



Medicaid Care Management  
2016 Quality Update  
November 15, 2016

# Medicaid Care Management Program: Presentation Overview

- CLINICAL MEASURES: Healthcare Effectiveness Data and Information Set (HEDIS)
  - Preventive Care
  - Acute and Chronic Care
  - Behavioral Care
- EXPERIENCE OF CARE MEASURES: Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS)
- ACCREDITATION: National Committee for Quality Assurance (NCQA) Accreditation Data
- MEMBER FOCUS GROUPS
  - Spring Member Focus Group Study
    - New Mandatory Enrollees
  - Fall Member Focus Group
    - Managed Care Next Steps

# Contextual Data

- Reference comparator
  - National Medicaid Managed Care Plans
- Additional presentation context
  - Pre-MCM NH Fee-For Service
  - 2014 MCM baseline data
- Additional website context
  - New England Region (NH, MA and RI)

# HEDIS Overview

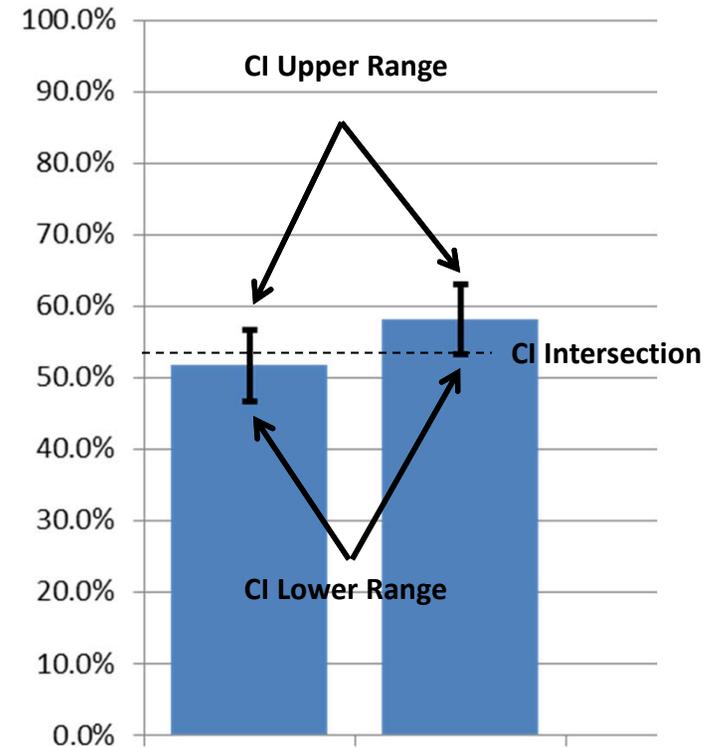
- The Healthcare Effectiveness Data Information Set (HEDIS) is the most widely used health care quality measurement tool in the United States.
- HEDIS data offers opportunities to evaluate clinical measures available in the following categories:
  - Prevention & Wellness
  - Acute & Chronic Care
  - Behavioral Health & Substance Abuse Disorder.
- 2016 results represent 2015 data for the NH Medicaid Care Management program.

# CAHPS Overview

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care.
- Focuses on aspects of quality that consumers are best qualified to assess, such as getting care when needed, ease of access to health care services and the communication skills of providers.

# Overview: *Confidence Intervals*

- The lines shown on the chart are called confidence intervals (CI).
- CIs show an upper and lower range of rates.
- DHHS is 95% confident that the rates in this report are between the upper and lower range of the CIs.
- If the CIs of two measures intersect at any point, the difference between the two rates is not statistically significant at the 95% CI.



Note: Non-overlapping CI do NOT necessarily confirm that two rates are statistically significant.

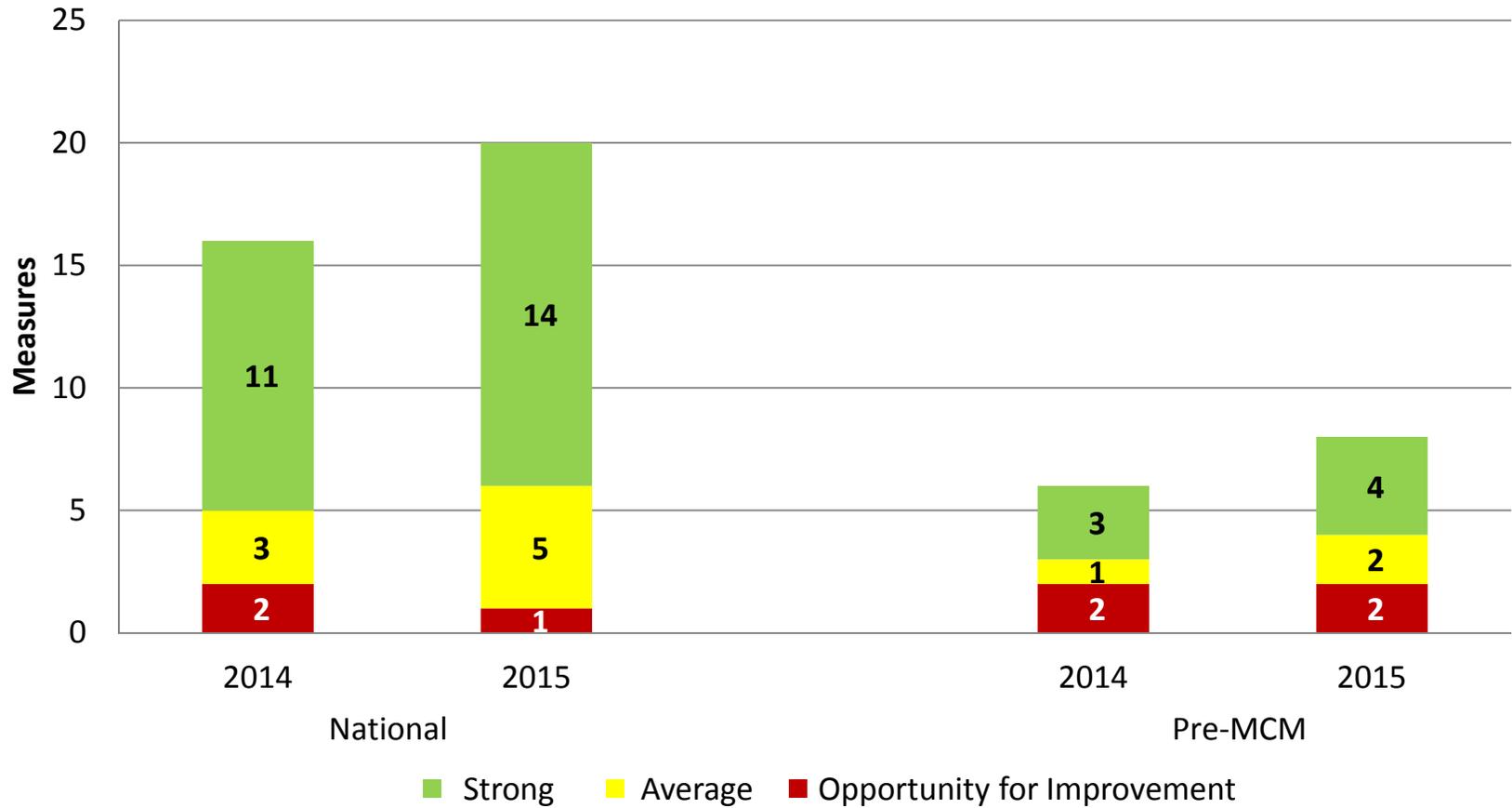
# Rating the Measures

- Results are noted as:
  - “**STRONG**” if the confidence intervals of the MCM rate exceeds the National Medicaid managed care.
  - “**OPPORTUNITY FOR IMPROVEMENT**” if the confidence intervals of the MCM rate falls below National managed care.
  - “**AVERAGE**” if the confidence intervals of the MCM rate are not statistically or clinically different than National Medicaid managed care.

# **PREVENTIVE CARE**

*Selected Results*

## 2015 MCM Program HEDIS Preventive Care: Summary of Comparisons



# Preventive Care: MCM Program Summary

## 2015 Rate Compared to National Medicaid Plans

### — **“STRONG”** (14)

- Adults’ Access to Preventive/Ambulatory Health Services (AAP)
- Children and Adolescents’ Access to Primary Care Practitioners (CAP): *(4 measures)*
- Well-Child Visits in the First 15 Months of Life (W15): *6 or More Visits*
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)
- Childhood Immunizations (CIS): *Combination #10*
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): *(3 measures)*
- Adolescent Well-Care Visits (AWC)
- Frequency of Ongoing Prenatal Care (FPC): *81+ Percent*
- Prenatal and Post-partum Care (PPC): *Post-partum Care*

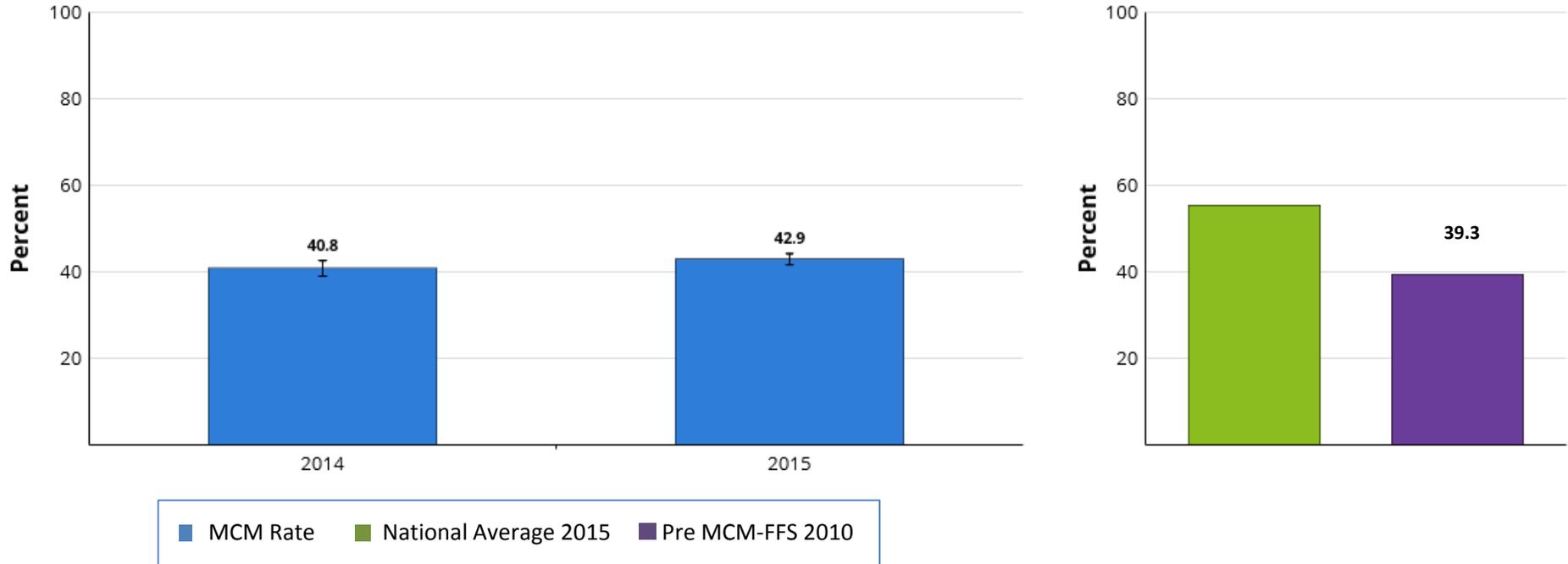
### — **“AVERAGE”** (5)

- Childhood Immunization Status (CIS): *Combination #2*
- Immunizations for Adolescents (IMA): *Combination #1*
- Prenatal and Postpartum Care (PPC): *Timeliness of Prenatal Care*
- Cervical Cancer Screening (CCS)
- Adult BMI Assessment (ABA)

### — **“OPPORTUNITY FOR IMPROVEMENT”** (1)

- Chlamydia Screening in Women (CHL)

# Chlamydia Screening in Women (CHL)



## Measure Description:

- Percent of sexually active females 16-24 years of age who had at least one test for chlamydia during the past year.

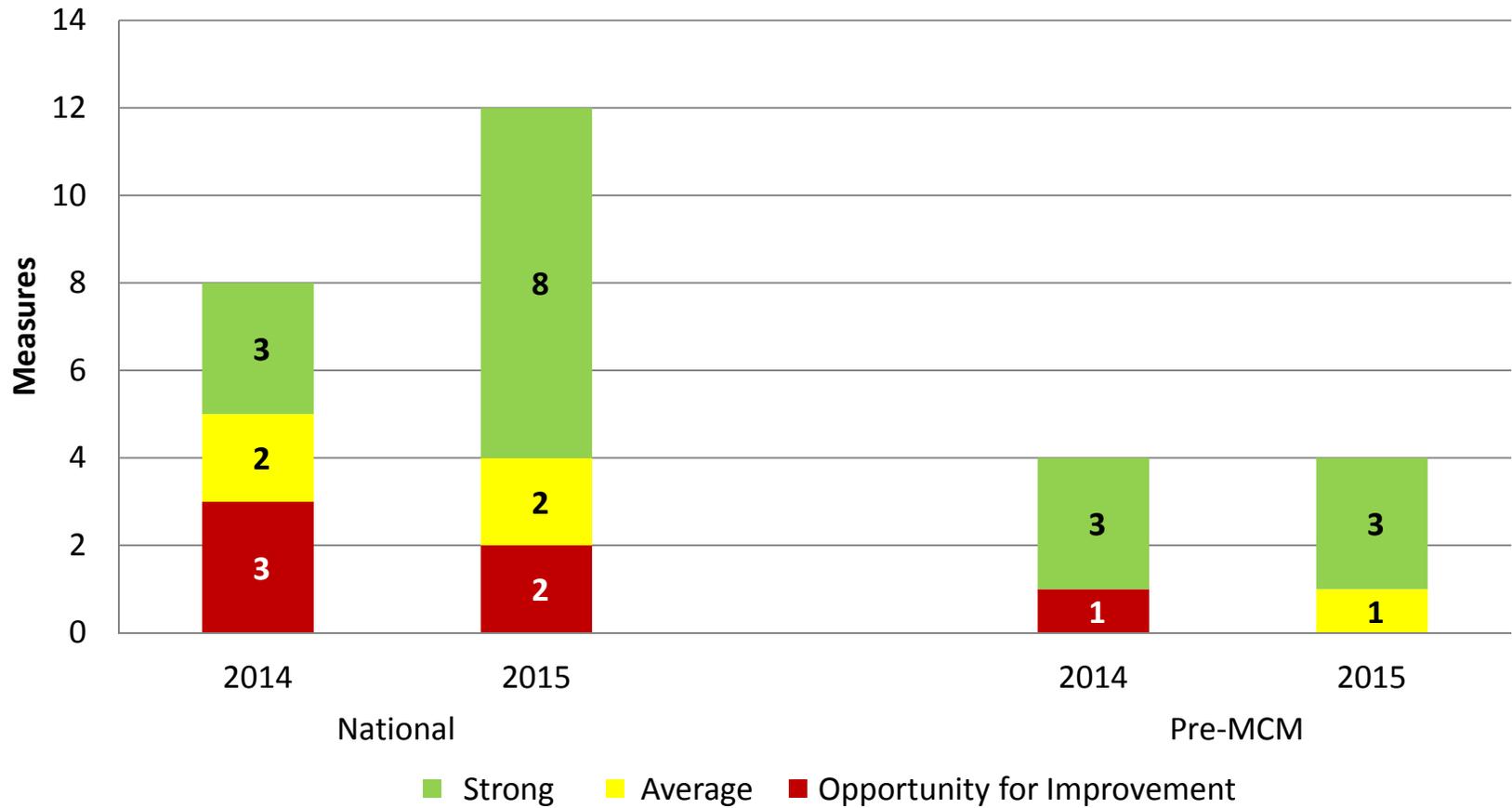
## NH MCM Impact:

- 2015 results indicate **opportunities for improvement for the MCM program** when compared to National Medicaid managed care.
- 2015 results are **unchanged trend for the MCM program** when compared to the 2014 MCM program rate.

# **ACUTE AND CHRONIC CARE**

## *Selected Results*

## 2015 MCM Program HEDIS Acute and Chronic Care: Summary of Comparisons



# Acute and Chronic Care: MCM Program Summary

## 2015 Rate Compared to National Medicaid Plans

### — “**STRONG**” (8)

- Comprehensive Diabetes Care (CDC): *(3 Measures)*
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Medication Management for People With Asthma (MMA): *Medication Compliance 50%*
- Appropriate Treatment for Children With URI (URI)
- Appropriate Testing for Children with Pharyngitis (CWP)
- Controlling High Blood Pressure (CBP)

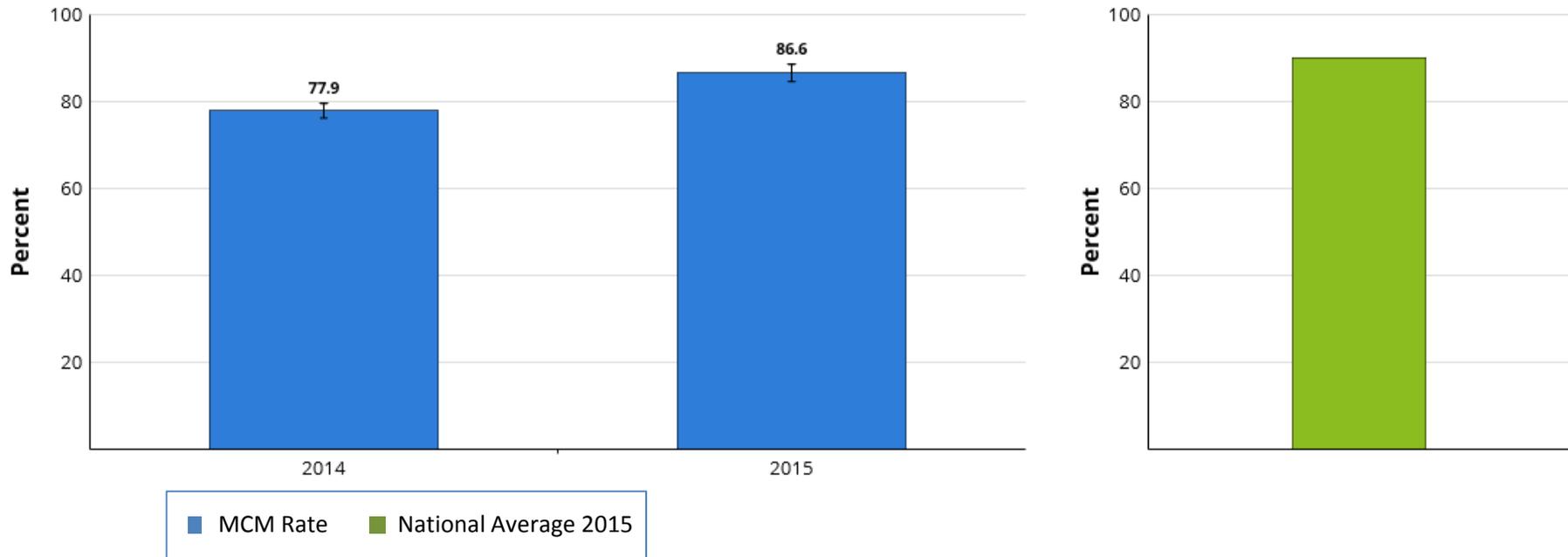
### — “**AVERAGE**” (2)

- Asthma Medication Ratio (AMR)
- Pharmacotherapy Management of COPD Exacerbation (PCE): *Systemic Corticosteroid*

### — “**OPPORTUNITY FOR IMPROVEMENT**” (2)

- Comprehensive Diabetes Care (CDC): *Medical Attention for Nephropathy*
- Pharmacotherapy Management of COPD Exacerbation (PCE): *Bronchodilator*

# Comprehensive Diabetes Care (CDC): Medical Attention for Nephropathy



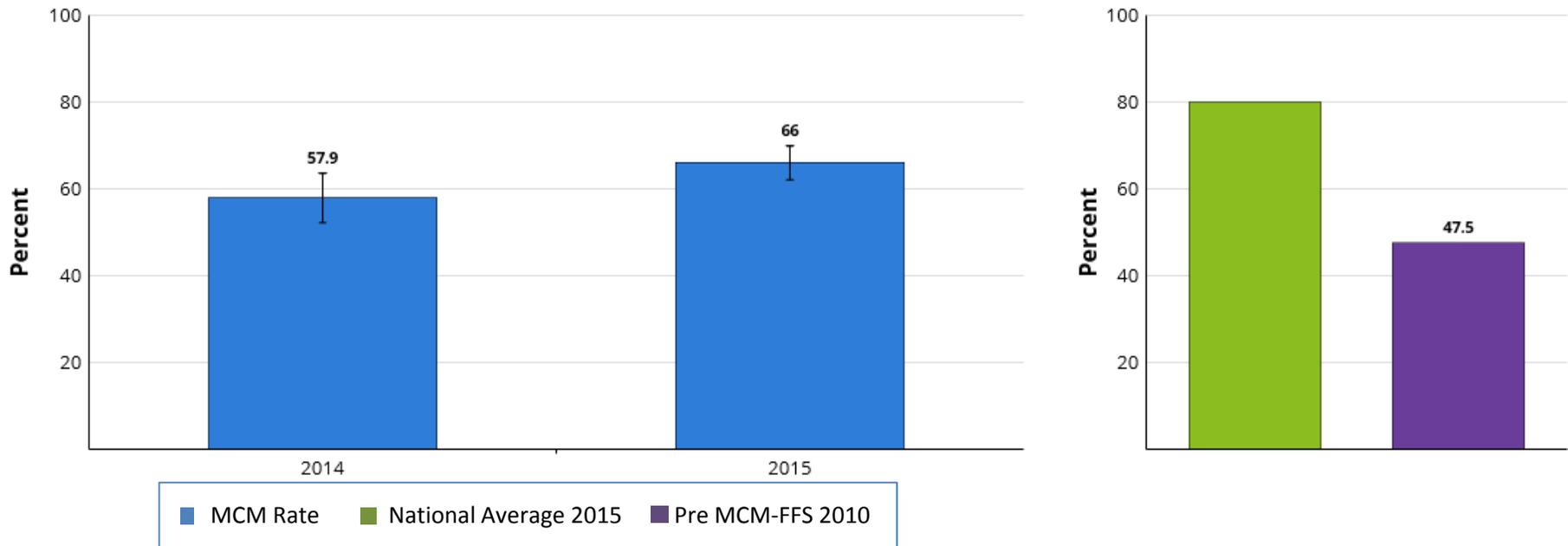
## Measure Description:

- Percent of diabetic adults 18-75 years old who received medical attention for kidney disease in the past year.

## NH MCM Impact:

- 2015 results indicate **opportunities for improvement for the MCM program** when compared to National Medicaid managed care.
- 2015 results are **upward trend for the MCM program** when compared to the 2014 MCM program rate.

# Pharmacotherapy Management of COPD Exacerbation (PCE) *Bronchodilator*



## Measure Description:

- Percent of COPD exacerbations for adults  $\geq 40$  years old who had a hospital admission or emergency department visit and filled a prescription for bronchodilator(s) within 30 days.

## NH MCM Impact:

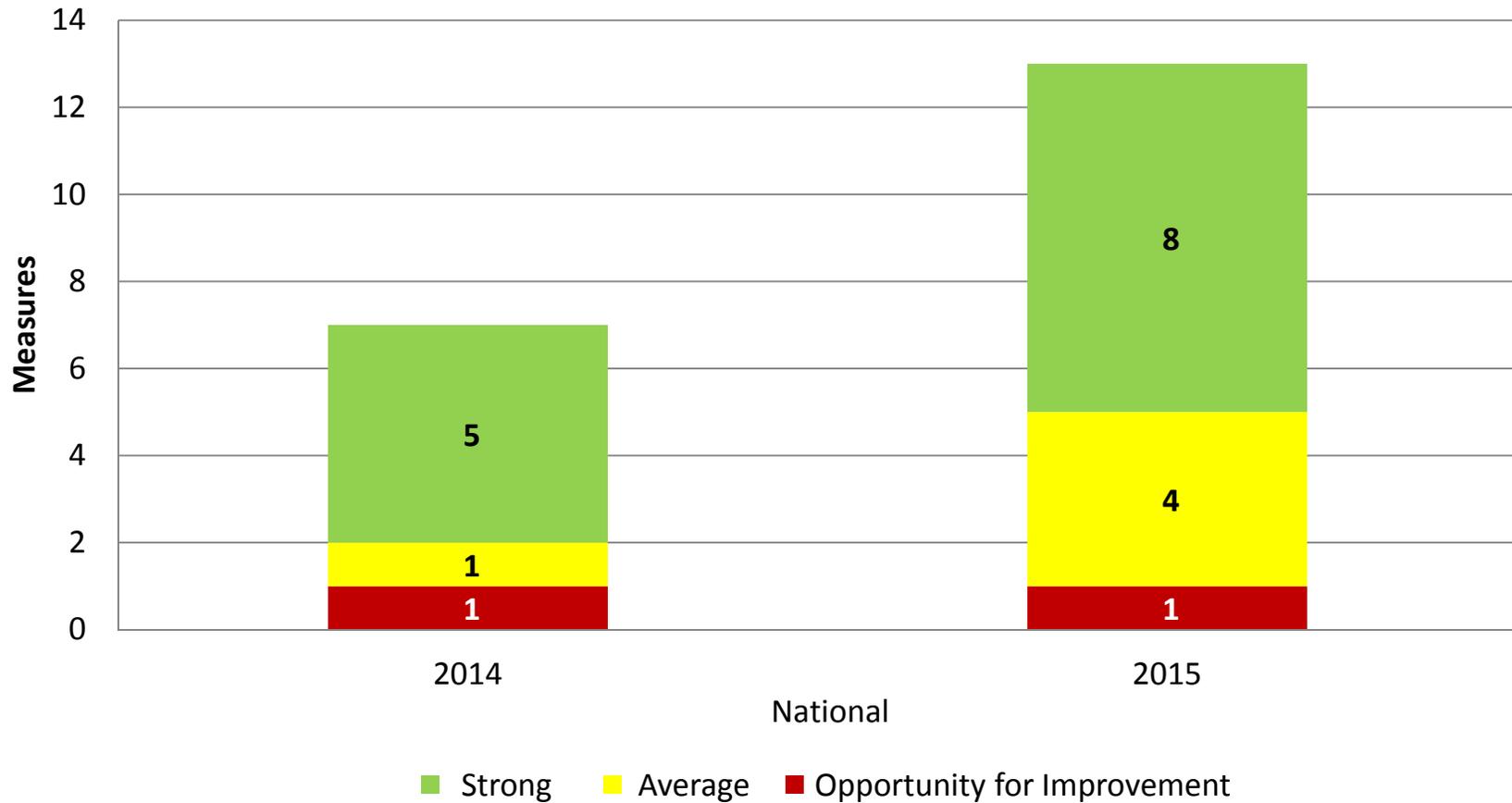
- 2015 results indicate **opportunities for improvement for the MCM program** when compared to National Medicaid managed care.
- 2015 results are **upward trend for the MCM program** when compared to the 2014 MCM program rate.

# **BEHAVIORAL HEALTH CARE**

## *Selected Results*

# 2015 MCM Program HEDIS Behavioral Health Care: Summary of Comparisons

## National Medicaid Managed Care Comparison



# Behavioral Healthcare: MCM Program Summary

## 2015 Rate Compared to National Medicaid Plans

### — “**STRONG**” (8)

- Follow-Up Care for Children prescribed ADHD Medication (ADD): Continuation Phase
- Antidepressant Medication Management (AMM): Effective Acute Phase Treatment
- Antidepressant Medication Management (AMM): Effective Continuation Phase Treatment
- Follow-Up After Hospitalization for Mental Illness (FUH): 7-Day Follow-Up (HEDIS Measure)
- Follow-Up After Hospitalization for Mental Illness (FUH): 30-Day Follow-Up
- Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)
- Initiation and Engagement of AOD Dependence Treatment (IET): Engagement of AOD Treatment (Total)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

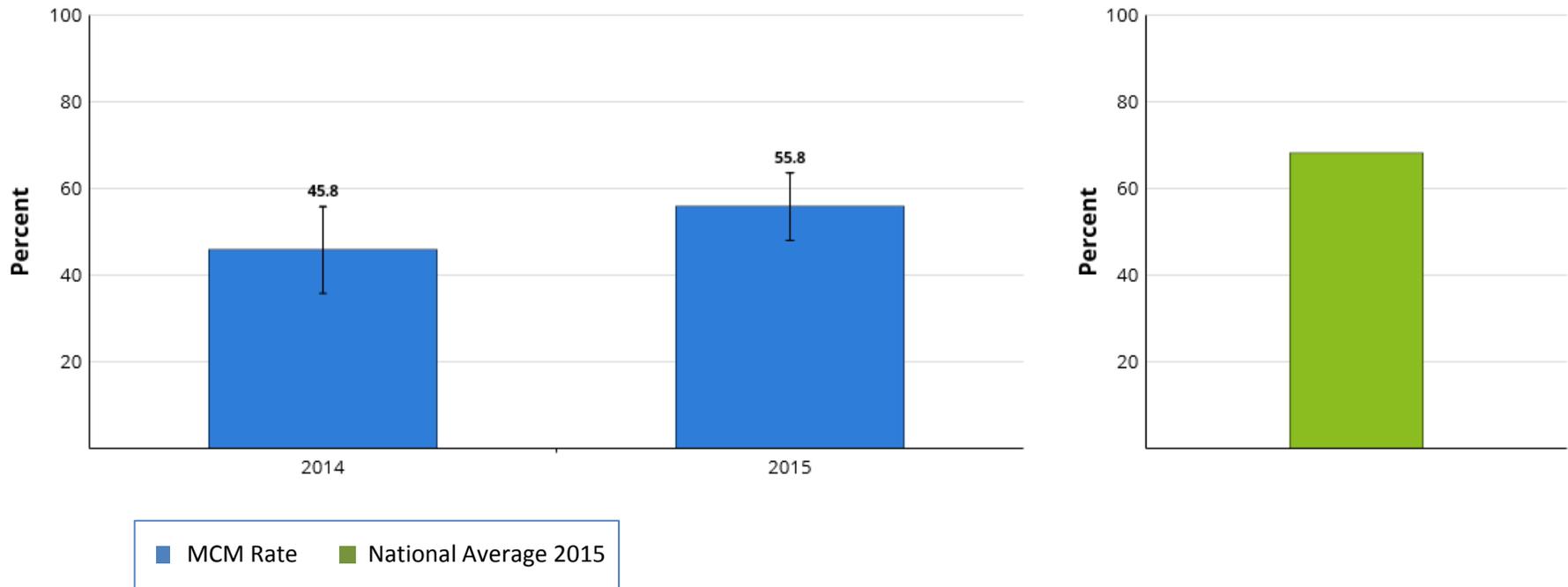
### — “**AVERAGE**” (4)

- Follow-Up Care for Children prescribed ADHD Medication (ADD): Initiation Phase
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication (SSD)
- Initiation and Engagement of AOD Dependence Treatment (IET): Initiation of AOD Treatment – (Total)
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Total

### — “**OPPORTUNITY FOR IMPROVEMENT**” (1)

- Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)

# Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)



## Measure Description:

- Percent of adults 18–64 years old with diabetes and schizophrenia who are taking antipsychotic medication and received both a LDL-C and HbA1c test during the past year.

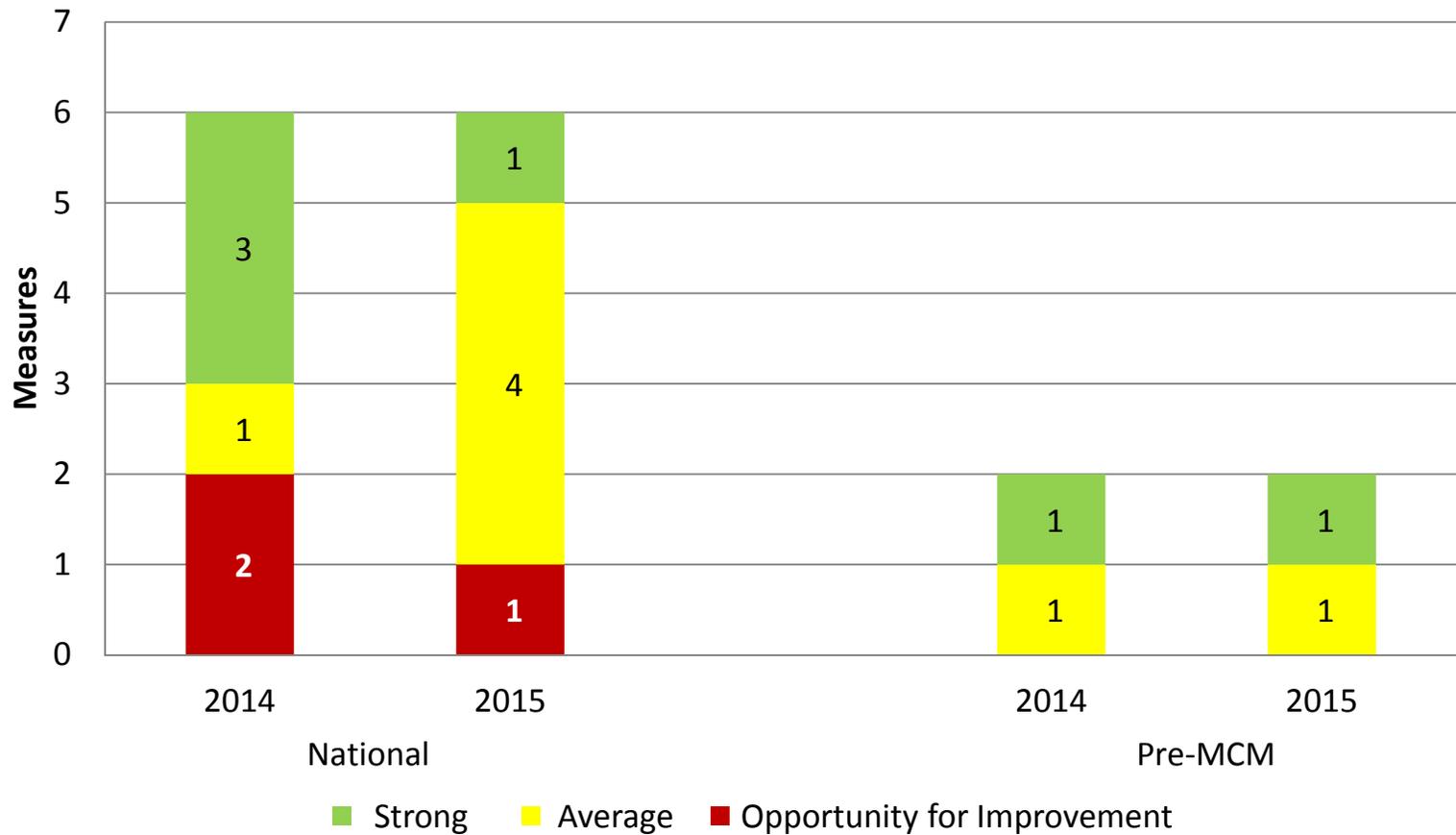
## NH MCM Impact:

- 2015 results indicate **opportunities for improvement for MCM program** when compared to National Medicaid managed care.
- 2015 results are **unchanged trend for the MCM program** when compared to the 2014 MCM program rate.

# **CONSUMER ASSESSMENT OF HEALTH PROVIDERS AND SYSTEMS (CAHPS)**

*Selected results*

## 2015 MCM Program CAHPS Member Experience of Care: Summary of Comparisons



# CAHPS: MCM Program Summary

## 2015 Rate Compared to National Medicaid Plans

### – “**STRONG**” (1)

- Adults - Easy in Getting Care, Tests, and Treatment: Usually or Always

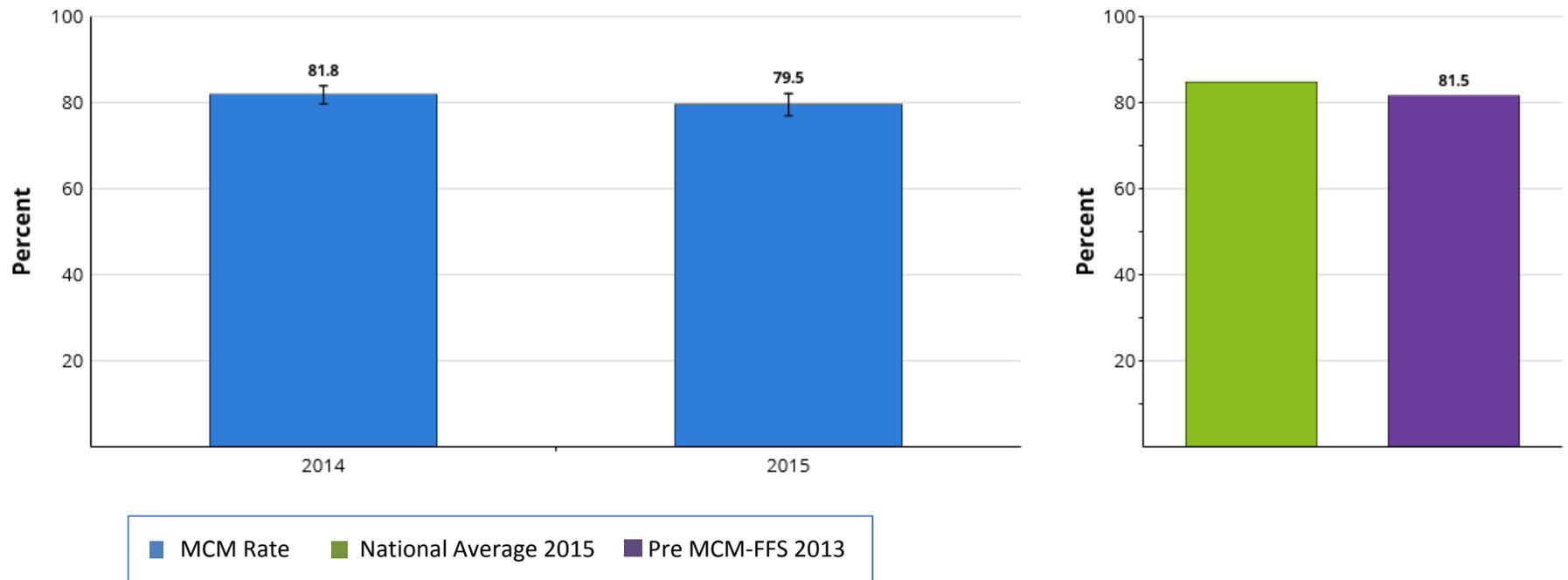
### – **AVERAGE**” (4)

- Children - Easy in Getting Care, Tests, and Treatment: Usually or Always
- Children – Getting Needed Care Right Away: Usually or Always
- Adults - Getting Needed Care Right Away: Usually or Always
- Overall Rating of Health Plan 8, 9, or 10 on a scale of 1-10: *Adults*

### – “**OPPORTUNITY FOR IMPROVEMENT**” (1)

- Overall Rating of Health Plan 8, 9, or 10 on a scale of 1-10: *Children*

## Overall Rating of Health Plan 8, 9, or 10 on a scale of 1-10: Children



### Measure Description:

- Percent of children whose caregivers rated their plan an 8, 9, or 10 on a scale of 1-10 where 1 is worst and 10 is best.

### NH MCM Impact:

- 2015 results indicate **opportunities for improvement for the MCM program** when compared to National Medicaid managed care.
- 2015 results are **unchanged trend for the MCM program** when compared to the 2014 MCM program rate.

# **NCQA ACCREDITATION**

## *Selected Results*

# NCQA Health Plan Accreditation

## NCQA Accreditation Rating Categories

Excellent

- *Meets or exceeds* accreditation standards.
- HEDIS/CAHPS scores in highest range.

Commendable

- *Meets* accreditation standards.
- HEDIS/CAHPS scores not submitted OR need improvement.

Accredited

- Meets *basic* accreditation standards.
- HEDIS/CAHPS scores not submitted OR need improvement.

Provisional

- Meets *some basic* accreditation standards.
- Processes need to be improved to achieve higher accreditation standards.

Denied

- Service and clinical quality *did not meet* NCQA standards.

## 2016 NH Rating

- Well Sense status is Commendable.
- NHHF status is Accredited.

# **2016 MEMBER FOCUS GROUP**

*Results and Follow Up*

# EQR– Spring Member Focus Group

## Population:

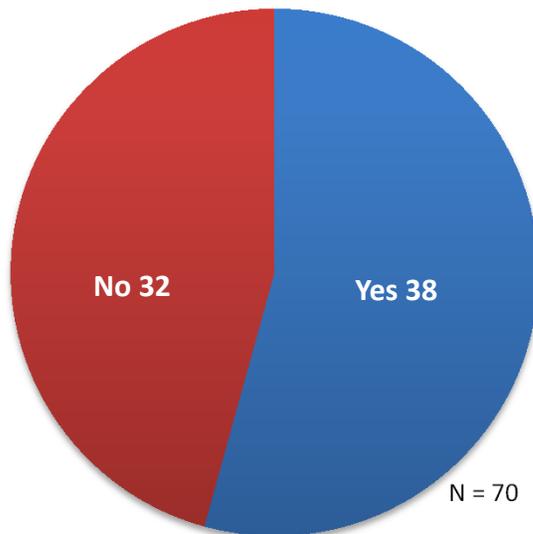
- Focused on individuals who **previously decided to opt out** of the MCM program and on February 1, 2016 were enrolled in an MCO.
- 3 categories:
  1. Dual-eligibles;
  2. Parents or caregivers of children with disabilities; and
  3. Parents or caregivers of children in foster care.

## Results and Recommendations:

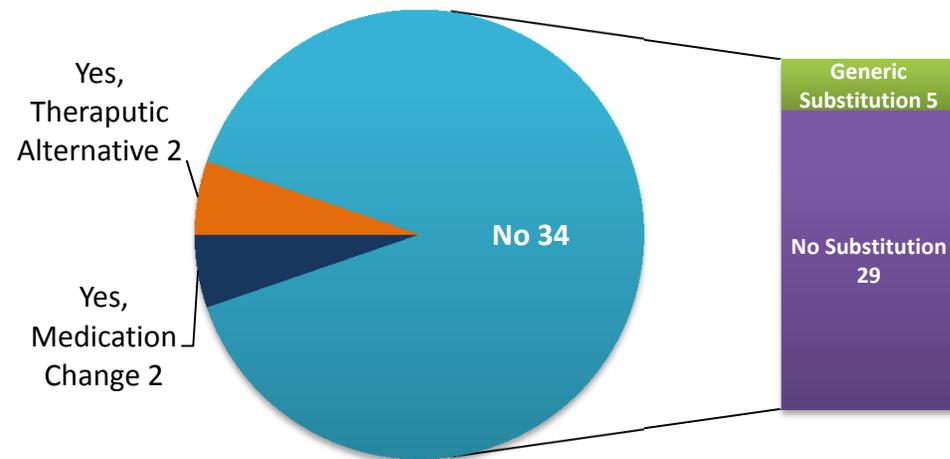
- Concerns raised on
  - Maintenance drug changes FFS to MCM program
  - Specialty care providers changes from FFS to MCM program
- Participants recommended Medicaid provide adult dental benefits and additional vision providers with greater selections and quality of glasses.
  - NOTE: A total of 2 grievances were filed in SFY 2016 related to eyeglasses.

# Analysis of Children with Severe Disabilities (CSD) Maintenance Medications between 2015 Q4 and 2016 Q2

**CSD Receiving Maintenance Medications**



**Changes in Member's Maintenance Medications Between 2015 Q4 and 2016 Q2**



## Study Population:

- Children with Severe Disabilities newly mandatory for Medicaid Care Management, who previously opted out prior to 2/1/16.

Notes: Study represents an analysis of pharmacy utilization of a statistically valid sample of 70 members from a population of 615 children with severe disabilities enrolled in Medicaid Fee for Service 2015 Q4 and enrolled in NH MCM in 2016 Q2.

# Analysis of Children with Severe Disabilities (CSD) Change in Specialist Pre and Post NH Medicaid Care Management

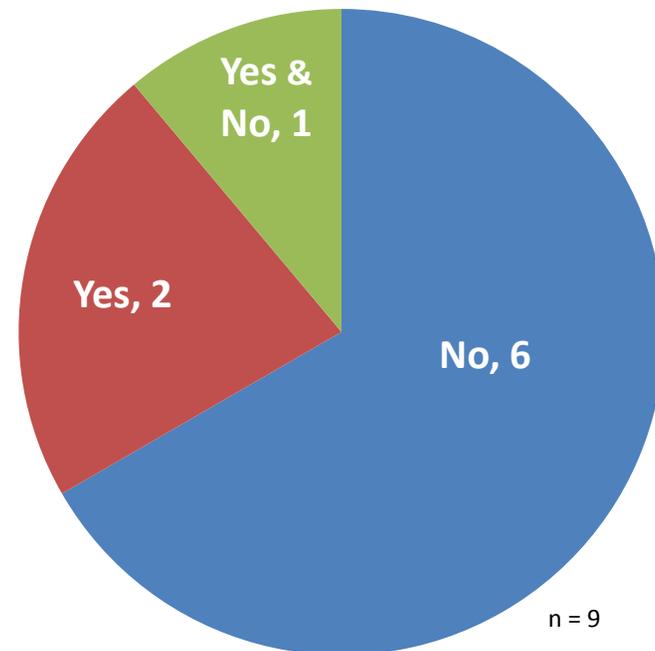
## Study Population:

- 615 Children with Severe Disabilities newly mandatory for Medicaid Care Management, who previously opted out prior to 2/1/16.
- Sample of 5% (n=30) of members who had at least one medical encounter in March-April 2015.

## Analysis:

- 9 members from the sample saw a specialist in March-April of 2015 that could be compared to the specialist seen in 2016
- Study represents a small number due to a limit number of encounters. DHHS will continue to monitor.

## Changes in Member's Specialist Provider and/or Practice



# EQR– Fall Member Focus Group

## **Population:**

- Focused on individuals enrolled in Medicaid Care Management program for greater than 1 year.
- 3 categories
  - Experience with Care Management
  - Elements of an Ideal MCO
  - Suggestions for Improvement

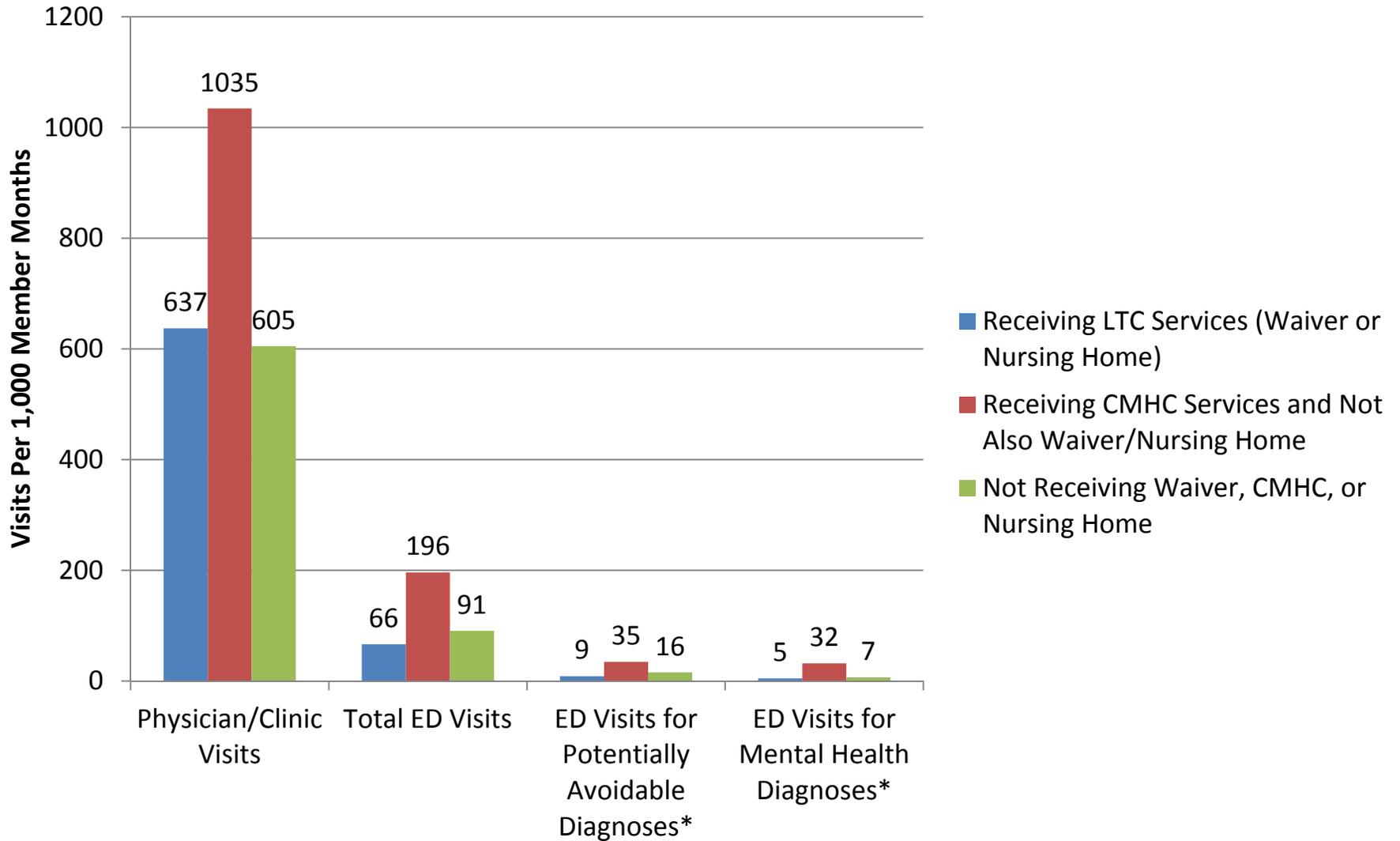
## **Results and Recommendations:**

- Very positive overview experience
- Ideal MCO would include
  - Dental care for adults
  - A person to contact that was knowledgeable about them and provided options for denied services
- Suggestions included
  - Better selection of eyeglasses
  - Access to gym, sport shoes, nutritional counseling

# **REPORTING ON SUBPOPULATIONS**

*Preview*

# Quarterly Average Service Utilization For Adult MCO Members by LTC Status, Medicaid Only Payer, 4/16 – 6/16



Version 20

\*Included in Total ED Visits



# Contact Information

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