



New Hampshire State Fiscal Year (SFY) 2014-2015 External Quality Review (EQR) Technical Report

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Agenda

- EQR Activities Comparing Managed Care Organizations (MCOs)
 - **Health Plan Evaluations**
 - Contract Compliance Review
 - Performance Improvement Projects (PIPs)
 - Performance Measure Validation (PMV)
 - **Member Health and Experience of Care Evaluations**
 - Healthcare Effectiveness Data and Information Set (HEDIS®)
 - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)
 - **Overall Strengths and Areas for Improvement**

HEDIS® is a registered trademark of the National Committee on Quality Assurance.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

Agenda

- EQR Activities Evaluating the Medicaid Care Management (MCM) Program
 - **MCM Program Evaluations**
 - Focus Groups
 - Encounter Data Validation (EDV)
 - Access Reporting: Secret Shopper Analysis
 - Focused Study: Prior Authorizations
- EQRO Tasks for 2016

EQR Activities: Health Plan Evaluations

Health Plan Evaluation

- Contract Compliance Review SFY 2014-2015
 - Performed pre-on-site document review
 - Two-day on-site review at each MCO
 - Reviewed 14 Standards with 92 elements
 - Conducted on-site review to
 - Interview staff concerning questions from the pre-site documents
 - Learn more about the processes used to implement policies and procedures

Health Plan Evaluation

- Contract Compliance Review

Standard	Description of Standards Reviewed in 2015	New Hampshire Healthy Families (NHHF)	Well Sense
I.	Delegation and Subcontracting	100%	100%
II.	Plans Required by the Contract	100%	100%
III.	Emergency and Post-stabilization Care	100%	100%
IV.	Care Management/Care Coordination	100%	100%
V.	Wellness and Prevention	100%	100%
VI.	Behavioral Health	100%	100%
VII.	Member Enrollment and Disenrollment	100%	100%
VIII.	Member Services	100%	100%
IX.	Cultural Considerations	100%	100%
X	Grievances and Appeals	100%	100%
XI.	Access	100%	100%
XII.	Network Management	95.5%	95.5%
XIII.	Utilization Management	100%	100%
XIV.	Quality Management	100%	100%
Overall Rate		99.5%	99.5%

Health Plan Evaluation

- Contract Compliance Conclusions
 - Both MCOs demonstrated very strong performance results in the contract compliance review
 - Only one element missed by both MCOs: Attaining the required frequency of Consumer Advisory Board Meetings (quarterly)
 - Both MCOs submitted a corrective action plan to ensure compliance with the element

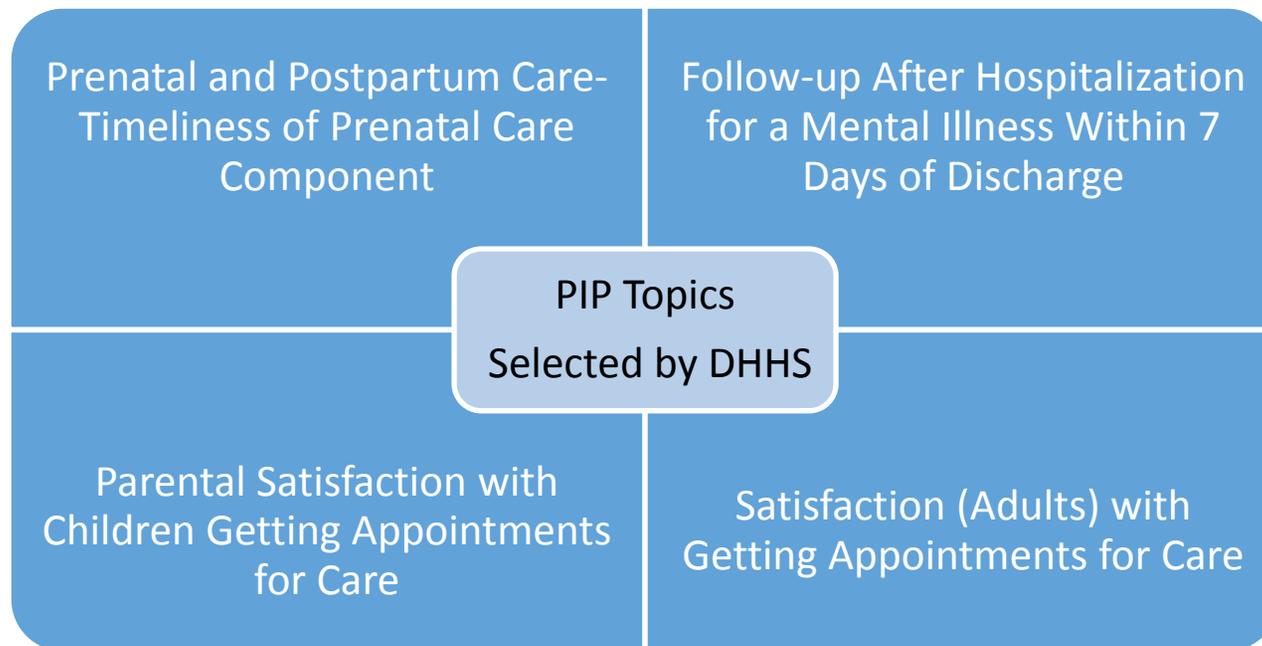
Health Plan Evaluation

- Performance Improvement Projects (PIPs)
Chosen by MCOs

NHHF PIP Topics	Well Sense PIP Topics
Comprehensive Diabetes Screening- Vision Screening	Diabetes Care-HbA1c Testing
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medication	Reducing Hospital Readmissions to the New Hampshire Hospital
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Chlamydia Screening
Well-Child Visits for 3-to-6-Year-Olds	Well-Child Visits for 3-to-6-Year-Olds

Health Plan Evaluation

- PIPs Chosen by the Department of Health and Human Services (DHHS)



Health Plan Evaluation

- PIP Scores

- All eight PIPs for both MCOs achieved a 100% compliance in the Design Stage
 - Established methodology
 - Developed and defined study topic, study question, indicators, population, sampling, and method of collecting data
- The Implementation Stage will be assessed in SFY 2015–2016
- The Outcomes Stage will be assessed in SFY 2016–2017

Health Plan Evaluation

- Performance Measure Validation (PMV)
 - Conducted a pre-on-site evaluation and a one-day on-site review at each MCO
 - Validated 16 Performance Measures with sub-measures identified by DHHS
 - Reviewed an Information System Capability Assessment Tool (ISCAT) completed by the MCOs
 - Completed desk review of all materials
 - Conducted on-site review of data systems, data output files, and reports
 - Reviewed computer coding to ensure proper reporting of information to DHHS

Health Plan Evaluation

- PMV Findings

Performance Measure	NHHF	Well Sense
Data Integration, control, and measure documentation	Acceptable	Acceptable
Claims and encounter data system and process findings	Acceptable	Acceptable
Membership and enrollment data system and process findings	Acceptable	Acceptable
Provider data system and process findings	Acceptable	Acceptable
Appeals data system and process findings	Acceptable	Acceptable
Prior authorization data system and process findings	Acceptable	Acceptable
Call center data system and process findings	Acceptable	Acceptable
Performance measure production and reporting findings	Acceptable	Acceptable

Health Plan Evaluation

- PMV Conclusions
 - NHHF: No adverse findings
 - Well Sense: One finding- Vendors need to be monitored monthly for encounter submissions
 - Well Sense implemented corrective actions to ensure compliance with the requirement to monitor the vendors' monthly encounter submission

EQR Activities: Member Health and Experience of Care Evaluations

Member Health and Experience of Care

- HEDIS
 - Developed by National Committee for Quality Assurance (NCQA)
 - Developed for employers as a way to compare health plans
- First HEDIS measures developed in the 1990s
- Currently used by more than 90 percent of America's health plans (commercial, Medicare, and Medicaid) to assess performance on important dimensions of care and service

NCQA. (n.d.). HEDIS & Performance Measurement. Retrieved February 28, 2016 from <http://www.ncqa.org/HEDISQualityMeasurement.aspx>

Member Health and Experience of Care

- HEDIS
 - Measures collected by two MCOs and audited by a Certified HEDIS Compliance Auditor
 - Audited results sent to HSAG
 - Information Systems standard reviewed by the auditors to ensure reporting of valid rates
 - Rates generated for measures in the following areas:
 - Prevention
 - Acute and Chronic Care
 - Behavioral Health

Member Health and Experience of Care

- HEDIS: NHHF

Summary of Scores for 2015 HEDIS Measures
with National Comparative Rates for NHHF

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile/ Below 90th Percentile	Met 50th Percentile/ Below 75th Percentile	Met 25th Percentile/ Below 50th Percentile	Under 25th Percentile	Total
Prevention (n=18)*	2	7	5	3	1	18
Acute & Chronic (n=12)	1	4	4	1	2	12
Behavioral Health (n=7)	3	0	3	0	1	7
All Domains (n=37)	6	11	12	4	4	37
Percentage	16.2%	29.7%	32.4%	10.8%	10.8%	100%

Percentages may not equal 100 due to rounding.

* Two additional measures were included in the Prevention domain, but NHHF had denominators less than 30 for both measures (a not applicable [NA] designation); therefore, rates for these measures were not compared to national percentiles.

Member Health and Experience of Care

- HEDIS: Well Sense

Summary of Scores for 2015 HEDIS Measures
with National Comparative Rates for Well Sense

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile/ Below 90th Percentile	Met 50th Percentile/ Below 75th Percentile	Met 25th Percentile/ Below 50th Percentile	Under 25th Percentile	Total
Prevention (n=18)*	1	9	2	2	4	18
Acute & Chronic (n=12)	4	3	1	2	2	12
Behavioral Health (n=7)	3	1	1	0	2	7
All Domains (n=37)	8	13	4	4	8	37
Percentage	21.6%	35.1%	10.8%	10.8%	21.6%	100%

Percentages may not equal 100 due to rounding.

* Two additional measures were included in the Prevention domain, but Well Sense had denominators less than 30 for both measures (a not applicable [NA] designation); therefore, rates for these measures were not compared to national percentiles.

Member Health and Experience of Care

- CAHPS
 - Developed in the 1990s by the Agency for Healthcare Research and Quality (AHRQ)
 - Developed to standardize the information obtained from enrollees concerning the quality of their health plans
 - Survey now expanded to address a range of health care services to meet the needs of consumers, purchasers, health plans, providers, and policymakers

CAHPS. (n.d.). The CAHPS Program. Retrieved February 29, 2016 from <https://cahps.ahrq.gov/about-cahps/cahps-program/index.html>

Member Health and Experience of Care

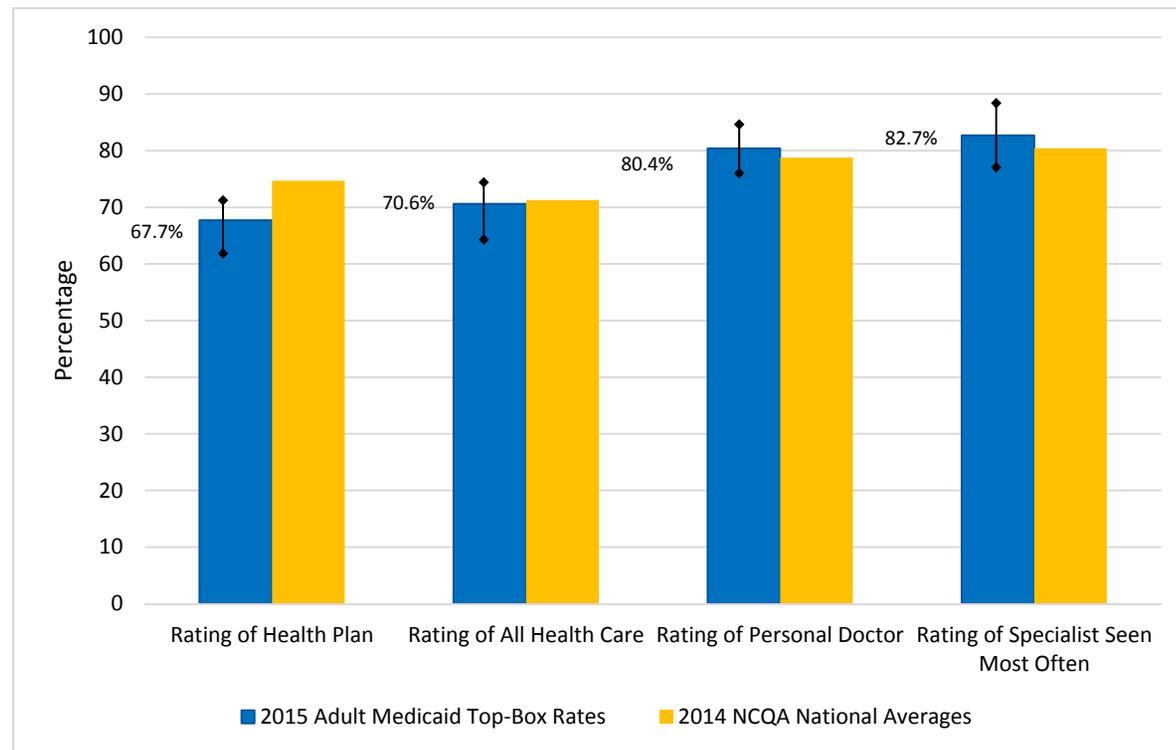
- CAHPS
 - Collected by each MCO
 - Audited results sent to HSAG
 - HSAG compared the two MCO rates
 - Global Ratings: Overall satisfaction with an aspect of care on a scale of 0-10 (e.g., satisfaction with the health plan, personal doctor, etc.)
 - An industry standard way to compare Global Ratings uses *Top Box Scores* of 8, 9, or 10

Member Health and Experience of Care

- CAHPS
 - Composite Measures: Groupings of different aspects of care (e.g., getting needed care, shared decision making, etc.) with answers Never, Sometimes, Usually, and Always; or Yes and No
 - An industry standard way to compare Composite Measures uses *Top Box Scores* of Usually or Always and Yes

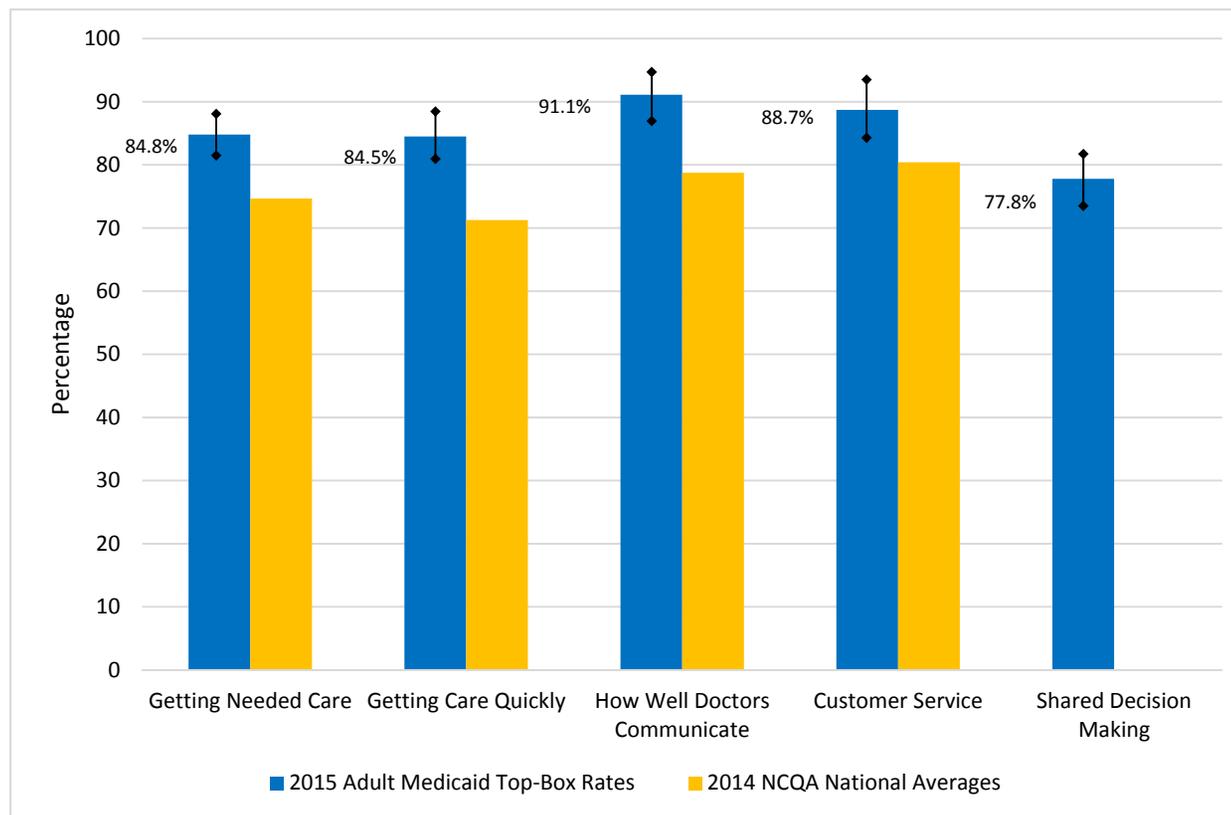
Member Health and Experience of Care

- CAHPS: NHHF Adult Medicaid Global Ratings



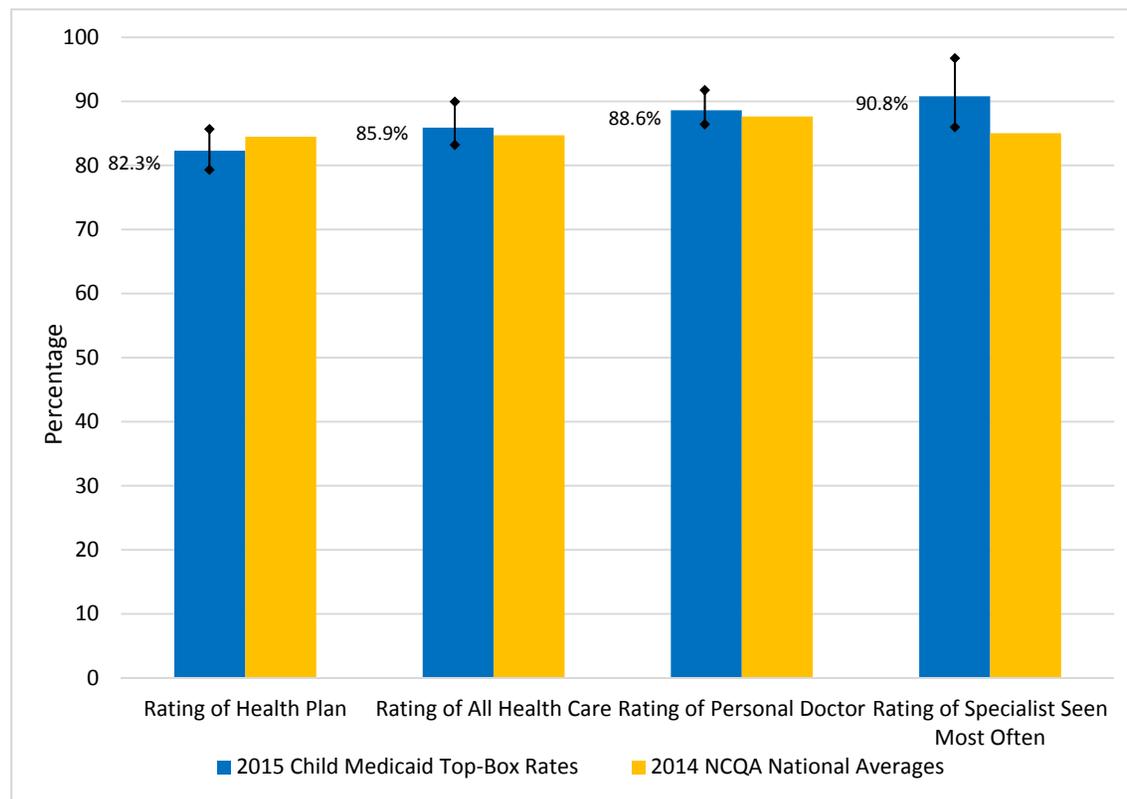
Member Health and Experience of Care

- CAHPS: NHHF Adult Medicaid Composite Measures



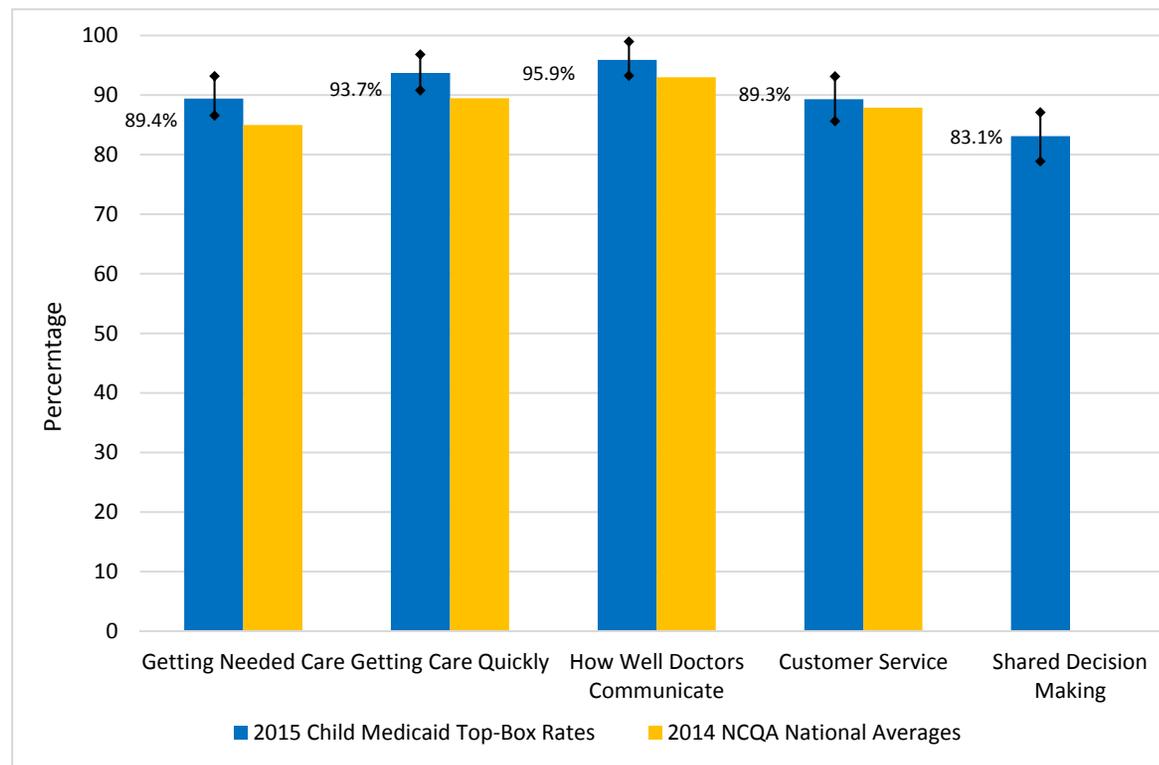
Member Health and Experience of Care

- CAHPS: NHHF Child Medicaid Global Ratings



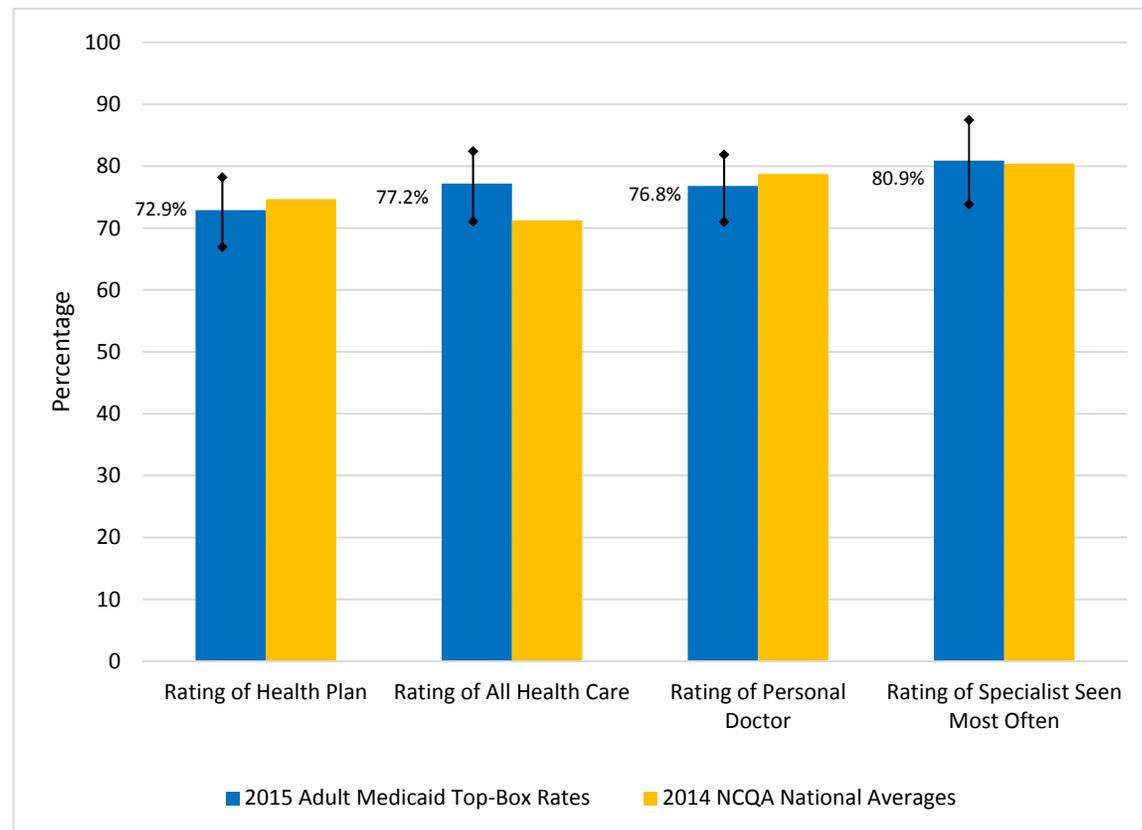
Member Health and Experience of Care

- CAHPS: NHHF Child Medicaid Composite Measures



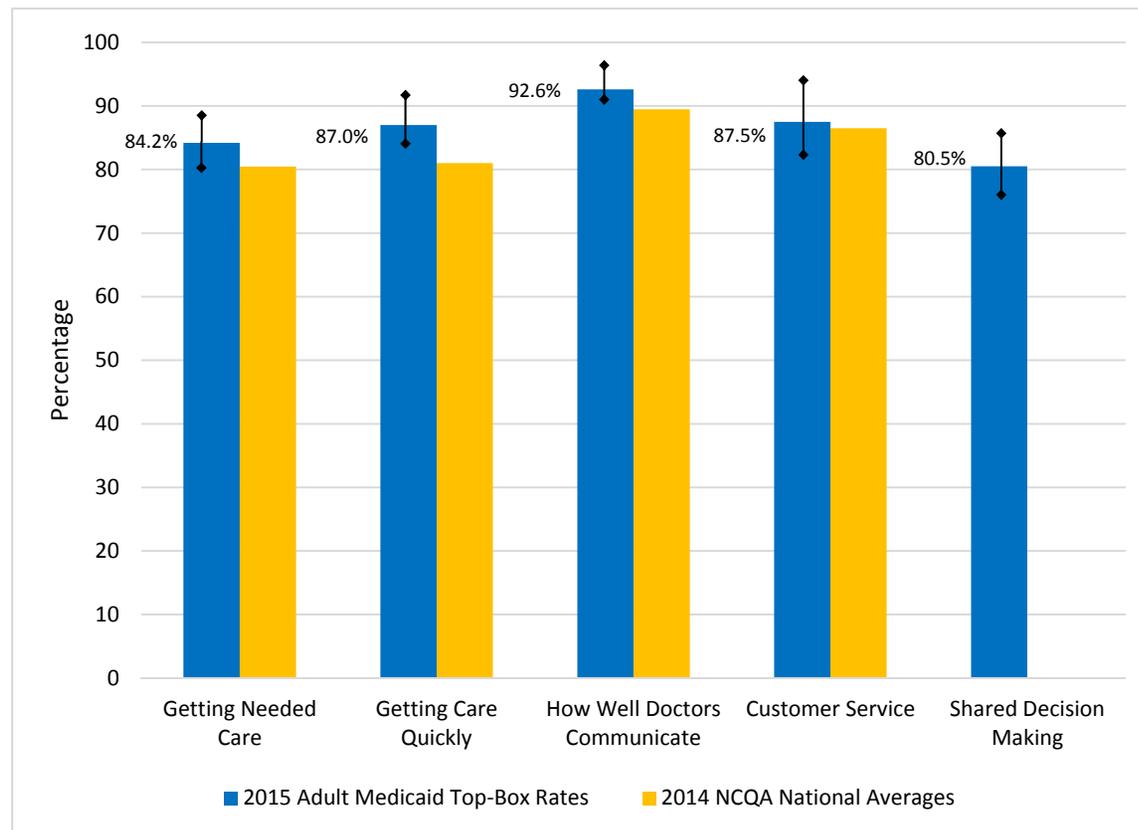
Member Health and Experience of Care

- CAHPS: Well Sense Adult Medicaid Global Ratings



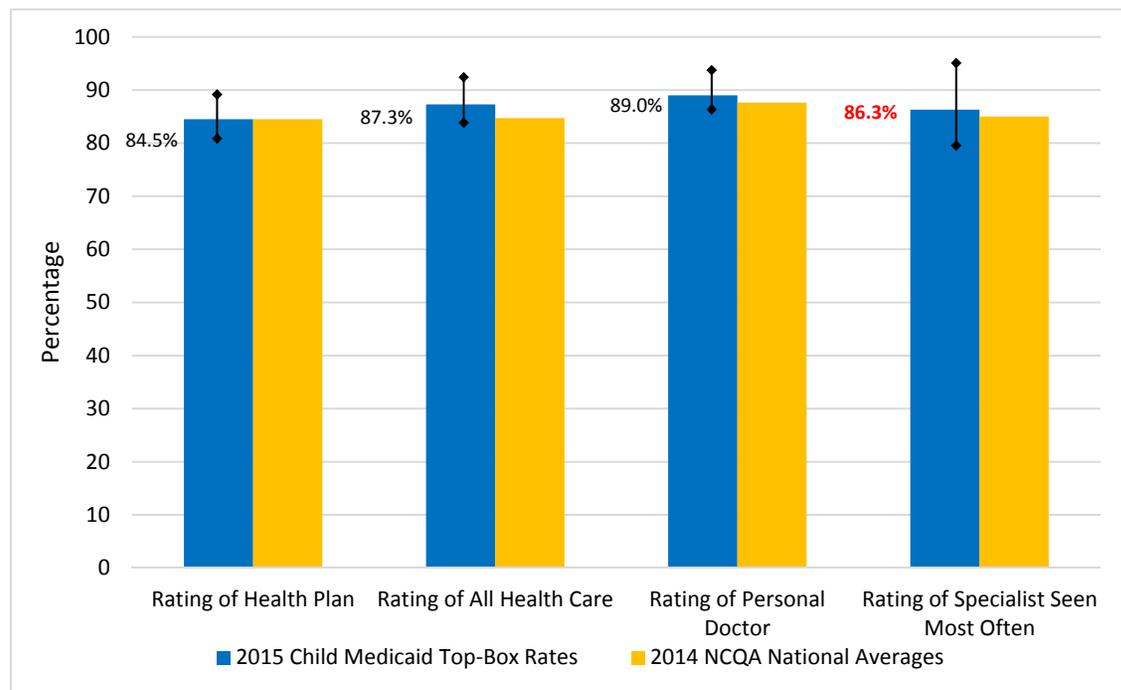
Member Health and Experience of Care

- CAHPS: Well Sense Adult Medicaid Composite Measures



Member Health and Experience of Care

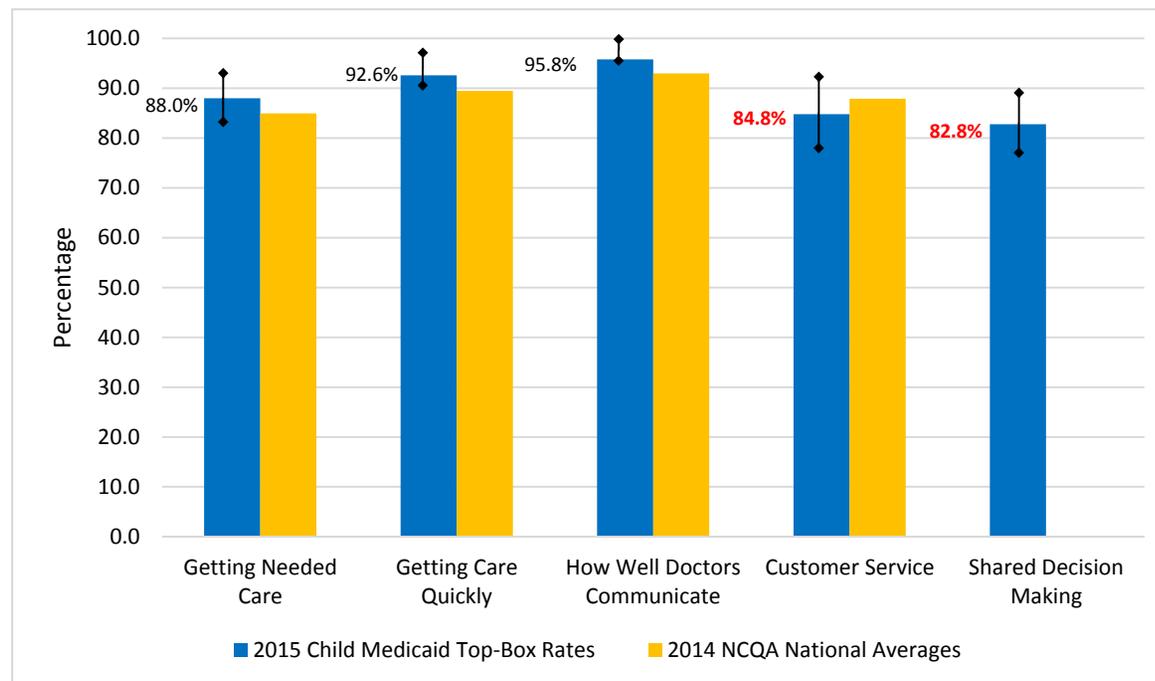
- CAHPS: Well Sense Child Medicaid Global Ratings



CAHPS scores with fewer than 100 respondents are denoted in **RED**. Caution should be exercised when interpreting results for those measures with less than 100 respondents.

Member Health and Experience of Care

- CAHPS: Well Sense Child Medicaid Composite Measures



CAHPS scores with fewer than 100 respondents are denoted in **RED**. Caution should be exercised when interpreting results for those measures with less than 100 respondents.

Overall Strengths and Opportunities for Improvement

Strengths and Opportunities for Improvement

- **Health Plan Evaluation**

- Very strong performance demonstrated by both MCOs' contract compliance, PIPs, and PMV
- Contract Compliance recommendation: Attaining the required frequency of Consumer Advisory Board meetings
- PIPs: No opportunities for improvement were identified
- PMV: One MCO needs to improve the monitoring of vendor encounter data

Strengths and Opportunities for Improvement

- **Member Health and Experience of Care Evaluation**
 - NHHF: Strong performance on six measures:
 - Two preventive measures
 - One acute and chronic care measure
 - Three behavioral health measures
 - NHHF: Focus quality improvement efforts on four measures:
 - One preventive measure
 - Two acute and chronic care measures
 - One behavioral health measure

Strengths and Opportunities for Improvement

- **Member Health and Experience of Care Evaluation**
 - Well Sense: Strong performance in eight measures:
 - One preventive measures
 - Four acute and chronic care measure
 - Three behavioral health measures
 - Well Sense: Focus quality improvement efforts on eight measures:
 - Four preventive measures
 - Two acute and chronic care measures
 - Two behavioral health measures

Strengths and Opportunities for Improvement

- **Member Health and Experience of Care Evaluation**
 - Both MCOs: Above the CAHPS national average for the adult and child populations in the ratings of Getting Needed Care and Getting Needed Care Quickly
 - NHHF could focus quality improvement efforts on Rating of Health Plan for both the adult and child Medicaid populations
 - Well Sense could focus quality improvement efforts on Rating of Health Plan and Rating of Personal Doctor for the adult population; and improving Customer Service for the child population

EQR Activities: MCM Program Evaluations

MCM Program Evaluation

- Focus Groups
 - Horn Research (Subcontractor to HSAG)
 - Conducted two groups in the fall of 2014
 - Topic: Experience with the MCM Program
 - Locations: Keene and Rochester, New Hampshire
 - Responses from 20 MCO members
 - Conducted two groups in the spring of 2015
 - Topic: New Hampshire Health Protection Program (NHHPP) members' experience with care
 - Locations: Manchester and Nashua, New Hampshire
 - Responses from 18 MCO members

MCM Program Evaluation

- Focus Groups
 - Fall Groups: MCO Members
 - Key points of inquiry:
 - Experience with MCM Program
 - Access to care
 - Information needs
 - Improvements to MCO and Medicaid

MCM Program Evaluation

- Focus Groups
 - Fall Groups: MCO Members
 - Results: Participants
 - Shared generally positive experiences
 - Expressed generally positive experiences with the preauthorization process
 - Requested clear and concise information concerning their benefits and coverage
 - Suggested access to alternative therapies and wellness opportunities

MCM Program Evaluation

- Focus Groups
 - Spring Groups: NHHPP Participants
 - Key points of inquiry
 - Access to and quality of care prior to enrollment in the MCO and since enrollment
 - Impact of enrollment
 - Experience with the MCO
 - Improvements to MCO and Medicaid

MCM Program Evaluation

- Focus Groups
 - Spring Groups: NHHPP Participants
 - Results: Participants
 - Lacked insurance coverage prior to enrollment (majority)
 - Reported access to care improved significantly with the MCO, especially for chronic illnesses
 - Stated that health had improved since joining the MCO (about half)
 - Described positive experiences with their MCO with few problems
 - Provided few suggestions for improvements to the MCO or Medicaid

MCM Program Evaluation

- Encounter Data Validation (EDV)
 - HSAG developed an Encounter Data Quality Reporting System to evaluate the quality of data files submitted by MCO
 - HSAG is currently programming EDV-specific submission and quality edits to review submitted encounters

MCM Program Evaluation

- Access Reporting: Secret Shopper Analysis
 - Purpose: To determine if appointment accessibility differed based on the member's enrolled program (standard Medicaid versus NHHPP)
 - Sampled 412 unique provider locations
 - Called to request appointments for routine/episodic care with 206 providers and preventive care with 206 providers
 - Results showed no evidence that appointment times varied based on the program

MCM Program Evaluation

- Focused Study: Prior Authorizations (PAs)
 - Purpose: To determine providers' experiences using the current PAs systems used by the two MCOs and the New Hampshire Fee-for-Service (FFS) program
 - Phase I: Interviews with providers
 - Phase II: Review and comparison of documents and processes
 - PA requests
 - PA documentation requirements
 - PA determinations
 - PA resolution

MCM Program Evaluation

- Focused Study: Prior Authorizations (PAs)
 - Conclusions from the study
 - Streamline processes (single location to submit PAs, web-enabled form, etc.)
 - Make web-sites easier to navigate (“3 clicks”)
 - Standardize the template used by all three entities
 - Develop centralized location to link requests to all three entities
 - Review denials to determine if there is a pattern to the type of service being denied
 - Conduct provider focus groups to determine the reasons for the high number of pharmacy denials

MCM Program Evaluation

- Focused Study: Prior Authorizations (PAs)
 - Conclusions from the study
 - Consider increasing inter-rater reliability threshold from 80% to 90% to ensure greater consistency among reviewers
 - Expand “Auto-PA,” a web-based system to determine if there are requirements for a given PA request (required diagnosis, step therapy medications, etc.)
 - Allow prescribers quick and clear access to physicians in the same specialty to facilitate peer-to-peer discussions
 - Determine if patterns exist in the type of reversed appeals; clarify first-level criteria to eliminate appeals

EQRO Activities: Tasks for 2016

EQRO Tasks for 2016

- **Health Plan Evaluations**
 - Contract Compliance Review
 - PIPs
 - PMV
- **Member Health and Experience of Care**
 - HEDIS
 - CAHPS

EQRO Tasks for 2016

- **MCM Program Evaluation**
 - Focus Groups
 - Fall Topic: Case Management
 - Spring Topic: Experience of newly (February 2016) enrolled mandatory population
 - Encounter Data Validation (EDV)
 - Access Reporting
 - Focused Study: Case Management/Care Coordination
- **Annual Meeting**



Questions?



Thank you!

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