

# New Hampshire State Fiscal Year (SFY) 2017 External Quality Review (EQR) Technical Report

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# Agenda

- EQR Activities Comparing Managed Care Organizations (MCOs)
  - **Health Plan Evaluations**
    - Contract Compliance Review
    - Performance Improvement Projects (PIPs)
    - Performance Measure Validation (PMV)
  - **Member Health and Experience of Care Evaluations**
    - Healthcare Effectiveness Data and Information Set (HEDIS®)
    - Consumer Assessment of Healthcare Providers and Systems (CAHPS®)

# Agenda (cont.)

- Overall Strengths and Opportunities for Improvement
- Medicaid Care Management (MCM) Program Evaluations
  - Focus Groups
  - Encounter Data Validation (EDV)
  - MCO Provider Satisfaction Survey Tool
  - Behavioral Health Member Survey Tool
- EQR Tasks for 2018

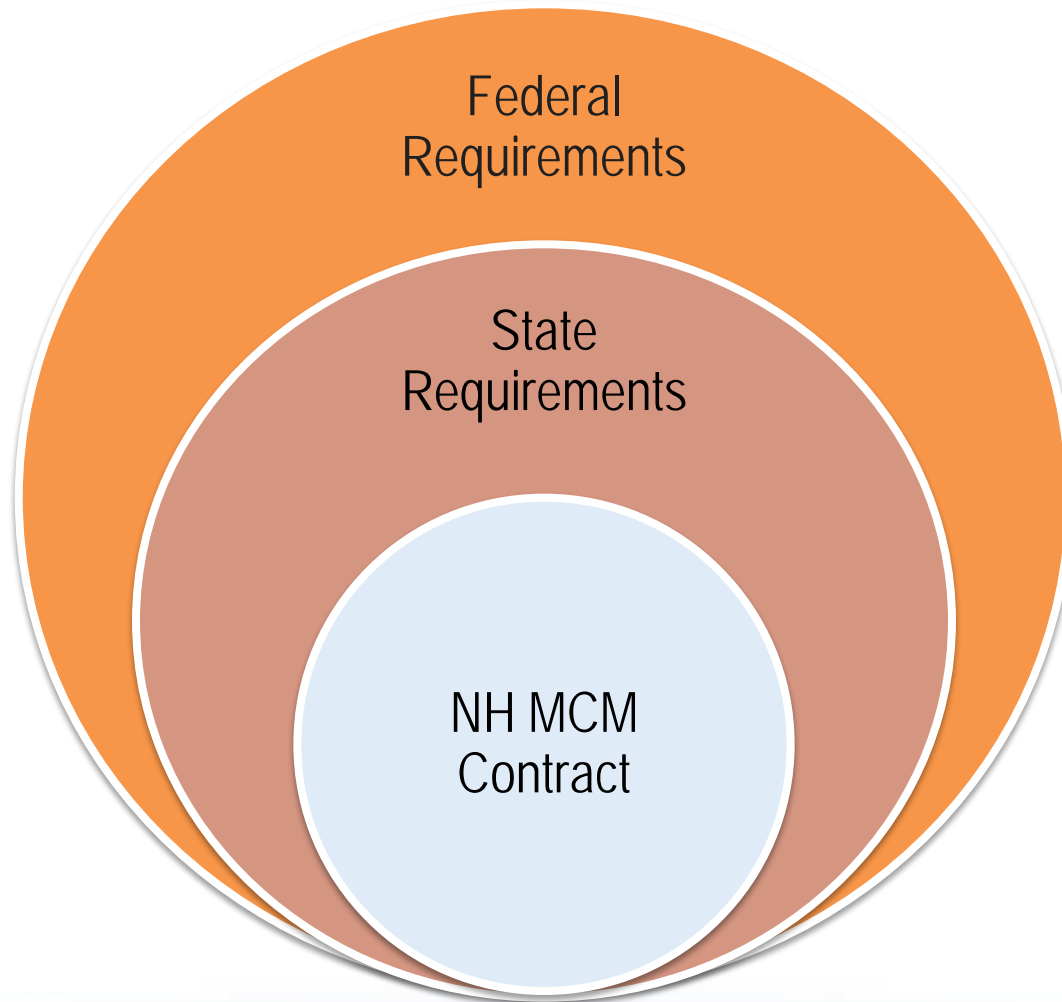
# SFY 2017 EQR Activities: Health Plan Evaluations

# Health Plan Evaluations—Compliance

Contract Compliance Review to ensure MCO compliance with federal and State requirements

- Performed pre-on-site document review and a two-day on-site review at each MCO
- Conducted on-site review to
  - Interview staff to learn more about the processes used to implement policies and procedures
  - Complete file reviews for credentialing and recredentialing
- Corrective Action Plans submitted for all scores under 100%; follow-up review will be conducted during the 2018 compliance review

# Health Plan Evaluations—Compliance (cont.)



# Health Plan Evaluations—Compliance (cont.)

## Contract Compliance

Standard	Description of Standards Reviewed in 2017	New Hampshire Healthy Families (NHHF)	Well Sense Health Plan (Well Sense)
I.	Delegation and Subcontracting	100%	100%
II.	Plans Required by the Contract	87.5%	100%
III.	Emergency and Post-stabilization Care	100%	100%
IV.	Care Management/Care Coordination	90.0%	96.7%
V.	Wellness and Prevention	100%	100%
VI.	Behavioral Health	100%	100%
VII.	Member Enrollment and Disenrollment	87.5%	100%
VIII.	Member Services	100%	100%
IX.	Cultural Considerations	100%	100%
X.	Grievances and Appeals	100%	100%
XI.	Access to Care	100%	100%
XII.	Network Management	100%	95.0%
XIII.	Utilization Management	100%	100%
XIV.	Quality Management	95.0%	95.5%
Overall Score		97.3%	98.6%

# Health Plan Evaluations—Compliance (cont.)

## Contract Compliance—Checklists and File Reviews

Checklists and File Reviews	NHHF	Well Sense
<b>Checklists</b>		
Network Management	100%	100%
Call Center	100%	100%
Member Identification Cards	100%	90.9%
Notice Requirements	100%	100%
<b>Checklists Total Score</b>	<b>100%</b>	<b>97.9%</b>
<b>File Reviews</b>		
Initial Credentialing	99.3%	100%
Recredentialing	100%	82.7%
<b>File Reviews Total Score</b>	<b>99.6%</b>	<b>90.6%</b>



# Health Plan Evaluations—Compliance (cont.)

## Compliance Recommendations: NHHF\*

- Improve documentation of:
  - Referrals of members for social services and community care
  - Edits in the pharmacy system concerning antipsychotic and psychotropic medications for children
  - Benchmarks and goals for readmissions to the New Hampshire Hospital
  - Policy statements allowing members to enroll during a renegotiation or re-procurement enrollment period

\*Corrections required to meet the contract requirements between the New Hampshire Department of Health and Human Services (DHHS) and NHHF

# Health Plan Evaluations—Compliance (cont.)

## Compliance Recommendations: NHHF\*

- Ensure there is a statistically valid sample from each major provider type in the annual provider satisfaction survey
- Process initial credentialing files within the time frame (30 days from receipt of completed application) as required by the contract between DHHS and the MCOs

\*Corrections required to meet the contract requirements between DHHS and NHHF

# Health Plan Evaluations—Compliance (cont.)

## Compliance Recommendations: Well Sense\*

- Improve edits in the pharmacy systems concerning antipsychotic and psychotropic medications for children
- Ensure there is a statistically valid sample from each major provider type in the annual provider satisfaction survey
- Include how to file an appeal or grievance on the member identification card
- Include documentation of the review of provider performance data (e.g., member complaints and appeals, quality of care, appropriate utilization of services, etc.) in recredentialing files

\*Corrections required to meet the contract requirements between DHHS and Well Sense

# Health Plan Evaluations—PIPs



## PIPs Chosen by MCOs

NHHF PIP Topics	Well Sense PIP Topics
Comprehensive Diabetes Screening— Vision Screening	Comprehensive Diabetes Care— Medical Attention for Nephropathy
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medication	Reducing Hospital Readmissions to the New Hampshire Hospital
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Chlamydia Screening
Well-Child Visits for 3- to 6-Year-Olds	Well-Child Visits for 3- to 6-Year-Olds

# Health Plan Evaluation—PIPs

## 2017 PIP Validation Results

Stage	Activities	NHHF (4 PIPs)	Well Sense (4 PIPs*)
Design	Activities I–VI	100% (69/69)	100% (57/57)
Implementation	Activities VII–VIII	90% (47/52)	96% (43/45)
Outcomes	Activities IX–X	62% (8/13)	60% (6/10)
Overall Percentage of Applicable Evaluation Elements Scored Met		<b>93%</b>	<b>95%</b>

\*One Well Sense replacement PIP that progressed only through the Design and Implementation stages in 2017 (Comprehensive Diabetes Care—Medical Attention for Nephropathy)

# Health Plan Evaluations—PIPs (cont.)

## 2017 PIP Validation Results

- Both MCOs demonstrated strong performance in the Design and Implementation stages of the PIPs
- In the Outcomes stage (assessed for improvement in the study indicator), one NHHF PIP and none of the Well Sense PIPs demonstrated statistically significant improvement over baseline across all study indicators

# Health Plan Evaluations—PIPs (cont.)

## PIP Conclusions

- Although the MCOs made changes to interventions, they need to evaluate the interventions to ensure that they are having the desired effect on the measures

## PIP Recommendations

- The MCOs should:
  - Review study indicator performance
  - Review the causal/barrier analyses
  - Evaluate intervention results

# Health Plan Evaluations—PMV

## Performance Measure Validation (PMV)

- Measure validated: *Ambulatory Care: Physician/Advance Practice Registered Nurse Clinic Visits per Member per Month by Subpopulation (AMBCARE.10)* with 63 subpopulations
- Conducted a pre-on-site evaluation and a one-day on-site review at each MCO
- Reviewed an Information System Capability Assessment Tool completed by the MCOs
- Reviewed computer coding to ensure proper reporting of rates to DHHS





# Health Plan Evaluations—PMV (cont.)

## 2017 PMV Findings

Performance Measures	NHHF	Well Sense
Data Integration, Data Control, and Performance Measure Documentation	Acceptable	Acceptable
Claims and Encounter Data System and Process Findings	Acceptable	Acceptable
Membership and Enrollment Data System and Process Findings	Acceptable	Acceptable
Provider Data Systems and Process Findings	Acceptable	Acceptable
Prior Authorization Data System and Process Findings	Acceptable	Acceptable
Performance Measure Production and Reporting Findings	Acceptable	Acceptable

# Health Plan Evaluations—PMV (cont.)

## PMV Conclusions: NHHF

- NHHF had difficulty including all the data needed to properly identify the subpopulations in the measure
- After DHHS provided an extension, NHHF corrected the source code to include all subpopulations

## PMV Recommendations: NHHF

- NHHF should thoroughly review and understand the reporting specifications and intent and seek clarification from the DHHS, if needed
- NHHF should have source code walkthroughs with staff members to ensure all data elements for each measure are captured

# Health Plan Evaluations—PMV (cont.)

## PMV Conclusions: Well Sense

- Well Sense accurately defined the eligible populations, numerators, and denominators

## PMV Recommendations: Well Sense

- Continue to work with DHHS to understand the details of each measure
- Evaluate the manual steps in the measure production process, especially measures that rely heavily on external vendor data
- Continue to automate data flow processes and integrate automation steps to systematically produce the measures

# SFY 2017 Member Health and Experience of Care Evaluations

# Member Health and Experience of Care— HEDIS

## Healthcare Effectiveness Data and Information Set (HEDIS)

- Developed by the National Committee for Quality Assurance (NCQA)
- Created for employers as a way to compare health plans
- Measures collected by the two MCOs and audited by a Certified HEDIS Compliance Auditor





# Member Health and Experience of Care—HEDIS (cont.)

## HEDIS

- Audited results sent to HSAG
- Rates displayed in the EQR Technical Report are for measures in the following areas:
  - Prevention
  - Acute and Chronic Care
  - Behavioral Health

# Member Health and Experience of Care—HEDIS (cont.)

## HEDIS: NHHF

<i>Measure Domain</i>	Met or Exceeded 90th Percentile	Met 75th Percentile but Below the 90th Percentile	Met 50th Percentile but Below the 75th Percentile	Met 25th Percentile but Below the 50th Percentile	Under 25th Percentile	<i>Total</i>
Prevention 	3	12	4	0	1	20
Acute and Chronic Care 	2	4	7	1	0	14
Behavioral Health 	3	5	2	3	0	13
All Domains 	8	21	13	4	1	47
Percentage	<b>17.02%</b>	<b>44.68%</b>	<b>27.66%</b>	<b>8.51%</b>	<b>2.13%</b>	100%

**The majority of measures (42 of 47) met or exceeded the National 50th Percentile Rate**

# Member Health and Experience of Care—HEDIS (cont.)

## HEDIS Conclusions: NHHF

- Strong performance demonstrated by scoring at or above the national Medicaid 90th percentile for eight measures

## HEDIS Recommendations: NHHF





- Improvement efforts should focus on the one Prevention measure scoring under the national Medicaid 25th percentile: *Chlamydia Screening in Women—Total*

Note—Last year, eight NHHF measures scored under the Medicaid 25th percentile



# Member Health and Experience of Care—HEDIS (cont.)

## HEDIS: Well Sense

<i>Measure Domain</i>	Met or Exceeded 90th Percentile	Met 75th Percentile but Below the 90th Percentile	Met 50th Percentile but Below the 75th Percentile	Met 25th Percentile but Below the 50th Percentile	Under 25th Percentile	<i>Total</i>
Prevention 	4	12	3	0	1	20
Acute and Chronic Care 	3	8	2	1	0	14
Behavioral Health 	3	2	6	2	0	13
All Domains 	10	22	11	3	1	47
Percentage	<b>21.28%</b>	<b>46.81%</b>	<b>23.40%</b>	<b>6.38%</b>	<b>2.13%</b>	100%

The majority of measures (43 of 47) met or exceeded the National 50th Percentile Rate

# Member Health and Experience of Care—HEDIS (cont.)

## HEDIS Conclusions: Well Sense

- Strong performance demonstrated by scoring at or above the national Medicaid 90th percentile in 10 measures

## HEDIS Recommendations: Well Sense

- Improvement efforts should focus on the one Prevention measure scoring under the national Medicaid 25th percentile: *Chlamydia Screening in Women—Total*

Note—Last year, four Well Sense measures scored under the Medicaid 25th percentile

# Member Health and Experience of Care—CAHPS

## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Developed in the 1990s by the Agency for Healthcare Research and Quality (AHRQ)
- Created to standardize the information obtained from members concerning the quality of their health plans
- Survey data collected by each MCO
- Audited results sent to HSAG

# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS

- Global Ratings: Overall satisfaction with an aspect of care on a scale of 0–10 (satisfaction with the health plan, personal doctor, etc.)
- An industry-standard way to compare Global Ratings using Top Box scores of 8, 9, or 10

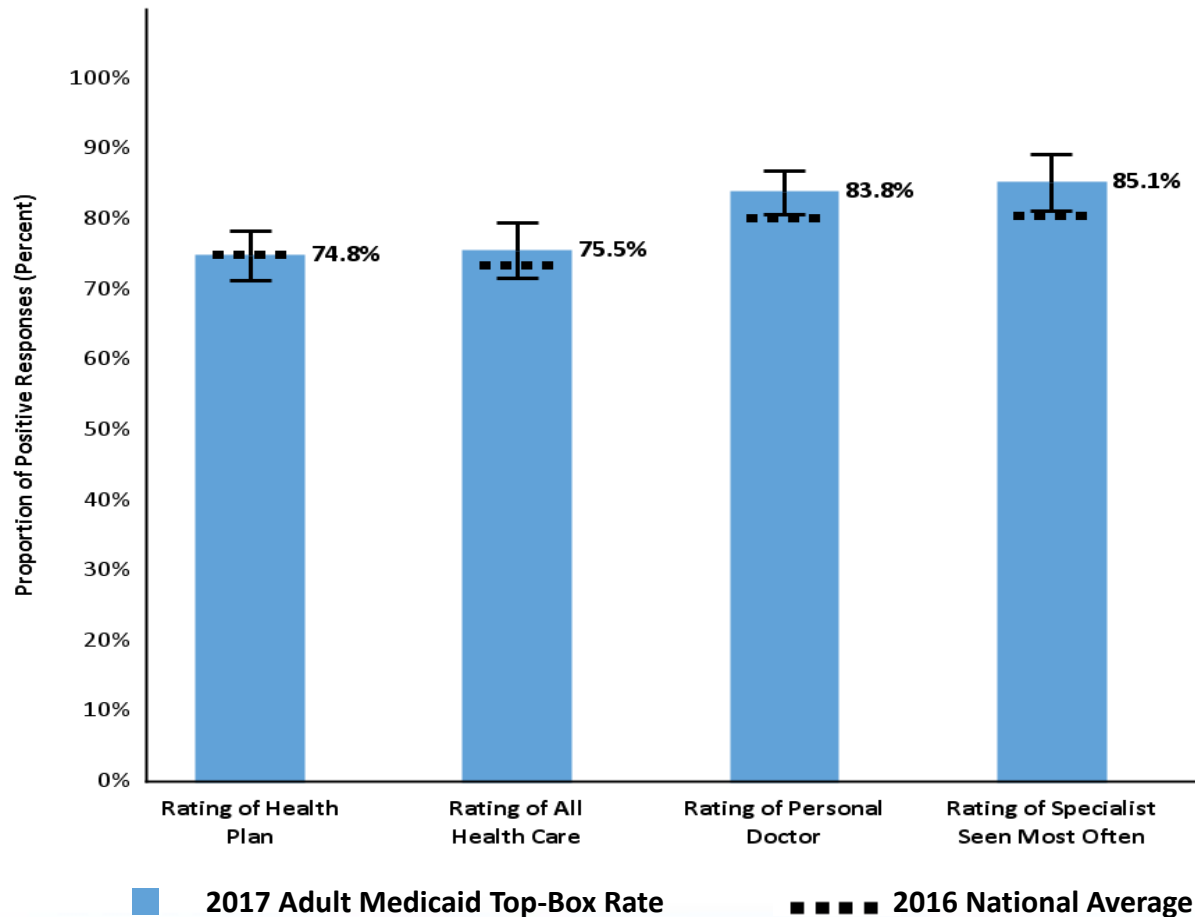
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS

- Composite Measures: Groupings of different aspects of care (getting needed care, shared decision making, etc.) with answers—Never, Sometimes, Usually, and Always; or Yes and No
- An industry-standard way to compare Composite Measures using Top Box scores of Usually or Always, and Yes
- The following charts include the Top Box Scores achieved by the MCO, confidence intervals, and the NCQA 2016 National Averages

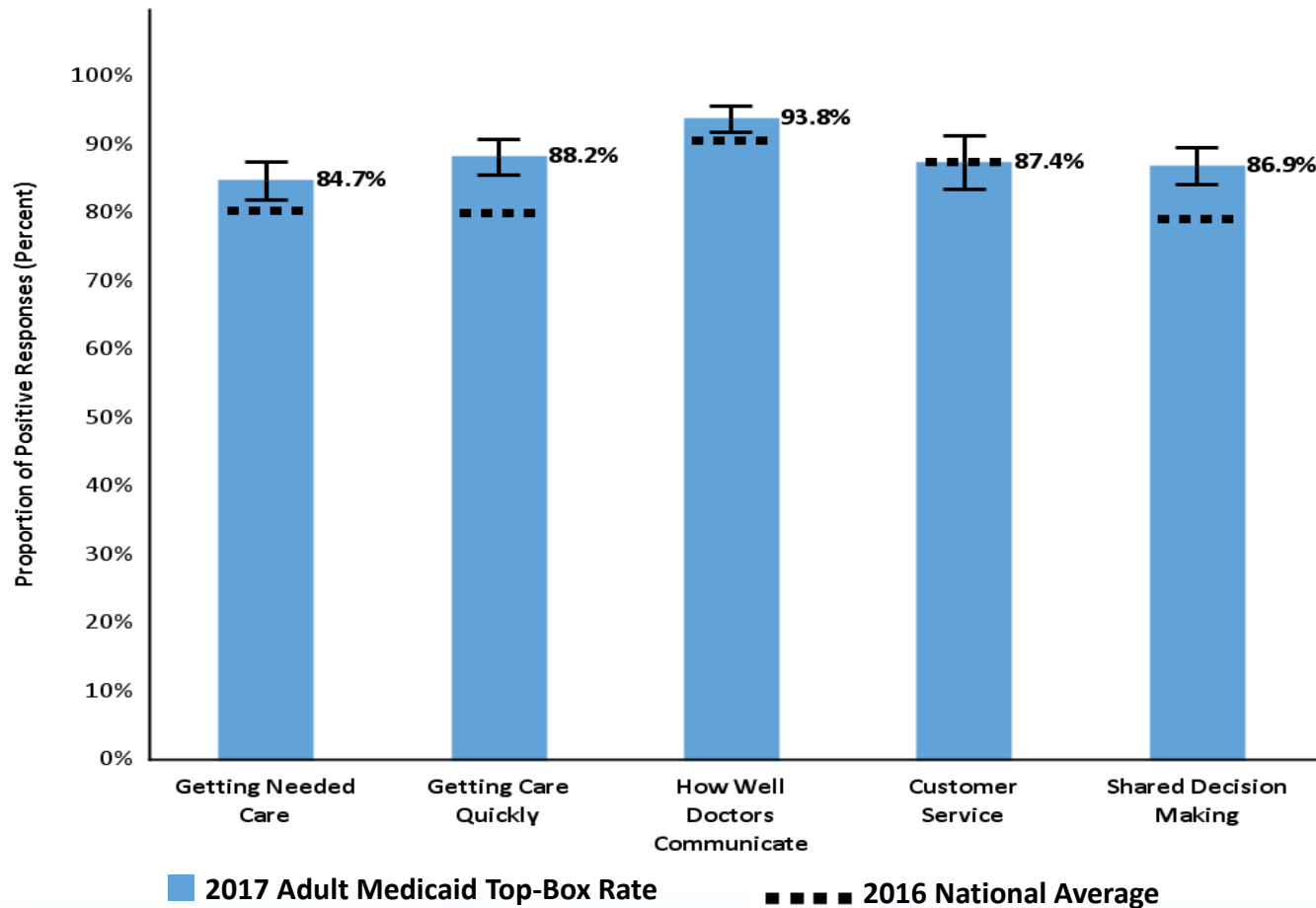
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: NHHF Adult Medicaid Global Ratings



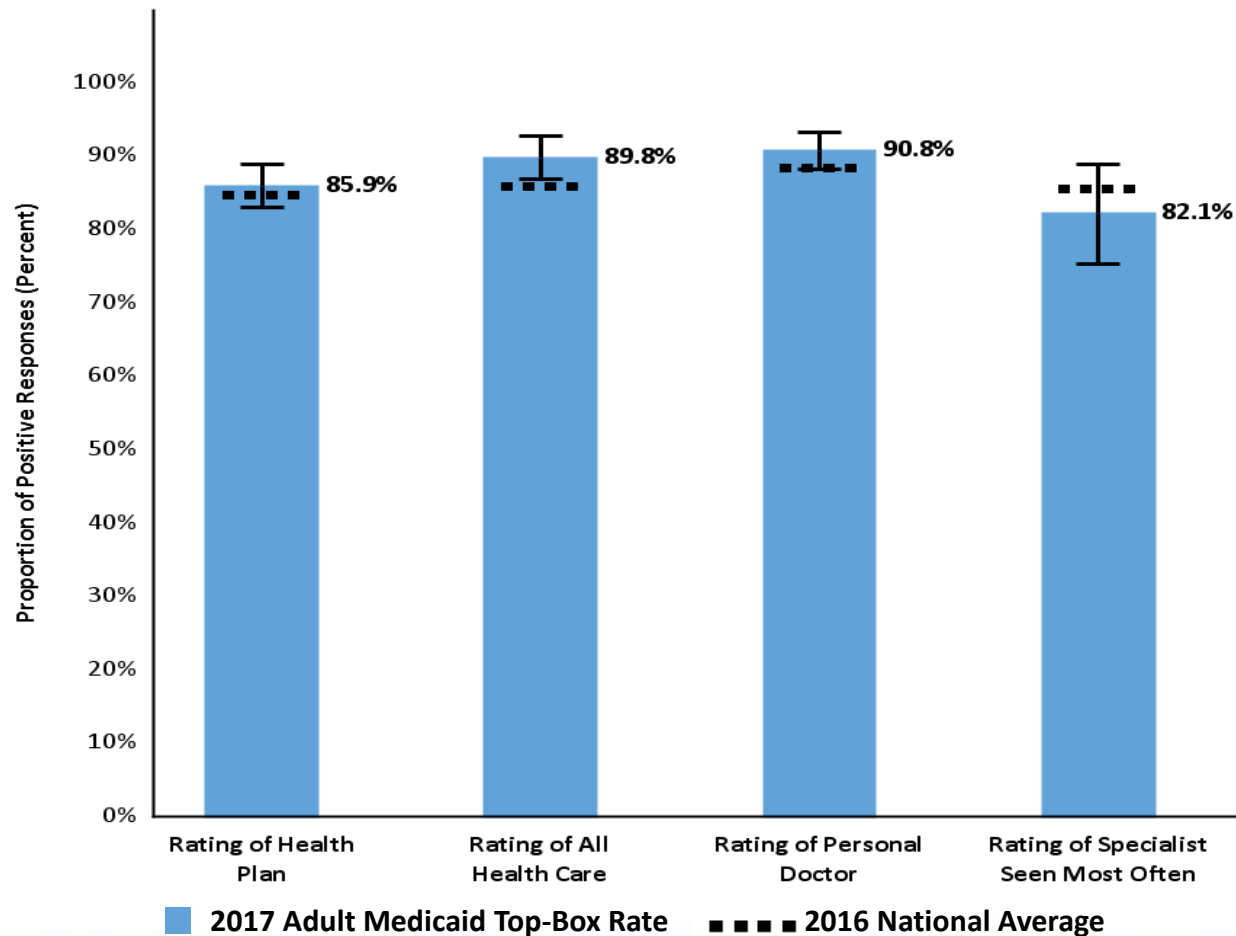
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: NHHF Adult Medicaid Composite Measures



# Member Health and Experience of Care—CAHPS (cont.)

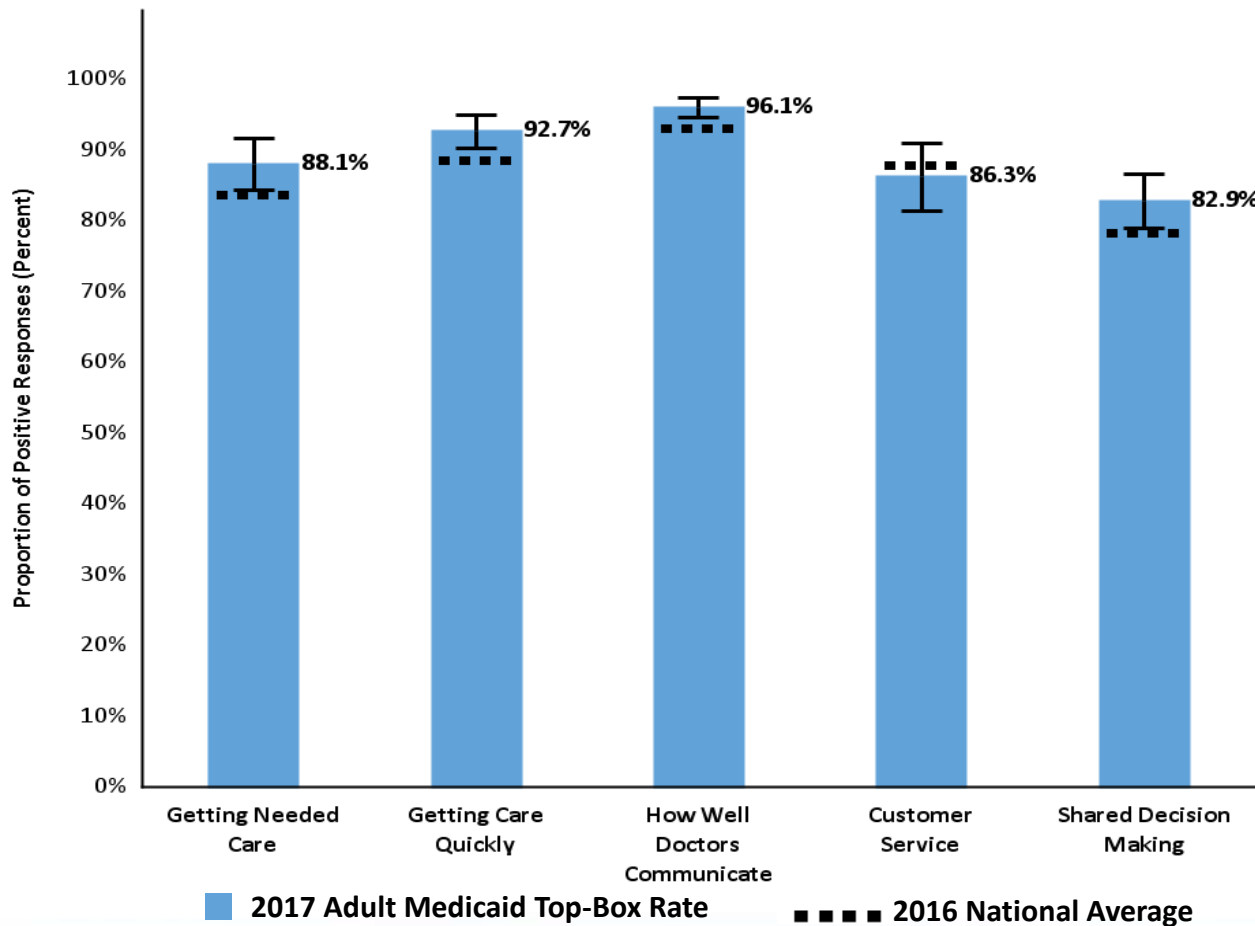
## CAHPS: NHHF Child Medicaid Global Ratings





# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: NHHF Child Medicaid Composite Measures



# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS Conclusions: NHHF

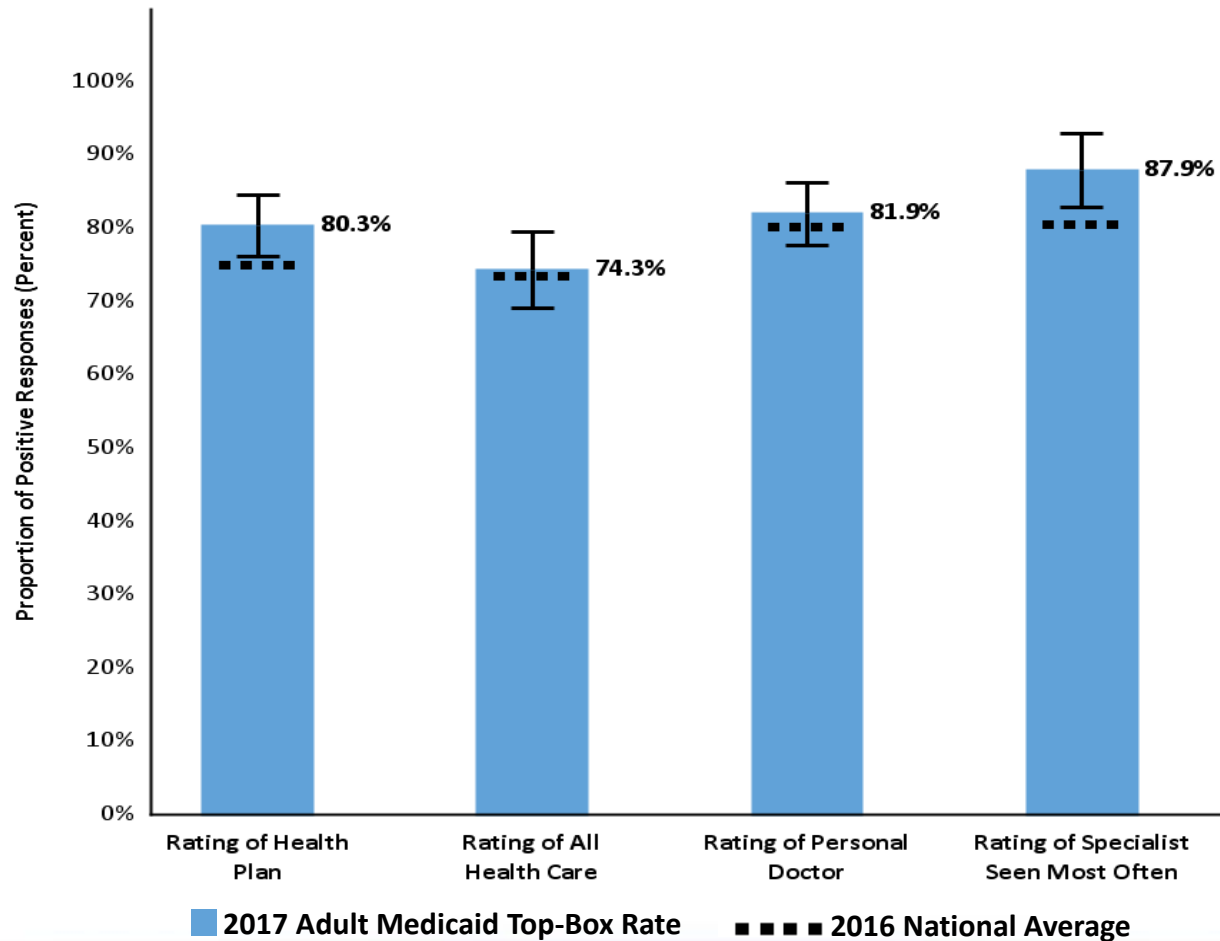
- None of the 2017 positive rates for the adult or child Medicaid populations were statistically significantly lower than the 2016 NCQA Medicaid national averages

## CAHPS Recommendations: NHHF

- HSAG recommends focusing quality improvement efforts on the following measures that were neither statistically significantly higher nor lower than the national average:
  - *Rating of Health Plan—Adult and Child*
  - *Customer Service—Adult and Child*
  - *Rating of All Health Care—Adult*
  - *Rating of Personal Doctor—Child*
  - *Rating of Specialist Seen Most Often—Child*

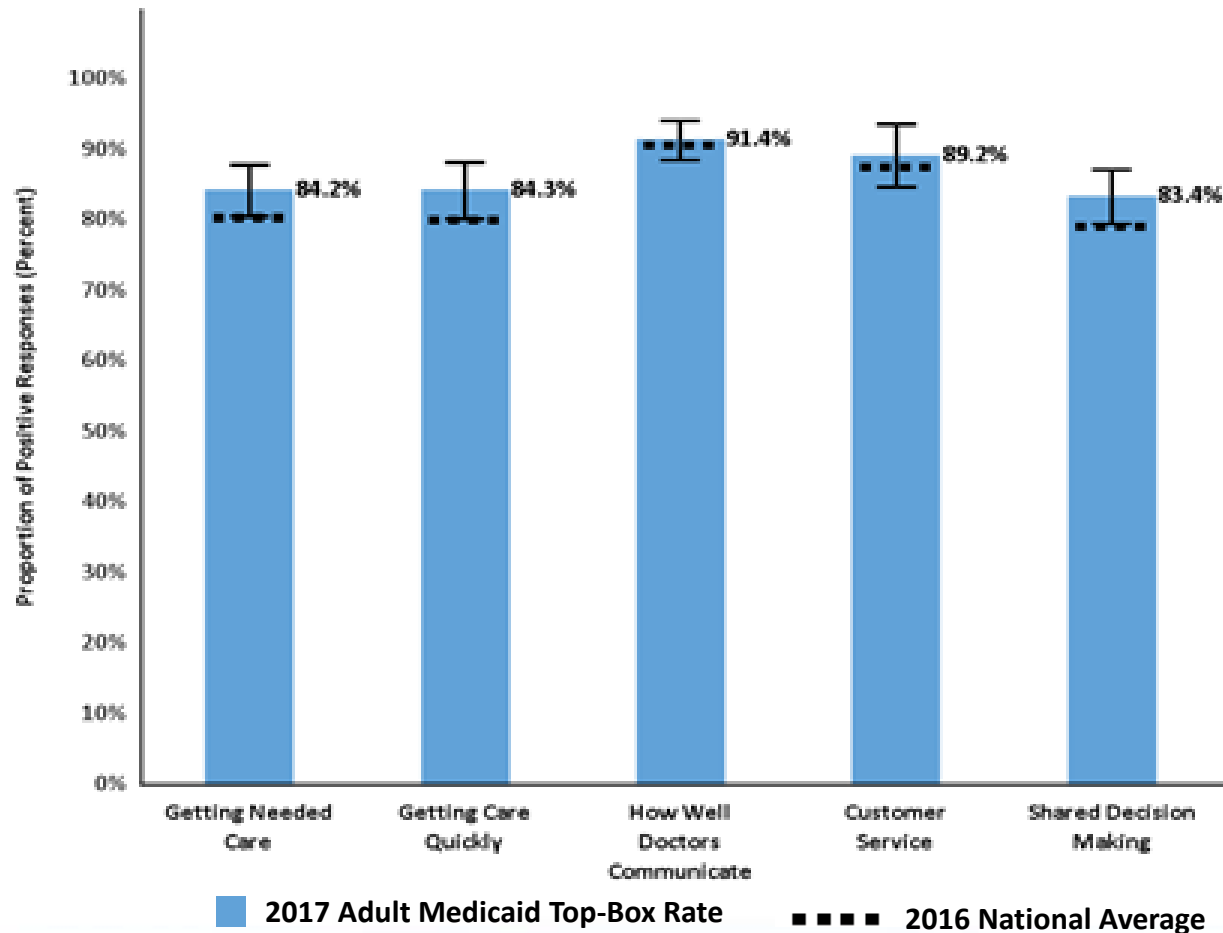
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: Well Sense Adult Medicaid Global Ratings



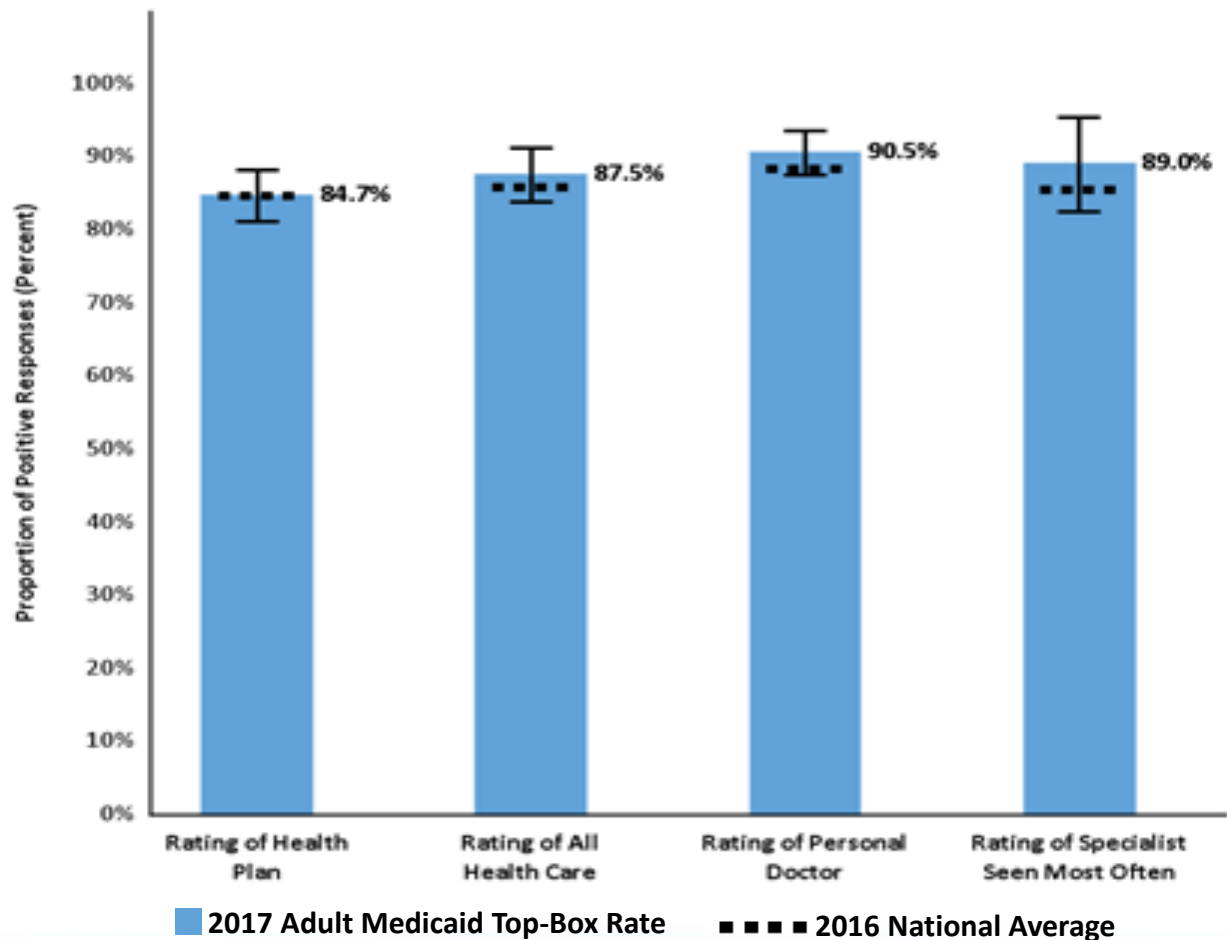
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: Well Sense Adult Medicaid Composite Measures



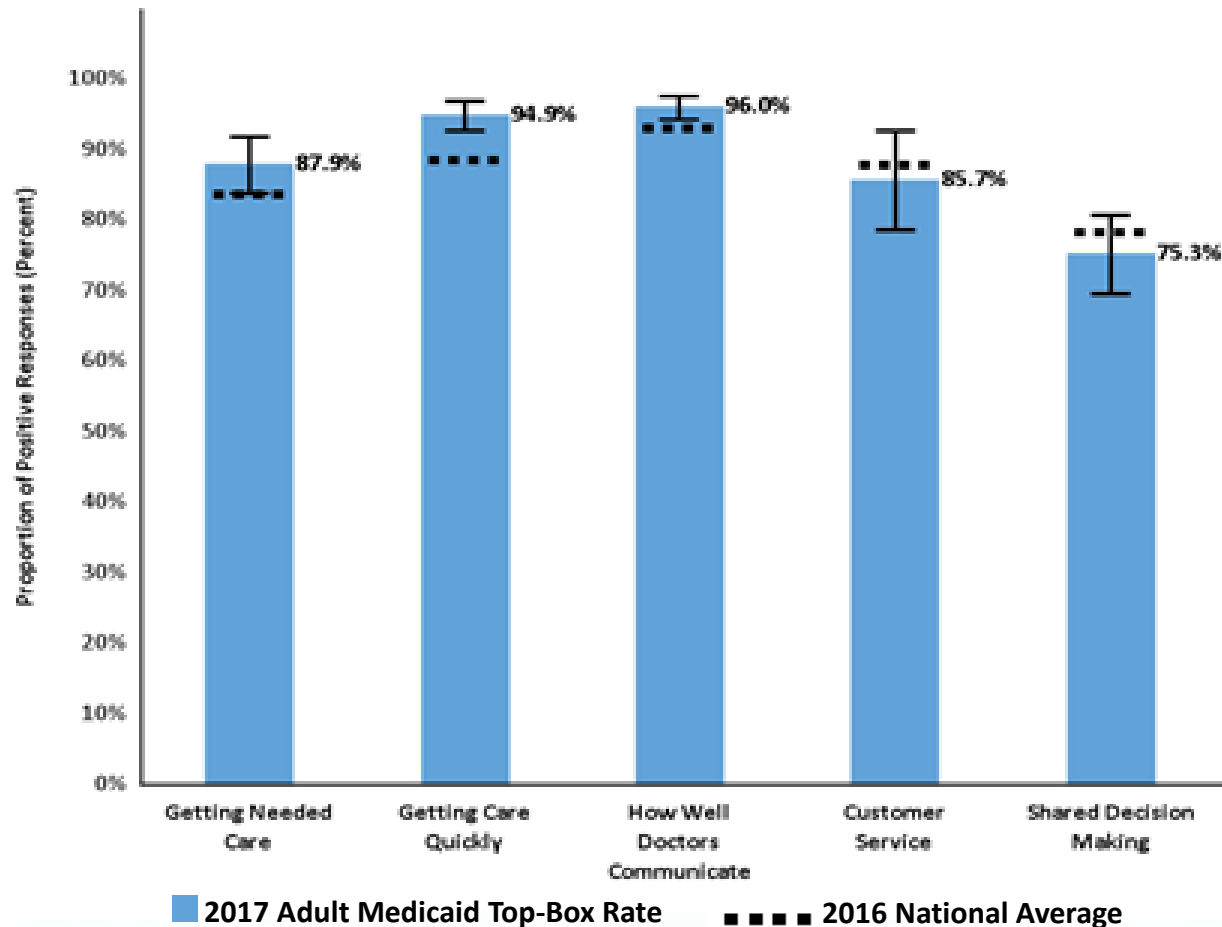
# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: Well Sense Child Medicaid Global Ratings



# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS: Well Sense Child Medicaid Composite Measures



# Member Health and Experience of Care—CAHPS (cont.)

## CAHPS Conclusions: Well Sense

- None of the 2017 positive rates for the adult or child Medicaid populations were statistically significantly lower than the 2016 NCQA Medicaid national averages

## CAHPS Recommendations: Well Sense

- HSAG recommends focusing quality improvement efforts on the following measures that were neither statistically significantly higher nor lower than the national average:
  - *Rating of All Health Care, Rating of Personal Doctor, and Customer Service—Adult and Child*
  - *How Well Doctors Communicate—Adult*
  - *Rating of Health Plan—Child*
  - *Rating of Specialist Seen Most Often—Child*
  - *Shared Decision Making—Child*

# SFY 2017

## Overall Strengths and Opportunities for Improvement



# Overall Strengths and Opportunities for Improvement

EQR results summarized and categorized in three areas:

*Code of Federal Regulations (CFR) 42 §438.364 requires the External Quality Review Organization (EQRO) to produce “an annual detailed technical report that describes the manner in which the data from all activities...were aggregated and analyzed, and conclusions were drawn as to the **quality, timeliness, and access to the care** furnished by the MCO.”*

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](https://www.ecfr.gov/cgi-bin/text-idx?SID=1a64dceea153294481f0d7b923980163&mc=true&node=se42.4.438_1364&rgn=div8). Accessed on March 20, 2018.

# Overall Strengths and Opportunities for Improvement—NHHF

## Contract Compliance: NHHF

- Strengths
  - Overall score 97.3% demonstrating complete compliance in 10 of 14 standards representing quality of care, timeliness to care, and access to care
- Opportunities for Improvement
  - NHHF scored less than 100% in four of the 14 standards thus presenting opportunities for improvement in areas that could affect quality and access to care

# Overall Strengths and Opportunities for Improvement—NHHF (cont.)

## PIPs: NHHF

- Strengths
  - One of the PIPs, related to quality of care, achieved statistically significant improvement over the baseline across all study indicators; three PIPs did not
- Opportunities for Improvement
  - NHHF should consider the following to improve study indicator outcomes:
    - Reviewing study indicator performance
    - Performing causal/barrier analyses
    - Reviewing intervention evaluation results for each PIP

# Overall Strengths and Opportunities for Improvement—NHHF (cont.)

## PMV: NHHF

- Strengths
  - After resubmitting rates, NHHF demonstrated compliance with the reporting specifications representing access to care
- Opportunities for Improvement
  - NHHF should thoroughly review and understand the reporting specifications and intent and seek clarification from the DHHS, if needed
  - NHHF should have source code walkthroughs with staff members to ensure all data elements for each measure are captured

# Overall Strengths and Opportunities for Improvement—NHHF (cont.)

## CAHPS: NHHF

- Strengths
  - Six positive adult measure rates and five positive child measure rates were statistically significantly higher than the 2016 NCQA adult and child Medicaid national averages representing quality of care, timeliness of care, and access to care
- Opportunities for Improvement
  - Focus efforts on three adult measure rates and four child measure rates, representing the quality of care, that were neither statistically significantly higher nor lower than the 2016 NCQA adult and child Medicaid national averages

# Overall Strengths and Opportunities for Improvement—NHHF (cont.)

## HEDIS: NHHF

- Strengths
  - Eight measures met or exceeded the national Medicaid 90th percentile representing quality of care, timeliness of care, and access to care
- Opportunities for Improvement
  - One measure scoring below the 25th percentile representing quality of care: *Chlamydia Screening in Women—Total*

# Overall Strengths and Opportunities for Improvement—Well Sense

## Contract Compliance: Well Sense

- Strengths
  - Overall score 98.6% demonstrating complete compliance in 11 of 14 standards representing quality of care, timeliness to care, and access to care
- Opportunities for Improvement
  - NHHF scored less than 100% in 3 of the 14 standards thus presenting opportunities for improvement in areas that could affect quality of care

# Overall Strengths and Opportunities for Improvement—Well Sense (cont.)

## PIPs: Well Sense

- Opportunities for Improvement
  - Three PIPs did not demonstrate statistically significant improvement in the Outcomes stage representing quality of care, timeliness of care, and access to care
  - Well Sense should consider the following to improve study indicator outcomes:
    - Reviewing study indicator performance
    - Performing causal/barrier analyses
    - Reviewing intervention evaluation results for each PIP



# Overall Strengths and Opportunities for Improvement—Well Sense (cont.)

## PMV: Well Sense

- Strengths
  - Overall compliance with the reporting specifications representing access to care
- Opportunities for Improvement
  - Continue to work with DHHS and HSAG to understand the details of each measure
  - Evaluate the manual steps utilized in the measure production process

# Overall Strengths and Opportunities for Improvement—Well Sense (cont.)

## HEDIS: Well Sense

- Strengths
  - Ten measures met or exceeded the national Medicaid 90th percentile representing quality of care, timeliness of care, and access to care
- Opportunities for Improvement
  - One measure scoring below the 25th percentile representing quality of care: *Chlamydia Screening in Women—Total*

# Overall Strengths and Opportunities for Improvement—Well Sense (cont.)

## CAHPS: Well Sense

- Strengths
  - Five positive adult measure rates and three positive child measure rates were statistically significantly higher than the 2016 NCQA adult and child Medicaid national averages representing quality of care, timeliness of care, and access to care
- Opportunities for Improvement
  - Focus efforts on four adult measure rates and six child measure rates, representing the quality of care, that were neither statistically significantly higher nor lower than the 2016 NCQA adult and child Medicaid national averages

# SFY 2017 EQR Activities: MCM Program Evaluations

# MCM Program Evaluation—Focus Groups

## Horn Research

- Collected fall focus group information by telephone interviews
  - Population: Individuals enrolled in the MCM Program from July 2015 to August 2016
  - Responses from 28 MCO members
- Key Points of Inquiry:
  - Access to case management
  - Experience with care management
  - Elements of an ideal MCO
  - Suggested improvements

# MCM Program Evaluation—Focus Groups (cont.)

## Findings

- Improved regard for the enrollees' MCO and their health coverage compared to previous groups
- Participants reported having positive experiences with their MCO
- Half of the participants who had a child with chronic health conditions reported the care was more consistent and comprehensive; the other half said care was the same as before being in the MCO

# MCM Program Evaluation—Focus Groups (cont.)

## Findings

- Suggested improvements:
  - Expanded care for dental, vision, prescriptions, and mental health
  - Improve channels of communication so the members have an individual familiar with their case to offer alternative options when services or medications are denied
  - Increase the number of PCP and specialists to decrease travel time
  - Add benefits to support healthier lifestyles (i.e., gym membership, nutritional counseling)

# MCM Program Evaluation—Focus Groups (cont.)

## Horn Research

- Collected spring focus group information by telephone interviews
  - Population: Individuals enrolled in the MCM Program through the Choices for Independence Waiver
  - Responses from 30 MCO members
- Key Points of inquiry:
  - Access to care
  - Experience with their MCO
  - Quality of care management
  - Suggested improvements



# MCM Program Evaluation—Focus Groups (cont.)

## Findings

- Participants reported having positive experiences with their MCO
- Most participants satisfied with availability of doctors and specialist care as well as the process for accessing medications
- Transportation was an important benefit
- Over two-thirds of participants indicated that case management was provided by a community organization; only four participants reported receiving case management support from their MCO

# MCM Program Evaluation—Focus Groups (cont.)

## Findings

- Suggested improvements:
  - Expanded care for home care, medical equipment and supplies, dental care, prescriptions, and mental health
  - Streamline scheduling transportation; ensure that vendor is on time for appointments and providing physical support, when needed
  - Add benefits to support healthier lifestyles (i.e., gym membership, nutritional counseling)

# MCM Program Evaluation—EDV

## Encounter Data Validation (EDV)

- HSAG developed an Encounter Data Quality Reporting System to evaluate the quality of data files submitted by the MCO
- HSAG produced weekly reports for DHHS
- EDV evaluated in four areas:
  - Encounter submission accuracy and completeness
  - Encounter data completeness
  - Encounter data accuracy
  - Encounter data timeliness

# MCM Program Evaluation—EDV (cont.)

## Findings

- Compliance Edits: Both MCOs met submission standards for professional and institutional encounters (not applicable to pharmacy encounters)
- Member Identification Number: Both MCOs under the required 100% accuracy by scoring 96.9%–99.9%

# MCM Program Evaluation—EDV (cont.)

## Findings

- Servicing Provider Information: Accuracy standards not met for professional and institutional encounters, but were met for pharmacy encounters
- Weekly Submission of Encounters: Submission rates not met by either MCO
- Submission Within 30 Days of Claim Payment: Submission rates not met by either MCO

# Other External Quality Review Activities— Provider Satisfaction Survey Tool

## Development of a Provider Satisfaction Survey Tool

- Goal: To standardize the tool used by both MCOs
- HSAG provided a recommended survey tool
- Recommended administering a mixed-mode methodology (i.e., mail/internet and telephone follow-up) with the option to complete a paper-based survey, web-based survey, or telephone survey
- Encouraged the MCOs to contract with the same third-party vendor to administer the survey

# Other External Quality Review Activities— Behavioral Health Member Survey Tool

## Development of a Behavioral Health Member Survey

- Goal: To standardize the tool used by NHHF, Well Sense, and the Bureau of Behavioral Health
- HSAG reviewed existing behavioral health surveys and recommended a tool using an enhanced version of the Modified Mental Health Statistics Improvement Program (MMSIP) Survey
- Recommended also using the Youth Services Survey (YSS) and the YSS for families (YSS-F) when administering the survey to families or youth
- Recommended additional supplemental items for the surveys

# EQR Activities: Tasks for 2018



# EQR Tasks for 2018

- **Health Plan Evaluations**
  - Contract Compliance Review
  - PIPs
  - PMV
- **Member Health and Experience of Care**
  - HEDIS
  - CAHPS
- **MCM Program Evaluation**
  - Secret Shopper Focus Study

# EQR Tasks for 2018 (cont.)

- **MCM Program Evaluation - continued**
  - Focus Groups
    - Fall
    - Spring
  - Ongoing EDV
  - Focused Study: Encounter Data Processing (collecting, validating, monitoring, and managing data)
  - Administration of the National Core Indicator–Aging and Disabilities Survey for the long-term services and supports population to determine quality of life and outcomes of care

# New Hampshire External Quality Review Report

Link to the New Hampshire External Quality Review Report

<https://medicaidquality.nh.gov/external-quality-review-organization-egro-technical-report>



Questions?

Thank you!

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