

# MassHealth

## Managed Care Organizations 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 healthcare services that a managed care entity or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth entered into an agreement with KEPRO to perform EQR services related to its contracted managed care plans.

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 MassHealth Managed Care Organizations 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. MCO compliance validation is scheduled to be conducted in 2021.

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

The Massachusetts Medicaid managed care organizations are Boston Medical Center HealthNet Plan (BMCHP) and Tufts Health Public Plans' Tufts Health Together.

## 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 in 2019 were:

- Prenatal and Postpartum Care – Timeliness of Prenatal Care;
- Comprehensive Diabetes Care – HbA1c Poor Control; and
- Seven-Day Follow Up After Emergency Department Visit for Mental Illness.

The focus of the Information Systems Capability Assessment is on components of MCO 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 both managed care organizations followed specifications and reporting requirements and produced valid measures.

## PERFORMANCE IMPROVEMENT PROJECT VALIDATION

MassHealth MCOs are required to conduct two Performance Improvement Projects (PIPs) annually, one from each of the following domains:

Domain 1: *Behavioral Health* - Promoting well-being through prevention, assessment, and treatment of mental illness including substance use and other dependencies; and

Domain 2: *Population and Community Needs Assessment and Risk Stratification* - Identifying and assessing priority populations for health conditions and social determinant factors with the most significant size and impact and developing interventions to address the appropriate and timely care of these priority populations.

In late-2018, the plans submitted proposed topics for two-year projects to MassHealth for its review and approval and initiated their implementation in 2019. The plans proposed and MassHealth approved the following Performance Improvement Projects.

#### Domain 1: Behavioral Health

- Improving Follow Up After Hospitalization for a Mental Illness (BMCHP)
- Improving Behavioral Health Screening for Adolescent Members (Tufts Health Together)

#### Domain 2: Population and Community Needs Assessment and Risk Stratification

- Improving Asthma Control and Medication Adherence Among the MassHealth Population (BMCHP)
- Utilize Health-Related Social Needs Assessment Screening to Improve Pediatric Members' Health Outcomes (Tufts Health Together)

KEPRO evaluates each PIP to determine whether the organization selected, designed, and executed the projects 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 plan's performance in the areas of problem definition, data analysis, measurement, improvement strategies, and outcomes. Recommendations are offered to the plan.

Based on its review of the MassHealth MCO PIPs, KEPRO did not discern any issues related to any plan's quality of care or the timeliness of or access to care. Recommendations made were plan-specific.



## SECTION 2. The MassHealth Comprehensive Managed Care Quality Strategy



## SECTION 2. THE MASSHEALTH COMPREHENSIVE 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 to fulfill managed care quality requirements but to improve the 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 EOHHHS-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 three 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.

MassHealth engages an External Quality Review Organization, KEPRO, to perform the three mandatory activities required by 42 CFR 438.330:

- 1) Performance Measure Validation –each year, three measures are validated.
- 2) Performance Improvement Project Validation – each year, two projects are evaluated
- 3) Compliance Validation – Performed on a triennial basis, plan compliance with contractual and regulatory requirements is assessed

The matrix that follows depicts ways in which MassHealth uses the External Quality Review Organization and process to support the MassHealth Comprehensive Quality Strategy:

EQR Activity	Support to MassHealth Quality Strategy
Performance Measure Validation	<ul style="list-style-type: none"> <li>• Assure that performance measures are calculated accurately.</li> <li>• Offer a comparative analysis of plan performance to identify outliers and trends.</li> <li>• Provide technical assistance.</li> <li>• 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.</li> </ul>
Performance Improvement Project Validation	<ul style="list-style-type: none"> <li>• Ensure the inclusion of an assessment of cultural competency within interventions.</li> <li>• Ensure the alignment of MassHealth Priority Areas and Quality Goals with MassHealth goals.</li> <li>• Ensure that Performance Improvement Projects are appropriately structured, and that meaningful performance measures are used to assess improvement.</li> <li>• Ensure that Performance Improvement Projects incorporate stakeholder feedback.</li> <li>• Share best practices, both clinical and operational.</li> <li>• Provide technical assistance.</li> <li>• 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.</li> </ul>

Compliance Validation	<ul style="list-style-type: none"> <li>• Assess plan compliance with contractual requirements.</li> <li>• Assess plan compliance with regulatory requirements.</li> <li>• Recommend mechanisms through which plans can achieve compliance.</li> <li>• Facilitate the Corrective Action Plan process.</li> <li>• 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.</li> </ul>
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## SECTION 3. MassHealth Managed Care Organizations



## SECTION 3. MASSHEALTH MANAGED CARE ORGANIZATIONS

### BOSTON MEDICAL CENTER HEALTHNET PLAN (BMCHP)

Boston Medical Center HealthNet Plan is headquartered in Charlestown. Its corporate parent is Boston Medical Center Health System, Inc. Accredited “Commendable” by the National Committee on Quality Assurance (NCQA), it received a rating of 4.0 out of a possible 5.0. It has a regional presence in the Berkshires, the Pioneer Valley, Cape Cod, and the Central, Boston Metro, Northeast, and Southeast regions. BMCHP’s behavioral health partner is Beacon Health Options. More information is available at [www.bmchp.org/Shop-Health-Plans/MassHealth](http://www.bmchp.org/Shop-Health-Plans/MassHealth).

### TUFTS HEALTH PUBLIC PLANS (THPP)

Tufts Health Public Plans’ MassHealth managed care organization, Tufts Health Together, is headquartered in Watertown. Its corporate parent is Tufts Health Plan, Inc. Accredited by NCQA, the plan has been rated by NCQA as “Excellent,” and has awarded it 4.5 out of 5.0 points. It has also received NCQA Medicaid Certification. Tufts Health Together’s enrollment area is statewide. More information is available at <https://tuftshealthplan.com/member/tufts-health-together-plans/tufts-health-together-plans>.

#### Exhibit 1: MassHealth Managed Care Organization Membership

Managed Care Organization	Membership as of December 31, 2018	Percent of Total MCO Population
Tufts Health Public Plans	89,898	59%
BMC HealthNet Plan	61,966	41%
<b>Total</b>	<b>151,864</b>	

Membership provided by the MCO.

## SECTION 4. Performance Measure Validation & Information Systems Capability Analysis





## SECTION 4. PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ANALYSIS

### 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 MCOs.

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. If indicated by the results of the Audit, the reviewer conducts an independent verification of a sample of individuals belonging to the positive numerator of a hybrid measure.

For 2019 Performance Measure Validation, MCOs submitted the documentation that follows.

#### Exhibit 2: Documentation Submitted by MCOs

Document Reviewed	Purpose of Review
HEDIS 2019 Roadmap	Reviewed to assess health plan systems and processes related to performance measure production.
2019 HEDIS Final Audit Report	Reviewed to determine if there were any underlying process issues related to HEDIS measure production.
HEDIS 2019 IDSS	Used to compile rates for comparison to prior years' performance and industry standard benchmarks.

Note: HEDIS® 2019 rates reflect the calendar year 2018 measurement period.

KEPRO's MCO 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.

In order to review the quality of the source data and the PMV measure calculation accuracy, KEPRO reviews the HEDIS® Record of Administration, Data Management and Processes (Roadmap), the HEDIS® 2019 Final Audit Report, and PMV measure data. KEPRO evaluates whether the plan passed the NCQA Final Medical Record Review Over-Read component of the HEDIS® 2019 Compliance Audit and if there are any possible reporting risks stemming from the

chart reviews conducted for the PMV hybrid measure under evaluation. Performance is compared to historical rates if the measures have been validated in the past.

**Exhibit 3: Performance Measures Validated in 2019**

<b>HEDIS® Measure Name and Abbreviation</b>	<b>Measure Description</b>
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care  <i>Rationale for Selection: Variation in plan performance</i>	The percentage of deliveries of live births on or between November 6 of the year prior to the measurement year and November 5 of the measurement year that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the organization.
Comprehensive Diabetes Care (CDC) - HbA1c poor control (>9.0%)  <i>Rationale for Selection: Variation in plan performance</i>	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had poor HbA1c control (>9.0%).
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7 day rate  <i>Rationale for Selection: Very high plan performance</i>	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the ED visit.



## COMPARATIVE ANALYSIS

The tables that follow contain the criteria through which performance measures are validated as well as KEPRO's determination as to whether or not the plans met these criteria. Results are presented for both plans reviewed in order to facilitate comparison across plans.

### Exhibit 4: Performance Measure Validation Worksheets

#### Performance Measure Validation: Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)

Comments apply only if review element is rated needs improvement or not met.

Review Element	BMCHP	THPP
<b>DENOMINATOR</b>		
<u>Population</u>		
Medicaid MCO population was appropriately segregated from other product lines.	Met	Met
Delivered a live birth on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. Include women who delivered in any setting.	Met	Met
Multiple births: Women who had two separate deliveries (different dates of service) between November 6 of the year prior to the measurement year and November 5 of the measurement year count twice. Women who had multiple live births during one pregnancy count once.	Met	Met
Continuous enrollment period of 43 days prior to delivery through 56 days after delivery.	Met	Met
Enrollment required on delivery date.	Met	Met
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met
<b>NUMERATOR – TIMELINESS OF PRENATAL CARE</b>		
<u>Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met
Data sources and decision logic used to calculate the numerators (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	Met
A prenatal visit in the first trimester, on the enrollment start date or within 42 days of enrollment, depending on the date of enrollment in the organization and the gaps in enrollment during the pregnancy. Include only visits that occur while the member was enrolled.	Met	Met

<u><i>Data Quality</i></u>		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met
<u><i>Medical Record Review Documentation Standards</i></u>		
Record abstraction tool treated the numerator accurately.	Met	Met
<u><i>Hybrid Measure</i></u>		
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
If the hybrid method was used, the MCO passed the NCQA Final Medical Record Review Over-Read component of the HEDIS 2019 Compliance Audit.	Met	Met
<u><i>Data Quality</i></u>		
The eligible population was properly identified.	Met	Met
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	Met
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
<b>SAMPLING</b>		
<u><i>Unbiased Sample</i></u>		
As specified in the NCQA specifications, systematic sampling method was utilized.	Met	Met
<u><i>Sample Size</i></u>		
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	Met
<u><i>Proper Substitution Methodology in Medical Record Review</i></u>		
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	Met
Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met	Met

**Performance Measure Validation: Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)**

<b>Methodology for Calculating Measure:</b>	Administrative	Medical Record Review	<b>Hybrid</b>
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Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)

Comments apply only if review element is rated needs improvement or not met.

<b>Review Element</b>	<b>BMCHP</b>	<b>THPP</b>
<b>DENOMINATOR</b>		
<u>Population</u>		
Medicaid MCO population was appropriately segregated from other product lines.	Met	Met
Members aged 18–75 years as of December 31 of the measurement year.	Met	Met
Members enrolled all of the measurement year allowing for a one-month break but not in December.	Met	Met
Diabetics were appropriately identified using both specified methods. There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. MCO must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.	Met	Met
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in MCO's reporting area.	Met	Met
<b>NUMERATOR – HBA1C POOR CONTROL</b>		
<u>Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met
Data sources and decision logic used to calculate the numerators, 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	Met
Members whose most recent HbA1c level performed during the measurement year is >9.0%, or is missing, or was not done during the measurement year, as documented through automated laboratory data or medical record review.	Met	Met
<u>Data Quality</u>		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met

<b><u>Proper Exclusion Methodology in Administrative Data</u></b>		
Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. (Optional Exclusion).	Met	Met
<b><u>Medical Record Review Documentation Standards</u></b>		
Record abstraction tool treated the numerator accurately.	Met	Met
<b><u>Hybrid Measure</u></b>		
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
If the hybrid method was used, the MCO passed the NCQA Final Medical Record Review Over-Read component of the HEDIS 2019 Compliance Audit.	Met	Met
<b><u>Data Quality</u></b>		
The eligible population was properly identified.	Met	Met
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	Met
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met
<b><u>SAMPLING</u></b>		
<b><u>Unbiased Sample</u></b>		
As specified in the NCQA specifications, systematic sampling method was utilized.	Met	Met
<b><u>Sample Size</u></b>		
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	Met
<b><u>Proper Substitution Methodology in Medical Record Review</u></b>		
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	Met
Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met	Met

**Performance Measure Validation: Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7 Day Rate**

<b>Methodology for Calculating Measure</b>	<b>Administrative</b>	Medical Record Review	Hybrid
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Rating Categories: Met, Needs Improvement, Not Met, Not Applicable (N/A)  
Comments apply only if review element is rated needs improvement or not met.

Review Element	Rating	Comments
<b>DENOMINATOR</b>		
<u>Population</u>		
Medicaid MCO population was appropriately segregated from other product lines.	Met	Met
Members continuously enrolled on or before the date of the ED visit that had a principal diagnosis of mental illness on or between January 1 and December of the measurement year.	Met	Met
The denominator for this measure is based on ED visits, not on members. If a member has more than one ED visit, identify all eligible ED visits between January 1 and December 1 of the measurement year and do not include more than one visit per 31-day period.	Met	Met
<u>Geographic Area</u>		
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met
<u>Age &amp; Sex: Enrollment Calculation</u>		
Members 6 years and older as of the date of the ED visit.	Met	Met
Members continuously enrolled on or before the date of the qualifying ED visit that had a principal diagnosis of mental illness on or between January 1 and December of the measurement year.	Met	Met
<u>Data Quality</u>		
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met
<u>Proper Exclusion Methodology in Administrative</u>		
Exclude ED visits followed by admission to an acute or nonacute inpatient care setting on the date of the ED visit or within the 30 days after the ED visit, regardless of principal diagnosis for the admission.	Met	Met
<b>NUMERATOR – 7 DAY FOLLOW-UP RATE</b>		
<u>Administrative Data: Counting Clinical Events</u>		
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	Met



Review Element	Rating	Comments
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	Met

## RESULTS

**Exhibit 5: MCO Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care**

MCO	HEDIS 2019	Percentile Comparison
BMCHP	81.19%	BMCHP's performance is between the 33rd and 50th Medicaid Quality Compass 2019 percentiles.
THPP	93.86%	Tufts ranks above the 95th Medicaid Quality Compass 2019 percentiles.

**Exhibit 6: MCO Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)**

MCO	HEDIS 2019	Percentile Comparison
BMCHP	33.09%	BMCHP's performance is between the 66th and 75th Medicaid Quality Compass 2019 percentiles.
THPP	24.74%	Tufts' performance is above the 95th Medicaid Quality Compass 2019 percentile.

**Exhibit 7: MCO Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

MCO	HEDIS 2019	Percentile Comparison
BMCHP	74.16%	Not applicable as this measure was not validated before this year. BMCHP's performance is above the 95th Medicaid Quality Compass 2019 percentile.
THPP	77.58%	Not applicable as this measure was not validated before this year. Tufts' performance is above the 95th Medicaid Quality Compass 2019 percentiles.

## INFORMATION SYSTEMS CAPABILITY ASSESSMENT

CMS regulations require that each managed care entity also undergo an annual Information Systems Capability Assessment. The focus of the review is on components of MCO 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 verify the accuracy and timeliness of reported data; screen the data for completeness, logic, and consistency; and collect service information in standardized formats to the extent feasible and appropriate. The findings for both BMCHP and THPP were "acceptable," as defined by HEDIS audit standards.

**Exhibit 8: Results of Information Systems Capability Analysis**

Criterion	BMCHP	THPP
Adequate documentation, data integration, data control, and performance measure development	Acceptable	Acceptable
Claims systems and process adequacy; no non-standard forms used for claims	Acceptable	Acceptable
All primary and secondary coding schemes captured	Acceptable	Acceptable
Appropriate membership and enrollment file processing	Acceptable	Acceptable
Appropriate appeals data systems and accurate classification of appeal types and appeal reasons	Acceptable	Acceptable
Adequate call center systems and processes	Acceptable	Acceptable
Required measures received a “Reportable” designation	Acceptable	Acceptable

**CONCLUSION**

KEPRO did not identify any significant issues related to the results of the Performance Measure Validation process. Performance measure results were determined to be valid and information systems supported the calculation of accurate measures.

# PLAN-SPECIFIC PERFORMANCE MEASURE VALIDATION AND INFORMATION SYSTEM CAPABILITY ASSESSMENT

## BOSTON MEDICAL CENTER HEALTHNET (BMCHP)

### Performance Measure Results

Boston Medical Center HealthNet Plan's performance in the three measures selected for validation follows. Performance is compared to the NCQA Medicaid Quality Compass 2019.

1. Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care. 2019 is the first year in which this measure was validated. BMCHP's performance in this measure was 81.96%, between the Quality Compass 2019 33rd and 50th percentiles.
2. Comprehensive Diabetes Care (CDC) – HbA1c Poor Control. 2019 is the first year in which this measure was validated. A lower rate for this measure reflects better performance. BMCHP's performance in this measure was 33.09%, between the Quality Compass 2019 66th and 75th percentiles.
3. Follow Up After Emergency Department Visit for Mental Illness. 2019 is the first year in which this measure was validated. BMCHP's performance in this measure was 74.16%. As is the case with the Timeliness of Prenatal Care measure, BMCHP performed above the Quality Compass 2019 95th percentile.

### 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 BMC HealthNet Plan's information systems that contribute to performance measure production. The following categories of data are reviewed for completeness, integrity of processing, the presence of quality control and oversight systems, and accuracy:

1. **Claims and Encounter Data.** BMCHP processed claims using the Facets system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. Lab claims were processed internally, using standard codes. The plan had a high rate of both electronic claims submission and auto-adjudication. BMCHP had adequate quality control and monitoring of claims processing. BMCHP received encounters on a weekly basis from both its pharmacy benefit manager, Envision Rx, and its behavioral health vendor, Beacon Health Options. The plan maintained adequate oversight of both Beacon and Envision Rx. There were no issues identified with claims or encounter data processing.

2. **Enrollment Data.** BMCHP processed Medicaid enrollment data using the Facets system. All necessary enrollment fields were captured for HEDIS reporting. BMCHP received a daily 834 enrollment file from MassHealth. The plan had adequate data quality monitoring and reconciliation processes, including the ability to combine data for members with more than one member ID through the use of a master member ID. There were no issues identified with the plan's enrollment processes.
3. **Medical Record Review.** Inovalon is BMCHP's HEDIS-certified software vendor. Inovalon's software was used to produce the hybrid measures validated. BMCHP conducted the medical record reviews. BMCHP had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and ongoing quality monitoring throughout the medical record review process. No issues were identified with medical record review.
4. **Supplemental Data.** BMCHP used a lab results supplemental data source. BMCHP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of the lab results supplemental data source.
5. **Data Integration.** BMCHP's performance measure rates were produced using Inovalon software. Data from the transaction system were loaded to the plan's data warehouse on a daily basis. Vendor data feeds were loaded into the warehouse weekly. BMCHP had adequate processes to track completeness and accuracy of data transfer into the warehouse. Data were then formatted into Inovalon-compliant extracts and loaded into the measure production software. Data load and reject reports were thoroughly reviewed.

Inovalon's repository structure was compliant. HEDIS measure report production was managed effectively. The Inovalon software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were compared to prior years' rates and to monthly rates produced throughout the measurement year. Any discrepancies were thoroughly analyzed to ensure rate accuracy. BMCHP maintains adequate oversight of Inovalon. There were no issues identified with data integration processes.

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

### **Medical Record Review Validation**

BMCHP used Inovalon software to produce the validated hybrid measures, i.e., Timeliness of Prenatal Care (PPC) and HbA1c Poor Control (CDC). The plan retrieved and abstracted the medical records. No issues were identified with medical record review for either PPC or CDC. KEPRO, therefore, did not sample any medical records.



## HEDIS® Roadmap and Final Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed: June 18, 2019

Audit Element	Findings
Medical Data	BMCHP met all requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS standards.
Medical Record Review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. BMCHP passed Medical Record Review Validation.
Supplemental Data	Supplemental data processes and procedures were adequate and met technical specifications.
Data Integration	Data integration processes were adequate to support data completeness and performance measure production.

### Compliance with NCQA Specifications

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.

### Update on 2018 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. Because BMCHP's contract with MassHealth was not effective until March 1, 2018, this requirement is not applicable.

### Strengths:

- BMCHP ranks above the 95th percentile compared to the Quality Compass 2019 on the Follow Up After Emergency Department Visit for Mental Illness measure.
- BMCHP used an NCQA-certified vendor.

**Opportunities:**

- BMCHP's performance on the PPC – Timeliness of Prenatal Care measure ranks below the Quality Compass 2019 50th percentile.

**Recommendations:**

- Implement quality improvement initiatives to improve performance on the Timeliness of Prenatal Care measure.

## TUFTS HEALTH PUBLIC PLANS (THPP)

### Performance Measure Results

Tufts Health Public Plans MCO's performance in the three measures selected for validation is described below. Performance is compared to the NCQA National Medicaid Quality Compass 2019.

1. Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care. 2019 is the first year in which this measure was validated. THPP's performance in this measure was 93.86%, above the Quality Compass Medicaid 2019 95th percentile.
2. Comprehensive Diabetes Care (CDC) – HbA1c Poor Control. 2019 is the first year in which this measure was validated. A lower rate reflects better performance. THPP's 2019 rate was 24.74%, also above the Quality Compass Medicaid 2019 95th percentile.
3. Follow Up After Emergency Department Visit for Mental Illness. 2019 is the first year in which this measure was validated. THPP's performance in this measure was 77.58%. As is the case with the previous two measures, THPP performed above the Quality Compass Medicaid 2019 95th percentile.

### 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 Tufts Health Public Plan's information system that contribute to performance measure production. The following categories of data are reviewed for completeness, integrity of processing, the presence of quality control and oversight systems, and accuracy:

1. **Claims and Encounter Data.** THPP processed claims using the Monument Xpress system. All necessary fields were captured for HEDIS reporting. Standard coding was used and there was no use of non-standard codes. THPP only accepted claims submitted on standard claim forms. Most claims were submitted electronically and there were adequate monitoring processes in place, including daily electronic submission summary reports to identify issues. THPP had robust claims editing and coding review processes.

THPP processed all claims within Monument Xpress except for pharmacy claims which were handled by THPP's pharmacy benefit manager, CVS Caremark. Pharmacy claims data were received on a regular basis from the pharmacy vendor and there were adequate processes in place to monitor pharmacy encounter volume by month. There were no concerns identified with data completeness. There were no issues identified with claims or encounter data processing.

2. **Member Enrollment Data.** THPP processed Medicaid enrollment data using Monument Xpress. All necessary enrollment fields were captured for HEDIS reporting. Medicaid enrollment data in an 834 format were received daily from MassHealth and processed by THPP. The daily file included additions, changes, and terminations. Enrollment data were loaded into THPP's Monument Xpress system. THPP also received a full monthly refresh file and conducted reconciliation between Monument Xpress and the State file. Monument Xpress retained Medicaid identification (ID) numbers and the plan assigned a unique Monument Xpress system ID. THPP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.
3. **Medical Record Review.** THPP used GDIT's MedCapture HEDIS-certified software to produce the hybrid measures under evaluation. The plan retrieved and abstracted the medical records. GDIT's data abstraction tools and training materials were compliant with HEDIS technical specifications. THPP had mature processes in place for medical record abstraction activities and demonstrated adequate processes for inter-rater reliability and ongoing quality monitoring throughout the medical record review process. No issues were identified with medical record review.
4. **Supplemental Data.** THPP used multiple supplemental data sources, including electronic medical record data. THPP provided all required supplemental data source documentation. There were no concerns or issues identified with the use of these supplemental data sources.
5. **Data Integration.** All performance measure rates were produced using GDIT's software which received measure certification from NCQA for all measures under the scope of the review. Data from the transaction system were loaded to THPP's data warehouse and refreshed monthly. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into GDIT-compliant extracts and loaded into the measure production software. THPP 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 data integration processes for the measures under review.

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

6. **Source Code.** THPP used NCQA-certified GDIT HEDIS software to produce performance measures. There were no source code issues identified for the measures under review.

## HEDIS® Roadmap and Final Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed: July 8, 2019

Audit Element	Findings
Medical Data	THPP met all requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS standards.
Medical Record review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. THPP passed Medical Record Review Validation.
Supplemental Data	Supplemental data processes and procedures were adequate and met technical specifications.
Data Integration	Data integration processes were adequate to support data completeness and performance measure production.

### Medical Record Review Validation

THPP used GDIT's MedCapture software to produce hybrid measures. The plan retrieved and abstracted the medical records. No issues were identified with medical record review for either CDC or PPC. KEPRO, therefore, did not sample any medical records for the CDC and PPC measures.

### Compliance with NCQA Specifications

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Comprehensive Diabetes Care (CDC) - HbA1c Poor Control (>9.0%)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications and the data, as reported, were valid.

### Follow Up to Calendar Year 2018 Recommendations

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. Because THPP's contract with MassHealth was not effective until March 1, 2018, this requirement is not applicable.

**Strengths:**

- THPP ranks above the 95th percentile compared to the Quality Compass 2019 on all three validated measures.
- THPP used an NCQA-certified vendor.
- THPP used many supplemental data sources for HEDIS reporting.

**Opportunities:**

- None identified.

**Recommendations:**

- None identified.

## SECTION 5. Performance Improvement Project Validation





## SECTION 5. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

### THE PERFORMANCE IMPROVEMENT PROJECT LIFE CYCLE

In 2018, MassHealth introduced a new approach to conducting Performance Improvement Projects (PIPs). In the past, plans submitted their annual project report in July to permit the use of the project year's 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 changes in interventions and project design that might positively affect project outcomes.

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

**Baseline/Initial Implementation Period:** Calendar Year 2019

*Planning Phase: January 2019 - March 2019*

During this period, the MCOs developed detailed plans for interventions. MCOs conducted a population analysis, a literature review, and root cause and barrier analyses, all of which contributed to the design of appropriate interventions. MCOs reported on this activity in March 2019. These reports described planned activities, performance measures, and data collection plans for initial implementation. Plans were subject to review and approval by MassHealth and KEPRO.

*Initial Implementation: March 2019 - December 2019*

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

**Final Implementation Period:** Calendar Year 2020

*Final Implementation Progress Reports: March 2020*

MCOs 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 success and challenges.

*Final Implementation Annual Report: September 2020*

MCOs 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 success and challenges, and describe plans for the final quarter of the initiative.

The cycle will begin anew in 2021.

All reports are reviewed by KEPRO and the 2019 reports are discussed herein.

The PIP review is a four-step process:

- 1) **PIP Questionnaire.** The MCO submits a completed questionnaire for each PIP. The questionnaire is specific to the stage of the project life cycle. In 2019, MCOs submitted a Planning Report in March 2019 and an Implementation Report in September 2019.
- 2) **Desktop Review.** A desktop review is conducted for each PIP. The Technical Reviewer and Medical Director review the PIP questionnaire and any supporting documentation submitted by the plan. Working collaboratively, they identify issues requiring clarification as well as opportunities for improvement. The focus of the Technical Reviewer's work is the structural quality of the project. The Medical Director's focus is on proposed or implemented clinical interventions.
- 3) **Conference with the Plan.** The Technical Reviewer and Medical Director meet telephonically with representatives of the plan to obtain clarification on identified issues as well as to offer recommendations for improvement. The plan is offered the opportunity to resubmit the PIP questionnaire within 10 calendar days, although it is not required to do so.
- 4) **Final Report.** The reviewer assesses the plan's performance in the areas of problem definition, analysis, measurement, improvement strategies, and outcome effectiveness analysis. The Medical Director documents his or her findings and, in collaboration with the Technical Reviewer, develops recommendations. KEPRO evaluates an MCO's 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. The findings of the Technical Reviewer and Medical Director are synthesized into a final report to MassHealth and the MCO.

## PERFORMANCE IMPROVEMENT PROJECT TOPICS

MassHealth MCOs are required to conduct two Performance Improvement Projects (PIPs) annually, one from each of the following domains:

*Behavioral Health* - Promoting well-being through prevention, assessment, and treatment of mental illness including substance use and other dependencies; and

*Population and Community Needs Assessment and Risk Stratification* - Identifying and assessing priority populations for health conditions and social determinant factors with the most significant size and impact and developing interventions to address the appropriate and timely care of these priority populations.

In Calendar Year 2019, Managed Care Organizations conducted the following Performance Improvement Projects.

Domain 1: Behavioral Health

- Improving Follow Up After Hospitalization for a Mental Illness (BMCHP)
- Improving Behavioral Health Screening for Adolescent Members (Tufts Health Together)

Domain 2: Population and Community Needs Assessment and Risk Stratification

- Improving Asthma Control and Medication Adherence Among the MassHealth Population (BMCHP)
- Utilize Health-Related Social Needs Assessment Screening to Improve Pediatric Members' Health Outcomes (Tufts Health Together)

Based on its review of the MassHealth managed care organizations' 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.

## COMPARATIVE ANALYSIS

### Interventions

MassHealth Managed Care Organizations used a wide variety of approaches to address their project goals.

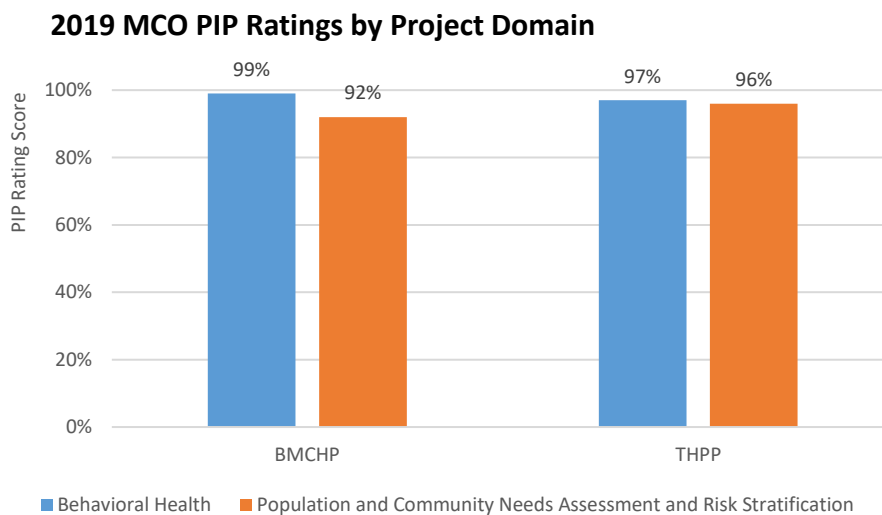
#### **Exhibit 8: Intervention Approach**

Intervention Approach	Number of Interventions
Care Management	2
Member Education	3
Provider Education	2
Screening and Assessment	1
Technology	2

### Performance Improvement Project Ratings

The chart below depicts the rating scores received by both MCOs by project domain.

#### **Exhibit 9: MCO PIP Ratings by Project Domain**



No patterns emerged in areas of strength and opportunities for improvement.

*Based on its review of the MassHealth MCO 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 MANAGED CARE PLAN-SPECIFIC PERFORMANCE IMPROVEMENT PROJECTS

Summaries of ACPD 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 the managed care plan.
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 the plan 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.
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.
Interventions	Here, KEPRO summarizes at a high level the interventions the plan has or plans to implement to achieve its goals. 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 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

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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.

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## DOMAIN 1: BEHAVIORAL HEALTH

### BMC HEALTHNET PLAN: IMPROVING SEVEN-DAY FOLLOW UP AFTER HOSPITALIZATION FOR A MENTAL ILLNESS (FUH)

#### Rationale for Project Selection

“In 2017, Boston Medical Center HealthNet Plan (BMCHP) identified 1,950 hospitalizations of MassHealth members 6 years of age and older for mental illness. Providing follow-up behavioral health care is essential to ensure a member's successful transition back to the community and reduce the likelihood of readmission. BMCHP’s Healthcare Effectiveness Data information Set (HEDIS®) rates for the Follow-Up After Hospitalization for Mental Illness (FUH) measure has been decreasing since calendar year (CY) 2014 ... Follow-up care within 7 days after hospitalization provides continuity of care, an opportunity to monitor the mental health status of the member, review his/her medications, reinforce treatment plans and maintain and extend improvement.”

#### Project Goals

##### *Member-Focused*

- Improve member access to mental health resources for education and guidance;
- Improve follow-up by removing barriers, e.g. lack of transportation, and addressing racial-ethnic disparities in outpatient follow-up following acute treatment for mental health illness; and
- Improve member knowledge surrounding transportation benefits, behavioral health appointment coverage, and the associated costs.

##### *Provider-Focused*

- Improve care coordination and hand off between inpatient and outpatient settings;
- Improve provider just-in-time knowledge of member discharges; and
- Improve providers’ understanding of the importance of scheduling timely follow-up visits within seven days of discharge.

#### Performance Indicators

- 1) The rate of follow up within seven days after hospitalization for mental illness.
  - BMCHP’s baseline performance (2017) for this measure was 47.81%.
  - Its goal for the 2019 remeasurement period is 54.13%.

#### Interventions

BMCHP partnered with the Coordinated Care Network (CCN) to deploy CCN care coordinators to facilitate discharge planning with inpatient staff. The care coordinator meets face-to-face with the member while they are in the hospital, and in collaboration with hospital staff, determines the most appropriate services for the member. An appointment is scheduled prior to discharge. The member is sent text message reminders of the appointment that stress the importance of follow-up care.

BMCHP educated high-volume inpatient facilities about the importance of scheduling follow-up visits within seven days of discharge. BMCHP reviewed these facilities discharge protocols and assessed for adherence to plan and care team notification protocols.

In light of the changing delegation relationship between Beacon Health Options and BMCHP, a revised work flow was developed and responsibilities were assigned.

#### Performance Improvement Project Rating Score

KEPRO evaluates an MCO's 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. BMCHP received a rating score of 99% on this PIP.

**Exhibit 10: BMCHP Behavioral Health PIP Rating**

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	3	9	8	98%
Update to PIP Topic and Goals	2	6	6	100%
Progress in Implementing Interventions	5.0	15.0	15.0	100%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	5	15	15	100%
Baseline Indicator Performance Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
<b>Overall Validation Rating Score</b>	<b>25</b>	<b>75</b>	<b>74</b>	<b>99%</b>

**Plan & Project Strengths**

- BMCHP is commended for developing a quality improvement process in which it plans to make incremental changes to one or more of its key intervention activities over periodic intervals.
- KEPRO commends BMCHP for the timely receipt of member data from the Coordinated Care Network (CCN) prior to the 7-day follow up visit.
- Plans for the continuous quality improvement of each intervention were well-described.

**Opportunities for Improvement & Recommendation**

- KEPRO recommends performing a more granular analysis of the clinical characteristics of members involved in this project to better inform interventions.

## TUFTS HEALTH PUBLIC PLANS: IMPROVING BEHAVIORAL HEALTH SCREENING FOR ADOLESCENT MEMBERS

### Rationale for Project Selection

“Identification and treatment of behavioral health conditions is important to an individual’s overall health status. Identifying behavioral health conditions in the Primary Care setting at a regularly scheduled well-visit can help facilitate treatment and management of the condition early on.”

### Project Goals

#### *Member-Focused*

- Increase rates of behavioral health screening among adolescent members aged 13-17 years old; and
- Increase member understanding of the benefit of behavioral health screening.

#### *Provider-Focused*

- Increase behavioral health screening conducted by primary care providers (PCPs);
- Improve PCP knowledge and awareness about administering behavioral health screenings and the importance of follow-up behavioral health services if applicable and when appropriate; and
- Educate providers about workflows in high-performing offices that assist in screening completion.

### Performance Indicator

The rate of behavioral health screenings completed at a well-child visit for 13-17 year-old members at or 180 days before or after the visit.

- THPP’s baseline (2018) performance rate for this measure was 92.96%.
- Its goal for the 2019 remeasurement period is 94.0%.

### Interventions

- THPP Medical Directors telephoned primary care providers identified as high-performing to learn of any best practices used in their offices. A survey was administered to primary care providers which provided an opportunity for them to offer feedback on screening practices and barriers to administration. A mailing was directed to low-performing primary care providers. THPP plans to reissue this survey including questions about knowledge of behavioral health resources.
- An article was placed in the provider newsletter that discusses the importance of behavioral health screening and follow up.

- An article was posted to the member page of the website that discusses the importance of behavioral health screening.

#### Performance Improvement Project Rating Score

KEPRO evaluates an MCO's 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. THPP received a rating score of 97% on this PIP.

#### **Exhibit 11: THPP Behavioral Health PIP Rating**

<b>Summary Results of Validation Ratings</b>	<b>No. of Items</b>	<b>Total Available Points</b>	<b>Points Scored</b>	<b>Rating Averages</b>
Population Analysis and Participant Engagement	3	9	9	100%
Update to PIP Topic and Goals	3	9	9	100%
Progress in Implementing Interventions	5.0	15.0	14.0	93%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	3	9	9	100%
Baseline Indicator Performance Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	5	83%
<b>Overall Validation Rating Score</b>	<b>24</b>	<b>72</b>	<b>70</b>	<b>97%</b>

#### Plan and Project Strengths

- THPP presents a well-documented and detailed population analysis that stratifies primarily demographic variables as well as comorbidities.

#### Recommendations and Opportunities for Improvement

- KEPRO advises THPP to learn from the PCPs' survey findings whether its providers have information about behavioral health referral resources.

- As KEPRO has suggested in previous comments, newsletters, whether to providers or members, are not a strong intervention. Newsletters are seldom read and if read, seldom change provider practices or member self-healthcare behaviors.
- THPP is advised to include network providers as stakeholders in its PIP project workgroups.
- THPP is advised to incorporate member input in the design of its interventions.

## DOMAIN 2: POPULATION AND COMMUNITY NEEDS ASSESSMENT AND RISK STRATIFICATION

### BMC HEALTHNET PLAN (BMCHP): IMPROVING ASTHMA CONTROL AND MEDICATION ADHERENCE AMONG THE MASSHEALTH POPULATION

#### Rationale for Project Selection

“According to data from national and state surveillance systems administered by the Center for Disease Control and Prevention, the prevalence of asthma among the US population has increased from 7.8% in 2015 to 8.3% in 2016. In Massachusetts, the prevalence is higher at 10% of the population ([https://www.cdc.gov/asthma/most\\_recent\\_data.htm](https://www.cdc.gov/asthma/most_recent_data.htm)). In December 2017, BMCHP identified 19,934 MassHealth members (12.06%) with asthma, which is slightly higher than the prevalence in Massachusetts ... Without proper management, asthma can result in frequent emergency department (ED) visits, hospitalization, and premature deaths.”

#### Project Goals

##### *Member-Focused*

- Improve adherence to asthma controller medications by members identified with persistent asthma per HEDIS specifications; and
- Improve member awareness of the difference between asthma controller and rescue medications.

##### *Provider-Focused*

- Improve identification of members with asthma that are not adherent with asthma controller medications;
- Identify members that utilize the emergency room or inpatient services due to poor asthma control; and
- Improve coordination of care between providers caring for members with asthma.

#### Performance Indicators

- 1) The rate of members with asthma that have a medication ratio of 0.50 or greater.
  - BMCHP’s baseline performance (2018) for this measure was 50.83%.
  - Its goal for the 2019 remeasurement period is 62.28%.
- 2) The rate of members with asthma that have achieved a proportion of days covered of at least 75% for the asthma controller medications.
  - BMCHP’s baseline performance (2018) for this measure was 35.71%.



- Its goal for the 2019 remeasurement period is 43.06%.

### Interventions

BMCHP has implemented a member education program that includes an expanded texting program for members who opt in. It is recruiting staff to conduct outreach to members with asthma that are not taking their controller medications. BMCHP's plan to deploy Community Health Workers to conduct home visits was suspended due to competing priorities. The Plan intends to collaborate with community-based asthma home visit programs. In addition, BMCHP plans to collaborate with high-volume, low-performing pharmacies to improve member asthma medication adherence.

BMCHP enhanced its provider Asthma Treatment Advisory Report (ATAR) to include information about member treatment non-adherence and asthma-related inpatient or emergency department utilization. This enhanced report is distributed to providers who have agreed to receive the reports by email.

### Performance Improvement Project Rating Score

KEPRO evaluates an MCO's 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. BMCHP received a rating score of 92% on this PIP.

**Exhibit 12: BMCHP Population and Community Needs Assessment and Risk Stratification PIP Rating**

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	3	9	7	89%
Update to PIP Topic and Goals	3	9	7	78%
Progress in Implementing Interventions	5	15	11.5	77%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	2	6	6	100%
Performance Indicator Parameters	6	18	18	100%
Baseline Indicator Performance Rates	4	12	12	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
<b>Overall Validation Rating Score</b>	<b>27</b>	<b>81</b>	<b>74.5</b>	<b>92%</b>

Plan and Project Strengths

- KEPRO applauds the interdisciplinary approach taken in this initiative inclusive of community health workers, care managers, and pharmacists.
- Also commended is the inclusion of home visits by Massachusetts home visit programs (given the suspension of the BMCHP Community Health Workers (CHW) Program) to assess environmental triggers and work with the family for potential mitigation strategies.

Recommendations and Opportunities for Improvement

- KEPRO recommends further detailing its population analysis and conducting a more granular analysis of its sub-populations, e.g., identifying high-risk members and comparing those enrolled in care management programs to those not enrolled.
- BMCHP further detailing member-focused project goals ensuring they are measurable and achievable.
- KEPRO recommends that BMCHP consider interventions focused on enhancing coordination of care between providers and pharmacies.

## TUFTS HEALTH PUBLIC PLANS: UTILIZE HEALTH-RELATED SOCIAL NEEDS ASSESSMENT SCREENING TO IMPROVE PEDIATRIC MEMBERS' HEALTH OUTCOMES

### Rationale for Project Selection

“THPP wishes to achieve optimum health outcomes for our existing and future members by prioritizing members’ ability to cope with their social and physical environment as well as specific illnesses. Health Needs Assessments (HNA) provide a systematic way to review health issues our members are currently facing. Findings from the assessment can help with identifying members in need of care management and other services as soon as possible after their enrollment or an acute episode of illness. THPP plans to leverage the HNA to promote members’ aged 3-17 years access to services and supports in order to maximize their health care status, promote their independence, and maintain their quality of life in the most appropriate and cost-effective manner.”

### Project Goals

#### *Member-Focused*

- Increase the member response rate to the Health Needs Assessment screening;
- Identify and refer members with Social Determinants of Health (SDoH) needs to appropriate community resources;
- Improve member’s access to nutritional food and weight management education and resources; and
- Leverage screening results to help stratify members for care management services and support maximize member’s health care status and independence.

#### *Provider-Focused*

- Increase provider knowledge and training about Health Needs Assessment screening;
- Improve provider knowledge about community resources available to members; and
- Increase provider counseling for nutrition and physical activity for children and adolescent members.

### Performance Indicators

- 1) Number of members who responded to at least 1 health-related question in the HNA survey.
  - THPP’s baseline (2018) rate was 11.4%.
  - Its goal for the 2019 remeasurement period is 12.4%.
- 2) The rate of members aged 3-17 and 364 days whose body mass index (BMI) percentile is documented in their electronic medical record.

- THPP's baseline (2018) rate was 89.7%.
  - Its goal for the 2019 remeasurement period is 90.7%.
- 3) The rate of members aged 3-17 and 364 days with counseling for nutrition or a referral for nutrition education documented in their electronic medical record.
- THPP's baseline (2018) rate was 87.9%.
  - Its goal for the 2019 remeasurement period is 88.9%.
- 4) The rate of members aged 3-17 and 364 days with counseling for physical activity or a referral for physical activity documented in their electronic medical record.
- THPP's baseline (2018) rate was 77.6%.
  - Its goal for the 2019 remeasurement period is 78.6%.

### Interventions

On a monthly cycle, ELIZA (a natural language processing computer program) deploys Interactive Voice Response (IVR) outreach to households with a new pediatric member. The PIP workgroup recognized that some of the questions in the HNA screening survey was organized and phrased in a way that made it difficult for a member to navigate and this may have contributed to member survey fatigue. The group worked with the product team at THPP to reevaluate and modify HNA screening questions to improve survey experience.

Community Outreach Staff make telephonic outreach calls to the family of members who answered yes to at least one of the identified survey questions targeting weight management and nutrition counseling needs. Members are referred to Good Measures, a personalized nutrition coaching program, and community-based resources, e.g., food pantries, as indicated.

THPP conducted provider education about weight management and nutrition counseling. Information about the Good Measures program was also offered. THPP plans to share a list of community resources with providers to broaden their awareness of access to healthy foods to enable conversation related to weight management and nutrition.

### Performance Improvement Project Score

KEPRO evaluates an MCO's 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. THPP received a rating score of 96% on this PIP.

**Table 13: THPP Population and Community Needs Assessment and Risk Stratification PIP Rating**

Summary Results of Validation Ratings	No. of Items	Total Available Points	Points Scored	Rating Averages
Population Analysis and Participant Engagement	3	9	9	100%
Update to PIP Topic and Goals	3	9	9	100%
Progress in Implementing Interventions	5.0	15.0	14.3	95%
Performance Indicator Data Collection	2	6	6	100%
Capacity for Indicator Data Analysis	3	9	9	100%
Performance Indicator Parameters	6.0	18.0	17.8	99%
Baseline Indicator Performance Rates	5.0	15.0	15.0	100%
Conclusions and Planning for Next Cycle	2	6	6	100%
<b>Overall Validation Rating Score</b>	<b>30</b>	<b>90</b>	<b>86.1</b>	<b>96%</b>

#### Plan and Project Strengths

- THPP is commended for its staff training in the area of cultural competency and for ensuring that the HNA is available in Spanish as well as English.
- THPP is commended for its continued improvement of the comprehensive health needs assessment tool.
- THPP is commended for its participation with a group of providers and community resources in Revere, Massachusetts, that has resulted in a grant award of \$250,000 from the state's Attorney General that focuses on addressing health equity and food insecurity.
- THPP is commended for its involvement of its Medical Director in the oversight of this project, especially with respect to engaging providers in the intervention activities.

#### Recommendations and Opportunities for Improvement

- To date, THPP shows no evidence of member involvement in the continued improvement of these intervention activities.

## APPENDIX: CONTRIBUTORS

### PERFORMANCE MEASURE VALIDATION REVIEWER

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

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. She directed the consultant team that developed the original NCQA Software Certification Program<sup>SM</sup> on behalf of NCQA. She is a frequent speaker at national HEDIS® 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 has published and presented extensively. Currently, Dr. Zell is serving as a healthcare quality coach for Sutter Health and is Chief Medical Officer of Pill Club providing telehealth care for women.

### **Wayne J. Stelk, Ph.D.**

Wayne J. Stelk, Ph.D., is a psychologist with over 40 years of experience in the design, implementation, and management of large-scale health and human service systems. His expertise includes improving the effectiveness and efficiency of managed health services through data-driven performance management systems.

During his tenure as Vice-President for Quality Management and Analytics 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 with behavioral health care, and improving access to long-term services and supports for health plan members with complex medical needs. 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.

### **Chantal Laperle, MA, CPHQ, NCQA CCE**

Chantal Laperle has over 25 years of experience in the development and implementation of quality initiatives in a wide variety of health care delivery settings. She has successfully held many positions, in both public and private sectors utilizing her clinical background to affect change. She has contributed to the development of a multitude of quality programs from the ground up requiring her to be hands on through implementation. She is experienced in The Joint Commission (TJC), National Committee for Quality Assurance (NCQA), The Commission on Accreditation of Rehabilitation Facilities (CARF) and Accreditation Association for Ambulatory Health Care (AAAHC) accreditation and recognition programs. She is skilled in the development of workflows and the use of tools to monitor and succeed within a process as well as coaching teams through the development and implementation process of a project.

Ms. Laperle holds both Bachelor's and a Master's degrees in Psychology. She is a Certified Professional in Health Care Quality (CPHQ) and Certified in Health Care Risk Management through the University of South Florida. She is also certified in Advanced Facilitation and the Seven Tools of Quality Control through GOAL/QPC, holds a certification as an Instructor for Nonviolent Crisis Intervention (CPI), and is a Certified Content Expert (CCE) through NCQA.



## 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. Her most recent experience was as director of Quality Management for a Chronic Condition Special Needs Plan for individuals with end-stage renal disease. Ms. Eckhof has a Master of Science degree in health care administration and is a Certified Professional in Healthcare Quality.