..... | ( ) | ( ) | ( ) | ( ) |
| Dietary Consultations... | ( ) | ( ) | ( ) | ( ) |
| Surgical Procedures..... | ( ) | ( ) | ( ) | ( ) |
| Contraceptives: | | | | |
| Birth control pills..... | ( ) | ( ) | ( ) | ( ) |
| IUDs..... | ( ) | ( ) | ( ) | ( ) |
| Norplant..... | ( ) | ( ) | ( ) | ( ) |
| Depo Provera..... | ( ) | ( ) | ( ) | ( ) |
| Immunizations: | | | | |
| Hepatitis A..... | ( ) | ( ) | ( ) | ( ) |
| Hepatitis B..... | ( ) | ( ) | ( ) | ( ) |
| Varivax (chicken pox)... | ( ) | ( ) | ( ) | ( ) |
| Annual eye exam for refractive errors..... | ( ) | ( ) | ( ) | ( ) |
| Diabetic supplies..... (strips, lancets, etc.) | ( ) | ( ) | ( ) | ( ) |
| Insulin pumps..... | ( ) | ( ) | ( ) | ( ) |
| Stem cell rescue for: | | | | |
| Neuroblastoma..... | ( ) | ( ) | ( ) | ( ) |
| Breast cancer..... | ( ) | ( ) | ( ) | ( ) |
| Access to chiropractic services | ( ) | ( ) | ( ) | ( ) |
| Psychotherapy services | | | | |
| Individual..... | ( ) | ( ) | ( ) | ( ) |
| Group..... | ( ) | ( ) | ( ) | ( ) |
| Family..... | ( ) | ( ) | ( ) | ( ) |
| Marital..... | ( ) | ( ) | ( ) | ( ) |
| Substance abuse services: | | | | |
| Inpatient/residential..... | ( ) | ( ) | ( ) | ( ) |
| Outpt./partial hospitalization | ( ) | ( ) | ( ) | ( ) |
| Unrestricted annual flu shots | ( ) | ( ) | ( ) | ( ) |
| Acupuncture..... | ( ) | ( ) | ( ) | ( ) |

| | | | | |
|---|---|---|---|---|
| Smoking cessation | | | | |
| Classes..... | ( ) | ( ) | ( ) | ( ) |
| Medications/patches.... | ( ) | ( ) | ( ) | ( ) |
| Conduct wellness surveys* | ( ) | ( ) | ( ) | ( ) |

*A wellness survey is a questionnaire on health behaviors. It does not refer to a physical exam.

6.) For each preventive service listed below, please indicate (A) if your plan provided physicians routine status reports on the delivery of these services to their panel members and (B) if your plan sent comparative information to the physicians, during the reporting year. Following each response, enter a brief description of the report(s) or information that you sent.

| | (CHECK IF YES) (A) Plan Provided Reports | Description of Report(s) | (CHECK IF YES) (B) Plan Sent Comparative Data | Description of Report(s) |
|---|---|---|---|---|
| Childhood Immunizations..... | ( ) | _____ | ( ) | _____ |
| Adolescent Immunizations..... | ( ) | _____ | ( ) | _____ |
| Breast Cancer Screenings..... | ( ) | _____ | ( ) | _____ |
| Pap Smears..... | ( ) | _____ | ( ) | _____ |
| Lead Screenings: | | | | |
| 12 and 24 months..... | ( ) | _____ | ( ) | _____ |
| Under 6 if no prior blood test..... | ( ) | _____ | ( ) | _____ |
| Cholesterol Management after Acute Cardiovascular Event: LDL-C Screenings | ( ) | _____ | ( ) | _____ |
| Beta Blocker Treatment After Heart Attack..... | ( ) | _____ | ( ) | _____ |
| Comprehensive Diabetic Care: | | | | |
| Hemoglobin Testing..... | ( ) | _____ | ( ) | _____ |
| Retinal Disease Eye Exam..... | ( ) | _____ | ( ) | _____ |
| LDL-C (Lipids) Testing ..... | ( ) | _____ | ( ) | _____ |
| Nephropathy Screenings..... | ( ) | _____ | ( ) | _____ |
| Annual Flu Shots for Older Adults..... | ( ) | _____ | ( ) | _____ |
| Tobacco Cessation Counseling..... | ( ) | _____ | ( ) | _____ |
| Other (Please specify)_____ | ( ) | _____ | ( ) | _____ |

7.) Does your plan routinely conduct continuing education with your providers to improve their knowledge on current clinical practice recommendations?

( ) YES ( ) NO

8.) Please indicate the administrative policies for your HMO (non-POS) plan products, as they applied to your non-ASO members during the reporting year. (CHECK A RESPONSE FOR EACH POLICY LISTED)

| | YES All HMO Products | YES Some HMO Products | NO No HMO Products |
|---|---|---|---|
| a.) Allow access to within-network OB/GYNs other than the once per year visit without referral | ( ) | ( ) | ( ) |
| b.) PCP must obtain prior authorization from HMO or its agency for referral to within-network, non-OB/GYN medical/surgical specialists | ( ) | ( ) | ( ) |
| c.) Allow members to self-refer to within-network medical/surgical specialists, other than OB/GYN | ( ) | ( ) | ( ) |
| d.) Allow members to self-refer to within-network mental health specialists | ( ) | ( ) | ( ) |
| e.) Allow medical specialists other than OB/GYN to be designated as PCP for patients with a chronic disease | ( ) | ( ) | ( ) |
| f.) Members can access some health practitioners, other than medical/surgical or mental health specialists, without referral or prior authorization | ( ) | ( ) | ( ) |

g.) If YES for all or some products on Question 8f, list the additional types of providers that can be accessed without referral or prior authorization:

| All Products | Some Products |
|---|---|
| | |

9.) The following questions pertain to your managed care product Internet site:

a) Does the Internet site for your managed care products provide a lookup reference to a list of your network physicians or other providers? YES ____ NO ____ (if NO, skip to Question 10)

b) Does your provider listing contain the following information?

i) Name: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

ii) Specialty: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

iii) By product: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

iv) County: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

v) City: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

vi) Zip Code: YES ____ NO ____;
↳ Able to search on this criteria? YES ____ NO ____

vii) Hospital Affiliations: YES ____ NO ____
↳ Able to search on this criteria? YES ____ NO ____

c) How often is provider information updated?

i) Weekly: YES ____ NO ____

ii) Monthly: YES ____ NO ____

iii) Semi-Annually: YES ____ NO ____

iv) Annually: YES ____ NO ____

v) Other (Please specify) _____

vi) Is the date of the update displayed?
YES ____ NO ____

d) Is the provider information available to:

i) Plan Members? YES ____ NO ____

ii) Prospective Members (Without the need to register on the site)? YES ____ NO ____

10.) For each of the practitioner categories below, indicate the number you had in your plan network during the reporting year and the number of that total which your MCO verified, within the past two years, as being board certified where applicable.

| | **Number of Practitioners** | **Number Who Are Board Certified** |
|---|---|---|
| a.) Primary Care Physicians (excluding OB/GYNs) | _____ | _____ |
| b.) Medical/Surgical Specialists (excluding OB/GYNs) | _____ | _____ |
| c.) OB/GYNs | _____ | _____ |
| d.) Chiropractors | _____ | _____ |
| e.) Mental Health Providers | _____ | _____ |
| f.) General Dentists | _____ | _____ |
| g.) Advanced Practice Nurse | _____ | _____ |

*AUTHORITY: section 192.068, RSMo 2000.* Emergency rule filed Jan. 16, 1998, effective Jan. 26, 1998, terminated April 15, 1998. Original rule filed Jan. 16, 1998, effective Aug. 30, 1998. Amended: Filed Oct. 30, 1998, effective May 30, 1999. Amended: Filed Dec. 20, 1999, effective May 30, 2000. Amended: Filed Sept. 15, 2000, effective April 30, 2001. Amended: Filed Oct. 2, 2001, effective March 30, 2002. Amended: Filed Oct. 2, 2002, effective April 30, 2003. Amended: Filed Sept. 12, 2003, effective March 30, 2004.*

**Original authority: 192.068, RSMo 1997.*