

Introduction to EQR 1999

The Michigan Department of Community Health (MDCH) contracted with the Michigan Peer Review Organization (MPRO) to perform an independent review of the quality of care provided to Medicaid enrollees in contracted Qualified Health Plans (QHPs). This report provides the review results for services delivered during 1999 to QHP enrollees. This review meets the standards required for External Quality Review (EQR) programs by the Health Care Financing Administration and the State of Michigan legislature.

The 1999 review included the following six focus studies:

1. Prenatal Care
2. Pediatric Asthma
3. Immunizations
4. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
5. Children with Special Healthcare Needs
6. HIV/AIDS

QHPs

In order to be eligible for the 1999 review, a QHP must have been under contract with Medicaid effective on or before January 1, 1999, and awarded a contract effective October 1, 2000 as a result of the re-bid process. A total of 19 QHPs met the criteria to be included in the 1999 EQR. The following Qualified Health Plans (QHPs) participated in the EQR 1999 review.

Qualified Health Plan	Abbreviation
Botsford Health Plan	Botsford
Cape Health Plan	Cape
Care Choices HMO	Care
Community Care Plan	CCP
Community Choice Michigan	CCM
Great Lakes Health Plan	GLHP
Health Plan of Michigan, Inc.	HP-M
Health Plus of Michigan	HPlus
M-Care	M-Care
McLaren Health Plan	MHP
Midwest Health Plan	Midwest
Molina Healthcare of Michigan	Molina
OmniCare Health Plan	Omni
PHP of Mid-Michigan	PHP-Mid
PHP of Southwest Michigan	PHP-SW
Priority Health	Priority
The Wellness Plan	TWP
Total Health Care	THC
Upper Peninsula Health Plan	UPHP

Study Methodology

MPRO conducted all focus studies through a retrospective review of medical records and a review of administrative data provided by the QHPs. The QHPs provided MPRO with files listing enrolled members, demographic information, and disease flags as appropriate.

Sample sizes were calculated based on the number of abstracted records required to estimate the QHP population rate for a given indicator (such as the percentage of women with a delivery in 1999 who received postpartum care) with a 10% error bound and a 95% level of confidence. The sample sizes were calculated separately for each focus area and for each QHP. The rate assumed for each calculation was based on the previous year's information when known, or a conservative estimate of 0.5 if unknown (meaning that an estimate was made that 50% of the women with a delivery in 1999 received postpartum care). The indicator rate for the focus study that was closest to 0.5 was used. If the smallest of the previous year rates was higher than 0.75, then a rate of 0.75 was used in the calculations. This protected against rate drops adversely affecting the sample size. Similarly, if the largest rate was lower than 0.25, a rate of 0.25 was used to guard against an unexpected rate increase. To ensure meeting the required sample size, a 20% oversampling factor was applied to the required sample sizes to allow for records that were miscoded or unavailable.

In addition, sample sizes were calculated with a finite population correction. This method was indicated since the QHP eligible populations were considered to be finite for the 1999 calendar year and conclusions are not to be extrapolated beyond the finite populations and time. After determining the sample, MPRO requested medical records from each QHP.

MPRO made arrangements to obtain copies of medical records and to complete on-site record abstraction at individual physician office sites for providers who had ten or more cases to be reviewed at one location. Nurse reviewers abstracted information and recorded it in the data abstraction tool that MPRO developed in conjunction with MDCH. MPRO stored the data from the completed abstractions and then analyzed the data.

Study Limitations

The study methodology was designed to compare each QHP rate to the aggregate rate. The amount that any one QHP contributes to the overall populations of interest varies widely among the 19 QHPs reviewed, ranging anywhere from about 0.5% to 25%. Since one of the goals of this review is generalization of the sample estimates to the entire population, all aggregate rates were weighted to reflect a QHP's contribution to the overall population. The aggregate rates referenced from the EQR 1997 and 1998 studies are also weighted aggregate rates. Statistical tests for rates were not performed for QHPs with sample sizes less than 30 for a given measure.

The study compared individual QHP results against the weighted aggregate rates using a two-tailed binomial Z test for significance. Rates with a resulting p-value less than 0.05 were considered statistically significant. This can be interpreted as a 5% chance of mistaking that there was a difference between the QHP rate and the weighted aggregate when no difference existed in reality. In this report, rates that were statistically significantly different from the weighted aggregate (either higher or lower) are colored light blue, while those that were not significantly different are colored dark blue.

Capturing data for some measures, such as for a physical examination for children, depends greatly on the health care provider documenting all of the activity which took place during the office visit. Since this review of care is based on abstraction of medical records, events that are not recorded in the medical record cannot be reported.

It is important to realize that some measures reported here are highly influenced by enrollee behavior. For instance, the initiation of prenatal care in the first trimester of pregnancy depends on the enrollee taking the initiative to seek that care in a timely manner. Results can be further affected by the fact that a woman's Medicaid eligibility status is frequently directly related to her pregnancy. Many women become eligible for Medicaid when they become pregnant; therefore, they may not apply for benefits (and receive care) until after the first trimester of their pregnancy. The effects of enrollee behavior must be considered while reviewing the results for EQR 1999.

The data that was gathered from medical record review, and the administrative data received from the QHPs, were analyzed to compare each QHP rate to the aggregate rate for EQR 1999, and to each QHP's rate from EQR 1998 when applicable. The graphs found in the text of this report display individual QHP rates for each indicator. The weighted mean for the aggregated QHPs is displayed as a bar across each graph to facilitate comparison. The discussion for each data set includes analysis of whether the differences detected between each QHP rate and the aggregate rate were statistically significant. The calculated confidence intervals should not be used to compare rates between QHPs; the calculations were made for only one comparison, each QHP to the aggregate rate. It is important to note that sample size, as discussed above, will also impact whether differences can be detected. A smaller sample size will result in larger confidence intervals, which makes it difficult to determine differences.

1999 EQR Results

The results of EQR 1999 are organized by focus study area and presented in the following sections:

1. Prenatal Care
2. Pediatric Asthma
3. Immunizations
4. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)
5. Children with Special Health Care Needs
6. HIV/AIDS

Four of the six focus study areas included in the EQR 1999 review were designed to measure performance for each QHP and to allow for comparisons of QHP data to weighted aggregate data. These focus study areas were prenatal, pediatric asthma, immunizations, and EPSDT. Children with Special Health Care Needs and HIV/AIDS were reviewed for all QHPs combined. Medical record review and analysis were designed to report aggregate results, but not results for individual QHPs. Each report section contains a discussion of the purpose of the study, background and benchmarking information, selection parameters, and criteria. The data for each focus study are presented with a discussion of the data immediately following.