State of New Hampshire
Department of Health and Human Services

2018 New Hampshire External Quality Review Technical Report

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HSAG HEALTH SERVICES ADVISORY GROUP

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1. Executive Summary

In 2011, the New Hampshire legislature passed Senate Bill 147 requiring a comprehensive statewide Medicaid managed care program for all Medicaid enrollees. On December 1, 2013, the New Hampshire Department of Health and Human Services (DHHS) implemented the Medicaid Care Management (MCM) Program. At the end of calendar year (CY) 2017, there were 133,257 New Hampshire Medicaid beneficiaries enrolled in the MCM Program.[1-1] Beneficiaries enrolled in the program received services through one of two managed care organizations (MCOs): **New Hampshire Healthy Families** (**NHHF**) or **Well Sense Health Plan** (**Well Sense**). Both health plans are responsible for coordinating and managing their members' care through dedicated staff and a network of qualified providers.

The Department evaluates the MCM Program through a comprehensive quality strategy which includes:

- Monitoring over 300 performance measures.
- Requiring health plan accreditation by the National Committee for Quality Assurance (NCQA).
- Reporting validated measures to the public via medicaidquality.nh.gov.
- Requiring each health plan to implement a quality assurance and performance improvement program.
- Participating in a program evaluation conducted by the external quality review organization (EQRO).

The 2018 technical report is a summative account of a wide variety of activities conducted by Health Services Advisory Group, Inc. (HSAG), the Department's EQRO. Activities conducted to evaluate individual MCOs included audits of each MCO's contract compliance, performance improvement projects (PIPs), performance measure validation (PMV), and encounter data validation (EDV). Further analysis was conducted of each MCO's health outcome and beneficiary experience of care data compared to national performance measures. In 2018, HSAG also conducted focus group activities at the MCM Program level and a secret shopper survey with the substance use disorder (SUD) providers.

In state fiscal year (SFY) 2018, the EQRO's activities revealed positive results as well as areas for improvement for the MCM Program. Rates improved from the prior year in the compliance reviews. Only one **NHHF** PIP and one **Well Sense** PIP demonstrated statistically significant improvement over baseline rates; however, that was an improvement over the prior year when only one **NHHF** PIP demonstrated statistically significant improvement over the baseline rate. PMV rates were successfully approved for reporting for both MCOs as they were in the prior year.

New Hampshire uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS®).[1-2] For the CAHPS survey, this year's rates declined over the rates reported last year when compared to national averages. **NHHF** had fewer rates that were statistically significantly higher than the national average for the adult and child measures, and had more rates that were neither statistically significantly higher nor

[1-1] The data source for all enrollment data is the December 1, 2016, extract from the New Hampshire Medicaid Management Information System (MMIS).

[1-2] CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

lower than the national average. **Well Sense** had fewer adult measure rates that were statistically significantly higher than the national average, and one adult measure rate was statistically significantly lower than the national average. **Well Sense** had one child measure rate that improved over last year's rate.

New Hampshire uses the Healthcare Effectiveness Data and Information Set (HEDIS®).[1-3] Regarding HEDIS, two rates fell below the national Medicaid 25th percentile for each MCO this year, and only one rate fell below the national Medicaid 25th percentile for each MCO last year.

Concerning EDV, both MCOs passed the compliance edits and the accuracy edits for servicing providers for the professional and pharmacy encounters. **NHHF** and **Well Sense** did not meet the requirements for data accuracy related to member identification numbers, data accuracy related to servicing provider information for institutional encounters, or for timely encounter submissions. The MCOs need to ensure that all activities continue to improve the rates and results over the next year.

Areas that could be specifically targeted for improvement include the PIPs, the two HEDIS rates below the national Medicaid 25th percentile, and EDV. Also, **Well Sense** should focus on improving the one adult CAHPS rate that was statistically significantly below the national average, and both MCOs could focus on the CAHPS rates that declined from the prior year or remained neither statistically significantly above the national average. Many of the same activities will be conducted in SFY 2019, which will allow further evaluation of targeted opportunities for improvement identified in this report.

Table 1-1 contains a list of the opportunities for improvement for **NHHF** that includes all external quality review (EQR) tasks described in the 2018 EQR Report.

Table 1-1—Opportunities for Improvement for NHHF

EQR Activity	Measure Standard	MCO Results	Standard
Contract Compliance Audit	Delegation and Subcontracting	78.6%	100%
	Care Management/Care Coordination	96.4%	100%
	Member Enrollment and Disenrollment	90.0%	100%
Performance Improvement Projects (PIPs)	*Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*	Improvement Was Not Statistically Significant	Statistically Significant Improvement
	Well-Child Visits for 3-to-6-Year-Olds	Improvement Was Not Statistically Significant	Statistically Significant Improvement

[1-3] HEDIS® is a registered trademark of the National Committee for Quality Assurance.

EQR Activity	Measure Standard	MCO Results	Standard
HEDIS	*Chlamydia Screening in Women—Total*	Below Medicaid 25th Percentile	Above the Medicaid 25th Percentile
	Diabetes Monitoring for People With Diabetes and Schizophrenia	Below Medicaid 25th Percentile	Above the Medicaid 25th Percentile
Encounter Data Validation (EDV)	837 Professional Encounters (837P): Validity of Member Identification Number—Percent Valid	98.0%	100%
	837 Institutional Encounters (837I): Validity of Member Identification Number—Percent Valid	99.9%	100%
	Pharmacy Encounters: National Council for Prescription Drug Program (NCPDP): Validity of Member Identification Number—Percent Valid	99.9%	100%
	837I: Validity of Servicing Provider Information—Percent Valid	88.7%	98.0%
	837P: Timeliness—Submission Within 30 Days of Claim Payment	79.6%	100%
	837I: Submission Within 30 Days of Claim Payment	95.7%	100%
	NCPDP: Submission Within 30 Days of Claim Payment	92.7%	100%

Additional information about the tasks displayed in Table 1-1 is included in the Summary of Findings and Detailed Findings sections of this report.

Table 1-2 contains a list of the opportunities for improvement for **Well Sense** that includes all EQR tasks described in the 2018 EQR Report.

Table 1-2—Opportunities for Improvement for Well Sense

EQR Activity	Measure Standard	MCO Results	Standard
Contract Compliance Audit	Delegation and Subcontracting	85.7%	100%
	Plans Required by Contract	90.0%	100%
Performance Improvement Projects (PIPs)	*Reducing Hospital Readmissions to New Hampshire Hospital*	Improvement Was Not Statistically Significant	Statistically Significant Improvement
	Well-Child Visits for 3-to-6-Year-Olds	Improvement Was Not Statistically Significant	Statistically Significant Improvement

EQR Activity	Measure Standard	MCO Results	Standard
Adult CAHPS	Rating of Personal Doctor	Below 2017 NCQA National Average	Above the 2017 NCQA National Average
HEDIS	*Chlamydia Screening in Women—Total*	Below Medicaid 25th Percentile	Above the Medicaid 25th Percentile
	Diabetes Monitoring for People With Diabetes and Schizophrenia	Below Medicaid 25th Percentile	Above the Medicaid 25th Percentile
Encounter Data Validation (EDV)	837 Professional Encounters (837P): Validity of Member Identification Number—Percent Valid	98.0%	100%
	837 Institutional Encounters (837I): Validity of Member Identification Number—Percent Valid	92.2%	100%
	Pharmacy Encounters: National Council for Prescription Drug Program (NCPDP): Validity of Member Identification Number—Percent Valid	99.9%	100%
	837I: Validity of Servicing Provider Information—Percent Valid	87.3%	98.0%
	837P: Timeliness—Weekly Submissions	96.2%	100%
	837I: Timeliness—Weekly Submissions	96.2%	100%
	837P: Timeliness—Submission Within 30 Days of Claim Payment	38.7%	100%
	837I: Submission Within 30 Days of Claim Payment	27.3%	100%
	NCPDP: Submission Within 30 Days of Claim Payment	5.4%	100%

Additional information about the tasks displayed in Table 1-2 is included in the Summary of Findings and Detailed Findings sections of this report.

2. Overview of the MCM Program

Program Overview

In 2011, the New Hampshire legislature passed Senate Bill 147 requiring a comprehensive Medicaid managed care program for all Medicaid beneficiaries. The DHHS implemented Step 1 of the risk-based MCM Program on December 1, 2013, with most beneficiaries receiving their acute care services through one of three MCOs: **New Hampshire Healthy Families**, **Well Sense Health Plan**, or **Meridian Health Plan** (**Meridian**). In August 2014, **Meridian** exited New Hampshire, and over 30,000 beneficiaries were successfully transitioned to the remaining two plans. Each health plan is responsible for coordinating and managing beneficiary care through dedicated staff and a network of qualified providers. In 2015, the Centers for Medicare & Medicaid Services (CMS) approved Step 2, Phase 1 of the MCM Program. In this phase, populations who previously had the option of enrolling in the MCM Program become mandatory for receiving the majority of their state plan services through the program.[2-1]

At the end of CY 2017, 133,257 New Hampshire Medicaid beneficiaries were enrolled in the MCM Program.[2-2] Most beneficiaries were females and children and adolescents 0–18 years of age—all receiving Medicaid based on low income eligibility standards.

With the onset of the MCM Program, the Department implemented a comprehensive quality strategy approved by CMS to evaluate the MCM Program. The strategy included:

- Monitoring over 300 performance measures.
- Requiring health plan accreditation by NCQA.
- Reporting validated measures to the public via medicaidquality.nh.gov.
- Requiring each health plan to implement a quality assurance and performance improvement program.
- Participating in a program evaluation conducted by the EQRO.

[2-1] Approval from CMS Section 1915b Waiver.

[2-2] The data source for all enrollment data is the December 1, 2017, extract from the New Hampshire MMIS.

3. Summary of Findings

Overview

The federal Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires state Medicaid agencies to "provide for an annual external independent review conducted by a qualified independent entity of the quality outcomes and timeliness of, and access to, the items and services for which the organization is responsible under the contract."[3-1] HSAG is under contract with DHHS to perform the EQR activities for the State.

The 2018 New Hampshire EQR Technical Report for the New Hampshire MCM Program complies with the Code of Federal Regulations (CFR) 42 §438.364 which requires the EQRO to produce "an annual detailed technical report that summarizes findings on access and quality of care including a description of the manner in which the data from all activities conducted in accordance with 42 CFR §438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO, prepaid inpatient health plan (PIHP), prepaid ambulatory health plan (PAHP), or primary care case management (PCCM) entity."[3-2] This report meets the requirements of 42 CFR §438.364 and does not disclose the identity or other protected health information of any beneficiary. The current report contains findings from the activities conducted during SFY 2018.

Additionally, the report presents and compares the rates of the two New Hampshire Medicaid health plans, **NHHF** and **Well Sense**, and offers nationally recognized comparisons, when appropriate. The report also offers recommendations for improving the quality, timeliness of care, and access to health care services provided by each health plan and provides an assessment of the follow-up to the SFY 2017 recommendations for improvement. Appendices to this report include a list of abbreviations and acronyms; the methodology for conducting contractual compliance, PIPs, and PMV activities; and demographics of the New Hampshire MCM Program.

[3-1] U. S. Government Publishing Office. (1997). *Public Law 105-33* (p. 249). Available at: http://www.gpo.gov/fdsys/pkg/PLAW-105publ33/pdf/PLAW-105publ33.pdf. Accessed on: Nov 26, 2018.

[3-2] U. S. Government Publishing Office. (2017). *External Quality Review Results.* Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=1a64dceea153294481f0d7b923980163&mc=true&node=se42.4.438_1364&rgn=div8. Accessed on: Nov 26, 2018.

External Quality Review Activities, Conclusions, and Recommendations

Managed Care Organization (MCO) Contractual Compliance

Each year HSAG conducts an on-site compliance review at **NHHF** and **Well Sense** to ensure compliance with federal and State requirements. Subsequent to the comprehensive contract review in SFY 2014, the SFY 2015 review initiated a three-year cycle of reviewing one-third of the elements contained in the comprehensive compliance tool. The SFY 2018 review began the second round of the three-year cycle of evaluating one-third of the compliance requirements.

Findings

Table 3-1 illustrates the overall score for the 2018 Compliance Review for **NHHF** and **Well Sense**.

Table 3-1—Summary of the SFY 2018 Compliance Review Scores for NHHF and Well Sense

Overall Rate for the 2018 Compliance Review	NHHF	Well Sense
Overall Score	98.0%	98.8%

The 2018 compliance review included 14 standards. **NHHF** achieved 98.0 percent and **Well Sense** achieved 98.8 percent on the 128 elements reviewed. No file reviews or checklists were included in the 2018 compliance review.

Conclusions and Recommendations for MCO Contractual Compliance

NHHF

NHHF achieved a comprehensive score of 98.0 percent on the SFY 2018 compliance reviews. The review included an examination of 14 standards with 123 **NHHF** elements *Met* (96.1 percent) and five elements *Partially Met* (3.9 percent).

HSAG offers the following recommendations for **NHHF**:

- **NHHF** must ensure that it:
  - Completes a health needs assessment within 90 calendar days for all members residing in a nursing facility longer than 100 days.
  - Sends members and their representatives written notice of their disenrollment rights at least 60 calendar days before the start of each reenrollment period.
  - Revises the agreements with its subcontractors to ensure that all agreements contain the DHHS contract requirements.
  - Continually monitors each subcontractor's performance (at least annually or when there is a substantial change in the scope or terms of the subcontract agreement).

Well Sense

Well Sense achieved a comprehensive score of 98.8 percent on the SFY 2018 compliance reviews. The review included an examination of 14 standards with 125 **Well Sense** elements *Met* (97.7 percent) and three elements *Partially Met* (2.3 percent).

HSAG offers the following recommendations for **Well Sense**:

- **Well Sense** must ensure that it**:**
  - Submits the updated Communications Plan to DHHS for review and approval at least 60 calendar days prior to the commencement of each agreement year.
  - Revises the agreements with its subcontractors to ensure that all agreements contain the DHHS contract requirements.

For additional information concerning the compliance activities, see Section 4 Detailed Findings, page 4-1.

For additional information concerning HSAG's methodology for conducting an MCO contractual compliance review, see Appendix B Methodologies for Conducting EQR Activities, page B-1.

Evaluation of Programs and Projects: Performance Improvement Projects (PIPs)

The purpose of a PIP, as defined by 42 CFR §438.330(d),[3-3] is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. To ensure that such projects achieve real improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner.

Findings

The SFY 2018 HSAG review involved the Design, Implementation, and Outcomes stages of the three PIP topics selected by **NHHF** and three PIP topics selected by **Well Sense** as shown in Table 3-2. One of the three PIP topics conducted by each MCO focused on behavioral health (BH), as required by DHHS.

Table 3-2—Performance Improvement Project Topics Selected by NHHF and Well Sense

NHHF PIP Topics	Well Sense PIP Topics
Comprehensive Diabetes Screening—Vision Screening	*Chlamydia Screening*
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	*Reducing Hospital Readmissions**
Well-Child Visits for 3-to-6-Year-Olds	*Well-Child Visits for 3-to-6-Year-Olds*

* The **Well Sense** *Reducing Hospital Readmissions* PIP focused on reducing readmissions to New Hampshire Hospital, which provides inpatient mental health care.

For each MCO, Table 3-3 shows the aggregate number of applicable evaluation elements that were scored *Met* for each PIP stage and the combined overall percentage of evaluation elements *Met* for the three PIPs. The Design stage establishes the methodological framework for the PIP. The Implementation stage includes data analysis and interpretation, as well as development and implementation of improvement strategies. In the Outcomes stage, the PIPs are assessed for improvement in study indicator outcomes (i.e., rates as compared to the baseline).

[3-3] U. S. Government Printing Office. (n.d.). *Quality Assessment and Performance Improvement Program.* Available at: https://www.govregs.com/regulations/title42_chapterIV_part438_subpartE_section438.330. Accessed on: Nov 26, 2018.

Table 3-3—2018 PIP Validation Results Comparison by MCO for Topics Selected by NHHF and Well Sense

Stage	Activities	Percentage of Applicable Elements Scored *Met*	
		NHHF (Number [N]=3 PIPs)	Well Sense (N=3 PIPs)
Design	Activities I–VI	100% (45/45)	100% (39/39)
Implementation	Activities VII–VIII	100% (38/38)	100% (37/37)
Outcomes	Activities IX–X	73% (8/11)	60% (6/10)
Overall Percentage of Applicable Evaluation Elements Scored *Met*		**97%**	**95%**

Both MCOs met 100 percent of the requirements for all activities in the Design stage of each PIP. The health plans designed and implemented scientifically sound PIPs supported by key research principles and quality improvement (QI) methods. The MCOs demonstrated solid performance in the Implementation stage, receiving a *Met* score for 100 percent of evaluation elements in this stage, across all PIPs. For SFY 2018, the MCOs reported the Remeasurement 2 (1/1/16–12/31/16) study indicator results for each PIP and described QI activities that occurred during the Remeasurement 2 measurement period. With the reporting of Remeasurement 2 results, both MCOs progressed through at least Activity IX of the Outcomes stage for each PIP, with **NHHF** progressing to Activity X for one PIP, *Comprehensive Diabetes Care—Vision Screening*, and successfully demonstrated sustained improvement in outcomes at Remeasurement 2. Both **NHHF** and **Well Sense** have opportunities for improvement in the Outcomes stage, receiving *Met* scores for 73 percent and 60 percent, respectively, across all PIPs.

Table 3-4 displays the baseline study indicator outcomes for the three **NHHF** PIPs.

Table 3-4—PIP Study Indicators for NHHF

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
Comprehensive Diabetes Care—Vision Screening			
The percentage of members aged 18 to 75 years with diabetes (type 1 or type 2) who had an eye exam (retinal) performed.	59.8%	65.6%↑*	70.4%↑**

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications			
The percentage of members ages 18 to 64 years with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening in the measurement year.	77.6%	78.7% ⇔	78.5% ⇔
Well-Child Visits for 3-to-6-Year-Olds			
The percentage of members ages 3 to 6 years who had at least one well-child visit with a primary care physician (PCP) in the measurement year.	79.3%	78.9% ⇔	82.0% ⇔

↑* Designates statistically significant improvement over the baseline measurement period (*p* value < 0.05).
↑** The remeasurement rate demonstrated sustained improvement over the baseline rate.
⇔ Designates an improvement over the baseline measurement period that was not statistically significant (*p* value >= 0.05).

Table 3-5 displays the baseline study indicator outcomes for the three **Well Sense** PIPs.

Table 3-5—PIP Study Indicators for Well Sense

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
Chlamydia Screening			
The percentage of women 16 to 24 years of age who were identified as sexually active and had had at least one chlamydia test performed in the measurement year.	43.5%	42.7% ⇔	46.9% ↑
Reducing Hospital Readmissions (to New Hampshire Hospital)			
The percentage of eligible members readmitted to New Hampshire Hospital within 30 days of discharge.	12.7%	9.8% ⇔	12.8% ⇔
The percentage of eligible members readmitted to New Hampshire Hospital within 60 days of discharge.	18.2%	14.0% ⇔	17.8% ⇔
The percentage of eligible members readmitted to New Hampshire Hospital within 90 days of discharge.	19.2%	17.3% ⇔	20.9% ⇔

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
Well-Child Visits for 3-to-6-Year-Olds			
The percentage of members ages 3 to 6 years who had at least one well-child visit with a PCP in the measurement year.	77.5%	79.8% ⇔	78.7% ⇔

↑ Designates statistically significant improvement over the baseline measurement period (*p* value < 0.05).
⇔ Designates an improvement over the baseline measurement period that was not statistically significant (*p* value >= 0.05).

Conclusions and Recommendations

NHHF and Well Sense

NHHF and **Well Sense** designed scientifically sound projects supported by key research principles. The technical design of each PIP was sufficient to measure and monitor outcomes. The MCOs used methodologically sound approaches to data analysis and QI activities in the Implementation stage. The MCOs have opportunities for improvement in the Outcomes stage. One **NHHF** PIP (i.e., *Comprehensive Diabetes Screening—Vision Screening*) demonstrated statistically significant improvement at Remeasurement 1 (1/1/15–12/31/15) and sustained the improvement over baseline at Remeasurement 2 (1/1/16–12/31/16) by further increasing the study indicator rate. One **Well Sense** PIP (*Chlamydia Screening*) demonstrated statistically significant improvement over baseline for the first time at Remeasurement 2. The remaining two PIPs conducted by each MCO did not demonstrate statistically significant improvement in outcomes through Remeasurement 2. The MCOs should review study indicator performance, causal/barrier analyses, and intervention evaluation results for each PIP to facilitate improvement of study indicator outcomes in the future.

HSAG offered the following recommendations for both MCOs to strengthen and improve future PIP performance:

- Review the progress, achievements, challenges, and lessons learned for each PIP and use the knowledge gained to drive further improvement.
- For those PIPs that have not yet demonstrated statistically significant improvement in the study indicator results, the MCOs should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with lack of improvement.
- Consider using a different tool or process to gain a fresh perspective on the factors impacting outcomes. For example, the MCOs may want to develop one or more process maps for each PIP to illustrate the current processes involved in achieving desired outcomes for each project. By graphically illustrating the steps involved, process maps can help improvement teams identify and address process gaps or flaws to facilitate improved outcomes.

- Continue to revisit the causal/barrier analyses at least annually to reevaluate barriers and develop new and innovative interventions to address high-impact barriers.
- Continue to evaluate the effectiveness of each individual intervention. The MCOs should make data-driven decisions, based on evaluation results, when revising, continuing, or discontinuing interventions.

For additional information concerning the PIP activities, see Section 4 Detailed Findings, page 4-5.

For additional information concerning HSAG's methodology for validating PIPs, see Appendix B Methodologies for Conducting EQR Activities, page B-7.

Performance Measure Validation (PMV)

As required by 42 CFR §438.358(b)(ii),[3-4] HSAG completed the validation of MCO performance measures for SFY 2018, and this section provides a summary of the findings, conclusions, and recommendations from the PMV activities.

Findings

Table 3-6 provides an overview of the findings generated by the HSAG team for the audit elements reviewed for the 11 state-specific measures validated during the SFY 2018 PMV audit.

Table 3-6—SFY 2018 PMV Findings

Audit Element	SFY 2018	
	NHHF	Well Sense
Adequate documentation: Data integration, data control, and performance measure development	Acceptable	Acceptable
Claims systems and process adequacy: No nonstandard forms used for claims	Acceptable	Acceptable
Appropriate membership and enrollment file processing	Acceptable	Acceptable
Appropriate provider data systems and processing	Acceptable	Acceptable
Appeals data System and Process Findings	Acceptable	Acceptable
Prior Authorization and Case Management Data System and Process findings	Acceptable	Acceptable
Performance Measure Production and Reporting Findings	Acceptable	Acceptable
Required measures received a "Reportable" designation	Acceptable	Acceptable

[3-4] U. S. Government Publishing Office. (2017). *Electronic Code of Federal Regulations*. Available at: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=b3461a8c76280ca265d93ee04a872844&mc=true&n=pt42.4.438&r=PART&ty=HTML#se42.4.438_1358. Accessed on: Nov 13, 2018.

Conclusions and Recommendations

NHHF

NHHF had appropriate processes for capturing claims and encounters, and enrollment information in the AMISYS system. Claims, enrollment information, and provider data were managed through electronic means with minimal manual steps. **NHHF** had appropriate processes, workflows, and documented activities for measure production. Measure production data were backed up after each measure was run to ensure the data were reproduceable during the on-site audit.

Although HSAG found all 11 performance measures acceptable, the auditors recommended that **NHHF**:

- Review and understand the reporting specifications and intent of the measure prior to reporting any measures and seek clarification from DHHS, as needed.
- Conduct regular meetings with internal programmers to ensure programming captures all measure specifications.
- Perform source code walkthroughs with business owners to ensure all data elements for each measure are captured.
- Have a formal signoff from business owners and programmers to ensure both parties agree with the final measure reporting.

Well Sense

Well Sense continued to review the measure specifications and seek clarification from the State when it was unsure of measure specification requirements or interpretation. **Well Sense** worked closely with HSAG and DHHS to pose questions and gather ideas on reporting efficiencies and appropriateness.

There were no new recommendations for **Well Sense**. The auditor suggested that **Well Sense** staff members continue to request clarification from DHHS for measure specifications as well as for questions related to reporting.

For additional information concerning the validation of the MCO performance measures, see Section 4 Detailed Findings, page 4-12.

For additional information concerning HSAG's methodology for validating MCO performance measures, see Appendix B Methodologies for Conducting EQR Activities, page B-9.

Consumer Assessment of Healthcare Providers and Systems (CAHPS)

The CAHPS survey is recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data. **NHHF** and **Well Sense** were responsible for obtaining a CAHPS vendor to administer the survey to adult members and parents or caretakers of child members. Adult members and parents or caretakers of child members completed the surveys in 2018, following NCQA's data collection protocol.

Findings

The CAHPS 5.0H Surveys include a set of standardized items including four global ratings and five composite scores.[3-5] The global ratings reflected patients' overall satisfaction with their personal doctor, specialist, health plan, and all health care. The composite scores were derived from sets of questions to address different aspects of care (e.g., getting needed care and how well doctors communicate).

For each of the four global ratings, the percentage of respondents who chose a positive satisfaction rating on a scale of 0 to 10 was calculated. A positive response for the global ratings was defined as a value of 8, 9, or 10. For each of the five composite scores, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices fell into one of two categories: (1) "Never," "Sometimes," "Usually," or "Always"; or (2) "No" or "Yes." A positive response for the composites was defined as a response of "Usually/Always" or "Yes."

Each measure rate was compared to the NCQA national average, and a statistically significant difference was identified by using the confidence interval for each measure rate. Statistically significant differences are noted in Table 3-7 and Table 3-8 with arrows. An upward green arrow (↑) is denoted if the lower limit of the confidence interval was higher than the national average. However, if the upper limit of the confidence interval was lower than the national average, then a downward red arrow (↓) is denoted. If the national average was within the confidence interval, then there was no significant difference, which is denoted with a dash (—).

[3-5] For this report, the 2016 Adult and Child Medicaid CAHPS results presented for **NHHF** and **Well Sense** are limited to the four CAHPS global ratings and five CAHPS composite measures evaluated through the CAHPS 5.0H Adult and Child Medicaid Health Plan Surveys (i.e., CAHPS results are not presented for the two individual item measures or five Children with Chronic Conditions [CCC] composite scores/items).

Table 3-7 contains the results from the 2018 Adult Medicaid CAHPS positive rates calculated for **NHHF** and **Well Sense** and comparisons to the NCQA national averages.[3-6]

Table 3-7—NHHF and Well Sense Adult Medicaid CAHPS Results

Adult CAHPS Measure	2018 Adult Medicaid Positive Rates	2017 National Average Comparison*	2018 Adult Medicaid Positive Rates	2017 National Average Comparison
Global Ratings	**NHHF**		**Well Sense**	
Rating of Health Plan	**76.8%**	—	**72.9%**	—
Rating of All Health Care	**76.2%**	—	**68.6%**	—
Rating of Personal Doctor	**83.8%**	—	**74.8%**	↓
Rating of Specialist Seen Most Often	**80.6%**	—	**79.7%**	—
Composite Measures	**NHHF**		**Well Sense**	
Getting Needed Care	**82.9%**	—	**86.1%**	↑
Getting Care Quickly	**85.9%**	↑	**84.4%**	—
How Well Doctors Communicate	**92.7%**	—	**92.6%**	—
Customer Service	**89.7%**	—	**91.5%**+	—
Shared Decision Making	**80.5%**	—	**84.7%**	↑

* The 2017 NCQA national averages are the most current benchmarks available.

\+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

↑ Indicates the measure rate is statistically significantly higher than the national average.

↓ Indicates the measure rate is statistically significantly below than the national average.

— Indicates the measure rate is neither statistically significantly higher nor lower than the national average.

3-6 The 2018 Adult Medicaid CAHPS Results presented in Table 3-7 for **NHHF** and **Well Sense** are based on the responses of adult Medicaid beneficiaries that returned a completed CAHPS survey. **NHHF** surveyed a total of 2,160 adult Medicaid members, of which 503 completed surveys were returned. **Well Sense** surveyed a total of 1,418 adult Medicaid members, of which 306 completed surveys were returned. After ineligible members were excluded, the response rates were computed. In 2017, the adult Medicaid **NHHF** response rate was higher than the average NCQA response rate and the adult Medicaid **Well Sense** response rate was lower than the average NCQA response rate, which was 23.3 percent for the CAHPS 5.0H Adult Medicaid Health Plan Survey.

Table 3-8 contains the results from the 2018 General Child CAHPS positive rates calculated for **NHHF** and **Well Sense** and comparisons to NCQA national averages.[3-7]

Table 3-8—NHHF and Well Sense Child Medicaid CAHPS Results

Child CAHPS Measure	2018 Child Medicaid Positive Rates	2017 National Average Comparison*	2018 Child Medicaid Positive Rates	2017 National Average Comparison
Global Ratings	**NHHF**		**Well Sense**	
Rating of Health Plan	**87.1%**	—	**84.2%**	—
Rating of All Health Care	**90.1%**	↑	**89.1%**	—
Rating of Personal Doctor	**89.0%**	—	**90.7%**	—
Rating of Specialist Seen Most Often	**84.6%**	—	**86.7%**+	—
Composite Measures	**NHHF**		**Well Sense**	
Getting Needed Care	**87.3%**	—	**92.2%**	↑
Getting Care Quickly	**93.3%**	↑	**94.9%**	↑
How Well Doctors Communicate	**96.2%**	↑	**96.6%**	↑
Customer Service	**87.8%**	—	**88.4%**+	—
Shared Decision Making	**83.9%**	↑	**85.5%**+	↑

* The 2017 NCQA national averages are the most current benchmarks available.
\+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
↑ Indicates the measure rate is statistically significantly higher than the national average.
↓ Indicates the measure rate is statistically significantly below than the national average.
— Indicates the measure rate is neither statistically significantly higher nor lower than the national average.

Conclusions and Recommendations

NHHF

NHHF's adult Medicaid population rate was statistically significantly higher than NCQA's 2017 Medicaid national average for *Getting Care Quickly*. The remaining measure rates, *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care, How Well Doctors Communicate, Customer Service,* and *Shared Decision*

3-7 The 2018 Child Medicaid CAHPS Results presented in Table 3-8 for **NHHF** and **Well Sense** are based on the responses of parents/caretakers of child Medicaid beneficiaries, selected as part of the general child sample only, that returned a completed CAHPS survey (i.e., based on the results of the general child population only). A total of 2,640 **NHHF** general child Medicaid members were selected for surveying, of which 581 completed surveys were returned. A total of 1,650 **Well Sense** general child Medicaid members were selected for surveying, of which 326 completed surveys were returned. In 2017, the child Medicaid **NHHF** and **Well Sense** response rates were lower than the average NCQA response rate, which was 22.3 percent for the CAHPS 5.0H Child Medicaid Health Plan Survey.

Making, were neither statistically significantly higher nor lower than the national averages. **NHHF**'s child Medicaid population rates were statistically significantly higher than NCQA's 2017 Medicaid national averages with the exception of *Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care,* and *Customer Service,* which were neither statistically significantly higher nor lower than the national averages.

HSAG recommends that **NHHF**:

- Focus QI efforts on enhancing members' experiences with *Rating of Health Plan, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Getting Needed Care,* and *Customer Service* for the adult and child populations; and *Rating of All Health Care, How Well Doctors Communicate,* and *Shared Decision Making* for the adult population.

Well Sense

Well Sense's adult Medicaid population rates for *Getting Needed Care* and *Shared Decision Making* were statistically significantly higher than NCQA's 2017 Medicaid national averages, while *Rating of Health Plan, Rating of All Health Care, Rating of Specialist Seen Most Often, Getting Care Quickly, How Well Doctors Communicate,* and *Customer Service* rates were neither statistically significantly higher nor lower than the national averages.

One **Well Sense** adult Medicaid population rate, *Rating of Personal Doctor,* was statistically significantly lower than NCQA's 2017 Medicaid national average. **Well Sense**'s general child Medicaid population rates were statistically significantly higher than NCQA's 2017 Medicaid national averages, with the exception of *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often,* and *Customer Service*, which were neither statistically significantly higher nor lower than the national averages.

HSAG recommends that **Well Sense**:

- Focus QI efforts on enhancing members' experiences with *Rating of Health Plan, Rating of All Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often,* and *Customer Service* for the adult and child populations; and *Getting Care Quickly* and *How Well Doctors Communicate* for the adult population.

For additional information concerning the CAHPS Survey, see Section 4 Detailed Findings, page 4-14.

Healthcare Effectiveness Data and Information Set (HEDIS)

HEDIS is a standardized set of nationally recognized indicators that are used in measuring performance of managed care plans. According to NCQA, HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.[3-8] **NHHF** and **Well Sense** were responsible for generating HEDIS rates for the 48 indicators prescribed by DHHS and contracting with independent certified HEDIS compliance auditors (CHCAs) to validate and confirm the rates generated by the respective MCO. DHHS requires MCOs to report NCQA HEDIS measures annually. To compile the information for the HEDIS section of this report, both MCOs provided their final audit reports (FARs), information system compliance tools, and the interactive data submission system (IDSS) files approved by an NCQA-licensed organization (LO).

Findings

The auditors found both MCOs to be fully compliant with all applicable information system assessment standards. HSAG compared the rates achieved by the MCOs on 41 performance measures to NCQA's Audit Means and Percentiles National Medicaid Health Maintenance Organization (HMO) Percentiles for HEDIS 2017 (the most recent benchmarks available), when appropriate. HSAG displayed the results for each performance measure in figures that contain the rates achieved by **NHHF** and **Well Sense**, along with confidence intervals and the national benchmarks, when applicable. Seven rates did not have comparison rates due to specification changes made by NCQA (i.e., five performance measures), or because HSAG presented the rates for information only (i.e., two performance measures).

To evaluate the performance of **NHHF** and **Well Sense**, HSAG compiled the rates for the reported measures in the following categories that correspond with the national benchmarks:

- Met or exceeded the national Medicaid 90th percentile
- At or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile
- At or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile
- At or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile
- Below the national Medicaid 25th percentile

Table 3-9 and Table 3-10 display the rates achieved by the MCOs according to the comparison of their rates to the national benchmarks.

[3-8] National Committee for Quality Assurance. (n.d.). *HEDIS & Quality Measurement*. Available at: http://store.ncqa.org/index.php/performance-measurement.html?___SID=U. Accessed on: Dec 28, 2018.

Table 3-9—Summary of Scores for 2017 HEDIS Measures With National Comparative Rates for NHHF

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile and Below 90th Percentile	Met 50th Percentile and Below 75th Percentile	Met 25th Percentile and Below 50th Percentile	Under 25th Percentile	Total
Prevention	3	8	5	2	1	**19**
Acute and Chronic Care	3	9	1	0	0	**13**
Behavioral Health	1	1	4	2	1	**9**
All Domains	**7**	**18**	**10**	**4**	**2**	**41**
Percentage	**17.07%**	**43.90%**	**24.39%**	**9.76%**	**4.88%**	**100.0%**

NHHF's rates ranked at or above the national Medicaid 50th percentile for 35 measures (85.37 percent), with seven of these measures meeting or exceeding the national Medicaid 90th percentile (17.07 percent). The rates for two measures (4.88 percent) fell below the national Medicaid 25th percentile.

Table 3-10—Summary of Scores for 2017 HEDIS Measures With National Comparative Rates for Well Sense

Measure Domain	Met or Exceeded 90th Percentile	Met 75th Percentile and Below 90th Percentile	Met 50th Percentile and Below 75th Percentile	Met 25th Percentile and Below 50th Percentile	Under 25th Percentile	Total
Prevention	2	8	7	1	1	**19**
Acute and Chronic Care	3	7	2	1	0	**13**
Behavioral Health	1	2	1	4	1	**9**
All Domains	**6**	**17**	**10**	**6**	**2**	**41**
Percentage	**14.63%**	**41.46%**	**24.39%**	**14.63%**	**4.88%**	**100.0%**

Well Sense's rates ranked at or above the national Medicaid 50th percentile for 33 measures (80.49 percent), with six of these measures meeting or exceeding the national Medicaid 90th percentile (14.63 percent). The rates for two measures (4.88 percent) fell below the national Medicaid 25th percentile.

Conclusions and Recommendations

NHHF

The following rates met or exceeded the national Medicaid 90th percentile, indicating positive performance for **NHHF**:

- Three Prevention measure rates: *Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total*, *Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits*, and *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*
- Three Acute and Chronic Care measure rates: *Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation (PCE)—Systemic Corticosteroid* and *Bronchodilator*; and *Asthma Medication Ratio (AMR)—Total*
- One BH measure rate: *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*

The following rates fell below the national Medicaid 25th percentile, indicating opportunities for improvement for **NHHF**:

- One Prevention measure rate: *Chlamydia Screening in Women (CHL)—Total*
- One BH measure rate: *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*

Well Sense

The following rates met or exceeded the national Medicaid 90th percentile, indicating positive performance for **Well Sense**:

- Two Prevention measure rates: *Adults' Access to Preventive/Ambulatory Health Services (AAP)–Total* and *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)*
- Three Acute and Chronic Care measure rates: *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid* and *Bronchodilator*; and *Controlling High Blood Pressure (CBP)*
- One BH measure rate: *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*

The following rates fell below the national Medicaid 25th percentile, indicating opportunities for improvement for **Well Sense**:

- One Prevention measure rate: *Chlamydia Screening in Women (CHL)—Total*
- One BH measure rate: *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*

For additional information concerning the HEDIS measures, see Section 4 on page 4-25 in the Detailed Findings.

Encounter Data Validation (EDV)

During SFY 2018, HSAG conducted the following two EDV activities:

- Continued to use an Encounter Data Quality Reporting System (EDQRS) to evaluate the quality of encounter data files submitted by the MCOs.
- Began an information system (IS) review to assess DHHS' and the MCOs' information systems/processes.

For the first EDV activity, HSAG continued to use the EDQRS to evaluate the quality of encounter data files submitted by **NHHF** and **Well Sense**. The EDQRS was designed to import, store, and review incoming encounter data and generate automated weekly/monthly/quarterly reports for DHHS. Participating MCOs prepare and submit 837 P/I and NCPDP pharmacy files to HSAG daily/weekly. HSAG then processes the files and evaluates the encounter data in four areas: (1) weekly reports for encounter submission accuracy and completeness, (2) monthly reports for encounter data completeness, (3) monthly reports for encounter data accuracy, and (4) quarterly reports for encounter data timeliness.

Findings From EDQRS

For encounters received from MCOs between July 1, 2017, and June 30, 2018, this section presents the aggregate rates for five standards within Exhibit A—Amendment #11 of the MCM Contract.[3-9] These standards include:

- Passing X12 electronic data interchange (EDI) compliance edits (Standard 25.2.24.2.1).
- Accuracy and validity of member identification numbers (Standard 25.2.24.2.3).
- Accuracy and validity of servicing provider information (Standard 25.2.24.2.4).
- Encounter data shall be submitted weekly (Standard 25.2.24.3.1).
- Encounter data shall be submitted within 30 calendar days of claim payment (Standard 25.2.24.3.1).

Table 3-11 displays aggregate compliance rates for each MCO in relation to the standards. Values in green font indicate rates meeting the corresponding standards, and values in red font indicate rates falling below the corresponding standards by more than 10 percentage points.

[3-9] New Hampshire Department of Health and Human Services. (2015). *Medicaid Managed Care Organization Contract Amendment #11.* Available at: http://www.dhhs.nh.gov/ombp/caremgt/contracts.htm. Accessed on: Dec 17, 2018.

Table 3-11—Aggregate Rates for Encounter Data Submission and Quality Standards

Evaluation Area	Standard	837P (Professional) Encounters		837I (Institutional) Encounters		NCPDP (Pharmacy) 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*		98.0%	98.0%	99.9%	92.2%	99.9%	99.9%
Validity of Servicing Provider Information*							
Percent Present	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Percent Valid*		99.1%	98.1%	88.7%	87.3%	99.5%	99.3%
Timeliness*							
Weekly Submission	100.0%	100.0%	96.2%	100.0%	96.2%	100.0%	100.0%
Submission Within 30 Days of Claim Payment	100.0%	79.6%	38.7%	95.7%	27.3%	92.7%	5.4%

* Refer to Table 4-68 to Table 4-72 for more details regarding these items.

The list below shows the findings for each standard:

- X12 EDI Compliance Edits: **NHHF** and **Well Sense** met submission standards regarding the X12 EDI compliance edits, with 100 percent of all submitted 837P/I encounters successfully translated by HSAG. Of note, this metric was not applicable to NCPDP encounters.
- Member Identification Number: **NHHF** and **Well Sense** populated all submitted encounters with member identification numbers for all three encounter types. However, when these values were assessed, both MCOs fell below the percent accurate standard of 100 percent.
- Servicing Provider Information: **NHHF** and **Well Sense** populated all submitted encounters with servicing provider information for all three encounter types. While both **NHHF** and **Well Sense** met the percent accurate standard for their 837P and NCPDP encounters, neither of them met the percent accurate standard for their 837I encounters.
- Weekly Submission: **NHHF** met the weekly submission standard by submitting all three types of encounters to DHHS for 100 percent of the weeks in SFY 2018, while **Well Sense** met the weekly submission standard for NCPDP encounters only. **Well Sense** submitted its 837P/I encounters for 96.2 percent of the weeks in SFY 2018, which was below the standard of 100 percent.
- Submission Within 30 Days of Claim Payment: The percentages of encounters submitted to DHHS within 30 calendar days of claim payment dates were below the standard of 100 percent for both **NHHF** and **Well Sense** for all three encounter types. **NHHF** submitted more than 92.0 percent of its 837I and NCPDP encounters within 30 days of claim payment, though the percentage for its 837P encounters was 79.6 percent. The percentage of 837P/I and NCPDP encounters submitted to DHHS within 30 days of claim payment by **Well Sense** was less than 40.0 percent, which was considerably below the standard of 100 percent.

Conclusions and Recommendations from EDQRS

NHHF

Based on aggregate compliance rates for the five contract standards assessed, **NHHF**'s submitted encounters met the following standards:

- X12 EDI compliance edits
- Accuracy for servicing providers in the 837P and NCPDP encounters
- Weekly encounter submissions to DHHS

HSAG recommends that **NHHF** focus on the following:

- Data accuracy related to member identification numbers for all three encounter types
- Data accuracy related to servicing provider information for the 837I encounters
- Timely encounter data submissions to DHHS within 30 days of the claim payment date

Well Sense

Based on aggregate compliance rates for the five contract standards assessed, **Well Sense**'s submitted encounters met the following standards:

- X12 EDI compliance edits
- Accuracy for servicing providers in the 837P and NCPDP encounters
- Weekly encounter submissions to DHHS for the NCPDP encounters

HSAG recommends that **Well Sense** focus on the following:

- Data accuracy related to member identification numbers for all three encounter types
- Data accuracy related to servicing provider information for the 837I encounters
- Weekly 837P/I encounter submissions to DHHS; and submissions to DHHS within 30 days of the claim payment date for all three encounter types

IS Review

HSAG is currently conducting the second EDV activity which includes an IS review. The goal of the IS review is to examine the extent to which DHHS and the MCOs have appropriate system documentation and infrastructure to produce, process, and monitor encounter data.

The IS review portion of the EDV activity, which at the time of this report had been completed by HSAG, consisted of a three-stage process:

- **Document Review**: HSAG conducted a thorough desk review of documents related to current encounter data initiatives/validation activities. HSAG used documents such as policies and

procedures, encounter system edits, and DHHS' current encounter data submission requirements to develop a targeted questionnaire designed to address specific topics of interest for DHHS.

- **Development and Fielding of Customized Encounter Data Assessments**: In collaboration with DHHS, HSAG developed a targeted IS questionnaire, designed to gather both general and specific information regarding data processing, personnel, and data acquisition capabilities for DHHS and the MCOs to complete. The questionnaire included assessment items grouped into the following four topic areas:
  - Encounter Data Sources and Systems
  - Data Exchange Policies and Procedures
  - Management of Encounter Data: Collection, Storage, and Processing
  - Encounter Data Quality Monitoring and Reporting
- **Key Personnel Interviews**: Upon completion of the customized encounter data assessment, HSAG followed up with key personnel at DHHS, **NHHF**, and **Well Sense** to clarify any information provided through questionnaire responses.

To conclude the study, HSAG is finalizing a single aggregate report that will be completed in February 2019, and the report will contain key findings for DHHS, **NHHF**, and **Well Sense**, as well as aggregate and MCO-specific conclusions and recommendations. The results from the study will be included in the SFY 2019 technical report.

For additional information concerning EDV, see Section 4 Detailed Findings, page 4-79.

Other External Quality Review (EQR) Activities

Focus Groups

Horn Research, a subcontractor to HSAG, conducted focus groups in fall 2017 and spring 2018.

Horn Research conducted the fall focus groups by telephone and interviewed 28 participants representing all regions in the State. The population included individuals who were enrolled in New Hampshire Medicaid Care Management and delivered a baby within the previous six months. Horn Research contacted each study participant by telephone, and the participants lived in every region of the State.

- Four key points of inquiry were explored with the focus groups:
  - Experience with Medicaid managed care.
  - Access to care.
  - Quality of care management.
  - Suggested improvements.
- Most participants said they "had enough or a lot of choices" for hospitals or birthing centers, and a small number of participants reported either a lack of knowledge or a lack of choices due to their location in the State. Some participants noted that their babies needed specialist care after birth, and that they were satisfied with the providers and the care.
- Most participants reported positive experiences with the quality of care they received both during and after their pregnancy. A few participants reported receiving case management support and were pleased with the quality of the services.
- Suggested improvements included:
  - Making information about the support programs and benefits related to pregnancy more consistently and widely available to the membership.
  - Allowing additional postpartum care and support including information on how to best care for the newborn.
  - Expanding coverage to include more medications.
  - Expanding the MCO networks to include more mental health providers.

Horn Research also conducted the spring focus groups by telephone, with 28 MCO members participating in the interviews. The target population included Medicaid Care Management members who were in these three categories: individuals dually eligible for Medicaid and Medicare, parents or caregivers of children with disabilities, and parents or caregivers of children in foster care.

- Four key points of inquiry were explored during this period's data collection efforts:
  - Members' experience with their MCO
  - Access to care

  - Quality of care management
  - Suggested improvements
- Most participants reported that they understood their health plan, and that they received answers to questions when communicating with their health plans.
- Participants' positive experiences with their MCO included an easy process for receiving care, the coverage and benefits they received, and the helpful customer service orientation provided by their MCO.
- Most participants said that there were enough primary care providers (PCPs) in their MCO network and that they did not experience difficulty accessing needed medications.
- Most comments about transportation were positive; however, some participants expressed concerns about the quality of services received from the transportation providers.
- Suggested improvements included:
  - Receiving additional expanded information about providers including their experience working with special needs children, current availability for new patients, and the ages of the population they accept.
  - Adding dental and mental health providers to the network and the ability to receive out-of-network care.
  - Providing information concerning benefits and coverage more frequently, in easy-to-read one-sheet summaries, videos, and group trainings.

For additional information concerning the focus group activities, see Section 4 Detailed Findings, page 4-85.

Secret Shopper Survey

HSAG completed a SFY 2018 secret shopper telephone survey among providers that offered SUD services. In November 2018, HSAG provided DHHS with a final written report detailing the study methodology, findings, conclusions, and recommendations. The report included aggregated information on the following key survey indicators:

- Whether the provider or facility stated that it accepted New Hampshire Medicaid
- Whether the provider or facility stated that it provided the requested SUD services
- Whether the provider or facility stated that it was accepting new patients
- The number of calendar days to an appointment, if offered
- Any limitations noted by the provider or facility regarding access or appointment availability

HSAG also provided DHHS with an analytic file containing survey results for each provider location (i.e., a location-level analytic dataset).

For additional information concerning the secret shopper activity, see Section 4 Detailed Findings, page 4-89.

Summary of Strengths and Opportunities for Improvement Concerning Quality, Timeliness of Care, and Access to Care Furnished by MCOs

From the results of this year's plan-specific activities, HSAG summarizes each MCO's strengths and opportunities for improvement and provides an assessment and evaluation of the quality, timeliness of care, and access to care and services that each MCO provides. The evaluations are based on the following definitions of quality, timeliness, and access:

- ***Quality***—CMS defines "quality" in the final rule at 42 CFR §438.320 as follows:

  Quality, as it pertains to external quality review, means the degree to which an MCO, PIHP, PAHP, or PCCM entity (described in § 438.310[c][2]) increases the likelihood of desired health outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidence-based-knowledge, and (3) interventions for performance improvement.[3-10]

- ***Timeliness***—NCQA defines "timeliness" relative to utilization decisions as follows:

  "The organization makes utilization decisions in a timely manner to accommodate the clinical urgency of a situation."[3-11] NCQA further discusses the intent of this standard to minimize any disruption in the provision of health care. HSAG extends this definition of timeliness to include other managed care provisions that impact services to members and that require a timely response from the MCO (e.g., processing expedited member appeals and providing timely follow-up care).

- ***Access***—CMS defines "access" in the final rule at 42 CFR §438.320 as follows:

  Access, as it pertains to external quality review, means the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services). [3-12]

[3-10] U. S. Government Publishing Office. (2017). *Electronic Code of Federal Regulations*. Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=fa076676cc95c899c010f8abe243e97e&mc=true&node=se42.4.438_1320&rgn=div8. Accessed on: Nov 30, 2018.

[3-11] NCQA. *2017 Standards and Guidelines for the Accreditation of Health Plans.* Washington, DC: The NCQA; 2017: UM5.

[3-12] U. S. Government Publishing Office. (2017). *Electronic Code of Federal Regulations*. Available at: https://www.ecfr.gov/cgi-bin/text-idx?SID=fa076676cc95c899c010f8abe243e97e&mc=true&node=se42.4.438_1320&rgn=div8. Accessed on: Nov 30, 2018.

New Hampshire Healthy Families

Compliance

NHHF demonstrated strength in complying with federal and State standards by obtained an overall score of 98.0 percent in the SFY 2018 compliance review. Of the 14 standard areas reviewed, **NHHF** achieved *100 percent compliance* on 11 standards, demonstrating complete adherence to all requirements in these standards. **NHHF** also scored 90.0 percent or higher on two standards, demonstrating a high degree of adherence to the elements contained in those standards. The scores for one standard was 78.6 percent, representing the greatest opportunity for improvement.

Of the 128 elements reviewed for **NHHF**, 123 (i.e., 96.1 percent) received a *Met* score representing strengths in compliance with federal and State requirements for ***quality, timeliness of care, and access to care*** for the New Hampshire Medicaid beneficiaries. Opportunities for improvement exist for **NHHF** in the items that partially met the requirements included in this year's review of compliance with federal and State requirements. **NHHF** needs to ensure that a health needs assessment is completed within 90 calendar days for all members residing in a nursing facility longer than 100 days, and that members and their representatives are sent written notice of their disenrollment rights at least 60 calendar days before the start of each re-enrollment period. Agreements with subcontractors need to be revised to ensure that all agreements contain the DHHS contract requirements. Subcontractor performance also must be monitored on an ongoing basis, at least annually or when there is a substantial change in the scope or terms of the subcontract agreement. The elements that need to be revised represent measures that could affect ***quality of care and access to care.***

PIPs

During 2018, HSAG reviewed the Design, Implementation, and Outcomes stages for **NHHF**'s three PIPs. All three **NHHF** PIPs are related to ***quality of care***, and one of the three PIPs also is related to both ***access to and timeliness of care***. One of the PIPs, related to ***quality of care***, demonstrated strength by achieving statistically significant improvement over the baseline (1/1/14–12/31/14) at the first remeasurement (1/1/15–12/31/15) and sustained the significant improvement at second remeasurement (1/1/16–12-31/16). The other two PIPs have not demonstrated statistically significant improvement over the baseline through the second remeasurement. **NHHF** should review study indicator performance, causal/barrier analyses, and intervention evaluation results for each PIP to facilitate improvement of study indicator outcomes for the two PIPs that have not demonstrated statistically significant improvement in the Outcomes stage.

PMV

HSAG noted that while **NHHF** had appropriate claims and encounters processes for the ***access to care*** measure, and captured provider information and all relevant data from core systems appropriately, **NHHF** did not use the appropriate specification list of medications for the *APPEALS.17* measure, which resulted in having three additional medications inappropriately counted in the measure for the third quarter report. The addition of these three drugs resulted in a greater than 5 percent bias for the third

quarter rates reported, which resulted in a Not Reported (NR) designation. For fourth quarter, no additional BH drugs were included in the report and therefore no bias was assessed. When HSAG combined the results from both quarters to determine overall bias, **NHHF** fell below the 5 percent bias threshold. Taking into consideration both quarterly reports, HSAG did not assign a bias to the measures and designated *APPEALS.17* as Reportable (R).

HSAG evaluated 11 measures, and the measures represent ***timeliness of and access to care and quality of care.*** **NHHF** should consult with DHHS when producing measures to eliminate any issues related to understanding the measure requirements. **NHHF** should thoroughly review and understand the reporting specifications and intent prior to reporting any measures and seek clarification from the DHHS, if needed. **NHHF** would benefit from holding regular meetings with internal programmers to ensure the programming captures all measure specifications. **NHHF** should have source code walkthroughs with business owners to ensure all data elements for each measure are captured. Additionally, **NHHF** should have a formal signoff from both the business owners and programmers to ensure both parties agree with the final measure reporting.

CAHPS

One positive rate for **NHHF**'s adult Medicaid population and four positive rates for the child Medicaid population in 2018 were statistically significantly higher than the 2017 NCQA adult and child Medicaid national averages. These measures represent responses related to both ***timeliness of care and quality of care***. The remaining eight 2017 **NHHF** adult measure rates and five 2017 child measure rates, representing both ***access to and quality of care*** domains, were neither statistically significantly higher nor lower than the 2017 NCQA adult and child Medicaid national averages.

To improve CAHPS rates, **NHHF** could consider involving MCO staff members at every level to assist in improving *Rating of Health Plan*, *Getting Needed Care*, and *Customer Service* rates. Methods for achieving improvement could include ensuring that QI goals align with the mission and goals of the MCO, establishing MCO-level performance measures, clearly defining and communicating measures that require improvement, ensuring an adequate number of staff are available to assist members, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, progress of QI initiatives could be monitored and reported internally to assess the effectiveness of these efforts. Specific QI initiatives aimed at engaging employees could include departmental meetings, quarterly employee forums, annual staff meetings to discuss outcomes for the measures, interactive workshops, topic-specific improvement teams, leadership development courses, and employee awards. Another way to include staff members would be to create cross-departmental improvement teams to focus on specific topics targeted for improvement.

The rates for *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often* could be improved by including information about the ratings from the CAHPS survey in provider newsletters and providing periodic reminders about the importance of improving communication skills with patients from different cultures, handling challenging patient encounters, and emphasizing patient-centered communication for the MCO members. Patient-centered communication could have a positive impact on patient satisfaction, adherence to treatments, and self-management of conditions. Indicators of good physician

communication skills include providing clear explanations, listening carefully, checking for understanding, and being considerate of members' perspectives. Physicians could ask questions about members' concerns, priorities, and values and listen to their answers. Also, physicians could check for understanding, while reinforcing key messages, by allowing members to repeat back what they understand about their conditions and the actions they will take to monitor and manage their conditions.

HEDIS

NHHF demonstrated strength for measures related to ***quality of care***, exceeding the national Medicaid 50th percentile for 28 of 34 measures related to ***quality***. The following measures related to ***quality*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits**
- *Adolescent Well-Care Visits (AWC)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Physical Activity—Total* and *Counseling for Nutrition—Total*
- *Childhood Immunization Status (CIS)—Combination 10*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**
- *Appropriate Testing for Children With Pharyngitis (CWP)*
- *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid** and *Bronchodilator**
- *Comprehensive Diabetes Care (CDC)—HbA1c Testing*, *HbA1c Poor Control (>9.0%)*, and *HbA1c Control (<8.0%)*
- *Controlling High Blood Pressure (CBP)*
- *Asthma Medication Ratio (AMR)—Total**
- *Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**
- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase*

NHHF has opportunities for improvement related to ***quality of care***, with **NHHF**'s performance falling below the national Medicaid 50th percentile for the following measures:

- *Immunizations for Adolescents (IMA)—Combination 1 (Meningococcal, Tdap)*
- *Chlamydia Screening in Women (CHL)—Total*
- *Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care*
- *Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Total*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)—Total*

NHHF demonstrated strength in measures related to ***timeliness of care***, exceeding the national Medicaid 50th percentile for five of the six measures related to ***timeliness of care***. The following measures related to ***timeliness*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid** and *Bronchodilator**
- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase*

NHHF has opportunities for improvement related to ***timeliness of care***, with **NHHF**'s performance falling below the national Medicaid 50th percentile for the following measure:

- *Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care*

NHHF demonstrated strength in measures related to ***access to care***, exceeding the national Medicaid 50th percentile for eight of the nine measures related to ***access***. The following measures related to ***access*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total**
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months*, *25 Months–6 Years*, *7–11 Years*, and *12–19 Years*
- *Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)—Initiation Phase*

NHHF has opportunities for improvement related to ***access to care***, with **NHHF**'s performance falling below the national Medicaid 50th percentile for the following measure:

- *Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care*

Encounter Data Validation

NHHF met the standard for X12 EDI compliance edits and data accuracy for servicing provider information in 837P (professional) and NCPDP (pharmacy) encounters. **NHHF** should continue improving data accuracy for the member identification number and servicing provider information for the outstanding encounter types, and timely data submissions to DHHS so that **NHHF** can meet the corresponding standards. Developing system edits to flag incorrect information prior to data submission may be helpful in eliminating data accuracy errors. **NHHF** also may work with DHHS on example cases with inaccurate member identification numbers and/or servicing provider information to determine the root cause. Lastly, appointing a specific team member to be responsible for more stringent oversight of the due dates for data submission may correct the ***timeliness*** issues. Determining ***access to care*** and health outcomes that represent ***quality of care*** could be difficult if **NHHF** does not submit accurate and timely encounter data to DHHS.

Well Sense Health Plan

Compliance

Well Sense demonstrated strength in complying with federal and State standards by obtaining an overall score of 98.8 percent in the SFY 2018 compliance review. Of the 14 standard areas reviewed, **Well Sense** achieved *100 percent compliance* on 12 standards, demonstrating total adherence to all requirements in these standards. **Well Sense** also scored 90.0 percent on one standard, demonstrating a high degree of adherence to the elements contained in those standards. The score for one standard was 85.7 percent, representing the greatest opportunity for improvement. Of the 128 elements reviewed for **Well Sense**, 125 elements that received a *Met* score represented strengths in the requirements for ***quality and timeliness of, and access to care*** for the New Hampshire Medicaid beneficiaries.

Opportunities for improvement exist for **Well Sense** in the items that partially met the requirements included in this year's review of compliance with federal and State requirements. **Well Sense** needs to submit its updated Communications Plan to DHHS for review and approval at least 60 calendar days prior to the commencement of each agreement year and revise the agreements with its subcontractors to ensure that all agreements contain the DHHS contract requirements. The elements that need to be revised represent measures that could affect ***quality of care***.

PIPs

During 2018, HSAG reviewed the Design, Implementation, and Outcomes stages for **Well Sense**'s three PIPs. The three **Well Sense** PIPs are related to ***quality of care***, two PIPs are also related to ***access to care***, and one PIP is related to ***timeliness of care***, as well. One of the PIPs, related to both ***quality of and access to care***, demonstrated strength by achieving statistically significant improvement over baseline (1/1/14–12/31/14) at the second remeasurement (1/1/16–12/31/16). **Well Sense** should review study indicator performance, causal/barrier analyses, and intervention evaluation results for each PIP to facilitate improvement of study indicator outcomes for the two PIPs that have not demonstrated statistically significant improvement over baseline through the second remeasurement.

PMV

HSAG noted that **Well Sense** had appropriate claims and encounters processes, and captured provider information and all relevant data from core systems appropriately. The measures' rates required by the State were successfully approved for reporting. **Well Sense**'s quality team had adequate overview processes in place for the system to ensure all claims and enrollment processes were captured accurately. In addition, **Well Sense**'s source code developers followed the 11 measures' specifications appropriately. The measures represent ***quality, timeliness, and access to care.***

Well Sense should continue to work with DHHS and HSAG to understand the details of each measure. **Well Sense** continues to rely on manual steps in the measures production process. This primarily affects measures that rely heavily on external vendor data. **Well Sense** should continue to automate data flow processes and integrate automation steps to systematically produce the measures.

CAHPS

Two positive rates for **Well Sense**'s adult Medicaid population and four positive rates for the child Medicaid population in 2018 were statistically significantly higher than the 2017 NCQA adult and child Medicaid national averages. These measures represent responses related to ***quality, timeliness, and access to care.*** One 2018 adult measure rate for **Well Sense**, representing the ***quality of care*** domain, was statistically significantly lower than the 2017 NCQA adult Medicaid national average. The remaining six 2018 adult measure rates and five 2018 child measure rates for **Well Sense**, representing both ***quality and timeliness of care domains***, were neither statistically significantly higher nor lower than the 2017 NCQA adult and child Medicaid national averages.

To improve CAHPS rates, **Well Sense** could consider involving MCO staff members at every level to assist in improving *Rating of Health Plan* and *Customer Service* rates. Methods for achieving improvement could include ensuring that QI goals align with the mission and goals of the MCO, establishing MCO-level performance measures, clearly defining and communicating measures that require improvement, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, progress of QI initiatives could be monitored and reported internally to assess the effectiveness of these efforts. Specific QI initiatives aimed at engaging employees could include departmental meetings, quarterly employee forums, annual staff meetings to discuss outcomes for the measures, topic-specific improvement teams, leadership development courses, and employee awards. Another way to include staff members would be to create cross-departmental improvement teams to focus on specific topics targeted for improvement.

The rates for *Rating of All Health Care* and *Rating of Specialist Seen Most Often* could be improved by including information about the ratings from the CAHPS survey in provider newsletters and providing periodic reminders about the importance of improving communication skills with patients from different cultures, handling challenging patient encounters, and emphasizing patient-centered communication for the MCO members. Patient-centered communication could have a positive impact on patient satisfaction, adherence to treatments, and self-management of conditions. Indicators of good physician communication skills include providing clear explanations, listening carefully, checking for understanding, and being considerate of members' perspectives. Physicians could ask questions about members' concerns, priorities, and values and listen to their answers. Also, physicians could check for understanding, while reinforcing key messages, by allowing members to repeat back what they understand about their conditions and the actions they will take to monitor and manage their conditions.

HEDIS

Well Sense demonstrated strength for measures related to ***quality of care***, exceeding the national Medicaid 50th percentile for 26 of 34 measures related to ***quality***. The following measures related to ***quality*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits*
- *Adolescent Well-Care Visits (AWC)*

- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Physical Activity—Total*
- *Childhood Immunization Status (CIS)—Combination 10*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**
- *Appropriate Testing for Children With Pharyngitis (CWP)*
- *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid** and *Bronchodilator**
- *Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.0%)* and *HbA1c Control (<8.0%)*
- *Controlling High Blood Pressure (CBP)**
- *Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**
- *Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment* and *Effective Continuation Phase Treatment*

Well Sense has opportunities for improvement related to ***quality of care***, with **Well Sense**'s performance falling below the national Medicaid 50th percentile for the following measures:

- *Immunizations for Adolescents (IMA)—Combination 1 (Meningococcal, Tdap)*
- *Chlamydia Screening in Women (CHL)—Total*
- *Asthma Medication Ratio (AMR)—Total*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*
- *Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)—Total*
- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase* and *Continuation and Maintenance Phase*

Well Sense demonstrated strength in measures related to ***timeliness of care***, exceeding the national Medicaid 50th percentile for four of the six measures related to ***timeliness***. The following measures related to ***timeliness*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid** and *Bronchodilator**

Well Sense has opportunities for improvement related to ***timeliness of care***, with **Well Sense**'s performance falling below the national Medicaid 50th percentile for the following measures:

- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase* and *Continuation and Maintenance Phase*

Well Sense demonstrated strength in measures related to ***access to care***, exceeding the national Medicaid 50th percentile for seven of the nine measures related to ***access***. The following measures related to ***access*** met or exceeded the national Medicaid 75th percentile (an asterisk * indicates the measure met or exceeded the 90th percentile):

- *Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total**
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months*, *25 Months–6 Years*, *7–11 Years*, and *12–19 Years*

Well Sense has opportunities for improvement related to ***access to care***, with **Well Sense**'s performance falling below the national Medicaid 50th percentile for the following measures:

- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase* and *Continuation and Maintenance Phase*

Encounter Data Validation

Well Sense met the standard for X12 EDI compliance edits and data accuracy for servicing provider information in 837P (professional) and NCPDP (pharmacy) encounters. **Well Sense** should continue improving data accuracy for the member identification number and servicing provider information for the outstanding encounter types, and timely data submissions to DHHS so that **Well Sense** can meet the corresponding standards. Developing system edits to flag incorrect information prior to data submission may be helpful in eliminating data accuracy errors. **Well Sense** also may work with DHHS on example cases containing inaccurate member identification numbers and/or servicing provider information to determine the root cause. Lastly, appointing a specific team member to be responsible for more stringent oversight of the due dates for data submission may correct the ***timeliness*** issues. Determining ***access to care*** and health outcomes that represent ***quality of care*** could be difficult if **Well Sense** does not submit accurate and timely encounter data to DHHS.

Health Plan Comparisons and Health Plan-Specific Conclusions and Recommendations

MCO Contractual Compliance

The SFY 2014 compliance activities consisted of reviewing 14 standards containing 294 applicable elements for **NHHF** and 295 applicable elements for **Well Sense**. HSAG included the requirements found in 42 CFR §438 Subparts A–F of the BBA and the State contractual requirements in the New Hampshire MCM Contract[4-1] in the comprehensive compliance tool. The review of compliance conducted in SFY 2015 began a three-year cycle of reviewing one-third of the elements contained in the comprehensive compliance tool. The current review in SFY 2018 included 14 standards with 128 applicable elements for **NHHF** and **Well Sense**. HSAG also included the corrective action plan (CAP) elements from the SFY 2017 compliance review in the SFY 2018 on-site review to ensure that the information submitted for the CAP was operationalized correctly by the MCO.

HSAG conducted a pre-on-site desk review of documents submitted by the MCOs and an on-site review that consisted of a review of additional documentation and staff interviews. The complete description of the methodology HSAG uses to conduct compliance reviews is included in Appendix B.

Results of the SFY 2018 Compliance Review

Table 4-1 includes the findings from the SFY 2018 compliance reviews for **NHHF** and **Well Sense**.

Table 4-1—Comparison of MCO Scores for the SFY 2018 Compliance Review

Standard	Standard Name	2018 NHHF	2018 Well Sense
I.	Delegation and Subcontracting	78.6%	85.7%
II.	Plans Required by the Contract	100%	90.0%
III.	Emergency and Post-stabilization Care	100%	100%
IV.	Care Management/Care Coordination	96.4%	100%
V.	Wellness and Prevention	100%	100%
VI.	Behavioral Health	100%	100%
VII.	Member Enrollment and Disenrollment	90.0%	100%
VIII.	Member Services	100%	100%

[4-1] New Hampshire Department of Health and Human Services. (2014). *Medicaid Managed Care Organization Contract and Amendments.* Available at: http://www.dhhs.nh.gov/ombp/caremgt/contracts.htm. Accessed on: Dec 13, 2016.

Standard	Standard Name	2018 NHHF	2018 Well Sense
IX.	Cultural Considerations	100%	100%
X.	Grievances and Appeals	100%	100%
XI.	Access	100%	100%
XII.	Network Management	100%	100%
XIII.	Utilization Management	100%	100%
XIV.	Quality Management	100%	100%
Overall Score		**98.0%**	**98.8%**

Of the 14 standards included in the SFY 2018 compliance review, **NHHF** achieved 100 percent compliance for 11 standards, 90–99 percent compliance for two standards, and 78.6 percent compliance for one standard. **Well Sense** achieved 100 percent compliance for 12 standards, 90.0 percent compliance in one standard, and 85.7 percent compliance for one standard. The SFY 2018 compliance review did not include file reviews or checklist reviews.

NHHF Conclusions and Recommendations for the Compliance Review

During **NHHF**'s SFY 2018 compliance review, 96.1 percent of the elements (n=123) were found to be compliant with federal and State regulations. HSAG also validated through a review of policies, procedures, and staff interviews that the MCO corrected the deficiencies identified during the prior year's audit.

Two standards scored 96.4 percent and 90 percent, respectively: Care Management/Care Coordination and Member Enrollment and Disenrollment. One standard, representing the greatest opportunity for improvement, scored 78.6 percent: Delegation and Subcontracting.

HSAG offers the following recommendations for **NHHF**:

- To improve the Care Management/Care Coordination standard score, **NHHF** must ensure that a health needs assessment is completed within 90 calendar days for all members residing in a nursing facility for more than 100 days.
- To improve the Member Enrollment and Disenrollment standard score, **NHHF** must ensure that members and their representatives are sent written notice of their disenrollment rights at least 60 calendar days before the start of each reenrollment period.
- To improve the Delegation and Subcontracting standard score, **NHHF** must:
  - Revise subcontractor agreements to ensure that all agreements contain the DHHS contract requirements.
  - Monitor each subcontractor's performance on an ongoing basis consistent with industry standards and State and federal laws and regulations (at least annually or when there is a substantial change in the scope or terms of the subcontract agreement).

NHHF successfully submitted CAPs for all the recommendations noted above and created policies, procedures, and processes to rectify the deficiencies identified during the current SFY 2018 compliance review.

Well Sense Conclusions and Recommendations for the 2018 Compliance Review

During **Well Sense**'s SFY 2018 compliance review, 97.7 percent of the elements (n=125) were found to be compliant with federal and State regulations.

Well Sense received 100 percent compliance on 12 standards. One standard received a score of 90.0 percent: Plans Required by the Contract. One additional standard, Delegation and Subcontracting, represented the greatest opportunity for improvement, received a score of 85.7 percent.

HSAG offers the following recommendations for **Well Sense**:

- To improve the Plans Required by the Contract standard score, **Well Sense** must submit the updated Communications Plan to DHHS for review and approval at least 60 calendar days prior to the commencement of each agreement year.
- To improve the Delegation and Subcontracting standard score, **Well Sense** must revise the agreements with its subcontractors to ensure that all agreements contain the DHHS contract requirements.

Well Sense successfully submitted CAPs for all the recommendations noted above and created policies, procedures, and processes to rectify the deficiencies identified during the current SFY 2018 compliance review.

Trending

Table 4-2 displays the compliance scores achieved by **NHHF** and **Well Sense** during the five years that HSAG conducted compliance reviews.

Table 4-2—Compliance Scores for NHHF and Well Sense from 2014–2018

Fiscal Year	Standards Reviewed	Elements Reviewed	NHHF	Well Sense
2014	14	294	95.1%	93.4%
2015	14	82	99.5%	99.5%
2016	13	130	92.7%	88.8%
2017	14	110	97.3%	98.6%
2018	14	128	98.0%	98.8%

The scores for **NHHF** ranged from 92.7 percent in 2016 to 99.5 percent in 2015. The scores for **Well Sense** ranged from 88.8 percent in 2016 to 99.5 percent in 2015. As previously mentioned, the SFY 2014 compliance activities consisted of reviewing all 14 standards containing 294 applicable elements. Since that time, HSAG has reviewed one-third of the elements.

Since 2015, the compliance tool has contained different elements for each year of the review. Fourteen standards were reviewed each year except 2016, when two standards (i.e., Care Management/Care Coordination and Wellness and Prevention) were not included in the compliance review; however, the SUD requirements were included in the review. The MCOs scored the lowest scores in 2016 and the highest scores in 2015. The review in 2016 included a new standard because DHHS requested that HSAG include the SUD requirements in that review. The MCOs scored under 50 percent for the SUD standard; however, **NHHF** and **Well Sense** submitted CAPs to correct the deficiencies noted in the review.

PIPs

The purpose of a PIP is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. The PIP process allows MCOs the opportunity to identify areas of concern affecting their membership and strategize ways to improve care. For such projects to achieve real improvements in care, and for interested parties to have confidence in the reported improvements, PIPs must be designed, conducted, and reported in a methodologically sound manner. A complete description of the methodology HSAG uses to validate PIPs is included in Appendix B.

During the first half of SFY 2018, HSAG reviewed three PIP topics selected by **NHHF** and three PIP topics selected by **Well Sense** as shown in Table 4-3. The contract between DHHS and the MCOs requires that one of the three PIP topics be focused on BH.

Table 4-3—Performance Improvement Project Topics Selected by NHHF and Well Sense

NHHF PIP Topics	Well Sense PIP Topics
Comprehensive Diabetes Screening—Vision Screening	*Chlamydia Screening*
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication	*Reducing Hospital Readmissions**
Well-Child Visits for 3-to-6-Year-Olds	*Well-Child Visits for 3-to-6-Year-Olds*

* The **Well Sense** *Reducing Hospital Readmissions* PIP focused on reducing readmissions to New Hampshire Hospital, which provides inpatient mental health care.

Validation Results

For each MCO, Table 4-4 shows the aggregate number of applicable evaluation elements that were scored *Met* for each stage and the combined overall percentage of evaluation elements *Met* for the three PIPs. This table illustrates **NHHF**'s and **Well Sense**'s overall application of the PIP process and the degree to which the MCOs achieved success in implementing the studies. Each activity is composed of individual evaluation elements scored as *Met*, *Partially Met*, or *Not Met*. Elements receiving a *Met* score have satisfied the necessary technical requirements for a specific element. The validation results presented in Table 4-4 show the percentage of applicable evaluation elements that received a *Met* score for each study stage and an overall score across all three stages.

Table 4-4—SFY 2018 PIP Validation Results Comparison by MCO for Topics Selected by NHHF and Well Sense

Stage	Activities	Percentage of Applicable Elements* Scored *Met*	
		NHHF (N=3 PIPs)	Well Sense (N=3 PIPs)
Design	Activities I–VI	100% (45/45)	100% (39/39)
Implementation	Activities VII–VIII	100% (38/38)	100% (37/37)
Outcomes	Activities IX–X	73% (8/11)	60% (6/10)
Overall Percentage of Applicable Evaluation Elements Scored *Met*		**97%**	**95%**

* The number of evaluation elements in each activity and each stage is based on the evaluation criteria outlined in the CMS *EQR Protocol 3: Validating Performance Improvement Projects: A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012.[4-2]

For all PIPs, the Design stage establishes the methodological framework. The activities in this stage include development of the study topic, question, indicators, population, sampling, and data collection. To implement successful improvement strategies, a strong study design is necessary. The validation for SFY 2018 indicated that both MCOs met 100 percent of the requirements for all activities in the Design stage of each PIP. The health plans designed scientifically sound PIPs supported by key research principles. The technical designs of the PIPs were sufficient to measure and monitor PIP outcomes.

The Implementation stage includes data analysis and interpretation as well as development and implementation of improvement strategies. For the SFY 2018 validation, the MCOs reported results of the second remeasurement (1/1/16–12-31/16) for each PIP and described improvement strategies that occurred during the second remeasurement period. The MCOs demonstrated solid performance in the Implementation stage, both receiving a *Met* score for 100 percent of the evaluation elements, respectively, across all PIPs.

In the Outcomes stage, the PIPs are assessed for improvement in the study indicator outcomes. Both MCOs progressed through Activity IX of the Outcomes stage for each of the PIPs, reporting results of the second remeasurement and evaluating study indicator outcomes for improvement. Additionally, **NHHF** progressed through Activity X for one PIP. In Activity X, **NHHF** sustained the significant improvement achieved at Remeasurement 1 (1/1/15–12/31/15) for a subsequent measurement period, at Remeasurement 2. **Well Sense** achieved statistically significant improvement over baseline at Remeasurement 2 for one of the PIPs. The remaining two PIPs for both MCOs have not demonstrated

4-2 Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 3: Validating Performance Improvement Projects (PIPs): A Mandatory Protocol for External Quality Review (EQR),* Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-3.pdf. Accessed on: Mar 25, 2019.

statistically significant improvement over the baseline through Remeasurement 2. The PIPs cannot be evaluated for sustained improvement until statistically significant improvement has been demonstrated across all study indicators and results from a subsequent measurement period have been reported. Both MCOs could improve performance in the Outcomes stage, with 73 percent and 60 percent of the evaluation elements receiving a *Met* score, respectively. To improve PIP outcomes, the MCOs should revisit the causal/barrier analysis for each PIP to determine any previously unidentified barriers to improvement and review intervention evaluation results to identify gaps in existing interventions. The MCOs can improve performance and facilitate desired improvement in PIP outcomes by ensuring high-impact barriers are identified and addressed by innovative and effective interventions.

PIP-Specific Outcomes

NHHF

The tables below display the baseline study indicator outcomes for each **NHHF** PIP.

Table 4-5 displays the baseline study indicator results for the *Comprehensive Diabetes Care—Vision Screening* PIP.

Table 4-5—NHHF's Performance Improvement Project Outcomes for *Comprehensive Diabetes Care—Vision Screening*

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of members aged 18 to 75 years with diabetes (type 1 or type 2) who had an eye exam (retinal) performed.	59.8%	65.6%↑*	70.4%↑**

↑* Designates statistically significant improvement over the baseline measurement period (p value < 0.05).

↑** The remeasurement rate demonstrated sustained improvement over the baseline rate.

For the *Comprehensive Diabetes Care—Vision Screening* PIP, **NHHF** reported a baseline study indicator rate of 59.8 percent. At Remeasurement 1, the MCO reported a rate of 65.6 percent. The Remeasurement 1 rate was a statistically significant ($p = 0.0442$) improvement of 5.8 percentage points over the baseline rate. The Remeasurement 1 rate also exceeded the MCO's goal of 65.5 percent. At Remeasurement 2, the MCO reported a rate of 70.4 percent. The Remeasurement 2 rate demonstrated a statistically significant ($p < 0.0001$) improvement of 10.6 percentage points over the baseline rate but did not meet the MCO's goal of 71.4 percent. **NHHF** was able to sustain the statistically significant improvement that was achieved at Remeasurement 1 for the subsequent measurement period.

Table 4-6 displays the baseline study indicator results for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* PIP.

Table 4-6—NHHF's Performance Improvement Project Outcomes for *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of members ages 18 to 64 years with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening in the measurement year.	77.6%	78.7% ⇔	78.5% ⇔

⇔ Designates an improvement or a decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

For the *Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications* PIP, **NHHF** recalculated the baseline study indicator rate using updated HEDIS specifications so that the baseline and Remeasurement 1 rates would be comparable. HSAG recommended a baseline rate recalculation because NCQA changed the denominator definition in the HEDIS specifications after the baseline measurement period. The specification changes impacted the comparability of rates. Using the updated specifications, the MCO reported a baseline study indicator rate of 77.6 percent and a Remeasurement 1 rate of 78.7 percent. The increase of 1.1 percentage points from baseline to Remeasurement 1 was not statistically significant (p = 0.7784). The Remeasurement 1 rate did not meet the MCO's goal of 89.0 percent. At Remeasurement 2, the MCO reported a rate of 78.5 percent. The 0.9 percentage point increase from baseline to Remeasurement 2 was not statistically significant (p = 0.8425). The Remeasurement 2 rate did not meet the MCO's goal of 85.4 percent.

Table 4-7 displays the baseline study indicator results for the *Well-Child Visits for 3-to-6-Year-Olds* PIP.

Table 4-7—NHHF's Performance Improvement Project Outcomes for *Well-Child Visits for 3-to-6-Year-Olds*

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of members ages 3 to 6 years who had at least one well-child visit with a PCP in the measurement year.	79.3%	78.9% ⇔	82.0% ⇔

⇔ Designates an improvement or a decline over the baseline measurement period that was not statistically significant (p value >= 0.05).

For the *Well-Child Visits for 3-to-6-Year-Olds* PIP, **NHHF** reported a baseline study indicator rate of 79.3 percent. At Remeasurement 1, the MCO reported a rate of 78.9 percent. The decline of 0.4 percentage point from baseline to Remeasurement 1 was not statistically significant (p = 0.9323). The Remeasurement 1 rate of 78.9 percent did not meet the MCO's goal of 84.5 percent. At Remeasurement 2, the MCO reported a rate of 82.0 percent. The increase of 2.7 percent points over the baseline rate was not statistically significant (p = 0.3369). The Remeasurement 2 rate of 82.0 percent did not meet the MCO's goal of 84.5 percent.

Well Sense

The tables below display the baseline study indicator outcomes for each **Well Sense** PIP.

Table 4-8 displays the baseline study indicator results for the *Chlamydia Screening* PIP.

Table 4-8—Well Sense's Performance Improvement Project Outcomes for *Chlamydia Screening*

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of women 16 to 24 years of age who were identified as sexually active and had had at least one chlamydia test performed in the measurement year.	43.5%	42.7% ⇔	46.9% ↑

⇔ Designates a decline over the baseline measurement period that was not statistically significant (p value >= 0.05).
↑ Designates statistically significant improvement over the baseline measurement period (p value >= 0.05).

For the *Chlamydia Screening* PIP, **Well Sense** reported a baseline study indicator rate of 43.5 percent. At Remeasurement 1, the MCO reported a rate of 42.7 percent. The decline of 0.8 percentage point in the study indicator rate from baseline to Remeasurement 1 was not statistically significant ($p = 0.6164$). The Remeasurement 1 rate did not meet the MCO's goal of 47.5 percent. At Remeasurement 2, the MCO reported a rate of 46.9 percent. The Remeasurement 2 rate demonstrated a statistically significant improvement of 3.4 percentage points over the baseline rate ($p = 0.0438$); however, this rate fell short of the Remeasurement 2 goal of 47.5 percent by 0.6 percentage point.

Table 4-9 displays the baseline study indicator results for the *Reducing Hospital Readmissions* PIP.

Table 4-9—Well Sense's Performance Improvement Project Outcomes for *Reducing Hospital Readmissions*

Study Indicator*	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of eligible members readmitted to New Hampshire Hospital within 30 days of discharge.	12.7%	9.8% ⇔	12.8% ⇔
2. The percentage of eligible members readmitted to New Hampshire Hospital within 60 days of discharge.	18.2%	14.0% ⇔	17.8% ⇔
3. The percentage of eligible members readmitted to New Hampshire Hospital within 90 days of discharge.	19.2%	17.3% ⇔	20.9% ⇔

***** The PIP's study indicators are inverse indicators, where ***a lower rate is better***.

⇔ Designates an improvement or a decline from the baseline measurement period that was not statistically significant (p value ≥ 0.05)

Well Sense used three inverse study indicators for the *Reducing Hospital Readmissions* PIP, ***where a lower rate represents better performance***. Prior to the Remeasurement 2 PIP submission, the MCO revised the baseline and Remeasurement 1 study indicator data after identifying and resolving some data calculation errors in the PIP. **Well Sense** reported the following revised baseline rates for Study Indicators 1 (30-day readmission rate), 2 (60-day readmission rate), and 3 (90-day readmission rate), respectively: 12.7 percent, 18.2 percent, and 19.2 percent. For Remeasurement 1, the MCO reported a revised rate of 9.8 percent for Study Indicator 1 (30-day readmission rate). The Remeasurement 1 rate for Study Indicator 1 was not a statistically significant improvement from the baseline rate ($p = 0.2355$). For Study Indicator 2 (60-day readmission rate), the MCO reported a revised Remeasurement 1 rate of 14.0 percent, which was not a statistically significant improvement from baseline ($p = 0.1292$). For Study Indicator 3 (90-day readmission rate), the MCO reported a revised Remeasurement 1 rate of 17.3 percent, which was not a statistically significant improvement from the baseline rate ($p = 0.5310$).

For the Remeasurement 2 study indicator outcomes, **Well Sense** reported a Study Indicator 1 rate of 12.8 percent, which reflected an increase in the 30-day readmission rate of 0.1 percentage point over baseline; the difference was not statistically significant ($p = 0.9550$). The Study Indicator 1 goal of less than or equal to 7.8 percent was not met. The Remeasurement 2 rate for Study Indicator 2 was 17.8 percent, which was not a statistically significant improvement over the baseline 60-day readmission rate ($p = 0.9041$). The Study Indicator 2 goal of less than or equal to 12.3 percent was not met. The Remeasurement 2 rate for Study Indicator 3 of 20.9 percent represented an increase in the 90-day readmission rate of 1.7 percentage points over the baseline rate, but the difference was not statistically significant ($p = 0.5773$). The Study Indicator 3 goal of less than or equal to 13.3 percent was not met. Overall, there have been no statistically significant changes in the three study indicator rates from baseline to Remeasurement 2. Additionally, none of the Remeasurement 2 goals were met.

Table 4-10 displays the baseline study indicator results for the *Well-Child Visits for 3-to-6-Year-Olds* PIP.

Table 4-10—Well Sense's Performance Improvement Project Outcomes Results for *Well-Child Visits for 3-to-6-Year-Olds*

Study Indicator	Baseline Period (1/1/2014–12/31/2014)	Remeasurement 1 (1/1/2015–12/31/2015)	Remeasurement 2 (1/1/2016–12/31/2016)
1. The percentage of members 3 to 6 years of age who had at least one well-child visit with a PCP in the measurement year.	77.5%	79.8% ⇔	78.7% ⇔

⇔ Designates an improvement over the baseline measurement period that was not statistically significant (*p* value >= 0.05).

For the *Well-Child Visits for 3-to-6-Year-Olds* PIP, **Well Sense** reported a baseline study indicator rate of 77.5 percent. At Remeasurement 1, the MCO reported a rate of 79.8 percent. The increase of 2.3 percentage points from baseline to Remeasurement 1 was not statistically significant ($p = 0.4683$). The Remeasurement 1 rate did not meet the MCO's goal of 83.1 percent. At Remeasurement 2, the MCO reported a rate of 78.7 percent, which was 1.2 percentage points above the baseline rate. The rate

improvement from baseline to Remeasurement 2 was not statistically significant ($p = 0.7104$), and the Remeasurement 2 goal of 83.1 percent was not met.

Conclusions and Recommendations

NHHF

NHHF designed scientifically sound projects supported by key research principles. The technical design of each PIP was sufficient to measure and monitor outcomes. A sound study design created the foundation for the MCO to progress to subsequent PIP stages—implementing active interventions that have the potential to impact study indicator outcomes. In the Implementation stage, **NHHF** conducted a casual/barrier analysis, prioritized barriers, and evaluated the effectiveness of each intervention to determine the status of the intervention. The MCO still has opportunities for improvement in the Outcomes stage. One of the MCO's PIPs, had demonstrated statistically significant improvement at Remeasurement 1 and sustained improvement over baseline at Remeasurement 2 by further increasing the study indicator rate. The remaining two PIPs have not demonstrated statistically significant improvement over baseline through the second remeasurement.

HSAG offered the following recommendations to strengthen the **NHHF** PIPs and support improvement in PIP outcomes:

- **NHHF** should review the progress, achievements, challenges, and lessons learned for each PIP and use the knowledge gained to drive further improvement.
- **NHHF** should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with lack of improvement. To evaluate barriers, the MCO may want to consider using a different tool or process to gain a fresh perspective on the factors impacting outcomes. For example, **NHHF** may want to develop one or more process maps for each PIP to illustrate the current processes involved in achieving desired outcomes for each project and use a failure modes and effects analysis (FMEA) to further explore any identified process failure modes.
- **NHHF** should evaluate the effectiveness of individual interventions and apply evaluation results to further refine improvement strategies. Process data should be used to assess the timing and reach of each intervention to determine if enough members were reached in a timely manner to impact study indicator outcomes. Process data can also demonstrate whether each intervention was implemented as planned and, if not, identify areas of implementation that can be improved.
- **NHHF** should consider if any improvement strategies, processes, or lessons learned from one of the MCO's PIPs can be applied to the two PIPs that have not demonstrated statistically significant improvement over the baseline. Although each PIP is addressing a different topic and member population, the MCO may identify lessons or strategies that can be translated to drive improvement in other areas.

Well Sense

Well Sense designed scientifically sound projects supported by key research principles. The technical design of each PIP was sufficient to measure and monitor outcomes. The MCO designed methodologically sound projects, used appropriate QI tools for causal/barrier analyses, and thoroughly evaluated interventions for effectiveness. The MCO still has opportunities for improvement in the Outcomes stage. One of the MCO's PIPs, demonstrated statistically significant improvement at Remeasurement 2. The remaining two PIPs have not demonstrated statistically significant improvement over baseline through the second remeasurement.

HSAG offered the following recommendations to strengthen the **Well Sense** PIPs and support improvement in PIP outcomes:

- **Well Sense** should review the progress, achievements, challenges, and lessons learned for each PIP and use the knowledge gained to drive further improvement.
- **Well Sense** should identify and document new or revised barriers that have prevented improvement in PIP outcomes and should develop new or revised interventions to better address high-priority barriers associated with lack of improvement. To evaluate barriers, the MCO may want to consider using a different tool or process to gain a fresh perspective on the factors impacting outcomes. For example, **Well Sense** may want to develop one or more process maps for each PIP to illustrate the current processes involved in achieving desired outcomes for each project and use a FMEA to further explore any identified process failure modes.
- **Well Sense** should evaluate the effectiveness of individual interventions and apply evaluation results to further refine improvement strategies. Process data should be used to assess the timing and reach of each intervention to determine if enough members were reached in a timely manner to impact study indicator outcomes. Process data can also demonstrate whether each intervention was implemented as planned and, if not, identify areas of implementation that can be improved.
- **Well Sense** should consider if any improvement strategies, processes, or lessons learned from one of the MCO's PIPs can be applied to the two PIPs that have not demonstrated statistically significant improvement over the baseline. Although each PIP is addressing a different topic and member population, the MCO may identify lessons or strategies that can be translated to drive improvement in other areas.

PMV

The following section of the report describes the results of HSAG's SFY 2018 EQR activities specific to validation of performance measures. This section provides conclusions as to the strengths and areas of opportunity related to the quality, timeliness of care, and access to care provided by the New Hampshire Medicaid MCOs. During SFY 2018, each MCO submitted rates for 11 state-specific measures that were validated during PMV. Recommendations are offered to each MCO to facilitate continued QI in the Medicaid program. The measures reviewed in SFY 2018 and a complete description of the audit methodology used to conduct the review of performance measures are included in Appendix B.

Results for SFY 2018

Table 4-11 provides an overview of the findings of the HSAG performance validation review for SFY 2018.

Table 4-11—SFY 2018 PMV Findings

Audit Element	NHHF	Well Sense
Adequate documentation: Data integration, data control, and performance measure development	Acceptable	Acceptable
Claims systems and process adequacy: No nonstandard forms used for claims	Acceptable	Acceptable
Appropriate membership and enrollment file processing	Acceptable	Acceptable
Appropriate provider data systems and processing	Acceptable	Acceptable
Appeals data System and Process Findings	Acceptable	Acceptable
Prior Authorization and Case Management Data System and Process findings	Acceptable	Acceptable
Performance Measure Production and Reporting Findings	Acceptable	Acceptable
Required measures received a "Reportable" designation	Acceptable	Acceptable

Conclusions and Recommendations for Improvement

NHHF

NHHF used a variety of methods for producing the measure under review and had staff who were dedicated to quality reporting. **NHHF** did not use the appropriate specification list of medications for the *APPEALS.17* measure in the third quarter, which resulted in having three additional medications inappropriately counted in the measure. For fourth quarter, no additional BH medications were included in the report and therefore no bias was assessed for the rates. When HSAG took into consideration both quarterly reports, HSAG did not assign a bias to the measures and designated *APPEALS.17* as Reportable (R).

NHHF should consult with DHHS when producing measures to eliminate any issues related to understanding the measure requirements. **NHHF** should thoroughly review and understand the reporting

specifications and intent prior to reporting any measures and seek clarification from DHHS, if needed. **NHHF** would benefit from holding regular meetings with internal programmers to ensure the programming captures all measure specifications. **NHHF** should have source code walkthroughs with business owners to ensure all data elements for each measure are captured. Additionally, **NHHF** should have a formal signoff from both the business owners and programmers to ensure both parties agree with the final measure reporting.

Well Sense

Well Sense used a variety of methods for producing the measure under review. The measures underwent source code review by HSAG to ensure eligible populations, numerators, and denominators were accounted for accurately.

Well Sense should continue to work with DHHS and HSAG to understand the details of each measure. **Well Sense** continues to rely on manual steps in the measure production process. This primarily affects measures that rely heavily on external vendor data. **Well Sense** should continue to automate data flow processes and integrate automation steps to systematically produce the measures.

CAHPS

The CAHPS surveys ask consumers and patients to report on and evaluate their experiences with health care. The surveys cover topics that are important to consumers, such as the communication skills of providers and the accessibility of services. The CAHPS survey is recognized nationally as an industry standard for both commercial and public payers. The sampling and data collection procedures promote both the standardized administration of survey instruments and the comparability of the resulting data. **NHHF** and **Well Sense** were responsible for obtaining a CAHPS vendor to conduct CAHPS surveys of its adult and child Medicaid populations. Morpace and Symphony Performance Health Analytics (SPHA), NCQA-certified HEDIS/CAHPS survey vendors, administered the 2018 CAHPS surveys for **NHHF** and **Well Sense**, respectively.

Technical Methods of Data Collection

For both **NHHF** and **Well Sense**, the technical method of data collection was through administration of the CAHPS 5.0H Adult Medicaid Health Plan Survey to the adult population, and the CAHPS 5.0H Child Medicaid Health Plan Survey (with Children with Chronic Conditions [CCC] measurement set) to the child Medicaid population. Both **NHHF** and **Well Sense** used a mixed-mode methodology for data collection for the adult and child Medicaid populations.[4-3] Adult members and parents or caretakers of child members completed the surveys in 2018, following NCQA's data collection protocol.

[4-3] For the adult and child Medicaid populations, **NHHF** used an enhanced mixed-mode (i.e., mail, telephone, and Internet protocol with pre-notification postcard) survey methodology pre-approved by NCQA. **Well Sense** used a mixed-mode (i.e., mail followed by telephone follow-up) survey methodology pre-approved by NCQA.

The CAHPS 5.0H Surveys include a set of standardized items (53 items for the CAHPS 5.0H Adult Medicaid Health Plan Survey and 83 items for the CAHPS 5.0H Child Medicaid Health Plan Survey with CCC measurement set) that assess patient perspectives on care. The survey questions were categorized into nine measures of satisfaction. These measures included four global ratings and five composite scores.[4-4] The global ratings reflected patients' overall satisfaction with their personal doctor, specialist, health plan, and all health care. The composite scores were derived from sets of questions to address different aspects of care (e.g., getting needed care and how well doctors communicate).

For each of the four global ratings, the percentage of respondents who chose the top satisfaction ratings (a response value of 8, 9, or 10 on a scale of 0 to 10) was calculated. This percentage is referred to as a question summary rate (or positive response). For each of the five composite scores, the percentage of respondents who chose a positive response was calculated. CAHPS composite question response choices fell into one of two categories: (1) "Never," "Sometimes," "Usually," or "Always;" or (2) "No" or "Yes." A positive response for the composites was defined as a response of "Usually/Always" or "Yes." The percentage of positive responses is referred to as a global proportion for the composite scores. The positive rates presented in this report for **NHHF** and **Well Sense** are based on the CAHPS survey results calculated by their CAHPS survey vendor. Each MCO provided HSAG with the requested CAHPS survey data for purposes of calculating confidence intervals for each of the global ratings and composite measures presented in this report.

For purposes of this report, results are reported for a CAHPS measure even when the NCQA minimum reporting threshold of 100 respondents was *Not Met*. Caution should be exercised when interpreting results for those measures with fewer than 100 respondents. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Additionally, for purposes of this report, the adult and general child Medicaid populations' survey findings were compared to 2017 NCQA CAHPS adult and general child Medicaid national averages, where applicable.[4-5] Each measure rate was compared to the NCQA national average, and a statistically significant difference was identified by using the confidence interval for each measure rate. The measure rates, confidence intervals, and the NCQA national average are displayed in the figures below. Statistically significant differences between each measure rate's lower and upper confidence intervals and the NCQA national average are discussed below the figures.

Results

NHHF

A total of 2,160 **NHHF** adult Medicaid members were surveyed in 2018, of which 503 completed surveys were returned. After ineligible members were excluded, the response rate was 23.6 percent. In 2017, the **NHHF** adult Medicaid response rate was higher than the average NCQA response rate for the

[4-4] For this report, the 2018 Child Medicaid CAHPS results presented for **NHHF** and **Well Sense** are based on the CAHPS survey results of the general child population only (i.e., results for children selected as part of the general child CAHPS sample). Therefore, results for the CAHPS survey measures evaluated through the CCC measurement set of questions (i.e., five CCC composite scores and items) and CCC population are not presented in this report.

[4-5] National data were obtained from the 2017 Quality Compass. Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS 5.0H Adult Medicaid Health Plan Survey, which was 23.3 percent. Table 4-12 and Table 4-13 show the 2018 positive rates, and comparisons of the lower and upper confidence intervals to the NCQA 2017 national averages for the CAHPS global ratings and composite measures, respectively, for **NHHF**'s adult Medicaid population.

Table 4-12—NHHF Adult Medicaid CAHPS Results: Global Ratings

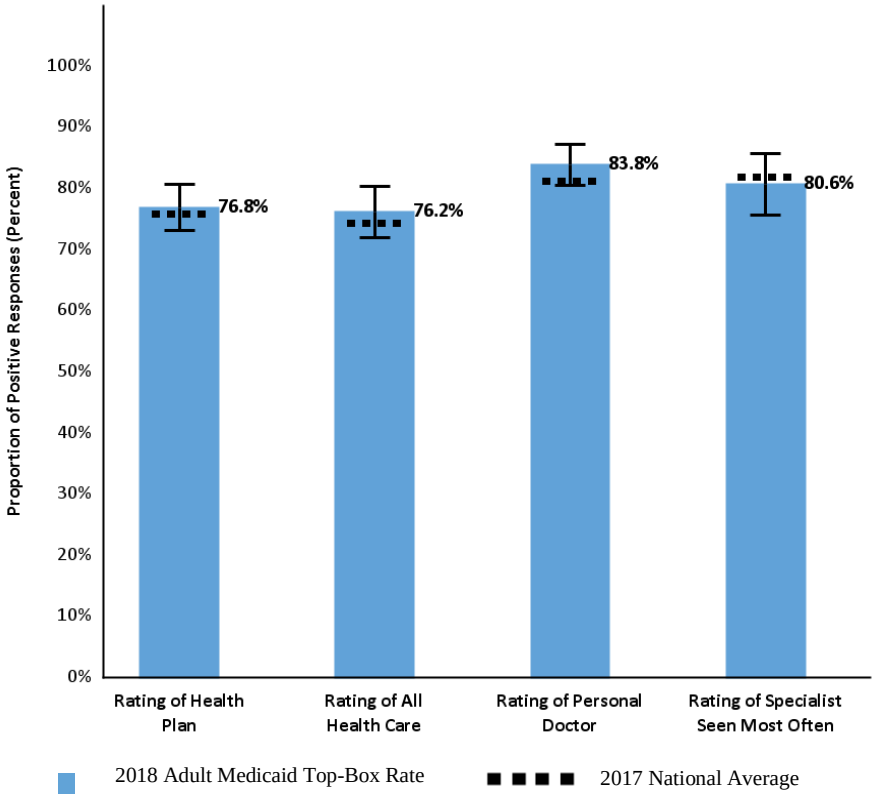
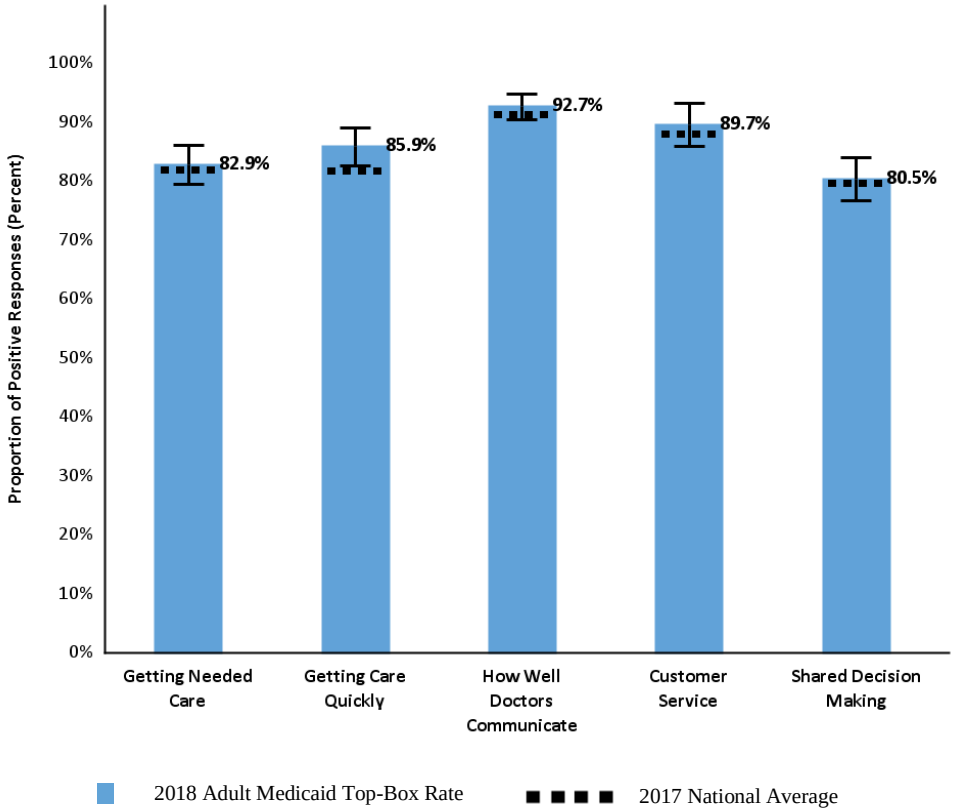


Table 4-13—NHHF Adult Medicaid CAHPS Results: Composite Measures



For **NHHF**'s adult Medicaid population, all rates were higher than NCQA's 2017 Medicaid national average, except for *Rating of Specialist Seen Most Often*. One rate, *Getting Care Quickly*, was statistically significantly higher than NCQA's 2017 Medicaid national average, while the remaining eight rates were neither statistically significantly higher nor lower than the national averages.

A total of 2,640 **NHHF** general child Medicaid members were surveyed in 2018, of which 581 completed surveys were returned on behalf of these members. After ineligible members were excluded, the response rate for the general child population was 22.1 percent.[4-6] In 2017, the **NHHF** general child Medicaid response rate was lower than the average NCQA response rate for the CAHPS 5.0H Child Medicaid Health Plan Survey with the CCC measurement set, which was 22.3 percent. Table 4-14 and Table 4-15 show the 2018 positive rates, and comparisons of the lower and upper confidence intervals to the NCQA 2017 national averages for the CAHPS global ratings and composite measures, respectively, for **NHHF**'s general child Medicaid population.[4-7]

[4-6] The survey disposition and response rate results are based on the responses of parents/caretakers of child Medicaid beneficiaries in the general child sample only (i.e., they do not include survey responses from the CCC supplemental sample).

[4-7] The 2018 child Medicaid CAHPS results presented in Table 4-14 and Table 4-15 for **NHHF** are based on results of the general child population only.

Table 4-14—NHHF Child Medicaid CAHPS Results: Global Ratings

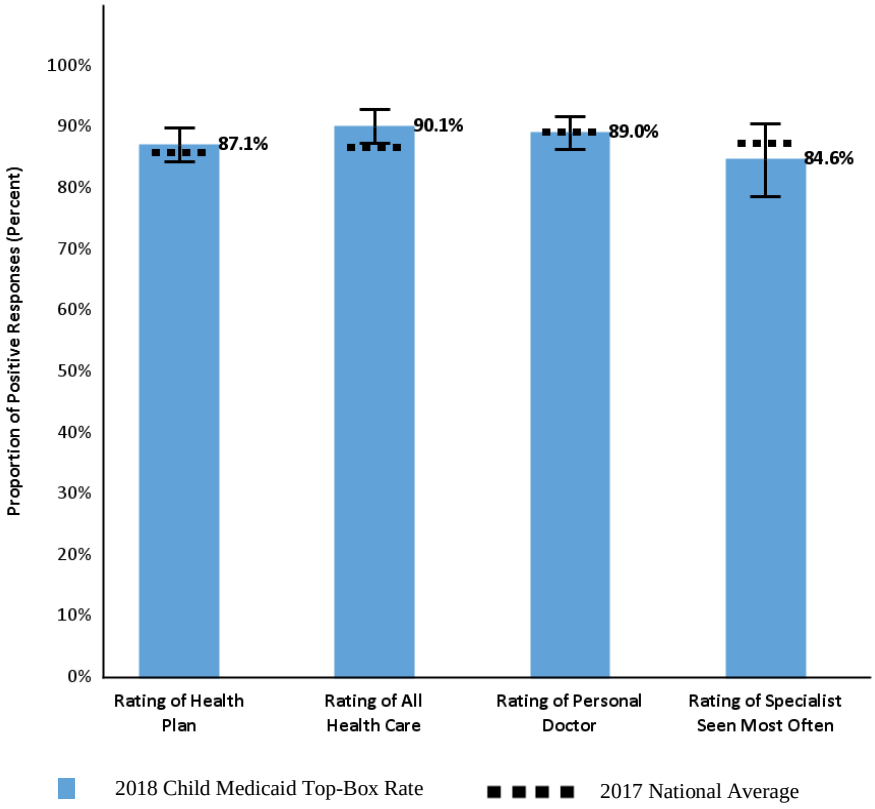
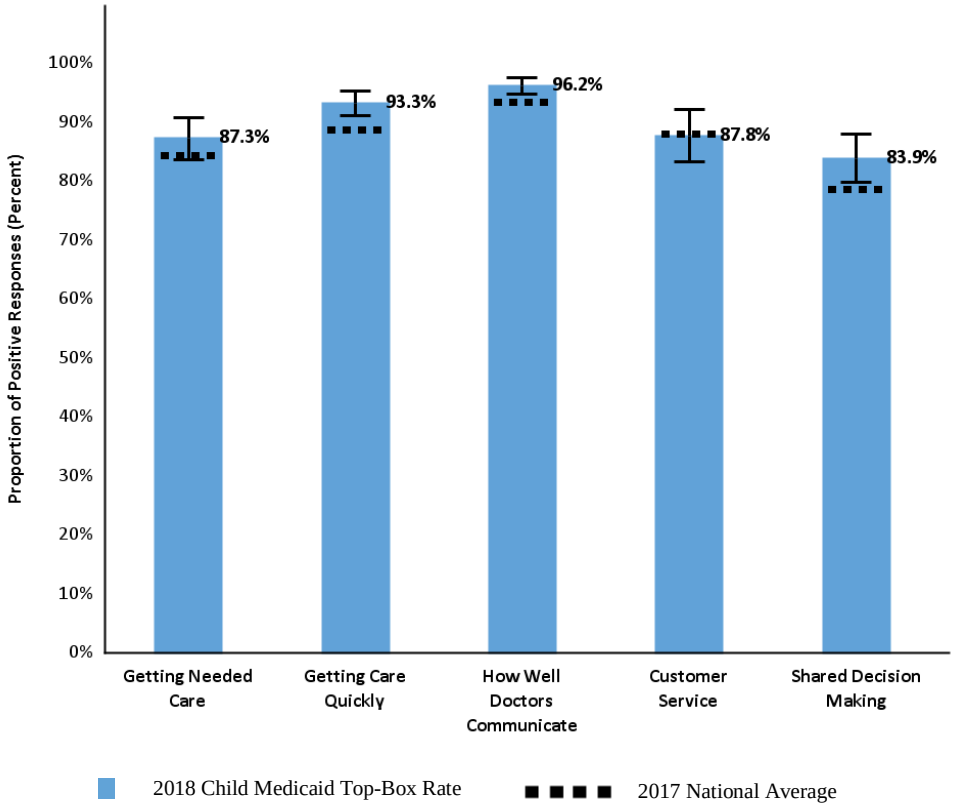


Table 4-15—NHHF Child Medicaid CAHPS Results: Composite Measures



For **NHHF**'s general child Medicaid population, all rates were higher than NCQA's 2017 Medicaid national average, except for *Rating of Personal Doctor*, *Rating of Specialist Seen Most Often*, and *Customer Service.* Four rates, *Rating of All Health Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Shared Decision Making*, were statistically significantly higher than NCQA's 2017 Medicaid national average, while the remaining five rates were neither statistically significantly higher nor lower than the national averages.

Well Sense

A total of 1,418 **Well Sense** adult Medicaid members were surveyed in 2018, and 306 completed surveys were returned. After ineligible members were excluded, the response rate was 22.5 percent. In 2017, the **Well Sense** adult Medicaid response rate was lower than the average NCQA response rate for the CAHPS 5.0H Adult Medicaid Health Plan Survey, which was 23.3 percent. Table 4-16 and Table 4-17 show the 2018 positive rates, and comparisons of the lower and upper confidence intervals to the NCQA 2017 national averages for the CAHPS global ratings and composite measures, respectively, for **Well Sense**'s adult Medicaid population.

Table 4-16—Well Sense Adult Medicaid CAHPS Results: Global Ratings

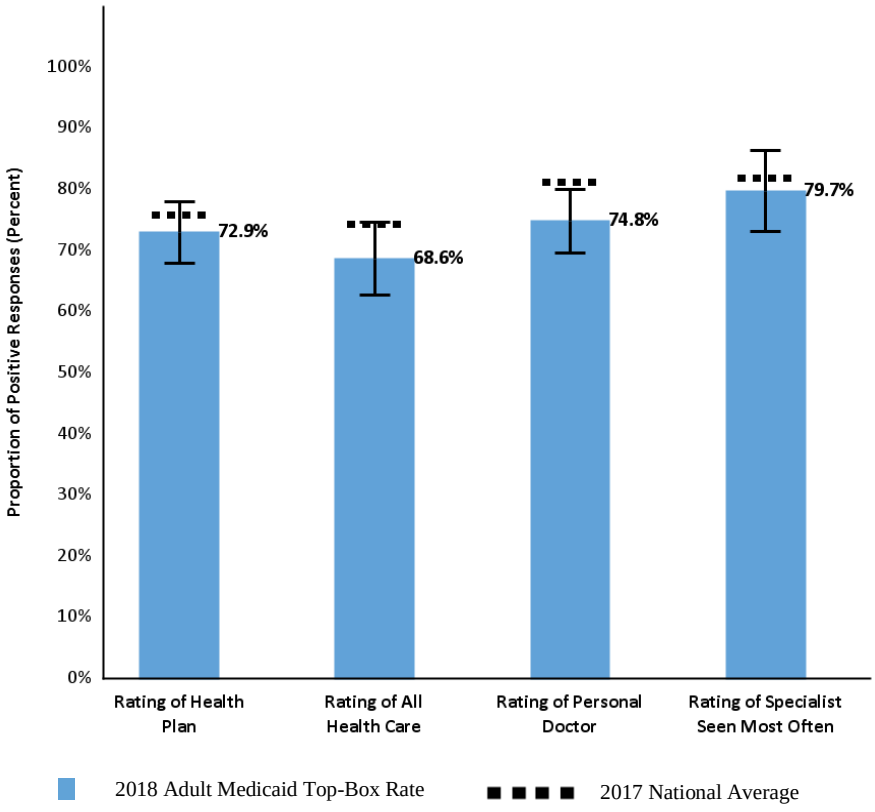
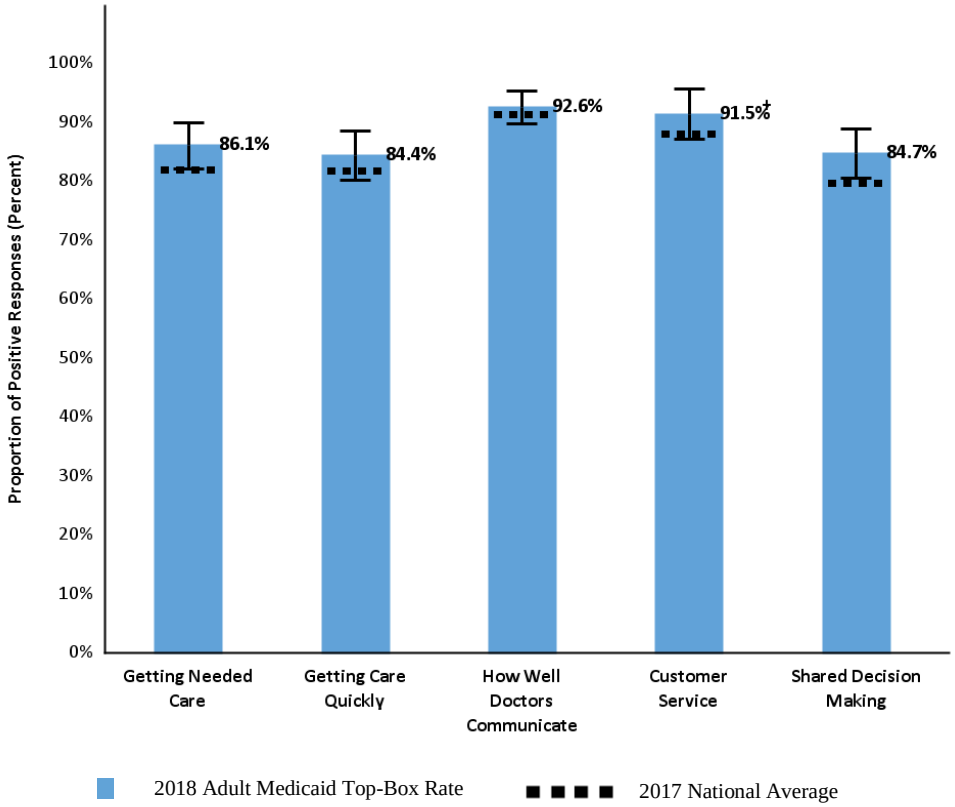


Table 4-17—Well Sense Adult Medicaid CAHPS Results: Composite Measures



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

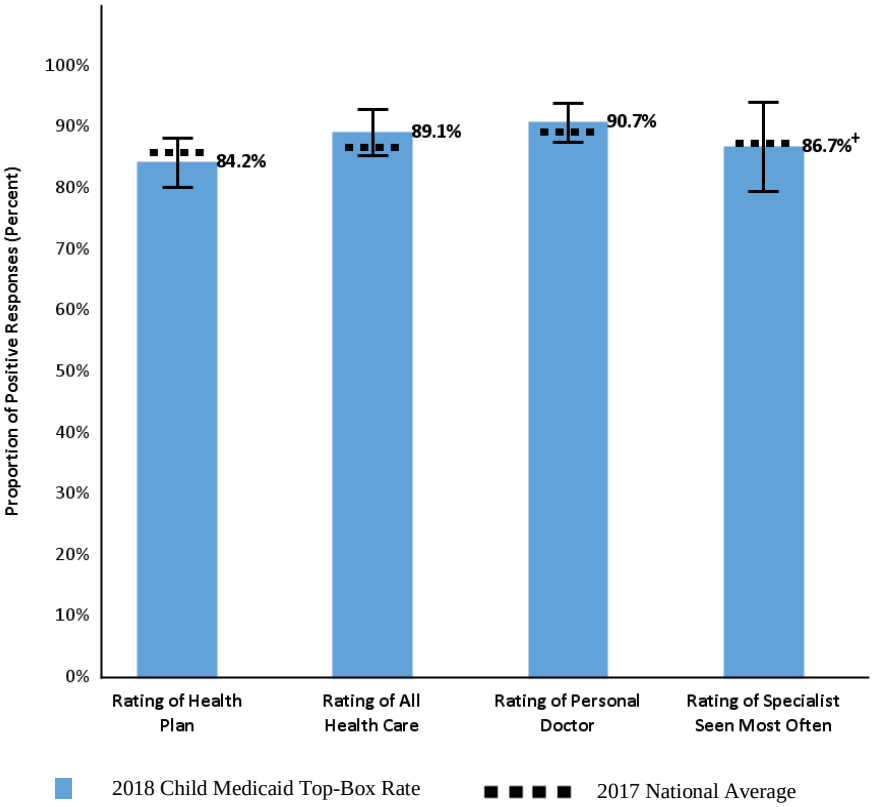
For **Well Sense**'s adult Medicaid population, all rates were higher than NCQA's 2017 Medicaid national average, expect for *Rating of Health Plan*, *Rating of All Health Care*, *Rating of Personal Doctor*, and *Rating of Specialist Seen Most Often*. Two rates, *Getting Needed Care* and *Shared Decision Making*, were statistically significantly higher than NCQA's 2017 Medicaid national averages. One rate, *Rating of Personal Doctor*, was statistically significantly lower than NCQA's 2017 Medicaid national average. The remaining six rates were neither statistically significantly higher nor lower than the national averages.

In 2018, a total of 1,650 **Well Sense** general child Medicaid members were surveyed, of which 326 completed surveys were returned on behalf of these members. After ineligible members were excluded, the response rate for the general child population was 20.0 percent.[4-8] In 2017, the **Well Sense** general child Medicaid response rate was lower than the average NCQA response rate for the CAHPS 5.0H Child Medicaid Health Plan Survey with the CCC measurement set, which was 22.3 percent. Table 4-18 and Table 4-19 show the 2018 positive rates, and comparisons of the lower and upper confidence intervals to the NCQA 2017 national averages for the CAHPS global ratings and composite measures, respectively, for **Well Sense**'s general child Medicaid population.[4-9]

4-8 The survey disposition and response rate results are based on the responses of parents/caretakers of child Medicaid beneficiaries in the general child sample only (i.e., do not include survey responses from the CCC supplemental sample).

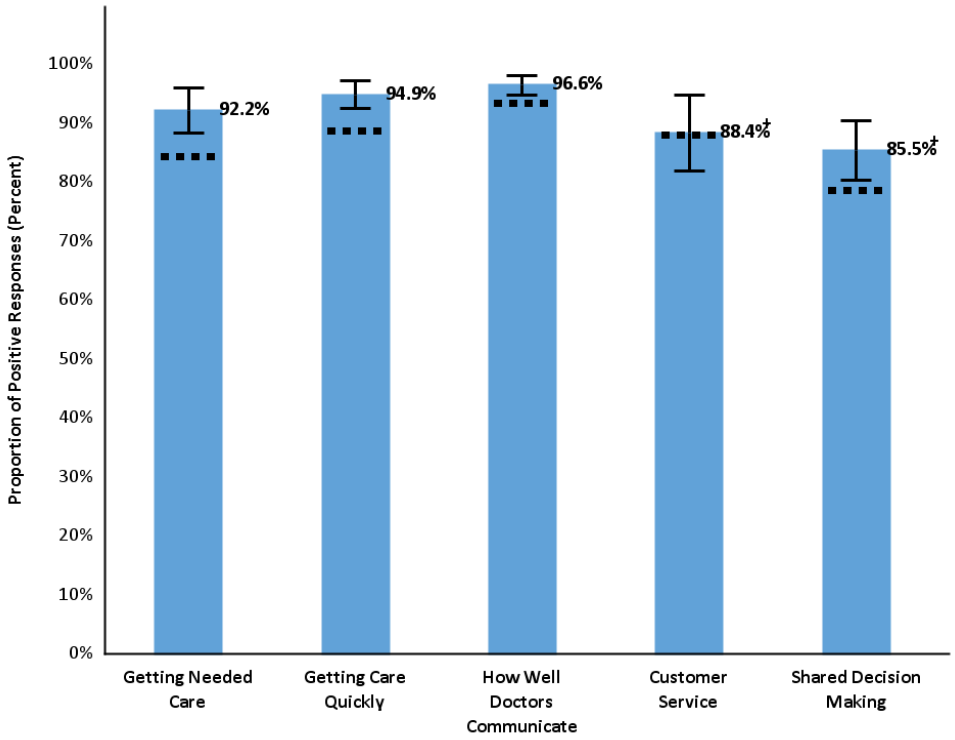
4-9 The 2018 child Medicaid CAHPS results presented in Table 4-18 and Table 4-19 for **Well Sense** are based on results of the general child population only.

Table 4-18—Well Sense Child Medicaid CAHPS Results: Global Ratings



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Table 4-19—Well Sense Child Medicaid CAHPS Results: Composite Measures



+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

For **Well Sense**'s general child Medicaid population, all rates were higher than NCQA's 2017 Medicaid national average, except for *Rating of Health Plan* and *Rating of Specialist Seen Most Often*. Four rates, *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Shared Decision Making*, were statistically significantly higher than NCQA's 2017 Medicaid national averages, while the remaining five rates were neither statistically significantly higher nor lower than the national averages.

Conclusions and Recommendations for Improvement

NHHF

HSAG compared the adult and child Medicaid populations' 2018 CAHPS survey results to the 2017 NCQA CAHPS adult and general child Medicaid national averages to determine potential areas for improvement. Since none of the 2018 positive rates for the adult or child Medicaid populations were statistically significantly lower than the 2017 NCQA Medicaid national averages, HSAG recommends that **NHHF** focus QI efforts on the *Rating of Specialist Seen Most Often* measure as its rate fell below the national averages for both the adult and child populations.

The rate for *Rating of Specialist Seen Most Often* could be improved by including information about the ratings from the CAHPS survey in provider communications during the year. **NHHF** could include reminders about the importance of improving communication skills with patients from different cultures, handling challenging patient encounters, and emphasizing patient-centered communication for the MCO members. Patient-centered communication could have a positive impact on patient satisfaction, adherence to treatments, and self-management of conditions. Indicators of good physician communication skills include providing clear explanations, listening carefully, checking for understanding, and being considerate of members' perspectives. Physicians could ask questions about members' concerns, priorities, and values and listen to their answers. Also, physicians could check for understanding, while reinforcing key messages, by allowing members to repeat back what they understand about their conditions and the actions they will take to monitor and manage their conditions.

Well Sense

HSAG performed a comparison of the adult and child Medicaid populations' 2018 CAHPS survey results to the 2017 NCQA CAHPS adult and general child Medicaid national averages to determine potential areas for improvement. One 2018 positive rate for the adult Medicaid population was statistically significantly lower than the 2017 NCQA Medicaid national average, *Rating of Personal Doctor*. None of the 2018 positive rates for the child Medicaid population were statistically significantly lower than the 2017 NCQA Medicaid national averages; however, two rates, *Rating of Health Plan* and *Rating of Specialist Seen Most Often*, were lower than the 2017 NCQA Medicaid national averages for both the adult and child populations. Therefore, HSAG recommends that **Well Sense** focus QI efforts on the *Rating of Personal Doctor* measure for the adult population and the *Rating of Health Plan* and *Rating of Specialist Seen Most Often* measures for both the adult and child populations.

To improve CAHPS rates, **Well Sense** could consider involving MCO staff members at every level to assist in improving the *Rating of Health Plan* rate. Methods for achieving improvement could include ensuring that QI goals align with the mission and goals of the MCO, establishing MCO-level performance measures, clearly defining and communicating measures that require improvement, and offering provider-level support and assistance in implementing QI initiatives. Furthermore, the progress of QI initiatives could be monitored by cross-departmental teams and reported internally to assess the effectiveness of improvement efforts. Engaging employees in departmental meetings, quarterly employee forums, annual staff meetings to discuss outcomes for the measures, topic-specific

improvement teams, leadership development courses, and employee awards could instill ownership in the improvement process.

The rates for *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often* could be improved by including information about the ratings from the CAHPS survey in provider communications during the year. **Well Sense** could include reminders about the importance of improving communication skills with patients from different cultures, handling challenging patient encounters, and emphasizing patient-centered communication for the MCO members. Patient-centered communication could have a positive impact on patient satisfaction, adherence to treatments, and self-management of conditions. Indicators of good physician communication skills include providing clear explanations, listening carefully, checking for understanding, and being considerate of members' perspectives.

HEDIS

This section reports results of the 2018 NCQA HEDIS Compliance Audits™ for the health plans.[4-10] NCQA's IS standards are the guidelines used by CHCA to assess a health plan's ability to report HEDIS rates accurately and reliably.[4-11] Compliance with the guidelines also helps an auditor to understand a health plan's HEDIS reporting capabilities. For HEDIS 2018, health plans were assessed on six IS standards. To assess an MCO's adherence to the IS standards, HSAG reviewed several documents for the New Hampshire MCOs. These included the MCOs' FARs, IS compliance tools, and the IDSS files approved by the CHCA.

Both MCOs contracted with an NCQA LO to have their measure rates reviewed by a CHCA. Both MCOs contracted with an external software vendor for HEDIS measure production and rate calculation. HSAG reviewed the MCOs' FARs and ensured that these software vendors participated and passed NCQA's Measure Certification process. MCOs either purchased the software with certified measures and generated HEDIS measure results internally or provided all data to the software vendor who generated HEDIS measures for them.

IS 1.0—Medical Services Data—Sound Coding Methods and Data Capture, Transfer, and Entry

This standard assesses whether:

- Industry standard codes are used and all characters are captured.
- Principal codes are identified and secondary codes are captured.
- Nonstandard coding schemes are fully documented and mapped back to industry standard codes.
- Standard submission forms are used and capture all fields relevant to measure reporting; all proprietary forms capture equivalent data; and electronic transmission procedures conform to industry standards.

[4-10] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

[4-11] National Committee for Quality Assurance. *HEDIS Compliance Audit Standards, Policies and Procedures, Volume 5.* Washington D.C.

- Data entry processes are timely and accurate, and include sufficient edit checks to ensure the accurate entry of submitted data in transaction files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

IS 2.0—Enrollment Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- The organization has procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of membership data have necessary procedures to ensure accuracy.
- Data entry processes are timely and accurate, and include sufficient edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

IS 3.0—Practitioner Data—Data Capture, Transfer, and Entry

This standard assesses whether:

- Provider specialties are fully documented and mapped to provider specialties necessary for measure reporting.
- The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of practitioner data are checked to ensure accuracy.
- Data entry processes are timely and accurate, and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

IS 4.0—Medical Record Review Processes—Training, Sampling, Abstraction, and Oversight

This standard assesses whether:

- Forms capture all fields relevant to measure reporting, and whether electronic transmission procedures conform to industry standards and have necessary checking procedures to ensure data accuracy (logs, counts, receipts, hand-off, and sign-off).
- Retrieval and abstraction of data from medical records are reliably and accurately performed.
- Data entry processes are timely and accurate, and include sufficient edit checks to ensure accurate entry of submitted data in the files for measure reporting.
- The organization continually assesses data completeness and takes steps to improve performance.

- The organization regularly monitors vendor performance against expected performance standards.

IS 5.0—Supplemental Data—Capture, Transfer, and Entry

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- The organization has effective procedures for submitting measure-relevant information for data entry, and whether electronic transmissions of data have checking procedures to ensure accuracy.
- Data entry processes are timely and accurate, and include edit checks to ensure accurate entry of submitted data in transaction files.
- The organization continually assesses data completeness and takes steps to improve performance.
- The organization regularly monitors vendor performance against expected performance standards.

IS 6.0—Member Call Center Data—Capture, Transfer, and Entry

For HEDIS 2017 onwards, NCQA retired the *Call Answer Timeliness* measure and therefore removed IS Standard 6.0—Member Call Center. The IS standard associated with member call center data also was not applicable to the measures reported by the MCOs.

IS 7.0—Data Integration—Accurate HEDIS Reporting, Control Procedures That Support HEDIS Reporting Integrity

This standard assesses whether:

- Nonstandard coding schemes are fully documented and mapped to industry standard codes.
- Data transfers to HEDIS repository from transaction files are accurate.
- File consolidations, extracts, and derivations are accurate.
- Repository structure and formatting are suitable for measures and enable required programming efforts.
- Report production is managed effectively and operators perform appropriately.
- Measure reporting software is managed properly with regard to development, methodology, documentation, version control, and testing.
- The organization regularly monitors vendor performance against expected performance standards.

IS Review Results

NHHF was found to be fully compliant with all applicable IS assessment standards. **NHHF** confirmed it had the systems, processes, and data control procedures necessary to ensure that all data relevant to HEDIS measure calculation were stored, maintained, translated, and analyzed appropriately. **NHHF** demonstrated the accuracy and completeness of its primary databases, which contained claims and

encounters, membership and enrollment, and provider credentialing data. **NHHF** also demonstrated the ability to appropriately store data used for HEDIS reporting.

Well Sense failed primary source validation for one supplemental data source, the Beacon After Care Module database. The lead auditor recommended that **Well Sense** identify the root cause for this failure. These data may have been a good source to enhance rates for behavioral health reporting.

Well Sense was found to be fully compliant with all applicable IS assessment standards. **Well Sense** demonstrated that it had the systems, processes, and data control procedures needed to ensure that all data relevant to HEDIS measure calculation were stored, maintained, translated, and analyzed correctly. The lead auditor recommended that **Well Sense** update outdated mapping and have it removed for HEDIS 2019.

HEDIS Measures Results

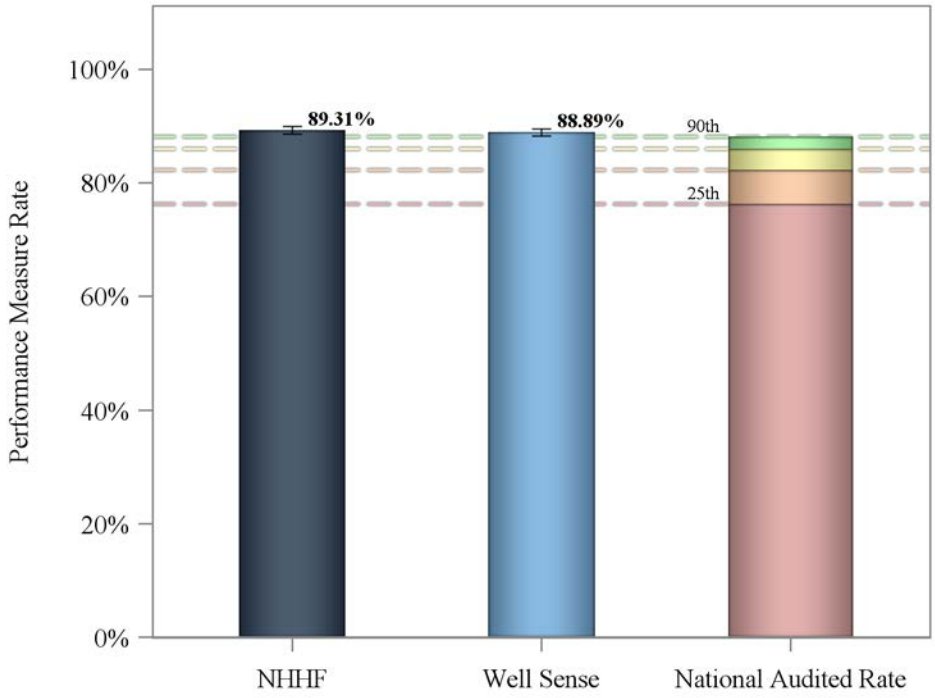
HSAG organized, aggregated, and analyzed the validated performance measure data to draw conclusions about **NHHF**'s and **Well Sense**'s performance in providing quality, accessible, and timely care to its members. The following performance measure results reflect all three domains of care—quality, access, and timeliness. Each figure contains CY 2017 performance measure rates for **NHHF** (i.e., the bar shaded dark blue) and **Well Sense** (i.e., the bar shaded light blue), along with confidence intervals and national benchmarks (i.e., the bar shaded light red, orange, yellow, and green), when applicable. The National Audited Rate stacked bar is shaded to indicate national Medicaid percentiles (i.e., light red represents the national Medicaid 25th percentile, orange represents the national Medicaid 50th percentile, yellow represents the national Medicaid 75th percentile, and green represents the national Medicaid 90th percentile). National benchmarks are based on NCQA's HEDIS Audit Means and Percentiles (national Medicaid HMO percentiles) for HEDIS 2017. Additionally, due to specification changes in HEDIS 2018, comparisons to benchmarks are not appropriate for the following measures: *Annual Monitoring for Patients on Persistent Medications (MPM)—Total*, *Follow-Up After Hospitalization for Mental Illness (FUH)*, and *Initiation and Engagement of Alcohol and Other Drug (AOD) Abuse or Dependence Treatment (IET)*. Although performance measure rates were derived using the entire eligible population, confidence intervals are displayed to provide an indication of the variability in the data, which should be taken into consideration when inferences about these results are made regarding the comparison of the MCO rates and expected future performance.

Prevention

Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total

AAP—Total measures the percentage of members 20 years and older who had an ambulatory or preventive care visit during 2017. **NHHF**'s and **Well Sense**'s *AAP—Total* measure results are shown in Table 4-20.

Table 4-20—CY 2017 *AAP—Total* Measure Results

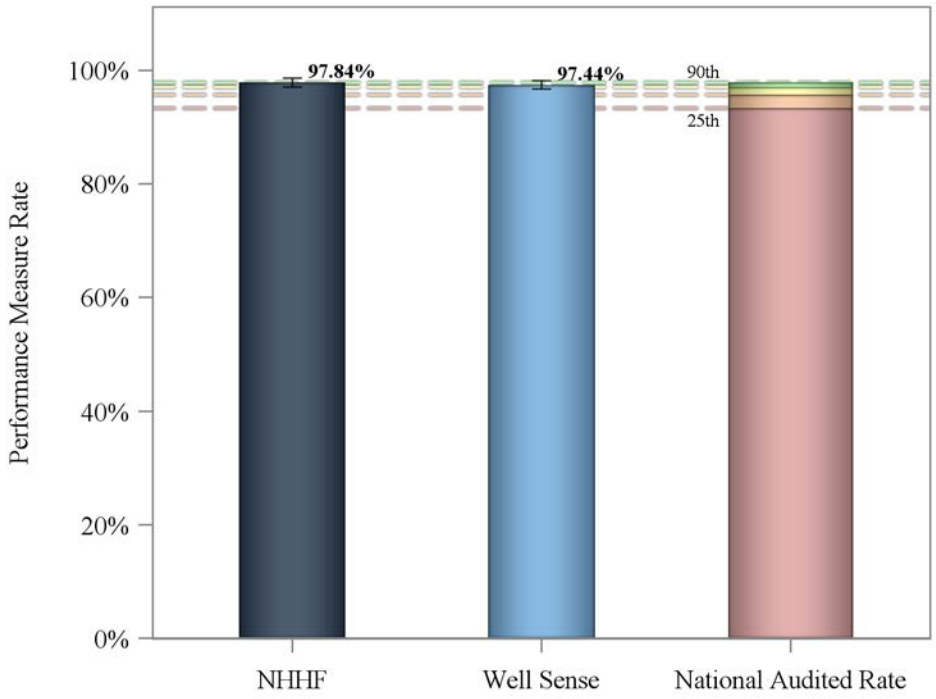


NHHF's and **Well Sense**'s reported rates exceeded the national Medicaid 90th percentile.

Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months

CAP—12–24 Months measures the percentage of members ages 12–24 months who had a visit with a PCP during 2017. **NHHF**'s and **Well Sense**'s *CAP—12–24 Months* measure results are shown in Table 4-21.

Table 4-21—CY 2017 *CAP—12–24 Months* Measure Results

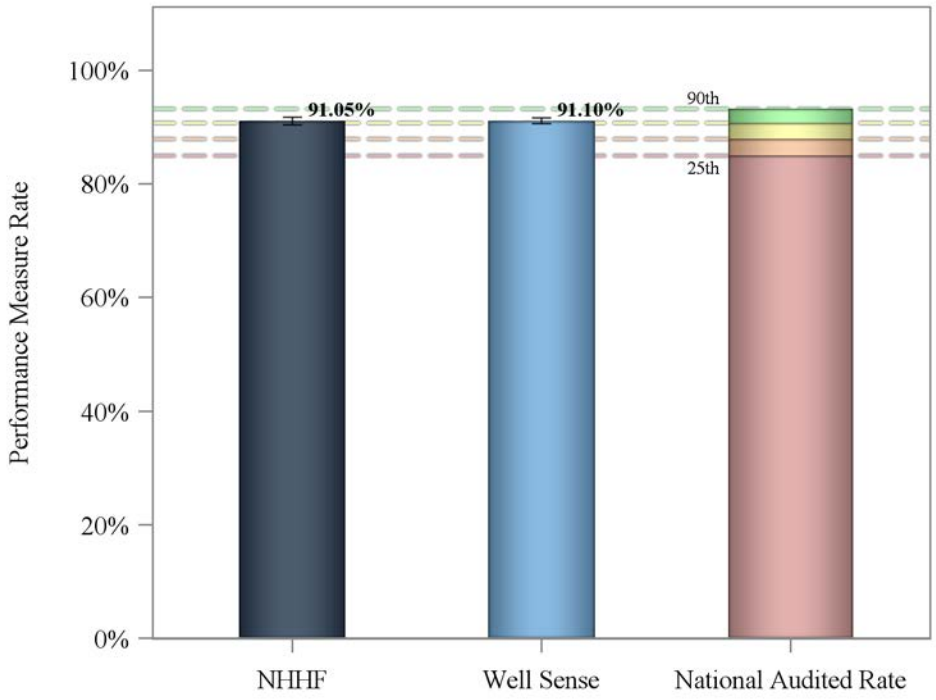


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Children and Adolescents' Access to Primary Care Practitioners (CAP)—25 Months–6 Years

CAP—25 Months–6 Years measures the percentage of members ages 25 months to 6 years who had a visit with a PCP during 2017. **NHHF**'s and **Well Sense**'s *CAP—25 Months–6 Years* measure results are shown in Table 4-22.

Table 4-22—CY 2017 *CAP—25 Months–6 Years* Measure Results

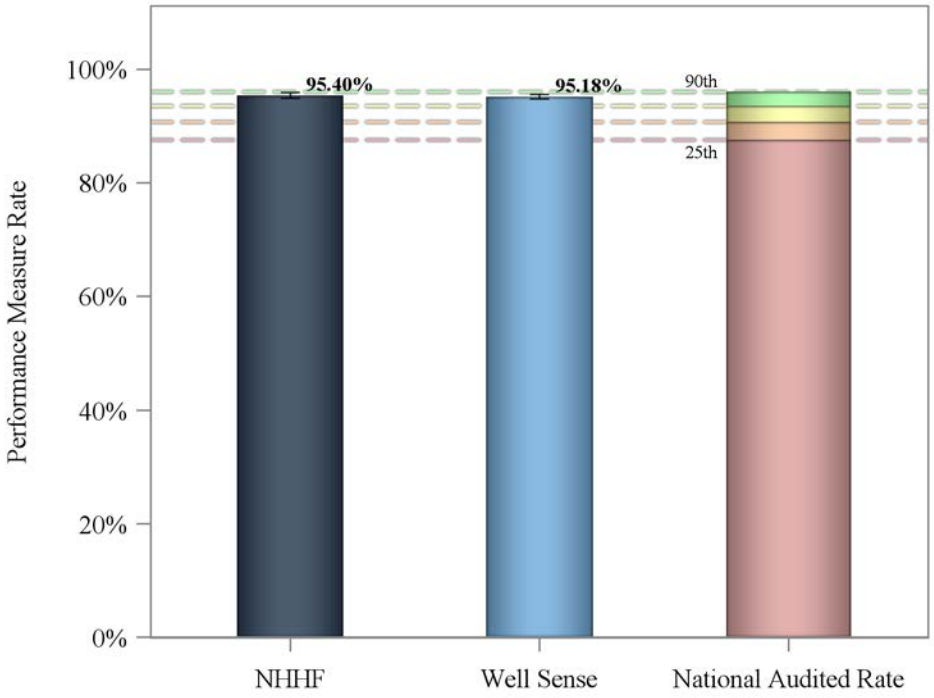


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Children and Adolescents' Access to Primary Care Practitioners (CAP)—7–11 Years

CAP—7–11 Years measures the percentage of members ages 7 to 11 years who had a visit with a PCP during 2017. **NHHF**'s and **Well Sense**'s *CAP—7–11 Years* measure results are shown in Table 4-23.

Table 4-23—CY 2017 *CAP—7–11 Years* Measure Results

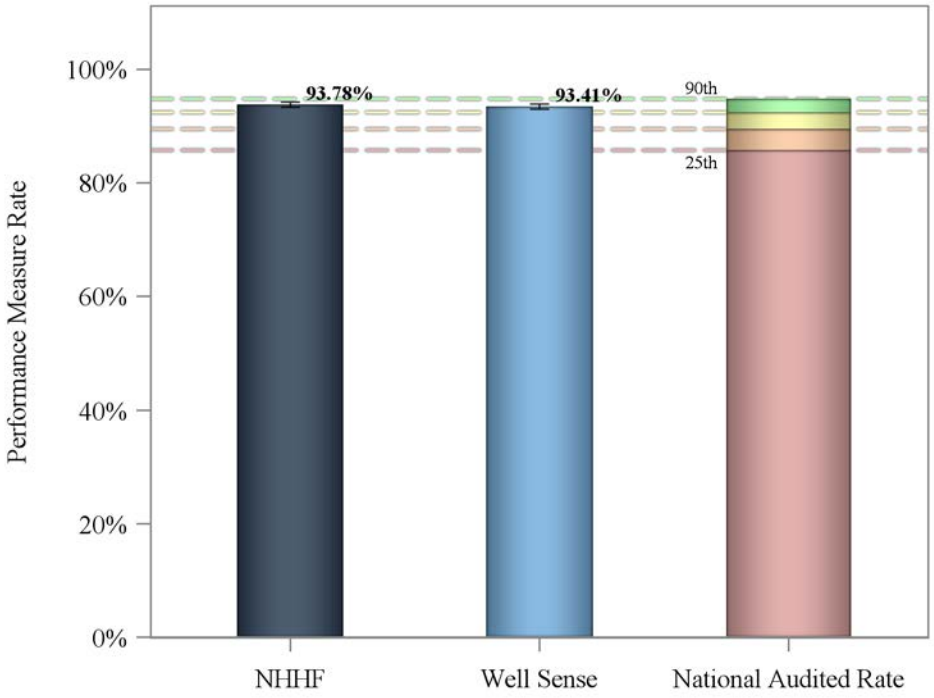


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–19 Years

CAP—12–19 Years measures the percentage of members ages 12 to 19 years who had a visit with a PCP during 2017. **NHHF**'s and **Well Sense**'s *CAP—12–19 Years* measure results are shown in Table 4-24.

Table 4-24—CY 2017 *CAP—12–19 Years* Measure Results

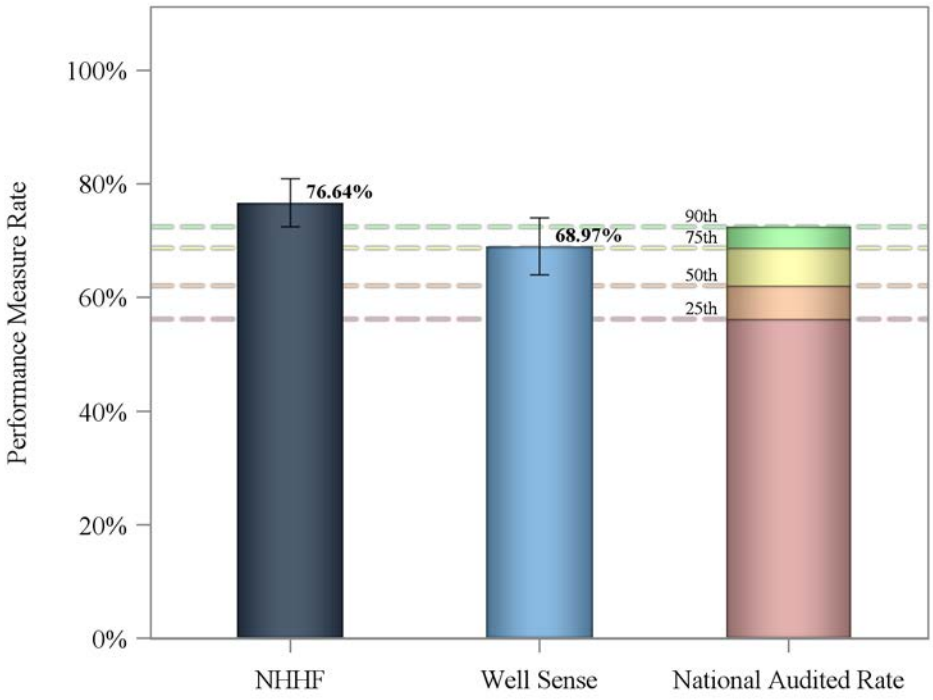


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits

W15—Six or More Visits measures the percentage of members who turned 15 months old during 2017 and who received six or more well-child visits with a PCP during their first 15 months of life. **NHHF**'s and **Well Sense**'s *W15—Six or More Visits* measure results are shown in Table 4-25.

Table 4-25—CY 2017 *W15—Six or More Visits* Measure Results

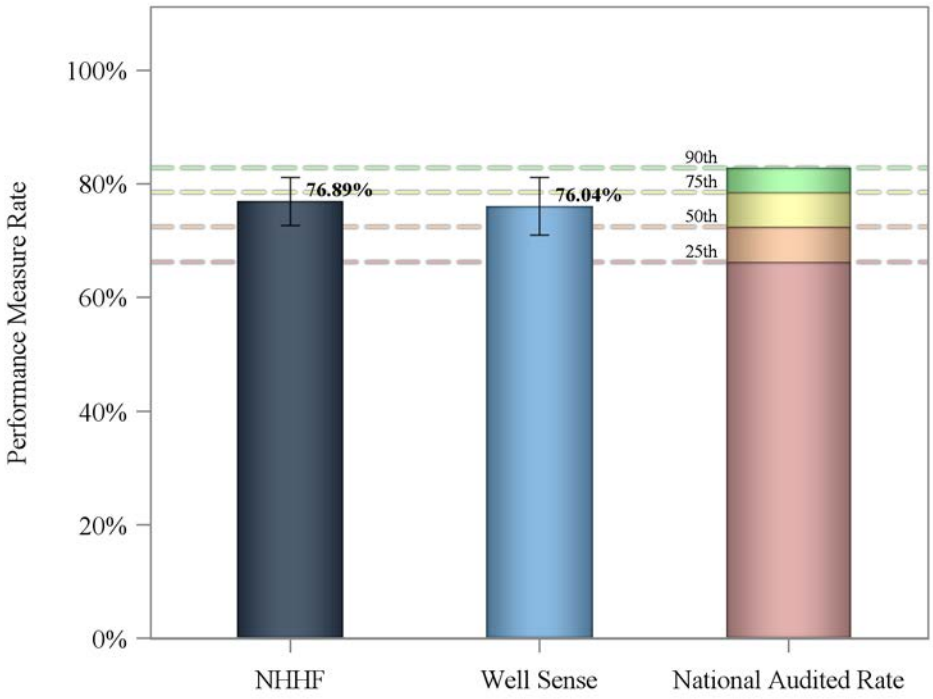


NHHF's reported rate ranked at or above the national Medicaid 90th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)

W34 measures the percentage of members 3 to 6 years of age who had one or more well-child visits with a PCP during 2017. **NHHF**'s and **Well Sense**'s *W34* measure results are shown in Table 4-26.

Table 4-26—CY 2017 *W34* Measure Results

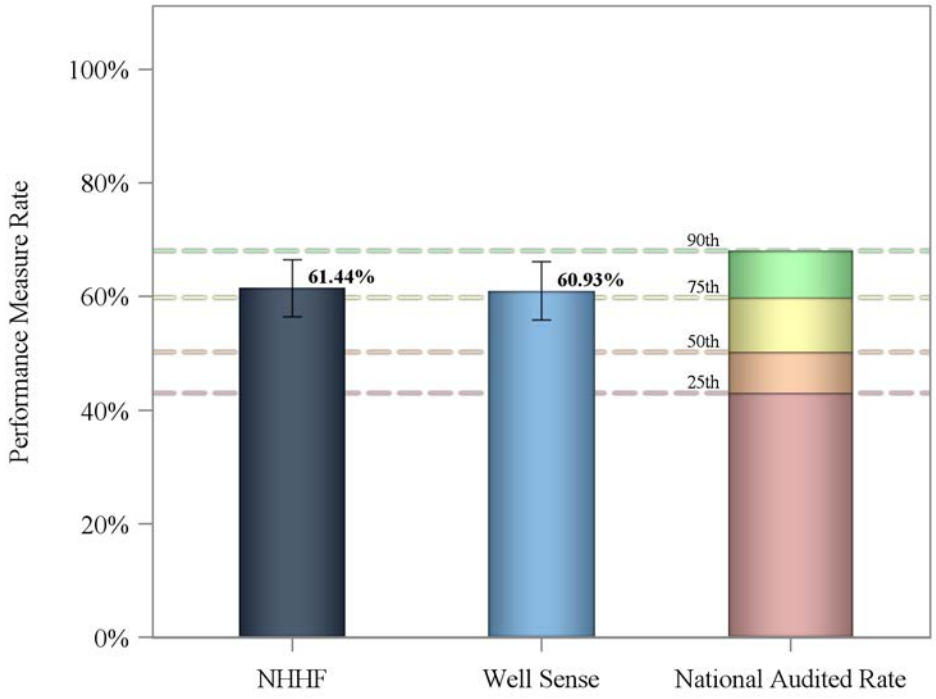


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile. The *W34* measure is also a PIP topic for both **NHHF** and **Well Sense**.

Adolescent Well-Care Visits (AWC)

AWC measures the percentage of members 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an obstetrician/gynecologist (OB/GYN) practitioner during 2017. **NHHF**'s and **Well Sense**'s *AWC* measure results are shown in Table 4-27.

Table 4-27—CY 2017 *AWC* Measure Results

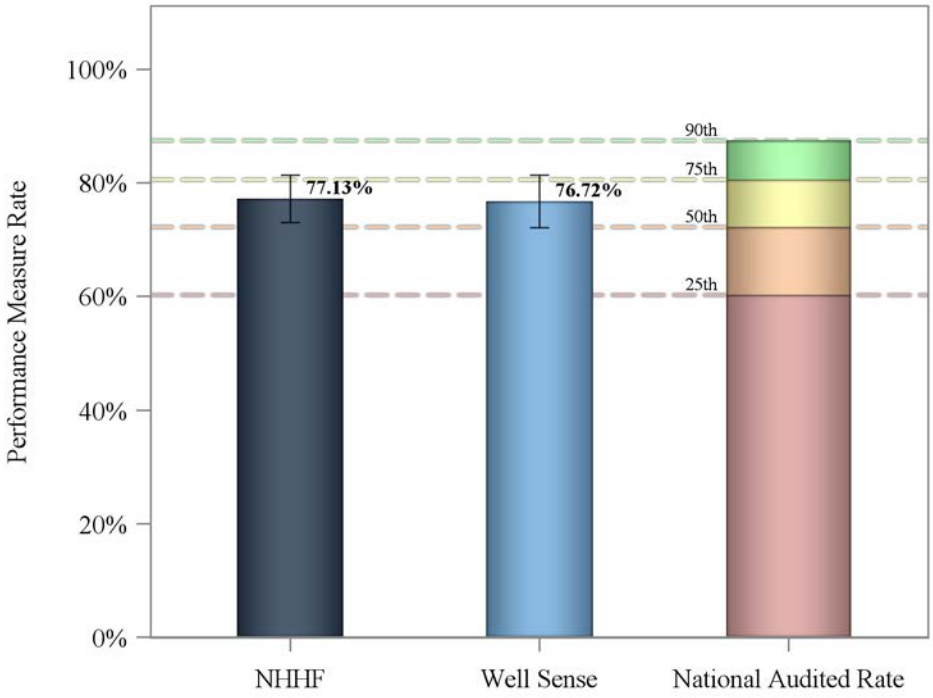


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Body Mass Index (BMI) Percentile Documentation—Total

WCC—BMI Percentile Documentation measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had documentation of BMI percentile during 2017. **NHHF**'s and **Well Sense**'s *WCC—BMI Percentile Documentation* measure results are shown in Table 4-28.

Table 4-28—CY 2017 *WCC—BMI Percentile Documentation* Measure Results

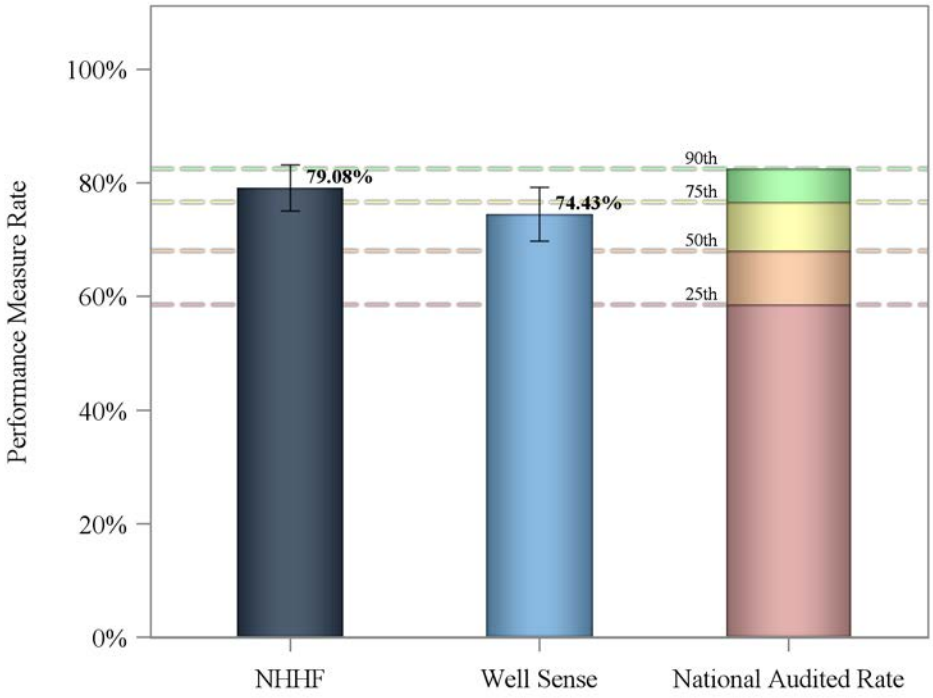


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Nutrition—Total

WCC—Counseling for Nutrition—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for nutrition during 2017. **NHHF**'s and **Well Sense**'s *WCC—Counseling for Nutrition—Total* measure results are shown in Table 4-29.

Table 4-29—CY 2017 *WCC—Counseling for Nutrition—Total* Measure Results

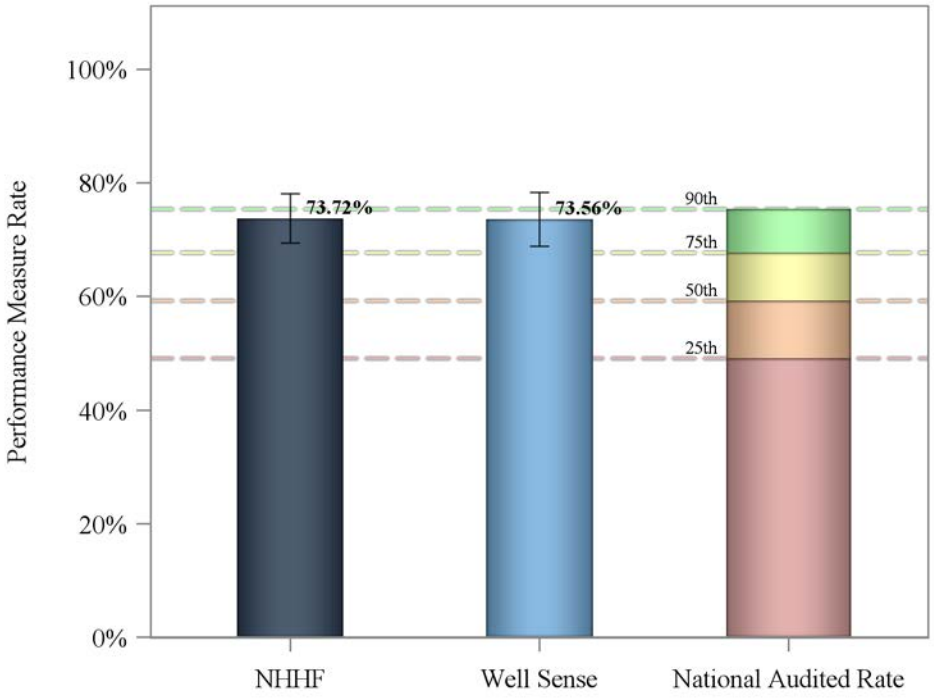


NHHF's reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Physical Activity—Total

WCC—Counseling for Physical Activity—Total measures the percentage of members 3 to 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of counseling for physical activity during 2017. **NHHF**'s and **Well Sense**'s *WCC—Counseling for Physical Activity—Total* measure results are shown in Table 4-30.

Table 4-30—CY 2017 *WCC—Counseling for Physical Activity—Total* Measure Results

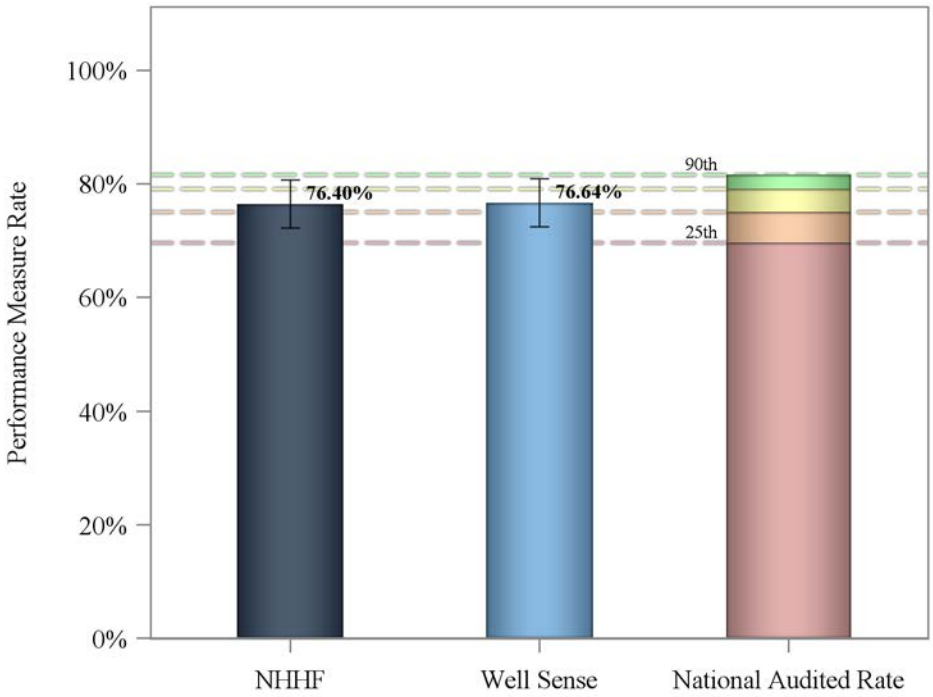


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Childhood Immunization Status (CIS)—Combination 2

CIS—Combination 2 measures the percentage of children 2 years of age during 2017 who were given the required immunizations listed in Combination 2 by their second birthday. This measure calculates the rate of appropriate vaccinations for diphtheria, tetanus and acellular pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); haemophilus influenzae type B (HiB); hepatitis B (HepB); and chicken pox (VZV). **NHHF**'s and **Well Sense**'s *CIS—Combination 2* measure results are shown in Table 4-31.

Table 4-31—CY 2017 *CIS—Combination 2* Measure Results

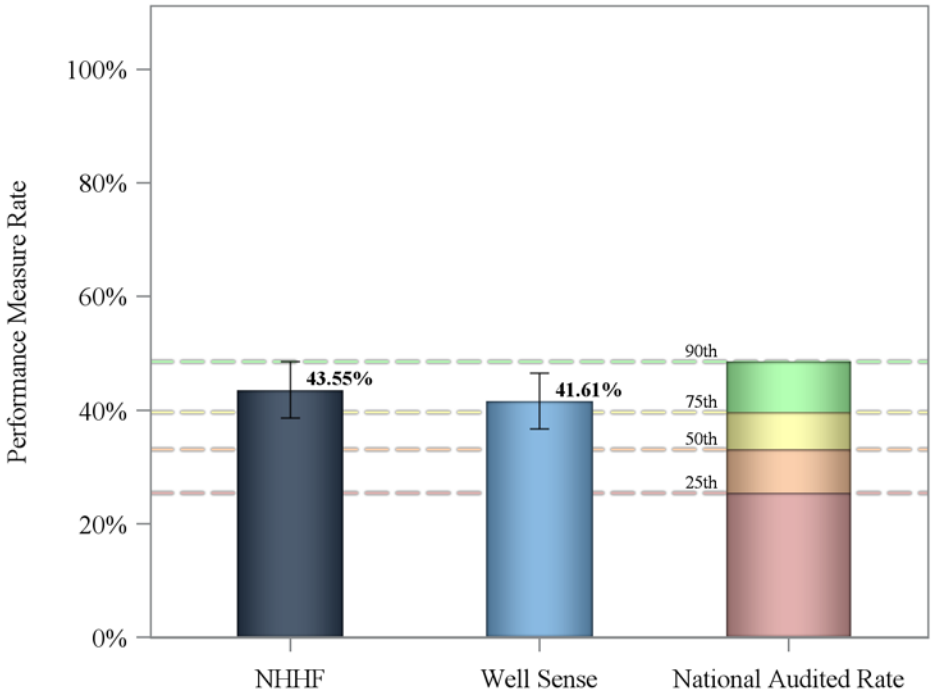


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Childhood Immunization Status (CIS)—Combination 10

CIS—Combination 10 measures the percentage of children 2 years of age during 2017 who were given the immunizations listed in Combination 10 by their second birthday. This measure calculates the rate of all the vaccinations from Combination 2, plus pneumococcal conjugate (PCV), hepatitis A (HepA), rotavirus (RV), and influenza (flu). **NHHF**'s and **Well Sense**'s *CIS—Combination 10* measure results are shown in Table 4-32.

Table 4-32—CY 2017 *CIS—Combination 10* Measure Results

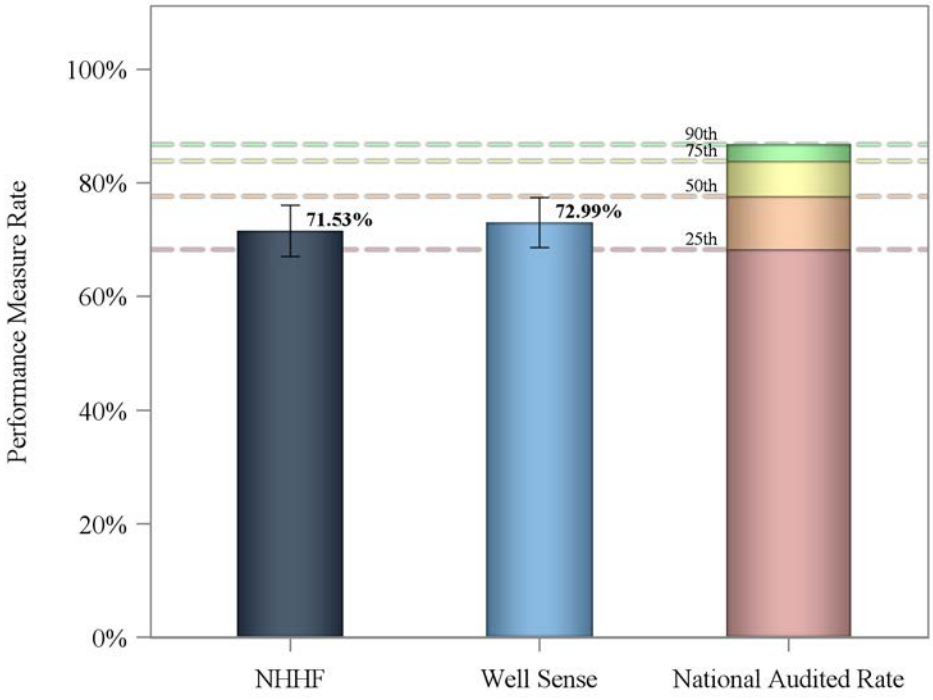


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Immunizations for Adolescents (IMA)—Combination 1 (Meningococcal, Tdap)

IMA—Combination 1 measures the percentage of adolescents 13 years of age during 2017 who had appropriate vaccinations by their 13th birthday. Combination 1 prescribes the appropriate dose of meningococcal conjugate vaccine and one tetanus, diphtheria toxoids, and acellular pertussis (Tdap). **NHHF**'s and **Well Sense**'s *IMA—Combination 1 (Meningococcal, Tdap)* measure results are shown in Table 4-33.

Table 4-33—CY 2017 *IMA—Combination 1 (Meningococcal, Tdap)* Measure Results

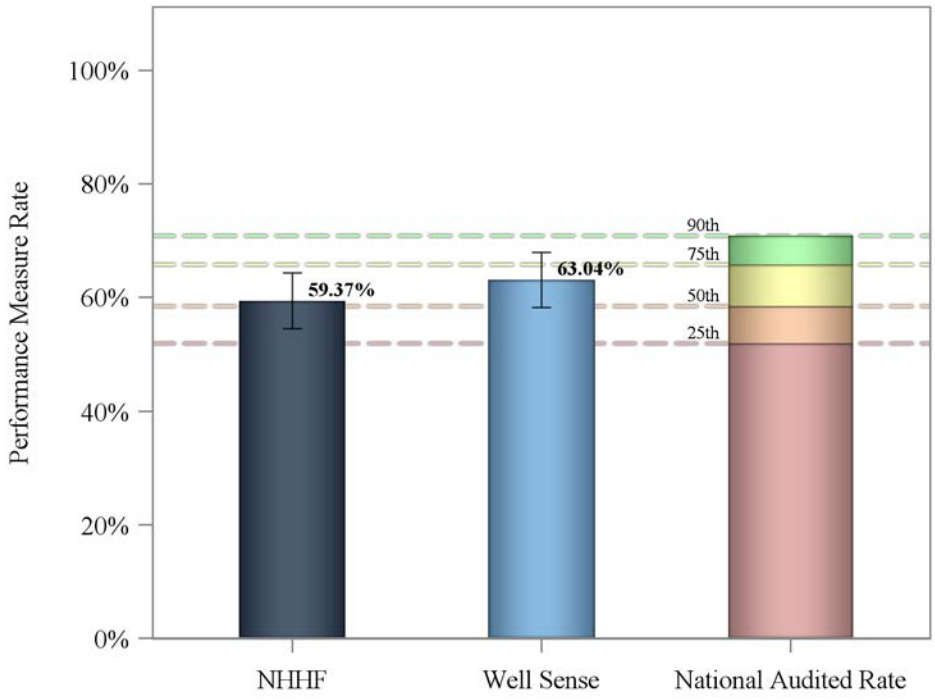


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Cervical Cancer Screening (CCS)

CCS measures the percentage of women 21 to 64 years of age who met the criteria for appropriate screening for cervical cancer during 2017. **NHHF**'s and **Well Sense**'s *CCS* measure results are shown in Table 4-34.

Table 4-34—CY 2017 *CCS* Measure Results

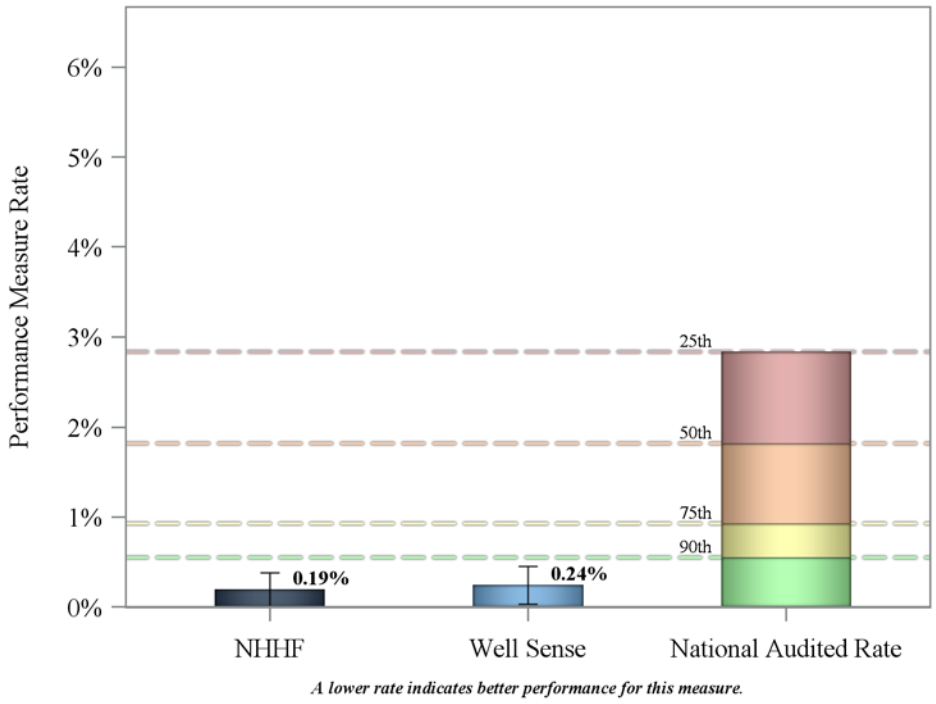


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

NCS measures the percentage of adolescent females 16 to 20 years of age who were screened unnecessarily for cervical cancer during 2017. **NHHF**'s and **Well Sense**'s *NCS* measure results are shown in Table 4-35. Note, ***lower rates for this measure indicate better performance.***

Table 4-35—CY 2017 *NCS* Measure Results

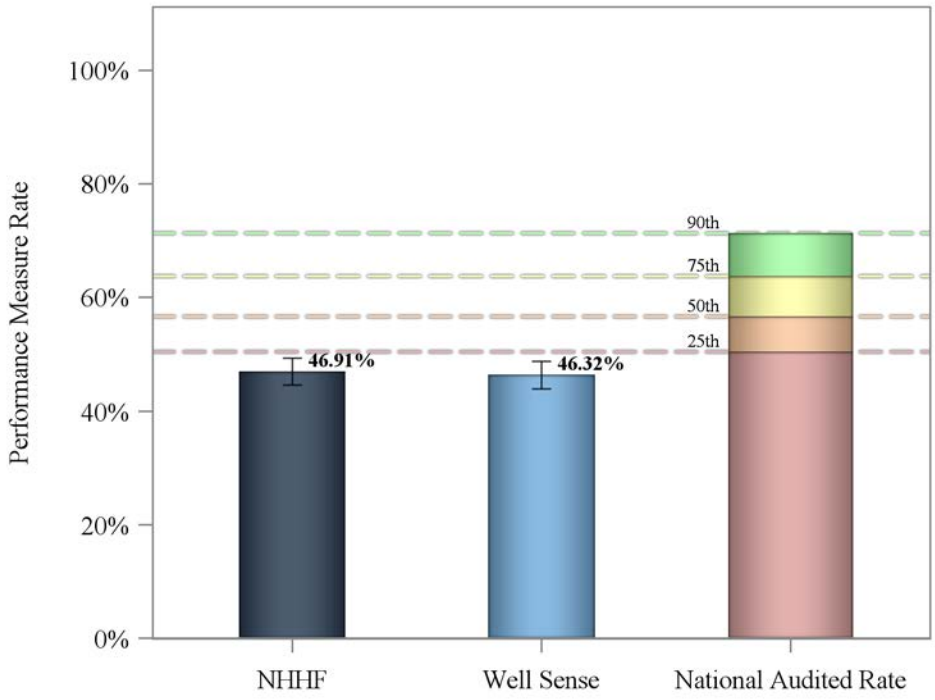


NHHF's and **Well Sense**'s reported rates exceeded the national Medicaid 90th percentile.

Chlamydia Screening in Women (CHL)—Total

CHL—Total measures the percentage of women 16 to 24 years of age identified as sexually active who had at least one test for chlamydia during 2017. **NHHF**'s and **Well Sense**'s *CHL—Total* measure results are shown in Table 4-36.

Table 4-36—CY 2017 *CHL—Total* Measure Results

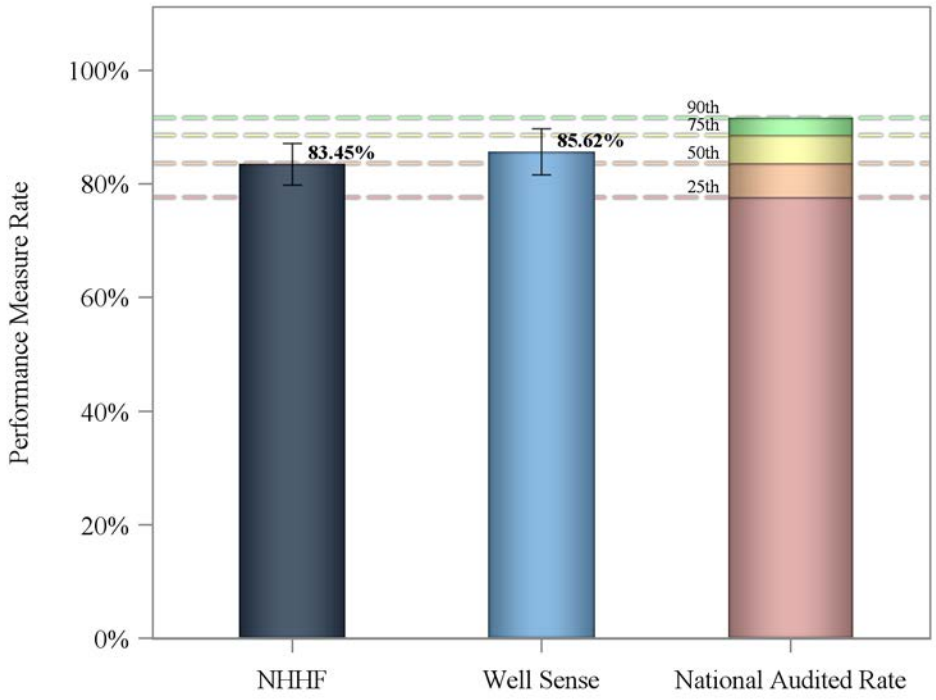


NHHF's and **Well Sense**'s reported rates fell below the national Medicaid 25th percentile. The *CHL—Total* measure is also a PIP topic for **Well Sense**.

Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care

PPC—Timeliness of Prenatal Care measures the percentage of deliveries of live births that received a prenatal care visit as a member of the organization in the first trimester or within 42 days of enrollment in the organization during 2017. **NHHF**'s and **Well Sense**'s *PPC—Timeliness of Prenatal Care* measure results are shown in Table 4-37.

Table 4-37—CY 2017 *PPC—Timeliness of Prenatal Care* Measure Results

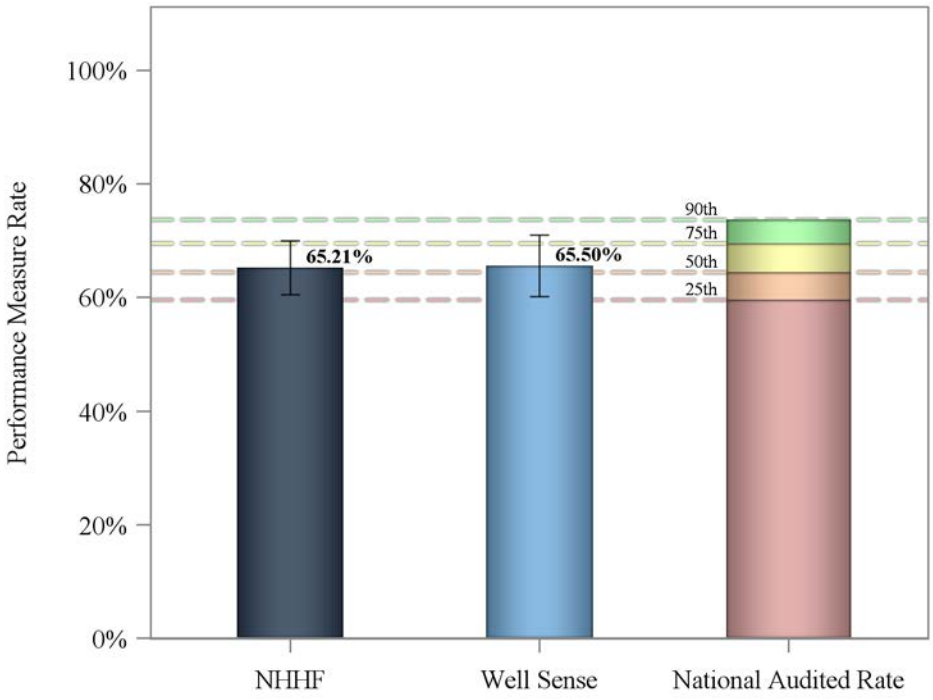


NHHF's reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Prenatal and Postpartum Care (PPC)—Postpartum Care

PPC—Postpartum Care measures the percentage of deliveries of live births that received a postpartum visit on or between 21 and 56 days after delivery during 2017. **NHHF**'s and **Well Sense**'s *PPC—Postpartum Care* measure results are shown in Table 4-38.

Table 4-38—CY 2017 *PPC—Postpartum Care* Measure Results



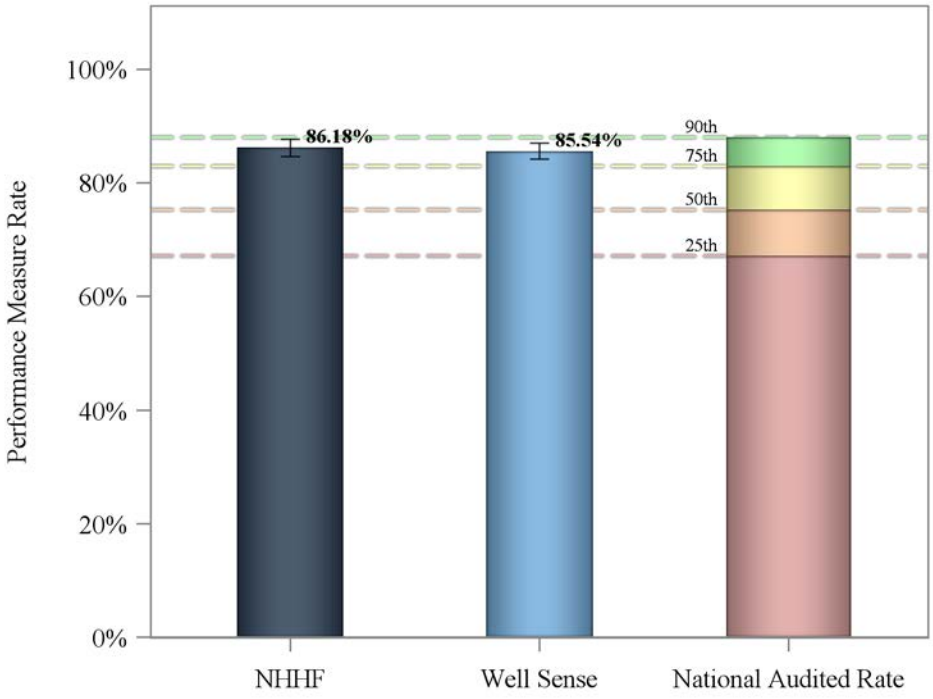
NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Acute and Chronic Care

Appropriate Testing for Children with Pharyngitis (CWP)

CWP measures the percentage of children 2 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode during 2017. **NHHF**'s and **Well Sense**'s *CWP* measure results are shown in Table 4-39.

Table 4-39—CY 2017 *CWP* Measure Results

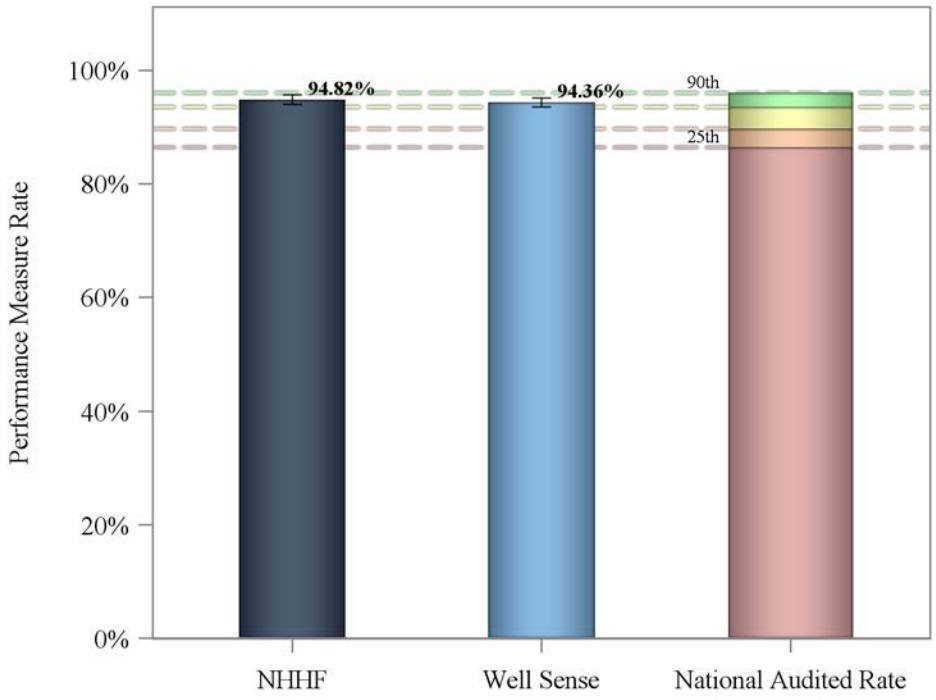


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Appropriate Treatment for Children with Upper Respiratory Infection (URI)

URI measures the percentage of children 3 months to 18 years of age who were given a diagnosis of upper respiratory infection and who were not dispensed an antibiotic prescription during 2017. **NHHF**'s and **Well Sense**'s *URI* measure results are shown in Table 4-40.

Table 4-40—CY 2017 *URI* Measure Results

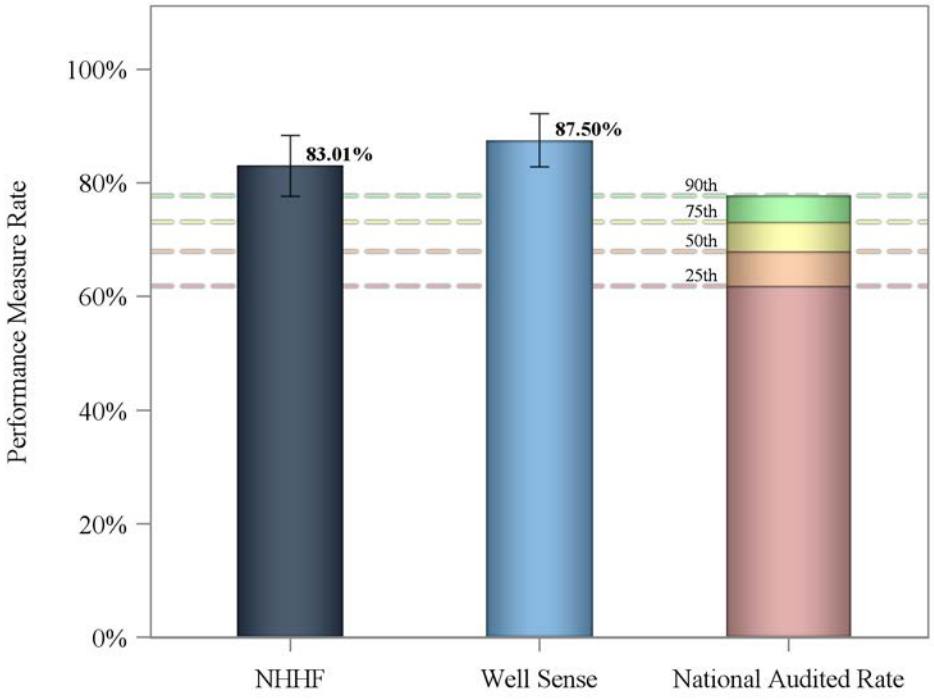


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid

PCE—Systemic Corticosteroid measures the percentage of chronic obstructive pulmonary disease (COPD) exacerbations for members 40 years of age and older who had an acute inpatient discharge or emergency department (ED) visit and who were dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event during 2017. **NHHF**'s and **Well Sense**'s *PCE—Systemic Corticosteroid* measure results are shown in Table 4-41.

Table 4-41—CY 2017 *PCE—Systemic Corticosteroid* Measure Results

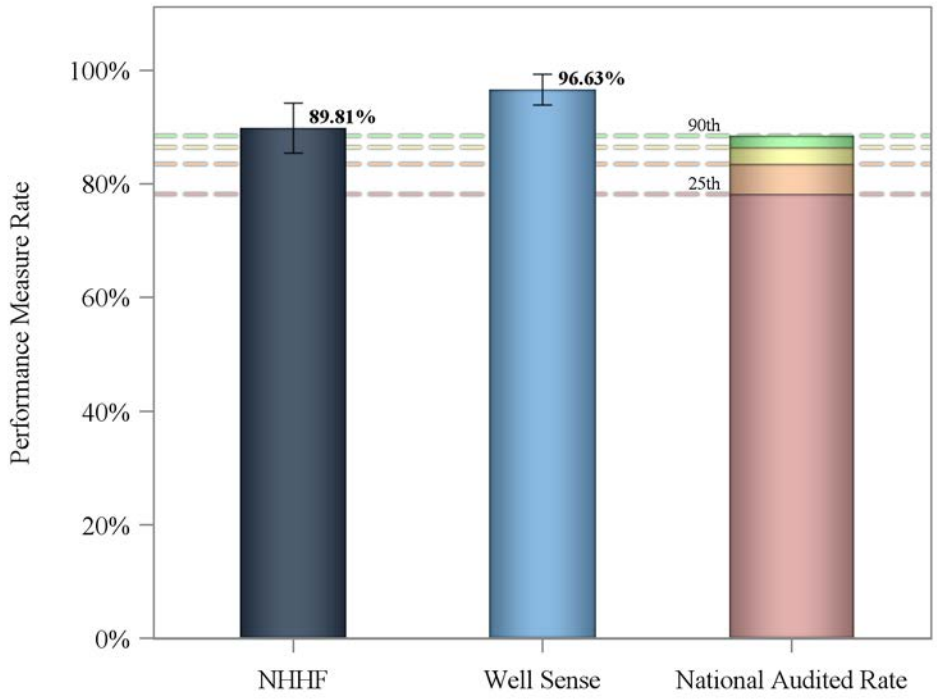


NHHF's and **Well Sense**'s reported rates exceeded the national Medicaid 90th percentile.

Pharmacotherapy Management of COPD Exacerbation (PCE)—Bronchodilator

PCE—Bronchodilator measures the percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit and who were dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event during 2017. **NHHF**'s and **Well Sense**'s *PCE—Bronchodilator* measure results are shown in Table 4-42.

Table 4-42—CY 2017 *PCE—Bronchodilator* Measure Results

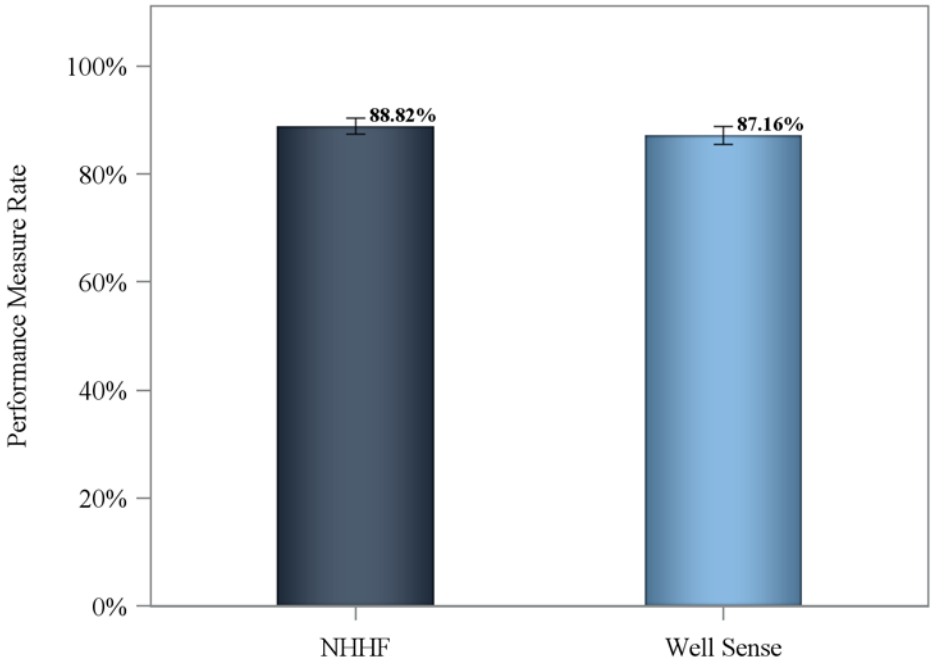


NHHF's and **Well Sense**'s reported rates exceeded the national Medicaid 90th percentile.

Annual Monitoring for Patients on Persistent Medications (MPM)—Total

MPM—Total is a composite of the percentages of members 18 years of age and older who received at least 180 days of treatment with angiotensin converting enzyme (ACE) inhibitors, angiotensin receptor blockers (ARB), digoxin, or diuretics and who received at least one therapeutic monitoring event for each appropriate medication during 2017. **NHHF**'s and **Well Sense**'s *MPM—Total* measure results are shown in Table 4-43.

Table 4-43—CY 2016 *MPM—Total* Measure Results



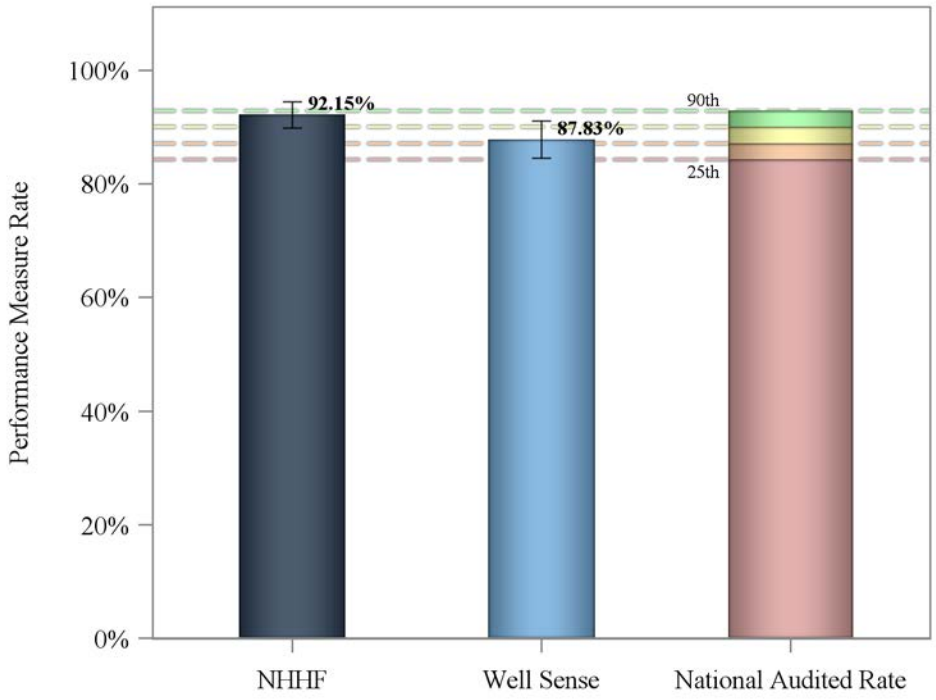
Due to specifications changed in HEDIS 2018, comparisons to benchmarks are not appropriate.

Due to specification changes in HEDIS 2018, NCQA recommended a break in trending; therefore, rates for this measure were not compared to national benchmarks.

Comprehensive Diabetes Care (CDC)—Hemoglobin A1c (HbA1c) Testing

CDC—HbA1c Testing measures the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) who had HbA1c testing during 2017. **NHHF**'s and **Well Sense**'s *CDC—HbA1c Testing* measure results are shown in Table 4-44.

Table 4-44—CY 2017 *CDC—HbA1c Testing* Measure Results

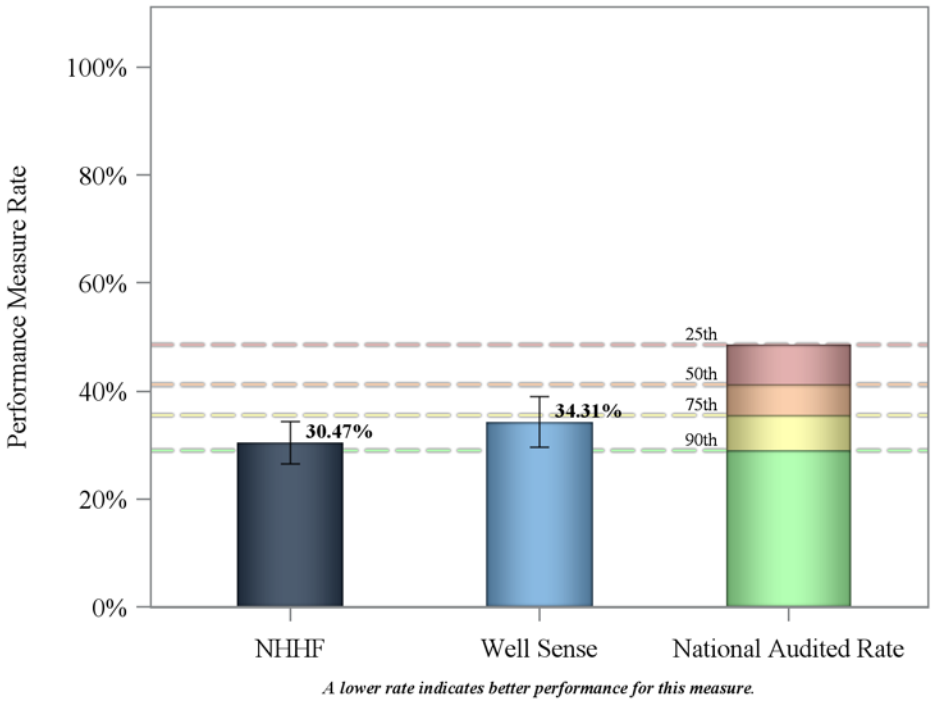


NHHF's reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.0%)

CDC—HbA1c Poor Control (>9.0%) measures the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose HbA1c testing showed poor control, with levels greater than 9.0 percent during 2017. **NHHF**'s and **Well Sense**'s *CDC—HbA1c Poor Control (>9.0%)* measure results are shown in Table 4-45. Note, ***lower rates for this measure indicate better performance.***

Table 4-45—CY 2017 *CDC—HbA1c Poor Control (>9.0%)* Measure Results

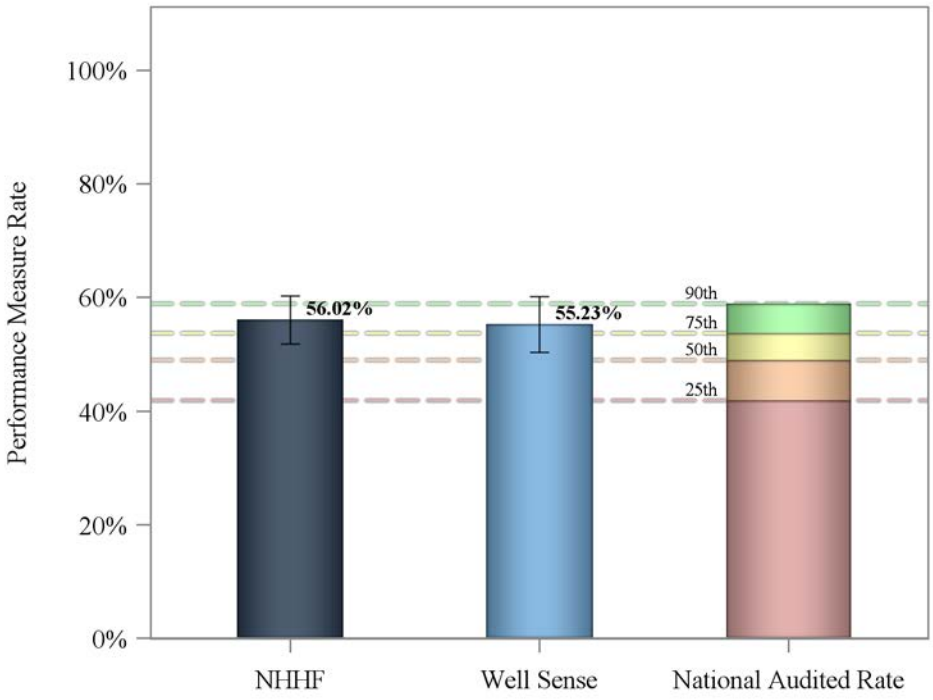


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Comprehensive Diabetes Care (CDC)—HbA1c Control (<8.0%)

CDC—HbA1c Control (<8.0%) measures the percentage of members 18 to 75 years of age with diabetes (type 1 and type 2) whose HbA1c testing revealed levels less than 8.0 percent during 2017. **NHHF**'s and **Well Sense**'s *CDC—HbA1c Control (<8.0%)* measure results are shown in Table 4-46.

Table 4-46—CY 2017 *CDC—HbA1c Control (<8.0%)* Measure Results

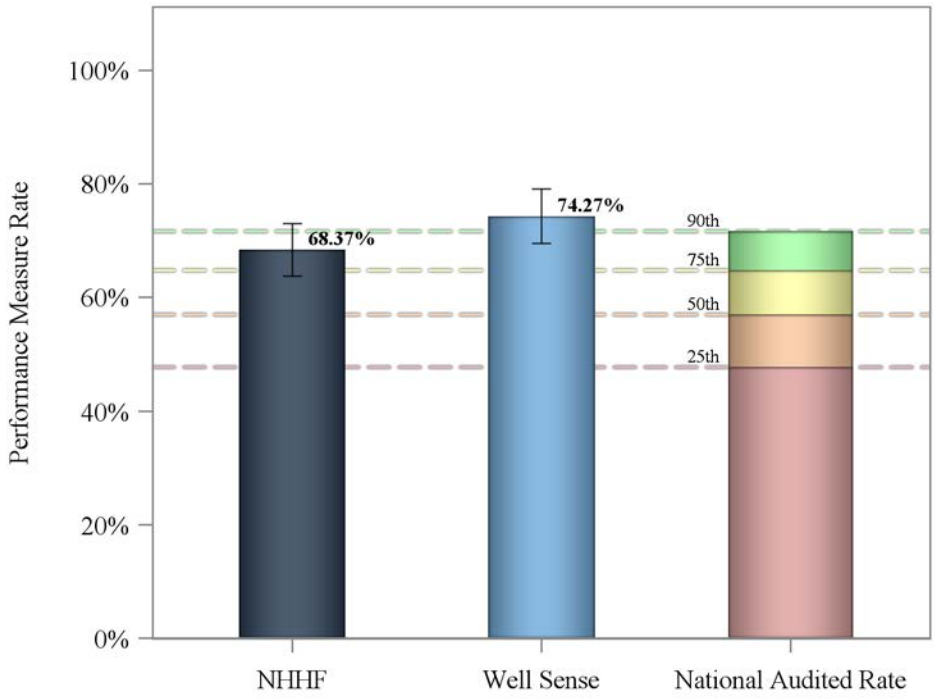


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Controlling High Blood Pressure (CBP)

CBP measures the percentage of members 18 to 85 years of age diagnosed with hypertension whose blood pressure was adequately controlled during 2017. **NHHF**'s and **Well Sense**'s *CBP* measure results are shown in Table 4-47.

Table 4-47—CY 2017 *CBP* Measure Results

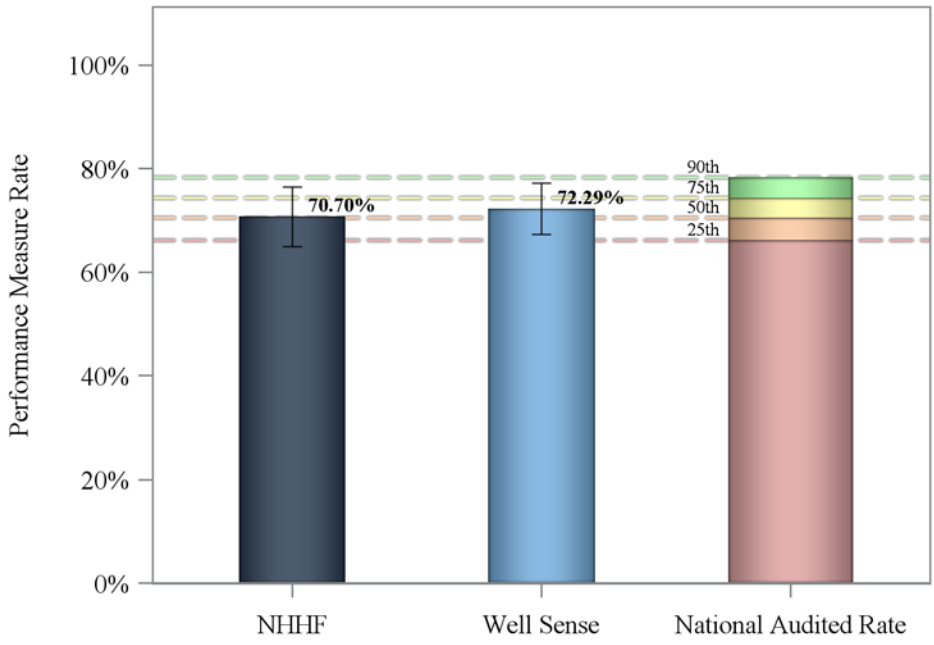


NHHF's reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and **Well Sense**'s reported rate exceeded the national Medicaid 90th percentile.

Use of Imaging Studies for Low Back Pain (LBP)

LBP measures the percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain x-ray, magnetic resonance imaging [MRI], computerized tomography [CT] scan) within 28 days of diagnosis during 2017. **NHHF**'s and **Well Sense**'s *LBP* measure results are shown in Table 4-48.

Table 4-48—CY 2017 *LBP* Measure Results



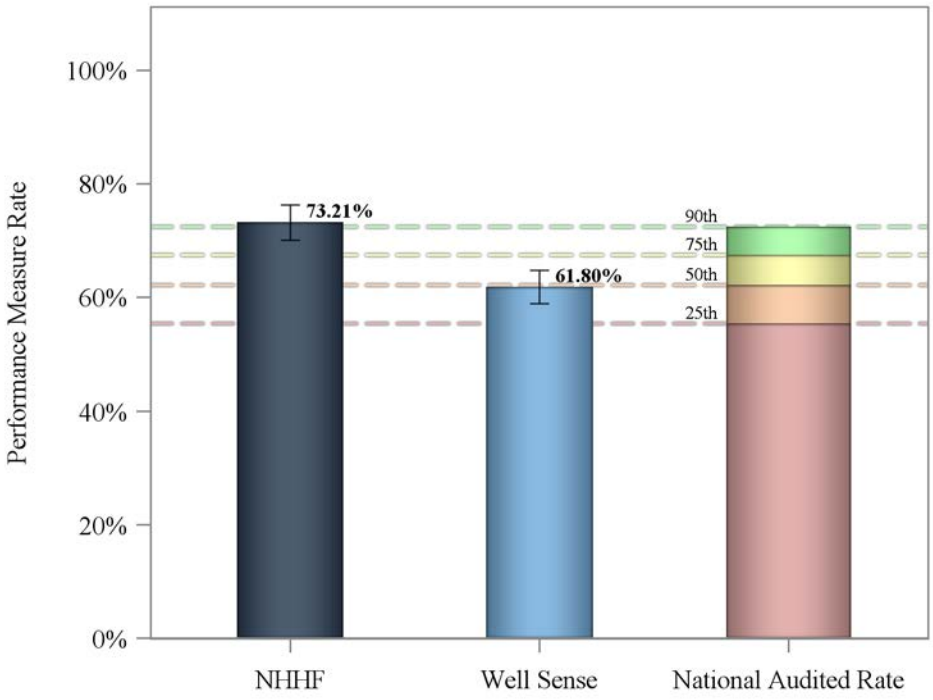
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Asthma Medication Ratio (AMR)—Total

AMR—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma who had a ratio of controller medications to total asthma medications of 0.50 or greater during 2017. **NHHF**'s and **Well Sense**'s *AMR—Total* measure results are shown in Table 4-49.

Table 4-49—CY 2017 *AMR—Total* Measure Results

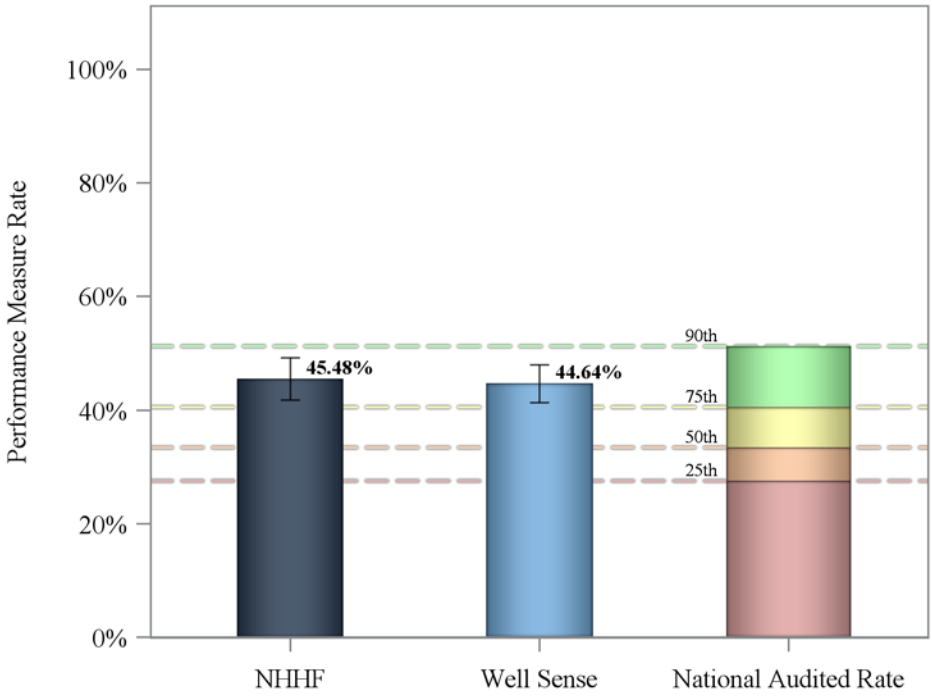


NHHF's reported rate exceeded the national Medicaid 90th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total

MMA—Medication Compliance 75%—Total measures the percentage of members 5 to 64 years of age identified as having persistent asthma and dispensed appropriate medications who remained on an asthma controller medication for at least 75 percent of the time during the treatment period in 2017. **NHHF**'s and **Well Sense**'s *MMA—Medication Compliance 75%—Total* measure results are shown in Table 4-50.

Table 4-50—CY 2017 *MMA—Medication Compliance 75%—Total* Measure Results

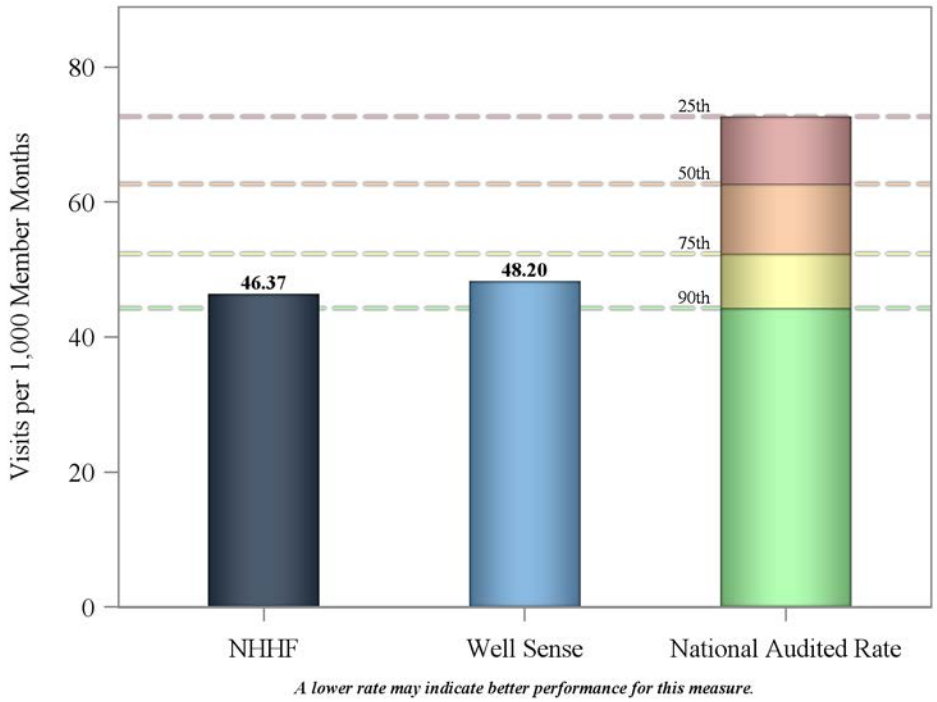


NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Ambulatory Care (Per 1,000 Member Months) (AMB)—ED Visits

AMB—ED Visits measures the utilization of ED visits among the member population during 2017. **NHHF**'s and **Well Sense**'s *AMB—ED Visits* measure results are shown in Table 4-51.[4-12] ***A lower rate may indicate better performance for this measure***, and HSAG reversed the order of the national Medicaid percentiles to be applied to this measure consistent with the other measures. For example, the national Medicaid 10th percentile (a lower rate) was reversed to become the national Medicaid 90th percentile, indicating better performance.

Table 4-51—CY 20176 *AMB—ED Visits* Measure Results



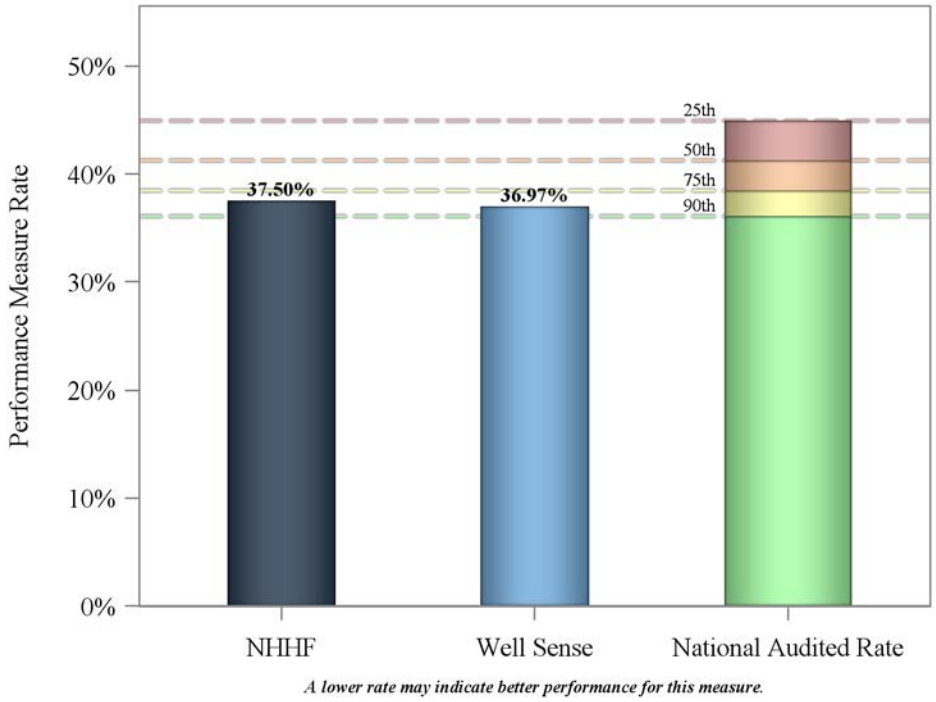
NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

[4-12] Confidence intervals are not included for this measure in accordance with HEDIS guidelines.

Antibiotic Utilization (ABX)—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions

ABX—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions measures the percentage of prescriptions for antibiotics of concern compared to the total prescriptions for antibiotics during 2017. **NHHF**'s and **Well Sense**'s *ABX—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions* measure results are shown in Table 4-52.[4-13] Note, ***a lower rate indicates better performance for this measure,*** and HSAG reversed the order of the national Medicaid percentiles to be applied to this measure consistent with the other measures.

Table 4-52—CY 2017 *ABX—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions* Measure Results



NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

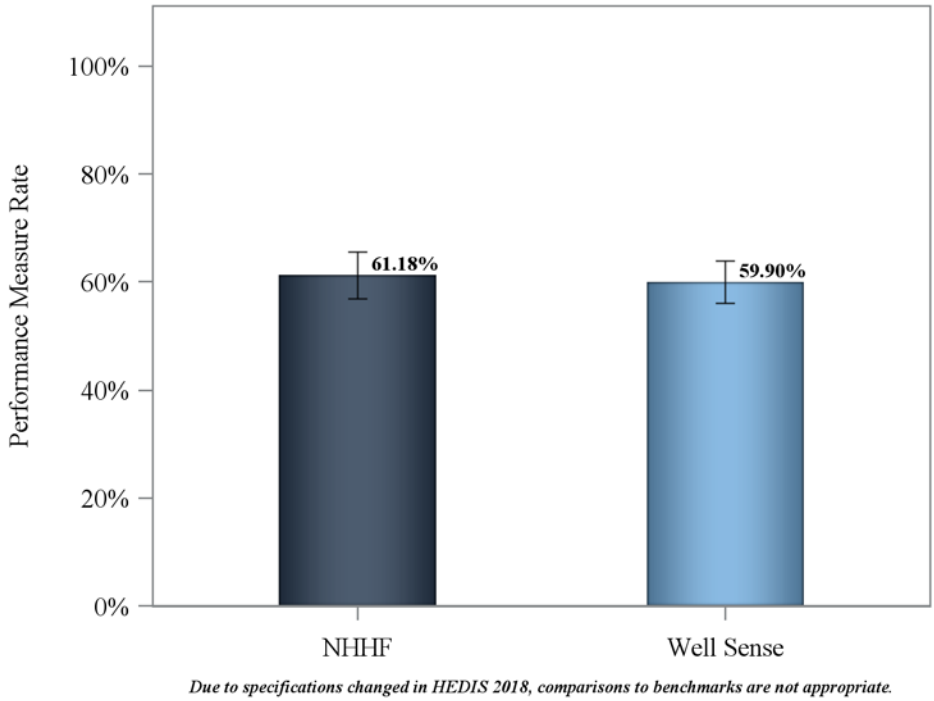
[4-13] Confidence intervals are not included for this measure in accordance with HEDIS guidelines.

Behavior Health

Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up

FUH—7-Day Follow-Up measures the percentage of discharges for members 6 years of age and older who were hospitalized for treatment of mental illness, and who had an appropriate follow-up visit within 7 days of discharge during 2017. **NHHF**'s and **Well Sense**'s *FUH—7-Day Follow-Up* measure results are shown in Table 4-53.

Table 4-53—CY 2017 *FUH—7-Day Follow-Up* Measure Results



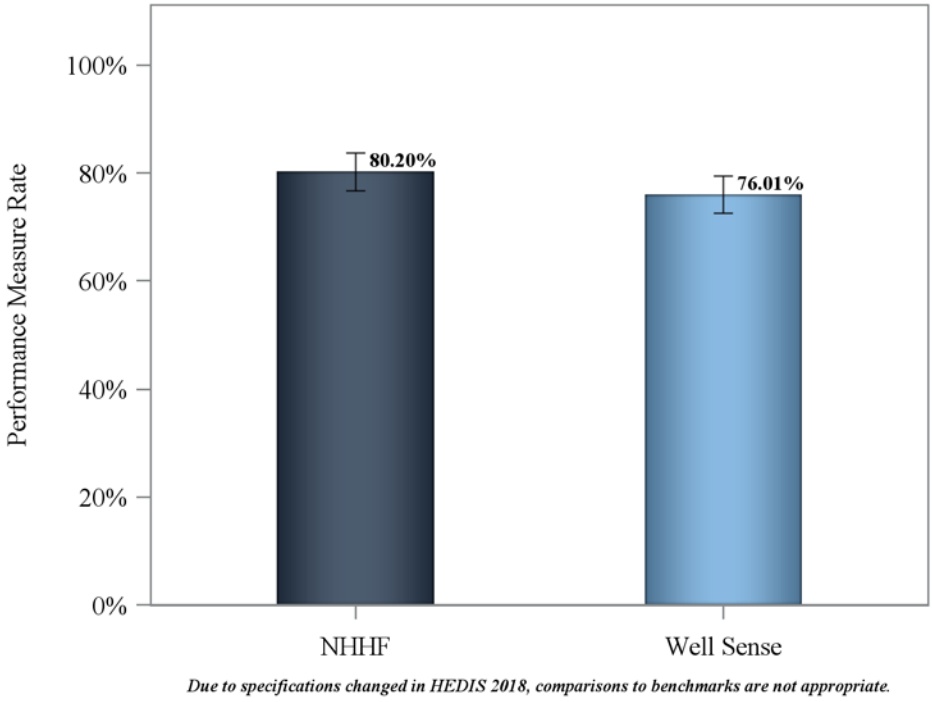
Due to specifications changed in HEDIS 2018, comparisons to benchmarks are not appropriate.

Due to specification changes in HEDIS 2018, NCQA recommended a break in trending; therefore, rates for this measure were not compared to national benchmarks.

Follow-Up After Hospitalization for Mental Illness (FUH)—30-Day Follow-Up

FUH—30-Day Follow-Up measures the percentage of discharges for members six years of age and older who were hospitalized for treatment of mental illness, and who had an appropriate follow-up visit within 30 days of discharge during 2017. **NHHF**'s and **Well Sense**'s *FUH—30-Day Follow-Up* measure results are shown in Table 4-54.

Table 4-54—CY 2017 *FUH—30-Day Follow-Up* Measure Results



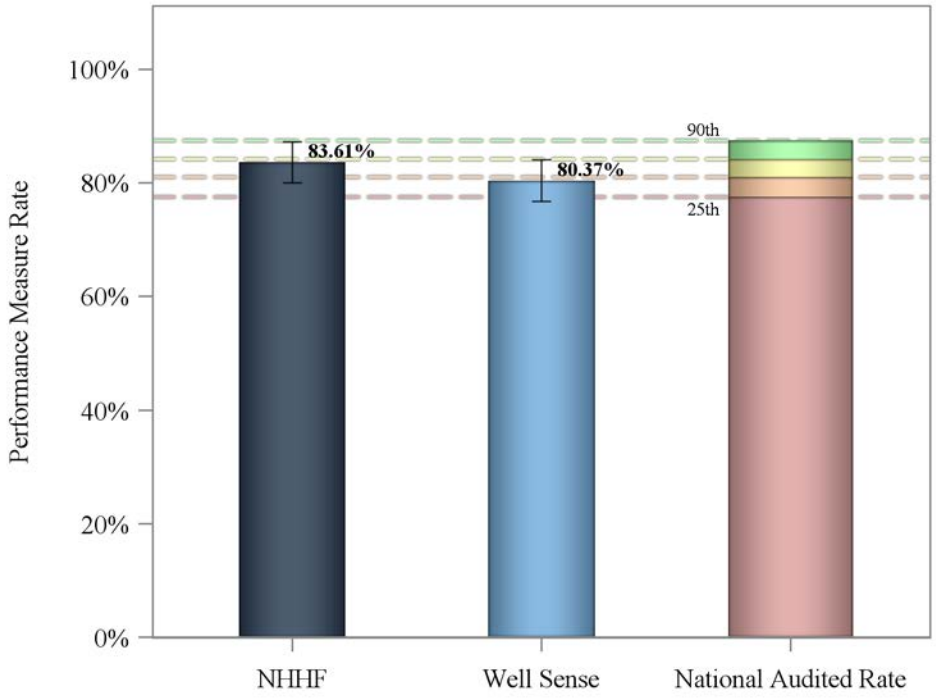
Due to specifications changed in HEDIS 2018, comparisons to benchmarks are not appropriate.

Due to specification changes in HEDIS 2018, NCQA recommended a break in trending; therefore, rates for this measure were not compared to national benchmarks.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

SSD measures the percentage of members 18 to 64 years of age with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during 2017. **NHHF**'s and **Well Sense**'s *SSD* measure results are shown in Table 4-55.

Table 4-55—CY 2017 *SSD* Measure Results

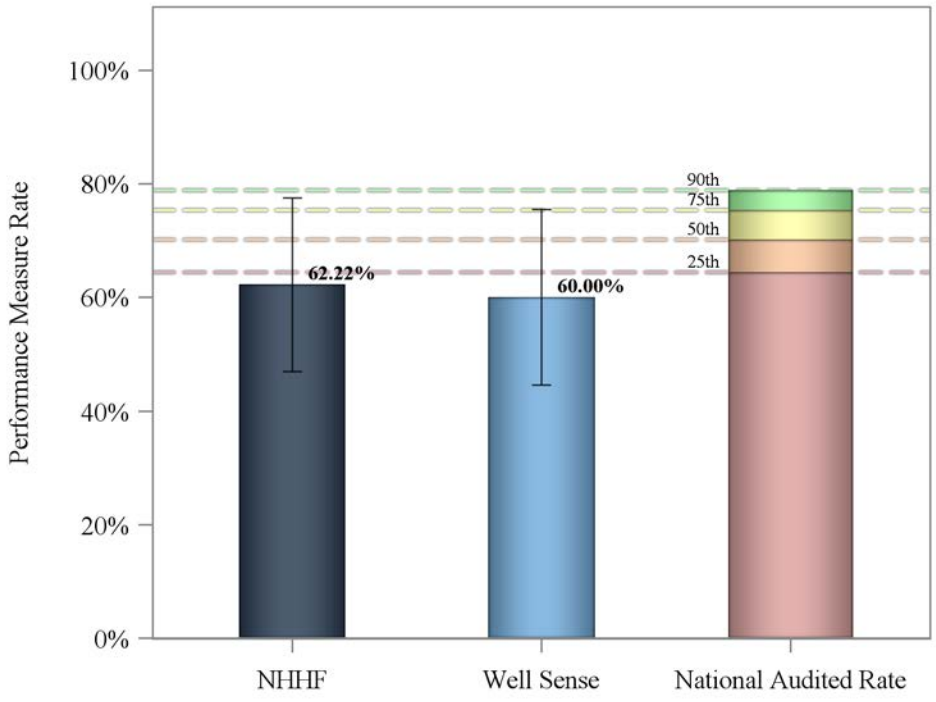


NHHF's reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile. The *SSD* measure is also a PIP topic for **NHHF**.

Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)

SMD measures the percentage of members 18 to 64 years of age with schizophrenia and diabetes who had both a low-density lipoprotein-cholesterol (LDL-C) test and an HbA1c test during 2017. **NHHF**'s and **Well Sense**'s *SMD* measure results are shown in Table 4-56.

Table 4-56—CY 2017 *SMD* Measure Results

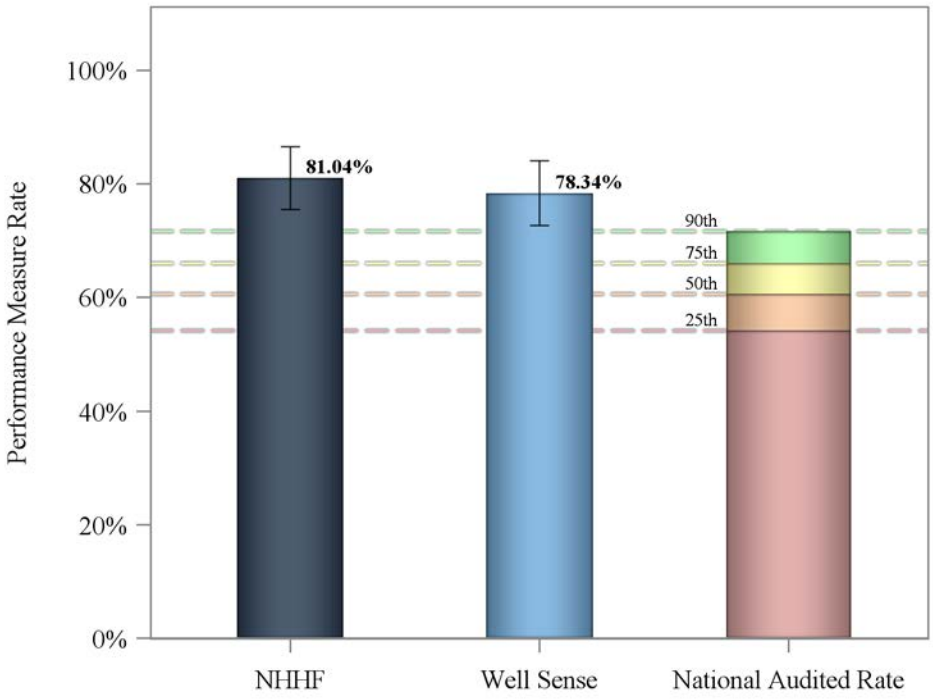


NHHF's and **Well Sense**'s reported rates fell below the national Medicaid 25th percentile.

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

SAA measures the percentage of members 19–64 years of age with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period during 2017. **NHHF**'s and **Well Sense**'s *SAA* measure results are shown in Table 4-57.

Table 4-57—CY 2017 *SAA* Measure Results

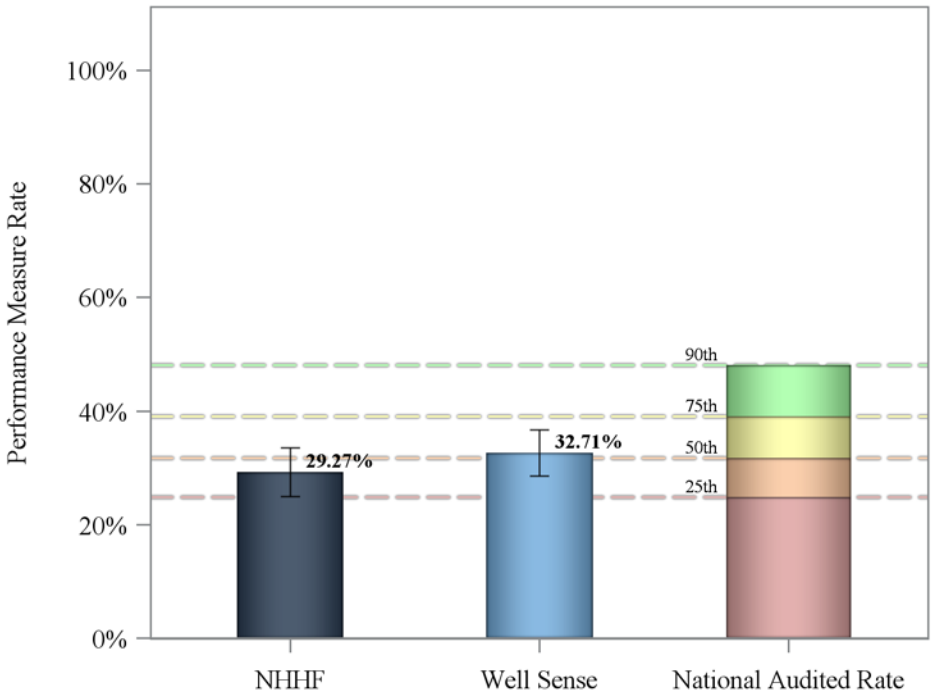


NHHF's and **Well Sense**'s reported rates exceeded the national Medicaid 90th percentile.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Total

APM—Total measures the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing during 2017. **NHHF**'s and **Well Sense**'s *APM—Total* measure results are shown in Table 4-58.

Table 4-58—CY 2017 *APM—Total* Measure Results

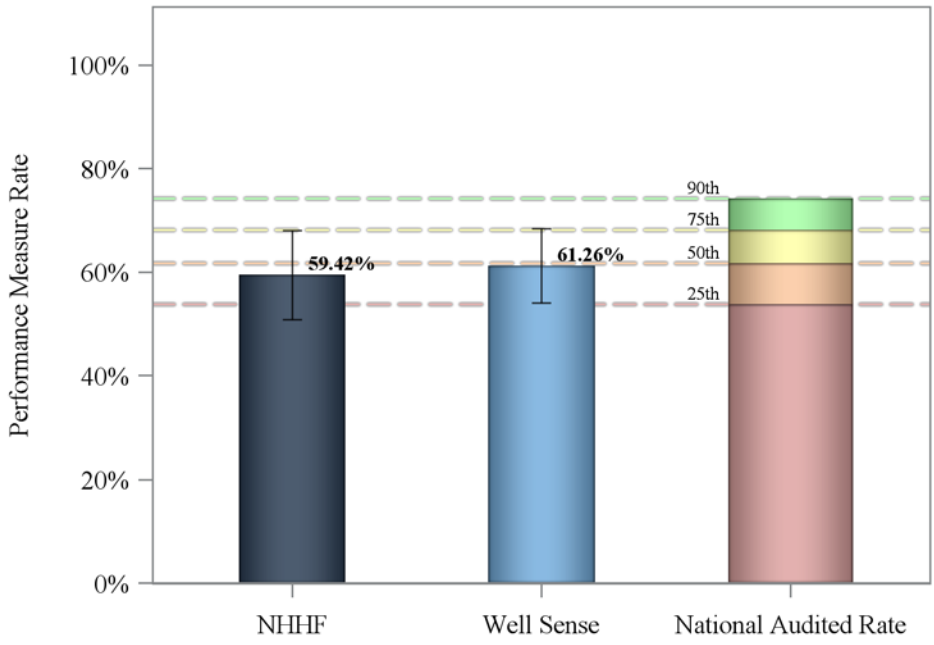


NHHF's reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)—Total

APP—Total measures the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment during 2017. **NHHF**'s and **Well Sense**'s *APP—Total* measure results are shown in Table 4-59.

Table 4-59—CY 2017 *APP—Total* Measure Results



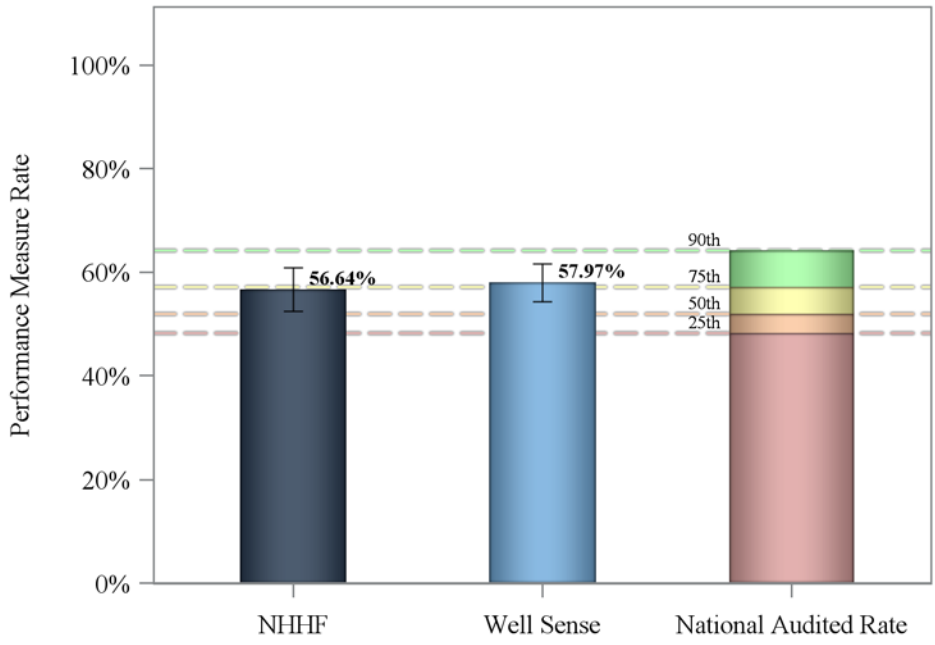
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's and **Well Sense**'s reported rates ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment

AMM—Effective Acute Phase Treatment measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 84 days (12 weeks). **NHHF**'s and **Well Sense**'s *AMM—Effective Acute Phase Treatment* measure results are shown in Table 4-60.

Table 4-60—CY 2017 *AMM—Effective Acute Phase Treatment* Measure Results



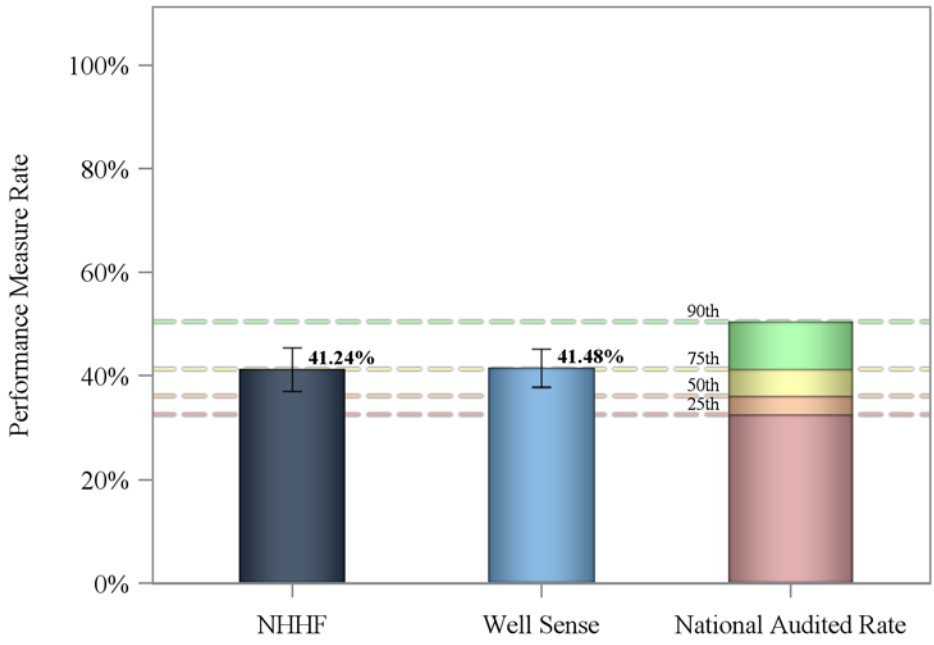
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Antidepressant Medication Management (AMM)—Effective Continuation Phase Treatment

AMM—Effective Continuation Phase Treatment measures the percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication for at least 180 days (6 months). **NHHF**'s and **Well Sense**'s *AMM—Effective Continuation Phase Treatment* measure results are shown in Table 4-61.

Table 4-61—CY 2017 *AMM—Effective Continuation Phase Treatment* Measure Results



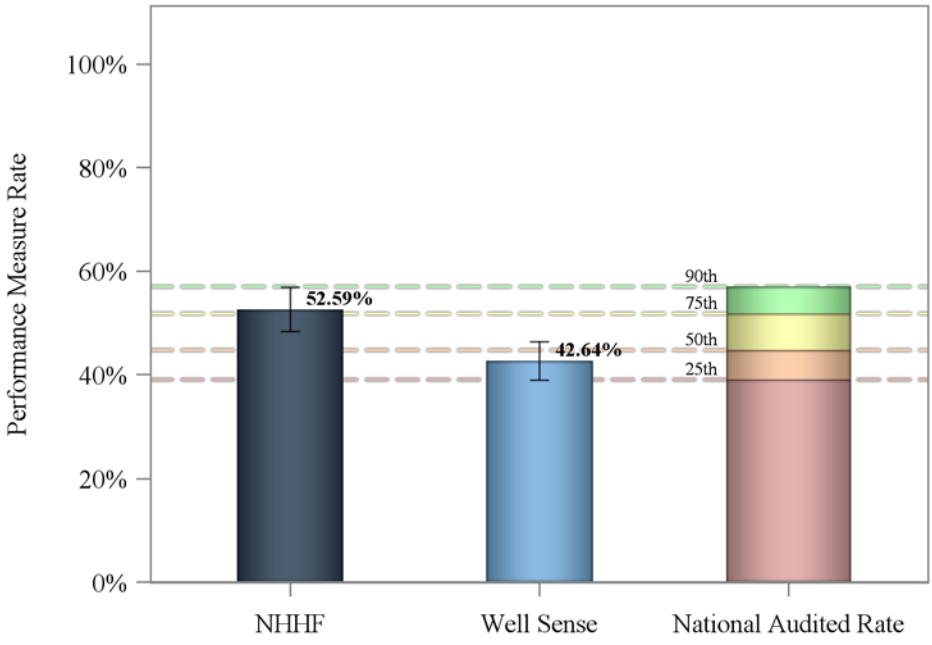
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, and **Well Sense**'s reported rates ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile.

Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)—Initiation Phase

ADD—Initiation Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication who had a follow-up care visit within 30 days of the first ADHD medication being dispensed. **NHHF**'s and **Well Sense**'s *ADD—Initiation Phase* measure results are shown in Table 4-62.

Table 4-62—CY 2017 *ADD—Initiation Phase* Measure Results



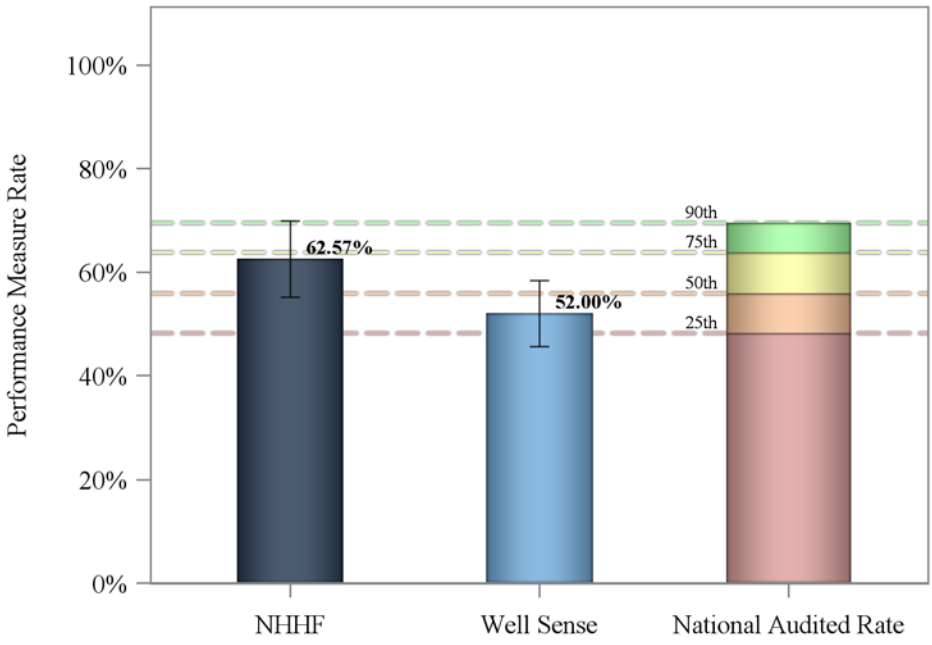
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's reported rate ranked at or above the national Medicaid 75th percentile but below the national Medicaid 90th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Continuation and Maintenance Phase

ADD—Continuation and Maintenance Phase measures the percentage of members 6 to 12 years of age who were newly prescribed ADHD medication, remained on the medication for at least 210 days, and had at least two follow-up care visits within 270 days (9 months) after the first 30 days of the first ADHD medication being dispensed. **NHHF**'s and **Well Sense**'s *ADD—Continuation and Maintenance Phase* measure results are shown in Table 4-63.

Table 4-63—CY 2017 *ADD—Continuation and Maintenance Phase* Measure Results



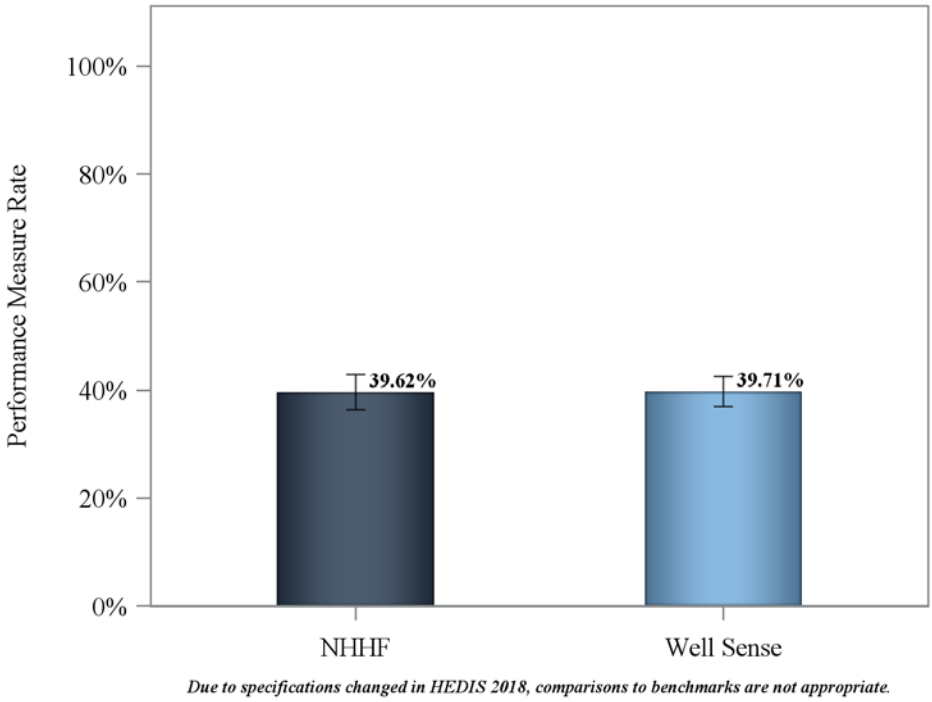
Due to specification changes in HEDIS 2018, exercise caution when comparing rates to the benchmarks which were based on HEDIS 2017 specifications.

NHHF's reported rate ranked at or above the national Medicaid 50th percentile but below the national Medicaid 75th percentile, and **Well Sense**'s reported rate ranked at or above the national Medicaid 25th percentile but below the national Medicaid 50th percentile.

Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment (IET)—Initiation of AOD Treatment—Total

IET—Initiation of AOD Treatment—Total measures the percentage of adolescent and adult members with a new episode of AOD who initiated appropriate AOD treatment within 14 days of the diagnosis during 2017. **NHHF**'s and **Well Sense**'s *IET—Initiation of AOD Treatment—Total* measure results are shown in Table 4-64.

Table 4-64—CY 2017 *IET—Initiation of AOD Treatment—Total* Measure Results

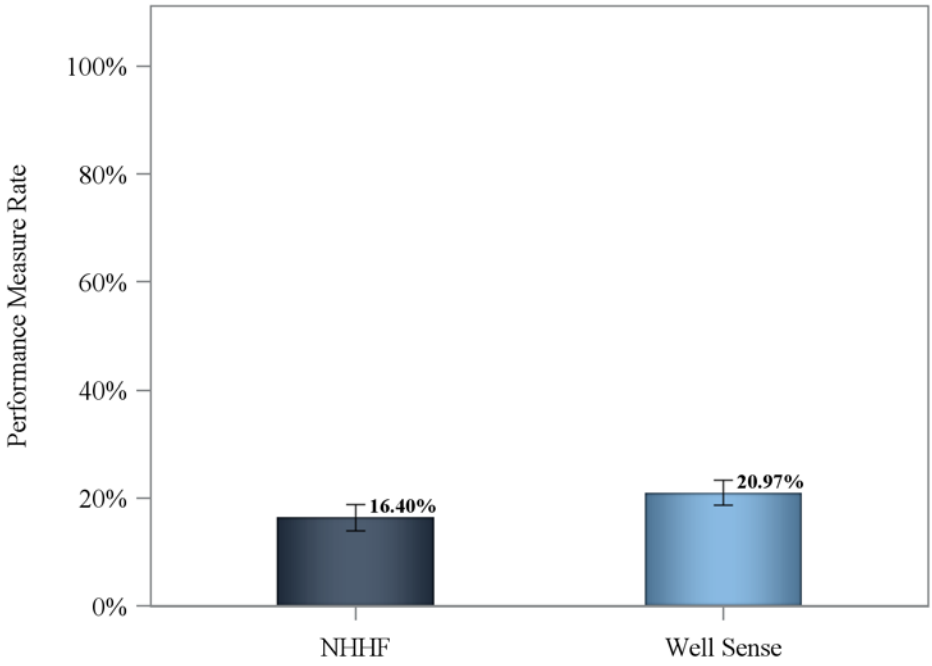


Due to specification changes in HEDIS 2018, NCQA recommended a break in trending; therefore, rates for this measure were not compared to national benchmarks.

Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment (IET)—Engagement of AOD Treatment—Total

IET—Engagement of AOD Treatment—Total measures the percentage of adolescent and adult members with a new episode of AOD who initiated dependency treatment and who had two or more additional services related to the diagnosis of AOD within 30 days of the initiation visit during 2017. **NHHF**'s and **Well Sense**'s *IET—Engagement of AOD Treatment—Total* measure results are shown in Table 4-65.

Table 4-65—CY 2017 *IET—Engagement of AOD Treatment—Total* Measure Results



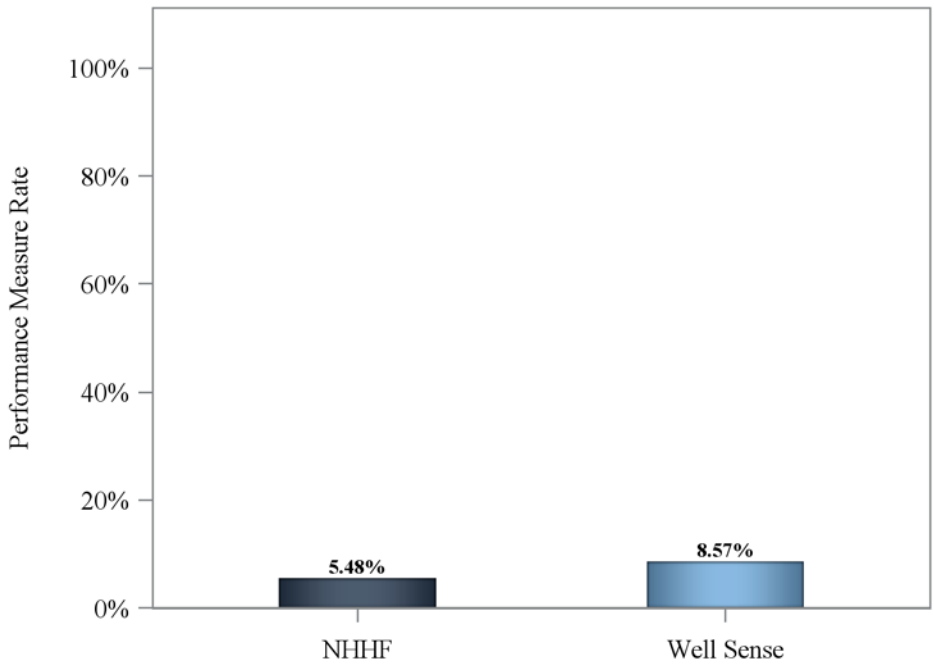
Due to specifications changed in HEDIS 2018, comparisons to benchmarks are not appropriate.

Due to specification changes in HEDIS 2018, NCQA recommended a break in trending; therefore, rates for this measure were not compared to national benchmarks.

Identification of Alcohol and Other Drug Services (IAD)—Any Service

IAD—Any Service measures the percentage of members with an alcohol or other drug claim who received any chemical dependency services during 2017. **NHHF**'s and **Well Sense**'s *IAD—Any Service* measure results are shown in Table 4-66.[4-14] Since the rates reported for this measure do not take into consideration the demographic and clinical characteristics of each MCO's members, comparisons to national benchmarks are not performed. These utilization rates in isolation do not correlate with the quality of services provided. Therefore, these rates are provided strictly for informational purposes.

Table 4-66—CY 2016 *IAD—Any Service* Measure Results



These rates are presented for informational purposes only. Therefore, HEDIS Benchmarks are not included.

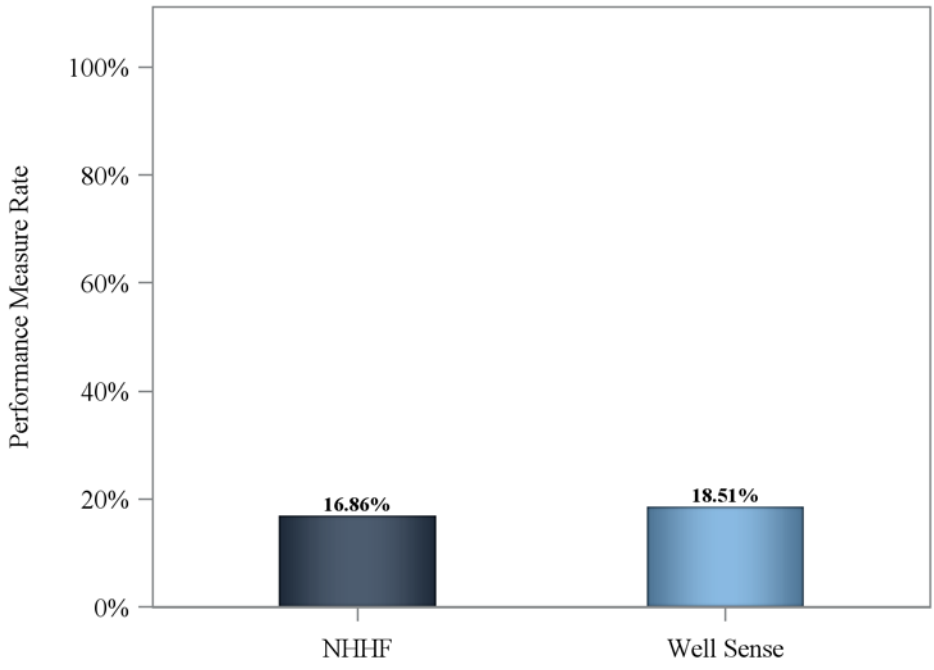
Rates for this measure were similar between **NHHF** and **Well Sense**.

[4-14] Confidence intervals are not included for this measure in accordance with HEDIS guidelines.

Mental Health Utilization (MPT)—Any Service

MPT—Any Service measures the percentage of members receiving any mental health services during 2017. **NHHF**'s and **Well Sense**'s *MPT—Any Service* measure results are shown in Table 4-67.[4-15] Since the rates reported for this measure do not take into consideration the demographic and clinical characteristics of each MCO's members, comparisons to national benchmarks are not performed. These utilization rates in isolation do not correlate with the quality of mental health services provided. Therefore, these rates are provided strictly for informational purposes.

Table 4-67—CY 2017 *MPT—Any Service* Measure Results



These rates are presented for informational purposes only. Therefore, HEDIS Benchmarks are not included.

Rates for this measure were similar between **NHHF** and **Well Sense**.

[4-15] Confidence intervals are not included for this measure in accordance with HEDIS guidelines.

Conclusions and Recommendations

NHHF

Based on the MCO's performance measure results, **NHHF** scored at or above NCQA's Audit Means and Percentiles National Medicaid HMO 75th percentile for HEDIS 2017 for the following measures. An asterisk (*) indicates measures that met or exceeded the 90th percentile of performance.

Prevention

- *Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total**
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—25 Months–6 Years*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—7–11 Years*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–19 Years*
- *Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits**
- *Adolescent Well-Care Visits (AWC)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Nutrition—Total*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Physical Activity—Total*
- *Childhood Immunization Status (CIS)—Combination 10*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**

Acute and Chronic Care

- *Appropriate Testing for Children With Pharyngitis (CWP)*
- *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid**
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Bronchodilator**
- *Comprehensive Diabetes Care (CDC)—HbA1c Testing*
- *Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.0%)*
- *Comprehensive Diabetes Care (CDC)—HbA1c Control (<8.0%)*
- *Controlling High Blood Pressure (CBP)*
- *Asthma Medication Ratio (AMR)—Total**
- *Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total*
- *Ambulatory Care (Per 1,000 Member Months) (AMB)—ED Visits*
- *Antibiotic Utilization (ABX)—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions*

Behavioral Health

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**
- *Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase*

NHHF scored below the national Medicaid 25th percentile for the following measures and should focus future QI activities in these areas:

Prevention

- *Chlamydia Screening in Women (CHL)—Total*

Behavioral Health

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

Well Sense

Based on the MCO's performance measure results, **Well Sense** scored at or above NCQA's Audit Means and Percentiles National Medicaid HMO 75th percentile for HEDIS 2017 for the following measures. An asterisk (*) indicates measures that met or exceeded the 90th percentile of performance.

Prevention

- *Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total**
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—25 Months–6 Years*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—7–11 Years*
- *Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–19 Years*
- *Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits*
- *Adolescent Well-Care Visits (AWC)*
- *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—Counseling for Physical Activity—Total*
- *Childhood Immunization Status (CIS)—Combination 10*
- *Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)**

Acute and Chronic Care

- *Appropriate Testing for Children With Pharyngitis (CWP)*
- *Appropriate Treatment for Children With Upper Respiratory Infection (URI)*
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid**
- *Pharmacotherapy Management of COPD Exacerbation (PCE)—Bronchodilator**
- *Comprehensive Diabetes Care (CDC)—HbA1c Poor Control (>9.0%)*
- *Comprehensive Diabetes Care (CDC)—HbA1c Control (<8.0%)*

- *Controlling High Blood Pressure (CBP)**
- *Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total*
- *Ambulatory Care (Per 1,000 Member Months) (AMB)—ED Visits*
- *Antibiotic Utilization (ABX)—Percentage of Antibiotics of Concern for all Antibiotics Prescriptions*

Behavioral Health

- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)**
- *Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment*
- *Antidepressant Medication Management (AMM)—Effective Continuation Phase Treatment*

Well Sense scored below the national Medicaid 25th percentile for the following measures and should focus future QI activities in these areas:

Prevention

- *Chlamydia Screening in Women (CHL)—Total*

Behavioral Health

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

EDV

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. Therefore, DHHS requires its contracted MCOs to submit high-quality encounter data. For SFY 2018, DHHS contracted HSAG for the following two EDV activities:

- Using the EDQRS, evaluate the quality of encounter data files submitted by the MCOs. The EDQRS was designed to import, store, and review incoming encounter data and generate automated, weekly/monthly/quarterly validation reports for DHHS.
- Conduct an IS review to assess DHHS' and the MCOs' information systems/processes. The review is currently in progress.

Methodology for EDQRS

HSAG used the same general process and files as DHHS' fiscal agent, Conduent, when collecting and processing encounter data. The EDV activity focused on providing the State with an assessment of the overall quality of encounter data submitted by its contracted MCOs. Daily or weekly, participating MCOs prepare and translate claims and encounter data into the 837P/I and NCPDP pharmacy files. The files are simultaneously transmitted via secure file transfer protocol (SFTP) to HSAG and DHHS (and Conduent), where the files are downloaded and processed. The MCOs' 837P/I files are processed through an EDI translator by both vendors (Conduent and HSAG). It is important to note that the application and function of compliance edits implemented by Conduent and HSAG are slightly different

due to the overall intent of processing. HSAG's process includes a subset of edits designed to capture (1) an MCO's overall compliance with submission requirements (e.g., filename conventions); and (2) key encounter data quality elements (e.g., data field compliance and completeness). Additionally, while failure to pass certain edits during Conduent's processing may lead to rejection and resubmission of files/encounters by the MCOs, HSAG's edit processing is used for reporting only.

Once the 837 (P/I) files are successfully translated by HSAG, the files are loaded into HSAG's data warehouse. HSAG then runs a secondary set of edits. These edits are used for reporting only and are designed to identify potential issues related to encounter data quality. All HSAG edits are customized to address DHHS' overall project goals. Additionally, the MCOs' NCPDP files are processed simultaneously through a comparable process; however, the NCPDP files do not undergo EDI translation. Instead, the NCPDP files are processed directly into HSAG's data warehouse.

Measures in the EDQRS

The weekly EDV report assesses the submission accuracy and completeness measures in the following domain:

- **Domain 1—Submission Accuracy and Completeness (SAC)**: Measures in this domain assess the MCOs' overall adherence to DHHS' encounter submission standards through a direct assessment of encounters processed by HSAG, as well as submission documentation provided by the MCOs. These measures examine whether the submitted encounters pass X12 EDI compliance edits. Additionally, these measures assess the level to which the MCOs' reconciliation reports align with the submitted encounter files regarding the names of files submitted and overall counts for specific data elements from the files. Results from these metrics facilitate addressing submission quality from the MCOs.

The monthly EDV report assesses encounter data completeness, encounter data accuracy, supplemental measures, and orphan void records:

- **Domain 2—Encounter Data Completeness (EDC)**: Measures in this domain demonstrate the MCOs' trends in encounter submission volume over time. These metrics analyze several aspects of submission, including encounter submission volume by submission month (i.e., months during which encounters were submitted to HSAG), monthly visit volume in relation to 1,000 enrolled members per service month (i.e., the month during which services associated with encounters were provided), monthly proportions of distinct professional visits by place of service category, and monthly proportions of distinct institutional visits by type of bill category. HSAG assessed monthly trends in MCO paid amounts in terms of the submission month, as well as the service month. Finally, submitted encounters are assessed for line-level duplication (i.e., using selected data elements in relation to each encounter type).
- **Domain 3—Encounter Data Accuracy (EDA)**: Measures in this domain demonstrate the overall quality of submitted encounters, specifically examining the proportion of submitted encounters with non-null and accurate values for key data elements. The data elements selected for this evaluation provide critical information in terms of service provision and costs.

- **Supplemental Measures**: The supplemental measures provide additional insight into encounter accuracy issues through providing the top five most frequently reported incorrect values for key data elements. Additionally, HSAG presented the 20 most frequently reported values and the 20 costliest values for key data elements.
- **Supplemental File for Orphan Voids**: The monthly supplemental file lists all void records for which HSAG could not locate the associated original records. This file provides the source data DHHS needs to solve the orphan void issue with the MCOs.

The quarterly EDV report assesses encounter data timeliness in the following domain:

- **Domain 4—Encounter Data Timeliness (EDT)**: Measures in this domain assess the MCOs' compliance with time-based submission standards for encounter data. These metrics focus on the overall regularity with which encounters are submitted to DHHS and HSAG, time-to-submission after provider payment by MCOs, and time-to-submission regarding the date for which services are rendered. In addition to overall compliance with DHHS standards, this domain facilitates real-time detection of lags in encounter submission.

Overall, results for all measures are displayed at the MCO and statewide levels for the appropriate encounter type.

EDQRS Implementation

As DHHS further developed its encounter data program, HSAG, in collaboration with DHHS, made the following changes at the beginning of SFY 2018:

- Began to process denied and void professional and institutional encounters and apply adjudication logic to encounters in HSAG's data warehouse.
- Retired study indicators SAC.1, EDC.3.a, and "MCO Denied Lines" for EDA.1 and EDA.2.
- Continued reporting the SAC domain weekly, began reporting the EDC and EDA domains monthly, and began reporting the EDT domain quarterly.
- Began submitting a list of orphan voids for each submission month to DHHS.

For the remaining SFY 2018, the EDQRS was in production mode to generate weekly/monthly/quarterly reports.

Findings From Files Received in SFY 2018 for EDQRS

For encounters received from MCOs in SFY 2018 (i.e., July 1, 2017, to June 30, 2018), this section presents the aggregate rates for five standards within Exhibit A-Amendment #11 of the MCM Contract.[4-16]

[4-16] New Hampshire Department of Health and Human Services. (2015). *Medicaid Managed Care Organization Contract Amendment #11*. Available at: http://www.dhhs.nh.gov/ombp/caremgt/contracts.htm. Accessed on: Dec 17, 2018.

Standard 25.2.24.2.1 specifies that "Ninety-eight percent (98%) of the records in an MCO's encounter batch submission shall pass X12 EDI compliance edits and the New Hampshire Medicaid Management Information System (MMIS) threshold and repairable compliance edits." While an evaluation of the "MMIS threshold and repairable compliance edits" is out of scope for the EDV report, Table 4-68 shows that all 837P and 837I encounters received in SFY 2018 passed the X12 EDI compliance edits for both **NHHF** and **Well Sense** as shown in Table 4-68.

Table 4-68—Percentage of Encounters Passing X12 EDI Compliance Edits

Encounter Type	Standard	NHHF	Well Sense
837P Encounters	98.0%	100.0%	100.0%
837I Encounters	98.0%	100.0%	100.0%

Table 4-69 displays the results from Standard 25.2.24.2.3 requiring that "One-hundred percent (100%) of member identification numbers shall be accurate and valid." For all encounter types from both MCOs, Table 4-69 shows that the member identification numbers were present on 100 percent of encounters. In addition, at least 98 percent of member identification numbers were valid for all three encounter types for **NHHF**, which was slightly lower than the standard (i.e., 100 percent). However, for **Well Sense**, the percentages of valid member identifications numbers were 98.0 percent, 92.2 percent, and 99.9 percent for 837P, 837I, and NCPDP encounters, respectively. Further investigation shows that most invalid member identification numbers in the 837P and 837I encounters from **Well Sense** occurred because members were not eligible on the dates of service.

Table 4-69—Percentage Present and Percentage Valid for Member Identification Numbers

Encounter Type	Standard	NHHF		Well Sense	
		% Present	% Valid*	% Present	% Valid*
837P Encounters	100.0%	100.0%	98.0%	100.0%	98.0%
837I Encounters	100.0%	100.0%	99.9%	100.0%	92.2%
NCPDP Encounters	100.0%	100.0%	99.9%	100.0%	99.9%

* To be considered valid, the member identification number should meet the following three criteria: (1) included in the member file, (2) eligible for Medicaid on the date of service, and (3) enrolled in a specific MCO on the date of service.

Table 4-70 displays the results from Standard 25.2.24.2.4 requiring that "Ninety-eight percent (98%) of servicing provider information will be accurate and valid." Table 4-70 shows that the servicing provider numbers were present for 100 percent of encounters for both **NHHF** and **Well Sense**. While the validity rates for the 837P and NCPDP encounters met the standard (i.e., 98 percent), the validity rates for the 837I encounters were 9.3 and 10.7 percentage points below the standard for **NHHF** and **Well Sense**, respectively.

Table 4-70—Percentage Present and Percentage Valid for Servicing Provider Information†

Encounter Type	Standard	NHHF		Well Sense	
		% Present	% Valid*	% Present	% Valid*
837P Encounters	98.0%	100.0%	99.1%	100.0%	98.1%
837I Encounters	98.0%	100.0%	88.7%	100.0%	87.3%
NCPDP Encounters	98.0%	100.0%	99.5%	100.0%	99.3%

† For professional encounters, "servicing provider information" refers to the rendering provider numbers (i.e., National Provider Identifier [NPI]) or the billing provider NPIs if the rendering provider NPIs are missing. For institutional and NCPDP encounters, "servicing provider information" refers to the billing provider NPIs.

* To be considered valid, the servicing provider number should have been included in the daily provider file received from DHHS for the reporting period.

Standard 25.2.24.3.1 states that "Encounter data shall be submitted weekly, within five (5) business days of the end of each weekly period and within thirty (30) calendar days of claim payment." The following two measures were used to evaluate this timeliness standard:

- Measure EDT.1: Percentage of weeks with at least one file submission in SFY 2018
- Measure EDT.2: Percentage of encounters submitted to DHHS within 30 calendar days of the claim payment date

Table 4-71 shows the percentage of the 52 weeks in SFY 2018 with at least one file submission. **NHHF** submitted all three types of encounters to DHHS for all weeks in SFY 2018. For **Well Sense**, there were two weeks without a file submission, and the two non-submission weeks were not consecutive.

Table 4-71—Percentage of Weeks With at Least One File Submission

Encounter Type	Standard	NHHF	Well Sense
837P Encounters	100.0%	100.0%	96.2%
837I Encounters	100.0%	100.0%	96.2%
NCPDP Encounters	100.0%	100.0%	100.0%

Table 4-72 presents the percentage of encounters submitted to DHHS within 30 calendar days of the claim payment date, and the list below shows the findings. Of note, all encounters submitted to DHHS were included in the evaluation. If an encounter was missing a claim payment date, it was considered to not meet the standard.

- For the 837P encounters, 79.6 percent of **NHHF**'s encounters were submitted to DHHS within 30 days of the claim payment date. The rate for **Well Sense** was much lower (i.e., 38.7 percent) due to missing claim payment dates in the submitted encounter data and long lag days between the claim payment date and the submission date.
- For the 837I encounters, 95.7 percent and 27.3 percent of encounters were submitted to DHHS within 30 days of the claim payment date for **NHHF** and **Well Sense**, respectively. Like the 837P

encounters, the low rate for **Well Sense** was primarily due to missing claim payment dates in the submitted data and long lag days between the claim payment date and the submission date.

- For the NCPDP encounters, while the rate for **NHHF** was 92.7 percent, the rate for **Well Sense** was much lower (i.e., 5.4 percent). However, when increasing the lag days from 30 calendar days to 40 calendar days, more than 95 percent of **Well Sense**'s NCPDP encounters were submitted to DHHS within 40 calendar days.

Table 4-72—Percentage of Encounters Submitted to DHHS Within 30 Calendar Days of Claim Payment

Encounter Type	Standard	NHHF	Well Sense
837P Encounters	100.0%	79.6%	38.7%
837I Encounters	100.0%	95.7%	27.3%
NCPDP Encounters	100.0%	92.7%	5.4%

Conclusions and Recommendations for EDQRS

NHHF

NHHF's submitted encounters met the standards for the X12 EDI compliance edits, the accuracy for servicing providers in its 837P and NCPDP encounters, and the weekly encounter submissions.

HSAG recommends that **NHHF** focus on three areas to improve is encounter data submissions: data accuracy related to member identification numbers for all three encounter types, data accuracy related to servicing provider information for its 837I encounters, and timely encounter data submissions to DHHS within 30 days of the claim payment date.

Well Sense

Well Sense's submitted encounters met the standards for the X12 EDI compliance edits, the accuracy for servicing providers for its 837P and NCPDP encounters, and the weekly NCPDP encounter submissions.

HSAG recommends that **Well Sense** focus on three areas to improve its encounter data submissions: data accuracy related to member identification numbers for all three encounter types, data accuracy related to servicing provider information for its 837I encounters, and timely encounter data submissions including both weekly 837P/I encounter submissions to DHHS and submissions to DHHS within 30 days of the claim payment date for all three encounter types. To improve the percentage of encounters submitted to DHHS within 30 calendar days of the claim payment date, **Well Sense** should ensure that claim payment dates are included in the encounters submitted to DHHS and that the encounter data are submitted to DHHS in a timely manner.

IS Review

HSAG is finalizing a single aggregate report that will be completed in February 2019, and the report will contain key findings for DHHS, **NHHF**, and **Well Sense**, as well as aggregate and MCO-specific conclusions and recommendations. The final written report will include the study methodology, findings, conclusions, and recommendations and provide detailed information in the following key areas:

- Description of MCOs' encounter data sources and systems
- Discussion of MCOs' data exchange policies and procedures
- Discussion of MCOs' encounter data management activities
- Discussion of MCOs' data quality monitoring and reporting activities, and opportunities for improvement

Therefore, the results from the SFY 2018 IS review study will be presented in the SFY 2019 technical report.

Other EQR Activities

Focus Groups

Horn Research conducted focus groups in fall 2017 and spring 2018. DHHS chose the topics for the focus groups and assisted Horn Research in developing the questions for the sessions with the MCO members. The information generated from the focus group activities can be used to identify salient issues relevant to the population, provide contextual information for the larger assessment process, and identify avenues for further research, but it should not be assumed to be *statistically* representative of the whole population because of the sample size.

Fall Focus Groups

Horn Research conducted the fall focus group activities by telephone with 28 Medicaid beneficiaries to explore four key points of inquiry including Experience with Medicaid Managed Care, Access to Care, Quality of Care Management, and Suggested Improvements. The population included individuals who were enrolled in the MCM Program and delivered a baby within the previous six months. Horn Research contacted each study participant by telephone, and the participants lived in every region of the State.

Results

The results of the 2017 fall focus group activities are shown below for each key point of inquiry.

Experience With Medicaid Managed Care

Participants most frequently said they experienced proactive support from their MCO, were offered information and resources, and appreciated the comprehensive coverage provided for their medical bills both during and after their pregnancy. Several participants also said they liked the incentives, such as breast pumps and car seats, which were made available to them through their MCO. For the most part, participants did not experience any challenges with their MCO either during or after their pregnancy. A few of participants said they had minor delays in receiving prescription medications, and one participant experienced delays in receiving transportation reimbursement. Nearly every participant said they could not think of any negative experiences they had with their MCO either during or after their pregnancy.

Access to Care

Most participants said they "had enough or a lot of choices" for hospitals or birthing centers, and the minority reported either a lack of knowledge or a lack of choices due to their location in the State. Of the few participants who required specialist care during or after their pregnancy, all reported satisfaction with their access and quality of care. Some participants noted that their babies needed specialist care after birth and that they were satisfied with the providers and the care. Nearly all participants said they had not experienced any challenges with access to medications and had not experienced any delays with pre-authorization or denials of coverage. A few participants said they had difficulties with their access to medication, and the primary issue was that the needed medication was not covered. All but one participant said they had gone to their six-week postpartum appointment with their doctor. Nearly all participants said they were screened for tobacco and for alcohol and substance use used both during and after their pregnancy.

Quality of Care Management

Most participants reported positive experiences with the quality of care they received both during and after their pregnancy. A handful of participants reported receiving case management support and were pleased with the quality of the services. About three quarters of participants said they had received some type of incentive from the program including breast pumps, car seats, diapers, and reward dollars redeemable at participating stores. Overall, participants were pleased with the items they received from their MCO. The vast majority of participants described the quality of care they received from providers while they were pregnant in positive terms. Only one participant said that she was not happy with the care she received while she was pregnant and that she did not like her provider. Almost half of the participants said they received useful educational materials about pregnancy, birth, and postpartum care from their MCO.

Suggested Improvements

Some participants said they had specific suggestions related to their providers including wanting more continuity of care within the practice they had chosen, desiring more flexibility for appointments, and receiving better quality care. A small number of participants suggested providing better coverage for specific needs such as medications and mental health providers. Many participants said they did not

have any suggestions for improvement for the care they received while they were pregnant, nor could they suggest improvements for postpartum care. Many participants said there was nothing they would suggest to improve the care they received after their baby was born; however, a few suggested continuing care for a longer period of time after the baby is born.

Conclusions and Recommendations

Overall, participants said their experience with their MCO was positive, and they reported fewer incidents of pre-authorization delays and denials than in previous years. Participants also described easy access to referrals for specialists and other needed medical care, and they continued to request increased dental care options and vision care coverage as well as expanded eligibility for Medicaid.

Recommendation topics provided by the study participants include:

- Improved Support Programs—Participants suggested making information about the support programs more consistently and widely available as well as ensuring that promised benefits are made available.
- Continuing Care—Participants said additional post-partum care and support would be welcomed including continued outreach and case management support as well as information on how to best care for their baby.
- Expanded Coverage—Participants suggested that medications prescribed by providers should be covered by their health plan. A handful of participants would like more mental health providers included in their network.

Spring Focus Groups

Horn Research conducted the spring focus groups by telephone and included members in the MCM Program who were in three categories: individuals dually eligible for Medicaid and Medicare; parents or caregivers of children with disabilities; and parents or caregivers of children in foster care. A total of 28 individuals participated. The geographic regions of the state targeted for this round of data collection were the Nashua, Hudson, and Milford areas.

Results

The results of the spring focus groups are shown below for each key point of inquiry.

Members' Experience With Their MCO

Over half of the participants said they mostly or completely understand their plan. Of those who said they did not understand their plan, most indicated their needs were being met and they were generally unconcerned about their lack of knowledge. Most who had communicated with their MCO easily received answers to their questions. The few participants who had difficulty in getting their problems resolved remarked specifically on needing to contact the MCO several times to achieve resolution to their issues. Participants' positive experiences with their MCO included the easy process for receiving

care, the coverage and benefits they received, the transportation service, and the helpful customer service orientation by their MCO.

Access to Care

The vast majority of participants said either they did not know how many PCPs were available or whether there were enough PCPs in their MCO's network. Only two participants said there were not enough PCPs available through their MCO. The primary issues participants noted related to specialist care were a lack of providers, particularly for mental health and dental needs, preferred providers not being covered in network, and challenges with their PCP not providing the referral. The vast majority of participants indicated they had not experienced any difficulties with access to needed medications. Of those who had experienced problems, participants noted delays with pre-authorization, denials of preferred medication, limits on home delivery, and a desire for over-the-counter medication to be covered. A few participants said they had needed therapy services but had not been able to access them due to a lack of local providers who were covered by their health plan. Half of the participants said they either had not needed transportation assistance or had positive experiences with the transportation benefit. Five participants said they were concerned about the quality of service they received from the transportation providers.

Quality of Care Management

Most participants said they had positive relationships with their PCP and remarked about their PCP's caring and understanding demeanor. Participants also appreciated that their PCPs listened to their concerns. Three participants expressed negative experiences with their PCP: one said she thought her PCP was ineffective, one said she felt her views were not taken into account, and one said she felt the former PCP did not care about her family's needs. Over half of the participants said they believed their providers worked well together.

Suggested Improvements

About a third of participants indicated that they did not need any additional information or support from their MCO. Of those that provided suggestions, participants recommended clearer and more accessible information on the benefits available through their MCO, information on specific health issues and treatments, and more information on the policies related to their coverage. Participants' most frequent recommendations for improvements to their MCO were to increase the number of providers available within their network, improve the quality of information about those providers, and increase coverage for both services and providers. Individual participants also suggested improving coordination among providers, streamlining the pre-authorization process for medications, standardizing customer service training, and increasing the number of MCO options from which to choose.

Conclusions and Recommendations

Overall, participants had positive experiences with their MCO and providers. Participants, for the most part, indicated they understood their health plan and were able to access support if needed. Generally, participants were satisfied with the availability of doctors, medications, therapy, and medical equipment.

Recommendation topics provided by the study participants include:

- Increased Number of Specialist Providers—Participants noted a need for more specialists, particularly for mental health and dental care needs.
- More Comprehensive Information About Providers—Participants requested expanded information about providers including providers' experience working with special needs children, current availability for new patients, and the age population the provider serves.
- Expanded Coverage—Participants suggested that more providers should be included in their network or that there should be the opportunity to receive out-of-network care and still receive reimbursement.
- Clearer Information Provided in a Variety of Formats—Participants suggested that information on benefits and coverage be provided more frequently, and in more formats, including easy-to-read one-sheet summaries, videos, and group trainings.

Secret Shopper Survey

HSAG completed the SFY 2018 secret shopper telephone survey among providers that offered SUD services. The goal of the survey was to evaluate New Hampshire's network of SUD providers, as well as to support DHHS' waiver application to CMS regarding authorization of residential treatment of SUDs. Specific survey objectives included the following:

- Determine whether providers accepted patients enrolled in Medicaid.
- Determine whether providers accepted new patients needing SUD services.
- Determine appointment availability for selected SUD services.

A secret shopper is a person employed to pose as a patient to evaluate the validity of information (e.g., accurate location information). The secret shopper telephone survey allowed for objective data collection from health care providers without potential bias introduced by knowing the identity of the surveyor.

The survey population included sampled provider offices or facilities, stratified across eight types of SUD services rendered by five types of providers. Because each provider type could offer SUD services for more than one service type, Table 4-73 details the specific survey scenarios by provider type.

Table 4-73—SFY 2018 Secret Shopper Survey SUD Services Expected by Provider Type

SUD Service	Provider Type				
	SUD Outpatient Program	Comprehensive SUD Program	Individual Providers	Opioid Treatment Program	Hospital-Based SUD Program
Outpatient Services	Yes	Potentially	Potentially	Potentially	Potentially
Intensive Outpatient Services	Yes	Potentially	Potentially	Potentially	Potentially
Medication Assisted Treatment (MAT)	Potentially	Potentially	Potentially	Yes	Potentially
Residential Services	No	Yes	No	No	No
Inpatient Medically Supervised Withdrawal Management	No	Potentially	No	No	Potentially
Ambulatory (Outpatient) Medically Supervised Withdrawal Management	Potentially	Potentially	No	No	Potentially
Alcohol Treatment	Potentially	No	Potentially*	No	Potentially

* While individual providers may offer alcohol treatment services, the current survey did not assess whether alcohol treatment services were offered by this provider type.

HSAG's callers used DHHS-approved survey scripts customized for each service type to ensure a comprehensive assessment of SUD services across provider types. During August and September 2018, HSAG completed calls to all survey providers and facilities (n=512). HSAG submitted the final survey results to DHHS in November 2018, and the report from the survey about SUD services is available by accessing http://medicaidquality.nh.gov.

5. Follow-Up on Prior Recommendations

The following section presents HSAG's recommendations made in the prior year's EQR report and an assessment of the actions that were implemented to correct the areas of improvement.

New Hampshire Healthy Families

MCO Contractual Compliance

The CAPs from the **NHHF** SFY 2017 compliance review included 6 items:

- Plan documents must include:
  - The member type, and the number of referrals of members for social services and community care.
  - The requirement to establish edits in the pharmacy systems for children ages 5 and under being prescribed antipsychotics, and children ages 3 and under being prescribed psychotropic medications.
  - Benchmarks and reduction goals for 30- and 180-day readmissions to the New Hampshire Hospital.
  - The requirement that members who choose to enroll during a renegotiation or re-procurement enrollment period will be accepted by **NHHF**.
- The annual provider satisfaction survey must include a statistically valid sample from each major provider type, as required by DHHS.
- Initial credentialing files must be processed in the time frame established by DHHS.

The MCO created policies, procedures, and processes to rectify the deficiencies noted in the CAP. Interviews with staff and a review of plan documents during the SFY 2018 compliance review validated that **NHHF** successfully implemented the CAPs for the noncompliant elements identified during the prior year's compliance review.

PIPs

The prior year's technical report included findings from the SFY 2017 PIP validation cycle. Included in the findings were HSAG's recommendations for **NHHF** based on feedback provided for evaluation elements that did not receive a *Met* score in the PIP validation tool. HSAG provided recommendations for Activity VIII (improvement strategies) in the Implementation stage and Activity IX (real improvement achieved) in the Outcome stage for the *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication* PIP and the *Well-Child Visits for 3-to-6-Year-Olds* PIP. In the SFY 2018 PIP submissions, **NHHF** addressed HSAG's recommendations related

to timeliness of intervention implementation and evaluation of intervention effectiveness, and received *Met* scores for all evaluation elements in Activity VIII. Despite addressing HSAG's recommendations related to improvement strategies in Activity VIII, the study indicator outcomes for both PIPs failed to demonstrate statistically significant improvement over baseline; therefore, the MCO again received *Not Met* scores in Activity IX for the two PIPs in the SFY 2018 validation cycle.

PMV

The prior year's technical report included findings from the SFY 2017 PMV audit. The findings from the 2017 audit indicated that **NHHF** did not pass the performance measure validation due to significant errors in identifying and capturing the denominator subpopulations for the *AMBCARE.10* measure. **NHHF** received permission from DHHS to correct the erroneous source code for this measure. DHHS granted **NHHF** an extension to allow for correction of the source code and to provide updated measure rates for review and approval. HSAG reviewed the corrected source code which now included the MCM Subpopulation Reporting definitions.

CAHPS

From the 2017 CAHPS survey results, HSAG recommended that **NHHF** should consider improving the rates neither statistically significantly higher nor lower than the 2016 national averages: *Rating of Health Plan* and *Customer Service* rates for the adult and child populations; *Rating of All Health Care* for the adult population; and *Rating of Personal Doctor* and *Rating of Specialist Seen Most Often* for the child population. The 2018 adult and child Medicaid CAHPS positive rates calculated for **NHHF** indicated that the rates for all the corresponding measures remained neither statistically significantly higher nor lower than the 2017 national averages. **NHHF** has continued opportunity for improving the measures that remained neither statistically significantly higher nor lower than the 2017 national averages.

HEDIS

For **NHHF**, the HEDIS recommendations in the 2017 technical report included improving rates for one measure that fell below the national Medicaid 25th percentile: *Chlamydia Screening in Women (CHL)—Total*. For HEDIS 2018, the *Chlamydia Screening in Women (CHL)—Total* rate did not demonstrate improvement and continued to fall below the national Medicaid 25th percentile, indicating a continued opportunity for improvement for this measure.

EDV

The evaluations in SFY 2017 included five standards: passing the X12 EDI compliance edits, accuracy and validity of member identification numbers, accuracy and validity of servicing provider information, submitting encounter data weekly, and submitting encounter data within 30 calendar days of claim payment. The results from the SFY 2017 EDV activities indicated that **NHHF** should focus on improving data accuracy related to member identification numbers for all encounter types and servicing

provider information for its 837P/I encounters, in addition to monitoring compliance with timeliness standards. While **NHHF** met the weekly encounter data submission standard for all encounter types and met the data accuracy standard related to servicing provider information in its 837P encounters during SFY 2018, the current year's results revealed continuing opportunities for improvement in data accuracy related to member identification numbers for all encounter types and servicing provider information for its 837I encounters, as well as opportunities for improvement in submitting encounter data within 30 calendar days of claim payment.

Well Sense

MCO Contractual Compliance

The CAPs from the **Well Sense** SFY 2017 compliance review included 4 elements:

- Plan documents must include the requirement to establish edits in the pharmacy systems for children ages 5 and under being prescribed antipsychotics and for children ages 3 and under being prescribed psychotropic medications.
- Recredentialing files must document the review of provider performance data including, but not limited to, member complaints and appeals, quality of care, and appropriate utilization of services.
- The annual provider satisfaction survey must include a statistically valid sample from each major provider type, as required by DHHS.
- The member identification card must include information advising members how to file an appeal or grievance.

The MCO created policies, procedures, and processes to rectify the deficiencies noted in the CAP. Interviews with staff and a review of plan documents during the SFY 2018 compliance review validated that **Well Sense** successfully implemented the CAPs for the noncompliant elements identified during the prior year's compliance review.

PIPs

The prior year's technical report included findings from the SFY 2017 PIP validation cycle. Included in the findings were HSAG's recommendations for **Well Sense** based on feedback provided for evaluation elements that did not receive a *Met* score in the PIP validation tool. HSAG provided recommendations related to Activity VIII (improvement strategies) and Activity IX (real improvement achieved) for the *Chlamydia Screening* PIP, *Reducing Hospital Readmissions* PIP, and the *Well-Child Visits for 3-to-6-Year-Olds* PIP. In the SFY 2018 PIP submissions, **Well Sense** addressed HSAG's recommendations related to reporting evaluation results for each intervention and using evaluation results to guide next steps, and received *Met* scores for all evaluation elements in Activity VIII. The MCO also improved performance in Activity IX for the *Chlamydia Screening* PIP by demonstrating significant improvement in study indicator outcomes; however, the study indicator outcomes for the other two PIPs failed to demonstrate statistically significant improvement over baseline; therefore, the MCO again received *Not Met* scores in Activity IX for two PIPs in the SFY 2018 validation cycle.

PMV

The prior year's technical report included findings from the SFY 2017 PMV audit. The findings from the 2015 audit indicated that **Well Sense** provided a thorough demonstration of the source code for each member in the sample, ensuring that the source code met the intent of the measure specifications. For each member reviewed, HSAG located the subpopulation requirement and verified that it met the denominator specification. HSAG further reviewed the numerator specification and verified that the procedure codes

met the numerator specification. After the primary source review was concluded, HSAG determined that the numerator and denominator events were appropriately captured and assigned to the correct subpopulations.

CAHPS

From the 2017 CAHPS survey results, HSAG recommended that **Well Sense** should consider improving the rates neither statistically significantly higher nor lower than the 2016 national averages: *Rating of All Health Care*, *Rating of Personal Doctor,* and *Customer Service* for the adult and child populations; *How Well Doctors Communicate* for the adult population; and *Rating of Health Plan, Rating of Specialist Seen Most Often,* and *Shared Decision Making* for the child population. The 2018 adult and child Medicaid CAHPS positive rates calculated for **Well Sense** indicated that all but two rates for corresponding measures remained neither statistically significantly higher nor lower than the 2017 national averages. In 2018, the rate for *Rating of Personal Doctor* was statistically significantly lower than the 2017 national average for the adult population, and the rate for *Shared Decision Making* was statistically significantly higher than the 2017 national average for the child population. **Well Sense** has targeted improvement opportunities for *Rating of Personal Doctor* for the adult population, and continued improvement opportunities for the measures that remained neither statistically significantly higher nor lower than the 2017 national averages.

HEDIS

For **Well Sense**, the HEDIS recommendations in the 2017 technical report included improving rates for one measure that fell below the national Medicaid 25th percentile: *Chlamydia Screening in Women (CHL)—Total*. For HEDIS 2018, the *Chlamydia Screening in Women (CHL)—Total* rate did not demonstrate improvement and continues to fall below the national Medicaid 25th percentile, indicating a continued opportunity for improvement for this measure.

EDV

The evaluations in SFY 2017 included five standards: passing X12 EDI compliance edits, accuracy and validity of member identification numbers, accuracy and validity of servicing provider information, submitting encounter data weekly, and submitting encounter data within 30 calendar days of claim payment. The results from the SFY 2017 EDV activities indicated that **Well Sense** needed to focus on improving data accuracy related to member identification numbers for all encounter types and servicing provider information for its 837P/I encounters, in addition to monitoring compliance with timeliness standards. While **Well Sense** met the weekly encounter data submission standard for its NCPDP encounters and met the data accuracy standard related to servicing provider information in its 837P encounters during SFY 2018, the current year's results revealed continuing opportunities for improvement in data accuracy related to member identification numbers for all encounter types and servicing provider information for its 837I encounters, as well as opportunities for improvement in the two timeliness standards.

Appendix A. Abbreviations and Acronyms

Commonly Used Abbreviations and Acronyms

Following is a list of abbreviations and acronyms used throughout this report.

- **AAP—**Adults' Access to Preventive/Ambulatory Health Services
- **ABX—**Antibiotic Utilization
- **ACE—**angiotensin converting enzyme
- **ADD—**Follow-up Care for Children Prescribed ADHD Medication
- **ADHD—**attention deficit/hyperactivity disorder
- **AMB—**Ambulatory Care
- **AMM—**Antidepressant Medication Management
- **AMR—**Asthma Medication Ratio
- **AOD—**Alcohol and Other Drug Dependence
- **APM—**Metabolic Monitoring for Children and Adolescents on Antipsychotics
- **APP—**Use of First-line Psychosocial Care for Children and Adolescents on Antipsychotics
- **ARB—**angiotensin receptor blocker
- **AWC—**Adolescent Well-Care Visits
- **BBA—**federal Balanced Budget Act of 1997
- **BCCP—**Breast and Cervical Cancer Program
- **BH—**behavioral health
- **BMI—**body mass index
- **CAHPS—**Consumer Assessment of Healthcare Providers and Systems
- **CAP—**Children and Adolescents' Access to Primary Care Practitioners
- **CAP—**corrective action plan
- **CBP—**Controlling High Blood Pressure
- **CCC—**Children with Chronic Conditions
- **CCS—**Cervical Cancer Screening
- **CDC—**Comprehensive Diabetes Care
- **CFR—**Code of Federal Regulations
- **CHCA—**Certified HEDIS compliance auditor
- **CHL—**Chlamydia Screening in Women
- **CIS—**Childhood Immunization Status

- **CMS—**Centers for Medicare & Medicaid Services
- **COPD—**chronic obstructive pulmonary disease
- **CT—**Computerized Tomography
- **CWP—**Appropriate Testing for Children with Pharyngitis
- **CY—**calendar year
- **DHHS—**State of New Hampshire, Department of Health and Human Services
- **DTaP—**diphtheria, tetanus, and acellular pertussis vaccine
- **ED—**emergency department
- **EDA—**Encounter Data Accuracy
- **EDC—**Encounter Data Completeness
- **EDI—**electronic data interchange
- **EDQRS—**Encounter Data Quality Reporting System
- **EDT—**Encounter Data Timeliness
- **EDV—**encounter data validation
- **EQR—**external quality review
- **EQRO—**external quality review organization
- **FAR—**final audit report
- **FMEA—**failure modes and effects analysis
- **FUH—**Follow-up After Hospitalization for Mental Illness
- **HbA1c—**hemoglobin A1c; a measure of longer-term glucose management
- **HEDIS—**Healthcare Effectiveness Data and Information Set
- **HepA—**hepatitis A vaccine
- **HepB—**hepatitis B vaccine
- **HiB—**Haemophilus influenzae type B
- **HMO—**Health Maintenance Organization
- **HSAG—**Health Services Advisory Group, Inc.
- **I—**institutional
- **IAD—**Identification of Alcohol and Other Drug Services
- **IDSS—**Interactive Data Submission System
- **IET—**Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment
- **IMA—**Immunizations for Adolescents
- **IPV—**polio vaccine
- **IS—**information system
- **ISCAT—**Information System Capability Assessment Tool

- **LBP—**Use of Imaging Studies for Low Back Pain
- **LDL-C—**Low-density lipoprotein-cholesterol
- **LO—**National Committee for Quality Assurance-Licensed Organization
- **MAT—**Medication Assisted Treatment
- **MCM—**Medicaid Care Management
- **MCO—**managed care organization
- **MMA—**Medication Management for People with Asthma
- **MMIS—**New Hampshire Medicaid Management Information System
- **MMR—**measles, mumps, and rubella vaccine
- **MPM—**Annual Monitoring for Patients on Persistent Medications
- **MPT—**Mental Health Utilization
- **MRI—**Magnetic Resonance Imaging
- **N—**number
- **NA—**not applicable; for HEDIS, small denominator
- **NB—**no benefit
- **NCPDP—**National Council for Prescription Drug Program
- **NCQA—**National Committee for Quality Assurance
- **NCS—**Non-recommended Cervical Cancer Screening in Adolescent Females
- **n.d.—**no date
- **NHHF—**New Hampshire Healthy Families
- **NHHPP—**New Hampshire Health Protection Program
- **NPI—**National Provider Identifier
- **NR—**not reported
- **OB/GYN—**obstetrician/gynecologist
- **P—**professional
- **PAHP—**prepaid ambulatory health plan
- **PAP—**Premium Assistance Program
- **PCCM—**primary care case management
- **PCE—**Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease Exacerbation
- **PCP—**primary care provider
- **PCV—**pneumococcal conjugate vaccine
- **PIHP—**prepaid inpatient health plan
- **PIP—**performance improvement project
- **PMV—**performance measure validation

- **PPC—**Prenatal and Postpartum Care
- **QHP—**Qualified Health Plan
- **QI—**quality improvement
- **R—**report
- **RV—**rotavirus
- **SAA—**Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- **SAC—**Submission Accuracy and Completeness
- **SFTP—** secure file transfer protocol
- **SFY—**state fiscal year
- **SMD—**Diabetes Monitoring for People with Diabetes and Schizophrenia
- **SPHA—**Symphony Performance Health Analytics
- **SSD—**Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication
- **SUD—**substance use disorder
- **Tdap—**tetanus, diphtheria, and acellular pertussis vaccine
- **URI—**Appropriate Treatment for Children with Upper Respiratory Infection
- **VZV—**varicella (chicken pox) vaccine
- **W15—**Well-Child Visits in the First 15 Months of Life
- **W34—**Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life
- **WCC—**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents

Appendix B. Methodologies for Conducting EQR Activities

MCO Contractual Compliance

According to 42 CFR §438.358(b)(1)(iii), for each MCO, PIHP, or PAHP a review, conducted within the previous 3-year period, must be performed to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in 42 CFR §438 Subpart D and the quality assessment and performance improvement requirements described in 42 CFR §438.330.[B-1] The standards evaluated during the compliance reviews must be as stringent as the federal Medicaid managed care standards described in 42 CFR §438—Managed Care, which address requirements related to access to care, structure and operations, and quality measurement and improvement.[B-2] To meet these requirements, DHHS:

- Continued to ensure that its agreement with the MCOs included the applicable CMS Medicaid managed care requirements and that they were at least as stringent as the CMS requirements.
- Contracted with HSAG as its EQRO to conduct reviews to assess the MCOs' performance in complying with the federal Medicaid managed care regulations and DHHS's agreement with **NHHF** and **Well Sense**.
- Maintained its focus on encouraging and supporting the MCOs in targeting areas for continually improving its performance in providing quality, timely, and accessible care to members.

The primary objective of HSAG's compliance review is to provide meaningful information to DHHS and the MCOs that can be used to:

- Evaluate the quality of care, timeliness of care, and access to care and services the MCOs furnished to members.
- Identify, implement, and monitor interventions to continue to drive performance improvement for these aspects of care and services for the New Hampshire MCM Program.

To conduct a compliance review, HSAG assembles a review team to:

- Collaborate with DHHS to determine the scope of the review as well as the scoring methodology; data collection methods; desk review, on-site review activities, and timelines; and on-site review agenda.
- Collect data and documents from the MCOs and review the information before and during the on-site review.

B-1 U. S. Government Printing Office. (2019). *Activities related to external quality reviews.* Available at: https://www.govregs.com/regulations/expand/title42_chapterIV_part438_subpartE_section438.358. Accessed on: Jan 2, 2019.

B-2 U. S. Government Printing Office. (2019). *Activities related to external quality reviews.* Available at: https://www.govregs.com/regulations/expand/title42_chapterIV_part438_subpartE_section438.358. Accessed on: Jan 2, 2019.

- Conduct the on-site review.
- Aggregate and analyze the data and information collected.
- Prepare the report of its findings and any recommendations or suggestions for improvement.

Table B-1 contains the 10-step process HSAG uses to conduct a compliance review.

Table B-1—The Compliance Review Methodology

Step 1:	**Establish the review schedule.**
	HSAG works with DHHS and the MCOs before the review to establish the on-site review schedule and assigns HSAG reviewers to the review team.
Step 2:	**Prepare the data collection tool and submit it to DHHS for review and comment.**
	To ensure that all applicable information is collected, HSAG develops a compliance review tool consistent with CMS protocols. HSAG uses the requirements in the Agreement between DHHS and the MCOs to develop the standards (groups of requirements related to broad content areas) to be reviewed. HSAG also uses the federal Medicaid managed care regulations described at 42 CFR §438. Additional criteria that are critical in developing the monitoring tool include applicable State and federal requirements. Prior to finalizing the tool, HSAG submits the draft to DHHS for its review and comments.
Step 3:	**Prepare and submit the Compliance Information Letter to the MCOs.**
	HSAG prepares and forwards a letter to the MCOs and requests that they submit information and documents to HSAG by a specified date. The letter includes instructions for organizing and preparing the documents related to the review of the standards, submitting documentation for HSAG's desk review, and having additional documents available for HSAG's on-site review.
Step 4:	**Develop an on-site review agenda and submit the agenda to DHHS and the MCOs.**
	HSAG develops the agendas to assist the MCO staff members in planning to participate in HSAG's on-site review, assembling requested documentation, and addressing logistical issues. HSAG considers this step essential to performing an efficient and effective on-site review and minimizing disruption to the organization's day-to-day operations. An agenda sets the tone and expectations for the on-site review so that all participants understand the process and time frames allotted for the reviews.
Step 5:	**Provide technical assistance.**
	As requested by the MCOs, and in collaboration with DHHS, HSAG staff members respond to any MCO questions concerning the requirements HSAG uses to evaluate MCO performance during the compliance reviews.

Step 6:	Receive MCOs' documents for HSAG's desk review and evaluate the information before conducting the on-site review.
	The HSAG team reviews the documentation received from the MCOs to gain insight into the organization's structure, services, operations, resources, information systems, quality program, and delegated functions; and to begin compiling the information and preliminary findings before the on-site portion of the review. During the desk review process, reviewers: • Document findings from the review of the materials submitted as evidence of MCOs' compliance with the requirements. • Identify areas and issues requiring further clarification or follow-up during the on-site interviews. • Identify information not found in the desk review documentation to be requested during the on-site review.
Step 7:	**Conduct the on-site portion of the review.**
	Staff members from the MCO answer questions during the on-site review to assist the HSAG review team in locating specific documents or other sources of information. HSAG's activities completed during the on-site review included the following: • Conduct an opening conference that included introductions, HSAG's overview of the on-site review process and schedule, MCO's overview of its structure and processes, and a discussion about any changes needed to the agenda and general logistical issues. • Conduct interviews with the MCO's staff. HSAG uses the interviews to obtain a complete picture of the MCO's compliance with the federal Medicaid managed care regulations and associated State contract requirements, explore any issues not fully addressed in the documents that HSAG reviewed, and increase HSAG reviewers' overall understanding of MCO's performance. • Review additional documentation. The HSAG on-site team reviews additional documentation and uses the review tool to identify relevant information sources. Documents reviewed on-site included, but were not limited to, written policies and procedures, minutes of key committee or other group meetings, and data and reports across a broad range of areas. While on-site, MCO staff members also discuss the organization's information system data collection process and reporting capabilities related to the standards HSAG reviewed. • Summarize findings at the completion of the on-site portion of the review. As a final step, HSAG conducts a closing conference to provide the MCO's staff members and DHHS with a high-level summary of HSAG's preliminary findings. For each of the standards, a brief overview is given that includes HSAG's assessment of the MCO's strengths; if applicable, any area requiring corrective action; and HSAG's suggestions for further strengthening the MCO's processes, performance results, and/or documentation.

Step 8:	Calculate the individual scores and determine the overall compliance score for performance.
	HSAG evaluates and analyzes the MCOs' performance in complying with the requirements in each of the standards contained in the review tool. HSAG used *Met*, *Partially Met*, and *Not Met* scores to document the degree to which each MCO complies with each of the requirements. A designation of not applicable (*NA)* is used if an individual requirement does not apply to the MCO during the period covered by the review. For each of the standards, HSAG calculates a percentage of compliance rate and then an overall percentage of compliance score across all standards.
Step 9:	**Prepare a report of findings.**
	After completing the documentation of findings and scoring for each of the standards, HSAG prepares a draft report that describes HSAG's compliance review findings; the scores assigned for each requirement within each standard; and HSAG's assessment of each MCO's strengths, any areas requiring corrective action, and HSAG's suggestions for further enhancing the MCO's performance results, processes, and/or documentation. HSAG forwards the report to DHHS for review and comment. Following DHHS's review of the draft, HSAG sends the draft report to the MCOs. After the MCO review, HSAG issues the final report.

Determining Conclusions

HSAG used scores of *Met*, *Partially Met*, and *Not Met* to indicate the degree to which the MCOs' performance complied with the requirements. HSAG used a designation of *NA* when a requirement was not applicable to the MCO during the period covered by HSAG's review. The scoring methodology is defined as follows:

Met indicates full compliance, defined as both of the following:

- All documentation listed under a regulatory provision, or component thereof, is present.
- Staff members are able to provide responses to reviewers that are consistent with each other and with the documentation.

Partially Met indicates partial compliance, defined as either of the following:

- There is compliance with all documentation requirements, but staff members are unable to consistently articulate processes during interviews.
- Staff members can describe and verify the existence of processes during the interview, but documentation is incomplete or inconsistent with practice.

Not Met indicates noncompliance, defined as either of the following:

- No documentation is present and staff members have little or no knowledge of processes or issues addressed by the regulatory provisions.
- For a provision with multiple components, key components of the provision could be identified and any findings of *Not Met* or *Partially Met* would result in an overall finding of noncompliance for the provision, regardless of the findings noted for the remaining components.

From the rates assigned for each of the requirements, HSAG calculates a total percentage-of-compliance rate for the standards and an overall percentage-of-compliance score across the standards. HSAG calculates the total score for each standard by adding the weighted value of the scores for each requirement in the standard—i.e., *Met* (value: 1 point), *Partially Met* (value: 0.50 points), *Not Met* (value: 0.00 points), and *Not Applicable* (value: 0.00 points)—and dividing the summed weighted scores by the total number of applicable requirements for that standard.

HSAG determines the overall percentage-of-compliance score across the standards by following the same method used to calculate the scores for each standard (i.e., by summing the weighted values of the scores and dividing the results by the total number of applicable requirements). HSAG also assists in reviewing the CAPs from the MCOs to determine if their proposed corrections will meet the intent of the requirements that were scored *Partially Met* or *Not Met*.

Information Reviewed During the 2014–2018 Compliance Reviews

The SFY 2014 compliance activities consisted of reviewing all 14 standards containing 294 elements for **NHHF** and 295 elements for **Well Sense**. Since that time, HSAG has reviewed one-third of the elements in each standard during the 2015, 2016, 2017, and 2018 compliance reviews. HSAG included 14 standards in four of the five years. In 2016, DHHS requested that HSAG include the SUD standard which increased the number of standards to 15. Table B-2 displays the names of the standards and indicates their inclusion in the compliance reviews from 2014–2018.

Table B-2—Standards Included in the NHHF and Well Sense Compliance Reviews 2014–2018

	Standard Name	2014	2015	2016	2017	2018
I.	Delegation and Subcontracting	X	X	X	X	X
II.	Plans Required by the Contract	X	X	X	X	X
III.	Emergency and Post-stabilization Care	X	X	X	X	X
IV.	Care Management/Care Coordination	X	X		X	X
V.	Wellness and Prevention	X	X		X	X
VI.	Behavioral Health	X	X	X	X	X
VII.	Member Enrollment and Disenrollment	X	X	X	X	X
VIII.	Member Services	X	X	X	X	X
IX.	Cultural Considerations	X	X	X	X	X
X.	Grievances and Appeals	X	X	X	X	X
XI.	Access	X	X	X	X	X
XII.	Network Management	X	X	X	X	X
XIII.	Utilization Management	X	X	X	X	X
XIV.	Quality Management	X	X	X	X	X
XV.	Substance Use Disorder			X		

In 2016 HSAG conducted a quality study concerning the care management/care coordination processes and systems at **NHHF** and **Well Sense**. Due to many of the same requirements being contained in the compliance review, DHHS requested that the results of the quality study be used to satisfy the review of that standard for that year. Few Wellness and Prevention elements were represented in the standard for 2016, and DHHS agreed to move those elements to the 2017 review.

HSAG developed checklists to review items that are required in a specific area or a specific document. Table B-3 illustrates the 10 checklists created for the New Hampshire compliance reviews. The 2014 review included all 10 checklists, and HSAG included nine of the checklists in the 2016 and 2017 review. No checklists were included in the 2018 compliance review. The checklist for Culturally and Linguistically Appropriate Services was retired due to changing requirements in the contract between the MCOs and DHHS.

Table B-3—Checklists Included in the NHHF and Well Sense Compliance Reviews

	Checklist	2014	2015*	2016	2017	2018*
1.	Access Standards	X		X		
2.	Call Center	X			X	
3.	Culturally and Linguistically Appropriate Services**	X				
4.	Provider Directory	X		X		
5.	Member Handbook	X		X		
6.	ID Cards	X			X	
7.	MCO Web Site	X		X		
8.	Network Management	X			X	
9.	Notice Requirements	X			X	
10.	Member Rights	X		X		

* No checklists were included in the 2015 and 2018 compliance reviews.

** Requirements included in this checklist were revised in the contract between the MCOs and DHHS, and the checklist was retired.

HSAG included file reviews for grievances, appeals, denials of service, credentialing, and recredentialing in the 2014 compliance review. After 2015, the five file reviews were dispersed between the compliance review in 2016 and the compliance review in 2017 as shown in Table B-4. No file reviews were included in the 2015 and 2018 compliance reviews.

Table B-4—File Reviews Included in the NHHF and Well Sense Compliance Reviews

	File Reviews	2014	2015*	2016	2017	2018*
1.	Grievances	X		X		
2.	Appeals	X		X		
3.	Denials of Service	X		X		
4.	Credentialing	X			X	
5.	Recredentialing	X			X	

* No file reviews were included in the 2015 and 2018 compliance reviews.

PIPs

HSAG's PIP validation process includes two key components of the QI process:

Evaluation of the technical structure of the PIP to ensure that the MCO designed, conducted, and reported the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's evaluation determines whether the PIP design (e.g., study question, population, indicator(s), sampling techniques, and data collection methodology) is based on sound methodological principles and can reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and indicators used have the capability to achieve statistically significant and sustained improvement.

Evaluation of the Implementation of the PIP

Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluates how well the MCO improves its rates by implementing effective processes (i.e., barrier analyses, intervention, and evaluation of results). HSAG conducts a critical analysis of the MCO's processes for identifying barriers and evaluating the effectiveness of interventions. HSAG presents detailed feedback based on the findings of this critical analysis. This type of feedback provides the MCO with guidance on how to refine its approach in identifying specific barriers that impede improvement, as well as identifying more appropriate interventions that can overcome these barriers and result in meaningful improvement in the targeted areas. The process also helps to ensure that the PIP is not simply an exercise in documentation, but that the process is fully implemented in a way that can positively affect health care delivery and/or outcomes of care.

HSAG uses an outcome-focused scoring methodology to rate a PIP's compliance with each of the 10 activities listed in the CMS protocols. HSAG's outcome-focused validation methodology places greater emphasis on actual study indicator(s) outcomes. Each evaluation element within a given activity will be given a score of *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed* based on the PIP documentation and study indicator outcomes. *Not Applicable* is used for those situations in which the evaluation element does not apply to the PIP. For example, in Activity V, if the MCO did not use sampling techniques, HSAG would score the evaluation elements in Activity V as *Not Applicable*. HSAG uses the *Not Assessed* scoring designation when the PIP has not progressed to a particular activity.

In Activity IX (real improvement achieved), statistically significant improvement over the baseline must be achieved across all study indicators to receive a *Met* score. For Activity X (sustained improvement achieved), HSAG will assess for sustained improvement once each study indicator has achieved statistically significant improvement and a subsequent measurement period of data has been reported.

The goal of HSAG's PIP validation will be to ensure that DHHS and other key stakeholders can have confidence that any reported improvement in outcomes is related to a given PIP. HSAG's methodology

for assessing and documenting PIP findings provides a consistent, structured process and a mechanism for providing the MCOs with specific feedback and recommendations for the PIP. Using its PIP Validation Tool and standardized scoring, HSAG will report the overall validity and reliability of the findings as one of the following:

- *Met* = high confidence/confidence in the reported findings.
- *Partially Met* = low confidence in the reported findings.
- *Not Met* = reported findings are not credible.

HSAG has designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all the critical elements must receive a *Met* score. Given the importance of critical elements to the scoring methodology, any critical evaluation element that receives a score of *Not Met* will result in an overall PIP validation rating of *Not Met*. A PIP that accurately documents CMS protocol requirements has high validity and reliability. Validity is the extent to which the data collected for a PIP measures its intent. Reliability is the extent to which an individual can reproduce the study results. For each completed PIP, HSAG assesses threats to the validity and reliability of PIP findings and determines when a PIP is no longer credible.

HSAG assigns each PIP an overall percentage score for all evaluation elements (including critical elements). HSAG calculates the overall percentage score by dividing the total number of elements scored as *Met* by the sum of elements scored as *Met*, *Partially Met*, and *Not Met*. HSAG also calculates a critical element percentage score by dividing the total number of critical elements scored as *Met* by the sum of the critical elements scored as *Met*, *Partially Met*, and *Not Met*. The outcome of these calculations determines the validation status of *Met*, *Partially Met*, or *Not Met*.

PMV

Validation of performance measures, as set forth in 42 CFR §438.358(b)(1)(ii),[B-3] is one of the mandatory EQR activities. The primary objectives of the PMV process is to:

- Evaluate the accuracy of the performance measures data collected.
- Determine the extent to which the specific performance measures calculated by the health plans followed the specifications established for calculation of the performance measures.
- Identify overall strengths and areas for improvement in the performance measure process.

Table B-5 presents the 11 State-selected performance measures for the 2018 validation activities. HSAG completed the reports for this activity in June 2018.

Table B-5—Performance Measures Audited by HSAG for SFY 2018

Performance Measures
AMBCARE.12: Emergency Department Visits—Potentially Treatable in Primary Care
HNA.01: New Member Health Needs Assessment— Best Effort to Conduct a Health Needs Assessment.
NHHDISCHARGE.10: New Hampshire Hospital Discharges— Follow-up Visit within 7 Days of Discharge
NHHREADMIT.05: Readmissions to New Hampshire Hospital within 30 Days of Discharge
PDN.04: Private Duty Nursing: Authorized Hours for Children Delivered and Billed by Quarter
SERVICEAUTH.01: Medical Service, Equipment and Supply Service Authorization Timely Determination Rate: Urgent Requests
SERVICEAUTH.03: Medical Service, Equipment and Supply Service Authorization Timely (14 Day) Determination Rate: New Routine Request
SERVICEAUTH.05: Service Authorization Determination Summary by Service Category by State Plan, 1915B Waiver, and Total Population
CLAIM.01: Timely Professional and Facility Medical Claim Processing
CLAIM.17: Average Pharmacy Claim Processing Time
APPEALS.17: Pharmacy Appeals by Type of Resolution and Therapeutic Drug Class by State Plan, 1915B Waiver, and Total Population

[B-3] U. S. Government Printing Office. (2019). *Activities related to external quality reviews.* Available at: https://www.govregs.com/regulations/expand/title42_chapterIV_part438_subpartE_section438.358. Accessed on: Jan 2, 2019.

Technical Methods of Data Collection and Analysis

HSAG conducted the validation activities as outlined in the CMS' publication, *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 1, 2012.[B-4]

The same process was followed for each PMV conducted by HSAG and included: (1) pre-review activities such as development of measure-specific work sheets and a review of completed MCO responses to the Information System Capability Assessment Tool (ISCAT); and (2) on-site activities such as interviews with staff members, primary source verification, programming logic review and inspection of dated job logs, and computer database and file structure review.

HSAG validated the MCOs' information system capabilities for accurate reporting. The review team focused specifically on aspects of the MCOs' systems that could affect the selected measures. Items reviewed included coding and data capture, transfer, and entry processes for medical data; membership data; provider data; and data integration and measure calculation. If an area of noncompliance was noted with any validation component listed in the CMS protocol, the audit team determined if the issue resulted in significant, minimal, or no impact to the final reported rate.

Each measure verified by the HSAG review team received an audit result consistent with one of the three designation categories listed in Table B-6.

Table B-6—Designation Categories for Performance Measures Audited by HSAG

Report (R)	Measure was compliant with the State's specifications and the rate can be reported.
Not Reported (NR)	This designation is assigned to measures for which the MCO rate was materially biased.
No Benefit (NB)	Measure was not reported because the MCO did not offer the benefit required by the measure.

[B-4] Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 2: Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR)*, Version 2.0, September 2012. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/eqr-protocol-2.pdf. Accessed on: Nov 30, 2018.

Description of Data Obtained

HSAG used a number of different methods and sources of information to conduct the validation. These included:

- Completed responses to the ISCAT by each MCO.
- Source code, computer programming, and query language (if applicable) used by the MCOs to calculate the selected measures.
- Supporting documentation such as file layouts, system flow diagrams, system log files, and policies and procedures.
- Final performance measure rates.

Information was also obtained through interaction, discussion, and formal interviews with key staff members, as well as through system demonstrations and data processing observations.

After completing the validation process, HSAG prepared a final report detailing the PMV findings and any associated recommendations for each MCO. These reports were provided to DHHS and to each MCO.

HEDIS

To draw conclusions about the quality and timeliness of, and access to, care provided by the health plans, HSAG assigned each of the HEDIS measures to one or more of these three domains, as depicted in Table B-7. The measures marked NA relate to utilization of services.

Table B-7—Assignment of Performance Measures to the Quality, Timeliness, and Access to Care Domains

Performance Measures	Quality	Timeliness	Access
Prevention			
Adults' Access to Preventive/Ambulatory Health Services (AAP)—Total			✓
Children and Adolescents' Access to Primary Care Practitioners (CAP)—12–24 Months, 25 Months–6 Years, 7–11 Years, and *12–19 Years*			✓
Well-Child Visits in the First 15 Months of Life (W15)—Six or More Visits	✓		
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	✓		
Adolescent Well-Care Visits (AWC)	✓		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)—BMI Percentile	✓		

Performance Measures	Quality	Timeliness	Access
Documentation—Total, *Counseling for Nutrition—Total*, and *Counseling for Physical Activity—Total*			
Childhood Immunization Status (CIS)—Combinations 2 and *10*	✓		
Immunizations for Adolescents (IMA)—Combination 1 (Meningococcal, Tdap)	✓		
Cervical Cancer Screening (CCS)	✓		
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓		
Chlamydia Screening in Women (CHL)—Total	✓		
Prenatal and Postpartum Care (PPC)—Timeliness of Prenatal Care and *Postpartum Care*	✓	✓	✓
Acute and Chronic Care			
Appropriate Testing for Children With Pharyngitis (CWP)	✓		
Appropriate Treatment for Children With Upper Respiratory Infection (URI)	✓		
Pharmacotherapy Management of COPD Exacerbation (PCE)—Systemic Corticosteroid and *Bronchodilator*	✓	✓	
Annual Monitoring for Patients on Persistent Medications (MPM)—Total	✓		
Comprehensive Diabetes Care (CDC)—HbA1c Testing, *HbA1c Poor Control (>9.0%)*, and *HbA1c Control (<8.0%)*	✓		
Controlling High Blood Pressure (CBP)	✓		
Use of Imaging Studies for Low Back Pain (LBP)	✓		
Asthma Medication Ratio (AMR)—Total	✓		
Medication Management for People With Asthma (MMA)—Medication Compliance 75%—Total	✓		
Ambulatory Care (Per 1,000 Member Months) (AMB)—ED Visits	N/A	N/A	N/A
Antibiotic Utilization (ABX)—Percentage of Antibiotics of Concern for all Antibiotic Prescriptions	N/A	N/A	N/A
Behavioral Health Measures			
Follow-Up After Hospitalization for Mental Illness (FUH)—7-Day Follow-Up and *30-Day Follow-Up*	✓	✓	✓
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	✓	✓	✓
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	✓	✓	✓
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓		

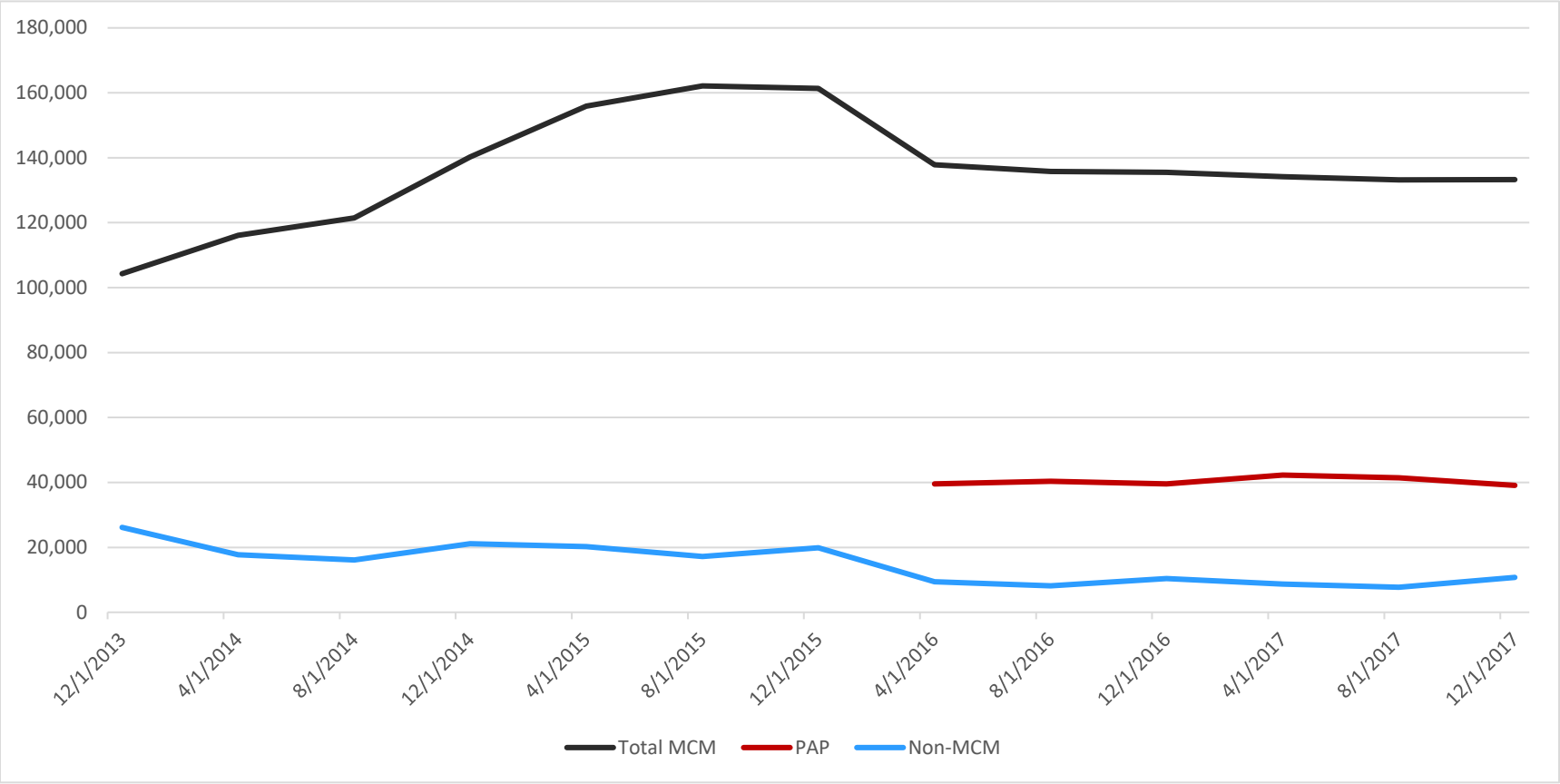
Performance Measures	Quality	Timeliness	Access
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)—Total	✓		
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)—Total	✓		
Antidepressant Medication Management (AMM)—Effective Acute Phase Treatment and *Effective Continuation Phase Treatment*	✓		
Follow-Up Care for Children Prescribed ADHD Medication (ADD)—Initiation Phase and *Continuation and Maintenance Phase*	✓	✓	✓
Initiation and Engagement of AOD Abuse or Dependence Treatment (IET)—Initiation of AOD Treatment—Total and *Engagement of AOD Treatment—Total*	✓	✓	✓
Identification of Alcohol and Other Drug Services (IAD)—Any Service	N/A	N/A	N/A
Mental Health Utilization (MPT)—Any Service	N/A	N/A	N/A

Appendix C. Demographics of the New Hampshire MCM Program

DHHS furnished the demographic information displayed in this section of the report.

The following figures provide information concerning enrollment in the New Hampshire MCM Program from its inception on December 1, 2013, to December 1, 2017. Charts also are included to indicate the eligibility categories for the **NHHF** and **Well Sense** membership on December 2, 2017, and the distribution of enrollment by county and by MCO. The average quarterly enrollment for the seven eligibility categories is shown in the tables at the end of this section.

Table C-1—New Hampshire MCM Enrollment and Non-MCM Enrollment from December 1, 2013, to December 1, 2017



Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans).

New Hampshire Health Protection Program (NHHPP) members who enrolled after 10/1/2015 were temporarily assigned to a Non-MCM benefit plan in anticipation of the Premium Assistance Program (PAP) beginning on 1/1/2016, when they were placed in a Qualified Health Plan (QHP).

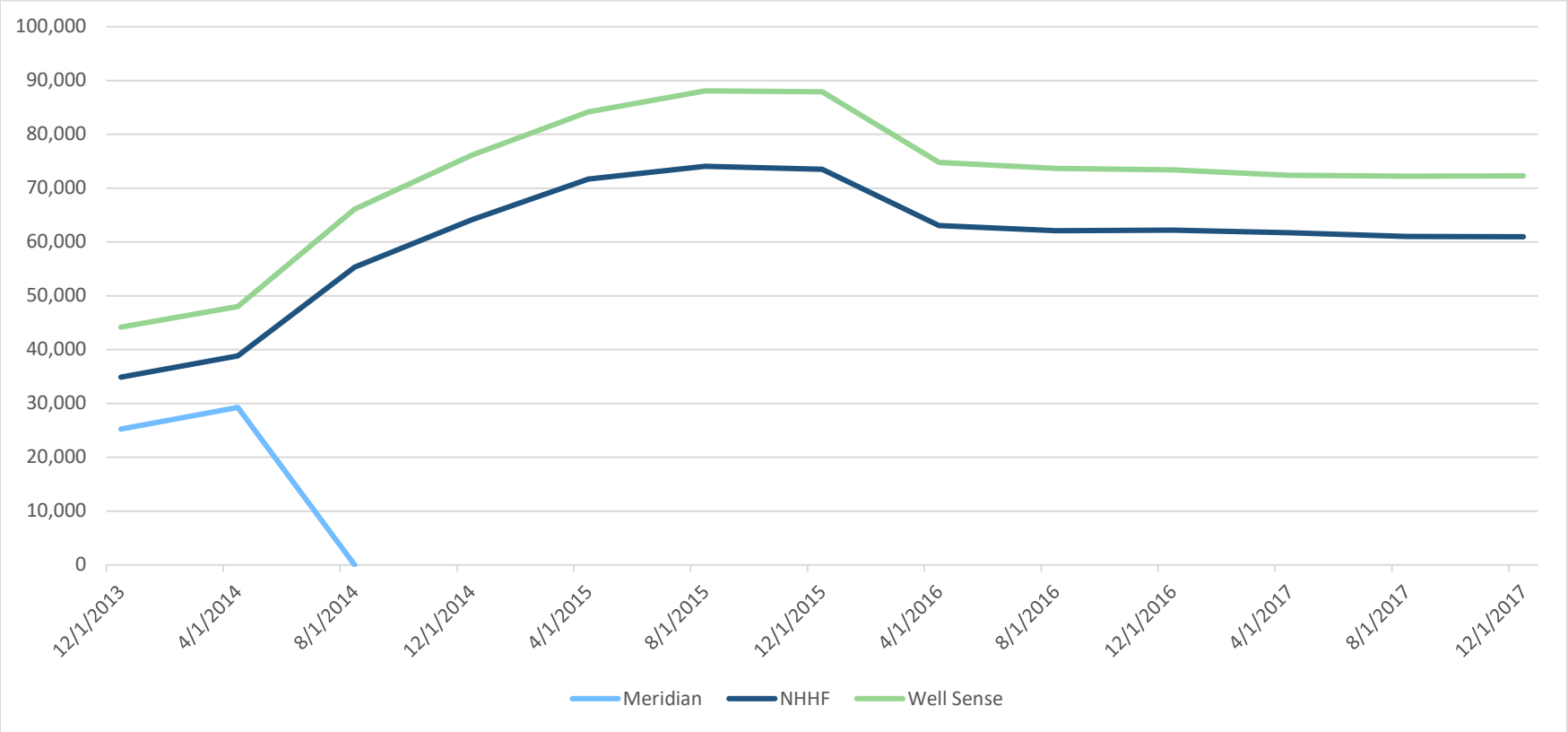
The NHHPP PAP began 1/1/2016, when members were moved from MCM or Non-MCM/PAP to a PAP QHP.

The 1915(b) population that began as voluntary in the MCM Program transitioned to mandatory as of 2/1/2016.

Source: New Hampshire MMIS as of 12/2/2017 for the most current period; data subject to revision.

Table C-2 displays the enrollment in the MCOs since the inception of the MCM Program in New Hampshire.

Table C-2—Enrollment in the New Hampshire MCM by MCO as of December 2, 2017



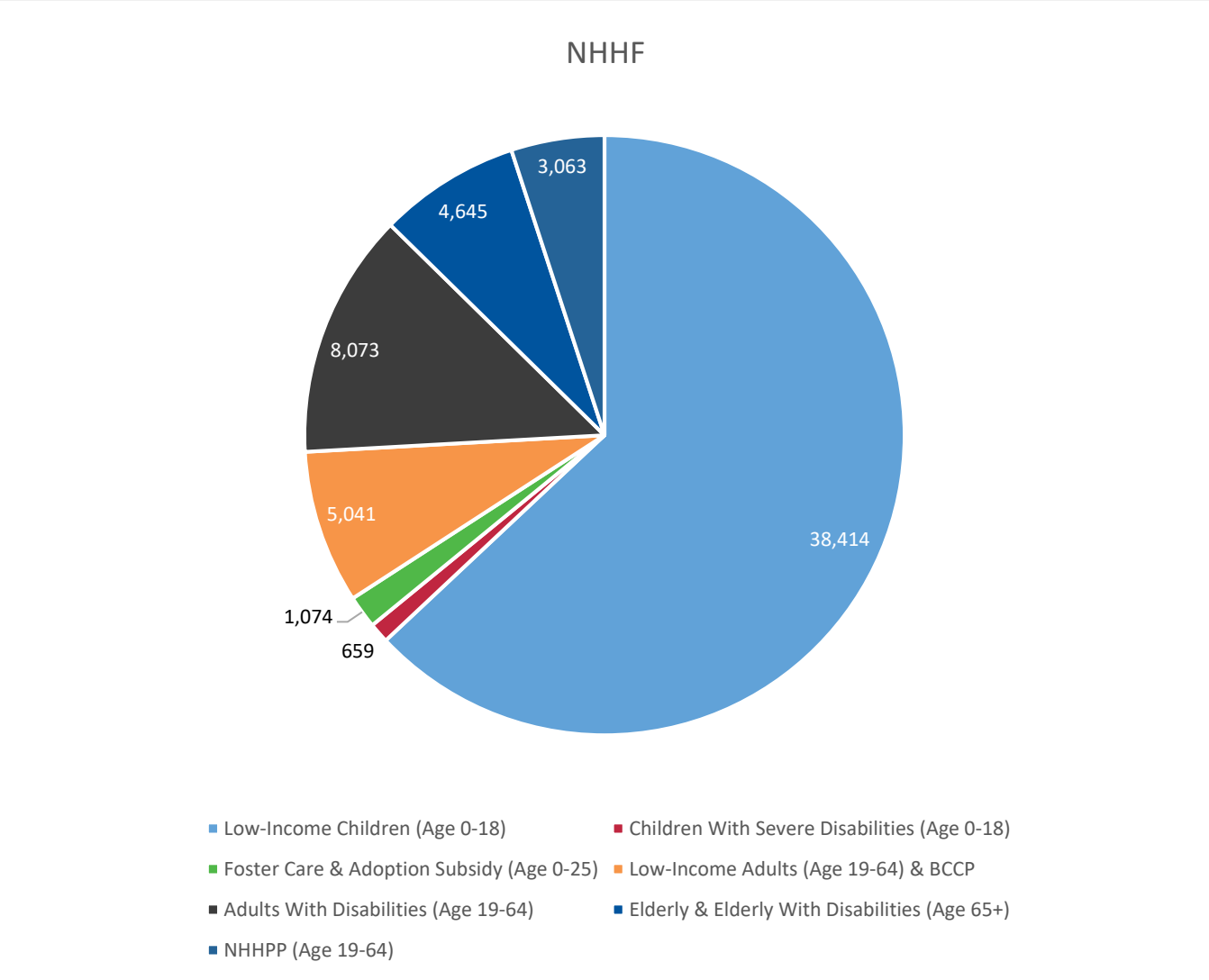
New NHHPP members who enrolled after 10/1/2015 were temporarily assigned to a Non-MCM benefit plan in anticipation of the PAP beginning on 1/1/2016, when they were placed in a QHP.

The NHHPP PAP began 1/1/2016, when members were moved from MCM or Non-MCM/PAP to a PAP QHP.

Source: New Hampshire MMIS as of 12/2/2017 for the most current period; data subject to revision.

Table C-3 displays the **NHHF** eligibility categories of MCO members as of December 2, 2017.

Table C-3—Point-in-Time Eligibility Category by MCO as of December 2, 2017



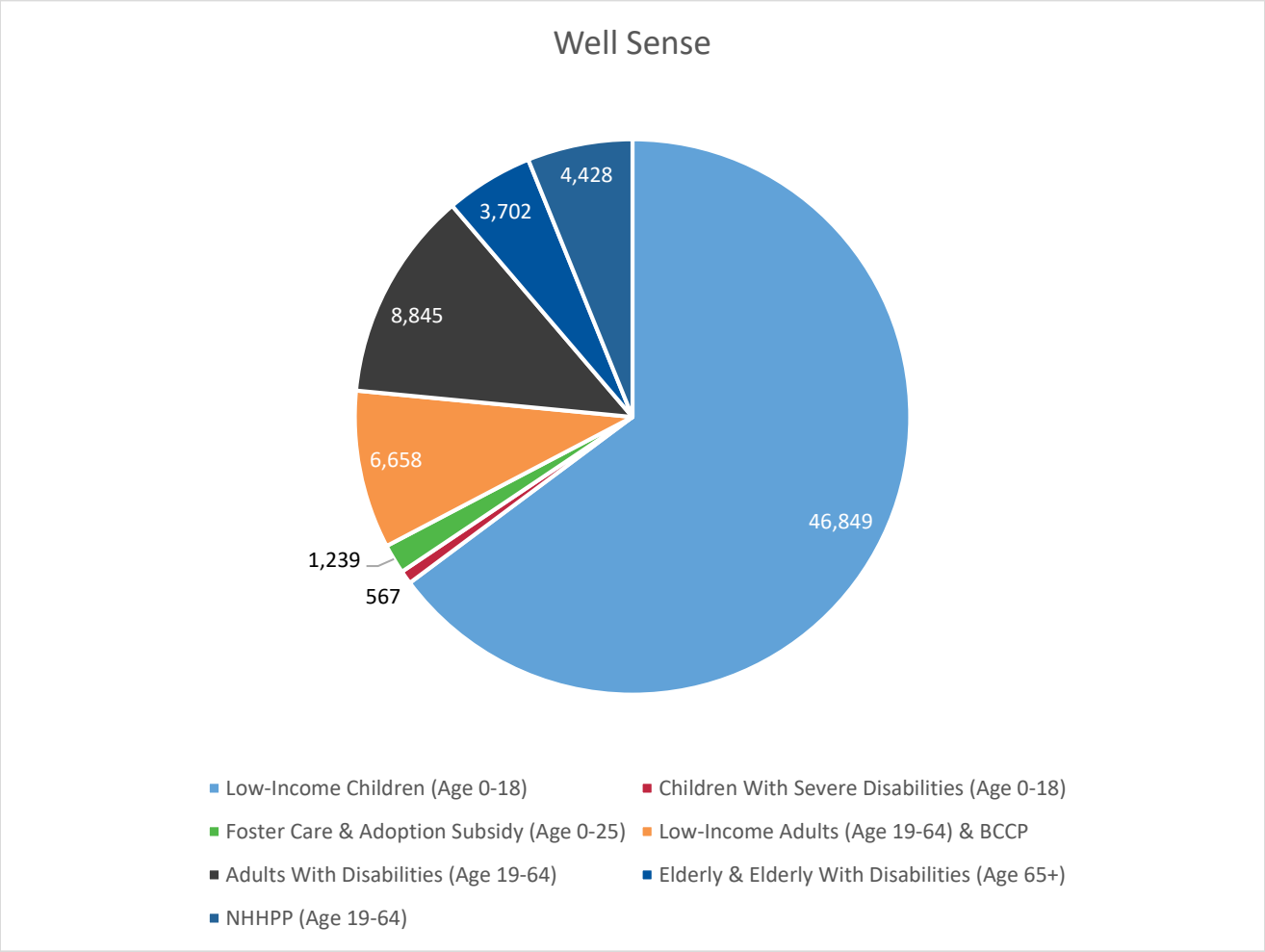
Note: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans), and non-MCM includes members transitioning into MCM.

Source: New Hampshire MMIS as of 12/2/2017; data subject to revision.

The largest eligibility category, low-income children, represented 63.0 percent of **NHHF** members. The smallest eligibility category, children with severe disabilities, represented 1.1 percent of **NHHF** members. Total **NHHF** membership on December 1, 2017, in the seven eligibility categories was 60,969.

Table C-4 displays the **Well Sense** eligibility categories of MCO members as of December 2, 2017.

Table C-4—Point-in-Time Eligibility Category by MCO as of December 2, 2017



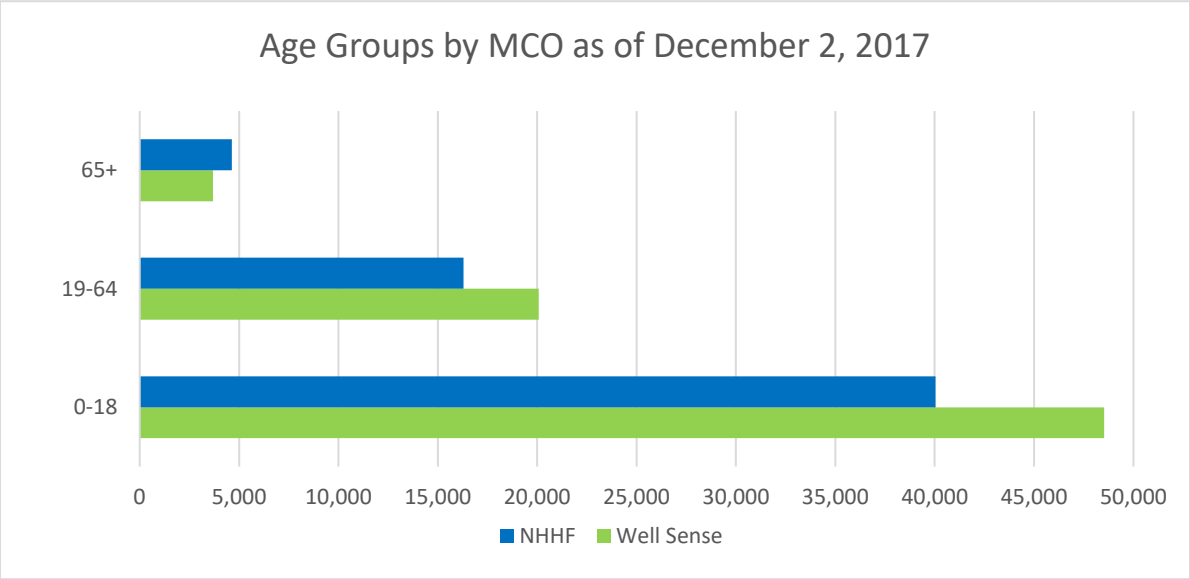
Note: Excludes members without full Medicaid benefits (Family Planning Only & Medicare Savings Plans), and non-MCM includes members transitioning into MCM.

Source: New Hampshire MMIS as of 12/2/2017; data subject to revision.

The largest eligibility category, low-income children, represented 64.8 percent of **Well Sense** members. The smallest eligibility category, children with severe disabilities, represented 0.8 percent of **Well Sense** members. Total **Well Sense** membership on December 1, 2017, in the seven eligibility categories was 72,288.

Table C-5 displays information concerning the age groups of the Medicaid members in **NHHF** and **Well Sense** as of December 2, 2017.

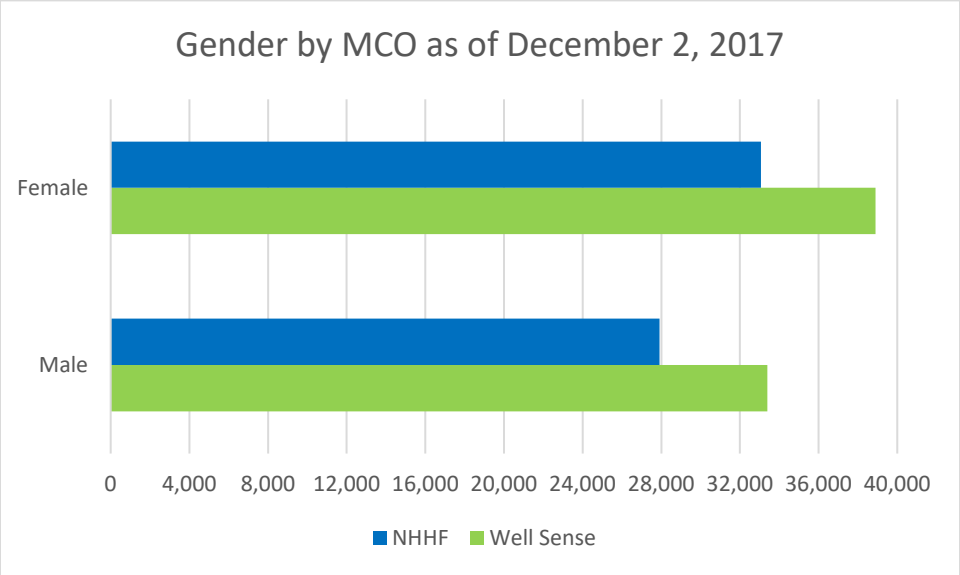
Table C-5—Point-in-Time Age Groups by MCO as of December 2, 2017



The age distribution across the two MCOs was very similar. A total of 65.7 percent of the **NHHF** population was 0–18 years old as was 67.1 percent of the **Well Sense** population. A total of 26.7 percent of the **NHHF** population was 19–64 years old as was 27.8 percent of the **Well Sense** population. The **NHHF** population 65 years of age and older totaled 7.6 percent, and the **Well Sense** population 65 years of age and older totaled 5.1 percent.

Table C-6 presents the gender distribution of the MCO members as of December 2, 2017.

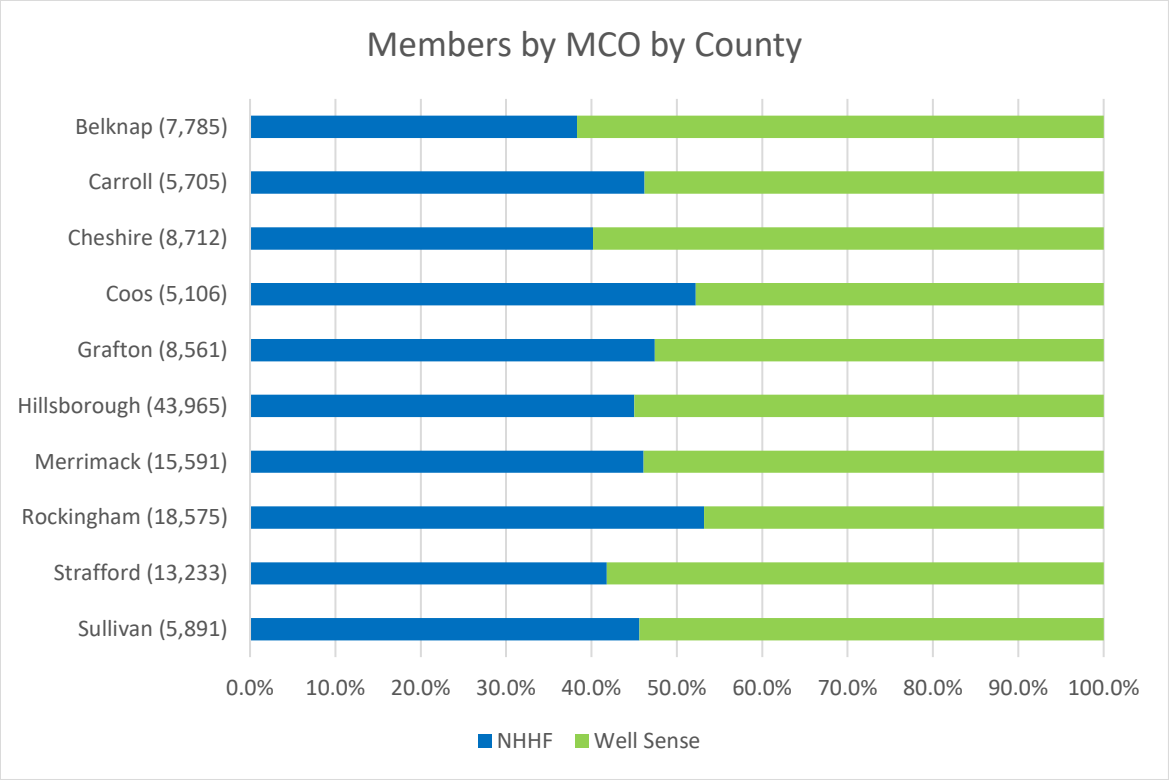
Table C-6—Point-in-Time Gender by MCO as of December 2, 2017



The gender distribution across both plans was very similar. Female members comprised 54.2 percent of the membership in **NHHF** and 53.8 percent of the membership in **Well Sense**. Male members comprised 45.8 percent of the membership in **NHHF** and 46.2 percent of the membership in **Well Sense**.

Table C-7 shows the percentage of membership in the two MCOs for the 10 counties in New Hampshire as of December 2, 2017. The numbers listed next to the county name show the total MCM enrollment by county.

Table C-7—Point-in-Time County Breakout by MCO as of December 2, 2017

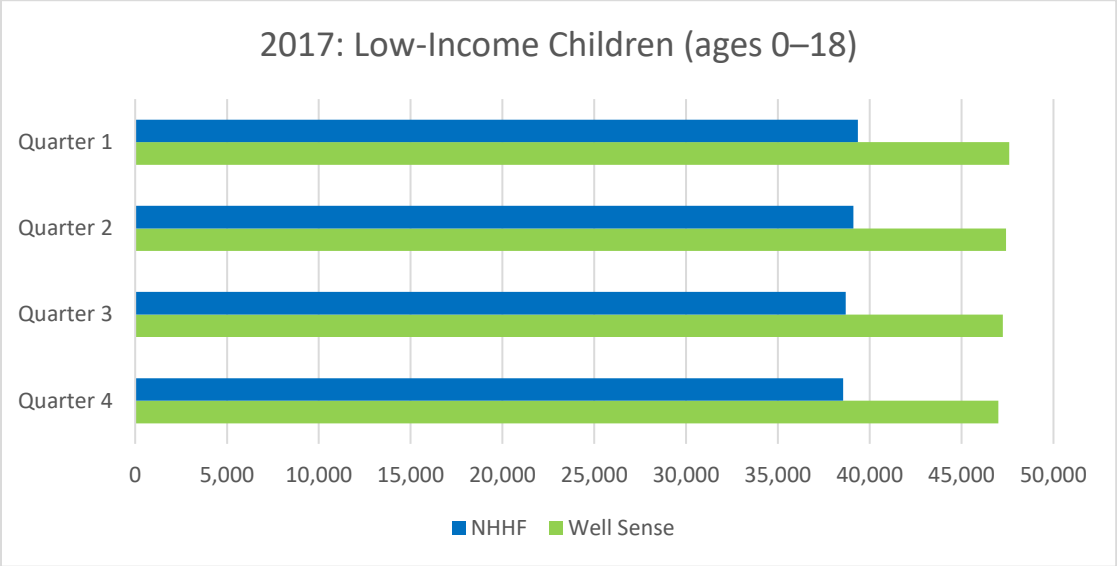


The **NHHF** membership percentages across counties varied between 38.3 percent in Belknap County to 53.2 percent in Rockingham County. The **Well Sense** membership percentages across counties varied between 46.8 percent in Rockingham County to 61.7 percent in Belknap County. An additional 133 members could not be categorized by county because of issues identifying their addresses.

Table C-8 through Table C-14 provide information concerning the average quarterly MCO enrollment in seven eligibility categories during the four quarters of 2017. The seven eligibility categories include low-income children, children with severe disabilities, beneficiaries in foster care and with adoption subsidies, low-income adults and adults in the breast and cervical cancer program (BCCP), adults with disabilities, the elderly/elderly with disabilities, and NHHPP.

Table C-8 shows the average quarterly enrollment for low-income children by MCO during 2017.

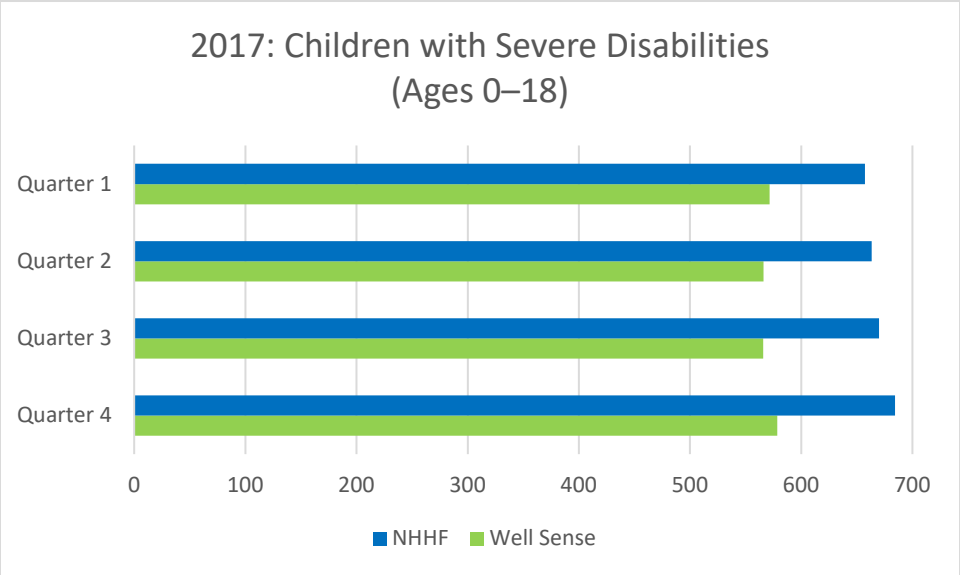
Table C-8—Average Quarterly Enrollment for Low-Income Children (Ages 0–18) by MCO During 2017



The average quarterly enrollment of low-income children in the MCOs decreased in each quarter of 2017 with Quarter 1 enrollment at 86,955 and Quarter 4 enrollment at 85,551.

Table C-9 displays the average quarterly enrollment for children with severe disabilities by MCO during 2017.

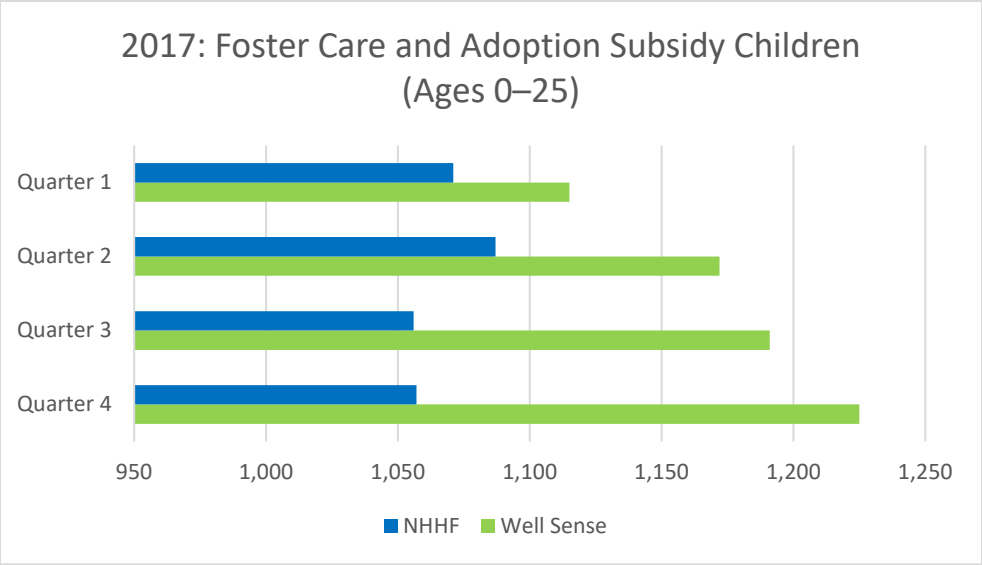
Table C-9—Average Quarterly Enrollment for Children With Severe Disabilities (Ages 0–18) by MCO During 2017



The overall number of children with severe disabilities enrolled in the MCOs remained relatively constant in 2017, with an average quarterly enrollment of 1,263 children during first quarter 2017 and an average quarterly enrollment of 1,229 children during fourth quarter 2017.

Table C-10 shows the average quarterly enrollment for foster care children and children with adoption subsidies by MCO during 2017.

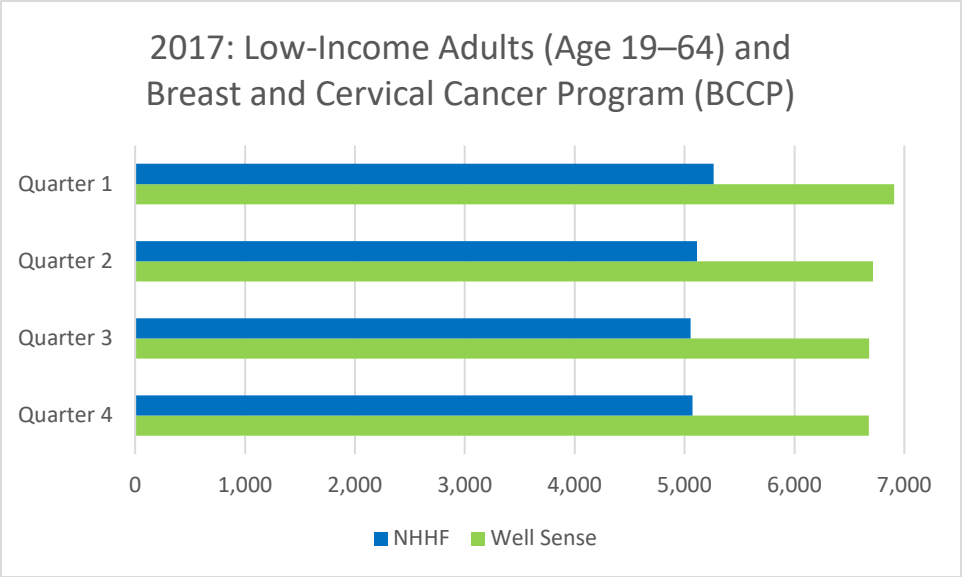
Table C-10—Average Quarterly Enrollment for Foster Care and Adoption Subsidy Children (Ages 0–25) by MCO During 2017



Overall participation in the MCM Program by beneficiaries in foster care and with adoption subsidies included an average enrollment of 2,186 children during first quarter 2017 and an average enrollment of 2,282 children during fourth quarter 2017.

Table C-11 displays the average quarterly enrollment for low-income adults and members in the BCCP by MCO during 2017.

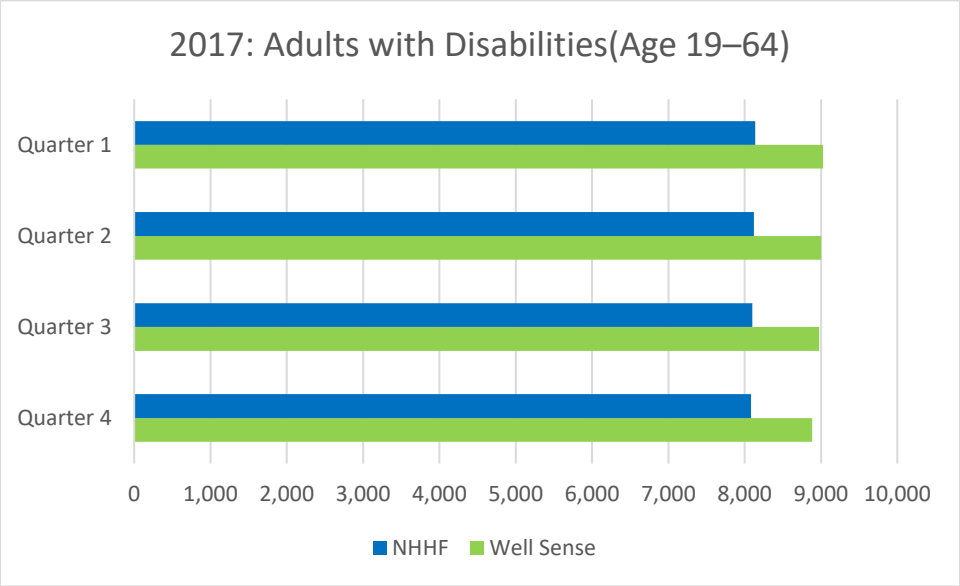
Table C-11—Average Quarterly Enrollment for Low-Income Adults (Ages 19–64) and BCCP by MCO During 2017



The average number of low-income adults and adults in the BCCP enrolled in the MCOs during 2017 decreased from 12,169 in the first quarter to 11,748 in the fourth quarter.

Table C-12 shows the average quarterly enrollment for adults with disabilities by MCO during 2017.

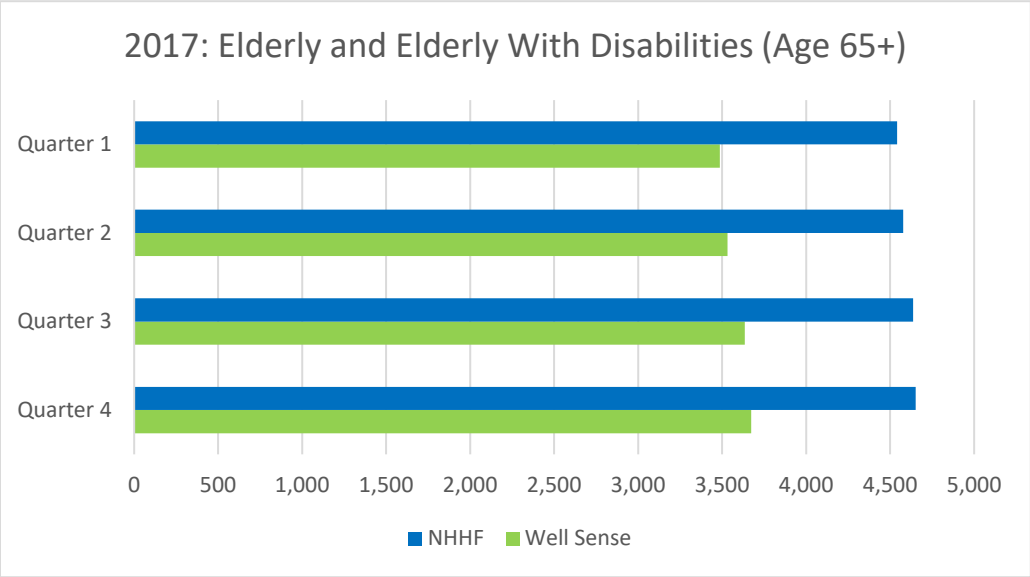
Table C-12—Average Quarterly Enrollment for Adults With Disabilities (Ages 19–64) by MCO During 2017



The average quarterly enrollment of adults with disabilities in the New Hampshire MCM Program during 2017 decreased slightly from 17,163 in first quarter to 16,966 in fourth quarter.

Table C-13 shows the average quarterly enrollment for the elderly/elderly with disabilities by MCO during 2017.

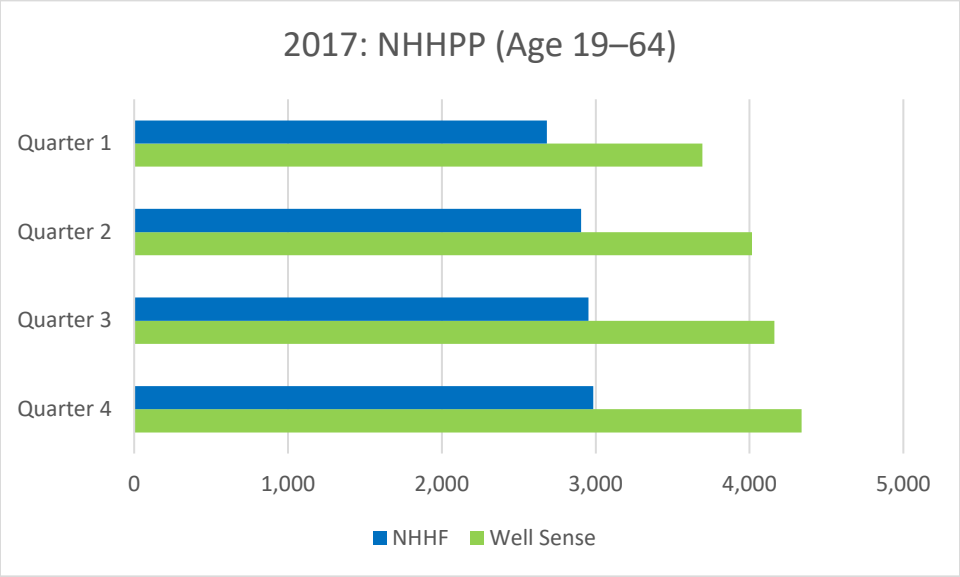
Table C-13—Average Quarterly Enrollment for Elderly and Elderly With Disabilities (Age 65+) by MCO During 2017



The average quarterly enrollment for the elderly/elderly with disabilities increased from 8,027 in first quarter 2017 to 8,325 in fourth quarter 2017.

Senate Bill 413 created the NHHPP in 2014. The bill included the Medicaid expansion population resulting from New Hampshire's implementation of the Affordable Care Act.[C-1] Enrollment in the Medicaid MCOs began in fall 2014 and continued through 2015. On January 1, 2016, members were moved from MCM or non-MCM/PAP to a QHP. NHHPP members who were medically frail could elect to remain in the Medicaid MCOs. Table C-14 shows the average enrollment of NHHPP members by MCO for the four quarters of 2017.

Table C-14—Average Enrollment for NHHPP (Ages 19–64) by MCO During 2017



The average quarterly NHHPP enrollment increased in the MCOs during 2017 from 6,377 in first quarter to 7,324 in fourth quarter.

[C-1] New Hampshire Department of Health and Human Services. (2014). *Quality Strategy for the New Hampshire Medicaid Care Management Program*. Available at: https://medicaidquality.nh.gov/care-management-quality-strategy. Accessed on: Dec 7, 2017.