State of New Hampshire
Department of Health and Human Services

State Fiscal Year 2022 Quality Study

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HSAG HEALTH SERVICES ADVISORY GROUP

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Acknowledgements and Conflict of Interest Statement

The preparation of this report was financed under a Contract with the State of New Hampshire, Department of Health and Human Services, with funds provided in part by the State of New Hampshire and/or such other funding sources as were available or required, e.g., the United States Department of Health and Human Services.

Health Services Advisory Group, Inc. (HSAG) confirms that no one conducting the State Fiscal Year 2023 Quality Study activities had a conflict of interest with **AmeriHealth Caritas New Hampshire**, **New Hampshire Healthy Families**, and **Well Sense Health Plan**.

1. Executive Summary

Introduction and Methodology Overview

The New Hampshire Department of Health and Human Services (DHHS) contracted with Health Services Advisory Group, Inc. (HSAG), to calculate performance measures as part of the Quality Study activity for each of the following managed care organizations (MCOs): **AmeriHealth Caritas New Hampshire** (**ACNH**), **New Hampshire Healthy Families** (**NHHF**), and **Well Sense Health Plan** (**WS**). The state fiscal year (SFY) 2022 Quality Study activity includes two parts: (1) Prevention Quality Indicators (PQI), and (2) Well-Care and Preventive Visits.

To support the Part One analysis, HSAG calculated the following Agency for Healthcare Research and Quality (AHRQ) PQI measures for the SFY 2021 measurement period (i.e., July 1, 2020–June 30, 2021)[1-1] using administrative data provided by DHHS:

- *PQI-01: Diabetes Short-Term Complications Admission Rate*
- *PQI-05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate*
- *PQI-08: Heart Failure Admission Rate*
- *PQI-15: Asthma in Younger Adults Admission Rate*

HSAG then collected health risk assessment (HRA) and care management (CM) enrollment information from the MCOs for each member with numerator positive events for any of the PQI measures. Using the data provided by the MCOs, HSAG assessed whether members who had an inpatient event also had a completed HRA and/or were enrolled in CM.

To support the Part Two analysis, HSAG collected member PCP attribution information from the MCOs for SFY 2021 and SFY 2022 (i.e., July 1, 2021–June 30, 2022). HSAG then used this information to assess whether members were receiving primary care services from their attributed primary care physician (PCP). Additionally, HSAG also assessed emergency department (ED) utilization for those members attributed to a PCP. Please refer to Section 2 for more information on the methodology for these analyses.

[1-1] The Part One analysis was only completed for SFY 2021 to allow sufficient time for MCO follow-up after the admission to perform an HRA and enroll a member in CM.

High-Level Findings

This section presents the high-level findings for the PQI and Well-Care and Preventive Visits analyses.

PQI Results

- **ACNH** had the lowest rate of admissions for the PQI measures overall (47.90 per 100,000 member months), while **WS** had the highest rate of admissions overall (68.52 per 100,000 member months).
- The *PQI-15* measure rate was the lowest statewide, while the *PQI-08* measure rate was the highest rate for two of the three MCOs (**ACNH** and **WS**), which aligns with national trends in 2021.[1-2]
- **WS** had the highest rate of members who received an HRA or enrolled in CM either prior to or after the admission date (75.07 percent) compared to the other MCOs, while **ACNH** had the lowest rate (37.12 percent).

Well-Care and Preventive Visits

- Overall, a majority of MCO members with PCP attribution start dates that began in SFY 2021 and SFY 2022 (56.63 percent and 53.16 percent, respectively) had a well-care and preventive visit with any PCP or obstetrician/gynecologist (OB/GYN) within 12 months of the PCP attribution start date.
  - **ACNH** had an increase in the overall utilization rate of well-care and preventive visits with any PCP from SFY 2021 to SFY 2022 (by 4.5 percentage points). **NHHF** and **WS** both experienced a substantial decrease in the overall utilization rate from SFY 2021 to SFY 2022 (by 8.24 and 11.59 percentage points, respectively). However, the declines **NHHF** and **WS** experienced resulted in the three MCOs having similar well-child and preventive visit rates in SFY 2022.
- Members attributed to a PCP in the Amoskeag health group had higher utilization rates of well-care and preventive visits in SFY 2021 and SFY 2022 (62.45 percent and 59.66 percent, respectively) compared to the overall population.
- Members attributed to a PCP were more likely to have a well-care or preventive visit with a PCP who was not their attributed PCP across all MCOs for the total population, as well as for members attributed to the Amoskeag health group.
- Members attributed to a PCP had similar rates of ED utilization across all MCOs. Additionally, members who had an ED visit were more likely to visit a non-attributed PCP than their attributed PCP prior to their ED visit during SFY 2021 and SFY 2022.

[1-2] Agency for Healthcare Research and Quality (AHRQ). PQI Benchmark Data Tables, v2021. Available at: https://qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2021/Version_2021_Benchmark_Tables_PQI.pdf. Accessed on: Aug 14, 2023.

2. Methodology

HSAG used administrative data sources, including demographic, enrollment, professional claims/encounters, institutional claims/encounters, and provider information for Medicaid eligible individuals. In addition, HSAG collected specific information from the MCOs for each analysis outlined below.

PQI Analysis

Data Sources

HSAG provided the MCOs with a template for providing HRA and CM enrollment information for each member with numerator positive events identified for any of the selected PQI measures. The file provided to the MCOs included the member ID and date of admission for each numerator positive event for each PQI measure. The MCOs then provided all available HRA and CM enrollment information for each member included in the file.

Analysis

HSAG calculated the following PQI measures for each MCO for the SFY 2021 measurement period in alignment with the Centers for Medicare & Medicaid Services (CMS) Federal Fiscal Year (FFY) 2022 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) measure specifications[2-1] using administrative data provided by DHHS:

- *PQI-01: Diabetes Short-Term Complications Admission Rate*
- *PQI-05: COPD or Asthma in Older Adults Admission Rate*
- *PQI-08: Heart Failure Admission Rate*
- *PQI-15: Asthma in Younger Adults Admission Rate*

After identifying all members with numerator positive events for each PQI measure, HSAG provided the MCOs with a list of all members who had at least one numerator positive event in the PQI template. The MCOs then populated the PQI template to provide the following information related to HRAs and CM enrollment for each member included in the PQI template:

- For HRAs, MCOs indicated whether an HRA was completed and the HRA completion date. The original methodology indicated that if a member refused to complete an HRA, the MCO would

[2-1] CMS. Core Set of Adult Health Care Quality Measures for Medicaid. Available at: https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf?t=1674153622. Accessed on: Aug 14, 2023.

indicate the date of the refusal; however, **NHHF** and **WS** reported no HRA refusals, and **ACNH** indicated that it does not collect HRA refusal information. Since there were no HRA refusals for any of the three MCOs, HSAG did not include HRA refusals in any part of the analysis.

- For CM enrollment, MCOs indicated whether the member was enrolled in CM and all time spans the member was enrolled with CM. HSAG requested that the MCOs provide all available CM enrollment information for each member.

Once the MCOs provided the HRA and CM enrollment information for each member with a numerator positive event, HSAG performed the following analyses for each MCO:

Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

For each PQI measure and overall, HSAG evaluated the percentage of admissions wherein the member received an HRA or enrolled in CM around the admission date. HSAG evaluated the following:

- Percentage of admissions wherein the member received an HRA or enrolled in CM within 12 months prior to the admission date.
- Percentage of admissions wherein the member received an HRA or enrolled in CM within 12 months after the admission date.
- Percentage of admissions wherein the member received an HRA or enrolled in CM within 12 months prior to or after the admission date.

Crosstabulations of HRA and CM Enrollment for Admissions

For each PQI measure and overall, HSAG performed the following crosstabulations:

- Percentage of admissions wherein the member received an HRA but was not enrolled in CM within 12 months prior to the admission.
- Percentage of admissions wherein the member received an HRA but was not enrolled in CM within 12 months after the admission.
- Percentage of admissions wherein the member received an HRA but was not enrolled in CM within 12 months either prior to or after the admission.
- Percentage of admissions wherein the member was enrolled in CM but did not receive an HRA within 12 months prior to the admission.
- Percentage of admissions wherein the member was enrolled in CM but did not receive an HRA within 12 months after the admission.
- Percentage of admissions wherein the member was enrolled in CM but did not receive an HRA within 12 months either prior to or after the admission.
- Percentage of admissions wherein the member received an HRA and enrolled in CM within 12 months prior to the admission.
- Percentage of admissions wherein the member received an HRA and enrolled in CM within 12 months after the admission.

- Percentage of admissions wherein the member received an HRA and enrolled in CM within 12 months either prior to or after the admission.
- Percentage of admissions wherein the member did not receive an HRA and was not enrolled in CM within 12 months prior to the admission.
- Percentage of admissions wherein the member did not receive an HRA and was not enrolled in CM within 12 months after the admission.
- Percentage of admissions wherein the member did not receive an HRA and was not enrolled in CM within 12 months either prior to or after the admission.

Well-Care and Preventive Visits

Data Sources

HSAG provided the MCOs with a template for providing members' PCP attribution information. The MCOs provided a supplemental PCP attribution file for all members attributed to a PCP during SFY 2021 (i.e., July 1, 2020–June 30, 2021) and SFY 2022 (i.e., July 1, 2021–June 30, 2022). At a minimum, HSAG requested that the MCOs provide the Member ID, PCP Provider Medicaid ID, PCP attribution start/stop date(s), PCP National Provider Identifier (NPI), Practice NPI, Practice Provider Medicaid ID, PCP Tax Identification Number (TIN), and a flag that identified whether the member was auto-attributed.

Analysis

HSAG conducted a statewide assessment of the proportion of members who received well-care/preventive services from their attributed PCP during SFY 2021 and SFY 2022 measurement periods. HSAG used the PCP attribution files received from the MCOs to perform the following analyses:

- Utilization of Well-Care and Preventive Visits by PCP Attribution
- Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP
- ED Utilization

For all three metrics, HSAG limited the eligible population to members in the PCP attribution file with a start date that occurred during the measurement period. Additionally, HSAG presented the results stratified by age group (i.e., pediatric or adult) and by MCO. Please note that HSAG presented results separately for the Amoskeag health group.

Utilization of Well-Care and Preventive Visits by PCP Attribution

For members in the eligible population, HSAG utilized the encounter data to determine if the member had a well-care or preventive visit with his or her attributed PCP. HSAG used the Well-Care Value Set

from the CMS' Core Set of Children's Health Care Quality Measures for Medicaid and the Children's Health Insurance Program (CHIP) (Child Core Set)[2-2] to identify well-care services for the pediatric population and the following Value Sets for the adult population: Ambulatory Visits Value Set, Other Ambulatory Visits Value Set, Telephone Visits Value Set, and Online Assessments Value Set.[2-3]

HSAG identified all well-care visits and preventive visits during the measurement period with dates of service between the member's PCP attribution start date and end date. HSAG determined which visits (if any) the member had with his or her attributed PCP. HSAG evaluated a number of time horizons (e.g., three months, six months) from the PCP attribution start date.

For members who did not have a well-care or preventive visit with their attributed PCP, HSAG determined if any well-care or preventive visits occurred with another PCP within the attributed PCP's group practice. HSAG identified visits as being from the same group practice if the rendering or billing provider ID matched the attributed PCP's Practice NPI or the Practice Medicaid ID from the PCP attribution file.

Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP

For members who did not receive a well-care or preventive visit with their attributed PCP or their attributed PCP's group practice, HSAG determined whether the member had any visits with a different PCP during the measurement period with dates of service between the PCP attribution start and end dates. HSAG classified providers as PCPs if they were included in any of the PCP attribution files received from the MCOs or based on the provider type and provider specialty codes in the provider data received from DHHS.

In addition, HSAG determined the percentage of numerator positive members who changed addresses between the PCP attribution start date and their first visit with a non-attributed PCP. HSAG used monthly demographic data to determine the members with a change of address. HSAG also assessed other age-related factors (e.g., members who turned 18 years of age, females of reproductive age who visited an OB/GYN) that may have resulted in a member having a visit with a non-attributed PCP instead of his or her attributed PCP.

[2-2] CMS. Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. Available at: https://www.medicaid.gov/sites/default/files/2022-07/medicaid-and-chip-child-core-set-manual.pdf. Accessed on: Aug 14, 2023.

[2-3] Horizon Blue Cross Blue Shield of New Jersey. Adults' Access to Preventive/Ambulatory Health Services (AAP). Available at: https://www.horizonblue.com/providers/resources/hedis-resources/hedis-measurement-year-my-2023-provider-tips-optimizing-hedis-results/adults-access-preventive-ambulatory-health-services-aap. Accessed on: Aug 14, 2023.

ED Utilization

HSAG evaluated the number of ED visits for all members attributed to a PCP. HSAG identified ED visits with dates of service between each member's attributed start and end dates using the ED Visits Value Set from CMS' Child Core Set.

HSAG stratified the results by whether or not members received a well-care or preventive visit from their attributed PCP or another PCP prior to the ED visit.

Data Limitations and Caveats

- The auto-attribution flag was only populated for one of the three plans (**ACNH**); therefore, HSAG was unable to conduct an analysis related to how auto-attribution of PCPs affected visits with the member's attributed PCP.
- Based on the lack of inpatient paid claims in the Medicaid Management Information System (MMIS) data for **WS**, HSAG used both paid and denied claims for the PQI analysis.
- All PCP Provider Medicaid IDs provided by **WS** were invalid; therefore, HSAG had to crosswalk the PCP NPIs provided by **WS** to the provider file in order to identify providers.
- If a member was attributed to different provider IDs with different attribution spans in the same SFY, both attribution spans were considered in the analysis.
- None of the MCOs provided HRA refusal data. As a result, HSAG was unable to determine the impact that HRA refusals may have had on the rates. Additionally, HSAG was unable to determine if lower rates of HRAs were due to HRAs being offered to but refused by the member, or not being offered to the member entirely.
- HSAG limited the claims to each SFY (e.g., if a member had a late attribution start date, there may not have been sufficient time for the member to book an appointment and for HSAG to capture that result).

3. PQI Results

Table 3-1~~Table 3-1~~ displays the SFY 2021 individual and total PQI measure results for each MCO and statewide. The rates are presented per 100,000 member months. Please note that suppression was applied for some measures due to a small numerator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for another small population was also suppressed, even if the value was 11 or more.

Table 3-1—SFY 2021 PQI Results

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate*	Den	Num	Rate*	Den	Num	Rate*	Den	Num	Rate*
PQI-01	288,106	*S*	*S*	528,083	*S*	*S*	561,876	*S*	*S*	1,378,065	180	13.06
PQI-05	124,552	27	21.68	240,484	74	30.77	244,279	79	32.34	609,315	180	29.54
PQI-08	288,106	89	30.89	528,083	160	30.30	561,876	199	35.42	1,378,065	448	32.51
PQI-15	163,554	*S*	*S*	287,599	*S*	*S*	317,597	*S*	*S*	768,750	20	2.60
Total^	288,106	139	48.25	528,083	304	57.57	561,876	385	68.52	1,378,065	828	60.08

**A lower rate indicates better performance.*

^The denominator for the Total rate is the member months during the measurement year for all members 18 years of age or older. The numerator for the Total rate is the number of admissions for any of the PQIs (i.e., the numerator for the Total rate is the sum of the numerators for all PQIs).

S indicates that suppression was applied due to a small numerator (i.e., fewer than 11).

Table 3-1~~Table 3-1~~ shows that **ACNH** had the lowest rate of admissions for the PQI measures overall (47.90 per 100,000 member months) due to having the lowest rates for three out of four PQI measures compared to the other MCOs. However, **WS** had the highest rate of admissions overall (68.52 per 100,000 member months) due to having the highest rates across all of the PQI measures compared to the other MCOs. The *PQI-15* measure rate was the lowest statewide, while the *PQI-08* measure rate was the highest for two of the three MCOs (**ACNH** and **WS**), which is expected given that heart failure is the second most frequent primary diagnosis for an inpatient admission in the United States.[3-1] According to AHRQ's 2021 national data, admissions for asthma (*PQI-15*) were the lowest and admissions for heart failure were the highest (*PQI-08*).[3-2] Additionally, the rates for the *PQI-01*, *PQI-05*, and *PQI-15* measures for all MCOs were better than the median state performance rates (i.e., the 50th percentile)

[3-1] McDermott KW and Roemer M. Most Frequent Principal Diagnoses for Inpatient Stays in U.S. Hospitals, 2018. HCUP Statistical Brief #277. July 2021. Agency for Healthcare Research and Quality, Rockville, MD. Available at: https://hcup-us.ahrq.gov/reports/statbriefs/sb277-Top-Reasons-Hospital-Stays-2018.pdf. Accessed on: Aug 9, 2023.

[3-2] AHRQ. PQI Benchmark Data Tables, v2021. Available at: https://qualityindicators.ahrq.gov/Downloads/Modules/PQI/V2021/Version_2021_Benchmark_Tables_PQI.pdf. Accessed on: Aug 14, 2023.

from the CMS FFY 2020 Child and Adult Health Care Quality Measures data set,[3-3] indicating a strength for the New Hampshire MCOs. However, these results should be interpreted with caution due to the potential impacts that the coronavirus disease 2019 (COVID-19) pandemic may have had on inpatient admissions during SFY 2021.[3-4]

To understand the relationship between those members who were numerator-positive for a PQI event and the timing of an MCO completing an HRA and/or enrolling the member in CM, HSAG assessed whether numerator-positive members received an HRA and/or enrolled in CM prior to or after the admission. Table 3-2 presents the results of this analysis for each MCO and statewide. Please refer to Table A-1 through Table A-4 in Appendix A for the results for each PQI measure and overall, stratified by different time horizons.

Table 3-2—Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM Within 12 Months of Admission

	ACNH			NHHF			WS			Statewide		
Measure Indicator	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member received an HRA or enrolled in CM prior to the admission date	132	31	23.48%	303	128	42.24%	381	158	41.47%	816	317	38.85%
Member received an HRA or enrolled in CM after the admission date	132	23	17.42%	303	151	49.83%	381	163	42.78%	816	337	41.30%
Member received an HRA or enrolled in CM either prior to or after the admission date	132	49	37.12%	303	206	67.99%	381	286	75.07%	816	541	66.30%

Table 3-2 shows that **WS** had the highest rate of members who received an HRA or enrolled in CM either prior to or after the admission date (75.07 percent) compared to the other MCOs, while **ACNH** had the lowest rate (37.12 percent). **ACNH** also had the lowest rate of members who received an HRA or enrolled in CM prior to the admission date (23.48 percent) as well as after the admission date (17.42

[3-3] CMS. 2020 Child and Adult Health Care Quality Measures. Available at: 2020 Child and Adult Health Quality Measures. Accessed on: Aug 14, 2023.

[3-4] Blecker S, Jones SA, Petrilli CM, et al. Hospitalizations for Chronic Disease and Acute Conditions in the Time of COVID-19. Oct 2020. *JAMA Internal Medicine*. Available at: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2772351. Accessed on: Aug 14, 2023.

percent) compared to the other MCOs, while **NHHF** and **WS** had similar rates. The differences in rates between members who received an HRA or enrolled in CM prior to the admission date and members who received an HRA or enrolled in CM after the admission date were small for all MCOs (i.e., within approximately 6, 8, and 1 percentage points for **ACNH**, **NHHF**, and **WS**, respectively); therefore, the results may indicate that a member being admitted to the hospital may not be a large contributing factor for triggering an HRA or enrollment in CM.

HSAG performed a crosstabulation analysis to assess the relationship between the timing of the HRA and/or CM enrollment for admissions. The results for each MCO and statewide are presented in Table 3-3.

Table 3-3—Crosstabulations of HRA and CM Enrollment for Overall Admissions Within 12 Months

Measure Indicator	Timing Relative to Admission	ACNH	NHHF	WS	Statewide
Member received an HRA but was not enrolled in CM	Prior	12.88%	28.71%	6.04%	15.56%
	After	11.36%	28.05%	16.54%	19.98%
	Either	20.45%	34.32%	13.39%	22.30%
Member was enrolled in CM but did not receive an HRA	Prior	0.76%	0.99%	28.08%	13.60%
	After	0.00%	2.31%	20.47%	10.42%
	Either	0.00%	1.32%	41.21%	19.73%
Member received an HRA and enrolled in CM	Prior	9.85%	12.54%	7.35%	9.68%
	After	6.06%	19.47%	5.77%	10.91%
	Either	16.67%	32.34%	20.47%	24.26%
Member did not receive an HRA and was not enrolled in CM	Prior	76.52%	57.76%	58.53%	61.15%
	After	82.58%	50.17%	57.22%	58.70%
	Either	62.88%	32.01%	24.93%	33.70%

Table 3-3 shows that for all MCOs, the majority of members did not receive an HRA or enroll in CM after an admission. For **ACNH**, the rates of receiving an HRA and enrolling in CM were lower after admission for every measure. For **NHHF**, members were more likely to receive an HRA and be enrolled in CM after an admission (32.34 percent) than the other MCOs. Members enrolled with **WS** were more likely to receive an HRA after an admission but not enroll in CM (16.54 percent). **WS** also had a high percentage of members enroll in CM but not receive an HRA either prior to or after an admission (41.21 percent), which may indicate that **WS** is performing some assessments that are not being documented as completed HRAs prior to CM enrollment.

These results suggest that **ACNH** may not have used an inpatient admission to trigger conducting an HRA or enrolling a member in CM. Both **NHHF** and **WS** had higher rates of conducting an HRA after an inpatient admission; however, **WS** was not enrolling members into CM at a higher rate after the member received the HRA.

Overall Utilization of Well-Care and Preventive Visits

Table 4-1 and Table 4-2 display the overall utilization rates for well-care and preventive visits with a PCP or OB/GYN stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022, regardless of whether the visit was with the member's attributed PCP. Please note, denominator sizes are noted in parentheses for each of the stratifications for reference.

Table 4-1—Overall Utilization of Well-Care and Preventive Visits During SFY 2021

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (87,649)	40.95%	51.11%	56.63%
Age			
Pediatric (33,060)	43.09%	54.71%	62.42%
Adult (54,589)	39.66%	48.93%	53.13%
MCO (Pediatric & Adult)			
ACNH (35,532)	35.82%	43.82%	46.59%
NHHF (44,478)	43.63%	55.72%	63.51%
WS (7,639)	49.25%	58.21%	63.29%

Table 4-2—Overall Utilization of Well-Care and Preventive Visits During SFY 2022

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (70,666)	40.73%	49.47%	53.16%
Age			
Pediatric (23,112)	47.35%	56.70%	60.80%
Adult (47,554)	37.52%	45.96%	49.45%
MCO (Pediatric & Adult)			
ACNH (27,149)	38.63%	46.96%	51.09%
NHHF (33,549)	42.62%	51.81%	55.27%
WS (9,968)	40.12%	48.47%	51.70%

Table 4-1 and Table 4-2 show a slight decrease in the overall utilization of well-care and preventive visits within 12 months of attribution from SFY 2021 to SFY 2022 (by 3.47 percentage points). Of note, the denominator for the total population (i.e., those members newly attributed to a PCP during the year) decreased by 16,983 members from SFY 2021 to SFY 2022. The pediatric population had a higher overall utilization rate than the adult population, which is expected given that children and adolescents are more likely to have well-care and preventive visits in alignment with the American Academy of Pediatrics recommendations.[4-1]

ACNH was the only MCO with an increase in the overall utilization rate within 12 months of attribution from SFY 2021 to SFY 2022 (by 4.5 percentage points). **NHHF** and **WS** both experienced a substantial decrease in the overall utilization rate from SFY 2021 to SFY 2022 (by 8.24 and 11.59 percentage points, respectively). While **ACNH** did have a slight increase in visits in SFY 2022, the declines **NHHF** and **WS** experienced resulted in the three MCOs having similar rates of well-child and preventive visits in SFY 2022.

Table 4-3 and Table 4-4 display the overall utilization rates for well-care and preventive visits with a PCP or OB/GYN stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022 for members attributed to PCPs within the Amoskeag health group, regardless of whether the visit was with the member's attributed PCP. Please note, denominator sizes are noted in parentheses for each of the stratifications for reference.

Table 4-3—Overall Utilization of Well-Care and Preventive Visits During SFY 2021—Amoskeag Health Group

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (2,780)	48.67%	57.63%	62.45%
Age			
Pediatric (840)	54.29%	67.98%	77.38%
Adult (1,940)	46.24%	53.14%	55.98%
MCO (Pediatric & Adult)			
ACNH (1,266)	42.50%	48.34%	50.79%
NHHF (1,217)	50.53%	63.11%	71.08%
WS (297)	67.34%	74.75%	76.77%

[4-1] American Academy of Pediatrics/Bright Futures. Recommendations for Preventive Pediatric Health Care. Available at: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf. Accessed on: Aug 14, 2023.

Table 4-4—Overall Utilization of Well-Care and Preventive Visits During SFY 2022—Amoskeag Health Group

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (3,029)	46.88%	55.96%	59.66%
Age			
Pediatric (965)	58.03%	66.63%	69.53%
Adult (2,064)	41.67%	50.97%	55.04%
MCO (Pediatric & Adult)			
ACNH (1,196)	46.82%	57.11%	62.37%
NHHF (1,472)	45.86%	54.28%	57.13%
WS (361)	51.25%	59.00%	60.94%

Table 4-3 and Table 4-4 show that members attributed to PCPs within the Amoskeag health group had trends similar to the overall population related to utilization of well-care and preventive visits in SFY 2021 and SFY 2022. However, members attributed to PCPs within the Amoskeag health group had higher utilization rates of well-care and preventive visits than the overall population rates (shown in Table 4-1 and Table 4-2).

Utilization of Well-Care and Preventive Visits with an Attributed PCP

Table 4-5 and Table 4-6 display the utilization rates for well-care and preventive visits with a member's attributed PCP stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022. Please note, HSAG presents the rate of well-care and preventive visits with a non-attributed PCP in Table 4-5 and Table 4-6 for reference. Please refer to Table A-8 and Table A-9 in Appendix A for the age and MCO stratifications for visits with a non-attributed PCP.

Table 4-5—Utilization of Well-Care and Preventive Visits with an Attributed PCP During SFY 2021

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP	13.57%	17.29%	19.58%
Total Visits with a Non-Attributed PCP	26.92%	32.95%	35.96%
Total Visits with an Attributed PCP by Age			
Pediatric	15.51%	20.17%	23.65%
Adult	12.40%	15.55%	17.11%

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP by MCO (Pediatric & Adult)			
ACNH	11.46%	13.93%	14.87%
NHHF	14.30%	19.08%	22.49%
WS	19.11%	22.54%	24.51%

Table 4-6—Utilization of Well-Care and Preventive Visits with an Attributed PCP During SFY 2022

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP	12.41%	15.29%	16.53%
Total Visits with a Non-Attributed PCP	26.81%	32.11%	34.20%
Total Visits with an Attributed PCP by Age			
Pediatric	15.55%	19.02%	20.69%
Adult	10.88%	13.48%	14.51%
Total Visits with an Attributed PCP by MCO (Pediatric & Adult)			
ACNH	12.85%	15.60%	16.97%
NHHF	11.88%	14.84%	16.09%
WS	12.96%	15.92%	16.84%

Table 4-5 and Table 4-6 show that members had a higher percentage of well-care and preventive visits with a non-attributed PCP than their attributed PCP within 12 months of attribution in both SFY 2021 and SFY 2022, with the total visits with non-attributed PCP rates higher than the total visits with attributed PCP rates by approximately 16 and 18 percentage points, respectively. However, the rates of visits with attributed PCPs and non-attributed PCPs declined from SFY 2021 to SFY 2022.

NHHF and **WS** had higher rates of visits with an attributed PCP than **ACNH** in SFY 2021; however, the rates for **NHHF** and **WS** from SFY 2021 to SFY 2022 declined by 6.40 and 7.67 percentage points, respectively, making performance across all three MCOs similar in SFY 2022. Of note, members enrolled with **ACNH** or **NHHF** had higher rates of seeing a PCP who was part of the same practice as their attributed PCP compared to **WS**. See Table A-12 and Table A-13 in Appendix A for the overall utilization rates when also considering the member's PCP group practice.

To assess whether any outside factors may have contributed to the higher rate of visits with a non-attributed PCP, HSAG completed supplemental analyses of members who either turned 18 years of age or physically moved between their attribution start date and their first visit with a non-attributed PCP.

The rates for members who turned 18 years of age were below 1 percent for all MCOs in both SFYs, and the majority of rates for members who moved were below 10 percent for all MCOs and both SFYs; therefore, these outside factors did not contribute to the high number of members who had visits with a non-attributed PCP. Additionally, HSAG completed a supplemental analysis of members who had an OB/GYN visit at some point during the SFY and found that around 20 percent of adult female members who had a visit with a non-attributed PCP had a visit with an OB/GYN during both SFYs.

Table 4-7 and Table 4-8 display the utilization rates for well-care and preventive visits with a member's attributed PCP stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022 for members attributed to a PCP within the Amoskeag health group. HSAG presented the rate of well-care and preventive visits with a non-attributed PCP in Table 4-7 and Table 4-8 for reference. Please refer to Table A-10 and Table A-11 in Appendix A for the age and MCO stratifications for visits with a non-attributed PCP.

Table 4-7—Utilization of Well-Care and Preventive Visits by PCP Attribution During SFY 2021—Amoskeag Health Group

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP	20.29%	25.14%	28.35%
Total Visits with a Non-Attributed PCP	28.05%	32.31%	33.94%
Total Visits with an Attributed PCP by Age			
Pediatric	27.74%	37.86%	45.71%
Adult	17.06%	19.64%	20.82%
Total Visits with an Attributed PCP by MCO (Pediatric & Adult)			
ACNH	11.77%	13.43%	14.30%
NHHF	28.92%	37.72%	43.80%
WS	21.21%	23.57%	24.92%

Table 4-8—Utilization of Well-Care and Preventive Visits by PCP Attribution During SFY 2022—Amoskeag Health Group

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP	10.76%	12.94%	13.97%
Total Visits with a Non-Attributed PCP	31.65%	37.81%	40.23%

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total Visits with an Attributed PCP by Age			
Pediatric	13.99%	16.27%	17.31%
Adult	9.25%	11.39%	12.40%
Total Visits with an Attributed PCP by MCO (Pediatric & Adult)			
ACNH	13.38%	15.13%	16.56%
NHHF	8.56%	10.94%	11.62%
WS	11.08%	13.85%	14.96%

Table 4-7 shows that members attributed to PCPs within the Amoskeag health group had a lower rate of well-child and preventive visits with their attributed PCP than a non-attributed PCP within 12 months of attribution for SFY 2021. Additionally, for SFY 2021, members with the Amoskeag health group had a higher utilization rate with their attributed PCP than the overall population (by 8.77 percentage points), as seen in Table 4-5. However, as displayed in Table 4-8, the rate of well-child and preventive visits with an attributed PCP for members within the Amoskeag health group declined from SFY 2021 to SFY 2022 by 14.38 percentage points and was lower than the utilization rate for the overall population (as seen in Table 4-6) by 2.56 percentage points in SFY 2022.

Similar to the overall population rates, **NHHF** and **WS** members attributed to PCPs within the Amoskeag health group had higher rates of visits with an attributed PCP than **ACNH** in SFY 2021; however, the rates for **NHHF** and **WS** declined substantially from SFY 2021 to SFY 2022, making performance across MCOs similar in SFY 2022.

ED Utilization

Table 4-9~~Table 4-9~~ and Table 4-10~~Table 4-10~~ display the ED utilization rates for members attributed to a PCP during SFY 2021 and SFY 2022. Please see Table A-14 and Table A-15 in Appendix A for ED utilization rates stratified by age group.

Table 4-9—ED Utilization for Members Attributed to a PCP During SFY 2021

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Percentage of Members Attributed to a PCP Who Had an ED Visit												
Total	35,532	5,362	15.09%	44,478	8,492	19.09%	7,639	1,528	20.00%	87,649	15,382	17.55%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with an Attributed PCP Prior to the ED Visit*												
Total	5,362	758	14.14%	8,492	1,547	18.22%	1,528	318	20.81%	15,382	2,623	17.05%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with Any PCP Prior to the ED Visit*												
Total	5,362	2,254	42.04%	8,492	4,121	48.53%	1,528	828	54.19%	15,382	7,203	46.83%

**For this indicator, HSAG identified ED visits during each member's attribution span during the measurement year and then assessed whether the member had a visit with a PCP during their attribution span prior to their earliest ED visit during the measurement year.*

Table 4-10—ED Utilization for Members Attributed to a PCP During SFY 2022

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Percentage of Members Attributed to a PCP Who Had an ED Visit												
Total	27,149	4,961	18.27%	33,549	6,366	18.98%	9,968	1,850	18.56%	70,666	13,177	18.65%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with an Attributed PCP Prior to the ED Visit*												
Total	4,961	791	15.94%	6,366	887	13.93%	1,850	310	16.76%	13,177	1,988	15.09%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with Any PCP Prior to the ED Visit*												
Total	4,961	2,236	45.07%	6,366	2,848	44.74%	1,850	868	46.92%	13,177	5,952	45.17%

**For this indicator, HSAG identified ED visits during each member's attribution span during the measurement year and then assessed whether the member had a visit with a PCP during their attribution span prior to their earliest ED visit during the measurement year.*

Table 4-9~~Table 4-9~~ and Table 4-10~~Table 4-10~~ show that **ACNH** had a slightly lower rate of ED utilization for members attributed to a PCP in SFY 2021 compared to the other MCOs; however, in SFY 2022, ED utilization for attributed members was similar across MCOs. For all MCOs, members who had an ED visit were more likely to visit a non-attributed PCP than their attributed PCP prior to their ED visit during SFY 2021 and SFY 2022.

Appendix A

Supplemental PQI Analysis Tables

Table A-1 through **Error! Reference source not found.**~~Table A-5~~ present the results for the percentage of admissions wherein members received an HRA and/or were enrolled in CM, stratified by months of admissions for the four PQI measures and overall. Please note that suppression was applied for some measures due to a small numerator or denominator (i.e., fewer than 11). In instances where only one stratification was suppressed, the value for another small population was also suppressed, even if the value was 11 or more.

Table A-1—PQI-01: Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member Received an HRA or Enrolled in CM Prior to the Admission Date												
Within 1 month of admission	20	0	0.00%	62	*S*	*S*	98	*S*	*S*	180	*S*	*S*
Within 3 months of admission	20	0	0.00%	62	*S*	*S*	98	*S*	*S*	180	16	8.89%
Within 12 months of admission	20	*S*	*S*	62	*S*	*S*	98	37	37.76%	180	59	32.78%
Member Received an HRA or Enrolled in CM After the Admission Date												
Within 1 month of admission	20	0	0.00%	62	*S*	*S*	98	*S*	*S*	180	15	8.33%
Within 3 months of admission	20	0	0.00%	62	13	20.97%	98	12	12.24%	180	25	13.89%
Within 12 months of admission	20	*S*	*S*	62	*S*	*S*	98	41	41.84%	180	69	38.33%
Member Received an HRA or Enrolled in CM Either Prior to or After the Admission Date												
Within 1 month of admission	20	0	0.00%	62	*S*	*S*	98	*S*	*S*	180	16	8.89%

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Within 3 months of admission	20	0	0.00%	62	18	29.03%	98	21	21.43%	180	39	21.67%
Within 12 months of admission	20	*S*	*S*	62	*S*	*S*	98	70	71.43%	180	109	60.56%

S indicates that suppression was applied due to a small numerator (i.e., fewer than 11).

Table A-2—PQI-05: Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member Received an HRA or Enrolled in CM Prior to the Admission Date												
Within 1 month of admission	24	0	0.00%	73	*S*	*S*	76	*S*	*S*	173	*S*	*S*
Within 3 months of admission	24	0	0.00%	73	*S*	*S*	76	*S*	*S*	173	14	8.09%
Within 12 months of admission	24	*S*	*S*	73	*S*	*S*	76	38	50.00%	173	80	46.24%
Member Received an HRA or Enrolled in CM After the Admission Date												
Within 1 month of admission	24	*S*	*S*	73	13	17.81%	76	*S*	*S*	173	23	13.29%
Within 3 months of admission	24	*S*	*S*	73	25	34.25%	76	*S*	*S*	173	40	23.12%
Within 12 months of admission	24	*S*	*S*	73	42	57.53%	76	*S*	*S*	173	77	44.51%
Member Received an HRA or Enrolled in CM Either Prior to or After the Admission Date												
Within 1 month of admission	24	*S*	*S*	73	16	21.92%	76	*S*	*S*	173	29	16.76%
Within 3 months of admission	24	*S*	*S*	73	33	45.21%	76	*S*	*S*	173	54	31.21%
Within 12 months of admission	24	*S*	*S*	73	55	75.34%	76	*S*	*S*	173	123	71.10%

S indicates that suppression was applied due to a small numerator (i.e., fewer than 11).

Table A-3—PQI-08: Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member Received an HRA or Enrolled in CM Prior to the Admission Date												
Within 1 month of admission	85	*S*	*S*	160	13	8.13%	198	*S*	*S*	443	28	6.32%
Within 3 months of admission	85	*S*	*S*	160	28	17.50%	198	*S*	*S*	443	58	13.09%
Within 12 months of admission	85	20	23.53%	160	73	45.63%	198	79	39.90%	443	172	38.83%
Member Received an HRA or Enrolled in CM After the Admission Date												
Within 1 month of admission	85	*S*	*S*	160	*S*	*S*	198	22	11.11%	443	45	10.16%
Within 3 months of admission	85	*S*	*S*	160	*S*	*S*	198	35	17.68%	443	72	16.25%
Within 12 months of admission	85	18	21.18%	160	77	48.13%	198	84	42.42%	443	179	40.41%
Member Received an HRA or Enrolled in CM Either Prior to or After the Admission Date												
Within 1 month of admission	85	*S*	*S*	160	31	19.38%	198	*S*	*S*	443	72	16.25%
Within 3 months of admission	85	14	16.47%	160	54	33.75%	198	57	28.79%	443	125	28.22%
Within 12 months of admission	85	35	41.18%	160	109	68.13%	198	149	75.25%	443	293	66.14%

S indicates that suppression was applied due to a small numerator (i.e., fewer than 11).

Table A-4—PQI-15: Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member Received an HRA or Enrolled in CM Prior to the Admission Date												
Within 1 month of admission	*S*	0	0.00%	*S*	0	0.00%	*S*	0	0.00%	20	0	0.00%
Within 3 months of admission	*S*	*S*	*S*	*S*	0	0.00%	*S*	0	0.00%	20	*S*	*S*
Within 12 months of admission	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	20	*S*	*S*
Member Received an HRA or Enrolled in CM After the Admission Date												
Within 1 month of admission	*S*	0	0.00%	*S*	*S*	*S*	*S*	*S*	*S*	20	*S*	*S*
Within 3 months of admission	*S*	0	0.00%	*S*	*S*	*S*	*S*	*S*	*S*	20	*S*	*S*
Within 12 months of admission	*S*	0	0.00%	*S*	*S*	*S*	*S*	*S*	*S*	20	12	60.00%
Member Received an HRA or Enrolled in CM Either Prior to or After the Admission Date												
Within 1 month of admission	*S*	0	0.00%	*S*	*S*	*S*	*S*	*S*	*S*	20	*S*	*S*
Within 3 months of admission	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	20	*S*	*S*
Within 12 months of admission	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	*S*	20	16	80.00%

S indicates that suppression was applied due to a small numerator or denominator (i.e., fewer than 11).

Table A-5—Overall: Percentage of Admissions Wherein Members Received an HRA or Enrolled in CM

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Member Received an HRA or Enrolled in CM Prior to the Admission Date												
Within 1 month of admission	132	*S*	*S*	303	17	5.61%	381	*S*	*S*	816	36	4.41%
Within 3 months of admission	132	*S*	*S*	303	43	14.19%	381	*S*	*S*	816	89	10.91%
Within 12 months of admission	132	31	23.48%	303	128	42.24%	381	158	41.47%	816	317	38.85%
Member Received an HRA or Enrolled in CM After the Admission Date												
Within 1 month of admission	132	*S*	*S*	303	43	14.19%	381	*S*	*S*	816	88	10.78%
Within 3 months of admission	132	*S*	*S*	303	72	23.76%	381	*S*	*S*	816	143	17.52%
Within 12 months of admission	132	23	17.42%	303	151	49.83%	381	163	42.78%	816	337	41.30%
Member Received an HRA or Enrolled in CM Either Prior to or After the Admission Date												
Within 1 month of admission	132	11	8.33%	303	58	19.14%	381	53	13.91%	816	122	14.95%
Within 3 months of admission	132	16	12.12%	303	109	35.97%	381	100	26.25%	816	225	27.57%
Within 12 months of admission	132	49	37.12%	303	206	67.99%	381	286	75.07%	816	541	66.30%

S indicates that suppression was applied due to a small numerator (i.e., fewer than 11).

Supplemental Well-Care and Preventive Visits Analysis Tables

Overall Utilization with a Non-Attributed PCP

Table A-6 and Table A-7 present the overall percentage of members who had a visit with a non-attributed PCP during SFY 2021 and SFY 2022.

Table A-6—Overall Percentage of PCP Visits with a Non-Attributed PCP During SFY 2021

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (87,649)	45.54%	44.59%	43.89%
Age			
Pediatric (33,060)	46.14%	44.49%	43.42%
Adult (54,589)	45.14%	44.66%	44.23%
MCO (Pediatric & Adult)			
ACNH (35,532)	43.66%	43.72%	43.58%
NHHF (44,478)	45.44%	43.76%	42.66%
WS (7,639)	52.34%	52.33%	52.20%

Table A-7—Overall Percentage of PCP Visits with a Non-Attributed PCP During SFY 2022

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (70,666)	47.95%	47.22%	46.79%
Age			
Pediatric (23,112)	48.99%	47.87%	47.03%
Adult (47,554)	47.32%	46.83%	46.65%
MCO (Pediatric & Adult)			
ACNH (27,149)	41.57%	41.46%	41.37%
NHHF (33,549)	49.62%	48.51%	47.79%
WS (9,968)	58.71%	57.77%	57.77%

Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP

Table A-8 and Table A-9 display the utilization rates for well-care and preventive visits with non-attributed PCPs, stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022.

Table A-8—Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP During SFY 2021

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total	26.92%	32.95%	35.96%
Age			
Pediatric	30.67%	37.57%	41.83%
Adult	24.84%	30.37%	32.69%
MCO (Pediatric & Adult)			
ACNH	20.84%	25.54%	27.09%
NHHF	30.79%	37.90%	42.16%
WS	36.32%	43.06%	46.62%

Table A-9—Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP During SFY 2022

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total	26.81%	32.11%	34.20%
Age			
Pediatric	34.17%	39.99%	42.13%
Adult	23.51%	28.58%	30.65%
MCO (Pediatric & Adult)			
ACNH	22.56%	27.37%	29.72%
NHHF	29.27%	34.84%	36.64%
WS	29.62%	35.31%	37.65%

Table A-10 and Table A-11 display the utilization rates for well-care and preventive visits with non-attributed PCPs, stratified by time horizons from the PCP attribution start date (three, six, and 12 months) during SFY 2021 and SFY 2022 for the Amoskeag health group.

Table A-10—Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP During SFY 2021—Amoskeag Health Group

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total	28.05%	32.31%	33.94%
Age			
Pediatric	36.09%	41.12%	43.49%
Adult	25.89%	29.94%	31.37%
MCO (Pediatric & Adult)			
ACNH	25.86%	29.17%	30.28%
NHHF	24.14%	29.50%	32.38%
WS	51.76%	57.65%	58.24%

Table A-11—Utilization of Well-Care and Preventive Visits with a Non-Attributed PCP During SFY 2022—Amoskeag Health Group

Stratification	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total	31.65%	37.81%	40.23%
Age			
Pediatric	43.55%	49.58%	50.75%
Adult	26.81%	33.02%	35.95%
MCO (Pediatric & Adult)			
ACNH	28.17%	35.51%	39.39%
NHHF	32.19%	37.89%	39.60%
WS	39.46%	44.06%	45.21%

Overall Utilization with an Attributed PCP or Group Practice

Table A-12 and Table A-13 present the overall percentage of members who had a visit with an attributed PCP or practice during SFY 2021 and SFY 2022.

Table A-12—Overall Percentage of Members Who Had a Visit with an Attributed PCP or Practice During SFY 2021

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (87,649)	22.30%	28.32%	31.77%
Age			
Pediatric (33,060)	23.21%	30.37%	35.32%
Adult (54,589)	21.76%	27.08%	29.63%
MCO (Pediatric & Adult)			
ACNH (35,532)	20.18%	24.66%	26.29%
NHHF (44,478)	23.80%	31.34%	36.42%
WS (7,639)	23.47%	27.75%	30.25%

Table A-13—Overall Percentage of Members Who Had a Visit with an Attributed PCP or Practice During SFY 2022

Stratification (Denom)	Within 3 Months of PCP Attribution	Within 6 Months of PCP Attribution	Within 12 Months of PCP Attribution
Total (70,666)	21.20%	26.11%	28.29%
Age			
Pediatric (23,112)	24.16%	29.56%	32.21%
Adult (47,554)	19.76%	24.44%	26.38%
MCO (Pediatric & Adult)			
ACNH (27,149)	22.57%	27.49%	29.96%
NHHF (33,549)	21.47%	26.68%	28.86%
WS (9,968)	16.56%	20.47%	21.83%

ED Utilization

Table A-14 and Table A-15 display the overall ED utilization rates for members attributed to a PCP during SFY 2021 and SFY 2022, with rates stratified by age group.

Table A-14—Overall ED Utilization for Members Attributed to a PCP During SFY 2021

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Percentage of Members Attributed to a PCP Who Had an ED Visit												
Total	35,532	5,362	15.09%	44,478	8,492	19.09%	7,639	1,528	20.00%	87,649	15,382	17.55%
Pediatric	9,623	823	8.55%	20,280	2,824	13.93%	3,157	497	15.74%	33,060	4,144	12.53%
Adult	25,909	4,539	17.52%	24,198	5,668	23.42%	4,482	1,031	23.00%	54,589	11,238	20.59%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with an Attributed PCP Prior to the ED Visit*												
Total	5,362	758	14.14%	8,492	1,547	18.22%	1,528	318	20.81%	15,382	2,623	17.05%
Pediatric	823	165	20.05%	2,824	603	21.35%	497	148	29.78%	4,144	916	22.10%
Adult	4,539	593	13.06%	5,668	944	16.65%	1,031	170	16.49%	11,238	1,707	15.19%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with Any PCP Prior to the ED Visit*												
Total	5,362	2,254	42.04%	8,492	4,121	48.53%	1,528	828	54.19%	15,382	7,203	46.83%
Pediatric	823	429	52.13%	2,824	1,529	54.14%	497	354	71.23%	4,144	2,312	55.79%
Adult	4,539	1,825	40.21%	5,668	2,592	45.73%	1,031	474	45.97%	11,238	4,891	43.52%

**For this indicator, HSAG identified ED visits during each member's attribution span during the measurement year and then assessed whether the member had a visit with a PCP during their attribution span prior to their earliest ED visit during the measurement year.*

Table A-15—Overall ED Utilization for Members Attributed to a PCP During SFY 2022

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Percentage of Members Attributed to a PCP Who Had an ED Visit												
Total	27,149	4,961	18.27%	33,549	6,366	18.98%	9,968	1,850	18.56%	70,666	13,177	18.65%
Pediatric	7,363	1,118	15.18%	12,164	2,004	16.47%	3,585	639	17.82%	23,112	3,761	16.27%
Adult	19,786	3,843	19.42%	21,385	4,362	20.40%	6,383	1,211	18,97%	47,554	9,416	19.80%

Measure	ACNH			NHHF			WS			Statewide		
	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate	Den	Num	Rate
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with an Attributed PCP Prior to the ED Visit*												
Total	4,961	791	15.94%	6,366	887	13.93%	1,850	310	16.76%	13,177	1,988	15.09%
Pediatric	1,118	266	23.79%	2,004	355	17.71%	639	176	27.54%	3,761	797	21.19%
Adult	3,843	525	13.66%	4,362	532	12.20%	1,211	134	11.07%	9,416	1,191	12.65%
Percentage of Attributed Members Who Had an ED Visit and Had a Visit with Any PCP Prior to the ED Visit*												
Total	4,961	2,236	45.07%	6,366	2,848	44.74%	1,850	868	46.92%	13,177	5,952	45.17%
Pediatric	1,118	667	59.66%	2,004	1,051	52.45%	639	410	64.16%	3,761	2,128	56.58%
Adult	3,843	1,569	40.83%	4,362	1,797	41.20%	1,211	458	37.82%	9,416	3,824	40.61%

**For this indicator, HSAG identified ED visits during each member's attribution span during the measurement year and then assessed whether the member had a visit with a PCP during their attribution span prior to their earliest ED visit during the measurement year.*

Appendix B

HSAG assembled a Quality Study Review Team based on the full complement of skills required for the Quality Study activity. Table B-1~~Table B-1~~ lists the Quality Study Review team members, their roles, and relevant skills and expertise.

Table B-1—SFY 2022 Quality Study Review Team

Name/Role	Skills and Expertise
Raymond Berens, BA *Senior Director, Data Science & Advanced Analytics*	Mr. Berens has 12 years of experience with Medicaid, performing, designing, and overseeing analyses of healthcare performance measure data and calculating performance measures using administrative and medical record review data. Mr. Berens has been employed by HSAG for 12 years and has been involved in EQR services in New Hampshire since 2016.
Nicole Fair, MS *Director, Data Science & Advanced Analytics*	Ms. Fair has over nine years of analytic experience, including managing EQR data analytic contract activities for numerous state Medicaid agencies, conducting quality assurance management activities, and evaluating specific populations (e.g., foster care, nursing facility residents) for focus studies on behalf of state Medicaid agencies and/or state public health departments. Ms. Fair has been employed by HSAG for nine years and has been involved in EQR services in New Hampshire since 2016.

Appendix C

The following MCO-specific sections show how each of HSAG's recommendations pertinent to the MCOs will be addressed by the MCOs and monitored by DHHS.

ACNH

Table C-1~~Table C-1~~ lists opportunities for improvement to include in the quality assessment and performance improvement report for **ACNH**.

Table C-1—EQRO Findings and Recommendations for Improvement From the 2022 Quality Study Report to Include in the EQRO.01 Report for ACNH

ACNH EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
Quality Study Report		
1	ACNH-2022-EQRO.01-QS-Att-01	• **ACNH** should investigate why rates of HRA completion and CM enrollment do not demonstrate larger increase after an inpatient admission and determine if **ACNH** needs to implement mechanisms to automatically trigger an HRA and/or CM enrollment after an inpatient admission.
2	ACNH-2022-EQRO.01-QS-Att-02	• **ACNH** must ensure that HRA refusal data are captured to correctly determine if lower rates of HRAs were due to HRAs being offered to but refused by the member, or not being offered to the member entirely.

NHHF

Table C-2~~Table C-2~~ lists opportunities for improvement to include in the quality assessment and performance improvement report for **NHHF**.

Table C-2—EQRO Findings and Recommendations for Improvement From the 2022 Quality Study Report to Include in the EQRO.01 Report for NHHF

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
Quality Study Report		
1	NHHF-2022-EQRO.01-QS-Att-01	• **NHHF** should investigate why rates of HRA completion and CM enrollment do not demonstrate larger increase after an inpatient admission and determine if **NHHF** needs to implement mechanisms to automatically trigger an HRA and/or CM enrollment after an inpatient admission.

NHHF EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
Quality Study Report		
2	NHHF-2022-EQRO.01-QS-Att-02	• **NHHF** must ensure that HRA refusal data are captured to correctly determine if lower rates of HRAs were due to HRAs being offered to but refused by the member, or not being offered to the member entirely.

WS

Table C-3~~Table C-3~~ lists opportunities for improvement to include in the quality assessment and performance improvement report for **WS**.

Table C-3—EQRO Findings and Recommendations for Improvement From the 2022 Quality Study Report to Include in the EQRO.01 Report for WS

WS EQRO Findings/Recommendations for Improvement to be included in the EQRO.01		
Quality Study Report		
1	WS-2022-EQRO.01-QS-Att-01	• **WS** should investigate why rates of HRA completion and CM enrollment do not demonstrate larger increase after an inpatient admission and determine if **WS** needs to implement mechanisms to automatically trigger an HRA and/or CM enrollment after an inpatient admission.
2	NHHF-2022-EQRO.01-QS-Att-02	• **WS** must ensure that HRA refusal data are captured to correctly determine if lower rates of HRAs were due to HRAs being offered to but refused by the member, or not being offered to the member entirely.