



Medicaid Care Management
2016 Quality Update Highlights

NH Department of Health and Human Services
Office of Quality Assurance and Improvement

For July 11, 2016

MCM Quarterly Quality Presentations

Quarter	Presenter	Report Topics
CY Qtr-1	External Quality Review Organization	<ul style="list-style-type: none"> • EQRO Technical Report
CY Qtr-2	DHHS QAI	<ul style="list-style-type: none"> • General Medicaid Quality Operations • Network Adequacy • Quality Studies • Member Focus Groups
CY Qtr-3	DHHS QAI	<ul style="list-style-type: none"> • HEDIS Report • CAHPS Report • NCQA Quality Summary • Behavioral Health Member Satisfaction Surveys
CY Qtr-4	MCOs	<ul style="list-style-type: none"> • MCO Annual Report • Performance Improvement Plan Update • Provider and Member Advisory Board Reports • Quality Assurance and Program Improvement plans • Provider Satisfaction Survey

**Member Access to Care
and
Provider Network Adequacy**

Provider Network Adequacy

Provider/Service -Standard	SFY 2014	SFY 2015	7/1/15 – 12/31/15
PCPs - Two (2) within forty (40) minutes or fifteen (15) miles	Met	Met	Met
Specialists - One (1) within sixty (60) minutes or forty-five (45) miles	Met w/ approved exceptions	Met w/ approved exceptions	Met w/ approved exceptions
Hospitals - One (1) within sixty (60) minutes or forty-five (45) miles	Met	Met	Met
Mental Health Providers - One (1) within forty-five (45) minutes or twenty-five (25) miles	Met	Met	Met
Pharmacies - One (1) within forty-five (45) minutes or fifteen (15) miles	Met	Met	Met
Tertiary or Specialized services (Trauma, Neonatal, etc.) - One within one hundred twenty (120) minutes or eighty (80) miles	Met	Met	Met

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Provider Network Adequacy

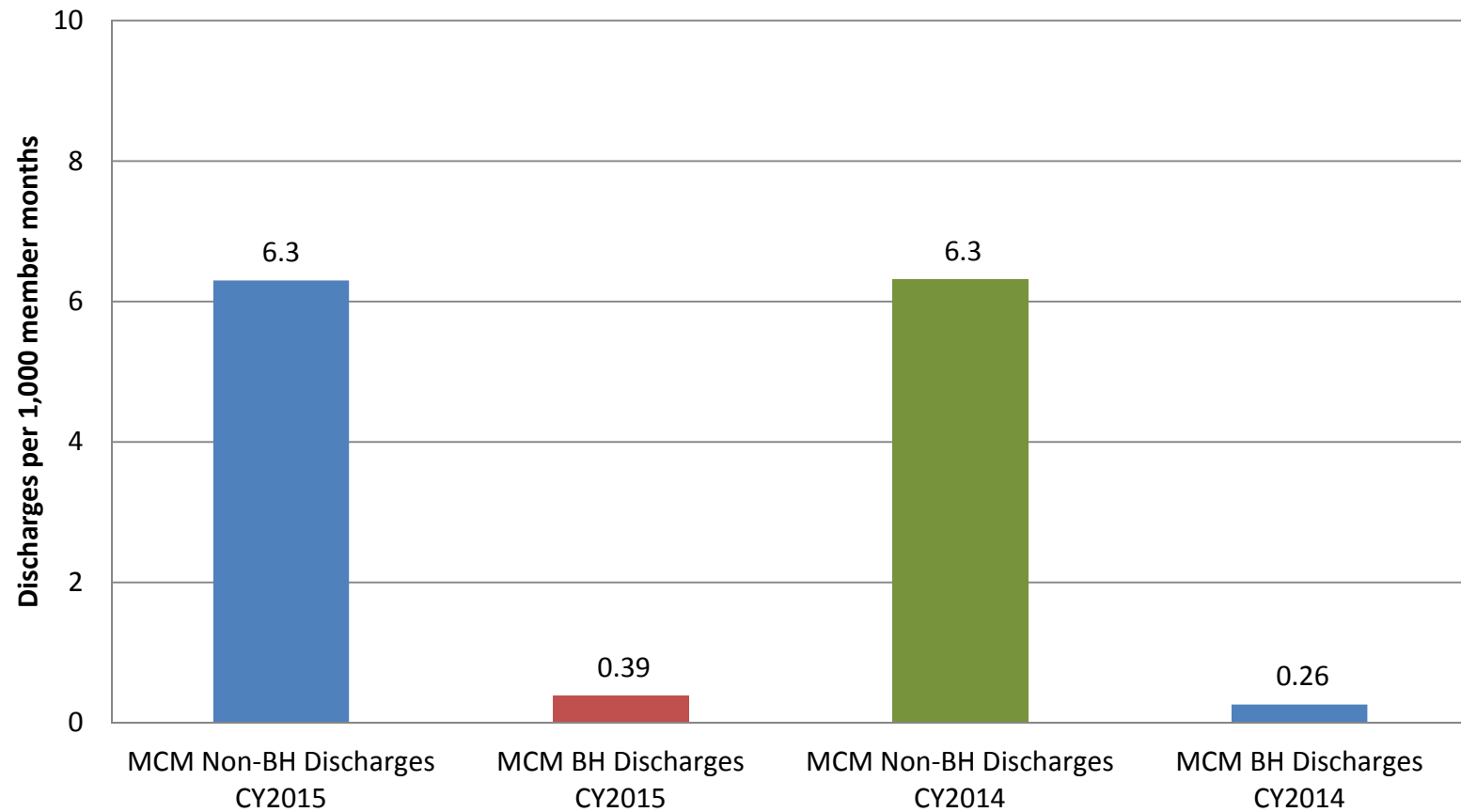
Substance Use Disorder Provider Network Standards (SFY 2017)

- SUD Councilors (MLDAC) - One (1) within forty-five (45) minutes or twenty-five (25) miles
- SUD Programs (Comprehensive, Outpatient, Methadone Clinics) – One (1) within sixty (60) minutes or forty-five (45) miles.

New CMS Managed Care Rules

- Time and distance standards for MCO networks that are certified at least annually. (SFY 2018)
- New mandatory External Quality Review activity to validate network adequacy. (1 year after the release of CMS protocols.)

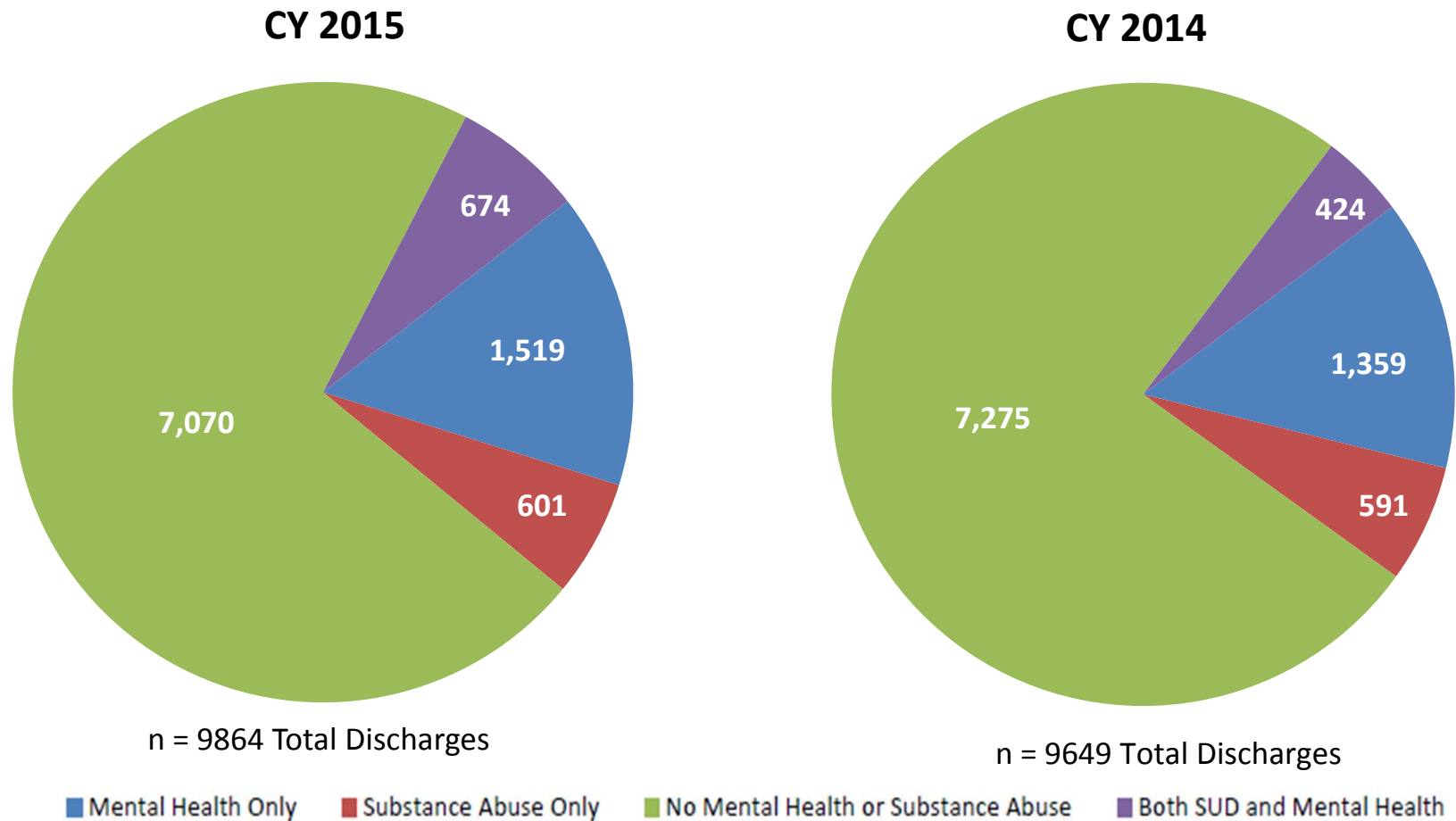
Inpatient Discharges for MCM Members without Behavioral Health Primary Diagnosis



Note: Data excludes discharges from inpatient psychiatric facilities.

MCM Source: NH MMIS as of 6/21/16; data subject to revision.

Inpatient Discharges for MCM Members With Primary or Secondary Behavioral Health Diagnosis

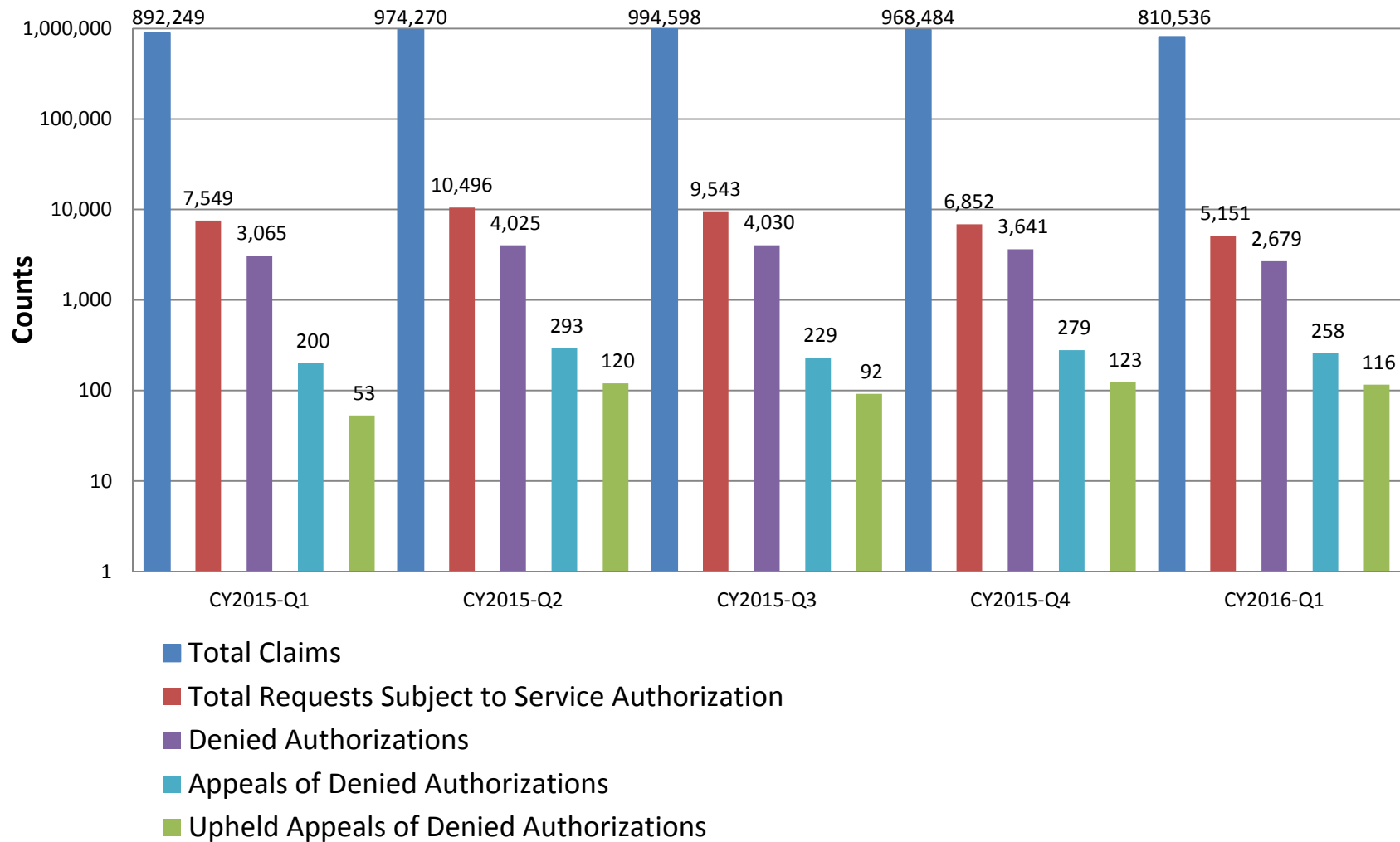


Note: Data excludes discharges from inpatient psychiatric facilities.

Source: NH MMIS as of 6/21/16; data subject to revision.

MCM Pharmacy Claims, Authorizations & Appeals

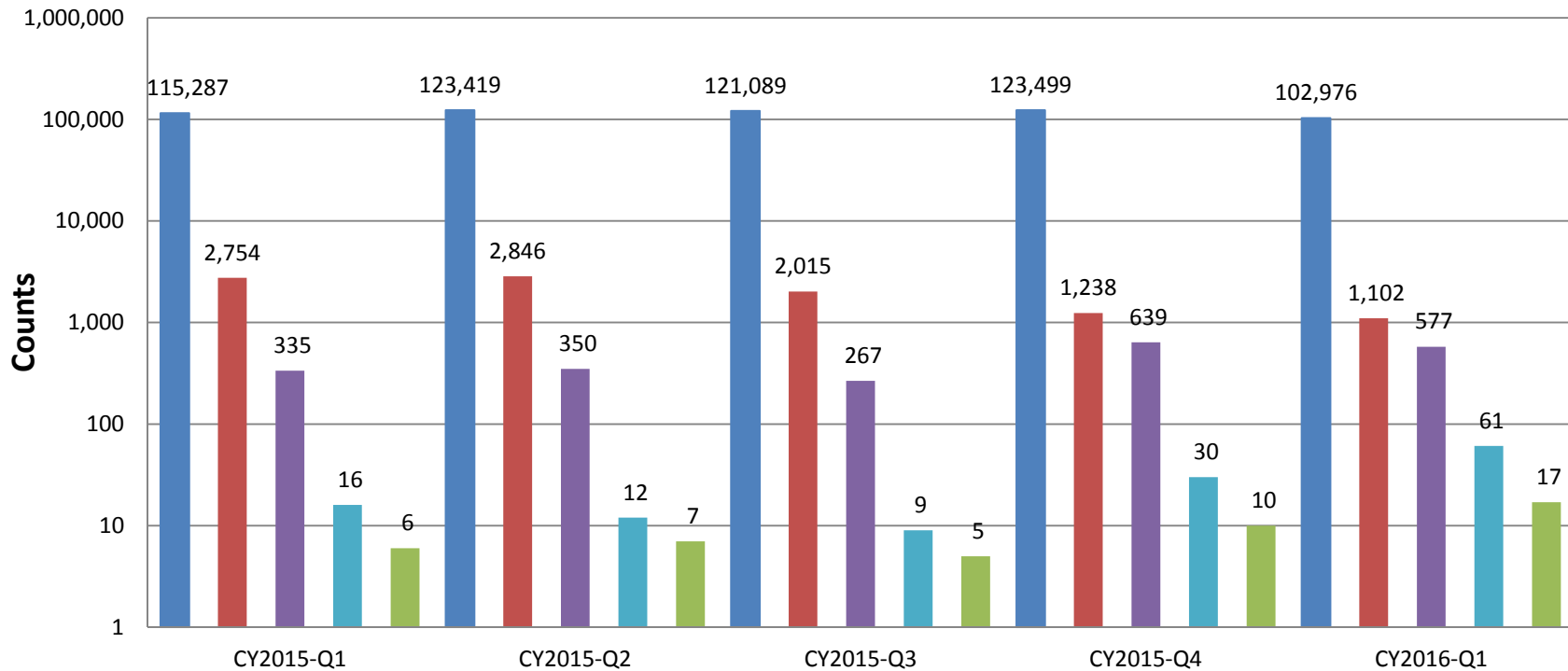
(Note: logarithmic scale y axis)



MCM Claims, Authorizations & Appeals

Mental Health Drugs

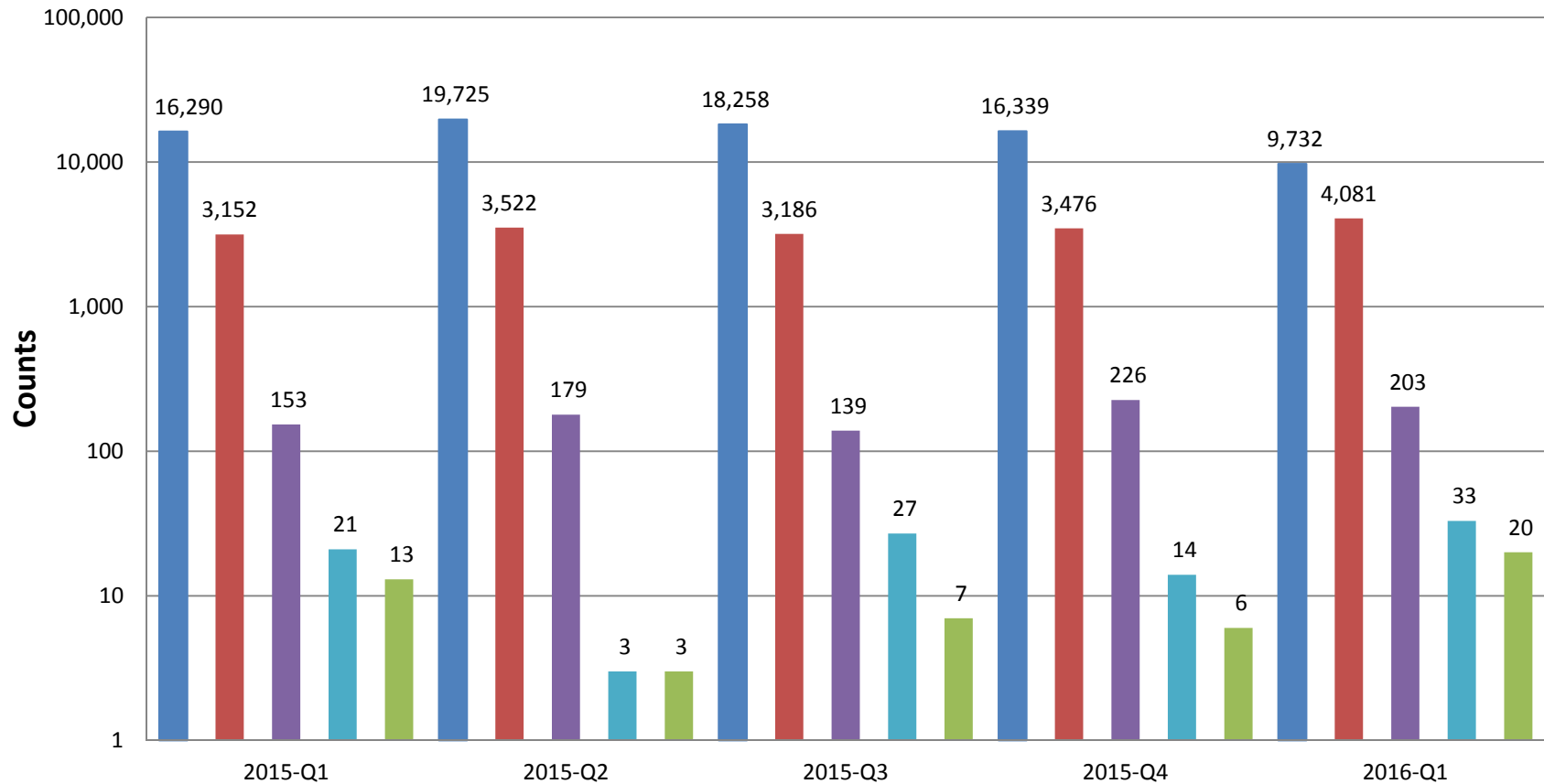
(Note: logarithmic scale y axis)



- Total Claims
- Total Requests Subject to Service Authorization
- Denied Authorizations
- Appeals of Denied Authorizations
- Upheld Appeals of Denied Authorizations

MCM Claims, Authorizations & Appeals PT/OT/ST

(Note: logarithmic scale y axis)



- Total Services Paid
- Total Requests Subject to Service Authorization
- Denied Authorizations
- Appeals of Denied Authorizations
- Upheld Appeals of Denied Authorizations

Source: MCM Quality Data as of 7/6/16; data subject to revision.

Grievances and Appeals for PT/OT/ST Services Newly Mandatory vs. Total MCM Population

	Total Appeal of Denial Filed	Appeal of Denial Filed (1915b only)	Total Grievances	Total Grievances (1915b only)
May-15	0	-	0	-
Jun-15	2	-	1	-
Jul-15	10	-	0	-
Aug-15	11	-	0	-
Sept-15	6	-	0	-
Oct-15	8	-	0	-
Nov-15	3	-	0	-
Dec-15	3	-	0	-
Jan-16	13	-	0	-
Feb-16	8	0	1	0
Mar-16	12	3	0	0
Apr-16	18	3	0	0

Source: MCM Quality Data as of 6/21/16; data subject to revision.

External Quality Review

EQR – Case/Care Management

Member Focus Group (Fall 2015)

- Health Services Advisory Group (HSAG) conducted two focus **groups** of 21 Medicaid Care Management members and asked them a series of questions about their experiences with MCM care management.
- The majority of member reported positive experiences. Opportunities for improvement included improved communication and continuity between MCO case managers.

Focus Study (Spring 2016)

- HSAG conducted a focused **study** on the processes and methods employed by the MCOs to better understand, objectively how the plans case/care management process.
- MCO's care management programs meet industry standards for caseload ratios, IT systems, and systems to identify members for case management. Opportunities for improvement include documenting physician specialists in the care management case file and proactively sharing copies of care plans with the member's Primary Care Provider.

Annual Quality Improvement Meeting (June 2016)

- National experts in the field of case management led an all-day training for MCO case management staff.
- Training discussed tools, standards of practice and included a table top exercise.

Member Focus Group Report: <https://medicaidquality.nh.gov/care-management-focus-group-reports>
Focus Study Report: <https://medicaidquality.nh.gov/medicaid-care-management-annual-quality-focus-studies>

EQR– Spring Member Focus Group

Population:

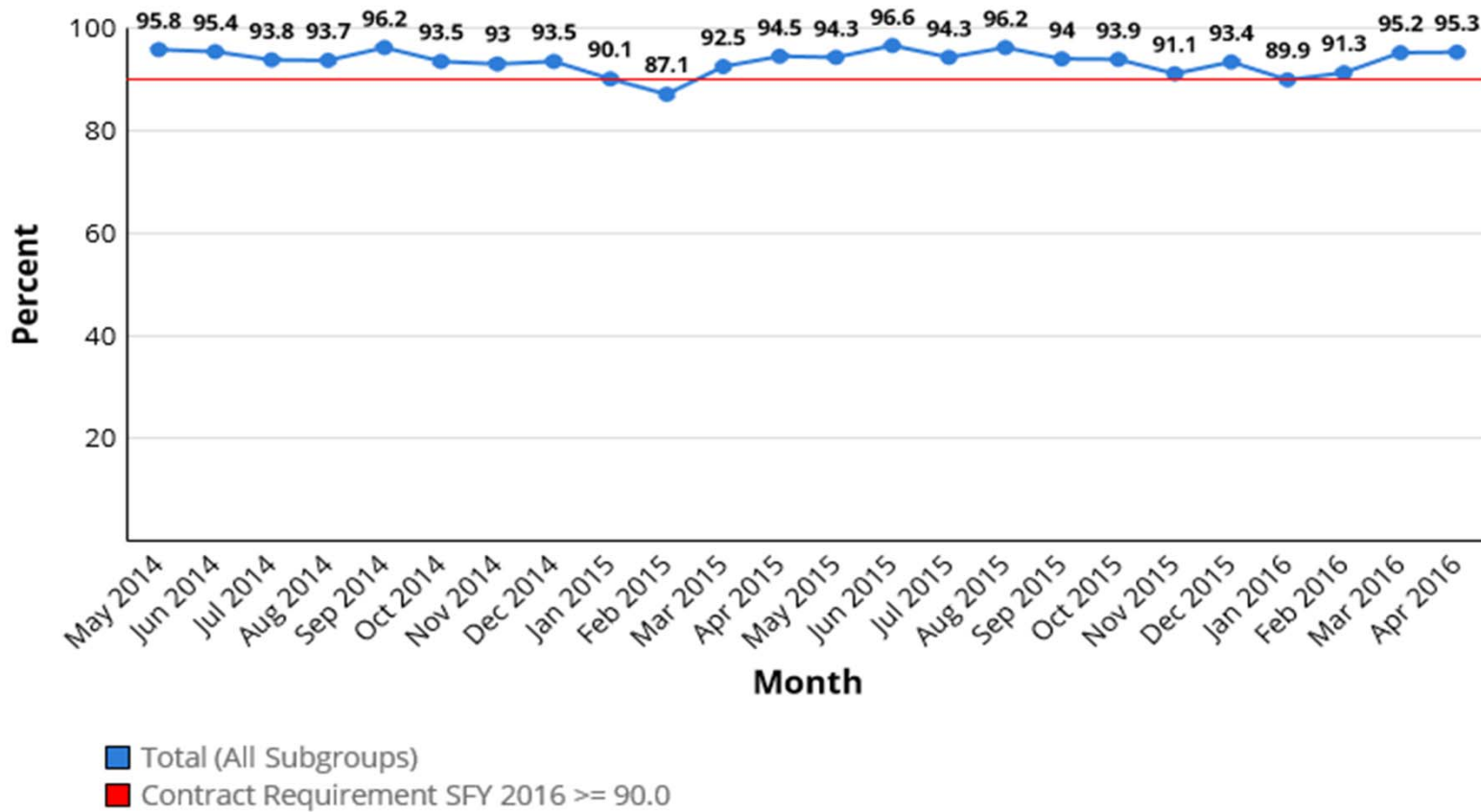
- Focused on individuals who **previously decided to opt out** of the MCM program and on February 1, 2016 were enrolled in an MCO.
- 3 categories:
 1. Dual eligibles;
 2. Parents or caregivers of children with disabilities; and
 3. Parents or caregivers of children in foster care.

Results and Recommendations:

- Participants requested more simplified information about benefits in online and paper formats.
- Parents or caregivers of children with disabilities shared more negative experiences with their MCO than dual eligibles or parents and caregivers of children in foster care.
- Participants recommended Medicaid provide adult dental benefits and additional vision providers with greater selections and quality of glasses.
 - NOTE: A total of 2 grievances were filed in SFY 2016 related to eyeglasses.

MCM Operations

Member Communication: Speed to Answer Within 30 Seconds

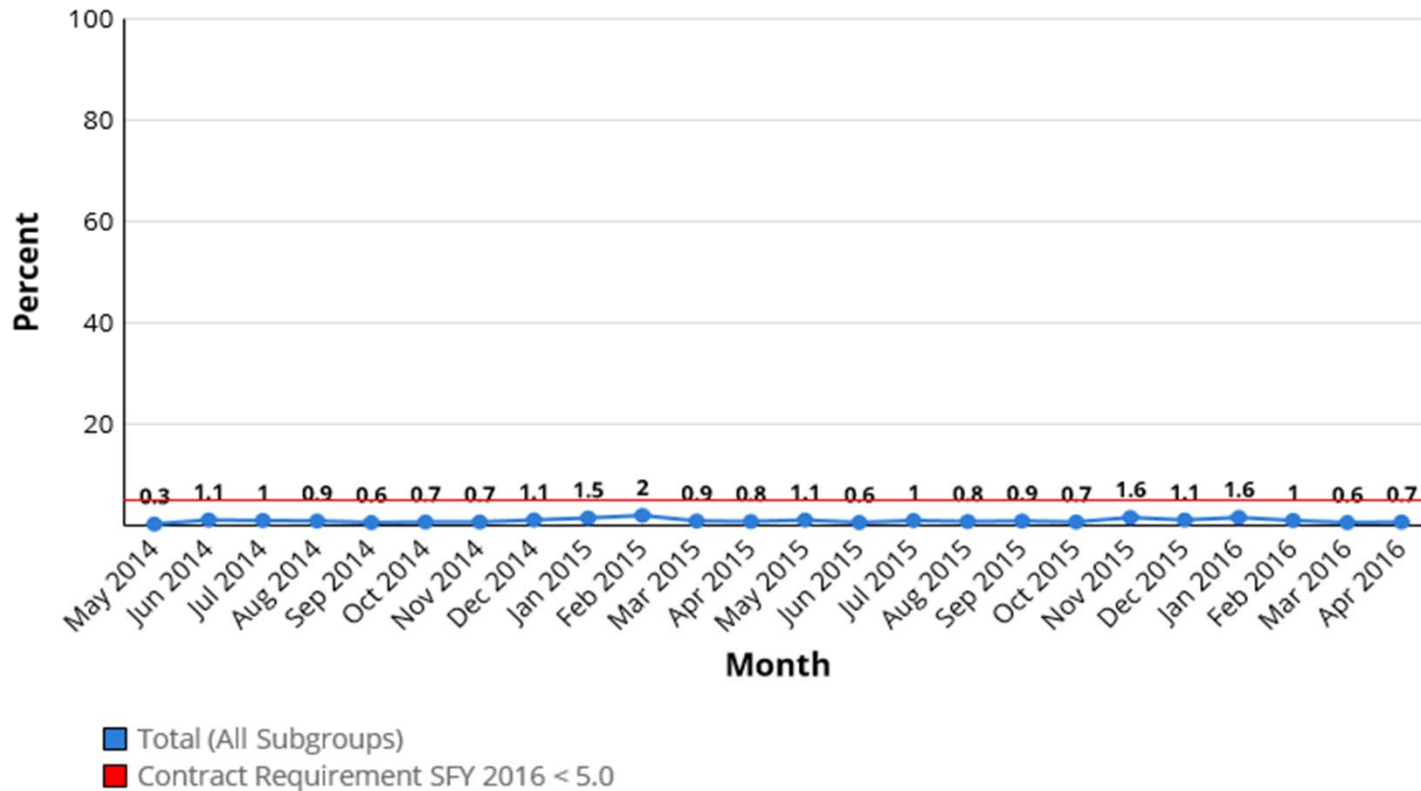


Measure Description:

Percentage of inbound member calls answered by a live voice within 30 seconds.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Member Communication: Calls Abandoned

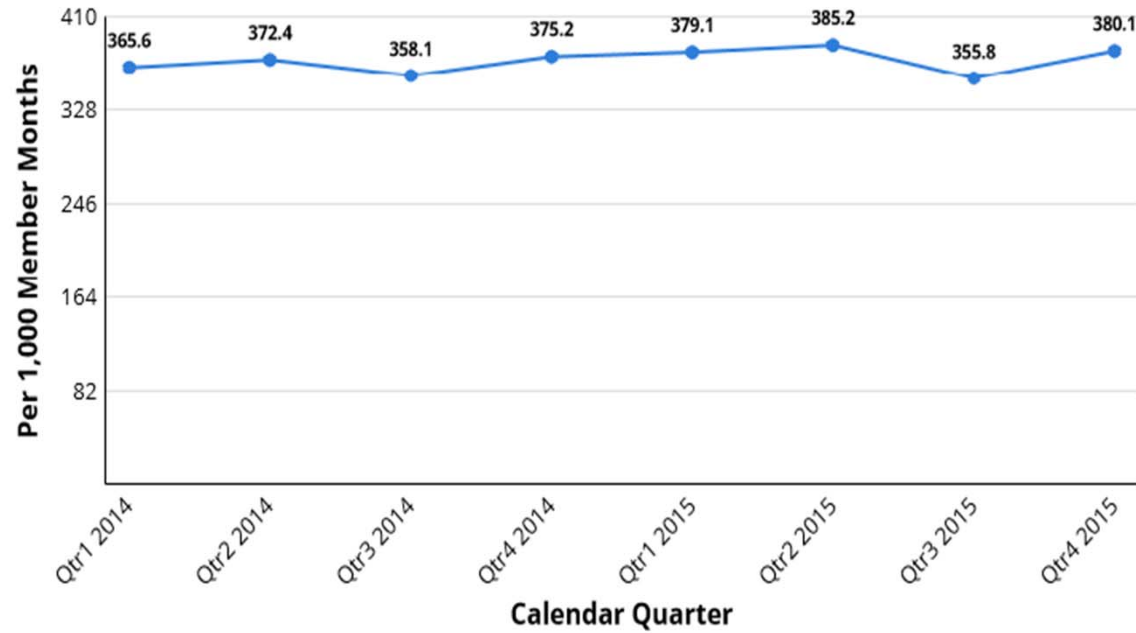


Measure Description:

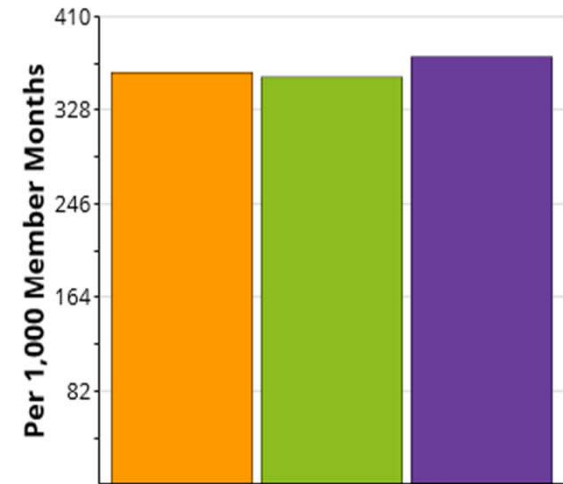
Percent of inbound member calls abandoned while waiting in call queue.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Physician/APRN/Clinic Visits



■ Total (All Subgroups)



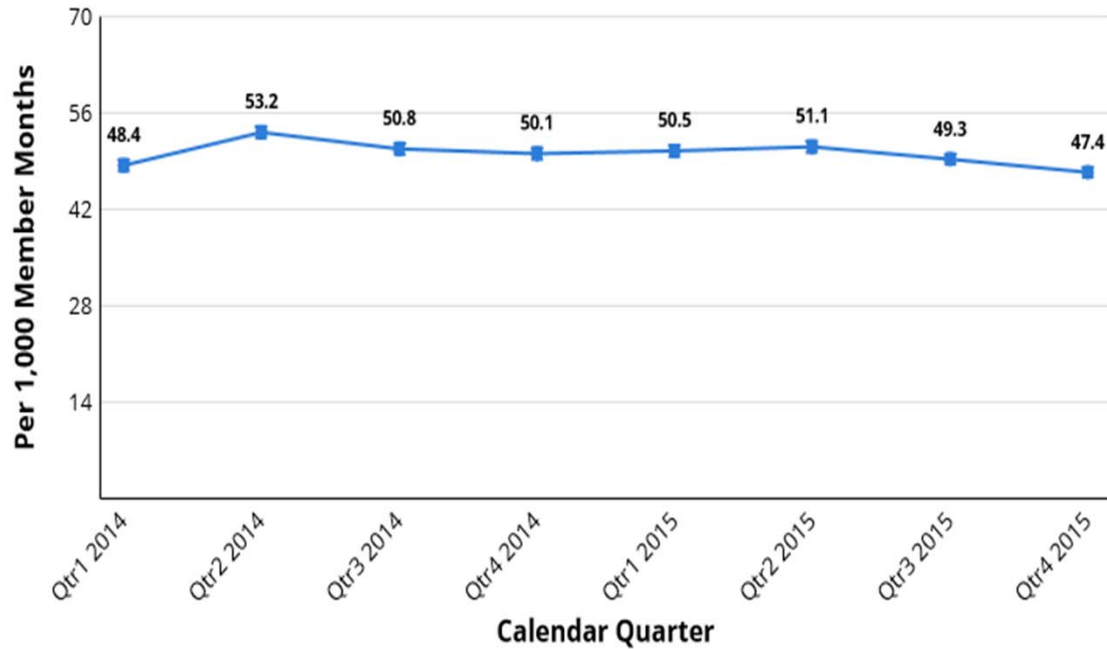
■ New England Medicaid Managed Care CY 2014
 ■ National Medicaid Managed Care CY 2014
 ■ NH Medicaid Pre-MCM CY 2013

Measure Description:

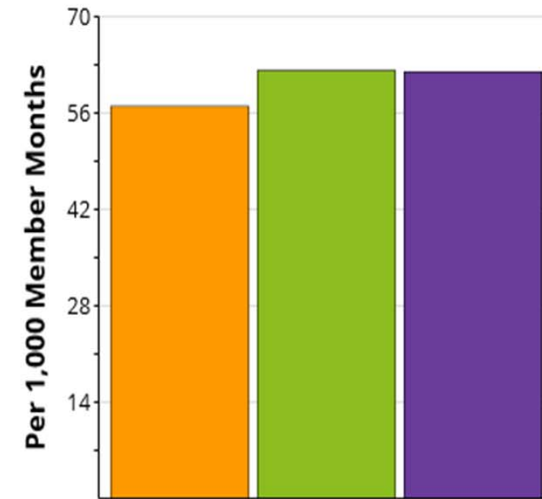
Physician/APRN/Clinic Visits per 1,000 member months by age group.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Emergency Department Visits



■ Total (All Subgroups)



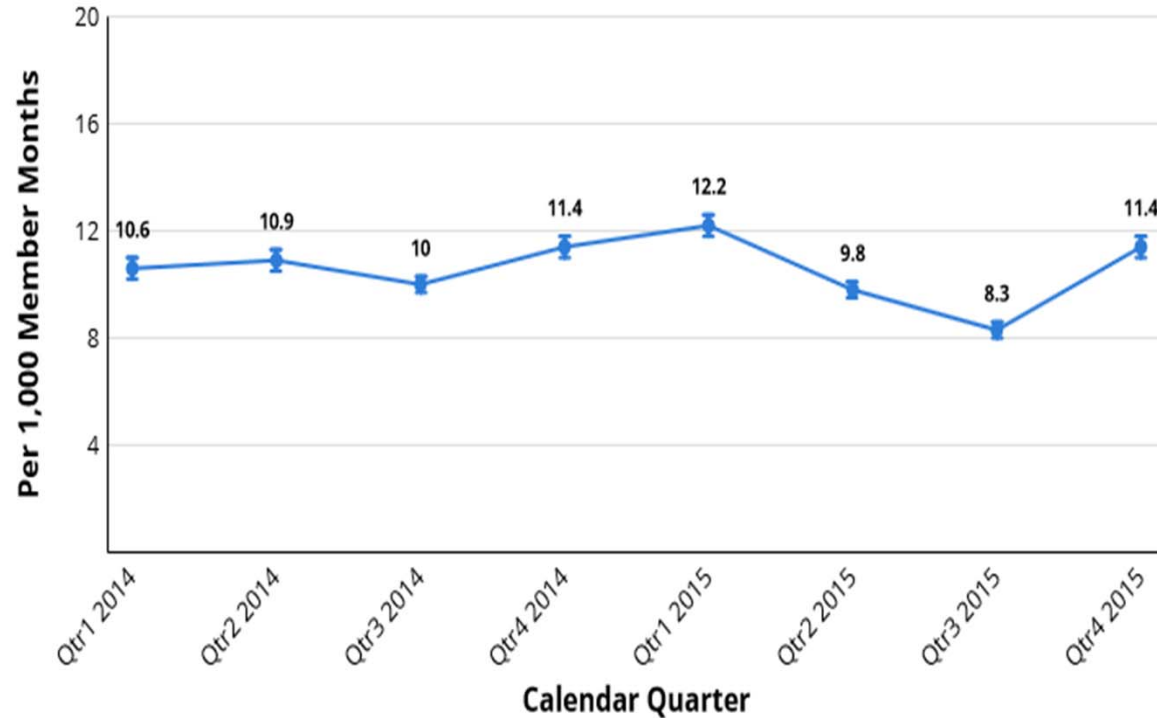
■ New England Medicaid Managed Care CY 2014
 ■ National Medicaid Managed Care CY 2014
 ■ NH Medicaid Pre-MCM CY 2013

Measure Description:

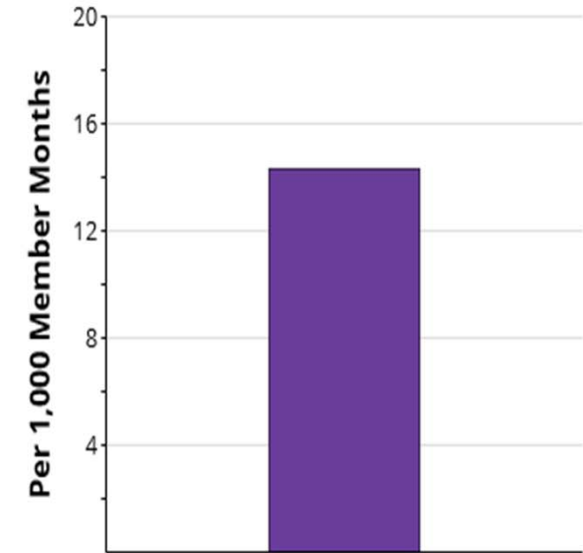
Ambulatory emergency department visits per 1,000 member months by age group.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Emergency Department Visits: Potentially Treatable in Primary Care



■ Total (All Subgroups)



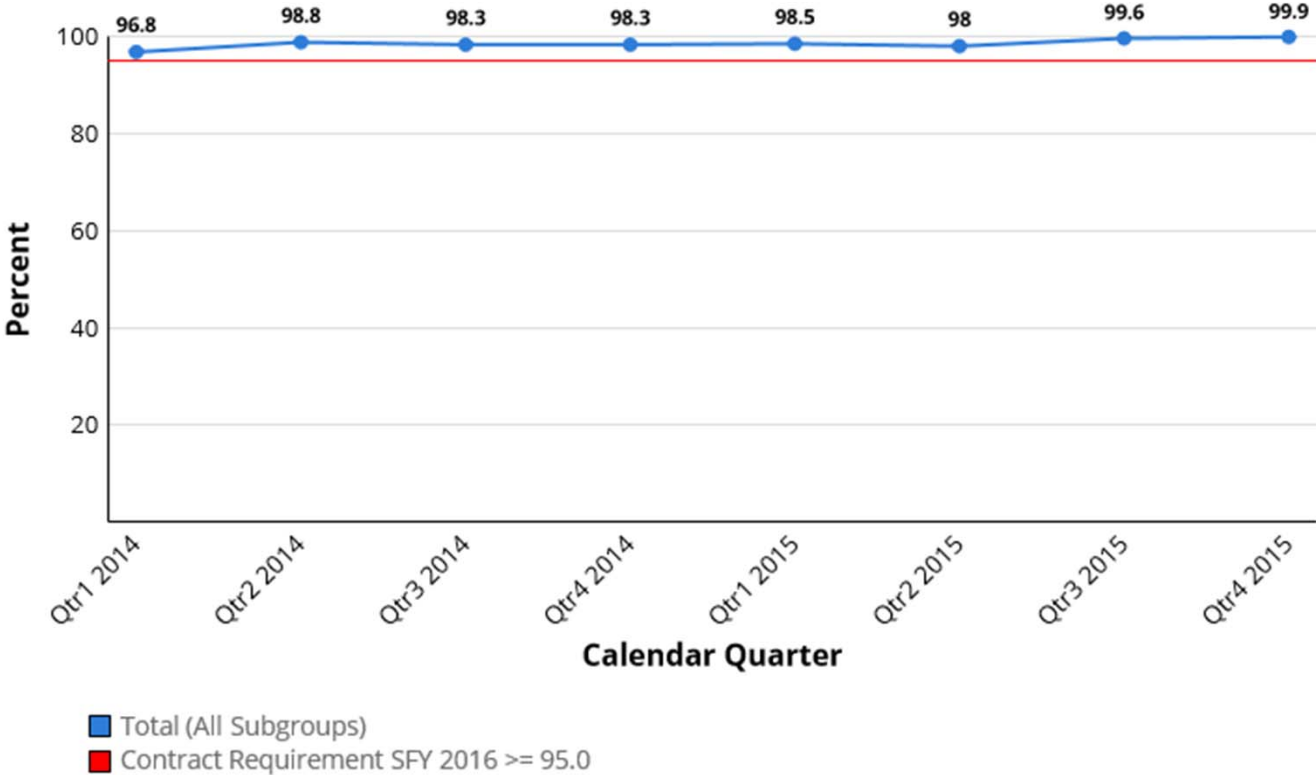
■ NH Medicaid Pre-MCM CY 2013

Measure Description:

Ambulatory emergency department visits for conditions potentially treatable in primary care per 1,000 member months by age group.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Medical Service, Equipment and Supply Service Authorization Timely (14 Day) Determination Rate: New Routine Requests

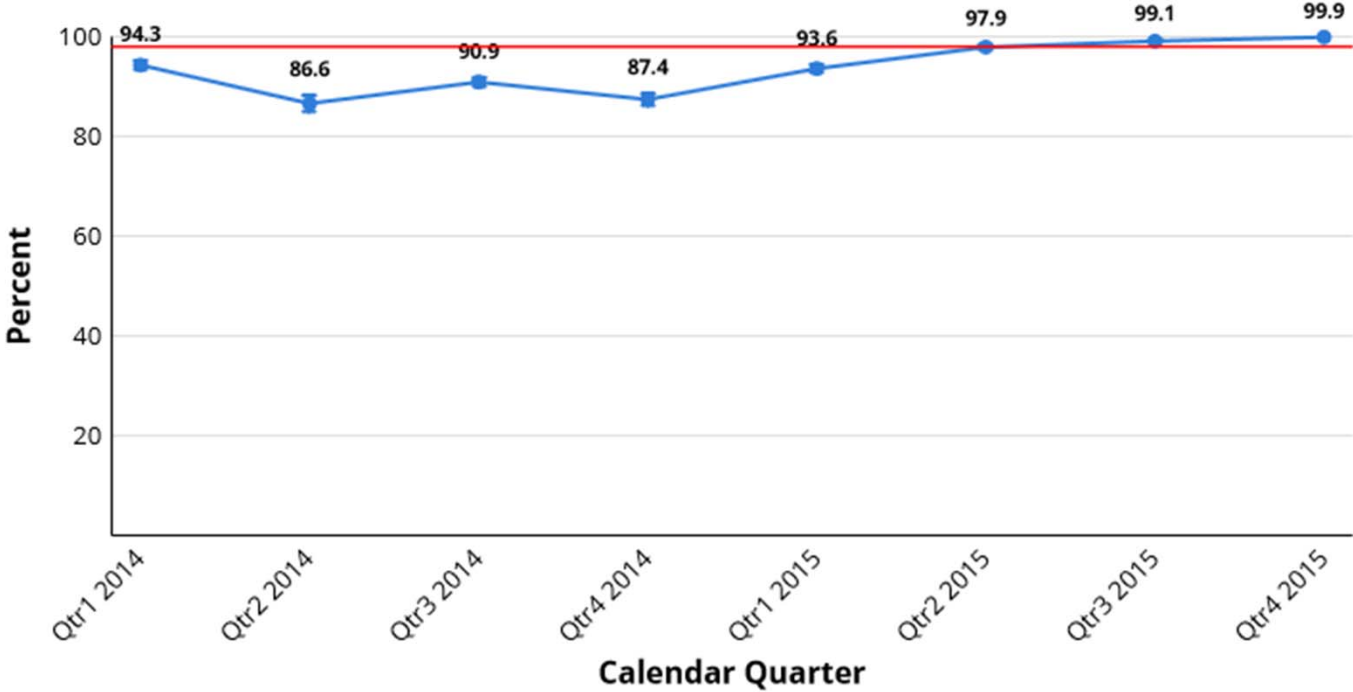


Measure Description:

Percentage of medical service, authorization determinations for new routine requests made within 14 calendar days after receipt of request for requests.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Medical Service, Equipment and Supply Service Authorization Timely Determination Rate: Urgent Requests



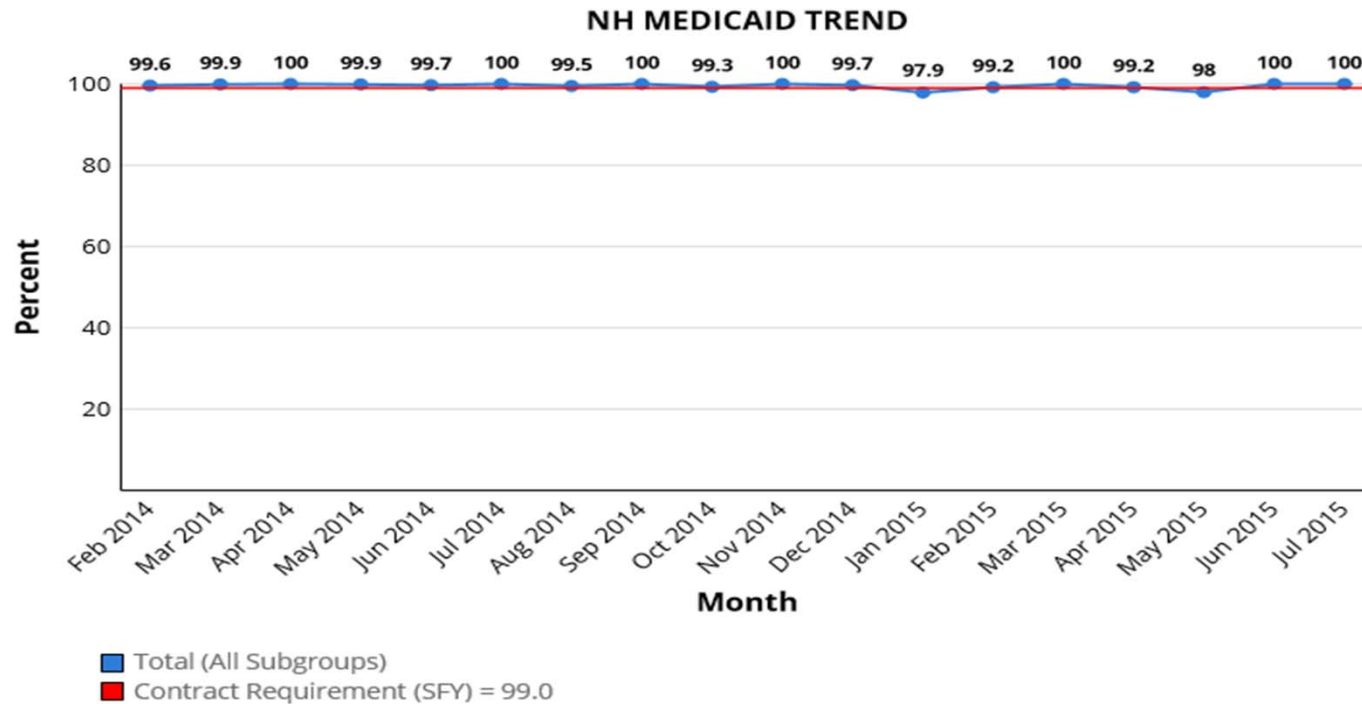
■ Total (All Subgroups)
■ Contract Requirement SFY 2016 >= 98.0

Measure Description:

Percentage of medical service authorization determinations for urgent requests made within 72 hours after receipt of request.

Source: MCM Quality Data as of 6/21/16; data subject to revision.

Timely Professional and Facility Medical Claim Processing: Sixty Days of Receipt



Measure Description:

Percent of clean professional and facility claims processed (paid or denied) within 60 calendar days of receipt.

Source: MCM Quality Data as of 6/21/16; data subject to revision.



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<http://medicaidquality.nh.gov/>