



# New Hampshire State Fiscal Year (SFY) 2016 External Quality Review (EQR) Technical Report

Debra L. Chotkevys, DHA, MBA  
Executive Director, New Hampshire EQR Project  
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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**

# Agenda (cont.)

- EQR Activities Evaluating the Medicaid Care Management (MCM) Program
  - **MCM Program Evaluations**
    - Focus Groups
    - Encounter Data Validation (EDV)
    - Focused Study: Care Management
- EQRO Tasks for 2017

# EQR Activities: Health Plan Evaluations

# Health Plan Evaluation

- Contract Compliance Review SFY 2016
  - Performed pre-on-site document review
  - Two-day on-site review at each MCO
  - Reviewed 13 standards with 92 elements
  - Conducted on-site review to
    - Interview staff concerning questions from the review of pre-on-site documents
    - Learn more about the processes used to implement policies and procedures

# Health Plan Evaluation (cont.)

## Contract Compliance

Standard	Description of Standards Reviewed in 2016	New Hampshire Healthy Families (NHHF)	Well Sense
I.	Delegation and Subcontracting	100%	100%
II.	Plans Required by the Contract	83.3%	100%
III.	Emergency and Post-stabilization Care	100%	100%
IV.	Care Management/Care Coordination	Not Included in the Review	
V.	Wellness and Prevention	Not Included in the Review	
VI.	Behavioral Health	92.9%	92.9%
VII.	Member Enrollment and Disenrollment	85.7%	100%
VIII.	Member Services	83.3%	50.0%
IX.	Cultural Considerations	100%	100%
X.	Grievances and Appeals	100%	92.3%
XI.	Access to Care	100%	100%
XII.	Network Management	90.9%	95.5%
XIII.	Utilization Management	95.0%	100%
XIV.	Quality Management	100%	100%
XV.	Substance Use Disorder: MCO Reporting	42.9%	14.3%
<b>Overall Rate</b>		<b>92.7%</b>	<b>88.8%</b>

# Health Plan Evaluation (cont.)

## Contract Compliance

MCO	Standards Scoring 100%	Standards Over 90% Under 100%	Standards Over 80% Under 90%	Standards Under 80%	Total Standards
NHHF	6	3	3	1	13
Well Sense	8	3	0	2	13

- Both MCOs demonstrated strong performance in the following standards
  - Delegation and Subcontracting
  - Emergency and Post-stabilization Care
  - Cultural Considerations
  - Access to Care
  - Quality Management

# Health Plan Evaluation (cont.)

- Both MCOs should concentrate improvement efforts on the Substance Use Disorder reporting requirements
- Contract Compliance Conclusions
  - Both MCOs submitted corrective action plans to ensure compliance with the elements found to be partially met or not met
  - Follow-up will be conducted during the 2017 compliance review



# Health Plan Evaluation (cont.)

## Performance Improvement Projects (PIPs) Chosen by MCOs

NHMF 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 (cont.)

- PIP Conclusions
  - All four PIPs for both MCOs achieved 100% compliance in the Design Stage in SFY 2015
  - All four PIPs for both MCOs achieved 100% compliance in the Implementation Stage in SFY 2016 focusing on
    - Reporting baseline rates
    - Reviewing the data analysis and interpretation of the study results
    - Assessing improvement strategies
- The Outcomes Stage will be assessed in SFY 2017

# Health Plan Evaluation (cont.)

- Performance Measure Validation (PMV)
  - Conducted a pre-on-site evaluation and a one-day on-site review at each MCO
  - Validated performance measures with sub-measures identified by the Department of Health and Human Services (DHHS)
  - Reviewed an Information System Capability Assessment Tool (ISCAT) completed by the MCOs
  - Included results for SFY 2015 and SFY 2016

# Health Plan Evaluation (cont.)

- Performance Measure Validation (PMV)
  - Completed a desk review of all materials
  - Conducted an 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 (cont.)

## PMV Findings

Performance Measure	SFY 2015 (32 measures)		SFY 2016 (11 measures)	
	NHHF	Well Sense	NHHF	Well Sense
Data Integration, control, and measure documentation	Acceptable	Acceptable	Acceptable	Acceptable
Claims and encounter data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Membership and enrollment data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Provider data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Appeals data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Prior authorization data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Call center data system and process findings	Acceptable	Acceptable	Acceptable	Acceptable
Performance measure production and reporting findings	One Measure Not Acceptable	One Measure Not Acceptable	One Measure Not Acceptable	One Measure Not Acceptable

# Health Plan Evaluation (cont.)

- PMV Conclusions
  - One adverse finding for each MCO in 2015
  - NHHF
    - 2015: *Community Demographic, Cultural, and Epidemiologic Profile: Preferred Spoken Language*
  - Well Sense
    - 2015: *Member Requests for Assistance Accessing MCO Designated PCPs per Average Members by Geographic Region for the New Hampshire Health Protection Program (NHHPP) Members*

# Health Plan Evaluation (cont.)

- PMV Conclusions
  - One adverse finding for each MCO in 2016
  - NHHF and Well Sense
    - 2016: *Percentage of Medical Service, Equipment and Supply Service Authorization Determinations for Requests Involving Urgent Care and Relating to the Extension of an Ongoing Course of Treatment Made Within 24 Hours After Receipt of Request for Requests Made During the Measure Data Period*
  - NHHF and Well Sense were provided suggestions to improve the reporting of the rates

# EQR Activities: Member Health and Experience of Care Evaluations



# Member Health and Experience of Care

- HEDIS
  - Developed by the National Committee for Quality Assurance (NCQA)
  - Created 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

# Member Health and Experience of Care (cont.)

- 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 (cont.)

## 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	1	5	7	5	3	<b>21</b>
Acute & Chronic	0	3	3	4	4	<b>14</b>
Behavioral Health	3	4	3	2	1	<b>13</b>
All Domains	<b>4</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>8</b>	<b>48</b>
Percentage	<b>8.33%</b>	<b>25.00%</b>	<b>27.08%</b>	<b>22.92%</b>	<b>16.67%</b>	<b>100%</b>

The majority of measures (29 of 48) met or exceeded the National 50th Percentile Rate

# Member Health and Experience of Care (cont.)

- HEDIS Conclusions: NHHF
  - Strong performance demonstrated by scoring at or above the national Medicaid 90th percentile:
    - Prevention
      - Non-Recommended Cervical Cancer Screening in Adolescent Females
    - Behavioral Health
      - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
      - Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder (ADHD) Medication—Initiation Phase
      - Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase

# Member Health and Experience of Care (cont.)

- HEDIS Conclusions: NHHF
  - Improvement efforts should be focused on the eight measures scoring below the national Medicaid 25th percentile
    - Prevention
      - Cervical Cancer Screening
      - Chlamydia Screening in Women—Total
      - Prenatal and Postpartum Care—Timeliness of Prenatal Care
    - Acute and Chronic Care
      - Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD)—Systemic Corticosteroid

# Member Health and Experience of Care (cont.)

- HEDIS Conclusions: NHHF
  - Improvement efforts
    - Acute and Chronic Care
      - Pharmacotherapy Management of COPD—Bronchodilator
      - Annual Monitoring for Patients on Persistent Medications—Total
      - Use of Imaging Studies for Low Back Pain
    - Behavioral Health
      - Diabetes Monitoring for People with Diabetes and Schizophrenia

# Member Health and Experience of Care (cont.)

## 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	2	8	8	1	2	<b>21</b>
Acute & Chronic	2	3	6	2	1	<b>14</b>
Behavioral Health	0	7	3	2	1	<b>13</b>
All Domains	<b>4</b>	<b>18</b>	<b>17</b>	<b>5</b>	<b>4</b>	<b>48</b>
Percentage	<b>8.33%</b>	<b>37.50%</b>	<b>35.42%</b>	<b>10.42%</b>	<b>8.33%</b>	<b>100%</b>

The majority of measures (39 of 48) met or exceeded the National 50th Percentile Rate

# Member Health and Experience of Care (cont.)

- HEDIS Conclusions: Well Sense
  - Strong performance demonstrated by scoring at or above the national Medicaid 90th percentile:
    - Prevention
      - Well-Child Visits in the First 15 Months of Life—Six or More Visits
      - Non-Recommended Cervical Cancer Screening in Adolescent Females
    - Acute and Chronic Care
      - Appropriate Treatment for Children with Upper Respiratory Infection
      - Controlling High Blood Pressure



# Member Health and Experience of Care (cont.)

- HEDIS Conclusions: Well Sense
  - Improvement efforts should be focused on the four measures scoring below the national Medicaid 25th percentile
    - Prevention
      - Cervical Cancer Screening
      - Chlamydia Screening in Women
    - Acute and Chronic Care
      - Pharmacotherapy Management of COPD Exacerbation—Bronchodilator
    - Behavioral Health
      - Diabetes Monitoring for People with Diabetes and Schizophrenia

# Member Health and Experience of Care (cont.)

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

# Member Health and Experience of Care (cont.)

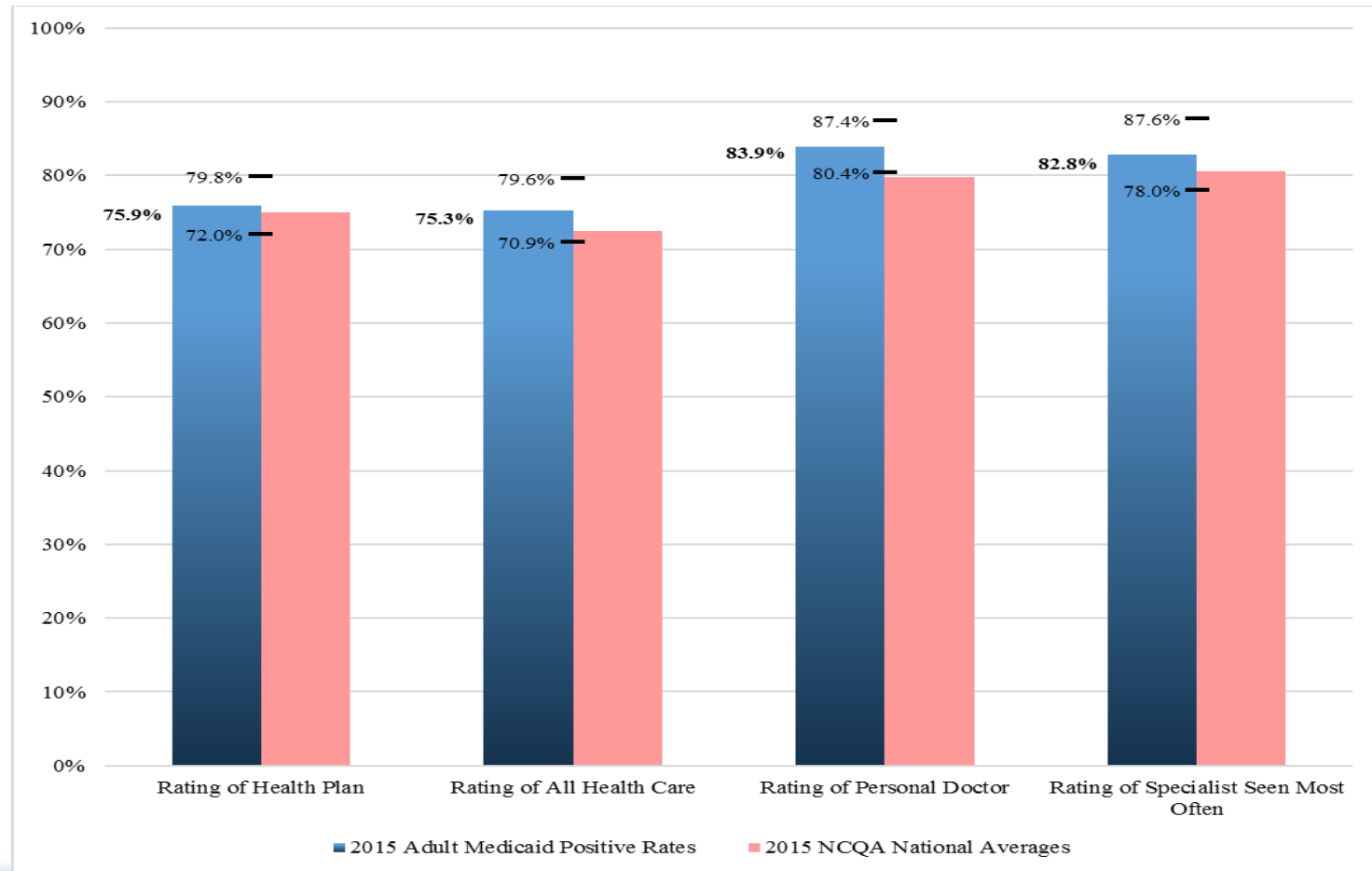
- CAHPS
  - Collected by each MCO
  - Audited results sent to HSAG
  - HSAG compared the two MCOs' rates
  - Global Ratings: Overall satisfaction with an aspect of care on a scale of 0–10 (satisfaction with the health plan, personal doctor, etc.)
  - An industry-standard way to compare Global Ratings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

# Member Health and Experience of Care (cont.)

- CAHPS
  - Composite Measures: Groupings of different aspects of care (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 using *Top Box* scores of Usually or Always and Yes

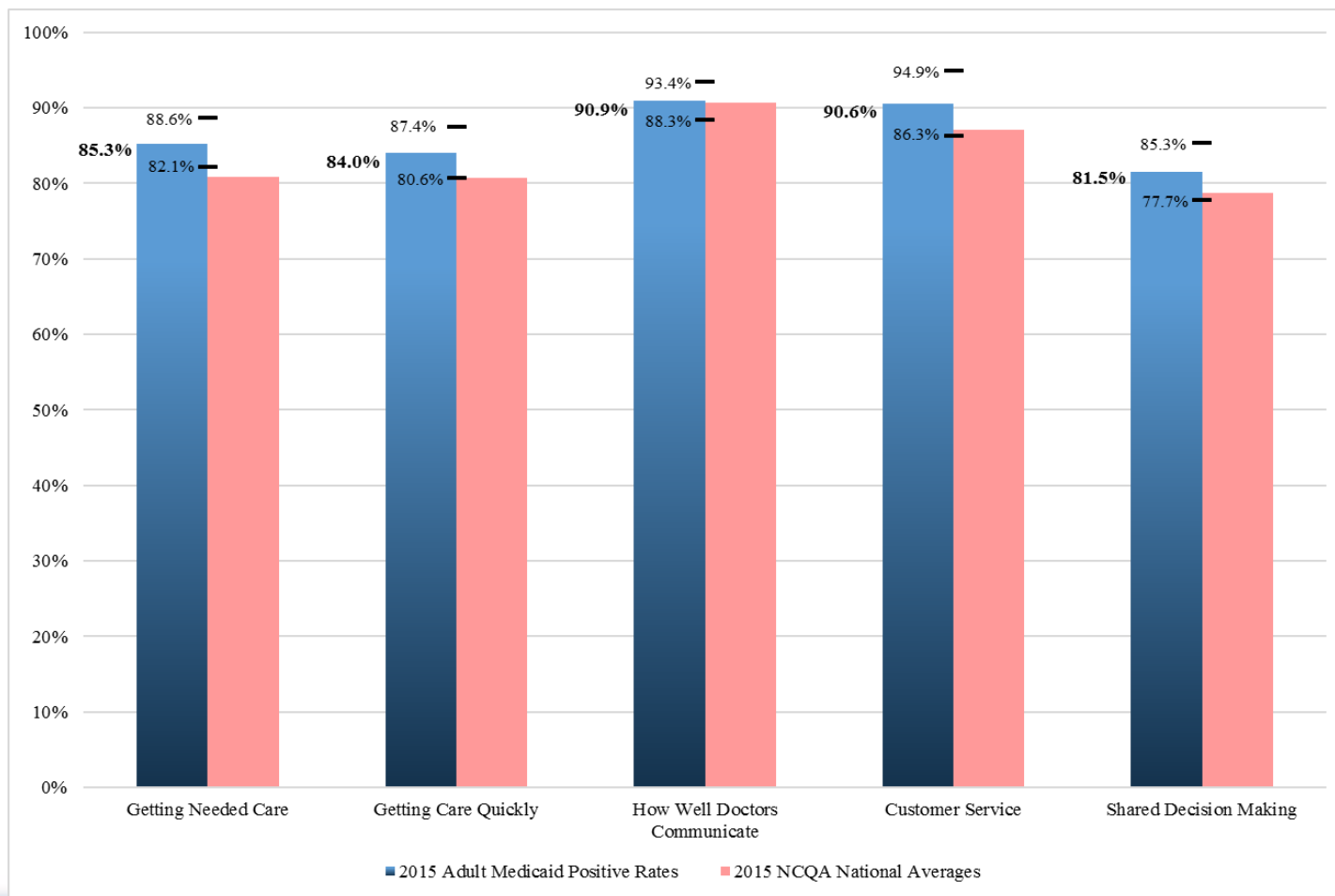
# Member Health and Experience of Care (cont.)

## CAHPS: NHHF Adult Medicaid Global Ratings



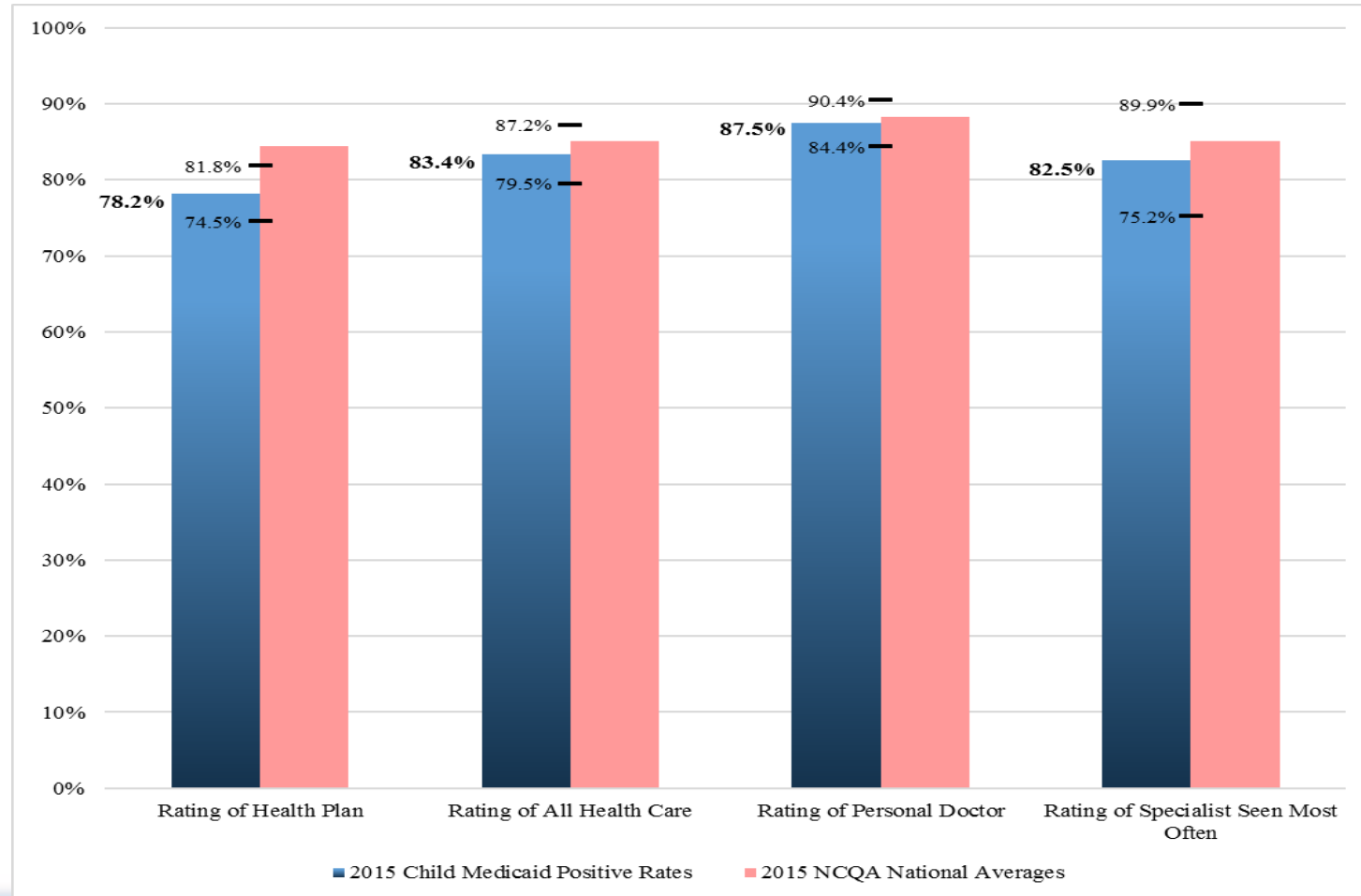
# Member Health and Experience of Care (cont.)

## CAHPS: NHHF Adult Medicaid Composite Measures



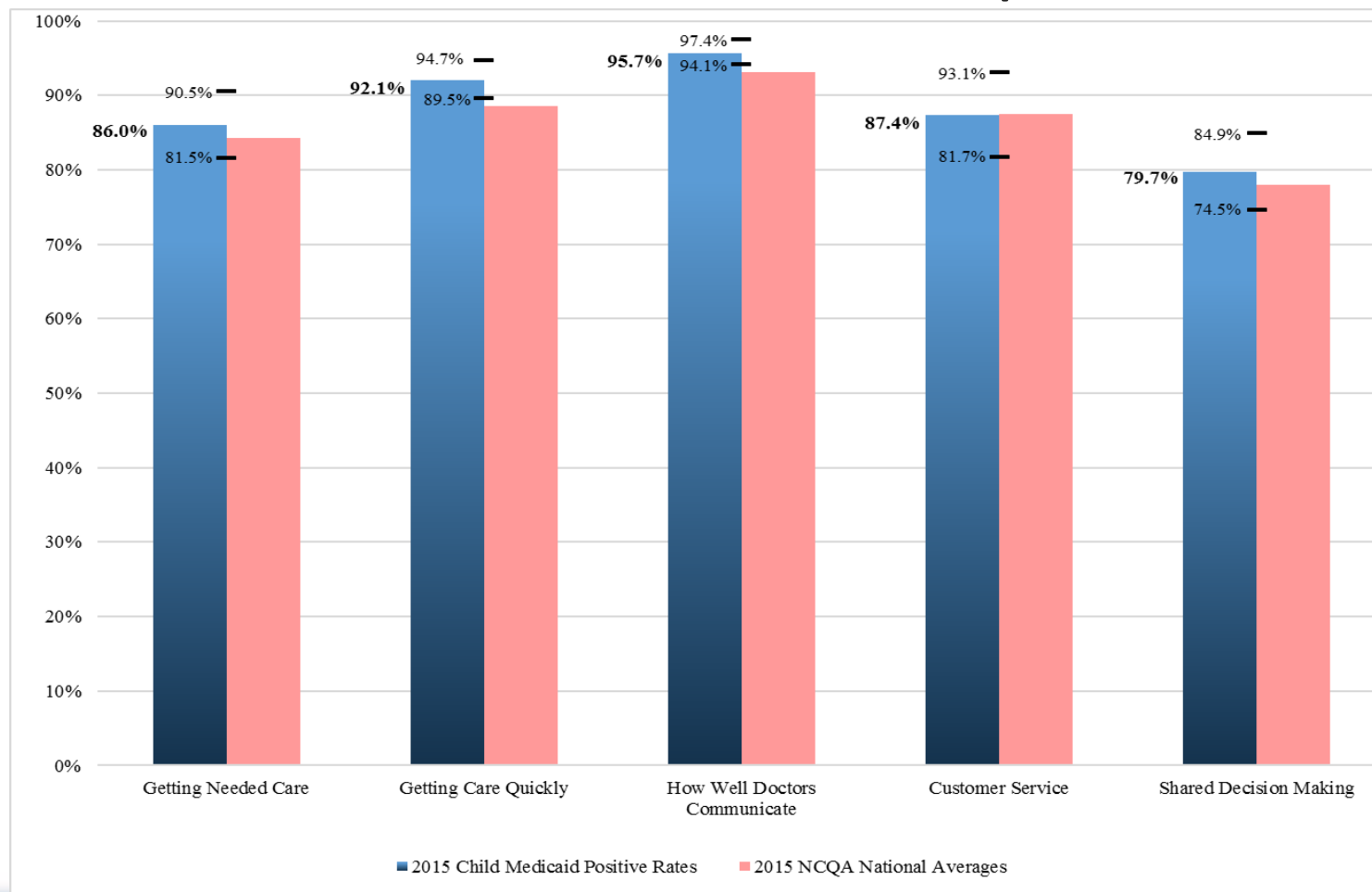
# Member Health and Experience of Care (cont.)

## CAHPS: NHHF Child Medicaid Global Ratings



# Member Health and Experience of Care (cont.)

## CAHPS: NHHF Child Medicaid Composite Measures



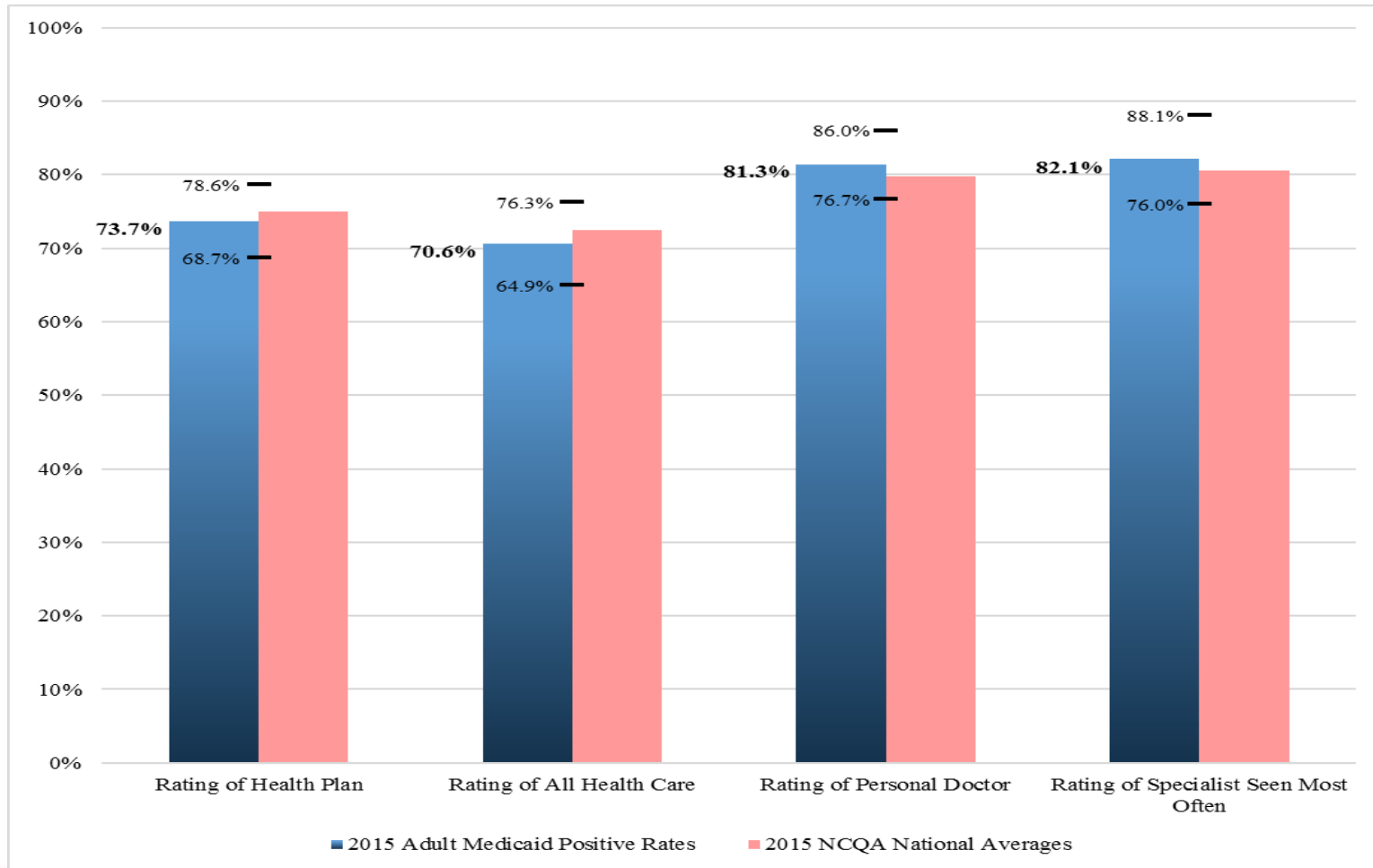


# Member Health and Experience of Care (cont.)

- CAHPS Conclusions: NHHF
  - All the adult Medicaid rates and four general child Medicaid rates were above NCQA's 2015 Medicaid national average
  - Performance improvement efforts could concentrate on the five general child Medicaid population rates scoring below NCQA's 2015 Medicaid national averages

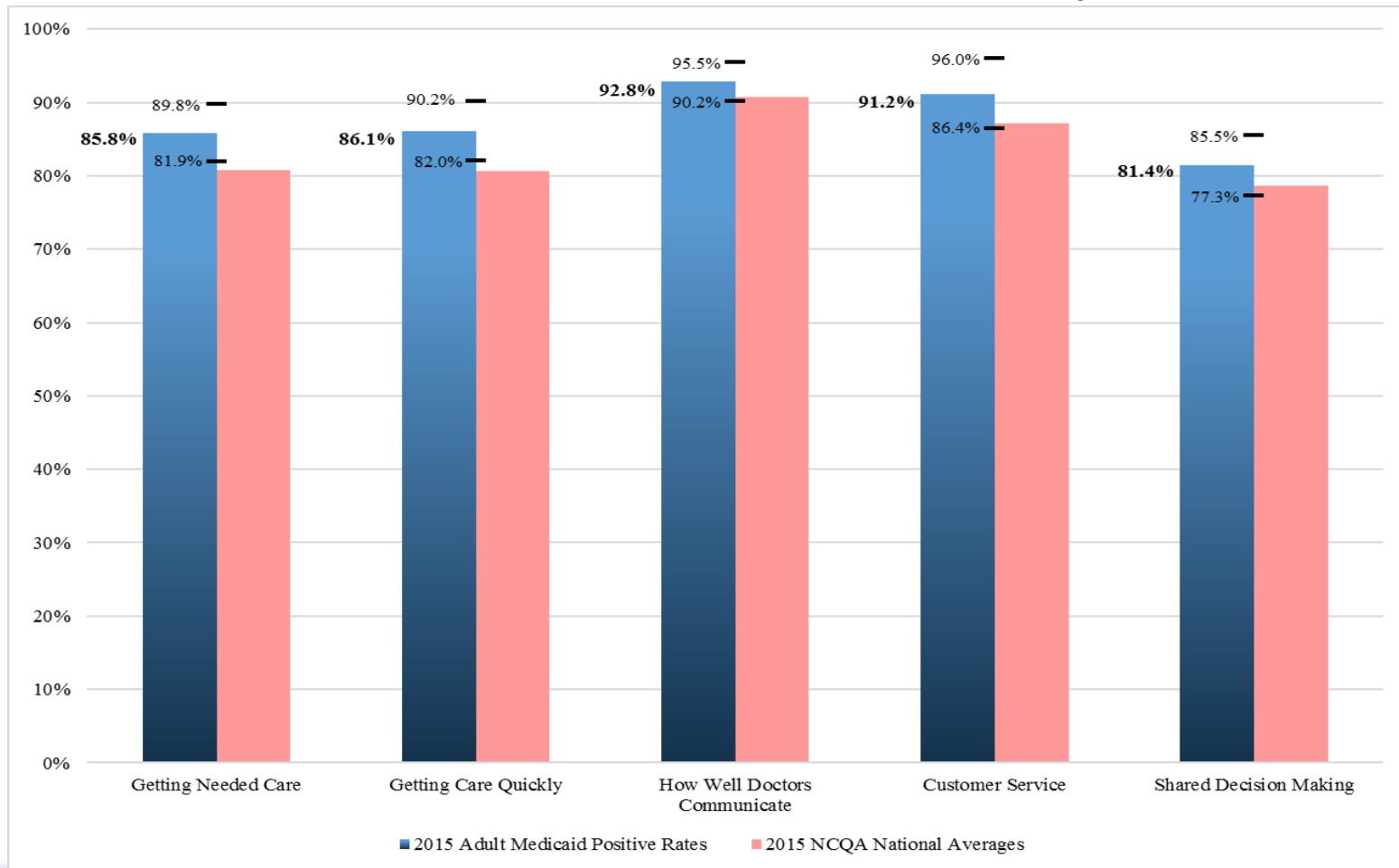
# Member Health and Experience of Care (cont.)

## CAHPS: Well Sense Adult Medicaid Global Ratings



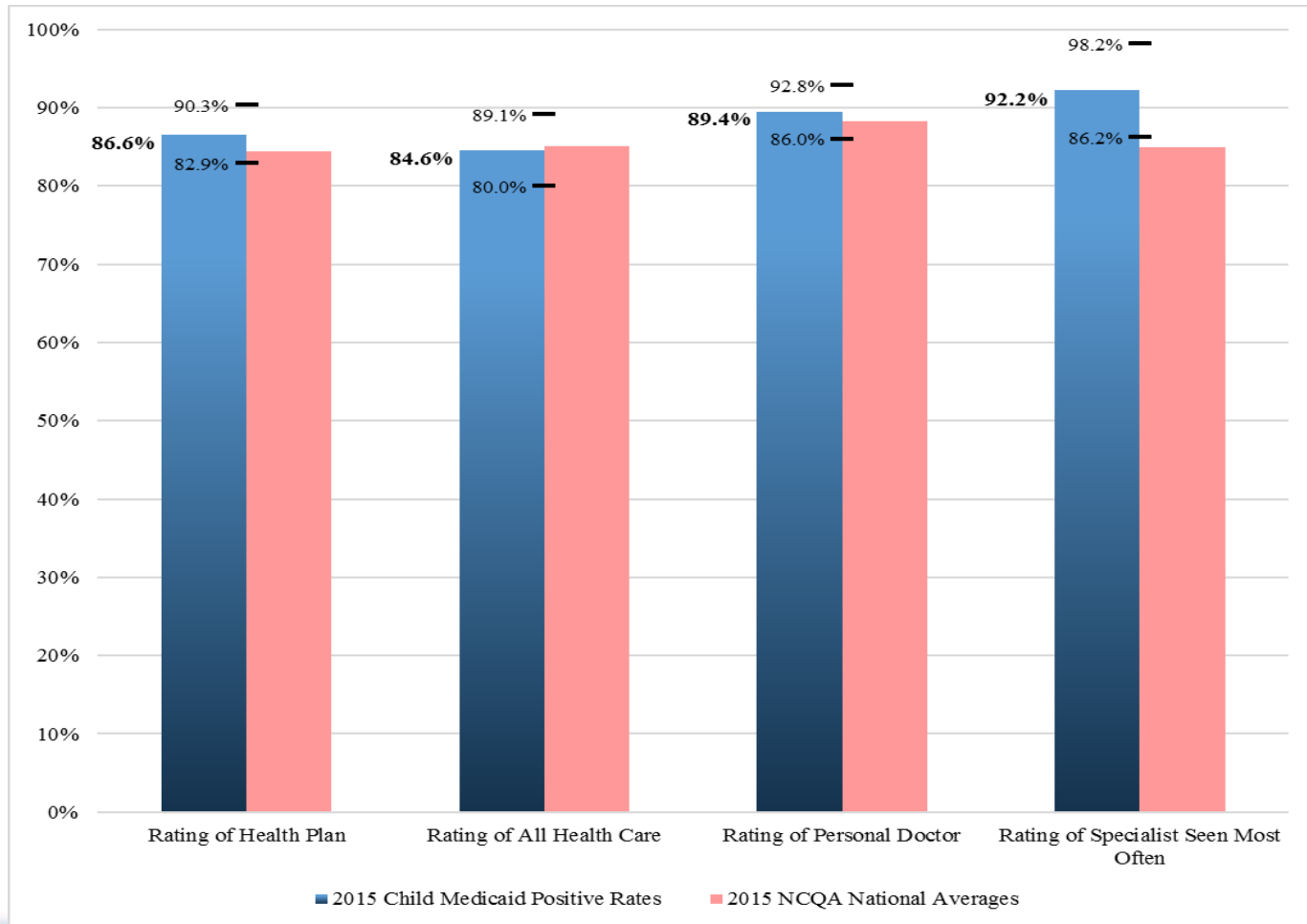
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## CAHPS: Well Sense Adult Medicaid Composite Measures



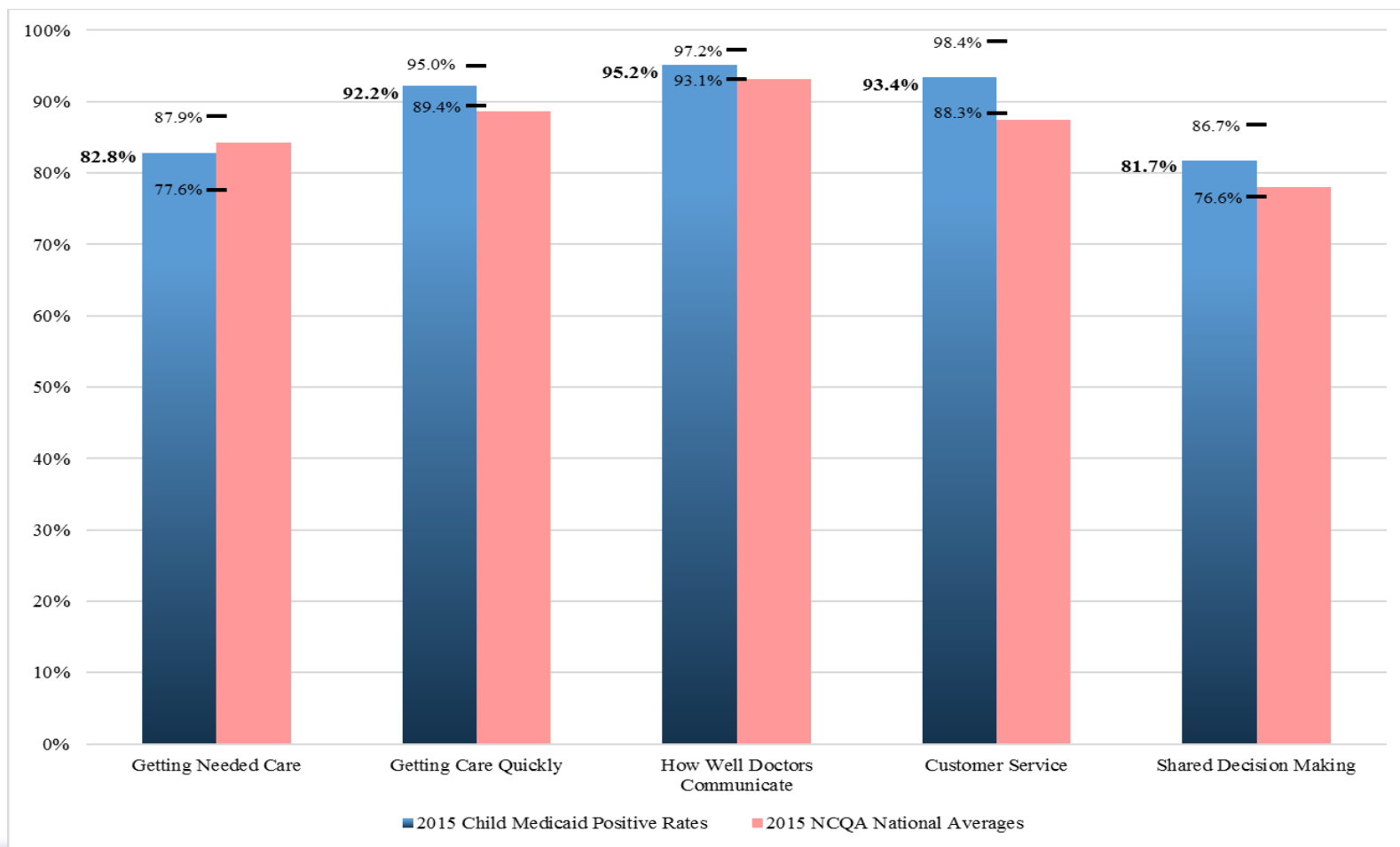
# Member Health and Experience of Care (cont.)

## CAHPS: Well Sense Child Medicaid Global Ratings



# Member Health and Experience of Care (cont.)

## CAHPS: Well Sense Child Medicaid Composite Measures



# Member Health and Experience of Care (cont.)

- CAHPS Conclusions: Well Sense
  - Seven adult Medicaid rates and seven general child Medicaid rates were above NCQA's 2015 Medicaid national average
  - Performance improvement efforts could concentrate on the two adult and two general child Medicaid population rates scoring below NCQA's 2015 Medicaid national averages

# Overall Strengths and Opportunities for Improvement

# Strengths and Opportunities for Improvement

- **Health Plan Evaluation**

- Contract compliance

- NHHF scored under 100% in seven of the 13 standards thus presenting opportunities for improvement
- Well Sense scored under 100% in five of the 13 standards thus presenting opportunities for improvement

- Very strong performance demonstrated with the PIPs, with no opportunities for improvement identified



# Strengths and Opportunities for Improvement (cont.)

- **Health Plan Evaluation**

- PMV: NHHF

- One measure presented an opportunity for improvement in 2015 and 2016
  - 2015: *Community Demographic, Cultural, and Epidemiologic Profile: Preferred Spoken Language*
  - 2016: *Percentage of Medical Service, Equipment and Supply Service Authorization Determinations for Requests Involving Urgent Care and Relating to the Extension of an Ongoing Course of Treatment Made Within 24 Hours After Receipt of Request for Requests Made During the Measure Data Period*

# Strengths and Opportunities for Improvement (cont.)

- **Health Plan Evaluation**

- PMV: Well Sense

- One measure presented an opportunity for improvement in 2015 and 2016

- 2015: *Member Requests for Assistance Accessing MCO Designated PCPs per Average Members by Geographic Region—NHHPP Members*

- 2016: *Percentage of Medical Service, Equipment and Supply Service Authorization Determinations for Requests Involving Urgent Care and Relating to the Extension of an Ongoing Course of Treatment Made Within 24 Hours After Receipt of Request for Requests Made During the Measure Data Period*

# Strengths and Opportunities for Improvement (cont.)

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

# Strengths and Opportunities for Improvement (cont.)

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

# Strengths and Opportunities for Improvement (cont.)

- **Member Health and Experience of Care Evaluation: HEDIS Measures**
  - Both MCOs: The majority of prevention and behavioral healthcare measures met or exceeded the 50th percentile of national comparison rates
  - Opportunities for improvement for both MCOs (scores below the 25th percentile of national comparison rates)
    - *Cervical Cancer Screening*
    - *Chlamydia Screening in Women—Total*
    - *Pharmacotherapy Management of COPD Exacerbation—Bronchodilator*
    - *Diabetes Monitoring for People with Diabetes and Schizophrenia*

# EQR Activities: MCM Program Evaluations

# MCM Program Evaluation

- Focus Groups
  - Horn Research
  - Conducted two groups in fall 2015
    - Topic: Experience with Case Management Programs
    - Location: Manchester, New Hampshire
    - Responses from 21 MCO members
  - Conducted two groups in spring 2016
    - Topic: Experience in the MCM Program for people who previously opted out of MCM
    - Locations: Concord and Derry, New Hampshire
    - Responses from 21 MCO members

# MCM Program Evaluation (cont.)

- Focus Groups
  - Fall Groups: MCO Members
    - Key points of inquiry
      - Access to Case Management
      - Experience with Health Care Management
      - Barriers to Receiving Care
    - Results
      - Majority reported positive experiences with case management
      - Challenges
        - » Continuity and consistency between case managers
        - » Communication with family members
      - Suggested Improvement: Enhance communication from the MCOs and between the MCOs and the members' healthcare providers



# MCM Program Evaluation (cont.)

- Focus Groups
  - Spring Groups: People who previously opted out of MCM
  - Key points of inquiry
    - Experience with MCM
    - Access to Care
    - Quality of Care and Care Management

# MCM Program Evaluation (cont.)

- Focus Groups

- Spring Groups Results

- Majority of participants said they either understood their plan or could find the answers they needed
    - Participants universally had positive experiences with their PCPs
    - Parents of children with severe disabilities reported more negative experiences with their MCO than other participants
    - About half of the participants indicated that accessing medications had become more difficult due to changed dosages, medications no longer being covered, and the requirement to switch medications\*
    - Majority of participants said their providers worked well together, but parents of children with disabilities were more likely to say they coordinated their children's care rather than relying on providers to do so

\*DHHS conducted a follow-up analysis of the larger population of children with severe disabilities. After examining a random sample of members, the majority (34 of 38) saw no changes in maintenance medications in the first quarter of enrollment in Medicaid managed care compared to the last quarter they were enrolled in Medicaid fee-for-service.

# MCM Program Evaluation (cont.)

- Encounter Data Validation (EDV)
  - HSAG developed an Encounter Data Quality Reporting System to evaluate the quality of data files submitted by the MCO
  - HSAG produced two catch-up reports for encounters submitted between 12/1/13 and 5/2/16
  - HSAG then produced weekly EDV reports with information about specific submission and quality edits

# MCM Program Evaluation (cont.)

## Aggregate Rates: Encounter Data Submission and Quality Standards

Evaluation Area (12/1/13-5/2/16)	Standard	837 P Encounters		837 I Encounters		NCPDP Encounters	
		NHHF	Well Sense	NHHF	Well Sense	NHHF	Well Sense
X12 EDI Compliance Edits	98.0%	100.0%	100.0%	100.0%	100.0%	NA	NA
Validity of Member Identification Number							
Percent Present	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percent Valid		99.9%	99.7%	99.9%	99.7%	99.1%	99.4%
Validity of Servicing Provider Information							
Percent Present	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percent Valid		98.0%	97.1%	96.0%	95.1%	97.9%	97.8%

# MCM Program Evaluation (cont.)

- Focused Study: Case Management
  - Purpose: To examine the processes and methods employed by each health plan to identify and assess members for case management and care coordination
  - Sample: 10 case management records selected for review during an on-site visit
  - Eligible population: Members enrolled in case management for 30 days or longer during the past six months

# MCM Program Evaluation (cont.)

- Focused Study: Case Management
  - Findings
    - Both MCOs used nationally recognized care management information systems with clinical protocols to guide completion of comprehensive assessments and care plans
    - Development of the care plan occurred the same day as the completion of the comprehensive assessment for over 50% of the members and within 10 days for the remaining members who agreed to complete the assessment

# MCM Program Evaluation (cont.)

- Focused Study: Case Management
  - Findings
    - Formal reassessments occurred at NHHF for foster children every three months and annually for the remaining population in case management
    - Well Sense indicated that formal reassessment occurred every six months for members in case management
    - A member remained in case management until goals were achieved, the member was no longer eligible for benefits with the MCO, the member decided to no longer participate, or the MCO could no longer reach the member

# MCM Program Evaluation (cont.)

- Focused Study: Case Management
  - Conclusions and Recommendations
    - While no State standards for care management caseloads exist in New Hampshire, the caseload ratios maintained by NHHF and Well Sense appeared consistent with industry research
    - Both MCOs employed methods to trigger an assessment for case management if there was a change in a member's health status after enrollment (e.g., hospitalizations, frequent emergency room visits, predictive modeling)



# MCM Program Evaluation (cont.)

- Focused Study: Case Management
  - Conclusions and Recommendations
    - MCOs should continuously enhance their systems to include protocols and algorithms to evaluate and accommodate the needs of new populations served in the MCM Program
    - Both MCOs need to consider sending a copy of the care plan goals and objectives to both members and PCPs

# EQRO Activities: Tasks for 2017

# EQRO Tasks for 2017

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

# EQRO Tasks for 2017 (cont.)

- **MCM Program Evaluation**
  - Focus Groups
    - Fall
      - Participants: Members enrolled from July 2015–August 2016
      - Topic: Experience in the MCM Program, and perception of access to care and quality of care
    - Spring
      - Participants: Members in the Choices for Independence (CFI) Program
      - Topic: Experience in the MCM Program, and perception of access to care and quality of care
  - Encounter Data Validation (EDV)
  - Focused Studies
    - Standardized Behavioral Health Provider Survey
    - Standardized MCO Provider Survey

Questions?

Thank you!

Debra L. Chotkevys, DHA, MBA  
dchotkevys@hsag.com