The Massachusetts Behavioral Health Partnership
A Prepaid Inpatient Health Plan

External Quality Review Technical Report
Calendar Year 2019

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Section 1. Executive Summary

SECTION 1. EXECUTIVE SUMMARY

INTRODUCTION

The Balanced Budget Act of 1997 was an omnibus legislative package enacted by the United States Congress with the intent of balancing the federal budget by 2002. Among its other provisions, this expansive bill authorized states to provide Medicaid benefits (except to special needs children) through managed care entities. Regulations were promulgated, including those related to the quality of care and service provided by managed care entities to Medicaid beneficiaries. An associated regulation requires that an External Quality Review Organization (EQRO) conduct an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a managed care entity or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth has entered into an agreement with the KEPRO to perform EQR services related to its contracted managed care plans. As a Prepaid Inpatient Health Plan (PIHP), the Massachusetts Behavioral Health Partnership (MBHP) is subject to EQR requirements.

The EQRO is required to submit a technical report to the state Medicaid agency, which in turn submits the report to the Centers for Medicare & Medicaid Services (CMS). It is also posted to the Medicaid agency website.

SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS

KEPRO conducted the following external quality review activities for MBHP in the CY 2019 review cycle:

- Validation of three performance measures, including an Information Systems Capability Assessment; and
- Validation of two Performance Improvement Projects (PIPs).

Compliance validation must be conducted by the EQRO on a triennial basis. MBHP compliance validation was last conducted in 2017 and will be repeated in 2020.

To clarify reporting periods, EQR technical reports that have been produced in calendar year 2019 reflect 2018 quality measurement performance. References to HEDIS® 2019 performance reflect data collected in 2018. Performance Improvement Project reporting is inclusive of activities conducted in CY 2019.

PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT

The Performance Measure Validation process assesses the accuracy of performance measures reported by the managed care entity. It determines the extent to which the managed care entity follows state specifications and reporting requirements. The three measures validated for MBHP in 2019 were:

- Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD);
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM); and
- Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase.

The focus of the Information Systems Capability Assessment is on components of plan information systems that contribute to performance measure production. This is to ensure that the system can collect data on enrollee and provider characteristics and on services furnished to enrollees through an encounter data system or other methods. The system must be able to ensure that data received from providers are accurate and complete and that the accuracy and timeliness of reported data are verified; that the data has been screened for completeness, logic, and consistency; and that service information is collected in standardized formats to the extent feasible and appropriate.

KEPRO determined that MBHP followed specifications and reporting requirements and produced valid measures.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

Under the terms of its agreement with MassHealth, MBHP is required to conduct five performance improvement projects annually that are "designed to achieve, through ongoing measurements and intervention, significant improvement, sustained over time, in clinical care and non-clinical care areas that are expected to have a favorable effect on health outcomes and Covered Individual, Network Provider and PCC satisfaction." At least two of these projects are to be validated by MassHealth's external quality review organization

In late-2017, MBHP submitted proposed topics for two three-year projects to MassHealth for its review and approval and initiated their implementation in 2018. Its work on these projects continued through 2019, the second of the three-year quality cycle. These projects are:

- Initiation and Engagement in Alcohol and Other Drug Treatment: Using Intervention Efforts to Improve the Percentage of Members Who Initiate and Engage in Alcohol and Other Drug Dependence Treatment; and
- Improve Care Coordination and Continuity of Care by Increasing Notification to Primary Care Clinicians (PCCs) Following Inpatient Hospital Discharge.

KEPRO evaluates each Performance Improvement Project (PIP) to determine whether the organization selected, designed, and executed the project in a manner consistent with CMS EQR Protocol 3, *Performance Improvement Project Validation.* The KEPRO Technical Reviewer assesses project methodology. The Medical Director evaluates the clinical soundness of the interventions. The review considers the managed care plan's performance in the areas of problem definition, data analysis, measurement, improvement strategies, and outcome. Recommendations are offered to the plan.

Based on its review of the MBHP Performance Improvement Projects, KEPRO did not discern any issues related to either plan's quality of care or the timeliness of or access to care.

Section 2. MassHealth Comprehensive Managed Care Quality Strategy

SECTION 2. MASSHEALTH COMPRHENSIVE QUALITY STRATEGY

Introduction

Under the Balanced Budget Act managed care rule 42 CFR 438 subpart E, Medicaid programs are required to develop a managed care quality strategy. The first MassHealth Quality Strategy was published in 2006. An updated version, the MassHealth Comprehensive Quality Strategy which focused not only on fulfilling managed care quality requirements but on improvingthe quality of managed care services in Massachusetts, was submitted to CMS in November 2018. The updated version broadens the scope of the initial strategy, which focused on regulatory managed care requirements. The quality strategy is now more comprehensive and serves as a framework for EOHHS-wide quality activities. A living and breathing approach to quality, the strategy will evolve to reflect the balance of agency-wide and program-specific activities; increase the alignment of priorities and goals where appropriate; and facilitate strategic focus across the organization.

MassHealth Goals

The mission of MassHealth is to improve *the health outcomes of its diverse members by providing access to integrated health care services that sustainably promote health, well-being, independence, and quality of life.*

MassHealth defined its goals as part of the MassHealth Comprehensive Quality Strategy development process. MassHealth goals aim to:

1. *Deliver a seamless, streamlined, and accessible patient-centered member experience, with focus on preventative, patient-centered primary care, and community-based services and supports;*
2. *Enact payment and delivery system reforms that promote member-driven, integrated, coordinated care; and hold providers accountable for the quality and total cost of care;*
3. *Improve integrated care systems among physical health, behavioral health, long-term services and supports and health-related social services;*
4. *Sustainably support safety net providers to ensure continued access to care for Medicaid and low-income, uninsured individuals;*
5. *Maintain our commitment to careful stewardship of public resources through innovative program integrity initiatives; and*
6. *Create an internal culture and infrastructure to support our ability to meet the evolving needs of our members and partners.*

Stakeholder Involvement

MassHealth actively seeks input from a broad set of organizations and individual stakeholders. Stakeholders include, but are not limited to, members, providers, managed care entities, advocacy groups, and sister EOHHS agencies, e.g., the Departments of Children and Families and Mental Health. These groups represent an important source of guidance for quality programs as well as for broader strategic agency. To that end, KEPRO places an emphasis on the importance of the stakeholder voice.

MassHealth Delivery System Restructuring

In November 2016, MassHealth received approval from the Centers for Medicare and Medicaid Services to implement a five-year waiver authorizing a $52.4 billion restructuring of MassHealth. The waiver included the introduction of Accountable Care Organizations (ACOs). In this model, providers have a financial interest in delivering quality, coordinated, member-centric care. . Organizations applying for ACO status were required to be certified by the Massachusetts Health Policy Commissions set of standards for ACOs. Certification required that the organization met criteria in the domains of governance, member representation, performance improvement activities, experience with quality-based risk contracts, population health, and cross-continuum care. In this way, quality was a foundational component of the ACO program. Seventeen ACOs were approved to enroll members effective March 1, 2018.

Another important development during this period was the reprocurement of MassHealth managed care organizations. It was MassHealth's objective to select MCOs with a clear track record of delivering high-quality member experience and strong financial performance. The Request for Response and model contract were released in December 2016; selections were announced in October 2017. Tufts Health Public Plans and Boston Medical Center HealthNet Plan were awarded contracts to continue operating as MCOs. Contracts with the remaining MCOs (CeltiCare, Fallon Health, Health New England, and Neighborhood Health Plan) ended in February 2018.

Quality Evaluation

MassHealth evaluates the quality of its program using at least four mechanisms:

- Contract management – MassHealth contracts with plans include requirements for quality measurement, quality improvement, and reporting. MassHealth staff review submissions and evaluate contract compliance.
- Quality improvement performance programs – Each managed care entity is required to complete two Performance Improvement Projects (PIPs) annually, in accordance with 42 CFR 438.330(d).
- State-level data collection and monitoring – MassHealth routinely collects HEDIS® and other performance measure data from its managed care plans.

- Fee for Service Provider regulations and MCE Provider Specifications define minimum standards of care delivery.

How KEPRO Supports the MassHealth Comprehensive Quality Strategy

As MassHealth's External Quality Review Organization, KEPRO performs the three mandatory activities required by 42 CFR 438.330:

1) Performance Measure Validation – MassHealth Managed Care Quality Strategy. MassHealth has traditionally asked that three measures be validated.
2) Performance Improvement Project Validation – KEPRO validates two projects per year.
3) Compliance Validation – Performed on a triennial basis, KEPRO assesses plan compliance with contractual and regulatory requirements.

The matrix below depicts ways in which KEPRO, through the External Quality Review (EQR) process, supports the MassHealth Comprehensive Quality Strategy:

EQR Activity	Support to MassHealth Comprehensive Quality Strategy
Performance Measure Validation	• Assure that performance measures are calculated accurately. • Offer a comparative analysis of plan performance to identify outliers and trends. • Provide technical assistance. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.

Performance Improvement Project Validation	• Ensure the inclusion of an assessment of cultural competency within interventions. • Ensure the alignment of MassHealth Priority Areas and Quality Goals with MassHealth goals. • Ensure that performance improvement projects are appropriately structured and that meaningful performance measures are used to assess improvement. • Ensure that Performance Improvement Projects incorporate stakeholder feedback. • Share best practices, both clinical and operational. • Provide technical assistance. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.
Compliance Validation	• Assess plan compliance with contractual requirements. • Assess plan compliance with regulatory requirements. • Recommend mechanisms through which plans can achieve compliance. • Facilitate the Corrective Action Plan process. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.

Section 3. Prepaid Inpatient Health Plan Description

SECTION 3. PREPAID INPATIENT HEALTH PLAN DESCRIPTION

The Massachusetts Behavioral Health Partnership (MBHP) is a managed behavioral healthcare organization (MBHO) that provides services to members of the MassHealth Primary Care Clinician Plan, children in state custody, and certain children enrolled in MassHealth who have commercial insurance as their primary insurance. It also manages behavioral health services for members attributed to MassHealth Primary Care Accountable Care Organizations, i.e., Community Care Cooperative, Partners Health Care Choice, and Steward Health Choice. As of December 31, 2018, 530,442 individuals statewide were under the care of the Partnership.

MBHP is a Beacon Health Options company. Headquartered in Boston with regional offices in Bridgewater, Danvers, Worcester, and Springfield, MBHP has received full NCQA Managed Behavioral Healthcare Organization (MBHO) accreditation.

Section 4. Performance Measure Validation

SECTION 4. PERFORMANCE MEASURE VALIDATION

PERFORMANCE MEASURE VALIDATION METHODOLOGY

The Performance Measure Validation (PMV) process assesses the accuracy of performance measures reported by the managed care entity. It determines the extent to which the managed care entity follows state specifications and reporting requirements. In addition to validation processes and the reported results, KEPRO evaluates performance trends in comparison to national benchmarks. KEPRO validates three performance measures annually for MBHP.

The Performance Measure Validation process consists of a desk review of documentation submitted by the plan, notably the HEDIS® Final Audit Report and Roadmaps. The desk review affords the reviewer an opportunity to become familiar with plan systems and data flows. For plans that do not undergo a formal HEDIS® audit, as is the case with MBHP, an onsite review is conducted. At the onsite review, the reviewer confirms information contained in the Data Acquisition Questionnaire, inspects information systems, and by interviewing staff, obtains clarification about performance measurement and information transfer processes.
The reviewer conducts an independent verification of a sample of individuals belonging to the positive numerator of a hybrid measure.

For the Calendar Year 2019 external quality review, MBHP submitted the following documentation:

Exhibit 1: MBHP Performance Measure Validation Supporting Documentation

Document Reviewed	Purpose of KEPRO Review
Data Acquisition Questionnaire (DAQ)	Reviewed to assess health plan systems and processes related to performance measure production.
2019 HEDIS Interactive Data Submission System (IDSS)	Used to compile final rates for comparison to prior years' performance and industry standard benchmarks.
List of interventions related to performance measures	Reviewed to help explain changes in performance measure rates.
Follow-up documentation, as requested by the auditor, during the course of validation	Requested to obtain missing or incomplete information, support and validate plan processes, and verify the completeness and accuracy of information provided in the DAQ, and/or onsite interviews and systems demonstrations.

MassHealth requires the validation of three HEDIS® performance measures for each managed care plan. The methodology for selecting measures was to identify measures in which MBHP's

HEDIS® 2019 performance was either very low, very high, or represented a significant change from HEDIS® 2018 performance. These factors may make it more likely that there is an underlying issue with calculating the rate. The measures selected for review in Calendar Year 2019 were as follows:

Exhibit 2: Performance Measures Validated in 2019

HEDIS Measure Name and Abbreviation	Measure Description
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) *Rationale for Selection:* Very low performance	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) *Validated at the request of the MassHealth Behavioral Health Office*	The percentage of children and adolescents 1–17 years of age who had two or more antipsychotic prescriptions and had metabolic testing who received blood glucose and cholesterol testing during the measurement year.
Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase *Rationale for Selection:* To provide opportunity to validate pharmacy data	The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed, who had one follow-up visit with practitioner with prescribing authority during the 30-day Initiation Phase.

INFORMATION SYSTEMS CAPABILITY ASSESSMENT

CMS regulations require that each managed care entity undergo an annual Information Systems Capability Assessment. The focus of the review is on components of MBHP's information systems that contribute to performance measure production. This is to ensure that the system can collect data on enrollee and provider characteristics and on services furnished to enrollees through an encounter data system or other methods.

1. **Claims and Encounter Data.** MBHP processed behavioral health claims using its proprietary Claims Adjudication System (CAS). All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes.

Almost all claims were submitted electronically, either to a clearinghouses or directly to MBHP. There were adequate monitoring processes in place to monitor electronic claim submissions. Sufficient claims editing processes were initiated on the front-end of claims submissions and additional claims editing checks were in place within CAS. MBHP processed the small volume of paper claim submissions and manually keyed the data into CAS. MBHP received medical encounter files from the MassHealth Primary Care Clinician Plan (PCCP) on a nightly basis and pharmacy encounter files monthly. There were adequate processes for the receipt and processing of these encounter data files. There were no concerns identified with data completeness, claims, or encounter data processing.

2. **Enrollment Data.** MBHP used the CAS system to process Medicaid enrollment data. All necessary enrollment fields were captured for HEDIS reporting. MBHP member enrollment data were received daily in an 834 format from MassHealth and were processed by MBHP. The daily file included additions, changes, and terminations. Enrollment data were loaded into CAS. MBHP also received a full monthly refresh file and conducted reconciliation between CAS and the MassHealth file. MBHP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.

3. **Medical Record Review.** The MBHP performance measures were not calculated using medical record data. Therefore, this section is not applicable.

4. **Supplemental Data.** MBHP did not use supplemental data sources in the production of performance measure rates under review. Therefore, this section is not applicable.

5. **Data Integration.** MBHP's performance measure rates were produced using DST software. Data from the transaction system were loaded to MBHP's enterprise-wide data warehouse nightly. MBHP used an automated process to populate a local data warehouse to facilitate the production of performance measures for the MBHP population. There were adequate processes and validation of data between the enterprise-wide and local data warehouses. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into DST-compliant extracts and loaded into the measure production software monthly. MBHP staff members conducted monthly primary source verification of the data within DST and traced the information to the MBHP source data systems to ensure the software logic was being applied appropriately. MBHP had adequate processes to track completeness and accuracy of data at each transfer point.

   Data transfers to the DST repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. DST's repository structure was compliant. HEDIS measure report production was managed effectively. DST software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were reviewed and any variances investigated. MBHP maintains adequate oversight of its vendor. There were no issues identified with data integration processes.

6. **Source Code.** MBHP used NCQA-certified DST HEDIS software to produce performance measures. There were no source code issues identified.

PERFORMANCE MEASURE RESULTS

The tables that follow depict MBHP's performance in measures selected for validation. MBHP's performance relative to National Medicaid Quality Compass 2019 percentiles is included for comparison purposes.

Exhibit 3: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

Rate	HEDIS 2018	HEDIS 2019	Change 2018 to 2019
Diabetes Screening Rate	71.88%	68.81%	MBHP's performance decreased 3.07% percentage points. The rate change is not statistically significant. MBHP's performance is below the Quality Compass 2019 5th percentile.

Exhibit 4: Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Rate	HEDIS 2019	Change 2018 to 2019
Blood Glucose and Cholesterol Rate	26.53%	Not applicable as APM was not a validated measure until HEDIS 2019. MBHP's performance is between the Quality Compass 2019 10th and 25th percentiles.

Exhibit 5: Follow-Up Care for Children Prescribed ADHD Medication (ADD) – Initiation Phase

Rate	HEDIS 2019	Change 2018 to 2019
Initiation Phase Rate	57.19%	Not applicable as ADD was not a validated measure until HEDIS 2019. MBHP's performance is between the Quality Compass 2019 90th and 95th percentiles.

FOLLOW UP TO 2018 RECOMMENDATIONS

CMS requires EQROs to assess the status of recommendations made in prior years. The table below describes MBHP's follow up to last year's recommendations.

Exhibit 6: Follow Up to 2018 Recommendations

Calendar Year 2018 Recommendation	2019 Update

Develop and begin quality improvement initiatives for the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure. This measure requires coordination between MBHP and the health plans.	This recommendation stands.
MBHP and MassHealth should consider the possibility of transferring pharmacy data more frequently than monthly.	This recommendation stands.

CONCLUSIONS

Strengths:

- MBHP used an NCQA-certified vendor to calculate rates.
- MBHP demonstrated a strong, collaborative relationship with the PCC Plan related to data collection, reporting, and improvement efforts.
- MBHP provided monthly data loads to its software vendor to calculate a rolling 12-month rate, which MBHP used for quality improvement and benchmarking purposes.
- MBHP scored above the Quality Compass 90th percentile for the Initiation Phase Rate for the HEDIS measure, Follow-Up Care for Children Prescribed ADHD Medication.

Opportunities:

- MBHP's performance on the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure rate is under the Quality Compass 2019 5th percentile.
- MBHP's performance on the Metabolic Monitoring for Children and Adolescents on Antipsychotics measure rate is under the Quality Compass 2019 25th percentile.
- MassHealth does not provide MBHP with Medication Assisted Treatment (MAT) prescription claims data, which could enable MHBP to calculate more accurate pharmacy-related rates.

Recommendations:

- Implement quality improvement initiatives for the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure. This measure requires coordination between MBHP and the health plans.
- Implement quality improvement initiatives for the Metabolic Monitoring for Children and Adolescents on Antipsychotics measure. This measure requires coordination between MBHP and the health plans.
- Pharmacy data should be provided to MBHP more frequently than monthly.

Section 5. Performance Improvement Project Validation

SECTION 5. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

METHODOLOGY

In 2017, MassHealth introduced a new approach to conducting Performance Improvement Projects. In the past, plans submitted their annual project report in July to permit the use the project year HEDIS® data. KEPRO's evaluation of the project was not complete until October. Plans received formal project evaluations ten months or more after the end of the project year. The lack of timely feedback made it difficult for the plans to make timely changes in interventions and project design that might positively affect project outcomes.

To permit a more real-time review of Performance Improvement Projects, MassHealth adopted a three-stage approach:

Baseline/Initial Implementation Period: Calendar Year 2018

Planning Phase: *January 2018 - March 2018*
During this period, plans developed detailed plans for interventions. Plans conducted a population analysis, a literature review, and root cause and barrier analyses all of which contributed to the design of appropriate interventions. Plans reported on this activity in March 2018. These reports described planned activities, performance measures, and data collection plans for initial implementation.

Initial Implementation: March 2018 - December 2018
Incorporating feedback received from MassHealth and KEPRO, the plans undertook the implementation of their proposed interventions. The plans submitted a progress report in September. In this report, the plans provided baseline data for the performance measures that had been previously approved by MassHealth and KEPRO.

Mid-cycle Implementation Period: Calendar Year 2019

Mid-Cycle Progress Reports: *March 2019*
MBHP submitted progress reports detailing changes made because of feedback or lessons learned in the previous cycle as well as updates on the current year's interventions.

Mid-Cycle Annual Report: September 2019
MBHP submitted annual reports describing current interventions, short-term indicators and small tests of change, and performance data as applicable. They also assessed the results of the projects, including successes and challenges.

Final Implementation Period: Calendar Year 2020

Final Implementation Progress Reports: *March 2020*
MBHP will submit another progress report that describes current interventions, short-term indicators and small tests of change, and performance data as applicable. They will also assess the results of the project, including successes and challenges.

Final Implementation Annual Report: September 2020
MBHP will submit a second annual report that describes current interventions, short-term indicators and small tests of change, and performance data as applicable. They will also assess the results of the project, including successes and challenges and describe plans for the final quarter of the initiative.

All of these reports are reviewed by KEPRO. The 2019 reports are discussed herein. Each project is evaluated to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 3, *Performance Improvement Project Validation*. This evaluation also determines whether the projects have achieved or likely will achieve favorable results. KEPRO distributes detailed evaluation criteria and instructions to the plans to support their efforts.

The review of each report is a four-step process:

1) *PIP Questionnaire*. Plans submit a completed reporting questionnaire for each PIP. This questionnaire is stage-specific. In 2019, plans submitted a Mid-Cycle Progress and a Mid-Cycle Annual Report. The Progress Report asks MBHP to provide a barrier analysis and associated mitigation strategies; project goals; intervention status including the results of small tests of change and future direction; a description of stakeholder involvement; and proposed performance indicators. The Mid-Cycle Annual Report asks for a description and rationale for any changes made to the topic, method, goals, interventions, and cultural competence strategies; an updated population analysis; intervention updates; planned changes; and the remeasurement of selected performance indicators.

2) *Desktop Review*. KEPRO staff conduct a desktop review for each PIP. The Technical Reviewer and Medical Director review the PIP questionnaire and any supporting documentation submitted by the plans. Working collaboratively, they identify issues requiring clarification as well as opportunities for improvement. The focus of the Technical Reviewer's work is on the structural quality of the project. The Medical Director's focus is on clinical integrity and interventions.

3) *Conference with the Plans*. The Technical Reviewer and Medical Director meet telephonically with representatives selected by the plans to obtain clarification on identified issues as well as to offer recommendations for improvement. The plans are

offered the opportunity to resubmit the PIP questionnaire within ten calendar days, although they are not required to do so.

4) *Final Report*. A PIP Validation Rating Form based on CMS EQR Protocol Number 3 is completed by the Technical Reviewer. Individual standards are rated either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by all available points. The Medical Director documents his or her findings and, in collaboration with the Technical Reviewer, develops recommendations. The findings of the Technical Reviewer and Medical Director are synthesized into a final report.

In 2019, the second of the three-year quality cycle, MBHP continued the implementation of two improvement projects undertaken in 2018:

- Initiation and Engagement in Alcohol and Other Drug Treatment: Using intervention efforts to improve the percentage of Members who initiate and engage in alcohol and other drug dependence treatment; and
- Improve care coordination and continuity of care by increasing notification to Primary Care Clinicians (PCC) following inpatient hospital discharge.

Based on its review of MBHP's Performance Improvement Projects, KEPRO did not discern any issues related to any plan's quality of care or the timeliness of or access to care.

SUMMARY OF PLAN-SPECIFIC PERFORMANCE IMPROVEMENT PROJECTS

Summaries of MBHP's performance improvement projects follow. The section below is intended to provide the reader with a reference for how the project description content was derived.

Project Title	The project title is assigned by MBHP.
Rationale for Project Selection	In their project proposals, managed care plans are required to provide a rationale for the project's selection. The language in this section is extracted from the project proposal submitted by MBHP to MassHealth in November 2018.
Project Goals	Managed care plans articulated project goals in the Planning Report and in the Initial Implementation Report. To eliminate the possibility of misinterpretation, KEPRO has provided these goals exactly as stated by the managed care plan. MBHP first reported on this project in 2018. Updates from the 2018 are noted accordingly.
Performance Indicators	This section identifies the performance indicators by which the managed care plan intends to evaluate the success of the performance improvement project. Baseline (2018) performance is provided as is the plan's goal for the 2019 remeasurement period. MBHP first reported on this project in 2018. Updates from 2019 are noted accordingly.
Interventions	Here, KEPRO summarizes at a high level the interventions the plan has or plans to implement to achieve its goals. MBHP first reported on this project in 2018. Updates from 2019 are noted accordingly. Plan interventions are often complex, multi-layered initiatives with many moving parts. Space limitations preclude providing detailed, comprehensive descriptions of each intervention.
Performance Improvement Project Evaluation	KEPRO evaluates projects against a set of pre-determined criteria that speak to the strength of the interventions as well as the overall project design. Elements of project design include, but are not limited to, the size of the affected population; analyses of the member population and barriers; barrier mitigation strategies; and intervention effectiveness. These criteria are summarized in the first column of the accompanying table. The managed care plan's success at meeting the criteria are summarized in the 2019 final rating score.

Plan and Project Strengths	In this section, KEPRO recognizes the managed care plan's efforts as they relate to project design. It also recognizes organizational structures that contribute to the overall quality improvement process.
Recommendations and Opportunities for Improvement	In this section, KEPRO offers suggestions for improving the design of the quality improvement project including both intervention design and the overall construct of the project.

INITIATION AND ENGAGEMENT IN ALCOHOL AND OTHER DRUG TREATMENT: USING INTERVENTION EFFORTS TO IMPROVE THE PERCENTAGE OF MEMBERS WHO INITIATE AND ENGAGE IN ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT

Rationale for Project Selection

" Members who receive timely care following a new substance use disorder (SUD) diagnosis use medical care services more effectively and have better health outcomes, due to relapse prevention and successful disease management, compared to those who do not receive follow-up care."

Project Goals

Member-Focused

- Improve access to SUD treatment and/or behavioral health services for MBHP Members;
- Improve Member retention in SUD treatment and/or behavioral health services in order for Members to receive intended benefits of services, thereby improving clinical outcomes;
- Reduce waitlists for SUD treatment and/or behavioral health services so that Members can access more timely services that meet their needs at a critical point in treatment/engagement;
- Increase Member awareness of available SUD services and/or behavioral health services so that Members can choose services that best meet their needs and are able to find other treatment options;
- Support Members' engagement in treatment by addressing their unique needs;
- Reduce prevalence of SUD among Members by assisting in recovery and supporting positive clinical outcomes; and
- Increase access and engagement.

Provider-Focused

- Assist in increasing care coordination and integration between providers across levels of care (both primary care and behavioral health);
- Facilitate referral pathways to SUD and/or behavioral health services within and across organizations;
- Increase PCC level of comfort treating and managing SUD and co-occurring behavioral health needs; and
- Increase PCC awareness of available services for Members and how providers can access resources and information related to those services.

Interventions

- Using the NIATx model for process improvement, MBHP is collaborating with providers in Northeastern Massachusetts to improve processes related to access and retention in Medication Assisted Treatment (MAT).

  2019 Update: The NIATx initiative proved successful at improving initiation and engagement rates for members. The improvements generally were sustained a year after initial implementation. In 2019, MBHP partnered with a new provider with the goal of expanding prompt access to services in Western Massachusetts. MBHP's goal is to begin another partnership by the end of 2019.

- MBHP created a workgroup of stakeholders, including behavioral health and medical providers, emergency services staff, school counselors and nurses, and representatives from the local police and correctional offices, to make system-level changes for the treatment of substance use disorders in youth.

  2019 Update: The group observed that follow-up rates decreased for transitional aged youth (TAY) between 2017 and 2018. The group shifted its focus toward TAY, an especially vulnerable population. A subgroup promoted a locally created phone application that helped users identify and locate available substance use disorder resources. It shifted its focus to working with regional recovery high schools. TAY initiation rates increased 58.07% and engagement rates improved 216.25% between 2018 and 2019. After three years, participant enthusiasm waned. MBHP plans to adapt its approach and evolve how it engages stakeholders and plans to expand its use of similar stakeholder groups to another section of the state by early-2020.

- MBHP developed a partnership with a pediatric primary care practice to improve processes to increase access to care, reduce wait times, and/or improve retention in treatment.

  2019 Update: In the next iteration of the project, a workflow was developed to close the referral loop between primary care and behavioral health providers. PCPs received education about the treatment approach used by behavioral health providers.

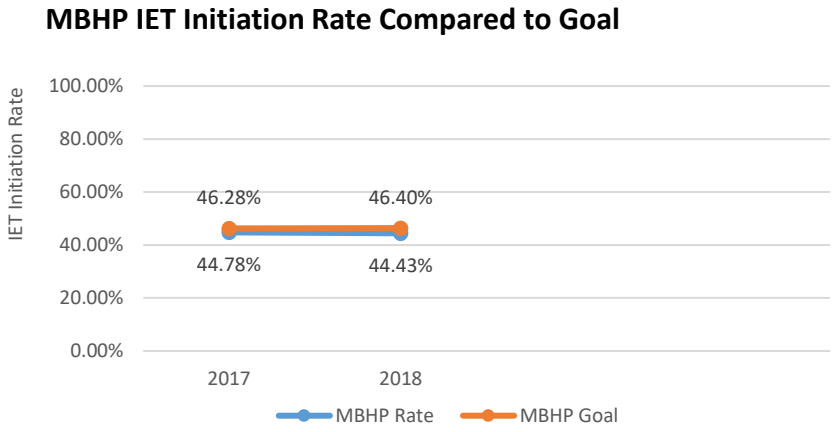
Performance Measure Indicators

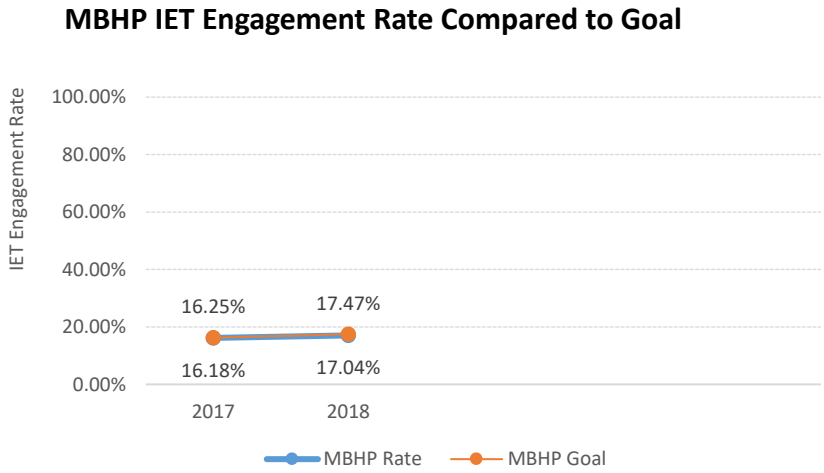
MBHP is using the HEDIS® Initiation and Engagement in Treatment (IET) measures to assess intervention success. MBHP stratifies these measures by specific age bands and substance abuse diagnosis, i.e., all diagnoses or opioid, alcohol, and other drugs.

MBHP's baseline 2017 Initiation Rate was 44.78% falling between the 75th and 90th 2018 Quality Compass percentiles. The rate for the first remeasurement year (2018) was 44.43%. This reflects a statistically insignificant decrease of 0.32%.

MBHP's 2017 baseline Engagement Rate was 16.18% between the 75th and 90th 2018 Quality Compass percentiles. The rate for the first remeasurement year (2018) was 17.04%. Although the goal of 17.74% was not reached, a statistically significant ($p<0.05$) increase of 5.31% was achieved.

Exhibit 7. MBHP IET Rates





<u>Performance Improvement Project Rating</u>

KEPRO evaluates performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1 (does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. MBHP received a rating score of 100% on this Performance Improvement Project.

EXHIBIT 8: Performance Improvement Project Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Topic and Scope	4	12	12	100%
Population Analysis Update	2	12	12	100%
Assessing Intervention Outcomes	4.0	12.0	12.0	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5.0	15.0	15.0	100%
Remeasurement Performance Indicator Rates	4.0	12.0	12.0	100%
Conclusions and Planning for Next Measurement Cycle	3	9	9	100%
Overall Validation Rating Score	**26**	**84**	**84**	**100%**

Plan & Project Strengths

- MBHP's population analysis presents an excellent and detailed disaggregation in several domains regarding the characteristics of members who initiated and engaged in treatment for substance use disorders.
- MBHP is commended for its focus on engaging transitional age youth (TAY) and for promoting the appropriate treatment services for this vulnerable population.

Recommendations & Opportunities for Improvement

- None identified.

Update on Calendar Year 2018 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2018 to MBHP follows.

Exhibit 9: Update on Calendar Year 2018 MBHP PIP Recommendations

Calendar Year 2018 Recommendation	2019 Update
Depending on the effectiveness of its provider engagement activities, KEPRO suggests that MBHP consider member engagement activities.	In its March 2019 update report, MBHP described Member involvement in the Quality Workgroups to Improve Substance Use Care Pathways as well as the role of the Consumer Advisory Committee in reviewing quality initiatives.

IMPROVE CARE COORDINATION AND CONTINUITY OF CARE BY INCREASING NOTIFICATION TO PRIMARY CARE CLINICIANS (PCCs) FOLLOWING INPATIENT HOSPITAL DISCHARGE

Rationale for Project Selection

"Notification to the Member's PCC following discharge from an inpatient hospitalization enables a PCC's participation in providing and/or coordinating appropriate follow-up services for the Member. PCC involvement helps to improve care coordination and address the whole-person needs of the Member. It is MBHP's belief that improving PCC notification will result in better clinical outcomes, increased continuous engagement in treatment, and, consequently, reduced readmission to inpatient level of care."

Project Goals

Member-Focused

- Improve timely access to primary care services following inpatient discharge;
- Improve Member experience and clinical outcomes by increasing coordination between primary care and mental health;
- Support Members' engagement in primary care treatment in order to treat the Member's whole health; and
- Improve clinical outcomes for Members by strengthening the role of the PCC in their treatment plan by educating the PCC to actively contribute to prevention, appropriate referral, and treatment to address co-occurring disorders.

Provider-Focused

- Increase care coordination and integration by increasing the rate of PCC notifications following Member discharge from inpatient hospitalization;
- Develop processes to improve MBHP's inpatient discharge reporting form in order to make it easier for inpatient providers to notify a member's PCC of their discharge;
- Develop education and resources to support provider hand-offs and care plan-sharing from inpatient to PCC; and
- Empower PCCs to have an active role in a member's behavioral health treatment plan through education, outreach, and other supporting resources.

Interventions

- MBHP is enhancing its existing inpatient provider reporting platform, Provider Connect, to encourage inpatient providers to input information related to PCC notification when completing the discharge form.

2019 Update: MBHP has demonstrated that its improvements to the Provider Connect platform have resulted in higher rates of inpatient providers notifying PCCs about the discharge status of the PCCs' members. MBHP indicates that it will continue to make improvements to its technological platform through small tests of change, such as tracking provider satisfaction with the usability of the technological intervention. MBHP will focus on working with the lowest-performing region to address its specific barriers.

- Inpatient sites are being educated about the role of PCCs in the discharge plan and the importance of notifying a Member's PCC of their inpatient discharge.

  2019 Update: MBHP plans to continue to provide educational material through documents and webinars to reinforce the need for inpatient providers to notify the member's PCC of discharge and the specifics of how to complete the required fields in the Provider Connect platform.

- Provider Quality Managers meet with low-performing providers to explore providers' barriers to higher rates of performance.

  2019 Update: MBHP will continue to use site-specific strategies to improve the performance of inpatient providers with low rates of PCC notifications. MBHP plans to continue to offer education and support to providers and to harness best practices to share with all sites.

Performance Indicators

MBHP is assessing the success of its interventions using an analysis of the percentage of inpatient psychiatric episodes for which the PCC Plan or ACO-affiliated primary care provider is notified upon discharge as reported to MBHP by the discharging facilities.

2019 Update: MBHP reports that, between 2017 and 2018, MassHealth changed the methodology used to calculate 90-day readmission rates. A rate for baseline performance will be established and provided in the March 2020 update report.

2019 Update: To measure the effect of future interventions that address clinical aspects of integration, MBHP is measuring the percentage of eligible Members who are readmitted to a network inpatient mental health facility within 90 days of discharge from a network inpatient facility. As is the case with PCC notification rates, MassHealth changed the calculation methodology. A rate for baseline performance will be established and provided in the September 2020 update report.

Performance Improvement Project Evaluation

KEPRO evaluates performance against a set of pre-determined criteria. The Technical Reviewer assigns a score to each individual rating criterion and rates individual standards as either 1

(does not meet item criteria); 2 (partially meets item criteria); or 3 (meets item criteria). A rating score is calculated by dividing the sum of all points received by the sum of all available points. This ratio is presented as a percentage. MBHP received a rating score of 100% on this Performance Improvement Project.

Exhibit 10: Performance Improvement Project Rating

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Updates to Project Topic and Scope	4	12	12	100%
Population Analysis Update	2	6	6	100%
Assessing Intervention Outcomes	4.0	12.0	12.0	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	4.0	12.0	12.0	100%
Remeasurement Performance Indicator Rates	3.0	9.0	9.0	100%
Conclusions and Planning for Next Measurement Cycle	3	9	9	100%
Overall Validation Rating Score	**24**	**72**	**72**	**100%**

Plan and Project Strengths

- MBHP is commended for not only conducting a descriptive population analysis, but for testing the hypotheses relevant to the purpose of the PIP, especially the finding that PCC notification, by itself, does not ensure lower rates of recidivism.

- MBHP is commended for the excellent design of this PIP methodology and for the successes demonstrated in the achievement of its performance incentive goals in this first remeasurement report.

Recommendations and Opportunities for Improvement

- None identified.

Follow Up to 2018 Recommendations

Exhibit 11: Update on Calendar Year 2018 MBHP PIP Recommendations

Calendar Year 2018 Recommendation	2019 Update
Consider utilizing other team members in the hospital such as social workers to initiate a connection with the patient's PCC at discharge.	MBHP referred members to Community Support Providers (CSPs). The cohort of members with CSP services continue to have higher rates of PCC notification compared to the cohort of members without CSP services.

APPENDIX: CONTRIBUTORS

Performance Measure Validation Reviewer

Katharine Iskrant, MPH, CHCA, CPHQ

Ms. Iskrant is a member of the National Committee for Quality Assurance (NCQA) Audit Methodology Panel and has been a Certified Healthcare Effectiveness Data and Information Set (HEDIS®) Compliance Auditor since 1998, directing more than 600 HEDIS® audits. She directed the consultant team that developed the original NCQA Software Certification Program℠ on behalf of NCQA. She is a frequent speaker at HEDIS® vendor and health plan conferences, such as National Alliance of State Health CO-OPs (NASHCO) conferences. Ms. Iskrant received her Bachelor of Arts from Columbia University and her Master of Public Health from UC Berkeley School of Public Health. She is a member of the National Association for Healthcare Quality (NAHQ) and is published in the fields of healthcare and public health.

Performance Improvement Project Reviewers

Bonnie L. Zell, MD, MPH, FACOG

Dr. Zell brings to KEPRO a broad spectrum of healthcare experience as a nurse, an OB/GYN physician chief at Kaiser Permanente, and a hospital Medical Director. She has also had leadership roles in public health and national policy. As a nurse, she worked in community hospitals, served as head nurse of a surgical ward, and was a Methadone dispensing nurse at a medication-assisted treatment program. As OB/GYN chief, she developed new models of care based on patients' needs rather than system structure, integrating the department with psychologists, social workers, family medicine, and internal medicine.

In public health roles as Partnerships Lead at the CDC and Senior Director for Population Health at the National Quality Forum, she advanced strategies to integrate public health and healthcare, engaging healthcare and public health leaders in joint initiatives. As an Institute for Healthcare Improvement (IHI) fellow, Dr. Zell led quality improvement curriculum development, coaching, and training for multiple public health and healthcare institutions.

In February 2015, Dr. Zell co-founded a telehealth company, Icebreaker Health, which developed Lemonaid Health, a telehealth model for delivering simple, uncomplicated primary care accessed through an app and website. Serving as chief medical officer and chief quality officer, she built the systems, protocols, quality standards, and care review processes. Her role then expanded to building partnerships to integrate this telehealth model of care into multiple health systems and study it with national academic leaders.

Dr. Zell continues to have an interest in supporting communities of greatest need. She works part-time as a physician in Medication Assisted Treatment for opiate addiction. She has published and presented extensively.

Wayne J. Stelk, Ph.D.

Wayne J. Stelk, Ph.D., is a psychologist with over forty years of experience in the design, implementation, and management of large-scale health and human service systems. His expertise includes improving health providers' service effectiveness and efficiency through data-driven performance management systems.

During his tenure as Vice-President for Quality Management at the Massachusetts Behavioral Health Partnership (MBHP), Dr. Stelk designed and managed over 150 quality improvement projects involving primary care and behavioral health practices across the state. He is well-versed in creating strategies to improve healthcare service delivery that maximize clinical outcomes and minimize service costs. He also implemented a statewide outcomes management program for behavioral health providers in the MBHP network, the first of its kind in Massachusetts.

After leaving MBHP in 2010, he consulted on several projects involving the integration of primary care, behavioral health care, and long-term services and supports. Other areas of expertise include implementing evidence-based intervention and treatment practices; designing systems for the measurement of treatment outcomes; and developing data-collections systems for quality metrics that are used to improve provider accountability.

Project Management

Cassandra Eckhof, M.S.

Ms. Eckhof has over 25 years managed care and quality management experience and has worked in the private, non-profit, and government sectors. She has managed the MassHealth external quality review program since 2016. Ms. Eckhof has a Master of Science degree in health care administration and is a Certified Professional in Healthcare Quality.