

**One Care Quality Performance  
Implementation Council**

# Agenda for Today



## 1. Quality Data Performance Overview

- CAHPS Composite Results
- HEDIS Rates
  - Quality Measures
  - Utilization



# Quality Data Performance

# Data Sources, Measurement Periods, and Benchmarks



## Data Source

**CAHPS Survey**

**HEDIS**

## Measurement Periods

- July 2014 – December 2014 (DY1)**  
(2015 CAHPS Survey)
- July 2015 – December 2015 (DY2)**  
(2016 CAHPS Survey)
- July 2016 – December 2016 (DY3)**  
(2017 CAHPS Survey)
- July 2017 – December 2017 (DY4)**  
(2018 CAHPS Survey)
- July 2018 – December 2018 (DY5)**  
(2019 CAHPS Survey)



- January 2014 – December 2014 (DY1)**  
(HEDIS 2015)
- January 2015 – December 2015 (DY2)**  
(HEDIS 2016)
- January 2016 – December 2016 (DY3)**  
(HEDIS 2017)
- January 2017 – December 2017 (DY4)**  
(HEDIS 2018)
- January 2018 – December 2018 (DY5)**  
(HEDIS 2019)

## Benchmarks

- National Medicare Advantage Plan Average
  - National Medicare-Medicaid Plan (MMP) Average
- 
- Medicaid Managed Care Plan Performance at the 75<sup>th</sup> percentile
  - Medicaid Managed Care Plan Performance at the 90<sup>th</sup> percentile

Note: In this presentation, bar graphs denote measurement periods with the accompanying CAHPS and HEDIS years in parentheses. This differs from previous years where graphs denoted HEDIS/CAHPS years only. 4



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



# CAHPS Summary

- The CAHPS surveys captures information from Enrollees about their experiences with healthcare.
- The Medicare CAHPS Survey has been conducted annually since 1998 and was developed by CMS and the Agency for Healthcare Research and Quality (AHRQ).
- The following slides shows results from the 2015, 2016, 2017, 2018, and 2019 CAHPS Survey of Medicare Advantage Prescription Drug plans which includes demonstration programs. The data represents the measurement periods of Calendar Year 2014, 2015, 2016, 2017, and 2018.
- The surveys include a core set of questions, with some questions grouped to form composites, or summary results, on key areas of care and service
- CAHPS scores are presented on a scale from 0-100.

## **Benchmarks:**

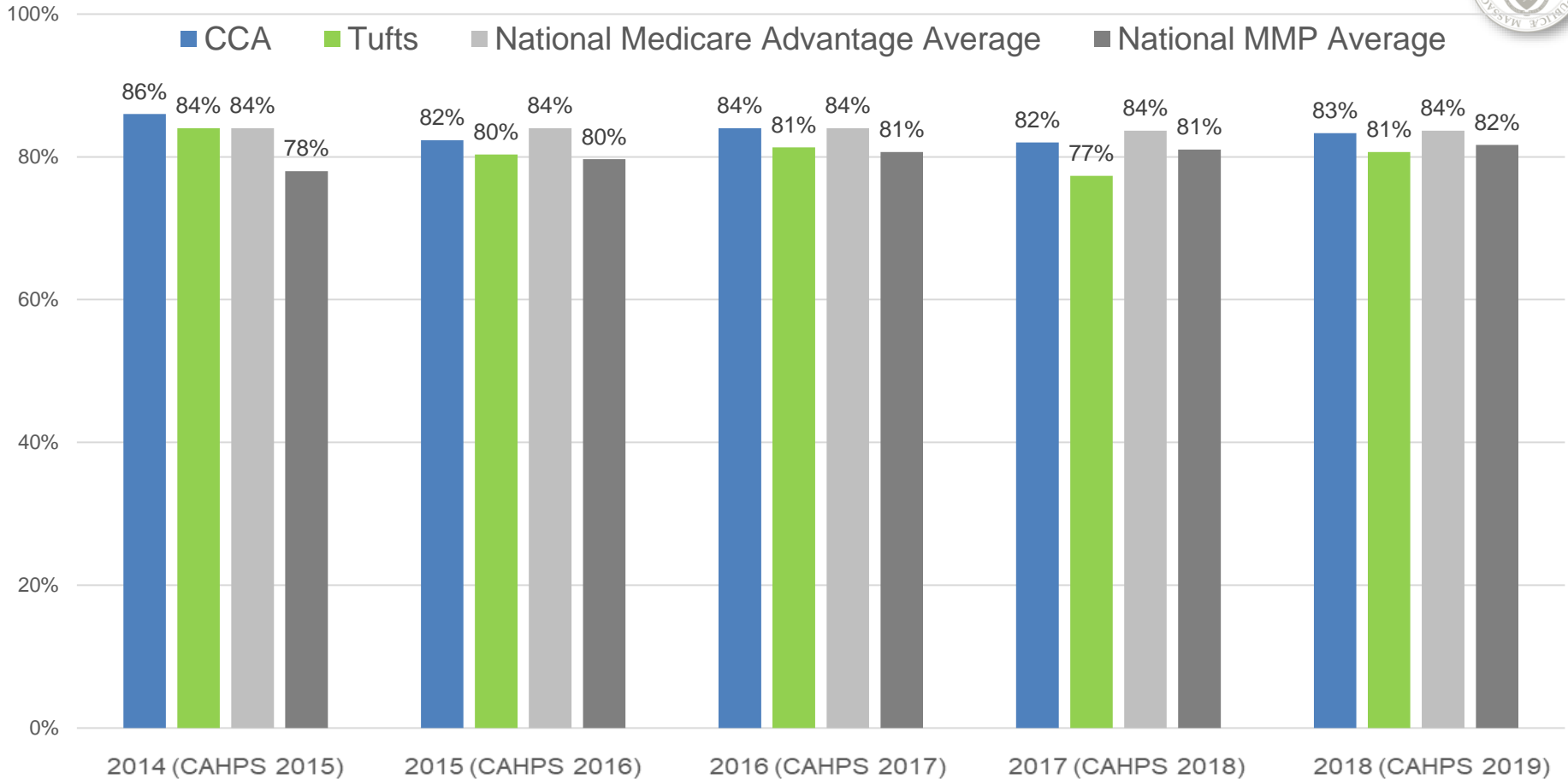
Quality benchmarks are a point of comparison used to assess measure performance. The following graphs include the following benchmarks:

- National Medicare Advantage Average
- National Medicare-Medicaid Plan Average (other capitated Duals Demonstrations)

## **Survey Specifics:**

- Surveys are collected from January through June or each year and asks about members' experiences with their plan over the previous six months.
- From each contract, 800 are selected by random sampling.
- In order to be eligible to participate in the Medicare CAHPS survey, members must be at least 18 years of age and currently enrolled in an plan for six months.
- Plans use CMS certified vendors to field the CAHPS survey.

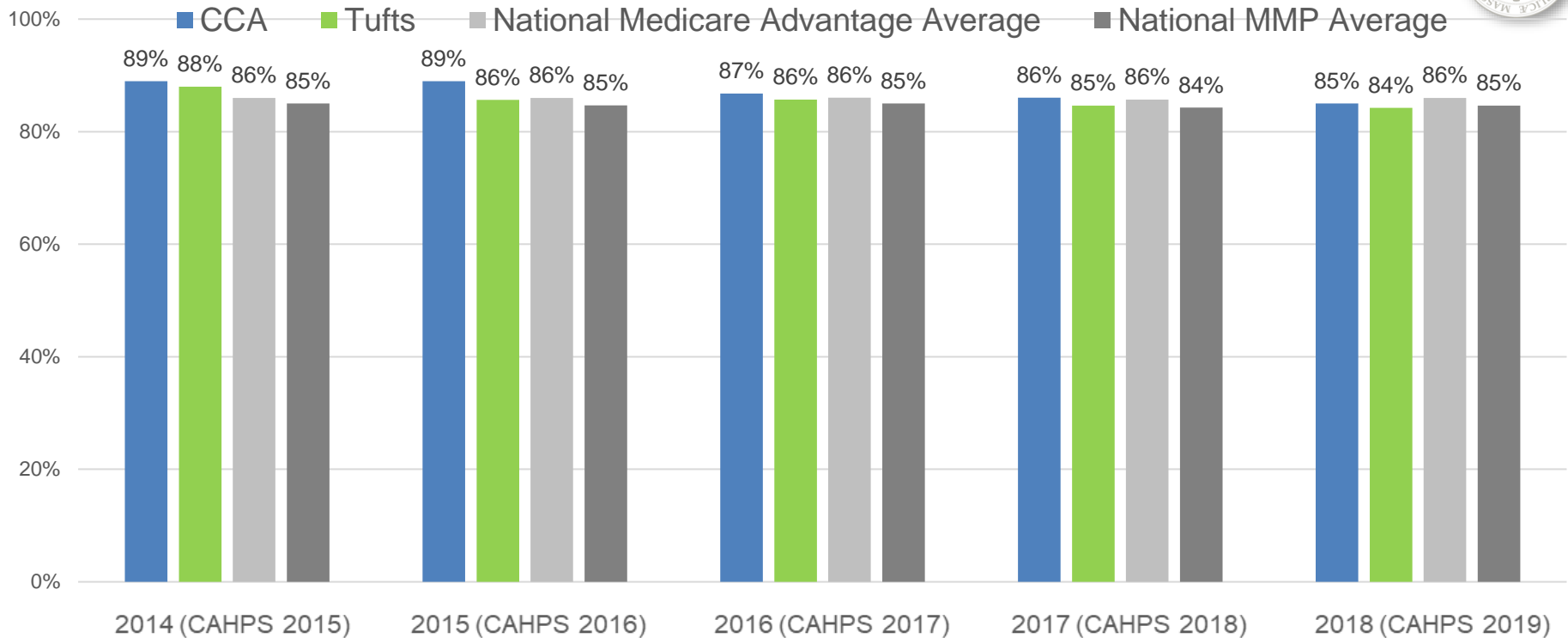
# Getting Needed Care Composite



## The Getting Needed Care Composite asks the following questions:

- In the last six months, how often was it easy to get appointments with specialists?
- In the last six months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?

# Care Coordination Composite

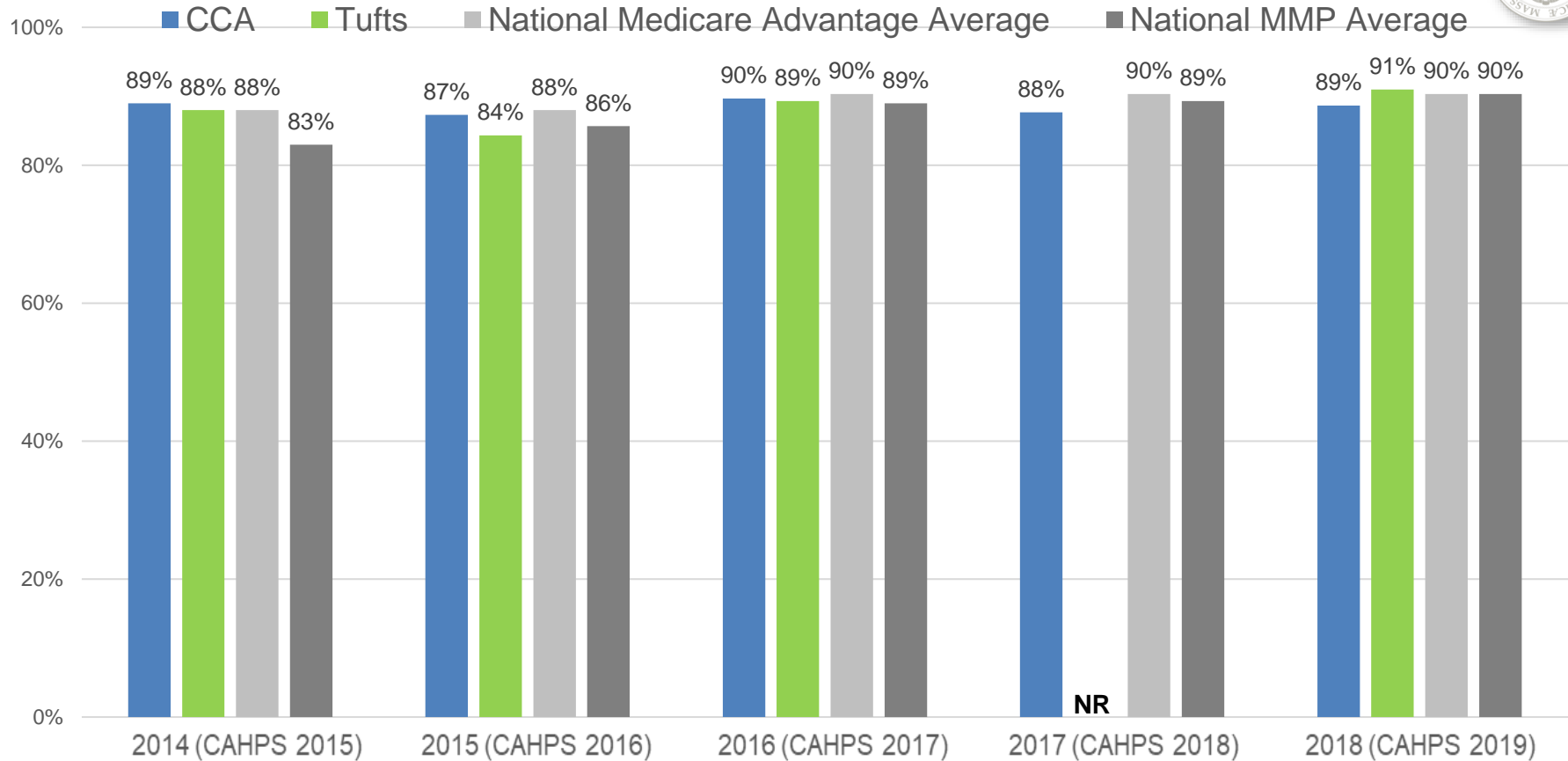


## The Care Coordination Composite consists of the following six questions:

- In the last six months, when you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?
- In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?
- In the last six months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them?
- In the last six months, how often did you and your personal doctor talk about all the prescription medicines you were taking?
- In the last six months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?
- In the last six months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists?



# Customer Service Composite

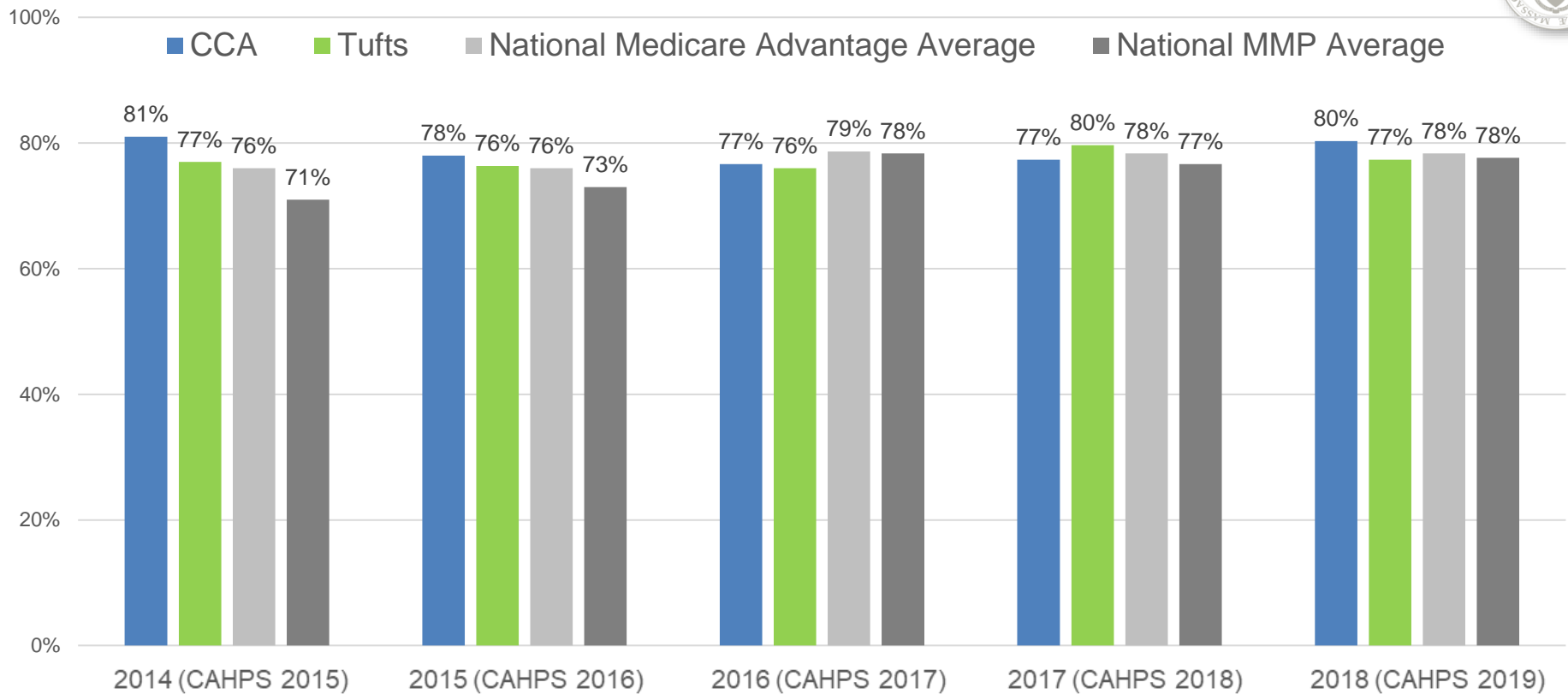


## The Customer Service Composite consists of the following questions:

- In the last six months, how often did your health plan's customer service give you the information or help you needed?
- In the last six months, how often did your health plan's customer service staff treat you with courtesy and respect?
- In the last six months, how often were the forms for your health plan easy to fill out?



# Getting Appointments and Care Quickly Composite



## The Getting Appointments and Care Quickly Composite consists of the following questions:

- In the last six months, when you needed care right away, how often did you get care as soon as you thought you needed it?
- In the last six months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
- In the last six months, how often did you see the person you came to see within 15 minutes of your appointment time (with wait time including time spent in the waiting room and exam room)?

# Summary of CAHPS Survey Performance



- Overall, the One Care CAHPS survey results indicate that member satisfaction remained relatively constant across the 5-year period (2014-2018) with slight variations from year to year.
- For the CAHPS composites shown:
  - **CCA** performed above the National MMP Average for every composite in each year except for the Customer Service Composite in 2017 and 2018 and Getting Appointments and Care Quickly in 2016.
  - **Tufts** performed near (either at, slightly above, or slightly below) the National MMP Average on all composite measures all years. Tufts only performed considerably higher than the National MMP Average for all composites in 2014.
  - When compared to the National Medicare Advantage Average, both **CCA and Tufts** performance varied across the 5-year period with CCA performing above the National Medicare Advantage Average more frequently than Tufts.



# Healthcare Effectiveness Data and Information Set (HEDIS)



## What is HEDIS

- HEDIS is a set of standardized quality measures maintained by the National Committee for Quality Assurance (NCQA) and developed by a committee of employers, consumers, health plans and others
- More than 90% of America's health plans (Medicaid, Medicare, and Commercial) use HEDIS to measure performance on important dimensions of care and service and to better understand frequency and patterns of service utilization
- Because HEDIS uses standardized specifications and requires that HEDIS results be reviewed by a certified auditor, it makes it possible to compare performance across health plans

## What are HEDIS Benchmarks

- NCQA reviews data submitted by health plans and assesses the range of performance across the nation for Commercial, Medicare, and Medicaid plans
- NCQA calculates percentiles (25<sup>th</sup>, 50<sup>th</sup>, 75<sup>th</sup>, 90<sup>th</sup>, and 95<sup>th</sup>) for each product line and publishes them on Quality Compass
- In this presentation the NCQA Medicaid 75<sup>th</sup> and 90<sup>th</sup> are included in each graph

For more information on HEDIS visit:

<http://www.ncqa.org/HEDISQualityMeasurement/WhatIsHEDIS.aspx>

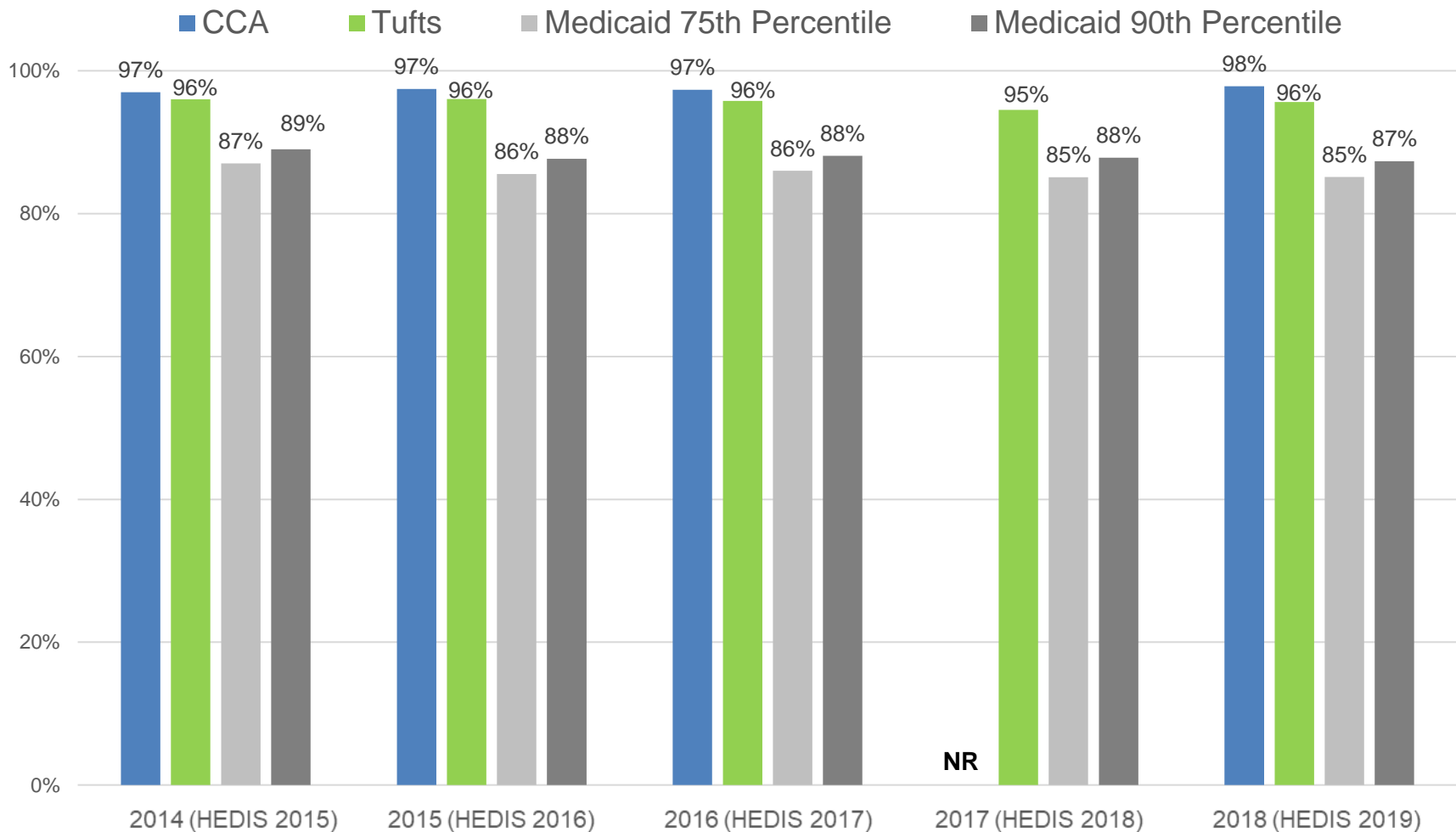


## Different Types of HEDIS Measures

- NCQA classifies HEDIS measures into four major domains
  - Three of these domains (Effectiveness of Care, Access and Availability of Care, and Experience of Care) can be grouped into the category of **Quality Measures**
    - This means that for these measures, a plan's performance may be compared with other plans and national benchmarks
  - The fourth category of measures, **Utilization and Relative Resource Use**, are used to demonstrate the frequency of certain services provided by an organization
    - There are no standard benchmark comparisons and values/rates are not associated with the quality of care
- In this presentation, we share a total of six HEDIS measures, three quality measures and three utilization/relative resource use measures

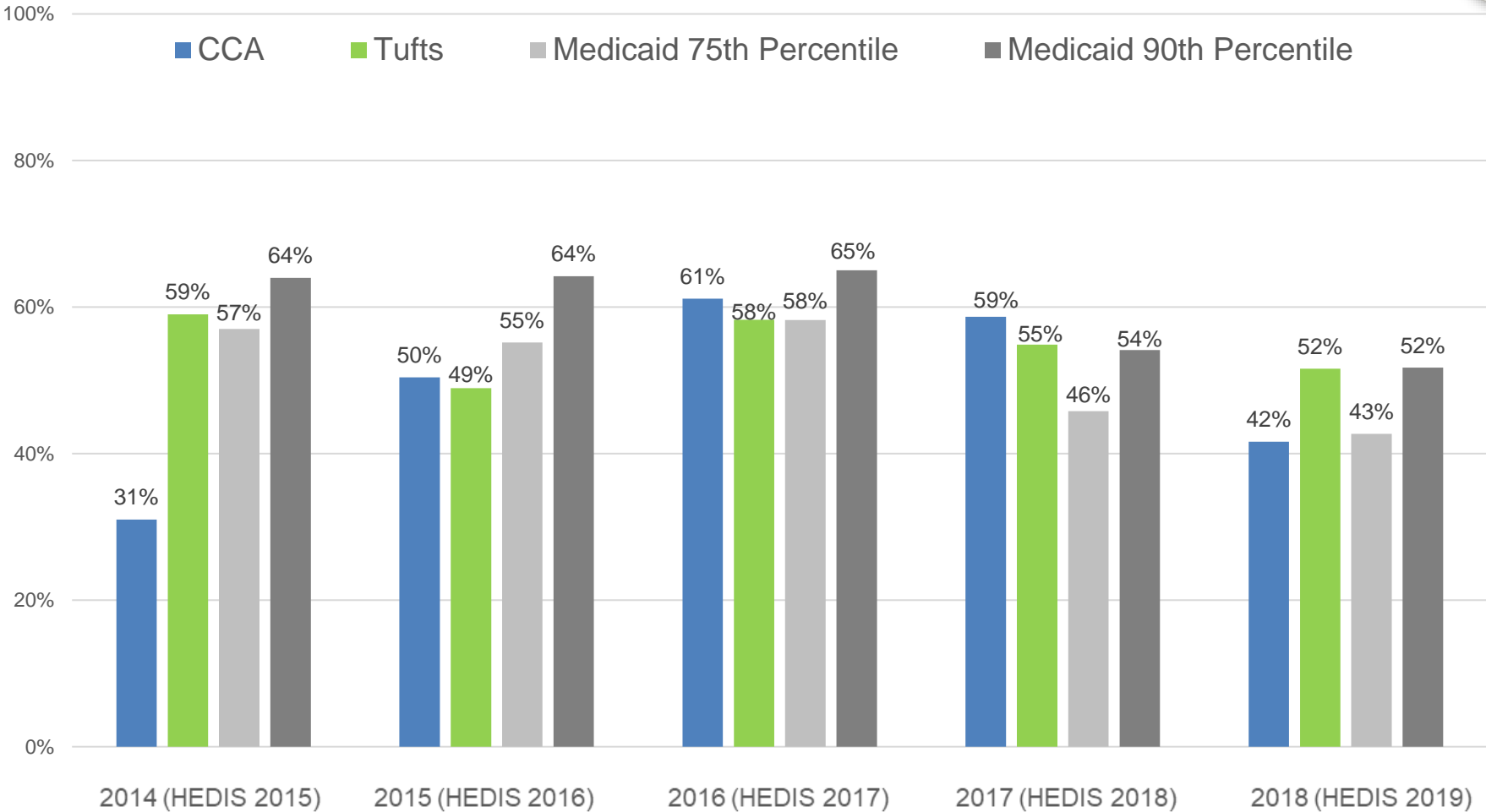


# Adults' Access to Preventative/Ambulatory Health Services (Quality)



The Adults' Access to Preventative Ambulatory Health Services measure is intended to show access/ availability of care by measuring the percentage of members 20 years and older who had an ambulatory or preventative care visit

# Follow-Up After Hospitalization for Mental Illness – 7 Day (Quality)

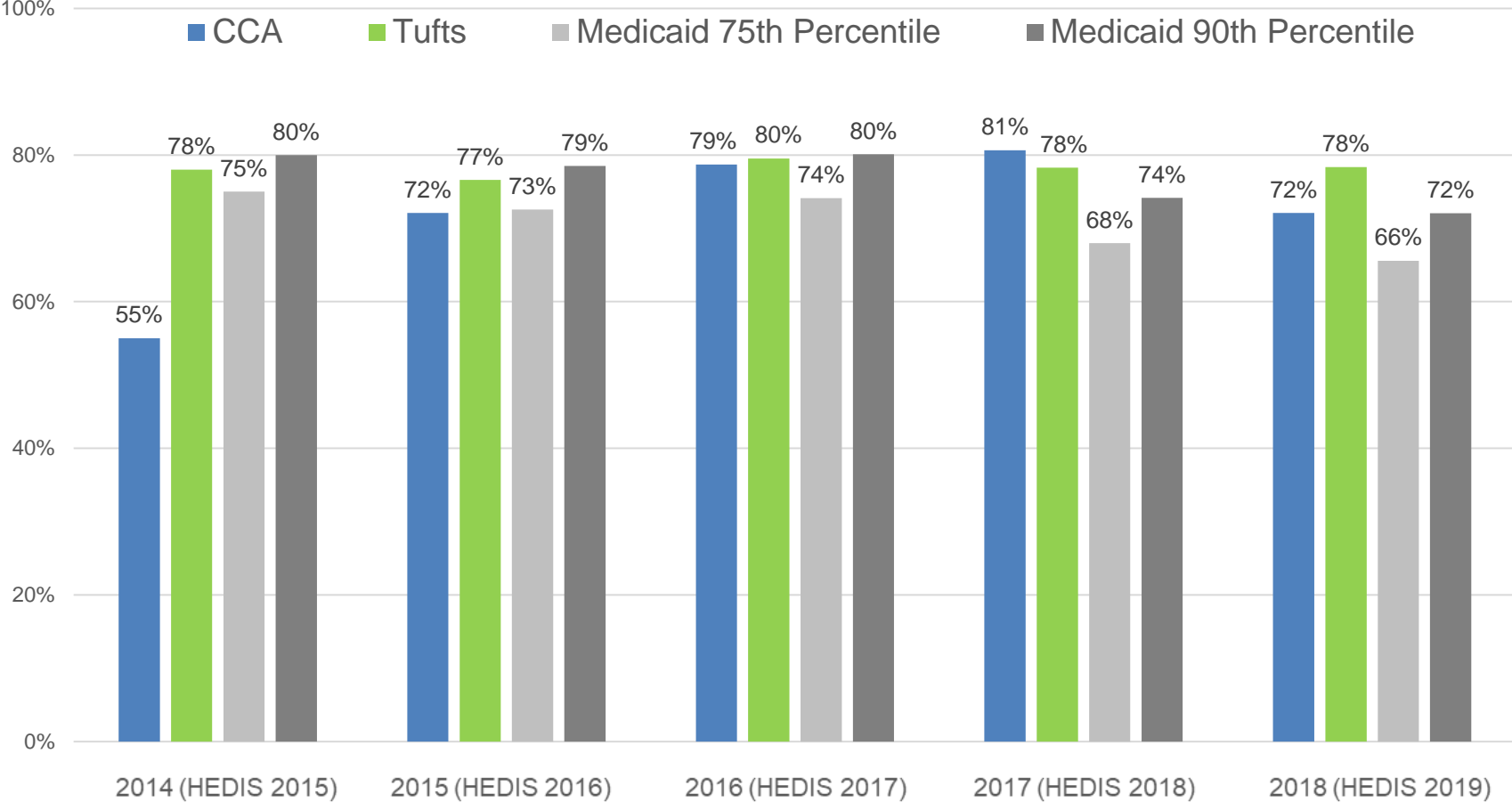


This measure is intended to illustrate the percentage of hospital discharges for mental illness that were followed up by an appropriate behavioral health outpatient visit, intensive outpatient encounter, or partial hospitalization with a behavioral health practitioner:

- 7-day chart shows percentage of discharges for which the member received follow-up within 7 days



# Follow-Up After Hospitalization for Mental Illness – 30 Day (Quality)

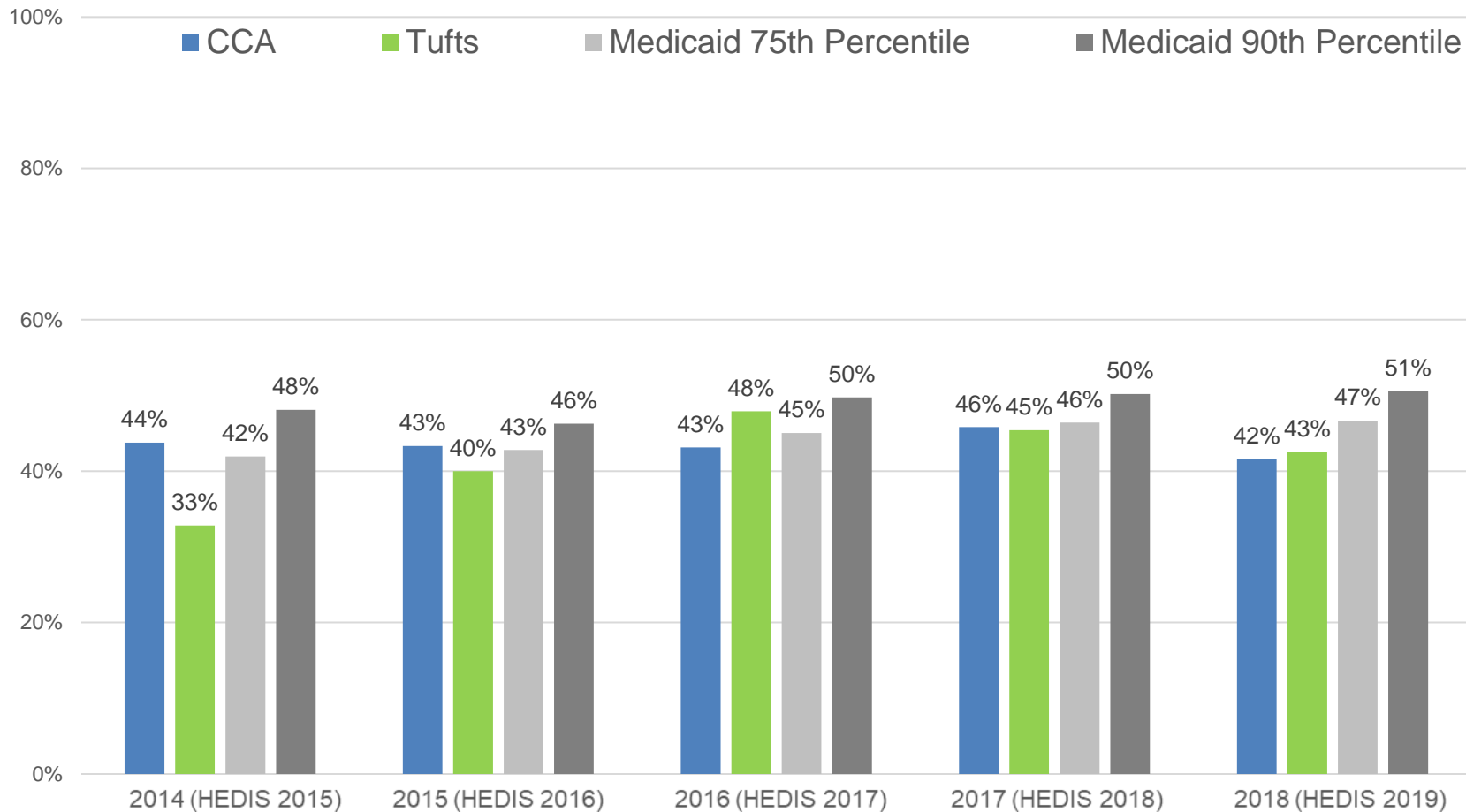


This measure is intended to illustrate the percentage of hospital discharges for mental illness that were followed up by an appropriate behavioral health outpatient visit, intensive outpatient encounter, or partial hospitalization with a behavioral health practitioner:

- 30-day chart shows percentage of discharges for which the member received follow-up within 30 days

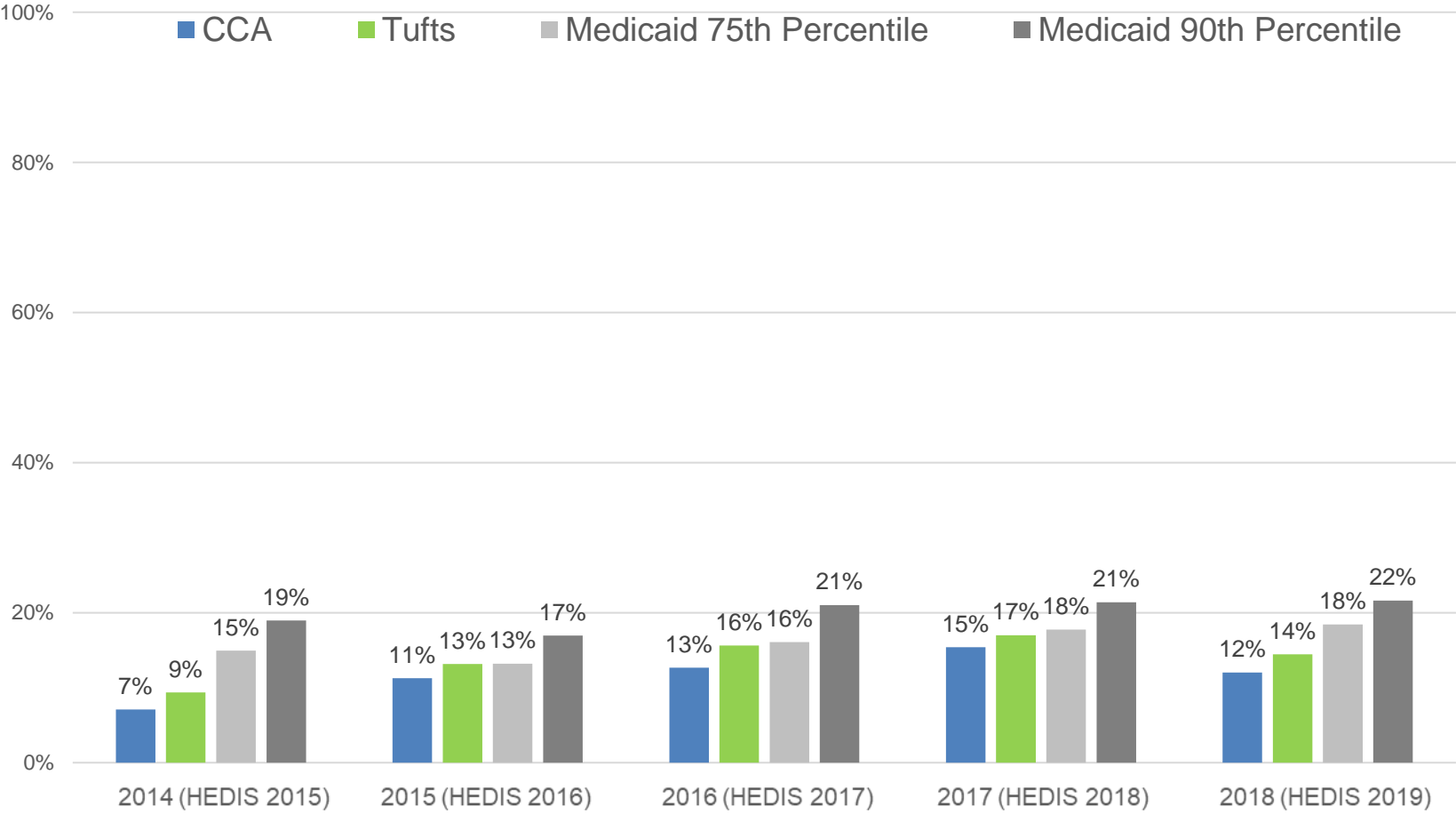


# Initiation and Engagement of Substance Use Disorder Treatment – Initiation (Quality)



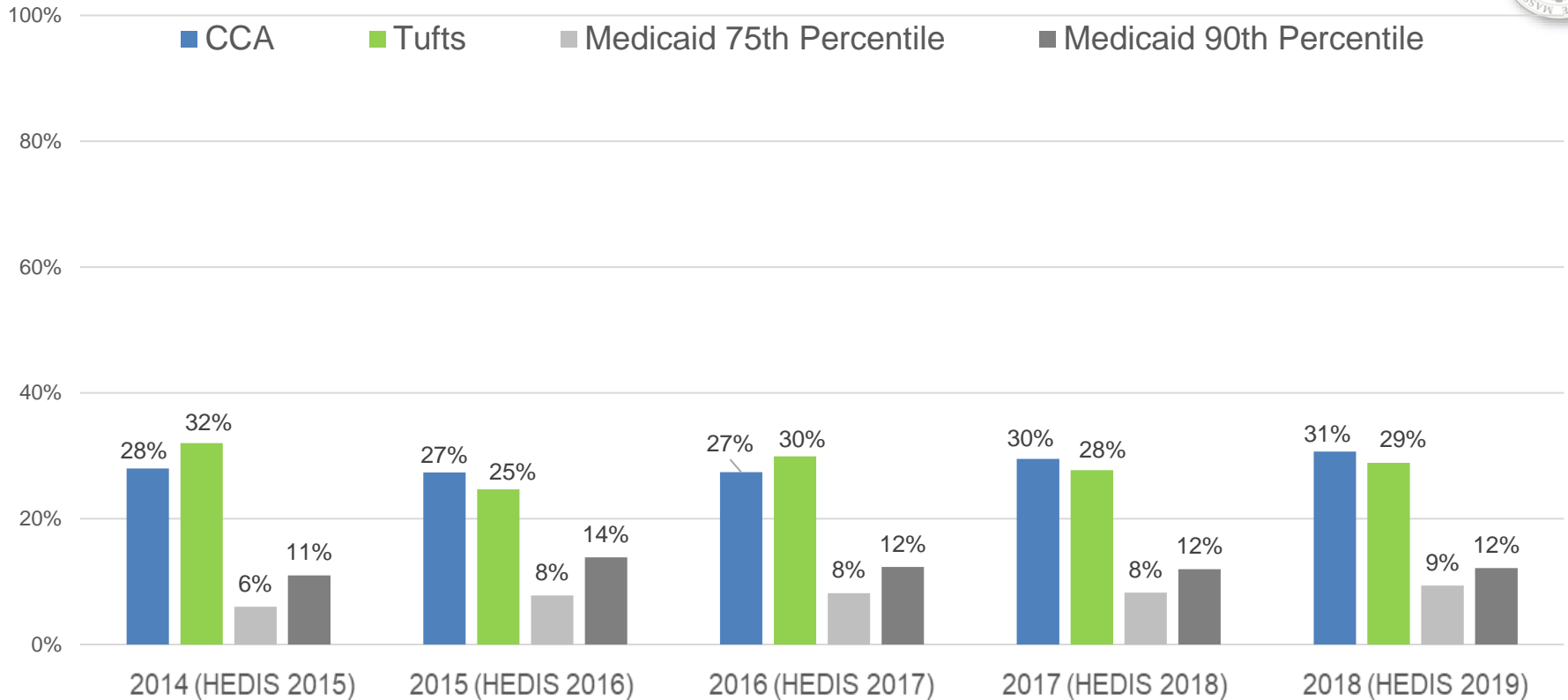
This measure assesses adults with a new episode of substance use disorder (SUD) who initiated treatment through an inpatient SUD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis. *(Note: the official NCQA HEDIS name for this measure is Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment.)*

# Initiation and Engagement of Substance Use Disorder Treatment – Engagement (Quality)



This measure assesses adults with a new episode of substance use disorder who initiated treatment and had two or more additional SUD services or MAT within 34 days of the initiation visit. *(Note: the official NCQA HEDIS name for this measure is Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment.)*

# Identification of Substance Use Disorder Services (Utilization)

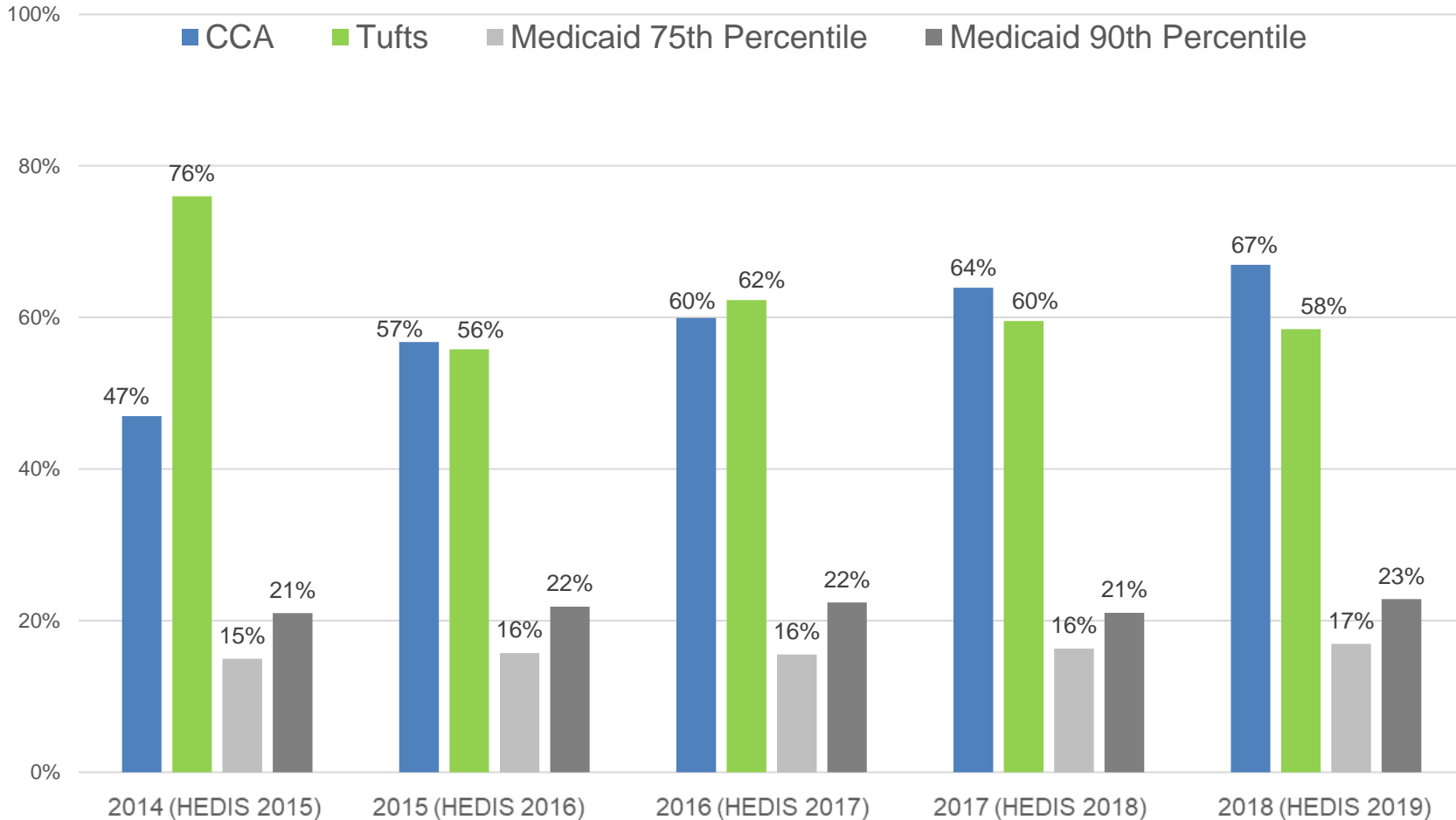


This measure summarizes the number and percentage of members with a substance use disorder claim who received the following SUD services during the measurement year. *(Note: the official NCQA HEDIS name for this measure is Identification of Alcohol and Other Drug Services.)*

- Any service
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or emergency department



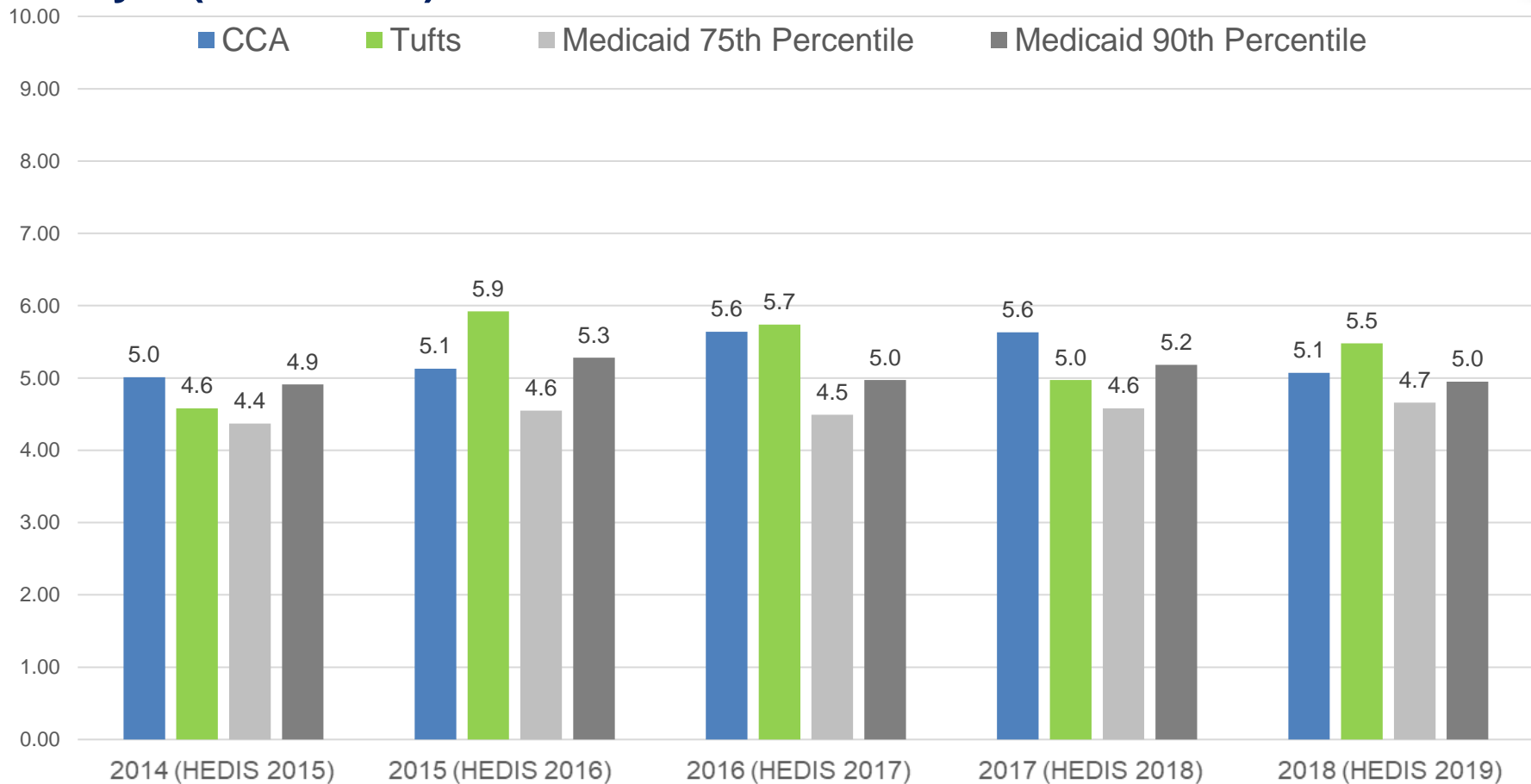
# Behavioral Health Utilization (Utilization)



The measure illustrates the percentage of membership who received the following behavioral health services: inpatient, intensive outpatient or partial hospitalization, outpatient or emergency department. (Note: the official NCQA HEDIS name for this measure is Mental Health Utilization.)



# Average Length of Stay General Hospital/Acute Care – measured in days (Utilization)



- This measure illustrates the average number of days of acute inpatient length of stay (LOS) for the following categories:
  - Total inpatient
  - Maternity
  - Surgery
  - Medicine



- **Quality Measures**

- *Adults' Access to Preventative/Ambulatory Health Services* - Each plan consistently performed better than the Medicaid 90th percentile across all five years, indicating Massachusetts One Care members are accessing preventative services at a much higher rate than the average Medicaid enrollee.
- *Follow-up After Hospitalization for Mental Illness*– CCA's performance on both the 7 and 30-day sub-measures improved from 2014-2017 but fell in 2018. Tufts' performance was consistent across all five years, especially for the 30-day sub-measure. In addition, Tufts rates were particularly strong in comparison to the Medicaid 75<sup>th</sup> and 90<sup>th</sup> percentile benchmarks across the full period.
- *Initiation and Engagement of SUD Treatment* – By the end of the five-year period, both plans were at or near the Medicaid 75<sup>th</sup> percentile for the Initiation sub-measure. Performance on the Engagement sub-measure, however, was less strong. Tufts matched the 75<sup>th</sup> percentile in 2015 and 2016 but otherwise fell below that benchmark, while CCA consistently fell below the 75<sup>th</sup> percentile.



- **Utilization Measures**

- Review of the HEDIS utilization measures demonstrate that utilization among One Care members is markedly higher for mental health and substance use disorder services when compared to the general Medicaid population.
- Additionally, average length of stay for hospitalization for acute services, measured in days, is also higher when compared to the general Medicaid population.
- It is important to note that none of the three utilization measures are risk adjusted and do not consider the complexity of the eligible population in the calculation of results.





**Questions?**

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