



TECHNICAL REPORT

# Primary Care Clinician (PCC) Plan External Quality Review

Calendar Year 2021



**MassHealth**

Massachusetts Executive Office  
of Health & Human Services



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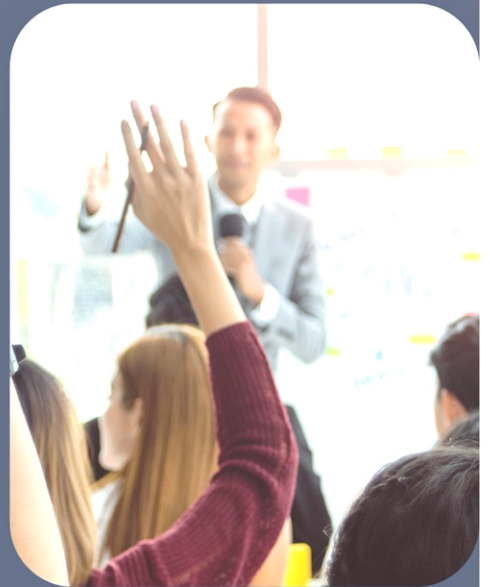
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**Section 1.**

# **Introduction**

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# SECTION 1. INTRODUCTION

## PRIMARY CARE CLINICIAN (PCC) PLAN DESCRIPTION

The MassHealth PCC Plan is a primary care case management managed care plan administered by the Executive Office of Health and Human Services (EOHHS). As of December 20, 2021, 116,614 individuals statewide were enrolled in the PCC Plan. Members' behavioral health services are managed by the Massachusetts Behavioral Health Partnership (MBHP), a Beacon Health Options company.

Section 2.

# Executive Summary

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# SECTION 2. 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 plans 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 plan or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth has entered into an agreement with Kepro to perform EQR services for its contracted managed care plans. All MassHealth managed care plans participate in external quality review activities.

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

The PCC Plan voluntarily participates in the Performance Measure Validation (PMV) process. Kepro validated one administrative performance measure and two hybrid measures in the CY 2021 review cycle. It also conducted an Information Systems Capability Assessment.

To clarify reporting periods, EQR technical reports that have been produced in calendar year 2021 reflect 2020 quality measurement performance.

## PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT

Exhibit 2.1. PMV Process Overview

Topic	Description
Objectives	To assess the accuracy of performance measures in accordance with 42 CFR § 438.358(b)(ii) reported by the managed care plan and to determine the extent to which the managed care plan follows state specifications and reporting requirements.
Technical methods of data collection and analysis	Kepro's Lead PMV Auditor conducted this activity in accordance with 42 CFR § 438.358(b)(ii).
Data obtained	A Data Acquisition Questionnaire, the source code used to produce the validated performance measure, a list of numerator positives for the hybrid measures, medical records for the samples identified by the auditor, and follow-up documentation as requested by the auditor. Additional information was obtained at a virtual meeting attended by MassHealth and Kepro.
Conclusions	Kepro's validation review of the selected performance measure indicates that the PCC Plan's measurement and reporting processes were fully compliant with specifications and were methodologically sound.

The PMV process assesses the accuracy of performance measures. In 2021, Kepro conducted PMV in accordance with CMS EQR Protocol 2 on three measures that were selected by it and MassHealth. The measures validated were:

- Immunizations for Adolescents (IMA): Combination 1 (Meningococcal, Tdap);
- Immunizations for Adolescents (IMA): Combination 2 (Meningococcal, Tdap, HPV); and
- Follow-up After Hospitalization for Mental Illness (FUH): 30-Day Follow-up.

Kepro also conducted an Information Systems Capability Assessment focusing 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 the following: data received from providers are accurate and complete and the accuracy and timeliness of reported data are verified; the data have been screened for completeness, logic, and consistency; and service information is collected in standardized formats to the extent feasible and appropriate.



## **MASSHEALTH QUALITY STRATEGY**

States operating Medicaid managed care programs under any authority must have a written quality strategy for assessing and improving the quality of health care and services furnished by managed care plans. States must also conduct an evaluation of the effectiveness of the quality strategy and update the strategy as needed, but no less than once every three years.

The first MassHealth Quality Strategy was published in 2006. An updated version was submitted to CMS in November 2018. This version, the MassHealth Comprehensive Quality Strategy, focused not only on fulfilling managed care quality requirements, but on improving the quality of managed care services in Massachusetts. An updated strategy is currently being finalized and is anticipated to be available to the public in early 2022. It will incorporate new behavioral health, health equity, and waiver strategies and will align with the CMS toolkit and webinar guidance released in Summer 2021.

## **HIGH-LEVEL RECOMMENDATIONS TO MASSHEALTH**

Kepro has included in its 2021 Technical Reports several recommendations to MassHealth for how it can target the goals and objectives in its Quality Strategy to better support improvement in the quality of, timeliness of, and access to health care services. In addition to the PCC Plan-specific recommendations made, Kepro offered high-level recommendations to MassHealth. The following recommendations are relevant to the PCC Plan:

### **Health Equity**

To support MassHealth's priority of achieving health equity, it is essential that it improve the quality of its REL data and fix the ever-vexing issue of enrollment updates with no REL data overwriting plan-collected data. (*Access*)

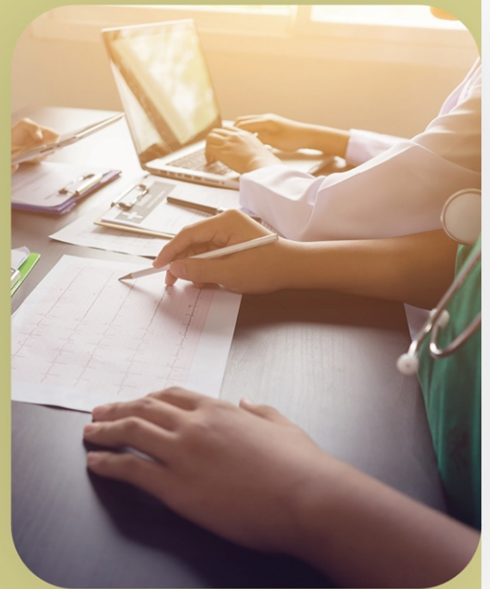
### **Provider Network**

Given that over 100,000 MassHealth PCC Plan members rely on the MassHealth network, Kepro strongly encourages MassHealth to voluntarily participate in network adequacy validation. (*Access, Timeliness of Care*)

**Section 3.**

# **Performance Measure Validation**

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# SECTION 3. PERFORMANCE MEASURE VALIDATION

The Performance Measure Validation process assesses the accuracy of performance measures reported by the managed care plan. 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 as well as any interventions the managed care entity has in place to improve upon reported rates and health outcomes. Kepro validates three performance measures annually for the PCC Plan.

## METHODOLOGY

The PMV process assesses the accuracy of performance measures reported by the managed care plan. It determines the extent to which the managed care plan follows state specifications and reporting requirements. In addition to validation processes and the reported results, Kepro evaluates performance in comparison to national benchmarks as well as any interventions the plan has in place to improve upon reported rates and health outcomes. Kepro validates three performance measures annually for the PCC Plan.

Kepro's PMV audit methodology assesses both the quality of the source data that feed into the PMV measure under review and the accuracy of the calculation. Source data review includes evaluating the plan's data management structure, data sources, and data collection methodology. Measure calculation review includes reviewing the logic and analytic framework for determining the measure numerator, denominator, and exclusion cases, if applicable.

The two-step PMV process consists of a desk review of documentation submitted by the managed care organization. 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 the PCC Plan, an onsite review is conducted. At the onsite review, which is conducted virtually, 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.

Kepro bases its PMV on the quality of source data, the calculation of the measures, including data management structure, sources and collection, and logic and analytic framework for determining numerators and denominators. Kepro reviews a Data Acquisition Questionnaire completed by the managed care plan. Typically, Kepro conducts an onsite visit. In 2021, the onsite was conducted virtually. Kepro conducts medical record review (MRR) validation to

verify the accuracy of the hybrid measure medical record review when a HEDIS audit has not been conducted.

MassHealth requested the validation of three HEDIS® performance measures for the PCC Plan. Kepro recommended, and MassHealth agreed, to two hybrid measures and one administrative measure.

The table below presents the three HEDIS measures selected for PMV for Measurement Year 2020 as well as each measure's description as provided by NCQA.

Exhibit 3.1. CY 2021 Validated Performance Measures

<b>HEDIS Measure Name and Abbreviation</b>	<b>Measure Description</b>
Immunizations for Adolescents (IMA): Combination 1 (Meningococcal, Tdap)  <i>Rationale for Selection: Lower performance</i>	The percentage of adolescents 13 years of age who had one dose of the meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday.
Immunizations for Adolescents (IMA): Combination 2 (Meningococcal, Tdap, HPV)  <i>Rationale for Selection: Lower performance</i>	The percentage of adolescents 13 years of age who had one dose of the meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.
Follow-up After Hospitalization for Mental Illness (FUH): 30-Day Follow-up  <i>Rationale for Selection: Very high performance</i>	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

The PCC Plan submitted the documentation that follows in support of the PMV process.

#### Exhibit 3.2. Submitted Documentation

Document Reviewed	Purpose of Kepro Review
Data Acquisition Questionnaire (DAQ)	Reviewed to assess health plan systems and processes related to performance measure production.
HEDIS MY 2020 Final XML	Reviewed to help aid PMV measure selection and for the review of the selected PMV measure data.
List of hybrid numerator positives for the hybrid PMV measures	Used to generate a random sample of medical records for independent review to confirm accuracy of process.
PMV hybrid medical records and abstractor review findings for the randomly selected sample	Reviewed to assess the accuracy of hybrid measure medical record abstraction.
NCQA-certified HEDIS vendor MY 2020 report	Reviewed to confirm that the source code for the three selected PMV measures was NCQA-certified for MY 2020.

### TECHNICAL COMPLIANCE

The tables that follow contain the criteria by which performance measures were validated as well as Kepro's determination as to whether the plan met these criteria. The results of the validation follow.

Kepro uses the following ratings for PMV review elements:

- **Met:** The PCC Plan correctly and consistently evidenced review element;
- **Partially met:** The PCC Plan partially or inconsistently evidenced review element; and
- **Not met:** The PCC Plan did not evidence review element or incorrectly evidenced review element.

### Immunizations for Adolescents (IMA): Combination 1

Hybrid methodology is used to calculate the IMA measure. The tables that follow outline the review elements and ratings that PCC Plan received.

#### Exhibit 3.3a. IMA Technical Specification Compliance

Population Element	Rating
Medicaid population was appropriately segregated from other product lines.	Met
Adolescents who turn 13 years of age during the measurement year and were enrolled with PCC Plan on their 13 <sup>th</sup> birthday.	Met
Adolescents enrolled 12 months prior to their 13 <sup>th</sup> birthday with no more than a one-month gap in enrollment during this time period.	Met

### Exhibit 3.3b. IMA Technical Specification Compliance

Category	Numerator Element	Rating
Counting Clinical Events	Standard codes listed in the NCQA specifications or properly mapped internally developed codes were used.	Met
Counting Clinical Events	Data sources and decision logic used to calculate the numerator (e.g., claims files, including those for members who received the services outside the plan's network as well as any supplemental data sources) were complete and accurate.	Met
Counting Clinical Events	Members meeting the measure requirements for meningococcal and Tdap vaccinations.	Met
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.	Met
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met
Proper Exclusion Methodology in Administrative Data	Exclude adolescents who had a contraindication for a specific vaccine only if administrative data do not indicate that the contraindicated immunization was rendered in its entirety. (Optional exclusion).	Met
Medical Record Review Documentation Standards	Medical record abstraction tool required notation of all key numerator fields for Combination 1.	Met
Data Quality	The eligible population was properly identified.	Met
Data Quality	Based on the IS assessment findings, data sources used for this numerator were accurate.	Met
Hybrid Measure	If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met
Hybrid Measure	If the hybrid method was used, PCC Plan passed auditor review for the accuracy of 30 randomly selected abstracted charts for Combination 1.	Met

### Exhibit 3.3c. IMA Technical Specification Compliance

Category	Sampling Element	Rating
Unbiased Sample	As specified in the NCQA specifications, a systematic sampling method was utilized.	Met
Sample Size	After exclusions, the sample size was equal to 1) 411, 2) the appropriately reduced sample size, which used the current year's administrative rate or preceding year's reported rate, or 3) the total population.	Met
Proper Substitution Methodology in Medical Record Review	Excluded only members for whom MRR revealed 1) contraindications that correspond to the codes listed in appropriate specifications as defined by NCQA, or 2) data errors.	Met
Proper Substitution Methodology in Medical Record Review	Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met

## Immunizations for Adolescents (IMA): Combination 2

Hybrid methodology is used to calculate the IMA measure. The tables that follow outline the review elements and ratings that PCC Plan received.

Exhibit 3.4a. IMA Technical Specification Compliance

Population Element	Rating
Medicaid population was appropriately segregated from other product lines.	Met
Adolescents who turned 13 years of age during the measurement year and were enrolled with PCC Plan on their 13 <sup>th</sup> birthday.	Met
Adolescents enrolled 12 months prior to their 13 <sup>th</sup> birthday with no more than a one-month gap in enrollment during this time period.	Met

Exhibit 3.4b. IMA Technical Specification Compliance

Category	Numerator Element	Rating
Counting Clinical Events	Standard codes listed in the NCQA specifications or properly mapped internally developed codes were used.	Met
Counting Clinical Events	Data sources and decision logic used to calculate the numerator (e.g., claims files, including those for members who received the services outside the plan's network as well as any supplemental data sources) were complete and accurate.	Met
Counting Clinical Events	Members meeting the measure requirements for meningococcal, Tdap, and HPV vaccinations.	Met
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.	Met
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met
Proper Exclusion Methodology in Administrative Data	Exclude adolescents who had a contraindication for a specific vaccine only if administrative data do not indicate that the contraindicated immunization was rendered in its entirety. (Optional exclusion).	Met
Medical Record Review Documentation Standards	Medical record abstraction tool required notation of all key numerator fields for Combination 2.	Met
Data Quality	The eligible population was properly identified.	Met
Data Quality	Based on the IS assessment findings, data sources used for this numerator were accurate.	Met
Hybrid Measure	If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met
Hybrid Measure	If the hybrid method was used, PCC Plan passed auditor review for the accuracy of 30 randomly selected abstracted charts for Combination 2.	Met

Exhibit 3.4c. IMA Technical Specification Compliance

Category	Sampling Element	Rating
Unbiased Sample	As specified in the NCQA specifications, systematic sampling method was utilized.	Met
Sample Size	After exclusions, the sample size was equal to 1) 411, 2) the appropriately reduced sample size, which used the current year's administrative rate or preceding year's reported rate, or 3) the total population.	Met
Proper Substitution Methodology in Medical Record Review	Excluded only members for whom the MRR revealed 1) contraindications that correspond to the codes listed in appropriate specifications as defined by NCQA, or 2) data errors.	Met
Proper Substitution Methodology in Medical Record Review	Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met

## Follow-up after Hospitalization for Mental Illness (FUH): 30 Day Follow-up

The administrative methodology is used to calculate the FUH measure. The tables that follow outline the review elements and ratings that PCC Plan received.

Exhibit 3.5a. FUH Technical Specification Compliance

Category	Denominator Element	Rating
Population	PCC Plan population was appropriately segregated from other product lines.	Met
Population	An acute inpatient discharge with a principal diagnosis of mental illness or intentional self-harm on the discharge claim on or between January 1 and December 1 of the measurement year.	Met
Population	The denominator for this measure is based on discharges, not on members. If members have more than one discharge, include all discharges on or between January 1 and December 1 of the measurement year.	Met
Geographic Area	Includes only those Medicaid enrollees served in the PCC Plan's reporting area.	Met
Age and Sex	Members 6 years and older as of the date of discharge.	Met
Enrollment Calculation	Members continuously enrolled from the date of discharge through 30 days after.	Met
Data Quality	Based on the IS assessment findings, the data sources for this denominator were accurate.	Met
Data Quality	Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met
Proper Exclusion Methodology in Administrative Data	<p>Identify readmissions and direct transfers to an acute inpatient care setting during the 30-day follow-up period:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Exclude nonacute inpatient stays.</li> <li>3. Identify the admission date for the stay.</li> </ol> <p>Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.</p> <p>If the readmission/direct transfer to the acute inpatient care setting was for a principal diagnosis (use only the principal diagnosis on the discharge claim) of mental health disorder or intentional self-harm, count only the last discharge.</p> <p>If the readmission/direct transfer to the acute inpatient care setting was for any other principal diagnosis (use only the principal diagnosis on the discharge claim), exclude both the original and the readmission/ direct transfer discharge.</p>	Met
Proper Exclusion Methodology in Administrative Data	<p>Exclude discharges followed by readmission or direct transfer to a nonacute inpatient care setting within the 30-day follow-up period, regardless of the principal diagnosis for the readmission. To identify readmissions and direct transfers to a nonacute inpatient care setting:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays.</li> <li>2. Confirm the stay was for nonacute care based on the presence of a nonacute code on the claim.</li> <li>3. Identify the admission date for the stay.</li> </ol> <p>These discharges are excluded from the measure because rehospitalization or direct transfer may prevent an outpatient follow-up visit from taking place.</p>	Met



### Exhibit 3.5b. FUH Technical Specification Compliance

<b>Administrative Data: Counting Clinical Events</b>		<b>Rating</b>
A follow-up visit with a mental health provider within 30 days after discharge. Do not include visits that occur on the date of discharge.		Met
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.		Met
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures and UB revenue codes, as relevant.		Met
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.		Met

## PERFORMANCE MEASURE RESULTS

### Exhibit 3.6. PCC Plan PMV Rates

<b>Measure</b>	<b>Rate</b>	<b>MY 2020 NCQA Medicaid Quality Compass Percentile Range</b>
Immunizations for Adolescents (IMA): Combination 1	83.5%	Between the 50 <sup>th</sup> and 66 <sup>th</sup> percentiles
Immunizations for Adolescents (IMA): Combination 2	34.8%	Between the 33 <sup>rd</sup> and 50 <sup>th</sup> percentiles
Follow-up After Hospitalization for Mental Illness (FUH): 30-Day Follow-up	73.0%	Between the 75 <sup>th</sup> and 90 <sup>th</sup> percentiles

Kepro has leveraged CMS Worksheet 2.14, A Framework for Summarizing Information About Performance Measures, from EQR Protocol 2 to report plan-specific 2021 PMV activities. As is required by CMS, Kepro has identified plan strengths as evidenced through the validation process as well as follow-up to 2020 recommendations. Kepro's Lead PMV auditor assigned a validation confidence rating that refers to Kepro's overall confidence that the calculation of the performance measure adhered to acceptable methodology.

### CMS Worksheet 2.14

#### 1. Overview of Performance Measure

Managed Care Plan (MCP) name: <b>MassHealth Primary Care Clinician (PCC) Plan</b>
Performance measure name: <b>Immunizations for Adolescents (IMA): Combination 1 (Meningococcal, Tdap)</b>
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS®

<input checked="" type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe) HEDIS auditor-approved data sources <input checked="" type="checkbox"/> Medical records (describe) As described below. <input type="checkbox"/> Other (specify) _____
If the hybrid method was used, describe the sampling approach used to select the medical records:  NCQA hybrid systematic sampling methodology with NCQA hybrid sample size reduction logic was followed.  <input type="checkbox"/> Not applicable (hybrid method not used)
Definition of denominator (describe): The number of adolescents 13 years of age.
Definition of numerator (describe): The number of adolescents 13 years of age who had one dose of meningococcal vaccine, and one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine by their 13th birthday.
Program(s) included in the measure: <input type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input checked="" type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date) January 1, 2020 – December 31, 2020

## 2. Performance Measure Results

<b>Numerator</b>	343
<b>Denominator</b>	411
<b>Rate</b>	83.5%

## 3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).  None identified.
Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.  <p><b>Claims and Encounter Data.</b> The PCC Plan claims and encounters are processed in the Massachusetts Medicaid Management Information System (MMIS). The MMIS captures all necessary fields for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Most claims were submitted electronically and there were adequate monitoring processes in place to identify issues. The MMIS had sufficient claims editing and coding review processes. For the small volume of paper claim submissions, MassHealth's customer service vendor, Maximus, was responsible for the direct data entry function of paper claims. There were no concerns with the processing of electronic or manual claims. The PCC Plan contracted with the Massachusetts Behavioral Health Partnership (MBHP) to process behavioral health claims. MBHP processed claims using all standard codes, standard claims forms, and the capture of all required fields. The PCC Plan had robust processes in place for tracking and reporting of MBHP data. The PCC Plan contracted with DXC, a Xerox company, to process pharmacy claims. DXC processed the pharmacy claims through the Pharmacy Online Payment System and the Plan paid the pharmacy claims. There were adequate processes in place to monitor pharmacy data including processes to reconcile pharmacy reversals. There were no concerns identified with data completeness. There were no issues identified with claims or encounter data processing.</p> <p><b>Enrollment Data.</b> The PCC Plan processes enrollment data using the MMIS system. All necessary enrollment fields are captured for HEDIS reporting. Member enrollment data were housed within MMIS. Enrollment data were fed into MMIS by the Health Insurance Exchange, which processed incoming applications and determined</p>

eligibility. In addition, the MA-21 system was used to capture disability and long-term needs eligibility. Maximus served as the customer service center and updated eligibility information directly into the live system. Eligibility information from these sources updated within 24 hours. The PCC Plan used eligibility information within MMIS and used the member Medicaid identification number. There were no issues identified with enrollment processes.

**Medical Record Review.** Two of the three PMV measures were calculated using medical records in addition to claims and encounter data, i.e., Immunizations for Adolescents (IMA): Combination 1 (Meningococcal, Tdap) and Immunizations for Adolescents (IMA): Combination 2 (Meningococcal, Tdap, HPV). The medical record review that was conducted for these two PMV measures was accurate. A sample of 30 numerator-positive hybrid cases were reviewed for both measures. All records were found to be in full compliance with HEDIS specifications.

**Supplemental Data.** The PCC Plan did not use supplemental data sources. Therefore, this section is not applicable.

**Data Integration.** The PCC Plan's performance measure rates were produced using SS&C Health software. Data from the transaction system, MMIS, were loaded to the PCC Plan data warehouse. Vendor data feeds from MBHP and POPS were also loaded to the warehouse. Data were then formatted into SS&C Health-compliant extracts and loaded into the measure production software. The PCC Plan had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. There were no issues identified with HEDIS data integration processes.

**Source Code.** The PCC Plan used NCQA-certified SS&C Health HEDIS software to produce performance measures. SS&C Health received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

The medical record review that was conducted for this measure was accurate. A sample of 30 numerator-positive hybrid cases were reviewed. All records were found to be in full compliance with HEDIS specifications.

☐ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

**Quality-Related:** Consider using supplemental data for PMV measure reporting.

## CMS Worksheet 2.14

### 1. Overview of Performance Measure

Managed Care Plan (MCP) name: <b>MassHealth Primary Care Clinician (PCC) Plan</b>
Performance measure name: <b>Immunizations for Adolescents (IMA): Combination 2 (Meningococcal, Tdap, HPV)</b>
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS® <input checked="" type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe) HEDIS auditor-approved data sources <input checked="" type="checkbox"/> Medical records (describe) As described below. <input type="checkbox"/> Other (specify) _____
If the hybrid method was used, describe the sampling approach used to select the medical records:  NCQA hybrid systematic sampling methodology with NCQA hybrid sample size reduction logic was followed.  <input type="checkbox"/> Not applicable (hybrid method not used)
Definition of denominator (describe): The number of adolescents 13 years of age
Definition of numerator (describe): The number of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13 <sup>th</sup> birthday.
Program(s) included in the measure: <input type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input checked="" type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date) January 1, 2020 – December 31, 2020

### 2. Performance Measure Results

<b>Numerator</b>	143
<b>Denominator</b>	411
<b>Rate</b>	34.8%

### 3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).  None identified.
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Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

**Claims and Encounter Data.** The PCC Plan claims and encounters are processed in the Massachusetts Medicaid Management Information System (MMIS). MMIS captures all necessary fields for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Most claims were submitted electronically and there were adequate monitoring processes in place to identify issues. MMIS had sufficient claims editing and coding review processes. For the small volume of paper claim submissions, MassHealth's customer service vendor, Maximus, was responsible for the direct data entry function of paper claims. There were no concerns with the processing of electronic or manual claims. The PCC Plan contracted with the Massachusetts Behavioral Health Partnership (MBHP) to process behavioral health claims. MBHP processed claims using all standard codes, standard claims forms, and the capture of all required fields. The PCC Plan had robust processes in place for tracking and reporting of MBHP data. The PCC Plan contracted with DXC, a Xerox company, to process pharmacy claims. DXC processed the pharmacy claims through the Pharmacy Online Payment System and the Plan paid the pharmacy claims. There were adequate processes in place to monitor pharmacy data including processes to reconcile pharmacy reversals. There were no concerns identified with data completeness. There were no issues identified with claims or encounter data processing.

**Enrollment Data.** The PCC Plan processes enrollment data using the MMIS system. All necessary enrollment fields are captured for HEDIS reporting. Member enrollment data were housed within MMIS. Enrollment data were fed into MMIS by the Health Insurance Exchange, which processed incoming applications and determined eligibility. In addition, the MA-21 system was used to capture disability and long-term needs eligibility. Maximus served as the customer service center and updated eligibility information directly into the live system. Eligibility information from these sources updated within 24 hours. The PCC Plan used eligibility information within MMIS and used the member Medicaid identification number. There were no issues identified with enrollment processes.

**Medical Record Review.** Two of the three PMV measures were calculated using medical records in addition to claims and encounter data, i.e., Immunizations for Adolescents (IMA): Combination 1 (Meningococcal, Tdap) and Immunizations for Adolescents (IMA): Combination 2 (Meningococcal, Tdap, HPV). The medical record review that was conducted for these two PMV measures was accurate. A sample of 30 numerator-positive hybrid cases were reviewed for both measures. All records were found to be in full compliance with HEDIS specifications.

**Supplemental Data.** The PCC Plan did not use supplemental data sources. Therefore, this section is not applicable.

**Data Integration.** The PCC Plan's performance measure rates were produced using SS&C Health software. Data from the transaction system, MMIS, were loaded to the PCC Plan data warehouse. Vendor data feeds from MBHP and POPS were also loaded to the warehouse. Data were then formatted into SS&C Health-compliant extracts and loaded into the measure production software. The PCC Plan had adequate processes to track completeness and accuracy of data at each transfer point. Preliminary rates were thoroughly reviewed by the plan. There were no issues identified with HEDIS data integration processes.

**Source Code.** The PCC Plan used NCQA-certified SS&C Health HEDIS software to produce performance measures. SS&C Health received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

The medical record review that was conducted for this measure was accurate. A sample of 30 numerator-positive hybrid cases were reviewed. All records were found to be in full compliance with HEDIS specifications.

☐ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

- **Quality-Related:** The PCC Plan scored below the NCQA Medicaid Quality Compass 50<sup>th</sup> percentile for the *Immunizations for Adolescents (IMA): Combination 2* HEDIS measure. Utilizing the state immunization registry as a data source for this measure could increase the performance rate in future years.
- **Quality-Related:** Consider using supplemental data for PMV measure reporting.

## CMS Worksheet 2.14

### 1. Overview of Performance Measure

Managed Care Plan (MCP) name: <b>MassHealth Primary Care Clinician (PCC) Plan</b>
Performance measure name: <b>Follow-Up After Hospitalization for Mental Illness (FUH): 30-Day Follow-Up</b>
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS® <input checked="" type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe) HEDIS auditor-approved data sources <input type="checkbox"/> Medical records (describe) _____ <input type="checkbox"/> Other (specify) _____
If the hybrid method was used, describe the sampling approach used to select the medical records:  <input checked="" type="checkbox"/> Not applicable (hybrid method not used)
Definition of denominator (describe): The number of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses
Definition of numerator (describe): The number of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.
Program(s) included in the measure: <input type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input checked="" type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date) January 1, 2020 – December 31, 2020

### 2. Performance Measure Results

<b>Numerator</b>	680
<b>Denominator</b>	932
<b>Rate</b>	73.0%

### 3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).  None Identified.
Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

**Claims and Encounter Data.** PCC Plan claims and encounters are processed in the Massachusetts Medicaid Management Information System (MMIS). MMIS captures all necessary fields for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Most claims were submitted electronically and there were adequate monitoring processes in place to identify issues. MMIS had sufficient claims editing and coding review processes. For the small volume of paper claim submissions, MassHealth's customer service vendor, Maximus, was responsible for the direct data entry function of paper claims. There were no concerns with the processing of electronic or manual claims. The PCC Plan contracted with the Massachusetts Behavioral Health Partnership (MBHP) to process behavioral health claims. MBHP processed claims using all standard codes, standard claims forms, and the capture of all required fields. The PCC Plan had robust processes in place for tracking and reporting of MBHP data. The PCC Plan contracted with DXC, a Xerox company, to process pharmacy claims. DXC processed the pharmacy claims through the Pharmacy Online Payment System and the Plan paid the pharmacy claims. There were adequate processes in place to monitor pharmacy data including processes to reconcile pharmacy reversals. There were no concerns identified with data completeness. There were no issues identified with claims or encounter data processing.

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**Source Code.** The PCC Plan used NCQA-certified SS&C Health HEDIS software to produce performance measures. SS&C Health received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

☐ Not applicable (ISCA not reviewed)

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

☒ Not applicable (medical record review not conducted)

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence



EQRO recommendations for improvement of performance measure calculation:

**Quality-Related:** Consider using supplemental data for PMV measure reporting.

## PCC PLAN STRENGTHS

- The PCC Plan collects, reports, and undergoes an audit of performance measures on a voluntary basis, which provides transparency and accountability of performance.
- PCC Plan staff members were knowledgeable and proficient in performance measure data collection and reporting processes.
- The PCC Plan scored above the NCQA Medicaid Quality Compass 75th percentile for the HEDIS measure in Follow-up After Hospitalization for Mental Illness (FUH): 30-Day Follow-up.

## FOLLOW-UP TO CALENDAR YEAR 2020 RECOMMENDATIONS

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. An update on calendar year 2020 PMV recommendations follows:

Exhibit 3.7. Update on PCC Plan 2020 Recommendations

Recommendations Made in 2020	2021 Follow-up
Kepro recommends that the PCC Plan consider using supplemental data for performance measure reporting.	This recommendation stands.

## CONCLUSION

In summary, Kepro's validation review of the selected performance measures indicates that the PCC Plan's measurement and reporting processes were fully compliant with specifications and were methodologically sound.



# **Contributors**

# CONTRIBUTORS

## PERFORMANCE MEASURE VALIDATION REVIEWER

### **Katharine Iskrant, CHCA, MPH**

Ms. Iskrant is the President of Healthy People, an NCQA-licensed HEDIS audit firm. She is a member of the NCQA Audit Methodology Panel and NCQA's HEDIS Data Collection Advisory Panel. She is also featured on a 2020 NCQA HEDIS Electronic Clinical Data Systems (ECDS) podcast. Ms. Iskrant has been a Certified HEDIS® Compliance Auditor since 1998 and has directed more than 2,000 HEDIS audits. Previously, as CEO of the company Acumetrics, Ms. Iskrant provided consultancy services to NCQA, which helped its initial development and eventual launch of the NCQA Measure Certification Program. She is a frequent speaker at HEDIS conferences, including NCQA's most recent Healthcare Quality Congress. She received her BA from Columbia University and her MPH from UC Berkeley's School of Public Health. She is a member of the National Association for Healthcare Quality and is published in the fields of healthcare and public health.

## PROJECT MANAGEMENT

### **Cassandra Eckhof, M.S.**

Ms. Eckhof has over 25 years of 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's of science degree in health care administration and is a Certified Professional in Healthcare Quality. She is currently pursuing a graduate certificate in Medical Ethics at the University of Massachusetts at Amherst.

### **Emily Olson B.B.A.**

This is Ms. Olson's first year working with the Kepro team as a Project Coordinator. Her previous work was in the banking industry. She has a bachelor's degree in business management and human resources from Western Illinois University.