

# DELMARVA FOUNDATION

Improving Health in the Communities We Serve



## Performance Assessment and Validation

For more than 20 years Delmarva Foundation's (DF) Performance Assessment and Validation (PAV) team has monitored the health care provided for Medicaid fee-for-service (FFS) recipients in community, long-term care, and hospital settings. DF ensures that the health services enrollees receive are appropriate, of high quality, in the correct setting, and at reasonable cost.

For Medicaid managed care programs the team provides independent external quality review services to several state Medicaid agencies. DF assesses the quality, timeliness, and accessibility of services for enrollees in Medicaid managed care programs. The PAV team works collaboratively with its clients to develop a cost effective strategy that meets each customer's needs.

## Utilization and Quality Assurance Review—Fee-for-Service Medicaid

### District of Columbia Medicaid Administration *(Since 1984)*

DF performs on-site reviews of FFS care provided to Medicaid patients in acute and long-term care settings. In addition to conducting similar medical eligibility reviews for long-term care services, DF also performs concurrent review of elective admissions.

Additional activities include on-site validation of the nursing home Minimum Data Set (MDS) reported by each facility using medical record documentation, and use of these data in conducting continued stay and quality of care analysis for persons residing in nursing homes.

## Managed Care

### District of Columbia Medicaid Administration *(Since 1984)*

As the District of Columbia's External Quality Review Organization, DF conducts managed care regulation compliance reviews. In this capacity, DF assists in the development and validation of performance measures, validating performance improvement projects (PIPs), and conducting focused clinical studies.

### Maryland Department of Health and Mental Hygiene *(Since 1997)*

Working with the Maryland Department of Health and Mental Hygiene, DF evaluates the quality of care provided by Medicaid managed care organizations (MCOs) in HealthChoice, the Maryland Medicaid managed care program. The team also conducts annual regulatory compliance reviews at seven MCOs serving over 485,000 enrollees.

DF produces a consumer report card that enrollees in Maryland can use to select the MCO that best meets their needs. The PAV team also validates both PIPs and state-calculated performance measures, and actively contributes to the state's pay-for-performance initiatives.



**Influencing stakeholders to develop and implement policies and programs for enhancing the quality of health services.**



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## **West Virginia Department of Health and Human Resources** *(Since 1998)*

DF designed and implemented Mountain Health Trust, West Virginia's first Medicaid managed care quality improvement program. In addition to developing an innovative protocol for the identification and review of sentinel events in the state, the PAV team conducts focused studies, performance measure validation, and contract compliance assessments of three MCOs in the Mountain Health Trust program.

## **California Department of Health Services** *(Since 2003)*

To ensure that California's more than 3 million Medicaid recipients receive the highest quality care possible from the state's 21 contracted MCOs, the PAV team evaluates consumer satisfaction, validates MCO-reported performance measures, provides technical assistance to the state and MCOs, and validates PIPs.

DF also facilitates an annual conference where MCOs, state officials, and other stakeholders in the state meet to share ideas, best practices, and learn state-of-the-art quality improvement techniques.

## **Developmentally Disabled**

### **Florida Agency for Health Care Administration** *(Since 2001)*

DF conducts the innovative Florida Statewide Quality Assurance Program (FSQAP) for people with developmental disabilities in the state served by the Medicaid HCBS Waiver.

Through person-centered reviews, the team evaluates the extent to which HCBS Waiver program services support consumers' personal goals and expectations. Reviewers assess whether services are meeting consumer needs in a healthy, safe, and supportive environment.



## **Results**

DF's PIP Project Validation Activities assesses and validates the quality of clinical services provided to 3.8 million Medicaid Beneficiaries.

DF evaluated the quality, timeliness, and accessibility of services provided by MCOs to nearly 4.3 million Medicaid beneficiaries.

### **For more information, please contact:**

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