

TennCare Demonstration Evaluation Design

The TennCare program has seven goals, which are identified in Part II of the Special Terms and Conditions of TennCare’s demonstration agreement with CMS. For the past seven years, since CMS approved TennCare’s Draft Evaluation Plan on March 31, 2008, the State has collected information on progress achieved on each goal/objective. (The seventh goal/objective, which deals with the CHOICES program, was added after the original Draft Evaluation Plan, since the CHOICES program did not become operational until 2010.)

The original Draft Evaluation Plan had a series of performance measures that accompanied each goal/objective. These measures had quantifiable targets that were then updated with subsequent applications to extend the TennCare Demonstration. In 2010, the TennCare Bureau incorporated four of the objectives (and their corresponding performance measures) into the Quality Improvement Strategy (QIS) to ensure coordination and consistency among evaluation activities and reporting.

At present, the goals/objectives of the TennCare program and the corresponding performance measures that comprise the evaluation design are presented in the table below.

OBJECTIVE	PERFORMANCE MEASURE(S)
Use a managed care approach to provide services to Medicaid state plan and demonstration enrollees at a cost that does not exceed what would have been spent in a Medicaid fee-for-service program.	TennCare will report budget neutrality as outlined in Section XI of the waiver on a quarterly basis.
Assure appropriate access to care for enrollees.	<ul style="list-style-type: none"> • By 2016, the statewide weighted HEDIS rate for adults’ access to preventive/ambulatory health services will increase to 83.4% for enrollees 20-44 years old, and the rate for enrollees 45-64 years old will be maintained at 88.6% or above. • By 2016, the statewide weighted HEDIS rate for children and

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	<p>adolescents' access to primary care practitioners will increase to 95.3% for enrollees 7-11 years old and 93.09% for enrollees 12-19 years old.</p> <ul style="list-style-type: none"> • By 2016, 97% of TennCare heads of household and 98% or greater of TennCare children will go to a doctor or clinic when they are first seeking care rather than a hospital (emergency room).
Provide quality care to enrollees.	<ul style="list-style-type: none"> • By 2016, the statewide weighted HEDIS rate for adolescent well-care visits will increase to 47.20%. • By 2016, the statewide weighted HEDIS rate for timeliness of prenatal care will be maintained at 82.7% or above. • By 2016, the statewide weighted HEDIS rate for breast cancer screening will increase to 46.9%. • By 2016, the statewide weighted HEDIS rate for cervical cancer screening will increase to 71.29%.
Assure enrollees' satisfaction with services.	<ul style="list-style-type: none"> • By 2016, 95% of TennCare enrollees will be satisfied with TennCare. • By 2016, the statewide average for adult CAHPS getting needed care-always or usually will increase to 87.05%. • By 2016, the statewide average for child CAHPS getting care quickly-always or usually will increase to 92.42%.
Improve health care for program enrollees.	<ul style="list-style-type: none"> • By 2016, the statewide weighted HEDIS rate for HbA1c testing will be increased to 83.51%. • By 2016, the statewide weighted HEDIS rate for controlling high blood

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	<p>pressure will increase to 59.14%.</p> <ul style="list-style-type: none"> • By 2016, the state will maintain a total statewide EPSDT screening rate of at least 80%. • By 2016, the statewide weighted HEDIS rate for antidepressant medication management will be increased to 52.04% for acute phase and 32.64% for continuation phase.
<p>Assure that participating health plans maintain stability and viability, while meeting all contract and program requirements.</p>	<ul style="list-style-type: none"> • By 2016, 100 percent of the TennCare MCCs will have demonstrated compliance with statutory and/or contractual claims processing timeliness standards in at least 10 out of 12 months in a calendar year. • By 2016, the MCCs will report a compliance rate of 95 percent for all contractual claims payment accuracy reports.
<p>Provide appropriate, and cost-effective home and community based services that will improve the quality of life for persons who qualify for nursing facility care, as well as for persons who do not qualify for nursing facility care but who are "at risk" of institutional placement and that will help to rebalance long-term services and supports expenditures.</p>	

The State provides frequent updates to CMS on activities related to these seven objectives. TennCare’s quarterly progress report to CMS, for instance, includes a section entitled “Demonstration Evaluation” that lists evaluation-related submissions from the State to its federal partner. Likewise, the portion of TennCare’s annual report to CMS titled “Interim Evaluation Findings” summarizes progress to date on all seven objectives. Additionally, the Bureau provides CMS an annual update of the QIS, including the most recent performance measures for

four of the goals/objectives in the Draft Evaluation Plan (those pertaining to access, quality, satisfaction, and improvement).

It is worth noting that there are many other evaluation activities that occur outside the context of the Draft Evaluation Plan. As an example, the Bureau reports annually on a host of Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. These reports are maintained on the TennCare website at <http://www.tn.gov/tenncare/topic/mco-quality-data>. In addition, the Bureau contracts with the University of Tennessee's Center for Business and Economic Research (CBER) to conduct an annual survey measuring the level of enrollees' satisfaction with services received from TennCare. Reports summarizing the survey results may be found on CBER's website at <http://cber.bus.utk.edu/tncare.htm>.