

MassHealth

Managed Care Organizations External Quality Review Technical Report Calendar Year 2018



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SECTION 1. MASSHEALTH MANAGED CARE ORGANIZATIONS

BOSTON MEDICAL CENTER HEALTHNET PLAN (BMCHP)

Boston Medical Center HealthNet Plan is a Medicaid managed care organization (MCO) located in Charlestown. Accredited by the National Committee on Quality Assurance (NCQA), its Medicaid line of business received a rating of 4.0 out of a possible 5.0 for 2018-2019. BMCHP's behavioral health partner is Beacon Health Options.

CELTICARE (CEL)

CeltiCare was founded in 2009. Its members were covered by MassHealth's CarePlus program, coverage that offers a broad range of health care benefits to certain adults who are not eligible for MassHealth Standard. This statewide MCO enrolled individuals who are between the ages of 21 and 64 and whose income is between 100 and 133% of the Federal Poverty Level. CeltiCare is owned by Centene, a national insurer. CeltiCare's contract with Massachusetts ended on February 28, 2018.

FALLON HEALTH (FH)

Fallon Health Plan, located in Worcester, was founded in 1977. Its broad product portfolio includes a variety of group and non-group health plan options (managed care, point-of-service, and a preferred provider organization), as well as Medicaid and Medicare Advantage plans. Fallon Health also offers a Program of All-inclusive Care and a plan for dually insured individuals over the age of 65. Its Medicaid plan is rated 4.0 out of 5.0 by NCQA in 2018-2019, from whom this plan has received accreditation. Enrolling members in the Executive Office of Health and Human Services' (EOHHS) northeastern and central regions, Fallon Health has a Medicaid membership of 35,775 as of the end of 2017. Fallon Health's behavioral health partner is Beacon Health Options. Fallon Health's MCO contract with Massachusetts ended on February 28, 2018. It entered into an agreement with MassHealth to operate four provider partner Accountable Care Organizations effective March 1, 2018.

HEALTH NEW ENGLAND (HNE)

As of year-end 2017, Health New England's Medicaid MCO served 59,342 MassHealth members in four counties of Massachusetts. It also enrolls individuals in its commercial and Medicare lines of business. Health New England's Medicaid product is accredited by NCQA and received a quality score of 3.5 out of 5.0 for 2018-2019. Health New England's behavioral health partner is the Massachusetts Behavioral Health Partnership, and its pharmacy benefit manager is Caremark. Health New England's Medicaid MCO contract with MassHealth ended on February 28, 2018. It entered into an agreement with MassHealth to operate three provider partner Accountable Care Organizations effective March 1, 2018.

NEIGHBORHOOD HEALTH PLAN (NHP)

Neighborhood Health Plan, now called AllWays Health Partners, is a member of Partners HealthCare, Inc. NHP's Medicaid product is accredited by NCQA and received a quality score of 4.0 out of 5.0 in 2018-2019. NHP uses surveys posted to Neighborhood Green, an online community on which NHP members can share their thoughts and ideas to inform improvement initiative design. Its behavioral health partner is Beacon Health Options. Neighborhood Health Plan's MCO contract with MassHealth ended on February 28, 2018. It entered into an agreement with MassHealth to operate one provider partner Accountable Care Organization effective March 1, 2018.

TUFTS HEALTH PUBLIC PLANS (THPP)

Tufts Health Public Plans MCO, located in Watertown, was formerly known as Network Health. Network Health was acquired by Tufts Associated Health Plan in 2011. As of year-end 2017, it served 286,686 Medicaid beneficiaries in all regions of the Commonwealth. Accredited by NCQA, Tufts Health Public Plans MCO received a quality rating of 4.5 out of 5.0 for the 2018-2019 period.

Exhibit 1: MassHealth Managed Care Organization Membership

Managed Care Organization	Membership as of December 31, 2017	Percent of Total MCO Population
Tufts Health Public Plans	286,686	35.5%
Neighborhood Health Plan	228,825	28.3%
BMC HealthNet Plan	163,248	20.2%
Health New England	59,342	7.3%
Fallon Health	35,775	4.4%
CeltiCare	33,616	4.2%
Total	807,492	

Source: MassHealth Quality Office

SECTION 2. CONTRIBUTORS

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.

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®¹) Compliance Auditor since 1998, directing more than 600 HEDIS® audits. She directed the consultant team that developed the original NCQA Software Certification ProgramSM on behalf of NCQA. She is a frequent speaker at HEDIS® vendor and health plan conferences, such as National Alliance of State Health CO-OPs (NASHCO) conferences. Ms. Iskrant received her BA from Columbia University and her MPH from UC Berkeley School of Public Health. She is a member of the National Association for Healthcare Quality and is published in the fields of healthcare and public health.

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

¹ HEDIS® - The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of NCQA.

based on patients' needs rather than system structure, integrating the department with psychologists, social workers, family medicine, and internal medicine.

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

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

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

Wayne J. Stelk, Ph.D.

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

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

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

SECTION 3. MassHealth Comprehensive Quality Strategy



SECTION 3. 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.

How KEPRO Supports the MassHealth Comprehensive Quality Strategy

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

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

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

EQR Activity	Support to MassHealth Comprehensive Quality Strategy
Performance Measure Validation	<ul style="list-style-type: none"> Assure that performance measures are calculated accurately. Offer a comparative analysis of plan performance to identify outliers and trends. Provide technical assistance. Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.
Performance Improvement Project Validation	<ul style="list-style-type: none"> Ensure the inclusion of an assessment of cultural competency within interventions. Ensure the alignment of MassHealth Priority Areas and Quality Goals with MassHealth goals. Ensure that performance improvement projects are appropriately structured and that meaningful performance measures are used to assess improvement. Ensure that Performance Improvement Projects incorporate stakeholder feedback. Share best practices, both clinical and operational. Provide technical assistance. Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.
EQR Activity	Support to MassHealth Comprehensive Quality Strategy
Compliance Validation	<ul style="list-style-type: none"> Assess plan compliance with contractual requirements. Assess plan compliance with regulatory requirements. Recommend mechanisms through which plans can achieve compliance. Facilitate the Corrective Action Plan process. Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.

Section 4. Executive Summary



SECTION 4. EXECUTIVE SUMMARY

INTRODUCTION

The Balanced Budget Act of 1997 was an omnibus legislative package enacted by the United States Congress with the intent of balancing the federal budget by 2002. Among its other provisions, this expansive bill authorized states to provide Medicaid benefits (except to special needs children) through managed care entities. Regulations were promulgated, including those related to the quality of care and service provided by managed care entities to Medicaid beneficiaries. An associated regulation requires that an External Quality Review Organization (EQRO) conduct an analysis and evaluation of aggregated information on quality, timeliness, and access to the health care services that a managed care entity or its contractors furnish to Medicaid recipients. In Massachusetts, KEPRO has entered into an agreement with the Commonwealth to perform EQR services for its contracted managed care entities, i.e., managed care organizations, One Care plans, prepaid inpatient health plans, primary care case management plans, senior care organizations, and accountable care organizations.

EQR regulations require that two activities be performed on an annual basis:

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

Compliance with federal Medicaid managed care regulations and the MassHealth contract is validated by the EQRO on a triennial basis. MassHealth managed care entity compliance was reviewed in 2017.

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.

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 2018 were Antidepressant Medication Management; Annual Monitoring for Patients on Persistent Medications; and Prenatal and Postpartum Care – Postpartum numerator.

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.

All validated MassHealth MCOs demonstrated compliance with these requirements.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

MassHealth MCOs are required to conduct two Performance Improvement Projects (PIPs) annually, and the agency selects the topics. Each MCO was required to conduct a project related to antidepressant medication management and a second project related to postpartum visits.²

KEPRO evaluates each PIP to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 3. 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. The only theme emerging being

² Because pregnant women are not eligible to enroll in CeltiCare, this plan undertook a project related to the reduction of diabetes disease management.

the importance of gathering stakeholder input in project design. In addition, some MCOs demonstrated a knowledge gap in intervention design and evaluation.

SECTION 5. PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT



SECTION 5. 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 managed care organizations.³

The Performance Measure Validation process consists of a desk review of documentation submitted by the MCO, 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. In addition, the reviewer conducts an independent verification of a sample of individuals belonging to the positive numerator of a hybrid measure.

MCOs submitted the documentation that follows in support of the Calendar Year 2018 PMV process.

³ Celticare was not required to participate in HEDIS 2018 measurement and it did not participate in performance measure validation.

Exhibit 2: Documentation Submitted by MCOs

Document Reviewed	Purpose of KEPRO Review
HEDIS® 2018 Roadmap and attachments	Reviewed to assess health plan systems and processes related to performance measure production.
2018 Final Audit Report	Reviewed to note if there were any underlying process issues related to HEDIS® measure production that were documented in the Final Audit Report.
2018 HEDIS® Interactive Data Submission System (IDSS) worksheets in both Excel and csv format	Used to compile final rates for comparison to prior years' performance and industry standard benchmarks.
Follow-up documentation as requested by the reviewer	Plan-specific documentation requested to obtain missing or incomplete information, support and validate plan processes, and verify the completeness and accuracy of information provided in the Roadmap, and systems demonstrations.

Note: HEDIS® 2018 rates reflect performance in calendar year 2017.

KEPRO's MCO PMV audit methodology assesses both the quality of the source data that feed into the PMV measure under review and the calculation accuracy of the PMV measure under review. 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 MCO's HEDIS® Record of Administration, Data Management and Processes (Roadmap), the MCO's HEDIS® 2018 Final Audit Report, and the MCO's PMV measure data. KEPRO evaluates whether the MCO passed the NCQA Final Medical Record Review Over-Read component of the HEDIS® 2018 Compliance Audit, and if there are any possible reporting risks stemming from the chart reviews conducted for the PMV hybrid measure under evaluation (PPC-Postpartum). If there are any possible reporting risks stemming from the chart reviews conducted for the PPC-Postpartum measure, then KEPRO evaluates 30 plan postpartum charts to further evaluate medical record abstraction accuracy. Finally, KEPRO determines any changes in performance over time, including whether any improvement was sustained or is statistically significant for each measure.

For the purposes of continuity, MassHealth determined that Performance Measure Validation should be repeated on the measures selected in Calendar Year 2017.

Exhibit 3: Performance Measures Validated in 2018

HEDIS® Measure Name and Abbreviation	Measure Description
Antidepressant Medication Management (AMM)	<p>The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression, and who remained on an antidepressant medication treatment. Two rates are reported:</p> <ul style="list-style-type: none">• <u>Effective Acute Phase Treatment</u>: the percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).• <u>Effective Continuation Phase Treatment</u>: the percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
Annual Monitoring for Patients on Persistent Medications (MPM)	<p>The percentage of members 18 years of age and older who received at least 180 treatment days of ambulatory medication therapy for a select therapeutic agent (ACE/ARB or diuretics) during the measurement year and had at least one therapeutic monitoring event in the measurement year. The total rate is sum of the two numerators divided by the sum of the two denominators.</p>
Prenatal and Postpartum Care (PPC) – Postpartum Numerator	<p>The percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.</p>

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 MCO met these criteria. Results are presented for all MCOs reviewed in order to facilitate comparison across plans.

Exhibit 4: Performance Measure Validation Worksheets

Performance Measure Validation: Antidepressant Medication Management (AMM)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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[Met / Partially met / Not met / Not Applicable]

Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
DENOMINATOR					
<u>Population</u>					
Medicaid population was appropriately segregated from commercial and Medicare mixture.	Met	Met	Met	Met	Met
Population was defined as being eligible and having an episode start date for depression during the intake period of 5/1/PY-4/30/MY.	Met	Met	Met	Met	Met
Members had diagnosis of depression from 60 days prior to the initial prescription start date (IPSD).	Met	Met	Met	Met	Met
<u>Geographic Area</u>					
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met	Met	Met	Met
<u>Age & Sex:</u>					
<u>Enrollment Calculation</u>					
Members were 18 years of age or older.	Met	Met	Met	Met	Met
Population was defined as being continuously enrolled from 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD.	Met	Met	Met	Met	Met
<u>Data Quality</u>					
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met	Met	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met	Met	Met	Met

Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
<i>Proper Exclusion Methodology in Administrative Data</i>					
Only members with contraindications or data errors were excluded.	Met	Met	Met	Met	Met
Contraindication and exclusions were performed according to current NCQA specifications.	Met	Met	Met	Met	Met
Only the codes listed in specifications as defined by NCQA were counted as contraindications.	Met	Met	Met	Met	Met

Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
NUMERATOR					
<i>Administrative Data: Counting Clinical Events</i>					
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met	Met	Met	Met
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	Met	Met	Met	Met
Members were counted only once.	Met	Met	Met	Met	Met
Data sources used to calculate the numerator (e.g., claims files, provider files, and pharmacy records, including those for members who received the services outside the plan's network, as well as any supplemental data sources) were complete and accurate.	Met	Met	Met	Met	Met

Performance Measure Validation: Postpartum Care (PPC-Postpartum)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
DENOMINATOR					
<u>Population</u>					
Medicaid population was appropriately segregated from other product lines.	Met	Met	Met	Met	Met
Members were continuously enrolled 43 days prior to delivery through 56 days after delivery.	Met	Met	Met	Met	Met
Women with live births were appropriately identified using both specified methods.	Met	Met	Met	Met	Met
<u>Geographic Area</u>					
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met	Met	Met	Met
NUMERATOR – POSTPARTUM CARE					
<u>Counting Clinical Events</u>					
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met	Met	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	Met	Met	Met
Members with postpartum visits within the postpartum timeframe were counted.	Met	Met	Met	Met	Met
<u>Data Quality</u>					
Based on the Information Systems (IS) assessment findings, the data sources for this denominator were accurate.	Met	Met	Met	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met	Met	Met	Met
<u>Proper Exclusion Methodology in Administrative Data</u>					
There were no exclusions for this measure.	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<u>Medical Record Review Documentation Standards</u>					
Record abstraction tool required notation of the date of enrollment, date of delivery, and the date/number of prenatal visits and date/content of postpartum visits.	Met	Met	Met	Met	Met
<u>Data Quality</u>					
The eligible population was properly identified.	Met	Met	Met	Met	Met

Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	Met	Met	Met	Met
<u>Hybrid Measure</u>					
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met	Met	Met	Met
If the hybrid method was used, the MCO passed the NCQA Final Medical Record Review Overread component of the HEDIS® 2018 Compliance Audit.	Met	Met	Met	Met	Met
<u>SAMPLING</u>					
<u>Unbiased Sample</u>					
As specified in the NCQA specifications, systematic sampling method was utilized.	Met	Met	Met	Met	Met
<u>Sample Size</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	Met	Met	Met
<u>Proper Substitution Methodology in Medical Record Review</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	Met	Met	Met
Substitutions were made for properly excluded records, and the percentage of substituted records was documented.	Not Applicable	Met	Not Applicable	Met	Met

Performance Measure Validation: Annual Monitoring for Patients on Persistent Medications (MPM)

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
DENOMINATOR					
<u>Population</u>					
Medicaid population was appropriately segregated from other product lines.	Met	Met	Met	Met	Met
Members received at least 180 treatment days of ACE/ARB or diuretic medications.	Met	Met	Met	Met	Met
<u>Geographic Area</u>					
Includes only those Medicaid enrollees served in the MCO's reporting area.	Met	Met	Met	Met	Met
<u>Age & Sex: Enrollment Calculation</u>					
Members are aged 18 and older as of December 31 of the measurement year.	Met	Met	Met	Met	Met
Population was defined as being continuously enrolled during the measurement year, with no more than a one-month gap.	Met	Met	Met	Met	Met
<u>Data Quality</u>					
Based on the IS assessment findings, the data sources for this denominator were accurate.	Met	Met	Met	Met	Met
Appropriate and complete measurement plans and programming specifications exist that include data sources, programming logic, and computer source code.	Met	Met	Met	Met	Met
<u>Proper Exclusion Methodology in Administrative</u>					
Members who had an inpatient (acute or non-acute) claim during the measurement year were excluded (optional exclusion).	Met	Met	Met	Met	Met
NUMERATOR					
<u>Administrative Data: Counting Clinical Events</u>					
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	Met	Met	Met	Met	Met
All code types were included in analysis, including CPT, ICD10, and HCPCS procedures, and UB revenue codes, as relevant.	Met	Met	Met	Met	Met
Members were counted only once.	Met	Met	Met	Met	Met
Members taking ACE/ARB or diuretics had at least one serum potassium test and at least one serum creatinine in the measurement year.	Met	Met	Met	Met	Met

Review Element	BMCHP	FH MCO	HNE	NHP	THPP MCO
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	Met	Met	Met

RESULTS

Antidepressant Medication Monitoring

The charts below depict MCO performance on the Antidepressant Medication Monitoring performance measure. THPP's rates were the highest for both measures (61.53% for AMM Acute Treatment and 47.11% for the Continuous Treatment rate). HNE's performance was the lowest for both measures (45.09% for Acute and 29.13% for Continuous Treatment). No plan's performance equaled or surpassed the HEDIS® 90th percentile. The weighted average AMM Acute rate was 53.55%; the weighted average AMM Continuous rate was 38.50%. Of concern, HNE's and BMCHP's Acute Rates are between the 10th and 25th Quality Compass 2018 percentiles. HNE's Continuous rate is at the 5th percentile and BMCHP's Continuous rate is between the 10th and 25th percentiles.

Exhibit 5: HEDIS® 2018 AMM Acute Rate by MCO

HEDIS 2018 AMM Acute Rate by MCO

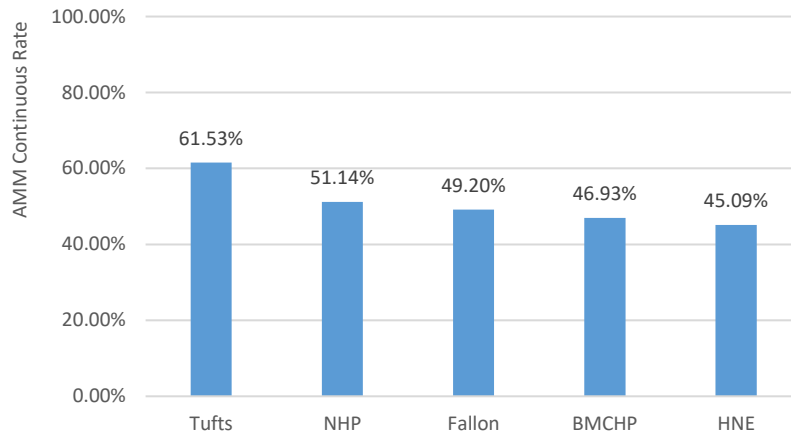


Exhibit 6: HEDIS® 2018 AMM Continuous Treatment Rates by MCO

HEDIS 2018 AMM Continuous Rate by MCO

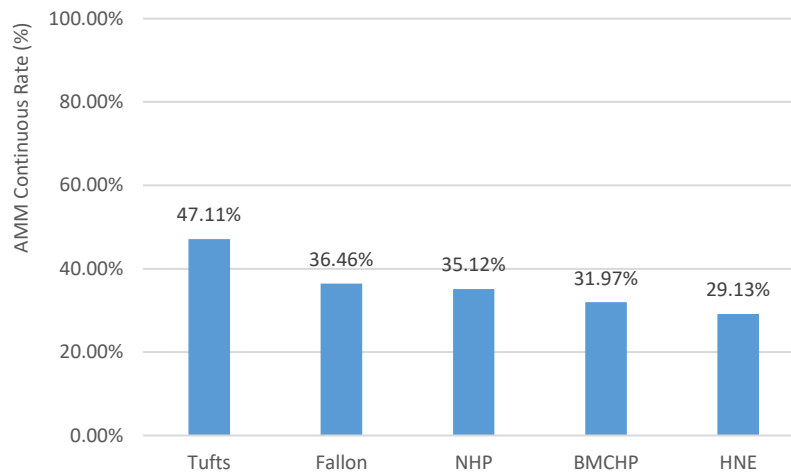


Exhibit 7: Trended AMM Acute Treatment Rates

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	QC 2018 Percentile Ranking
AMM Acute (%)	BMCHP	42.35	44.25	44.85	44.74	46.93	↔	10 - 25
	Fallon	38.80	51.23	49.73	51.74	49.20	↑	25 - 33
	HNE	39.81	47.11	46.12	42.55	45.09	↓	10 - 25
	NHP	45.71	48.47	48.96	50.93	51.14	↑	33 - 50
	Tufts	56.30	58.01	55.37	58.09	61.53	↑	75 - 90

Exhibit 8: Trended AMM Continuous Treatment Rates

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	QC 2018 Percentile Ranking
AMM Continuous (%)	BMCHP	28.92	30.02	30.97	31.59	31.97	↔	10 – 25
	Fallon	22.00	32.43	26.67	28.60	36.46	↔	50 – 66
	HNE	28.64	32.63	29.93	28.05	29.13	↓	5 – 10
	NHP	31.24	33.61	33.77	34.60	35.12	↑	33 – 50
	Tufts	43.17	44.17	41.42	45.15	47.11	↔	75 - 90

Annual Monitoring for Patients on Persistent Medications

The chart that follows depicts 2017 MCO performance on the Annual Monitoring for Patients on Persistent Medications (MPM) measure. None of the MCOs achieved the NCQA Quality Compass 90th percentile. The weighted average performance rate was 86.83%. Fallon had the highest rate (88.83%) and the lowest performing plan was Tufts (86.04%).

Exhibit 9: HEDIS® 2018 MPM Rate by MCO

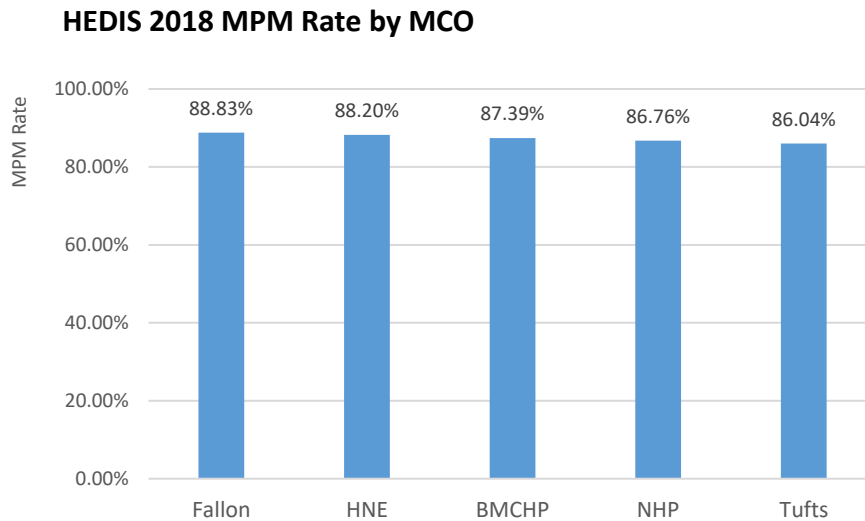


Exhibit 10: Trended MPM Rates

		HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	2018 QC Percentile Ranking
MPM Rate (%)	BMCHP	56.65%	87.39%	↔	33 – 50
	Fallon	88.47%	88.83%	↔	50 – 66
	HNE	88.34%	88.34%	↔	50 – 66
	NHP	86.55%	86.76%	↔	33
	Tufts	85.63%	86.04%	↔	25 - 33

Postpartum Visit Rates

The chart that follows depicts 2017 MCO performance on the Postpartum Visit component of the HEDIS® Prenatal Care measure. BMCHP's performance was approximately one percentage point below the NCQA Quality Compass 90th percentile. The weighted average rate was 70.42%. BMCHP had the highest rate (72.54%) and Health New England had the lowest performance rate (63.22%).

Exhibit 11: HEDIS® 2018 Postpartum Visit Rates by MCO

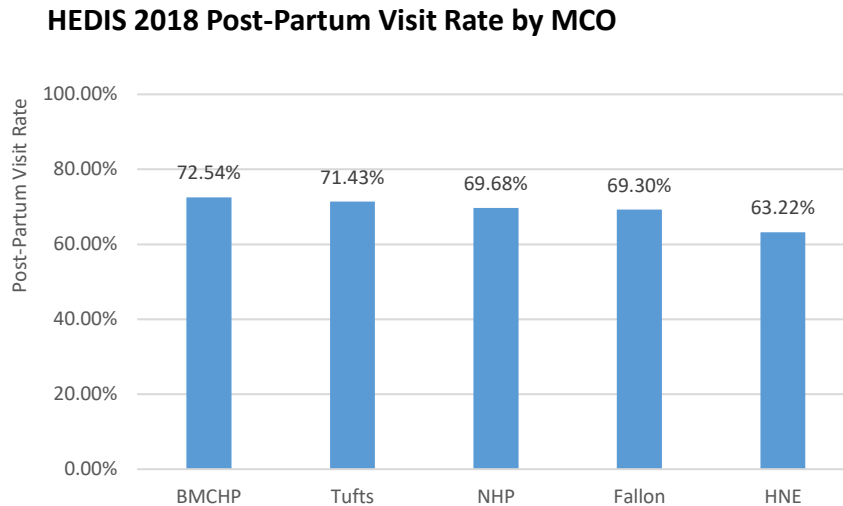


Exhibit 12: Trended PPV Rate by MCO

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	QC 2018 Percentile Ranking
PPV Rate %	BMCHP	69.58	71.55	66.94	72.59	72.54	↑	75 – 90
	Fallon	76.63	64.92	73.39	71.88	69.30	↓	66 – 75
	HNE	76.03	79.92	72.27	70.15	63.22	↓	33 – 50
	NHP	65.85	67.29	68.19	65.79	69.68	↔	75 – 90
	Tufts	75.61	70.31	73.85	66.67	71.43	↓	75 – 90

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 of this assessment follow.

Exhibit 13: Information Systems Capability Assessment Findings

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

RECOMMENDATIONS

KEPRO did not identify any significant issues related to the results of the Performance Measure Validation process. Two plans were encouraged to engage in quality initiatives related to the Annual Monitoring for Patients on Persistent Medication. One was encouraged to continue its work on the AMM measure.

PLAN-SPECIFIC PERFORMANCE MEASURE VALIDATION AND INFORMATION SYSTEM CAPABILITY ASSESSMENT

BOSTON MEDICAL CENTER HEALTHNET (BMCHP)

Performance Measure Results

The charts below depict Boston Medical Center HealthNet's performance in the three measures selected by MassHealth for validation.

Antidepressant Medication Management (AMM) – The charts that follow depict BMCHP's performance for the Acute and Continuous Treatment AMM measure. BMCHP's 46.93% HEDIS® 2018 rate represents a statistically significant 2.19 percentage point increase from its HEDIS® 2017 44.74% rate ($p < 0.05$). The AMM Continuous rate, 31.97%, is a statistically insignificant increase of 0.38 percentage points from the 31.59% HEDIS® 2017 rate. Both rates are between the Quality Compass 2018 10th and 25th percentiles.

Exhibit 14: BMCHP AMM Acute Treatment Rates

BMCHP HEDIS AMM Acute Rate

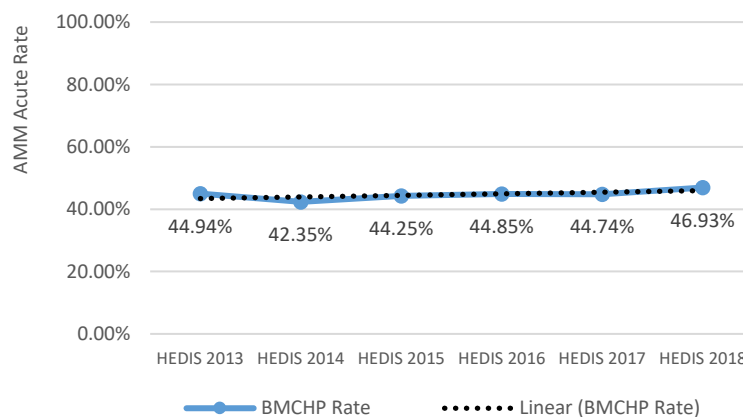
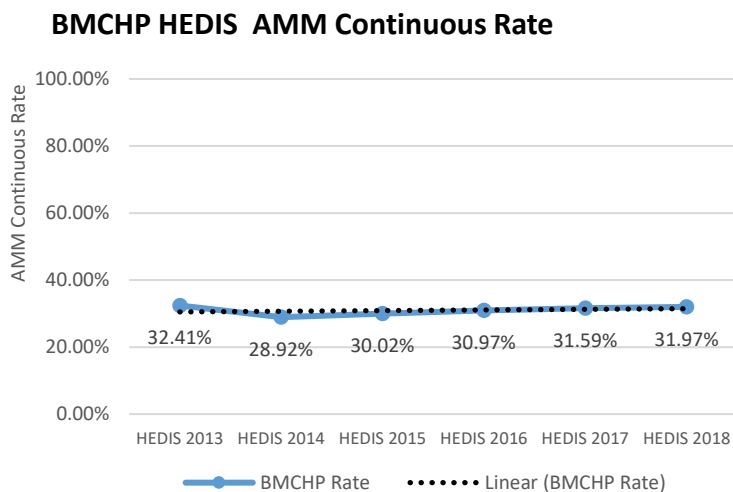
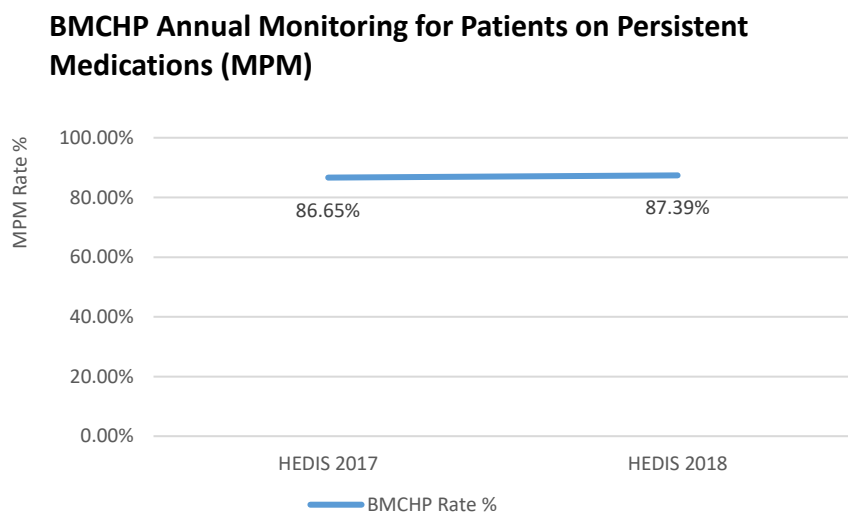


Exhibit 15: BMCHP AMM Continuous Treatment Rates



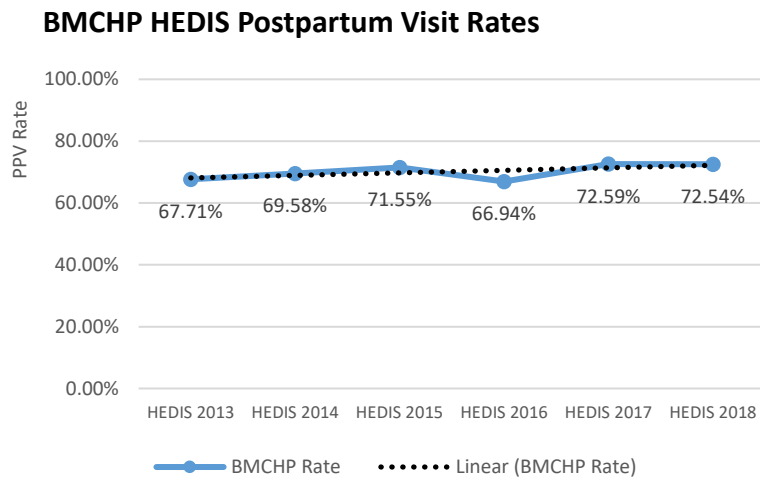
Annual Monitoring for Patients on Persistent Medications (MPM) – In HEDIS® 2018, BMCHP’s 87.39% performance reflects a statistically significant 0.74 percentage point increase from the HEDIS® 2017 rate of 86.65%. This rate ranks between the 33rd and 50th Quality Compass 2018 percentiles.

Exhibit 16: BMCHP MPM Rate



The Postpartum Visit Component of Prenatal Care (PPC) – BMCHP’s performance in the postpartum care measure decreased a statistically insignificant 0.05 percentage points between HEDIS® 2017 and HEDIS® 2018, from 72.59% percent to 72.54% percent. BMCHP’s performance ranks between the 75th and 90th percentiles of the Quality Compass 2018. Performance is trending slightly up.

Exhibit 17: BMCHP PPC Postpartum Rate



Information Systems Capability Assessment

- 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. Since maternity services were often billed globally, the plan relied on Medical Record Review to accurately report the Postpartum Care performance measure. BMCHP had adequate quality control and monitoring of claims processing. BMCHP received encounters on a weekly basis from both its pharmacy benefits 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 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's software (QSI and QSHR) was used to produce the postpartum component of the Prenatal and Postpartum Care measure. BMCHP conducted the Medical Record Reviews using internal review staff and temporary staff. No issues were identified with Medical Record Review for the postpartum measure.

4. **Supplemental Data.** One numerator hit for the “Annual Monitoring for Patients on Persistent Medications” measure was obtained from standard laboratory supplemental data. The supplemental data source met HEDIS® technical specifications. There were no issues with the supplemental data.
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 QSI-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 year and monthly rates produced throughout the measurement year. Any discrepancies were thoroughly analyzed to ensure rate accuracy. BMCHP maintains adequate oversight of its vendor, Inovalon. There were no issues identified with data integration processes.

6. **Source Code.** BMCHP used NCQA-certified Inovalon HEDIS® software to produce performance measures. Inovalon received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

Medical Record Review Validation

Inovalon’s software (QSI and QSHR) was used to produce the postpartum component of the Prenatal and Postpartum Care measure. Because no issues were identified with Medical Record Review for the postpartum measure, KEPRO did not sample any medical records for this measure.

HEDIS® Roadmap and Final Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed 7/10/2018

Audit Element	Findings
Medical Data	BMCHP met requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS® standards.
Practitioner Data	Practitioner data related to performance measure production were adequate to support reporting.
Medical Record Review	Inovalon's software (QSI and QSHR) was used to produce the postpartum component of the Prenatal and Postpartum Care measure. No issues were identified with Medical Record Review for the postpartum measure.
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
Antidepressant Medication Management (AMM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Postpartum Care Component of Prenatal and Postpartum Care (PPC)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to BMCHP follows.

Calendar Year 2017 Recommendation	2018 Update
Focus on quality improvement initiatives for the Antidepressant Medication Management measure.	BMCHP's AMM-related activity is described in the Performance Improvement Project section of this report.
Focus on quality improvement initiatives for the Annual Monitoring for Patients on Persistent Medications measure.	Per the HEDIS® Roadmap, BMCHP did not conduct any quality improvement initiatives for this measure.

Strengths

- BMCHP used an NCQA-certified vendor.
- BMCHP staff continued to demonstrate a thorough understanding of the HEDIS® process.
- All documents required for this review were submitted in a timely manner.

Opportunities

- Both rates of the Antidepressant Medication Management measure (Effective Acute Phase Treatment and Effective Continuation Phase Treatment) are under the 50th percentile compared to Quality Compass 2018.
- The Annual Monitoring for Patients on Persistent Medications measure is under the 50th percentile compared to Quality Compass 2018.

Recommendations

- Focus on quality improvement initiatives for the Antidepressant Medication Management measure.
- Focus on quality improvement initiatives for the Annual Monitoring for Patients on Persistent Medications measure.

FALLON HEALTH

Performance Measure Results

The charts below depict Fallon Health MCO's performance in the three measures selected by MassHealth for validation.

Antidepressant Medication Monitoring (AMM) – Fallon Health MCO's AMM Acute Treatment rate decreased a statistically insignificant 2.54 percentage points between HEDIS® 2017 and 2018, from 51.74% to 49.20%. The Continuous rate increased a statistically significant 7.86 percentage points from 28.60% in HEDIS® 2017 to 36.46% in HEDIS® 2018. The Acute rate ranks between the 25th and 33rd percentiles of the Quality Compass 2018. The Continuous rate is between the 50th and 66th percentiles.

Exhibit 18: Fallon AMM Acute Treatment Rates

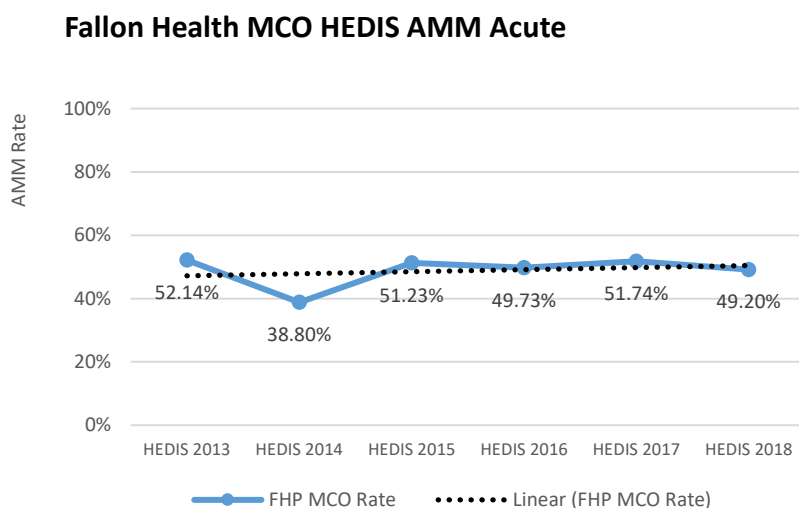
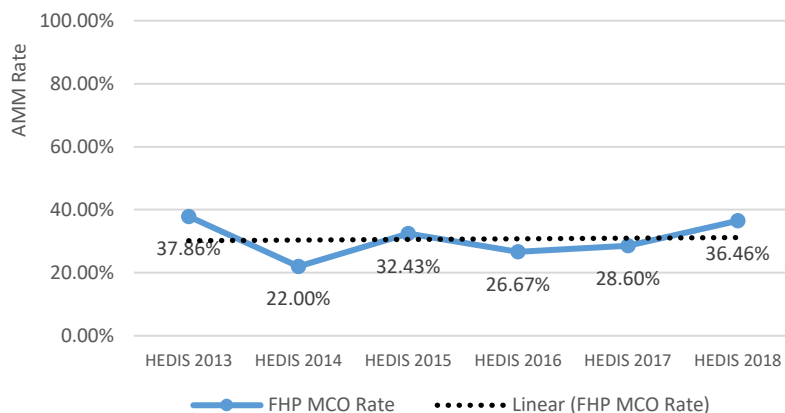


Exhibit 19: Fallon AMM Continuous Treatment Rates

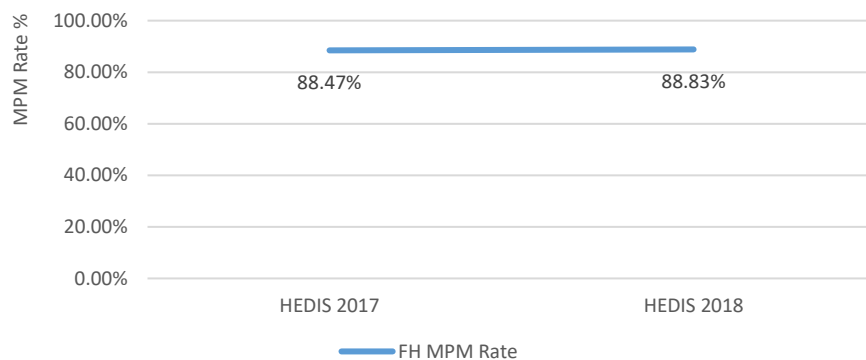
Fallon Health MCO HEDIS AMM Continuous



Annual Monitoring for Patients on Persistent Medications (MPM) – Fallon’s MPM rate increased a statistically insignificant 0.36 percentage points between HEDIS® 2017 and HEDIS® 2018, from 88.47% to 88.83%. Fallon Health’s performance rate is between the 50th and 66th Quality Compass 2018 percentiles.

Exhibit 20: Fallon Health MPM Rates

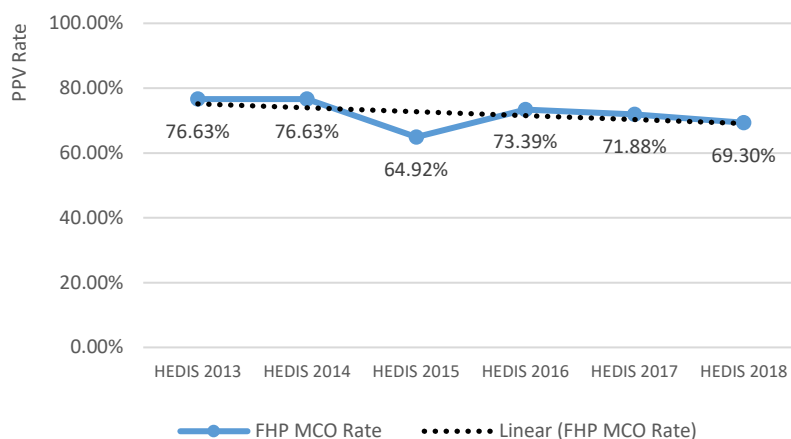
Fallon Health Annual Monitoring for Patients on Persistent Medications (MPM)



Postpartum Visit Rate (PPV) – Fallon Health MCO’s Postpartum Visit rate decreased a statistically insignificant 2.58 percentage points between HEDIS® 2017 and 2018, from 71.88% to 69.30%. The six-year performance trend line is downward. Fallon Health’s performance lies between the 66th and 75th percentiles of Quality Compass 2018.

Exhibit 21: Fallon PPV Rates

Fallon Health HEDIS Post-Partum Visit Rate



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 Fallon Health'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.** Claims were processed using the QNXT system. All necessary fields were captured for HEDIS® reporting. Standard coding was used, and there was no use of non-standard codes. Fallon had processes in place to closely monitor encounter submission to ensure complete data receipt. Claims lag reports also demonstrated that claims were submitted in a timely manner. Internal claims quality monitoring processes were adequate. Fallon received encounters on a weekly basis from its behavioral health vendor, Beacon Health Options, and on a daily basis from its pharmacy benefits manager, CVS Caremark. The plan maintained adequate oversight of both Beacon and CVS Caremark. There were no issues identified with claims or encounter data processing.
- 2. Enrollment Data.** Fallon processed Medicaid enrollment data, using the QNXT system. All necessary enrollment fields are captured for HEDIS® reporting. The plan received a daily 834 file from MassHealth. There were adequate data quality monitoring and reconciliation processes in place, including the ability to combine data for members with more than one member ID. Both vendors, Beacon Health Options and CVS Caremark, received daily files with changes in enrollment and monthly full data files transmitted for reconciliation. There were no issues identified with enrollment processes.
- 3. Medical Record Review.** GDIT software was used to produce the postpartum component of the Prenatal and Postpartum Care measure. Fallon conducted the Medical Record Reviews.

No issues were identified with Medical Record Review for the postpartum measure. There were abstraction issues with NCQA Medical Record Over-Read Group E.

4. **Supplemental Data.** Fallon used multiple standard supplemental data sources. Fallon provided all required supplemental data source documentation. There were no concerns or issues identified with the use of the supplemental data sources.
5. **Data Integration.** Fallon's performance measure rates were produced using GDIT software. Data from Fallon's transaction systems as well as vendor data feeds were loaded to the plan's data warehouse frequently. Fallon had adequate processes to track completeness and accuracy of data transfer into the warehouse. Data were then formatted into GDIT-compliant extracts and loaded into the measure production software. Data load and reject reports were thoroughly reviewed. 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 compared to prior years' rates. Any discrepancies were thoroughly analyzed to ensure rate accuracy. Fallon maintains adequate oversight of its vendor, GDIT. There were no issues identified with data integration processes.
6. **Source Code.** Fallon used NCQA-certified GDIT HEDIS® software to produce performance measures. GDIT received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

HEDIS® Roadmap and Final Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed: 7/2/2018

Audit Element	Findings
Medical Data	Fallon met requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS® standards.
Practitioner Data	Practitioner data related to performance measure production were adequate to support reporting.
Medical Record Review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. The plan 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
Antidepressant Medication Management (AMM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Postpartum Care component of Prenatal and Postpartum Care (PPC)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Fallon Health follows.

Calendar Year 2017 Recommendation	2018 Update
Develop and begin quality improvement initiatives for the Antidepressant Medication Management measure.	Fallon's AMM-related initiatives are described in the Performance Improvement Project section of this report.

Strengths

- Fallon staff have an excellent understanding of HEDIS® processes.
- Thorough documentation was supplied for review.
- Fallon began to use a certified HEDIS® vendor for HEDIS® 2018 reporting.

Opportunities

- The Effective Acute Phase Treatment numerator of the Antidepressant Medication Management measure is under the 50th percentile compared to Quality Compass 2018.

HEALTH NEW ENGLAND (HNE)

Performance Measure Results

The charts that follow below depict Health New England's performance in the three measures selected by MassHealth for validation.

Antidepressant Medication Management (AMM) – Health New England's AMM Acute Treatment rate increased a statistically insignificant 2.54 percentage points, from 42.55% in HEDIS® 2017 to 45.09% in HEDIS® 2018. The Continuous Treatment decreased 0.80 percentage points, 29.93% to 29.13%, which is also statistically insignificant. Both AMM rates are between the 5th and 10th percentiles of the Quality Compass 2018, and both are trending downward.

Exhibit 22: HNE AMM Acute Treatment Rates

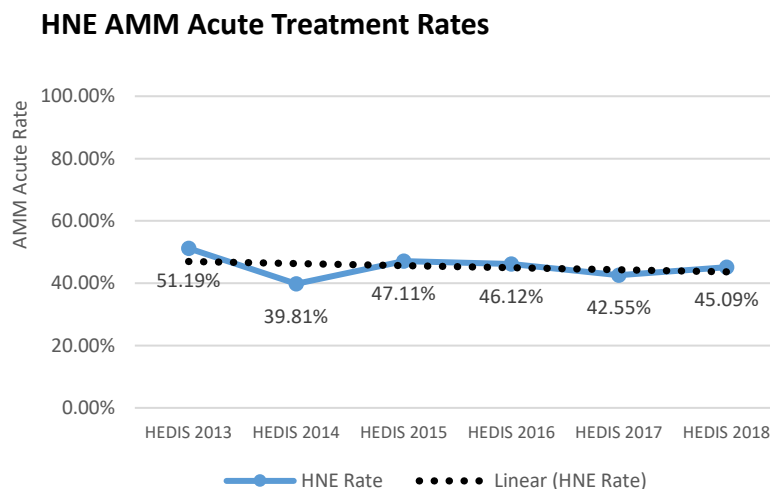
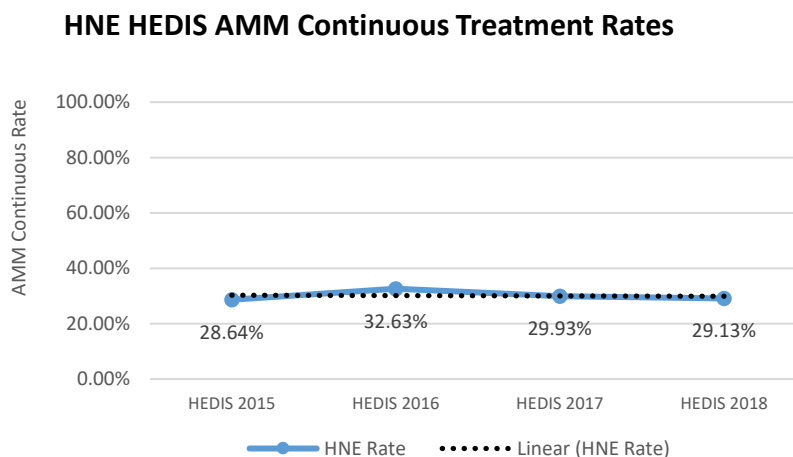
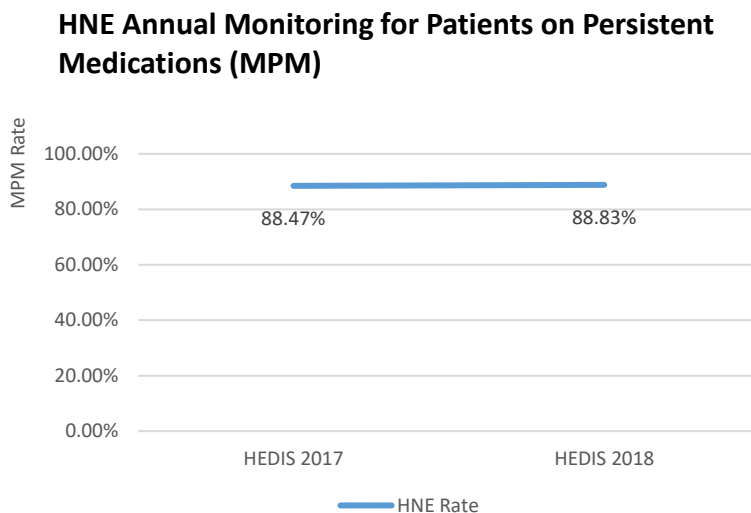


Exhibit 23: HNE AMM Continuous Treatment Rates



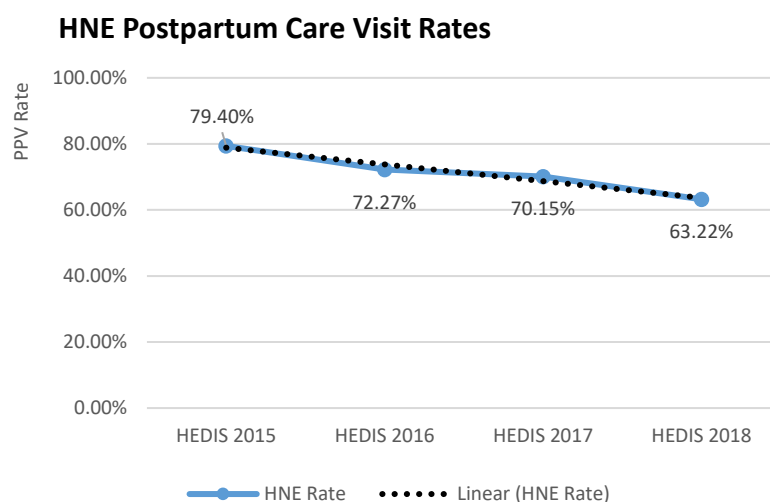
Annual Monitoring for Patients on Persistent Medications (MPM) – In HEDIS® 2018, Health New England’s MPM rate of 88.83% reflects a statistically insignificant 0.36 percentage point increase from the HEDIS® 2017 rate of 88.47%. This rate is between the 50th and 66th Quality Compass 2018 percentiles.

Exhibit 24: HNE MPM Rates



Postpartum Visit Rate (PPV) – Health New England’s Postpartum Visit rate decreased a statistically significant 6.93 percentage points between HEDIS® 2017 (70.15%) and HEDIS® 2018 (63.22%). Health New England’s performance ranks between the 33rd and 50th percentiles of Quality Compass 2018. The four-year trend in performance is down.

Exhibit 25: HNE PPV Rates



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 Health New England'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.** Claims were processed using the AMISYS system. All necessary fields were captured for HEDIS® reporting. HNE had adequate quality control and monitoring of internal claims processing. HNE received encounters monthly from its behavioral health delegate, MBHP, and twice a month from its pharmacy benefits manager, Optum Rx. The plan maintained adequate oversight of both vendors. There were no issues identified with claims or encounter data processing.
2. **Enrollment Data.** HNE processed Medicaid enrollment data using the AMISYS system. All necessary enrollment fields were captured for HEDIS® reporting. Medicaid enrollment data in 834 format were received from the state on a daily basis. Data were first loaded to an internal application, HNE Direct, for review and confirmation of eligibility. Data were then uploaded to AMISYS. The plan had adequate data quality monitoring and reconciliation processes, including the ability to combine data for members with more than one member ID. Both MBHP and Optum Rx received a daily enrollment file from HNE. There were no issues identified with enrollment processes.
3. **Medical Record Review.** HNE contracted with Health Data Vision to conduct the HEDIS® medical record abstraction and HEDIS® medical record retrieval, which was a change from HEDIS® 2016 when abstraction and retrieval was conducted by the plan. No issues were identified with Medical Record Review for the postpartum measure. Medical record retrieval rates were an issue for HEDIS® 2017 and did not improve in HEDIS® 2018.
4. **Supplemental Data.** None of the plan's supplemental data sources contributed to the performance measure rates under review. Therefore, this section is not applicable.
5. **Data Integration.** HNE's performance measure rates were produced using GDIT 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 upon receipt. Data were then formatted into GDIT-compliant extracts and loaded into the measure production software. HNE had adequate processes to track completeness and accuracy of data at each transfer point. Data transfers to the GDIT repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. 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 for the PMV measures under audit. Preliminary rates were reviewed, and any variances investigated. HNE maintains adequate oversight of its vendor, GDIT. There were no issues identified with data integration processes.

6. **Source Code.** HNE used NCQA-certified GDIT HEDIS® software to produce performance measures. GDIT received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified for the PMV measures under review.

Review of MCO's Final HEDIS® 2018 Compliance Audit Report

Name of Auditing Firm: DTS Group

Date Distributed: 7/17/2018

Audit Element	Findings
Medical Data	HNE met requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS® standards.
Practitioner Data	Practitioner data related to performance measure production were adequate to support reporting.
Medical Record Review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. The plan 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 Validation

HNE contracted with Health Data Vision to conduct the HEDIS® medical record abstraction and HEDIS® medical record retrieval, which was a change from HEDIS® 2016 when abstraction and retrieval was conducted by the plan. No issues were identified with Medical Record Review for the postpartum measure. KEPRO therefore did not sample any medical records for the PMV hybrid measure under evaluation (PPC-Postpartum). Medical record retrieval rates were an issue for HEDIS® 2017 and did not improve in HEDIS® 2018.

Compliance with NCQA Specifications

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Antidepressant Medication Management (AMM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Postpartum Care Component of Prenatal and Postpartum Care (PPC)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.

Follow-Up to Calendar Year 2017 Recommendations

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. An update on calendar year 2017 PMV recommendation follows:

Calendar Year 2017 Recommendation	Update
Focus on quality improvement initiatives for the Antidepressant Medication Management measure.	HNE's AMM-related initiatives are described in the Performance Improvement Project section of this report.
Identify a more robust approach to medical record retrieval for hybrid measures. HNE relies on provider offices to submit requested medical records. For HEDIS® 2017, providers did not submit 17% of the requested charts.	For HEDIS® 2018, HNE used a medical record retrieval vendor for the first time. Medical record retrieval was not as robust as in previous years.
The HEDIS® vendor's Medical Record Review exclusion listing report was incorrect for HEDIS® 2017. HNE needs to work with their HEDIS® vendor to ensure that this report is accurate for future HEDIS® reporting years.	The HEDIS® 2018 exclusions report was accurate.

Strengths:

- HNE used an NCQA certified vendor.
- HNE staff provided thoroughly completed documentation in a timely manner.
- HNE has a good process for loading enrollment first to an internal application to resolve any issues prior to loading into AMISYS.

Opportunities:

- Both rates of the Antidepressant Medication Management measure (Effective Acute Phase Treatment and Effective Continuation Phase Treatment) are under the 50th percentile compared to Quality Compass 2018.
- The Annual Monitoring for Patients on Persistent Medications measure is under the 50th percentile compared to Quality Compass 2018.
- The Prenatal and Postpartum Care – Postpartum Care measure is under the 50th percentile compared to Quality Compass 2018.

NEIGHBORHOOD HEALTH PLAN (NHP)

Performance Measure Results

The charts below depict Neighborhood Health Plan's performance in the three measures selected by MassHealth for validation.

Antidepressant Medication Management (AMM) – NHP's AMM Acute performance increased a statistically insignificant 0.21 percentage points between HEDIS® 2017 (50.93%) and HEDIS® 2018 (51.14%). The Continuous Treatment rate increased a statistically insignificant 0.52 percentage points in that same period, from 34.60% to 35.12%. Both the Acute and Continuous Treatment rates are trending slightly upward and rank between the 33rd and 50th percentiles of the Quality Compass 2018.

Exhibit 26: NHP AMM Acute Treatment Rates

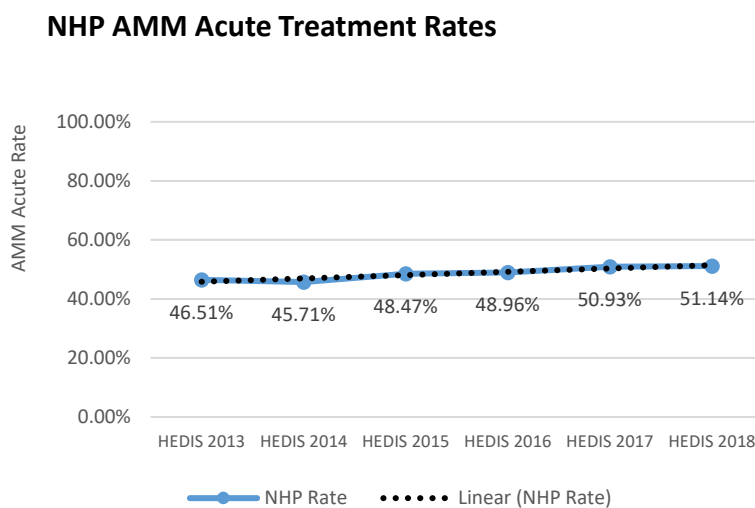
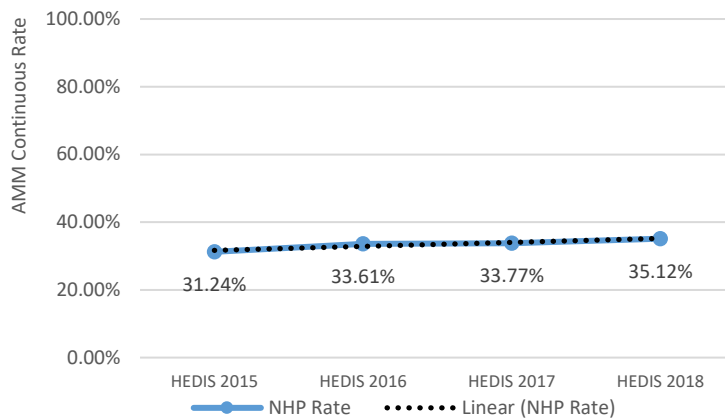


Exhibit 27: NHP AMM Continuous Treatment Rates

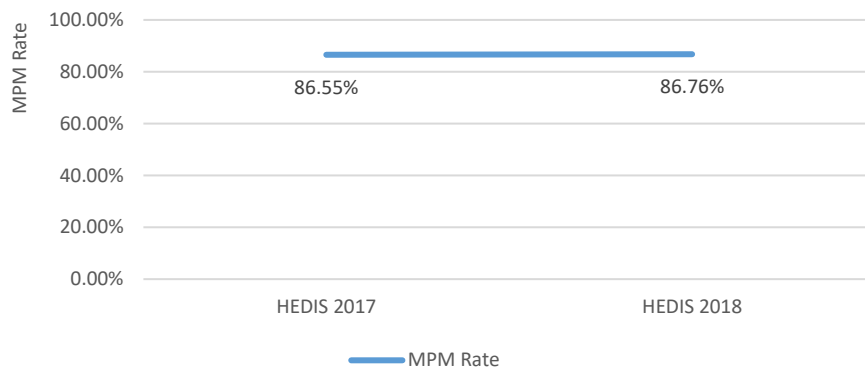
NHP AMM Continuous Treatment Rates



Annual Monitoring for Patients on Persistent Medications (MPM) – The HEDIS® 2018 MPM rate of 86.76% is at the 33rd percentile of Quality Compass 2018. This rate reflects a statistically insignificant increase of 0.21 percentage points from NHP’s HEDIS® 2017 rate of 86.55%.

Exhibit 28: NHP MPM Rates

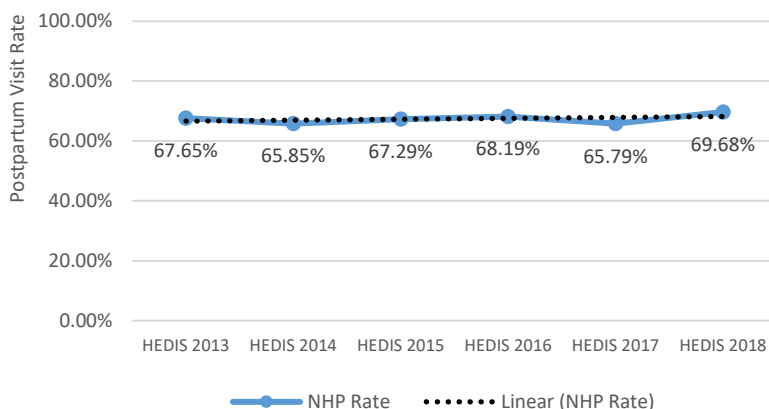
NHP Annual Monitoring for Patients on Persistent Medications (MPM)



Postpartum Visit Rates (PPV) – Neighborhood Health Plan’s HEDIS® 2018 Postpartum Care rate of 69.68% reflects a 3.89 percentage point increase from its HEDIS® 2017 rate of 65.79%. This increase is not statistically significant. This performance is between the 75th and 90th Quality Compass 2018 percentiles.

Exhibit 29: NHP PPV Rates

NHP Postpartum Visit Rates



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 Neighborhood Health 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.** NHP processed claims, including lab claims, using QNXT. All necessary fields were captured for HEDIS® reporting. Standard coding was used, and there was no use of non-standard codes.

NHP's behavioral health vendor, Beacon Health Options (Beacon), processed behavioral health claims. Beacon had adequate processes in place to handle EDI and paper claims. Beacon used acknowledgement and response files for notifying providers of receipt of EDI submissions.

CVS Caremark was contracted by NHP to process pharmacy claims. Pharmacy claims data were received daily from the pharmacy vendor, and there were adequate processes in place to monitor pharmacy encounter volume by month.

There were no issues identified with claims or encounter data processing or data completeness.

2. **Enrollment Data.** NHP processed Medicaid enrollment data using the QNXT system. All necessary enrollment fields were captured for HEDIS® reporting. Medicaid enrollment data

in an 834 format were received daily from the state and processed by NHP. The daily file included additions, changes, and terminations. Enrollment data were loaded into QNXT, and the system captured current and historical enrollment spans. NHP also received a full monthly refresh file and conducted reconciliation between QNXT and the state file. QNXT retained Medicaid identification numbers, and the plan assigned a unique QNXT system ID. NHP had adequate data quality monitoring and reconciliation processes. There were no issues identified with enrollment processes.

3. **Medical Record Review.** NHP used Verscend software to produce the postpartum component of the Prenatal and Postpartum Care measure. NHP conducted the Medical Record Reviews. NHP had sufficient oversight 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 the Medical Record Review process.
4. **Supplemental Data.** NHP used multiple standard supplemental data sources, including electronic medical record data from many entities. NHP 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.** NHP's performance measure rates were produced using Verscend software. Data from the transaction system were loaded to NHP's data warehouse for a monthly build. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into Verscend-compliant extracts and loaded into the measure production software.

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

6. **Source Code.** NHP used NCQA-certified Verscend HEDIS® software to produce performance measures. Verscend received NCQA measure certification to produce the performance measures under the scope of this review. There were no source code issues identified.

Review of MCO's Final HEDIS® 2018 Compliance Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed: 7/10/2018

Audit Element	Findings
Medical Data	NHP met all requirements for timely and accurate claims data capture.
Enrollment Data	Enrollment data processing met all HEDIS® standards.
Practitioner Data	Practitioner data related to performance measure production were adequate to support reporting.
Medical Record Review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. The plan 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

NHP used Verscend software to produce the postpartum component of the Prenatal and Postpartum Care measure. NHP conducted the Medical Record Reviews. No issues were identified with Medical Record Review for the postpartum measure. KEPRO therefore did not sample any medical records for the PMV hybrid measure under evaluation, i.e., PPC-Postpartum.

Compliance with NCQA Specifications

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Antidepressant Medication Management (AMM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Postpartum Care component of Prenatal and Postpartum Care (PPC)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.

Follow Up to Calendar Year 2017 Recommendations

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. An update on calendar year 2017 PMV recommendation follows:

Calendar Year 2017 Recommendation	Update
Focus on quality improvement initiatives for the Antidepressant Medication Management measure.	NHP's AMM-related initiatives are described in the Performance Improvement Project section of this report.
Focus on quality improvement initiatives for the Annual Monitoring for Patients on Persistent Medications measure.	Within the HEDIS® Roadmap, NHP did not indicate that they conducted any quality improvement initiatives for this measure.

Strengths

- NHP used an NCQA-certified vendor.
- NHP had an innovative relationship with its behavioral health vendor, Beacon Health Options, with staff co-located onsite at NHP.
- NHP had robust processes in place to obtain electronic medical record data from many of its larger health system providers.

Opportunities

- Both rates of the Antidepressant Medication Management measure (Effective Acute Phase Treatment and Effective Continuation Phase Treatment) are under the Quality Compass 50th percentile.
- The Annual Monitoring for Patients on Persistent Medications measure is under the Quality Compass 2018 50th percentile.

TUFTS HEALTH PUBLIC PLANS (THPP)

Performance Measure Results

The charts that follow below depict Tufts Health Public Plans MCO's performance in the three measures selected by MassHealth for validation.

Antidepressant Medication Management (AMM) – Both the THPP Acute and Continuous AMM rates increased statistically significantly between HEDIS® 2017 and HEDIS® 2018. The Acute rate, 61.35%, represents an increase of 3.26 percentage points ($p < 0.005$) from the 58.09% HEDIS® 2017 rate. The Continuous rate, 47.11%, represents a 1.96 percentage point increase ($p < 0.05$) from the HEDIS® 2017 rate of 45.15%. Both rates lie between the 75th and 90th Quality Compass 2018 percentiles.

Exhibit 30: THPP AMM Acute Treatment Rates

THPP AMM Acute Treatment Rates

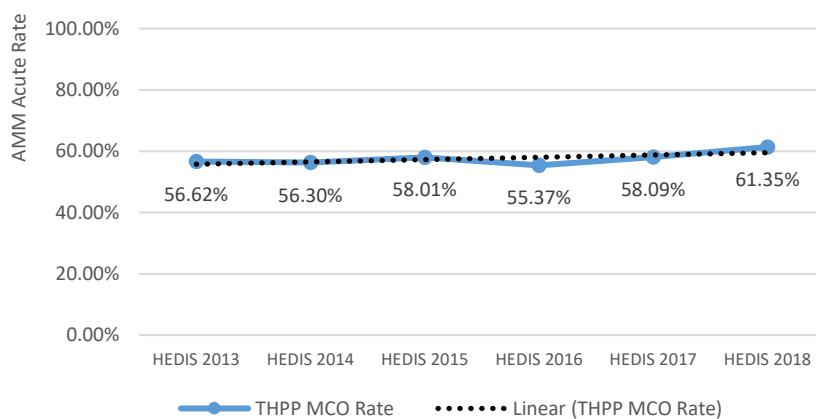
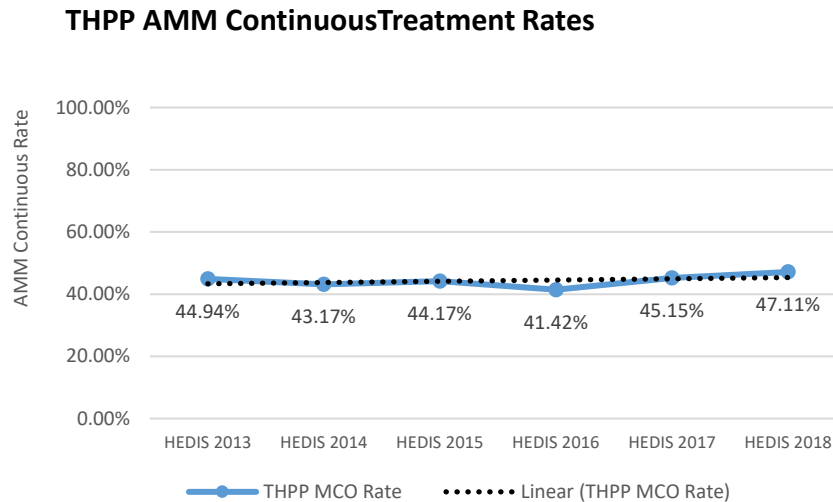
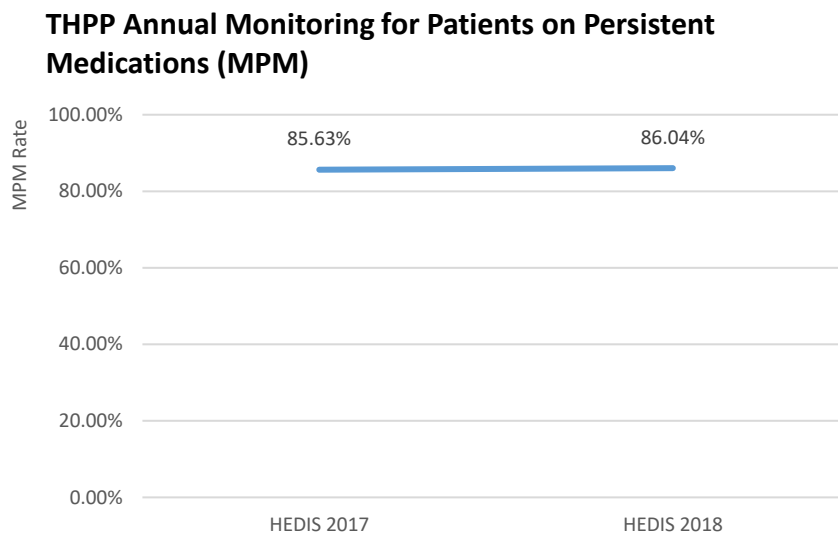


Exhibit 31: THPP AMM Continuous Treatment Rates



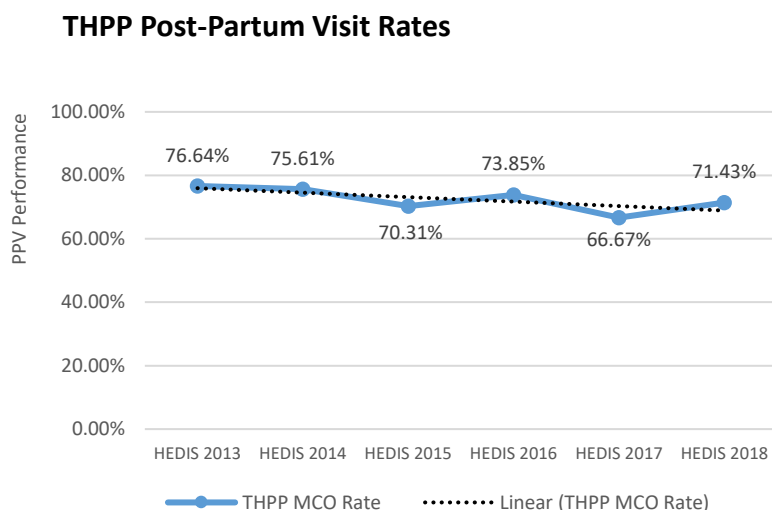
Annual Monitoring for Patients on Persistent Medications (MPM) – In HEDIS® 2018, THPP’s MPM rate of 86.04% is between the 25th and 33rd Quality Compass 2018 percentiles. This represents a statistically insignificant increase of 0.41 percentage points from its HEDIS® 2017 rate of 85.63%.

Exhibit 32: THPP MPM Rates



Postpartum Visit Rate (PPV) - In HEDIS® 2018, the rate of 73.97% represents a statistically significant increase of 4.76 percentage points over HEDIS® 2017 (66.67%). Tufts Health Public Plans’ rate is between the Quality Compass 2018 50th and 67th percentiles.

Exhibit 33: THPP PPV Rates



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 claims forms. Most claims were submitted electronically to THPP, 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. **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 the state 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. THPP provided daily enrollment files to CVS Caremark. There were no issues identified with enrollment processes.

3. **Medical Record Review.** THPP used GDIT's MedCapture software to produce the postpartum component of the Prenatal and Postpartum Care measure. 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 for the postpartum measure.
4. **Supplemental Data.** THPP used multiple standard supplemental data sources, including electronic medical record data from many entities. 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 this 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. File consolidations, derivations, and extracts were accurate. GDIT's repository structure was compliant. HEDIS® measure report production was managed effectively. 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 its vendor, GDIT. There were no issues identified with data integration processes.

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

Review of MCO's Final HEDIS® 2018 Compliance Audit Report

Name of Auditing Firm: Attest Health Care Advisors

Date Distributed: 7/10/2018

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.
Practitioner Data	Practitioner data related to performance measure production was adequate to support reporting.
Medical Record review	Medical record tools, training materials, medical record process, and quality monitoring met requirements. Plan 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 the postpartum component of the Prenatal and Postpartum Care measure. THPP used GDIT's MedCapture software to produce the postpartum component of the Prenatal and Postpartum Care measures. The plan retrieved and abstracted the medical records. Because no issues were identified with Medical Record Review for the postpartum measure, KEPRO did not sample any medical records.

Compliance with NCQA Specifications

Measure-Specific Validation Designation		
Performance Measure	Validation Designation	Definition
Antidepressant Medication Management (AMM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Annual Monitoring for Patients on Persistent Medications (MPM)	Valid measure (no bias)	Measure data were compliant with NCQA specifications, and the data, as reported, were valid.
Postpartum Care component of Prenatal and Postpartum Care (PPC)	Valid measure (no bias)	Measure data were compliant with NCQA specifications and the data, as reported, were valid.

Follow Up to Calendar Year 2017 Recommendations

CMS requires that EQROs follow up on the status of recommendations made in the prior reporting year. An update on calendar year 2017 PMV recommendation follows:

Calendar Year 2017 Recommendation	Update
Focus on quality improvement initiatives for the Annual Monitoring for Patients on Persistent Medications measure.	No HEDIS® Roadmap 2018 material or other documents were provided to indicate that THPP conducted any quality improvement initiatives for this measure.
Determine and intervene on root cause(s) for the postpartum care rate decrease.	The postpartum care rate was successfully improved.

Strengths:

- THPP used an NCQA-certified vendor.
- THPP had adequate staff members with subject matter expertise to manage and report valid performance measure rates.
- THPP is in full Information Systems compliance for PMV reporting.

Opportunities:

- Focus on quality improvement initiatives for the Annual Monitoring for Patients on Persistent Medications measure.

Section 6. Performance Improvement Project Validation



Introduction

SECTION 6. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

METHODOLOGY

KEPRO evaluates each Performance Improvement Project (PIP) to determine whether the organization selected, designed, and executed the projects in a manner consistent with CMS EQR Protocol 3. It also determines whether the projects have achieved or likely will achieve favorable results.

In 2018, the MCO PIP review was a three-step process:

- 1) **PIP Questionnaire.** The MCO submits a completed questionnaire for each PIP. This questionnaire requests a project goal, a description of associated interventions, and a description of the performance measures being used to assess the effectiveness of these interventions. The plan describes its data analysis plan, results, and next steps.
- 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 questionnaire. The Medical Director's focus is on proposed or implemented clinical interventions.
- 3) **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 KEPRO.

MassHealth selects the topics of the Performance Improvement Projects; plans are given the discretion to design interventions appropriate to their population. Each MCO was required to conduct a project to increase the number of members receiving treatment within the specifications of the antidepressant medication management (AMM) HEDIS® measure and increase the number of childbearing women who attend a postpartum visit. Because it does not enroll pregnant women, CultiCare undertook a diabetes disease management project.

The performance improvement projects described have concluded after several years of remeasurement. In 2018, MassHealth underwent restructuring in 2018 resulting in significant changes to plan member populations, the introduction of accountable care models, and a re-procurement of MCOs. Recommendations are not being presented for those plans whose Managed Care Organization contracts with MassHealth on February 28, 2019. Performance Improvement Projects are an ongoing requirement for managed care entities. Lessons learned from MCO remeasurement cycles have been applied in the redesign of future reporting.

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.

IMPROVING THE ANTIDEPRESSANT MEDICATION MANAGEMENT RATE: A COMPARATIVE ANALYSIS

2017 INTERVENTIONS

Member-Focused

- The plan distributes brochures and letters to members with a new antidepressant medication prescription and a diagnosis of depression. These materials are printed in both English and Spanish. (CeltiCare)
- The plan conducted Medical Record Reviews to identify the root-cause for medication non-adherence. (Health New England)
- Members were surveyed for ideas about how the plan could better educate members around the importance of taking their antidepressant medications. (Neighborhood Health Plan)

Provider-Focused

- A one-page educational fact sheet that incorporated feedback from stakeholders and record review findings was distributed to providers. This fact sheet is shared at quarterly face-to-face meetings with behavioral health providers. (Health New England)
- Low-performing and shared-savings sites received tools and presentations about the importance of appropriately diagnosing depression as well as AMM compliance at monthly face-to-face meetings. (Neighborhood Health Plan)
- The plan obtained continuing medical education credits for physicians to participate in an online AMM training. (Neighborhood Health Plan)

Care Management

- Care management staff received training in Motivational Interviewing. (CeltiCare, Fallon, Health New England, Tufts Health Public Plan)
- The plan implemented a collaborative care model with pharmacy and behavioral health staff assisting with patient engagement. (CeltiCare)

- Care management staff collected information about social determinants of health as part of the health needs assessment. This information was incorporated into the individualized care plan. (Health New England)
- A bilingual text reminder program emphasizing the importance of follow-up care and the importance of medication was instituted. (Neighborhood Health Plan)
- Beacon's Psychotropic Drug Intervention Program (PDIP) identified members with a depression diagnosis newly prescribed an antidepressant medication. Beacon staff conducted outreach to members to offer support and education and to reduce or remove barriers. (Neighborhood Health Plan)

Systems & Operations

- The member assessment was integrated in the care management system. (Fallon Health)
- Staff reached out to PCP offices to obtain missing demographic information. (Fallon Health)
- The member assessment was modified to capture more data related to when a member receives a diagnosis of depression, medical comorbidities, and barriers to adherence the member may be experiencing. (Tufts Health Public Plan)

The table below depicts the type of intervention undertaken by the plans.

Exhibit 34: 2017 Intervention Type by Managed Care Organization

	BMCHP	CEL	FAL	HNE	NHP	THPP
Member-Focused	X	X		X	X	
Provider-Focused Education				X	X	
Care Management	X	X	X	X	X	X
Systems & Operations			X			X

RESULTS

The AMM measure assesses adults 18 years of age and older with a diagnosis of major depression, who were newly treated with antidepressant medication and remained on their antidepressant medications. Two rates are reported:

1. **Effective Acute Phase Treatment:** Adults who remained on an antidepressant medication for at least 84 days (12 weeks).
2. **Effective Continuation Phase Treatment:** Adults who remained on an antidepressant medication for at least 180 days (6 months).

The tables that follow depict MCO performance on the AMM measures in HEDIS® 2018. As previously mentioned, these data reflect 2017 performance. Please note that CeltiCare did not submit its rates to HEDIS®, and its rate is not available.

Exhibit 35: HEDIS® 2018 AMM Acute Treatment Rates by MCO

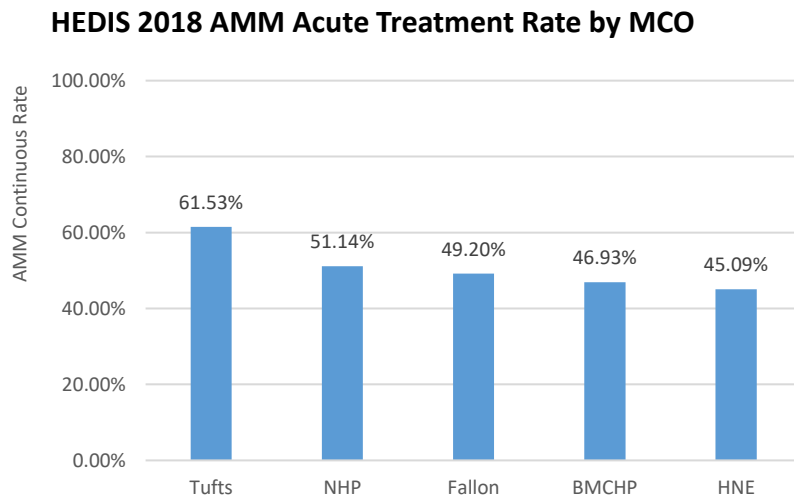
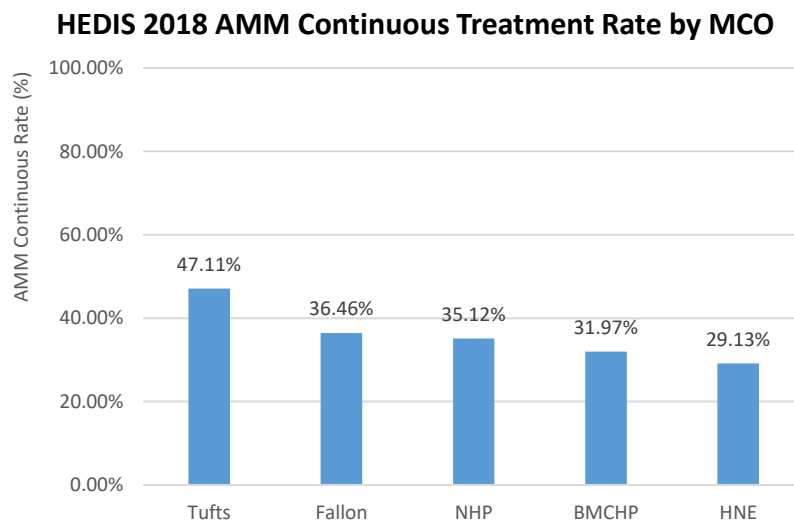


Exhibit 36: HEDIS® 2018 AMM Continuous Treatment Rates by MCO



The tables that follow depict trended AMM performance by MCO. The performance trend line and the plan's Quality Compass 2018 percentile ranking are included for comparison purposes.

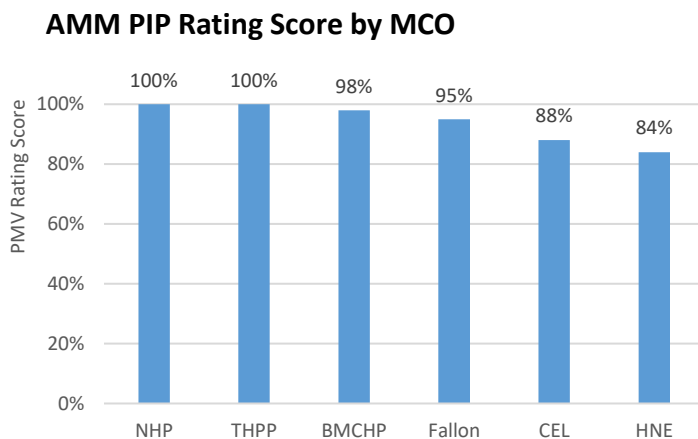
Exhibit 37: Trended AMM Acute Treatment Performance by MCO

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	QC 2018 Percentile Ranking
AMM Acute (%)	BMCHP	42.35%	44.25%	44.85%	44.74%	46.93%	↔	10th – 25th
	Fallon	38.80%	51.23%	49.73%	51.74%	49.20%	↑	25th - 33rd
	HNE	39.31%	47.11%	46.12%	42.55%	45.09%	↓	10th – 25th
	NHP	45.71%	48.47%	48.96%	50.93%	51.14%	↑	33rd – 50th
	Tufts	56.30%	58.01%	55.37%	58.09%	61.53%	↑	75th – 90th

Exhibit 38: Trended AMM Continuous Treatment Performance by MCO

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Linear Performance Trend Line	QC 2018 Percentile Ranking
AMM Continuous (%)	BMCHP	28.92%	30.02%	30.97%	31.59%	31.97%	↔	10th – 25th
	Fallon	22.00%	32.43%	26.67%	28.60%	36.46%	↔	5th – 10th
	HNE	28.64%	32.63%	29.93%	28.05%	29.13%	↓	5th – 10th
	NHP	31.24%	33.61%	33.77%	34.60%	35.12%	↑	33rd – 50th
	Tufts	43.17%	44.17%	41.42%	45.15%	47.11%	↔	75th – 90th

The chart that follows depicts the Performance Improvement Project rating score received by each MCO. 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 all points received by the sum of all available points. This ratio is presented as a percentage.

Exhibit 39: MCO AMM PIP Rating Scores by MCO

PLAN-SPECIFIC ANTIDEPRESSANT MEDICATION MANAGEMENT PIPS

All MassHealth MCOs conducted PIPs targeted at improving AMM performance.

BOSTON MEDICAL CENTER HEALTHNET (BMCHP)

2017 Interventions

- The plan distributes brochures and letters to members with a new antidepressant medication prescription and a diagnosis of depression. These materials are printed in both English and Spanish.
- BMCHP's medical care managers offered behavioral health services to members with diabetes or asthma that are non-compliant with antidepressant medications.
- A member survey was developed and implemented in May 2017 to understand barriers and experience with managing medications by the Hispanic population. The Plan's Quality Outreach Coordinator made outreach calls to Hispanic members diagnosed with major depression and newly treated with antidepressant medication. Both adherent and non-adherent members were included in the survey. To encourage participation, members who completed the telephone survey were offered a \$30 CVS gift card.
- Members newly prescribed an SSRI by a primary care provider at Boston Medical Center were contacted by pharmacy staff, educated on the importance of compliance with antidepressant medications, reminded of refills, and the option of having prescriptions mailed to their home to reduce adherence barriers.
- Members who filled an SSRI medication within the previous two weeks received an outreach call to address any questions or barriers to taking the medication. Members were educated on the importance of working with their doctors before discontinuing a medication.

Results

The tables that follow depict BMCHP's performance on the two HEDIS® Antidepressant Medication Management rates compared to its goal. BMCHP's 46.93% 2018 AMM Acute rate represents a statistically significant 2.19% percentage point increase from its HEDIS® 2017 44.74% rate ($p < 0.05$). The AMM Continuous Treatment rate, 31.97%, is a statistically insignificant increase of 0.38% percentage points from the 31.59% HEDIS® 2017 rate. BMCHP fell 3.58 percentage points short of its goal for the Acute Treatment rate and 2.05 percentage points short of its Continuous Treatment rate goal.

Exhibit 40: BMCHP AMM Acute Treatment Rates Compared to Goal

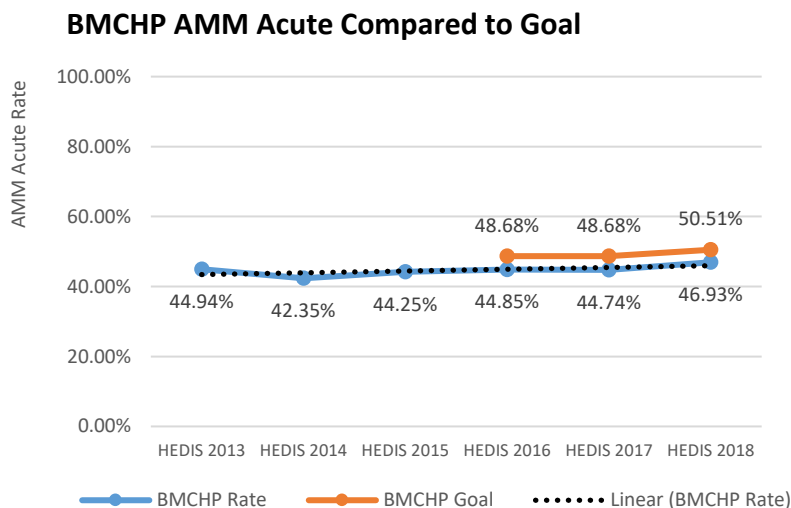
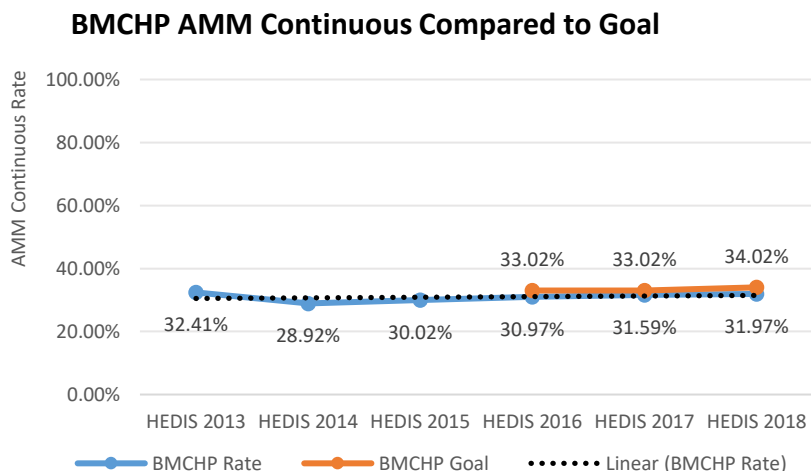


Exhibit 41: BMCHP AMM Continuous Treatment Rates Compared to Goal



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 98% on its AMM PIP.

Exhibit 42: BMCHP AMM PIP Scores

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project

score is a ratio of the total points received to the total points possible based on the number of scored standards. BMCHP's AMM Performance Improvement Project received a score of 98%.

Exhibit 43: BMCHP's AMM PIP Score

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	21	3	63
Total Standards Scored No	0	1	0
Total Standards Scored Partial	1	2	2
Total Points Scored			65
Total Possible Points			66
Rating			98%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to BMCHP follows:

Calendar Year 2017 Recommendation	2018 Update
KEPRO strongly recommends that BMCHP solicit structured and regular feedback from members and providers in the design and refinement of its interventions.	BMCHP reported that two provider groups were contacted to discuss current practices, performance, and barriers with antidepressant medications adherence. Providers said that members stop taking medications due to side effects, cultural beliefs, substance abuse comorbidities, no noticeable improvement in symptoms, and competing priorities due to unstable living situations. Both locations have bilingual providers and complete cultural competency training on an annual basis. BMCHP shared performance data and a copy of the member AMM mailing. BMCHP did not discern any findings that could be used to inform or strengthen intervention strategies.

Plan and Project Strengths

- BMCHP's clinical informatics staff appears to be well-resourced.
- BMCHP is commended for implementing a wide range of interventions affecting both members and providers.

- BMCHP is commended for its use of pharmacy staff to educate members.
- BMCHP attained its goal for AMM Continuous Treatment performance and achieved statistically significant improvement in the AMM Acute Treatment rate.
- BMCHP is commended for its survey of members assessing the effectiveness of the text messaging campaign.

Opportunities

- None identified.

Recommendations

- KEPRO endorses BMCHP's plan to probe the root cause of disparity among the Hispanic membership.

2017 Interventions

- The plan distributed brochures and letters to members with a new antidepressant medication prescription and a diagnosis of depression. These materials were printed in both English and Spanish.
- Care management staff received training in Motivational Interviewing.
- The plan implemented a collaborative care model with pharmacy and behavioral health staff assisting with patient engagement.

Results

The charts that follow depict CeltiCare's AMM Acute and Continuous performance over time. The AMM Acute rate increased a statistically insignificant 0.05 percentage points between HEDIS® 2017 and HEDIS® 2018, from 47.56% to 47.61%. The plan fell 6.39 percentage points short of its 54.00% performance goal. The HEDIS® 2018 AMM Continuous rate of 34.33% represents a 3.17 percentage point increase from HEDIS® 2017. The plan fell 3.67 percentage points short of its 38.00% goal.

Exhibit 44: CeltiCare AMM Acute Treatment Rates Compared to Goal

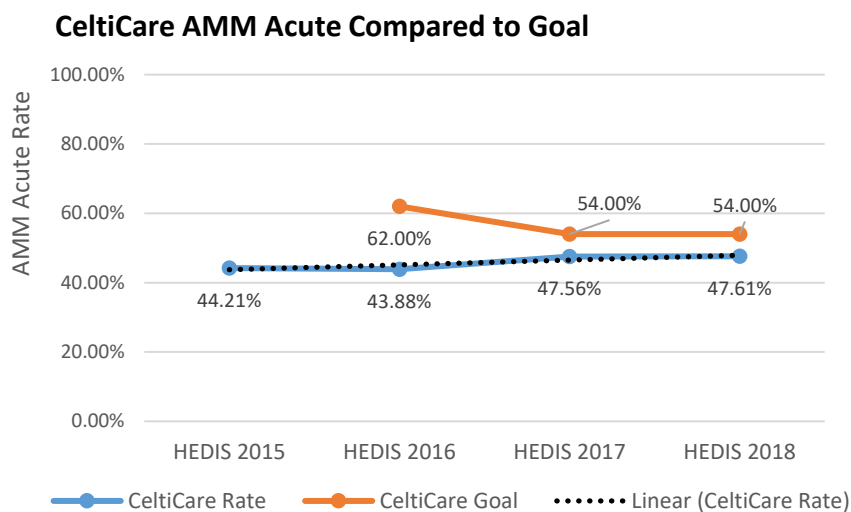
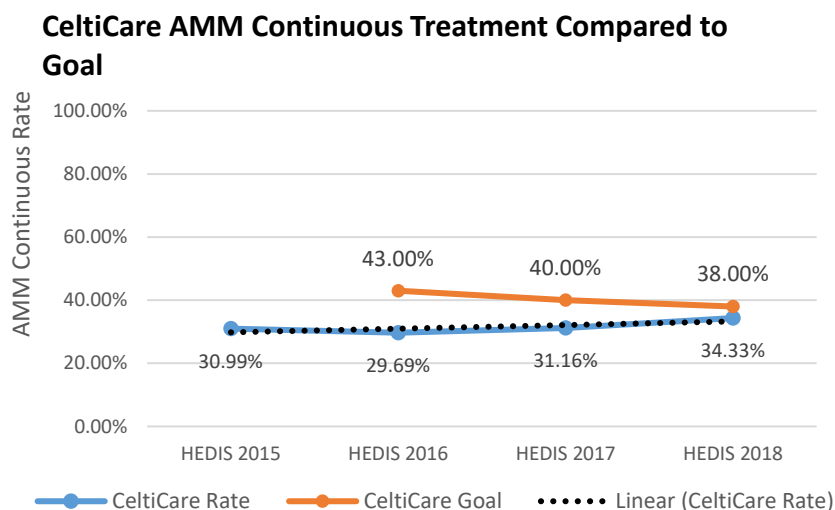


Exhibit 45: CeltiCare AMM Continuous Treatment Rates Compared to Goal



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. CeltiCare received a rating score of 88% on its AMM PIP.

Exhibit 46: CeltiCare AMM PIP Scores

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. CeltiCare's AMM Performance Improvement Project received a score of 88%.

Exhibit 47: CeltiCare AMM PIP Score

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	17	3	51
Total Standards Scored No	3	1	3
Total Standards Scored Partial	2	2	4
Total Possible Points			66
Total Points Scored			58
Rating			88%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to CeltiCare follows:

Calendar Year 2017 Recommendation	2018 Update
Provide tips for adherence to medication for members.	CeltiCare developed a member mailing containing this information in English and Spanish.
Provide information about how long it will take before the member feels better, and about the need for dosage adjustment.	CeltiCare developed a member mailing containing this information in English and Spanish.
Consider contacting a provider when a medication refill gap is noted, or sending a notice to providers when gaps are noted.	CeltiCare distributed quality report cards to physicians and prescribers.

Plan and Project Strengths

- Community providers are members of the Quality Improvement Committee.
- CeltiCare's quality management analytics function appears to be well-resourced.
- CeltiCare is commended for training its care managers in Motivational Interviewing.

Opportunities

- CeltiCare identified young males as being the most non-adherent population. Ideally, interventions designed to engage this population should have been implemented.

FALLON HEALTH MCO

2017 Interventions

- Care management staff received training in Motivational Interviewing.
- The member assessment was integrated in the care management system.
- Staff reach out to PCP offices to obtain missing demographic information.

Results

The charts that follow depict Fallon Health's AMM Acute and Continuous performance over time. The AMM Acute Treatment rate decreased a statistically insignificant 2.54 percentage points between HEDIS® 2017 and 2018, from 51.74% to 49.20%. It fell 7.03 percentage points short of its 56.23% goal. The Continuous Treatment rate increased a statistically significant 7.86 percentage points, from 28.60% in HEDIS® 2017 to 36.46% in HEDIS® 2018. This rate fell 0.97 percentage points short of its 37.43% goal.

Exhibit 48: Fallon AMM Acute Treatment Rates Compared to Goal

FH MCO AMM Acute Treatment Rates Compared to Goal

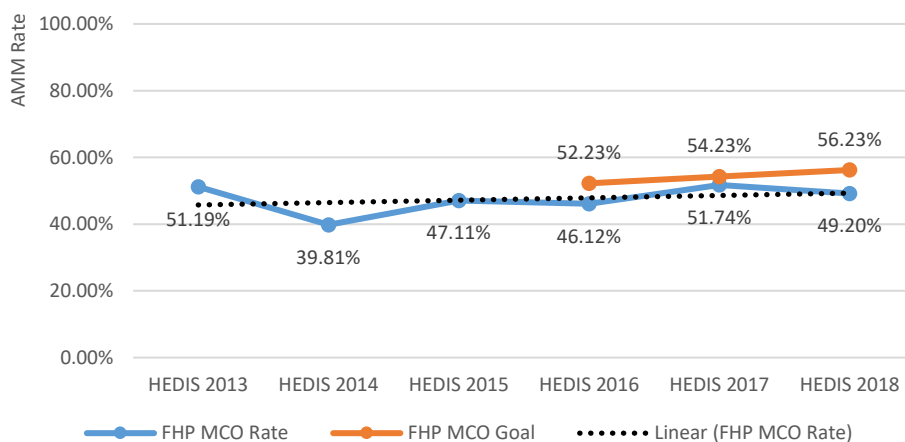
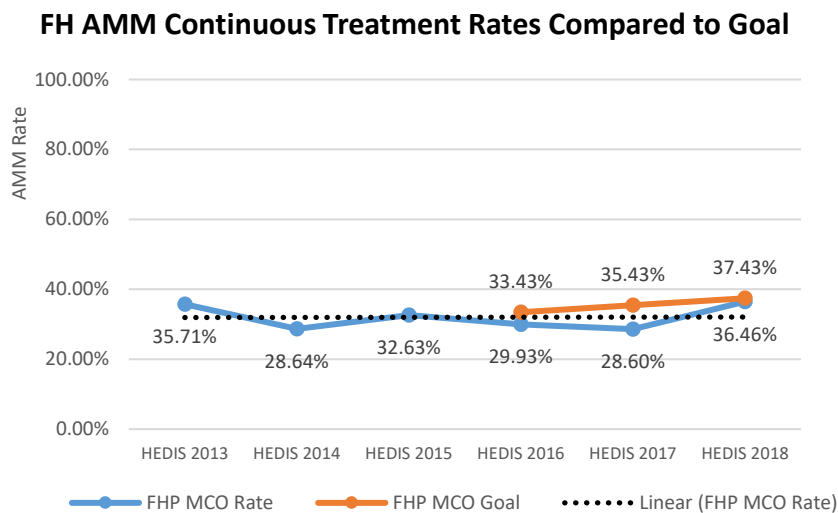


Exhibit 49: Fallon AMM Continuous Treatment Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Fallon Health's AMM Performance Improvement Project received a score of 95%.

Exhibit 50: Fallon Health AMM PIP Score

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	20	3	60
Total Standards Scored No	1	1	1
Total Standards Scored Partial	1	2	2
Total Points Scored			63
Total Possible Score			66
Rating			95%

Updates on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Fallon Health follows:

Calendar Year 2017 Recommendation	2018 Update
Soliciting member feedback could lead to further improvements.	Fallon did not provide evidence of stakeholder involvement.
KEPRO recommends that Fallon consider adding other media for outreach, such as phone apps and text messages.	Fallon did not provide evidence of related activity.

Plan & Project Strengths

- Fallon is commended for its use of Google Analytics to obtain data about access to the PCP toolkit webpage.
- Member materials are available in multiple languages.
- Fallon is commended for reaching out to PCP offices to obtain missing member demographic information.
- The cumulative effect of improvements made to the member outreach program resulted in a 2.97 percentage point increase in the successful engagement of members.
- Fallon continues to make statistically significant improvements in its AMM Continuous Treatment rates.

Opportunities

- None identified.

HEALTH NEW ENGLAND

2017 Interventions

- A one-page educational fact sheet that incorporated feedback from stakeholders and record review findings was distributed to providers. This fact sheet is shared at quarterly face-to-face meetings with behavioral health providers. (Health New England)
- Care management staff collect information about social determinants of health as part of the health needs assessments inclusive of subcultural differences related to understanding and managing depression. (Health New England)

Results

Health New England's AMM Acute Treatment rate increased a statistically insignificant 2.54 percentage points, from 42.55% in HEDIS® 2017 to 45.09% in HEDIS® 2018. The Continuous Treatment rate decreased 0.80 percentage points, 29.93% to 29.13%, which is also statistically insignificant. Both AMM rates are between the 5th and 10th percentiles of the Quality Compass 2018, and both are trending downward. HNE's Acute Treatment performance rate fell 19.63 percentage points short of its 64.72% goal. There was a 20.49 percentage point difference between HNE's Continuous Treatment rate (29.13%) and its performance goal (49.62%).

Exhibit 51: Health New England's AMM Acute Treatment Rates Compared to Goal

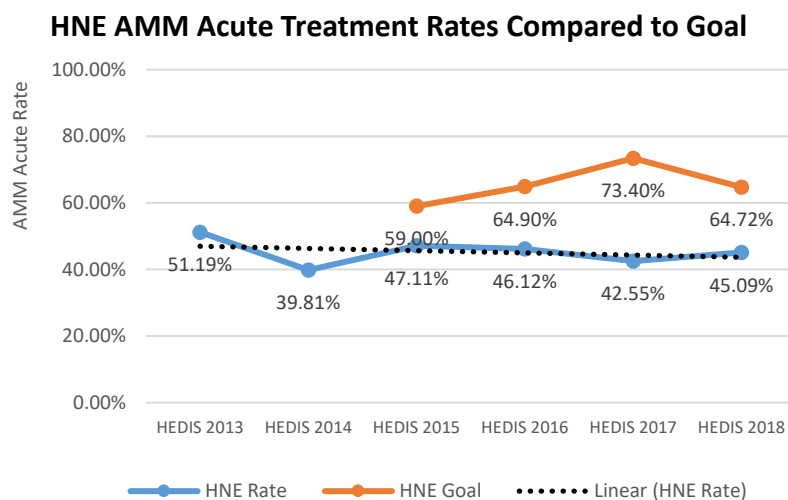
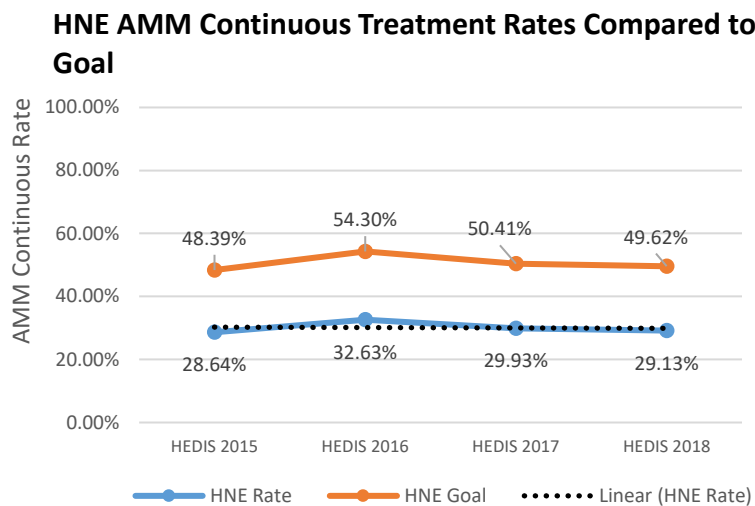


Exhibit 52: Health New England's AMM Continuous Treatment Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Health New England's AMM Performance Improvement Project received a score of 84%.

Exhibit 53: HNE AMM PIP Score

Total Standards Scored	21		
		Point Value	Points Scored
Total Standards Scored Yes	15	3	45
Total Standards Scored No	4	1	4
Total Standards Scored Partial	2	2	4
Total Points Scored			53
Total Points Possible			63
Rating			84%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Health New England follows:

Calendar Year 2017 Recommendation	2018 Update
HNE needs to review and consider how it designs its PIPs, including how it designs and implements interventions, and how it allocates staff resources and management expertise to the oversight and guidance of these projects.	HNE's interventions continued to reach only a small number of members.
KEPRO recommends that HNE partner with an NCQA medical home and large pharmacy once the reasons for medication non-adherence have been determined to improve medication adherence for antidepressant medication. Because face-to-face education is generally more effective than brochures and newsletters, it is recommended that HNE report on its in-office provider interface.	HNE did not provide evidence of related activity.
KEPRO recommends monitoring member and provider access to the HNE and Beacon websites.	HNE did not provide evidence of the implementation of this recommendation.
KEPRO recommends that HNE use the race, ethnicity, and language (REL) data available in its MassHealth eligibility data files, and continuously work to improve its collection of REL data.	HNE continued to have a high rate of members whose REL data is unknown.

Plan and Project Strengths

- The stakeholder analysis prepared by HNE's behavioral health partner, MBHP, was a best practice model.
- HNE is to be commended for collecting information about member Social Determinants of Health as part of the assessment process.
- HNE is to be commended for assessing members' subcultural differences related to understanding and managing depression.

Opportunities

- HNE's AMM rates have decreased since the 2014 baseline.

NEIGHBORHOOD HEALTH PLAN (NHP)

2017 Interventions

- Members were surveyed for ideas about how the plan could better educate members about the importance of taking their antidepressant medications.
- Low-performing and shared-savings sites received tools and presentations about the importance of appropriately diagnosing depression as well as AMM compliance at monthly face-to-face meetings.
- The plan obtained continuing medical education credits for physicians to participate in an online AMM training.
- A bilingual text reminder program emphasizing the importance of follow up care and the importance of medication was instituted.
- Beacon's Psychotropic Drug Intervention Program (PDIP) identified members with a depression diagnosis newly prescribed an antidepressant medication. Beacon staff conducted outreach to members to offer support and education and to reduce or remove barriers.

Results

NHP's AMM Acute Treatment performance increased a statistically insignificant 0.21 percentage points between HEDIS® 2017 (50.93%) and HEDIS® 2018 (51.14%). The Continuous Treatment rate increased a statistically insignificant 0.52 percentage points in that same period, from 34.60% to 35.12%. Both the Acute and Continuous Treatment rates rank between the 33rd and 50th percentiles of the Quality Compass 2018. NHP did not meet its Acute Treatment goal by only 0.75 percentage points. Similarly, it did not meet its Continuous Treatment goal by only 1.07 percentage points.

Exhibit 54: NHP AMM Acute Treatment Rates Compared to Goal

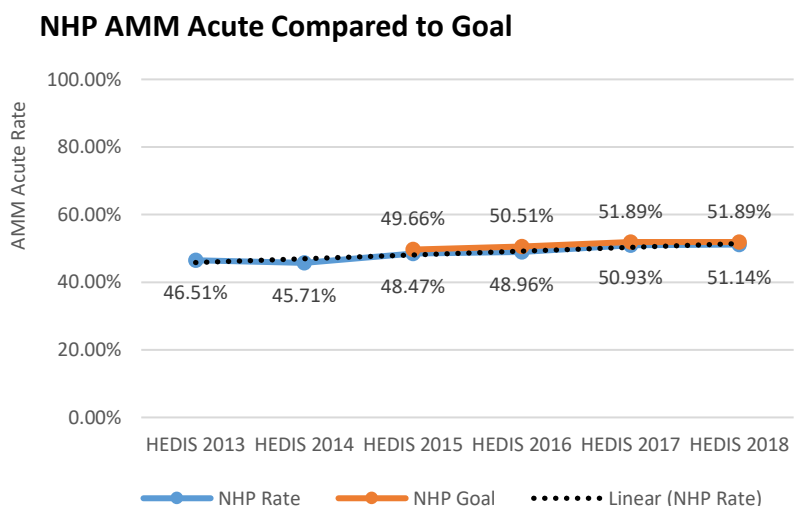
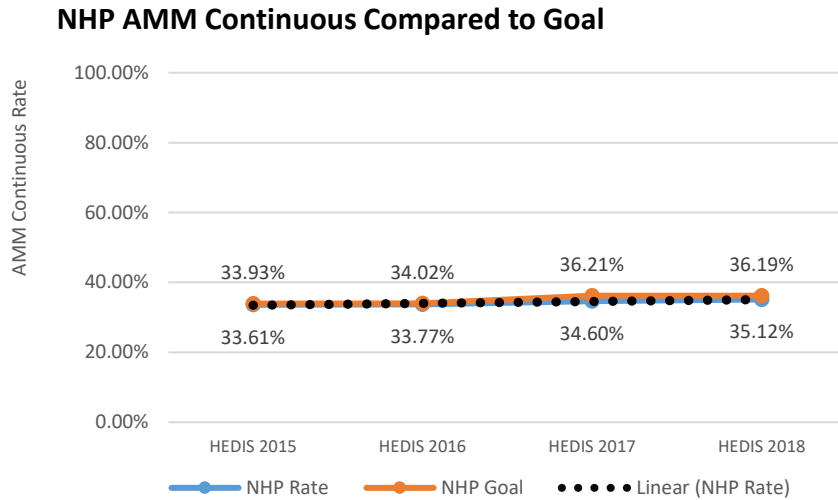


Exhibit 55: NHP AMM Continuous Treatment Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Neighborhood Health Plan's AMM Performance Improvement Project received a score of 100%.

Exhibit 56: NHP's AMM PIP Scores

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	22	3	66
Total Standards Scored No	0	1	0
Total Standards Scored Partial	0	2	0
Total Points Scored			66
Rating			100%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to NHP follows:

Calendar Year 2017 Recommendation	2018 Update
KEPRO suggests that NHP consider a text messaging campaign with tips for medication adherence and making those text messages available in languages other than English.	NHP implemented a bilingual text message campaign in 2017.
KEPRO encourages NHP to formalize feedback from members and providers through surveys and advisory meeting minutes.	NHP surveyed members for ideas on how NHP and Beacon could better educate members about the importance of taking antidepressant medications.
KEPRO encourages NHP to continue to look for any evidence-based interventions that are applicable to medication adherence, as well as continue to solicit feedback from providers about how NHP can engage and support them in this effort to improve medication adherence rates.	NHP did not provide evidence of related activity.
Any materials sent directly to members should have the benefit of pre-review by a panel of members who can give ideas about the usefulness and readability of the materials.	NHP did not provide evidence of related activity.

Plan and Project Strengths

- NHP is commended for its use of an electronic bulletin board, Neighborhood Green, for gathering member input and conducting small tests of change.
- Neighborhood Health Plan is commended for its success in obtaining Continuing Education Units for providers participating in plan-sponsored training.
- NHP is commended for its strategy of targeting low-performing providers for improvement.
- NHP's AMM performance has been trending up for five years.

Opportunities

- None identified.

TUFTS HEALTH PUBLIC PLANS

2017 Interventions

- Care management staff received training in Motivational Interviewing.
- The member assessment was modified to capture more data related to when a member receives a diagnosis of depression, medical comorbidities, and barriers to adherence the member may be experiencing.

Results

Both the THPP Acute and Continuous AMM rates increased statistically significantly between HEDIS® 2017 and HEDIS® 2018. The Acute Treatment rate, 61.35%, represents an increase of 3.26 percentage points ($p < 0.005$) from the 58.09% HEDIS® 2017 rate. THPP's Acute Treatment rate exceeded its 59.17% goal by 2.18 percentage points. The Continuous Treatment rate, 47.11%, represents a 1.96 percentage point increase ($p < 0.05$) from the HEDIS® 2017 rate of 45.15%. The Continuous Treatment rate exceeded THPP's 45.05% goal by 2.06 points.

Exhibit 57: THPP AMM Acute Treatment Rates Compared to Goal

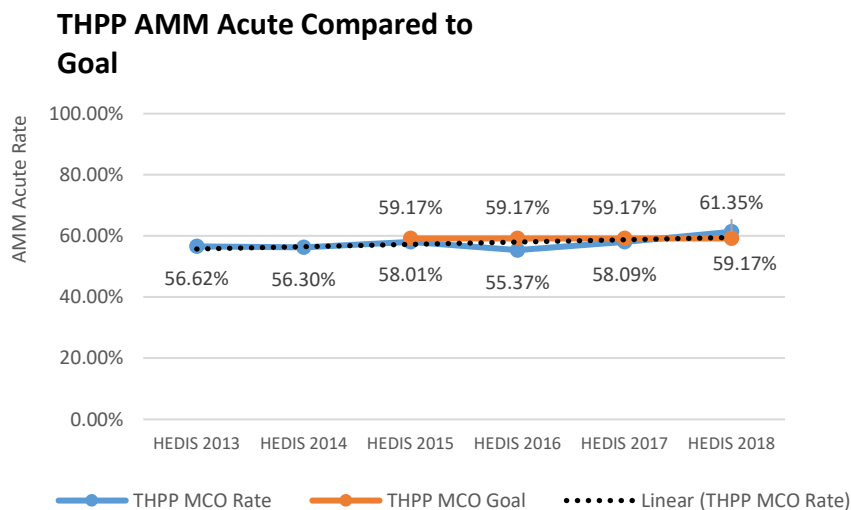
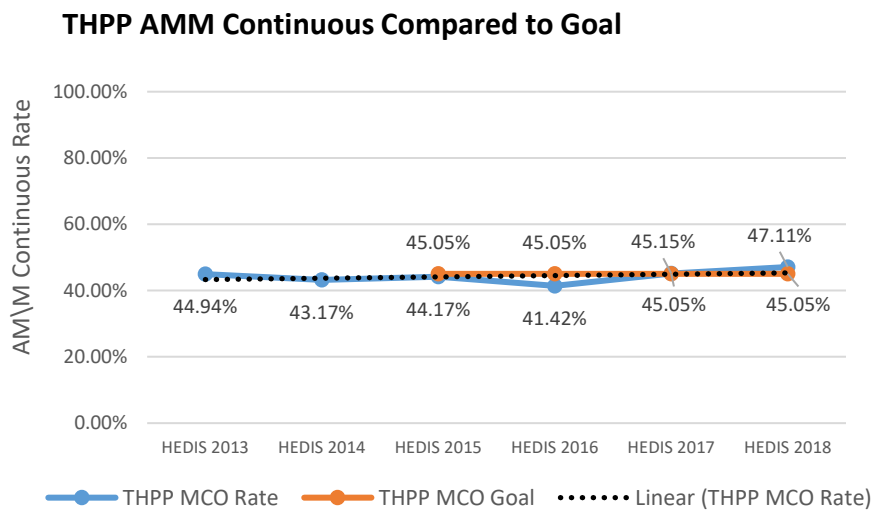


Exhibit 58: THPP AMM Continuous Treatment Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Tufts Health Public Plans' AMM Performance Improvement Project received a score of 100%.

Exhibit 59: THPP's AMM PIP Scores

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	22	3	66
Total Standards Scored No	0	1	0
Total Standards Scored Partial	0	2	0
Total Possible Points			66
Total Points Scored			66
Rating			100%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Tufts follows:

Calendar Year 2017 Recommendation	2018 Update
<ul style="list-style-type: none">While THPP has presented a highly commendable stratification of all members with depression and its qualified PIP members relative to adherence and non-adherence, KEPRO recommends that THPP present a more detailed list of conclusions and take-aways as these conclusions relate to and inform its intervention strategies.	THPP did not present such an analysis.
<ul style="list-style-type: none">KEPRO recommends that THPP consider strategies to increase the number of members engaged by this intervention and to assess the effectiveness of this engagement.	THPP did not present evidence of this activity.

Plan and Project Strengths

- THPP is commended for instituting mandatory cultural competency training.
- Tufts is commended for training care managers in Motivational Interviewing.
- Tufts is commended for modifying the outreach program to correct for the identification of members prescribed antidepressants for diagnoses other than depression.
- Both the AMM Acute Treatment and Continuous Treatment rates increased statistically significantly.

Opportunities

- None identified.

INCREASING THE RATE OF POSTPARTUM VISITS: COMPARATIVE ANALYSIS

2018 INTERVENTIONS

The table that follows depicts 2017 PPV interventions by type for MassHealth MCOs.

Exhibit 60: 2017 PPV Intervention Type by MCO

	BMCHP	Fallon	HNE	NHP	THPP
Care Management	X	X	X	X	X
Incentive Programs	X				
Member Education	X	X		X	X
Provider Education		X			
Staff Education					X
Internal Systems	X	X			

Care Management

- The Doula⁴ by My Side program was expanded to serve pregnant women in all of Suffolk County, most towns in Norfolk County, and in a number of towns adjacent to the contracted regions. It had already operated in Worcester and Suffolk Counties. In this program, a doula provides expectant mothers with education, assistance, guidance, and support as needed. (Tufts Health Public Plans)
- The care management program focuses on highest-risk expectant mothers and mothers of preterm newborns. (all MCOs)

Incentive Programs

- Members who confirmed attendance at a postpartum visit 21-56 days after delivery were mailed a box of diapers. (BMC HealthNet)

Member Education

- A bilingual text-messaging outreach campaign was implemented. (Neighborhood Health Plan)

⁴ A doula is a trained professional who provides nonmedical care including education, household organization, and general support before and after the birth of a child.

- The plan conducts outreach and education by mail (a welcome baby card) and/or phone (a telephonic postpartum follow-up assessment). (BMC HealthNet, Fallon Health, Tufts Health Public Plans)

Provider Education

- The plan conducted provider education about the importance of postpartum services. (Fallon Health)

Staff Education

- Care management staff were trained in Motivational Interviewing. (Tufts Health Public Plans)

Internal System Changes

- The Welcome Home Assessment was integrated into the care management system. Also incorporated was the PHQ-2 with automated scoring. (Fallon Health)
- Providers were encouraged to submit ACOG prenatal care forms to the plan after the first prenatal visit to assist in the early identification of pregnant women and appropriate care management outreach. (BMC HealthNet)

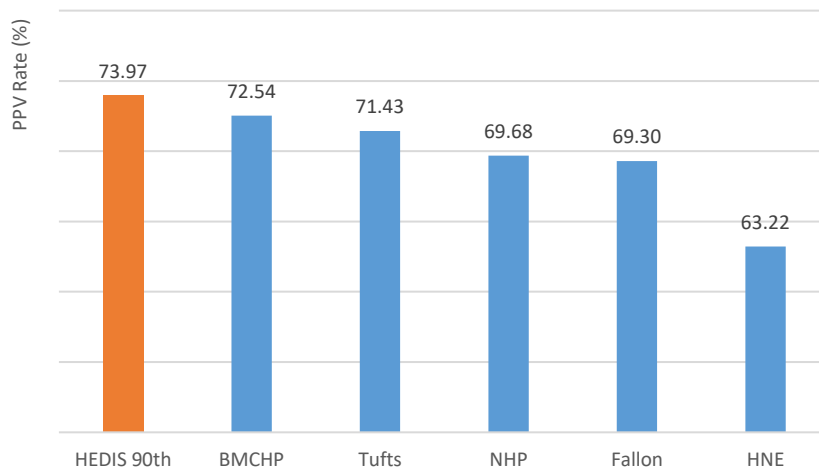
RESULTS

The HEDIS® postpartum visit rate can be described as a ratio of postpartum visits for a pelvic exam or postpartum care on or between 21 and 56 days after delivery to a sample of live births, as documented through either administrative data or Medical Record Review. The exhibits that follow depict MCO performance on the HEDIS® 2018 postpartum visit rate.

A chart that depicts the postpartum visit rate by MCO follows.

Exhibit 61: HEDIS® 2018 Postpartum Visit Rate by MCO

HEDIS® 2018 Postpartum Visit Rate by MCO



The table below depicts trended PPV performance by MCO.

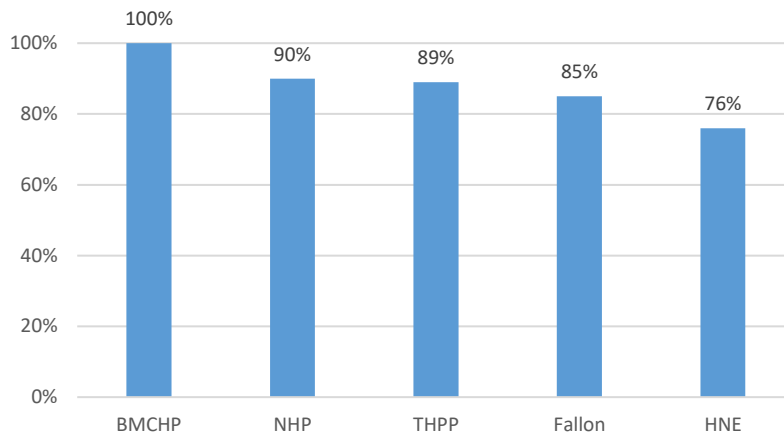
Exhibit 62: Trended MCO PPV Rates

		HEDIS® 2014	HEDIS® 2015	HEDIS® 2016	HEDIS® 2017	HEDIS® 2018	Trend Line	2017 QC Percentile Ranking
PPV Acute (%)	HEDIS® 90 th	74.03%	72.43%	73.61%	73.67%	73.97%		
	BMCHP	69.58%	71.55%	66.94%	72.59%	72.54%	↑	75th – 90th
	Fallon	76.63%	64.92%	73.39%	71.88%	69.30%	↓	75th – 90th
	HNE	76.03%	79.92%	72.27%	70.15%	63.22%	↓	75th – 90th
	NHP	65.85%	67.29%	68.19%	65.79%	69.68%	↔	50th – 66th
	Tufts	75.61%	70.31%	73.85%	66.67%	71.54%	↑	50th – 66th

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 received. This ratio is presented as a percentage. MCO rating scores follow.

Exhibit 63: 2018 PPV PIP Rating Scores by MCO

2018 PPV PIP Rating Score by MCO



PLAN-SPECIFIC POSTPARTUM CARE PERFORMANCE IMPROVEMENT PROJECTS

Boston Medical Center HealthNet, Fallon Health's MCO, Health New England, Neighborhood Health Plan, and Tufts Health Public Plans participated in PIPs targeted at improving the rate at which women attend postpartum visits.

BOSTON MEDICAL CENTER HEALTHNET

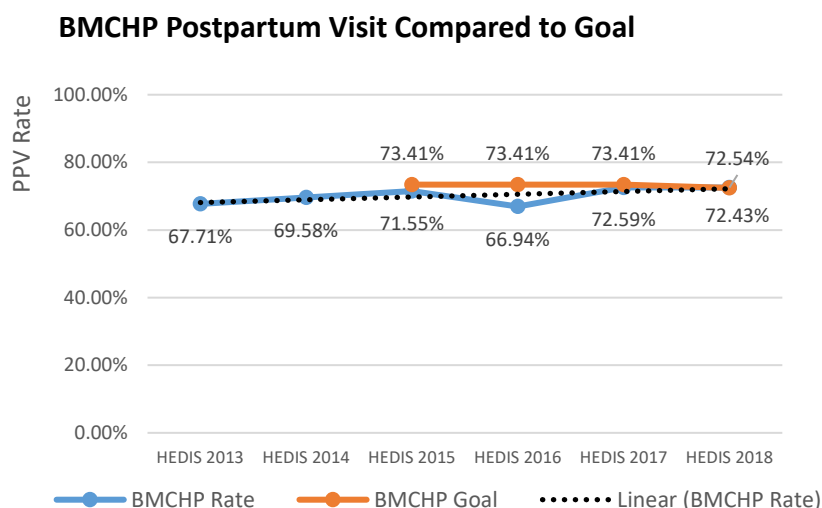
2017 Interventions

- The care management program focused on highest-risk expectant mothers and mothers of preterm newborns.
- Members who confirm attendance at a postpartum visit 21-56 days after delivery were mailed a box of diapers. A total of 3,077 members were identified as pregnant in 2017. Based on this denominator, 19.60% of these members confirmed the postpartum visit with BMCHP and received the diaper incentive.
- The plan conducted outreach and education by mail (a welcome baby card) and/or phone (a telephonic postpartum follow-up assessment).
- Providers were encouraged to submit ACOG prenatal care forms to the plan after the first prenatal visit to assist in the early identification of pregnant women and appropriate care management outreach.

Results

BMCHP's performance in the postpartum care measure decreased a statistically insignificant 0.05 percentage points between HEDIS® 2017 and HEDIS® 2018 from 72.59% to 72.43%. BMCHP's performance exceeded goal by 0.11 percentage points.

Exhibit 64: BMCHP PPV Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. BMC HealthNet Plan's PPV Performance Improvement Project received a score of 100%.

Exhibit 65: BMCHP PPV PIP Scores

Total Standards Scored	23		
		Point Value	Points Scored
Total Standards Scored Yes	23	3	69
Total Standards Scored No	0	1	0
Total Standards Scored Partial	0	2	0
Total Possible Points			69
Total Points Scored			69
Rating			100%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to BMCHP follows:

Calendar Year 2017 Recommendation	2018 Update
<ul style="list-style-type: none">KEPRO recommends that BMCHP drill down on high-risk subgroups identified in the population analysis to determine the reasons for their low performance rates. The findings from this analysis could then be used to inform and strengthen intervention strategies.	BMCHP did not present a related analysis.

Plan and Project Strengths

- BMCHP is commended for its excellent population analysis.
- Member educational materials are available in multiple languages.
- BMCHP's 2017 PPV performance of 72.54% exceeds its 72.43% goal.

Opportunities

- None identified.

FALLON HEALTH

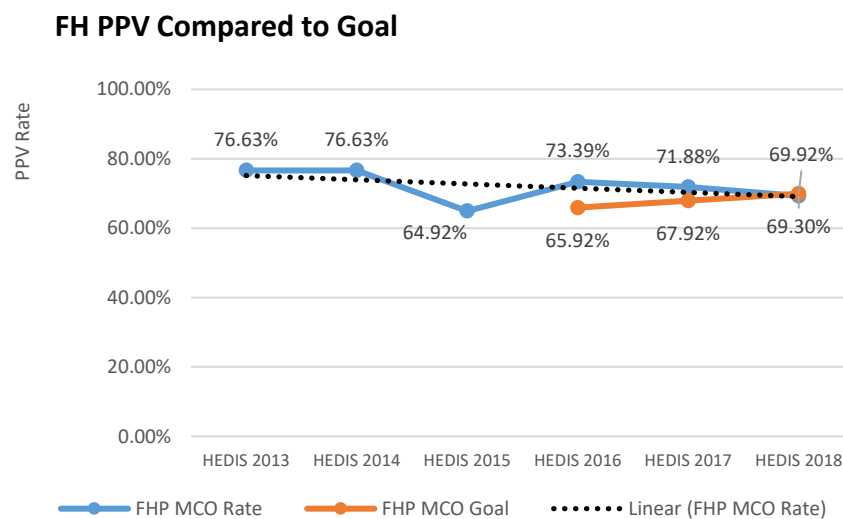
2017 Interventions

- The care management program is focused on highest-risk expectant mothers and mothers of preterm newborns.
- The plan conducted outreach and education by mail (a welcome baby card) and/or phone (a telephonic postpartum follow-up assessment).
- The plan conducted provider education about the importance of postpartum services.
- The Welcome Home Assessment was integrated into the care management system. Also incorporated was the PHQ-2 with automated scoring.

Results

Fallon Health's Postpartum Visit rate decreased a statistically insignificant 2.58 percentage points between HEDIS® 20217 and 2018. This rate was only 0.62 percentage points short of its 69.92% goal.

Exhibit 66: Fallon PPV Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Fallon Health's PPV Performance Improvement Project received a score of 85%.

Exhibit 67: FH MCO PPV PIP Score

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	16	3	48
Total Standards Scored No	4	1	4
Total Standards Scored Partial	2	2	4
Total Available Points			66
Total Points Scored			56
Rating			85%

Update on 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Fallon Health follows:

Calendar Year 2017 Recommendation	2018 Update
KEPRO notes that the "unable to reach" letter makes no reference to the need for a postpartum visit and the associated timelines. KEPRO recommends that these references be added to its letter.	Postpartum visit-related references were not added to the "unable to reach" letter.

Plan and Project Strengths

- Fallon is commended for tying each of its interventions to identified barriers.
- Fallon is commended for its excellent population analysis.
- Fallon presented an interesting analysis of projected compliance if visits occurring slightly outside the HEDIS® specifications were considered numerator positive. Under these circumstances, the PPV rate rose from 69.3% to 86.6%.

Opportunities

- Fallon Health is encouraged to institute a permanent means of collecting stakeholder feedback.
- Fallon may want to consider undertaking an initiative to improve the medical record retrieval rate, which affects all hybrid measures.

Recommendations

- Fallon Health's contract with MassHealth ended in March 2018. Recommendations are therefore not applicable.

HEALTH NEW ENGLAND

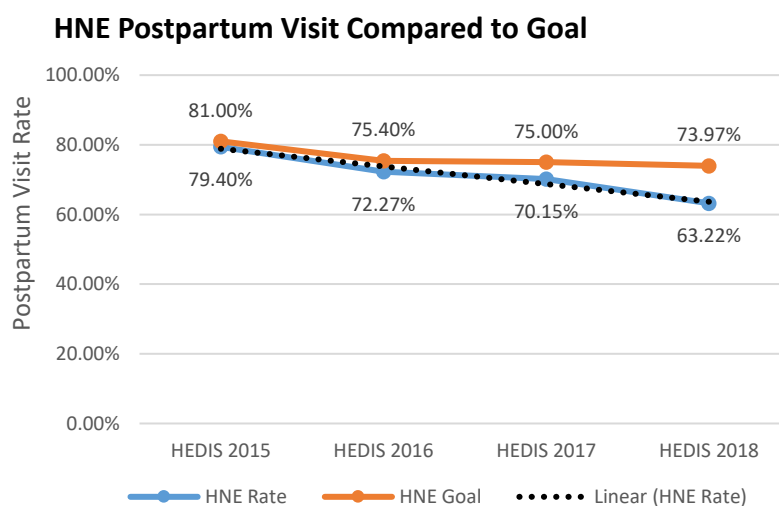
2017 Interventions

Health New England did not implement new interventions in 2017. It did not report making any significant modifications to the existing intervention, the Maternity Management Program, which was implemented in 2003 and extended to the Medicaid population in 2010. HNE combined live-calls, TEXT4BABY, e-mail, and mailed education materials to give the expectant member a solid foundation of knowledge that extends through the postpartum period.

Results

Health New England's Postpartum Visit rate decreased a statistically significant 6.93 percentage points between HEDIS® 2017 (70.15%) and HEDIS® 2018 (63.22%). HNE's performance fell 10.75 percentage points short of its 73.97% goal.

Exhibit 68: HNE PPV Rates Compared to Goal



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against up to 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Health New England's PPV Performance Improvement Project received a score of 76%.

Exhibit 69: HNE PPV PIP Score

Total Standards Scored	21		
		Point Value	Points Scored
Total Standards Scored Yes	13	3	39
Total Standards Scored No	7	1	7
Total Standards Scored Partial	1	2	2
Total Possible Points			63
Total Points Scored			48
Rating			76%

Follow Up to 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Health New England follows:

Calendar Year 2017 Recommendation	2018 Update
<ul style="list-style-type: none"> Considering the declining trend of the PPV rate over the past two measurement cycles, KEPRO strongly recommends that HNE conduct a thorough review of its intervention strategies to identify opportunities for improvement. 	HNE did not provide evidence of such a review.
<ul style="list-style-type: none"> Training in Motivational Interviewing is highly recommended for care management staff as a strategy for increasing staff skills in improving member engagement. 	HNE did not report training its care managers in Motivational Interviewing.
<ul style="list-style-type: none"> HNE should consider sending an email or web-link that provides information about the <i>Perinatal Clinical Guidelines 2017</i> to targeted practices that are struggling with the PPV measure. 	HNE did not provide evidence of related activity.

Plan and Project Strengths

Health New England outsourced Medical Record Review. The vendor conducted a formal training program for all abstractors. Inter-rater reliability testing was performed and documented.

Opportunities

HNE is encouraged to institute a permanent mechanism for obtaining stakeholder feedback.

Recommendations

Health New England's contract with MassHealth ended in March 2018. Recommendations are therefore not applicable.

NEIGHBORHOOD HEALTH PLAN

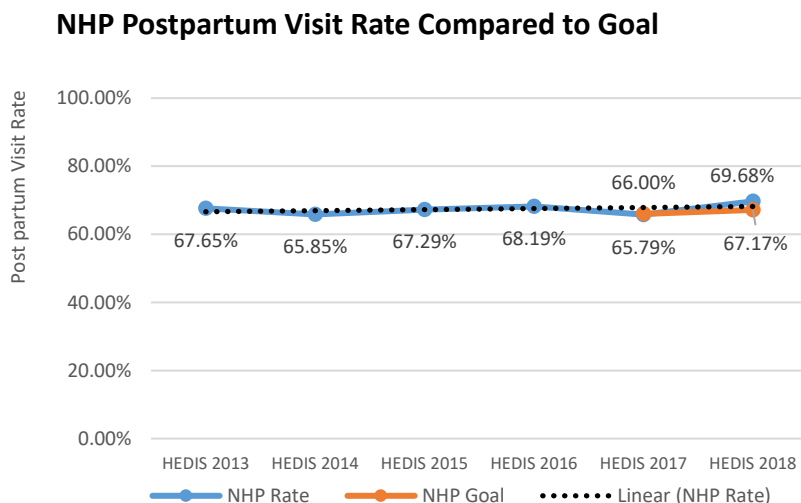
2017 Interventions

- The care management program focused on highest-risk expectant mothers and mothers of preterm newborns.
- A bilingual text-messaging outreach campaign was implemented.
- The plan conducted outreach and education by mail (a welcome baby card) and/or phone (a telephonic postpartum follow-up assessment).

Results

NHP's HEDIS® 2018 Postpartum Care rate of 69.68% reflects a 3.89 percentage point increase from its HEDIS® 2017 rate of 65.79%. This increase is not statistically significant. Its performance exceeded its 67.17% goal by 2.51 percentage points.

Exhibit 70: NHP PPV Rates



Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Neighborhood Health Plan's PMV Performance Improvement Project received a score of 90%.

Exhibit 71: NHP PMV PIP Score

Total Standards Scored	19		
		Point Value	Points Scored
Total Standards Scored Yes	16	3	48
Total Standards Scored No	3	1	3
Total Standards Scored Partial	0	2	0
Total Possible Points			57
Total Points Scored			51
Rating			90%

Follow Up to 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Neighborhood Health Plan follows.

Calendar Year 2017 Recommendation	2018 Update
KEPRO recommends that feedback from external stakeholders be captured in a report that summarizes input regarding barriers from members compared to providers.	NHP did not provide evidence of such a report.
The care management intervention is projected to engage 35 members. Considering that the sampling denominator is 380 members, this intervention is projected to engage about 9% of the eligible members (or fewer when considering the total number of women who have live births). KEPRO recommends that NHP consider strategies for increasing the number of members to be engaged through care management.	NHP did not provide evidence of such analysis.

Plan and Project Strengths

- NHP's PPV performance exceeded its 67.17% goal by 2.51 percentage points.
- NHP's text-messaging campaign was conducted in both English and Spanish.

Opportunities

- None identified.

TUFTS HEALTH PUBLIC PLANS MCO

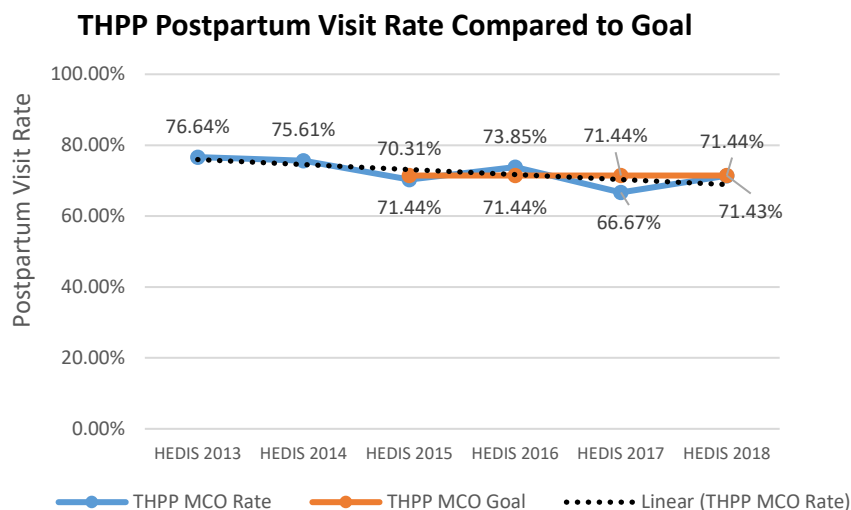
2017 Interventions

- The Doula⁵ by My Side program was expanded to serve pregnant women in all of Suffolk County, most towns in Norfolk County, and a number of towns adjacent to the contracted regions. It had already operated in Worcester and Suffolk Counties. In this program, a doula provides expectant mothers with education, assistance, guidance, and support as needed.
- The care management program focused on highest-risk expectant mothers and mothers of preterm newborns.
- The plan conducted outreach and education by mail (a welcome baby card) and/or phone (a telephonic postpartum follow-up assessment).
- Care management staff were trained in Motivational Interviewing.

Results

In HEDIS® 2018, the rate of 71.43% represents a statistically significant increase of 4.76 percentage points over HEDIS® 2017 (66.67%). THPP's performance rate fell only 0.01 percentage point short of its 71.44% goal.

Exhibit 72: THPP PPV Rates Compared to Goal



⁵ A doula is a trained professional who provides nonmedical care including education, household organization, and general support before and after the birth of a child.

Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. Tufts Health Public Plans' PPV Performance Improvement Project received a score of 89%.

Exhibit 73: THPP's PMV PIP Score

Total Standards Scored	22		
		Point Value	Points Scored
Total Standards Scored Yes	18	3	54
Total Standards Scored No	3	1	3
Total Standards Scored Partial	1	2	2
Total Possible Points			66
Total Points Scored			59
Rating			89%

Update on Calendar Year 2017 Recommendations

KEPRO is required by CMS to determine the status of recommendations made in the previous reporting year. An update on recommendations made in 2017 to Tufts Health Public Plans follows:

Calendar Year 2017 Recommendation	2018 Update
No opportunities of note were identified.	Not applicable.

Plan & Project Strengths

- The service area for the Doula by my Side program expanded.
- THPP gathered doula input at provider meetings.
- THPP is commended for implementing mandatory all-staff training in cultural competency.
- THPP is commended for training staff in Motivational Interviewing.

Opportunities

- KEPRO suggests that THPP compare the PPV rates of Doula program participants to non-participants. It is possible that increased patient engagement in the program would result in an increased PPV rate.

CELTICARE

Because pregnant women were not eligible to enroll in CeltiCare, this health plan undertook a PIP targeted at providing comprehensive diabetic care to its members.

Comprehensive Diabetic Care

2017 Interventions

- CeltiCare's sister company, Envolve Vision Care, in partnership with Eliza, conducted telephonic outreach to diabetic members and offered help scheduling appointments for exams. These calls were followed up with additional calls and texting.
- An HbA1c screening pay-for-performance program was instituted at the plan's two largest group practices.
- The plan distributed a diabetic report to members with diabetes that listed outstanding preventive screenings. An explanation of the importance of these tests was included.
- The plan offered a \$20 incentive to members with diabetes who received an annual eye exam.

Results

CeltiCare did not conduct chart reviews to calculate the HEDIS® hybrid measures used to assess performance, i.e., medical attention for nephropathy, HbA1c testing, and retinal eye exams. Only administrative data were used in the calculations. With that caveat, CeltiCare observed the following changes in performance between calendar years 2016 and 2017:

Medical Attention for Nephropathy.....	Statistically insignificant decrease of 1.65%
HbA1c Testing	Statistically significant decrease of 5.89%
Retinal Eye Exams.....	Statistically insignificant increase of 4.11%

Performance Improvement Project Score

KEPRO measured Performance Improvement Projects against 24 standards. A standard met has a value of three points. A standard not met has a value of one point. Standards partially met have a value of two points. Standards not scored have no point value. The final project score is a ratio of the total points received to the total points possible based on the number of scored standards. CeltiCare's Comprehensive Diabetic Care (CDC) Performance Improvement Project received a score of 83%.

Exhibit 74: CeltiCare's CDC PIP Score

Total Standards Scored	23		
		Point Value	Points Scored
Total Standards Scored Yes	16	3	48
Total Standards Scored No	5	1	5
Total Standards Scored Partial	2	2	4
Total Possible Points			69
Total Points Scored			57
Rating			83%

Plan & Project Strengths

- Community providers are represented on the Quality Improvement Council.
- CeltiCare presented an interesting analysis of the ages of adherent and non-adherent members.
- CeltiCare appears to have well-resourced quality management analytic capability.

Opportunities

- In the sample member mailing provided, CeltiCare referenced a \$30 incentive for members completing all screenings, which was not described in CeltiCare's report. The mailing also referenced the Louisiana Health Commission. It is assumed that CeltiCare inadvertently included a sister plan's material.
- CeltiCare did not provide evidence that the member mailing was produced in Spanish.
- A year-over-year comparison is not possible because 2015 and 2016 hybrid rates were calculated incorporating Medical Record Reviews. 2017 rates were calculated using only administrative data.