

Your Medicaid HMO
Quality Check-up

THCIC
Choosing Well

✓ Texas
Medicaid
HMOs



The Texas Health Care Information Council (THCIC) was created by the Texas Legislature to help Texans get the best possible information for choosing health care. THCIC collects a broad range of data on health care providers and uses these data to create useful publications like this one.

The Texas Department of Health (TDH), established over a century ago to protect and promote the health of Texans, worked in partnership with THCIC to design a system to collect objective information on health maintenance organizations (HMOs) and to produce this report on Texas Medicaid HMOs.

The purpose of this report is to compare the performance of Texas Health Maintenance Organizations that contracted with the Texas Department of Health to provide Medicaid managed care services to “Temporary Aid to Needy Families” clients during 1997.

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Medicaid Managed Care

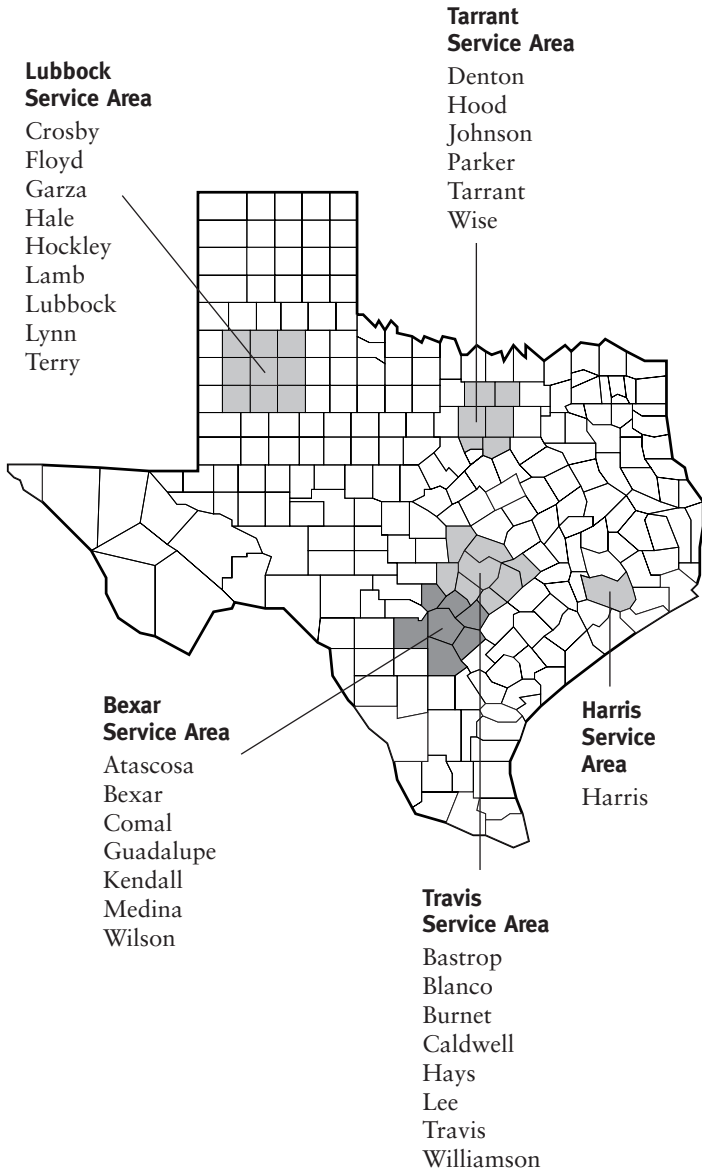
Texas began changing its Medicaid program for low income families in 1993 from a fee-for-service system to a managed care model. Called State of Texas Access Reform (STAR), the pilot program provides access to Medicaid services through several managed care plans operating in specific areas in Texas (see map on next page).

In managed care, each client chooses a primary care provider (PCP) to coordinate medical care and services that are needed by his or her family. The PCP provides routine primary care, including preventive services such as general physical exams and immunizations. When specialized services are needed, the PCP is responsible for referring the client to an appropriate and approved specialist. PCPs either deliver or authorize all medical care.

A goal of STAR is to improve the quality of health care given to Medicaid participants in a cost effective way. In counties where contracts for Medicaid HMOs have been established, individuals receiving Temporary Aid to Needy Families (TANF) are required to enroll in an HMO. Medicaid Managed Care recipients living in these counties (see map on next page) are usually offered the choice of two or more health plans. If a participant does not wish to make that choice, a plan is selected for them. Medicaid clients enrolled in managed care instead of traditional fee-for-service Medicaid have extra Medicaid benefits including no limit on prescriptions and coverage for annual general physicals.

The state is interested in insuring that participants in Medicaid have access to HMOs that are competitive with each other and offer services like those provided by HMOs serving the purchasing public.

Medicaid Managed Care Service Areas 1997



THCIC's Role in Evaluating Medicaid

THCIC collects limited Health Plan Employer Data Information Set (HEDIS®) data from Texas Medicaid HMOs. For Medicaid plans, THCIC used HEDIS measures that monitor access/availability of care and describe the credentials and turnover rates of the plans' participating physicians.

The HEDIS standards were developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization recognized as an authority on measuring managed care quality. These measures provide a way to make fair comparisons among competing HMOs and give state policymakers a reference point for comparing the plans that serve Medicaid clients with those serving Medicare clients or the purchasing public.

Monitoring the quality of care delivered by Texas Medicaid HMOs is the responsibility of the contracting agency, the Texas Department of Health. Additional reports concerning member satisfaction and comparing Texas Medicaid HMO quality of care can be obtained from the Bureau of Managed Care at the Texas Department of Health by calling (512) 794-6862 or on the Internet at www.tdh.state.tx.us/hcr/mcstart.htm.

Plans included in this booklet provided services to Texans enrolled in Medicaid managed care at any time between January 1 to December 31, 1997.

Availability of Primary Care Providers (PCPs) for Medicaid

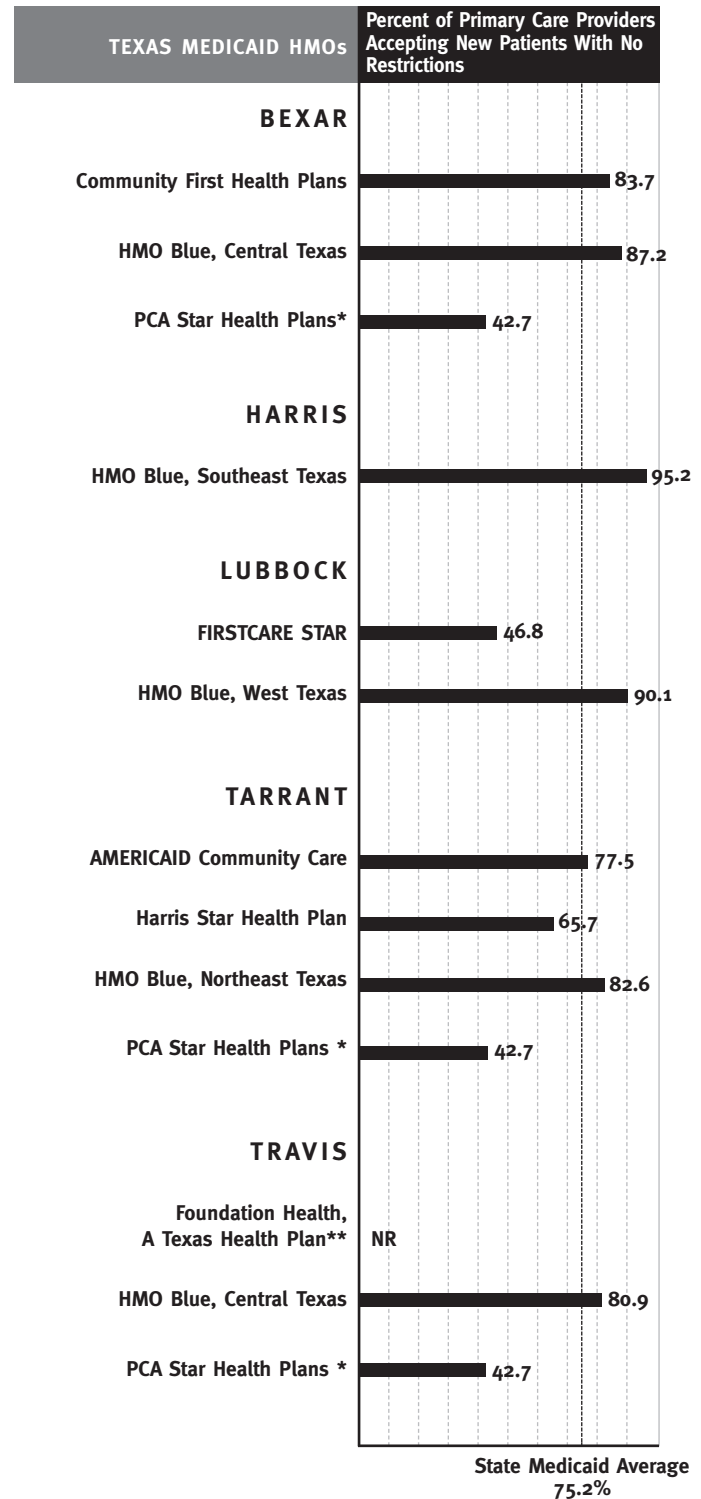
Percentage of primary care providers (PCPs) who accept new members with no restrictions

Primary care providers are defined as health care practitioners whom members are able to select as their first point of entry into the system. They may include general or family practice physicians, internal medicine physicians, pediatricians, physician assistants and nurse practitioners. When enrolling in an HMO, new members are asked to select their primary care provider (PCP) from a list of participating doctors within the health plan. In some cases, doctors' practices fill up and they no longer accept new patients. This chart shows the percentage of primary care providers who have room in their practices to accept new members.

All Medicaid HMOs offering services in any county in Texas are included in this chart. Not all HMOs provide services in every county. Please check with the HMO for details about the area in which it serves. Results on this measure are based on HMO records and were verified by independent auditing organizations.

The dotted line on the chart indicates the Texas Medicaid average.

NR - HMO failed to submit the required data or the data are not certified by an NCQA licensed auditor.



* Bexar/Tarrant/Travis service areas for PCA Star Health Plans are combined for this report

** Proof of audit was not submitted by Foundation Health

Availability of Behavioral Health Care Providers for Medicaid

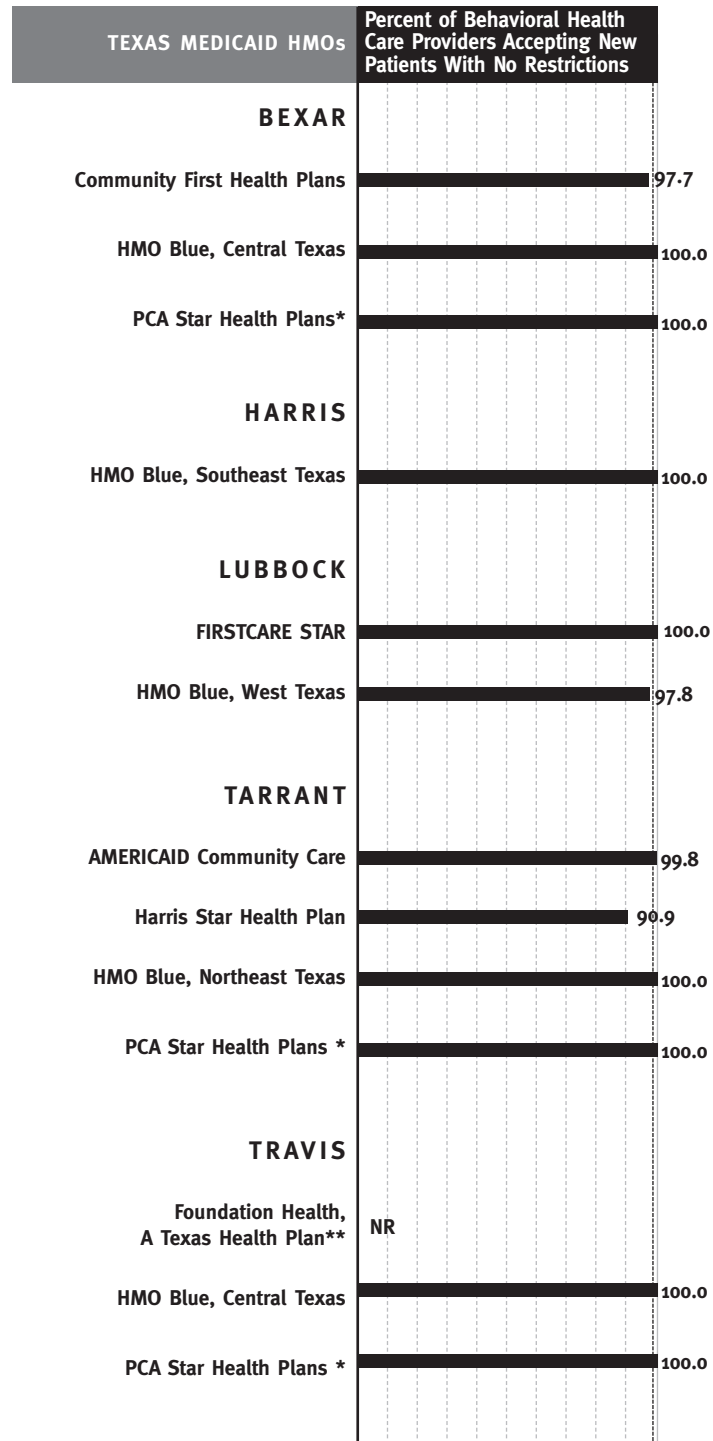
Percentage of behavioral health care providers who accept new members with no restrictions

Behavioral health problems are frequently under-diagnosed and often never treated. For a variety of reasons, few individuals who require treatment receive mental health services. Most experts agree, however, that mental health is an important component of physical health. Having a selection of behavioral health caregivers available assures plan members that choices are available to them should the need arise. This chart shows the percentage of behavioral health care providers who accept new patients.

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**State Medicaid Average
98.6%**

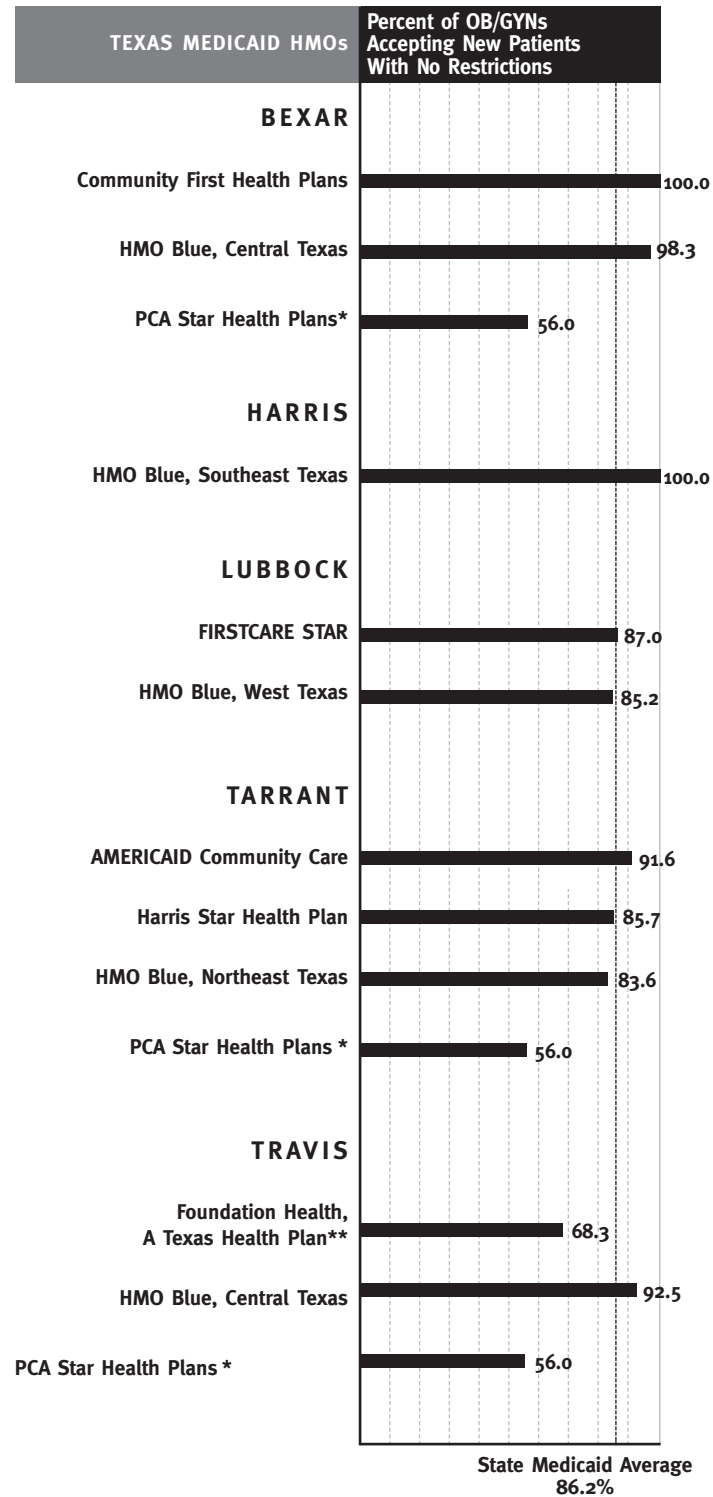
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Availability of Obstetrical/Gynecological Providers for Medicaid

Percentage of OB/GYN providers who accept new members with no restrictions

Most of the women covered through Temporary Aid for Needy Families (TANF) are women of child bearing age. Access to obstetricians and other prenatal and maternal caregivers ensures that the mother will be able to receive early and adequate prenatal and postnatal care. The number of OB/GYN providers a member has to choose from, as well as their availability, is an indicator of the health plan's ability to serve its expectant mothers. This chart shows the percentage of a plan's OB/GYN providers who accept new patients with no restrictions.



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Provider Turnover Rate

Percentage of primary care physicians who left the plan during 1997

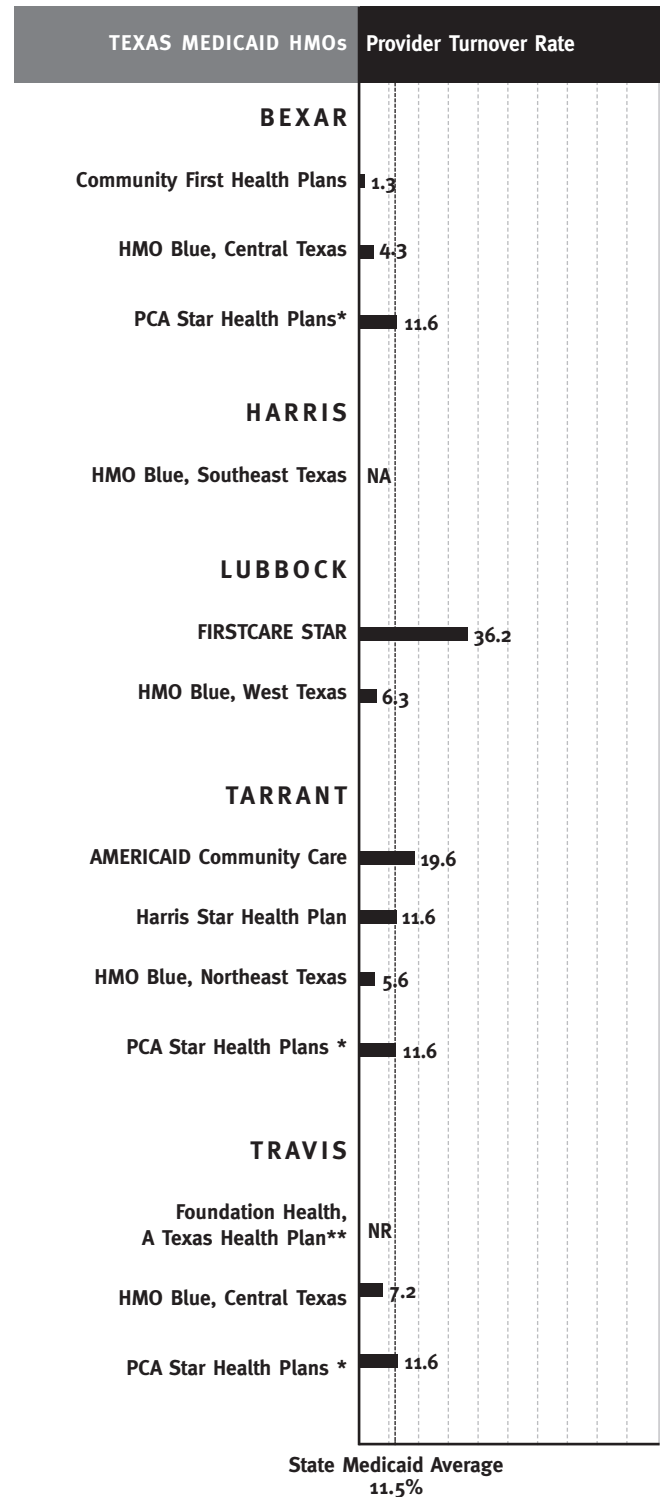
The key ingredient in a managed care approach to medical care is the primary care physician. He or she accepts the responsibility for providing all routine medical care needs and for serving as a “gatekeeper” if and when referring the patient to a specialist is needed. Primary care physicians include general or family practice physicians, geriatricians, general internal medicine physicians and general pediatricians. This chart shows the percentage of primary care physicians who left the plan during 1997.

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NA - HMO Blue, Southeast Texas did not start until after December 31, 1996.



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Board Certified Physicians

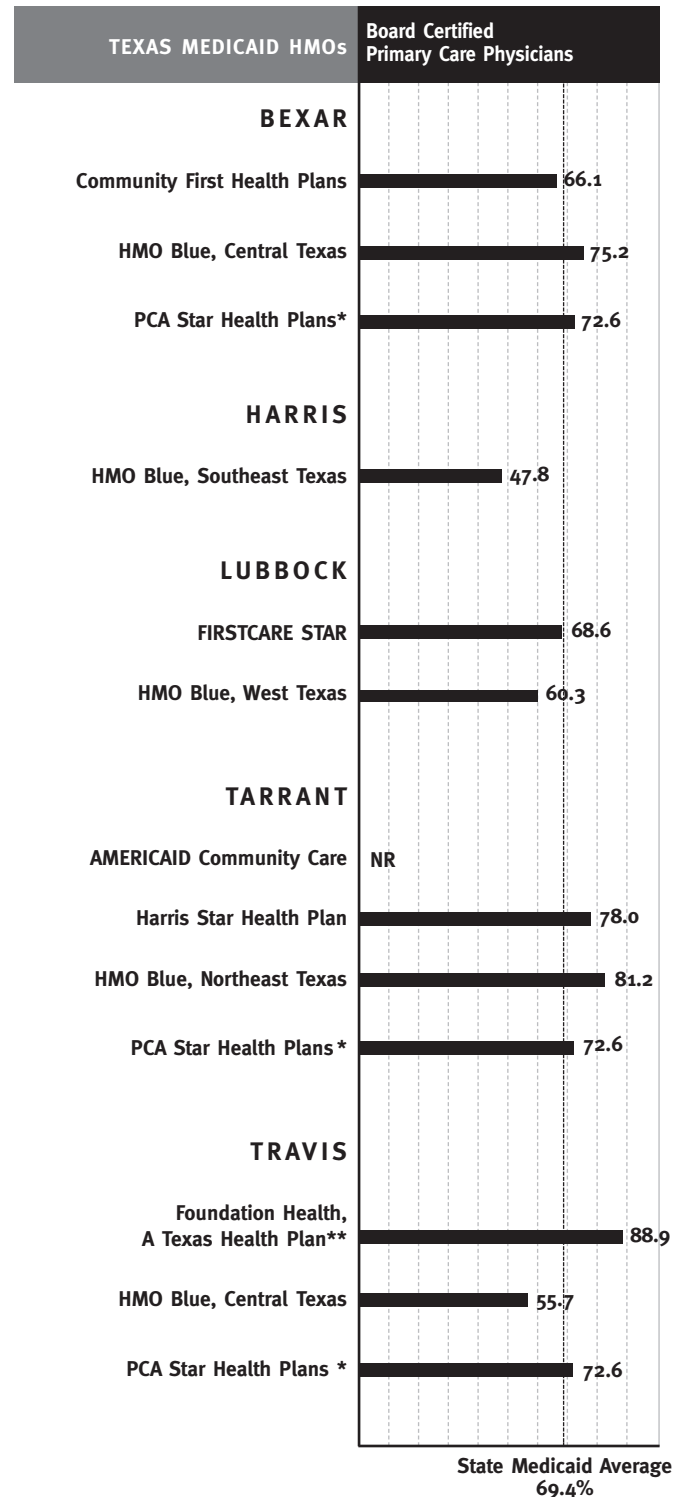
Percentage of primary care physicians, OB/GYN physicians, pediatric physician specialists and all other physician specialists who are board certified

The quality of doctors in an HMO's network has an important effect on the overall quality of care HMO members receive. Board certification means physicians have had additional training and passed a rigorous examination about the kinds of health problems commonly treated in their area of medicine. This measure gives an indication of the value an HMO places on having physicians with specialized credentials. The following charts show the percentage of doctors in the HMO network that are board certified.

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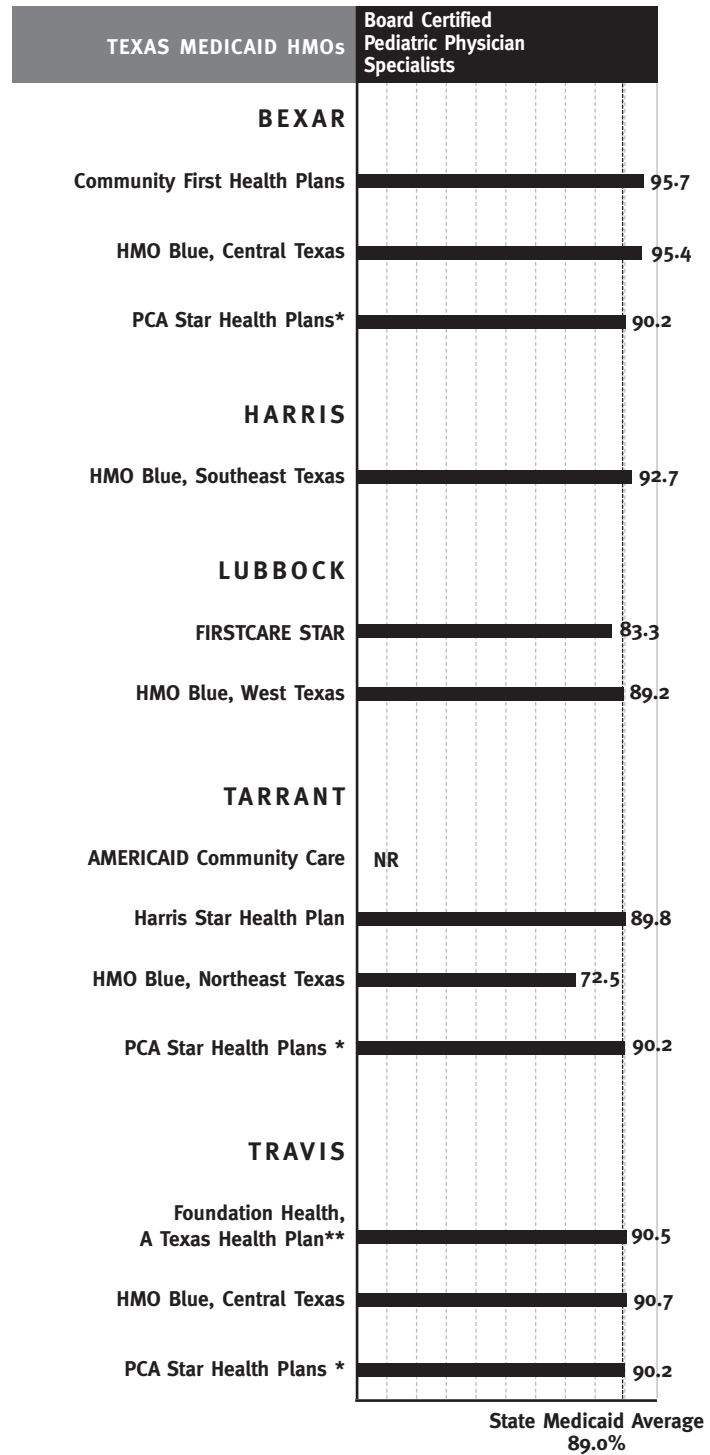
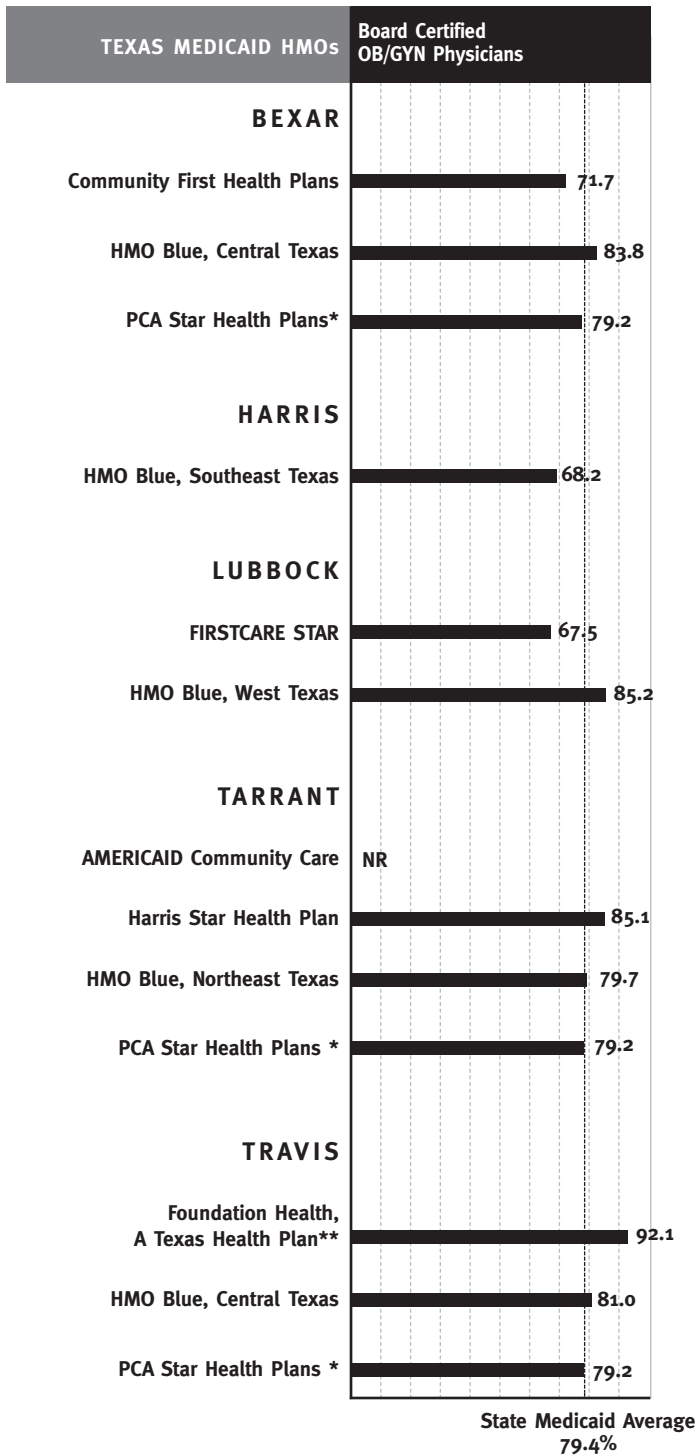
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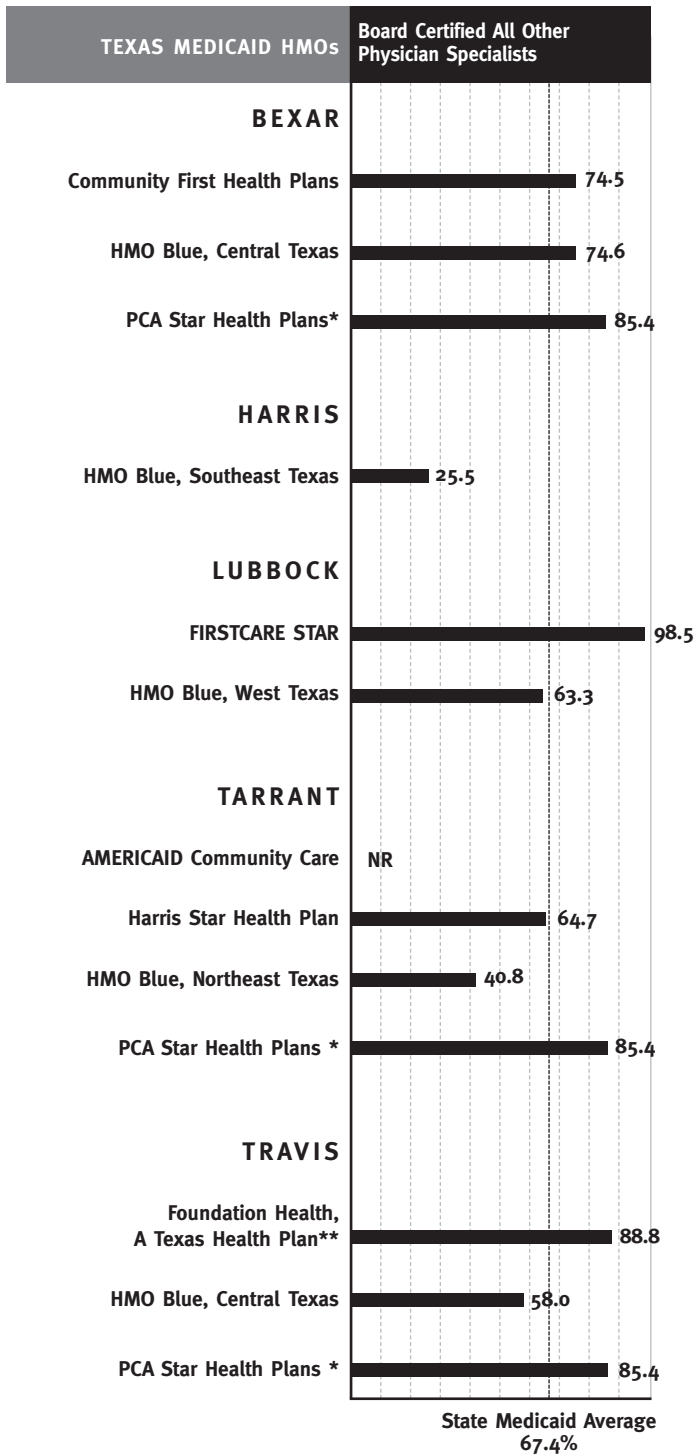
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Please provide the following information along with anything else you would like to point out, and fax or send this form to the HMO Data Collection Program, Texas Health Care Information Council (note address at bottom). Your assistance in providing input is greatly appreciated.

O p t i o n a l

Name: _____

Address: _____

City, State, Zip: _____

Telephone number: _____

E-mail address: _____

1. What did you like best about this report?
2. What did you like least about this report?
3. What changes would you suggest?
4. Do you have any other questions?
5. Would you be willing to participate in a focus group to test future THCIC reporting materials?
 Yes No

Texas Health Care Information Council
 4900 N. Lamar, Suite 3407
 Austin, Texas 78751-2399
 phone: (512) 424-6492, fax: (512) 424-6491
 www.thcic.state.tx.us or pbboston@thcic.state.tx.us



Texas Health Care
Information Council

Telephone: 512 424-6492
Facsimile: 512 424-6491
Orders only: 800 231-0314
www.thcic.state.tx.us

4900 North Lamar, Suite 3407
Austin, Texas 78751-2399