The Massachusetts Behavioral Health Partnership
A Prepaid Inpatient Health Plan

External Quality Review Technical Report
Calendar Year 2018

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CONTENTS

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

Performance Improvement Project Reviewers

Bonnie L. Zell, MD, MPH, FACOG

Dr. Zell brings to KEPRO a broad spectrum of healthcare experience as a nurse, an OB/GYN physician chief at Kaiser Permanente, and a hospital Medical Director. She has also had leadership roles in public health and national policy. As a nurse, she worked in community

hospitals, served as head nurse of a surgical ward, and was a Methadone dispensing nurse at a medication-assisted treatment program. As OB/GYN chief, she developed new models of care based on patients' needs rather than system structure, integrating the department with psychologists, social workers, family medicine, and internal medicine.

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

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

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

Wayne J. Stelk, Ph.D.

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

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

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

MassHealth Quality Strategy

SECTION 2. 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 EOHHS-wide quality activities. A living and breathing approach to quality, the strategy will evolve to reflect the balance of agency-wide and program-specific activities; increase the alignment of priorities and goals where appropriate; and facilitate strategic focus across the organization.

MassHealth Goals

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

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

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

Stakeholder Involvement

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

MassHealth Delivery System Restructuring

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

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

Quality Evaluation

MassHealth evaluates the quality of its program using at least 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 below depicts ways in which KEPRO, through the External Quality Review (EQR) process, supports the MassHealth Comprehensive Quality Strategy:

EQR Activity	Support to MassHealth Comprehensive Quality Strategy
Performance Measure Validation	• Assure that performance measures are calculated accurately. • Offer a comparative analysis of plan performance to identify outliers and trends. • Provide technical assistance. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.
Performance Improvement Project Validation	• Ensure the inclusion of an assessment of cultural competency within interventions. • Ensure the alignment of MassHealth Priority Areas and Quality Goals with MassHealth goals. • Ensure that performance improvement projects are appropriately structured and that meaningful performance measures are used to assess improvement. • Ensure that Performance Improvement Projects incorporate stakeholder feedback. • Share best practices, both clinical and operational. • Provide technical assistance. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.

EQR Activity	Support to MassHealth Comprehensive Quality Strategy
Compliance Validation	• Assess plan compliance with contractual requirements. • Assess plan compliance with regulatory requirements. • Recommend mechanisms through which plans can achieve compliance. • Facilitate the Corrective Action Plan process. • Recommend ways in which MassHealth can target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and access to health care services.

Section 3. Executive Summary

SECTION 3. EXECUTIVE SUMMARY

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 to its contracted managed care entities, i.e., managed care organizations, integrated care organizations, 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:

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

Compliance with federal Medicaid managed care regulations and related Executive Office of Health and Human Services (EOHHS) contract requirements is validated by the EQRO on a triennial basis. Compliance was validated in Calendar Year 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. The report includes:

- A determination of the quality, timeliness, and access to the health care services furnished by a managed care entity to Medicaid recipients;
- An assessment of the organization's strengths and opportunities for improvement;
- A comparison of performance year over year with national Medicaid and [Medicare] benchmarks;
- Recommendations for improving the quality of care; and
- An assessment of the degree to which the organization addressed recommendations from the prior review cycle.

KEPRO's technical report on the Massachusetts Behavioral Health Partnership (MBHP) follows.

SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS

KEPRO conducted the following external quality review activities for the Massachusetts Behavioral Health Partnership (the Partnership) in the CY 2018 review cycle:

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

To clarify reporting periods, EQR Technical Reports that have been produced in calendar year 2018 reflect 2017 quality performance. References to HEDIS® 2018 performance reflect data collected in 2017.

ORGANIZATION DESCRIPTION

The Massachusetts Behavioral Health Partnership (MBHP) is a managed behavioral healthcare organization (MBHO) that provides services to members of the MassHealth Primary Care Clinician Plan, children in state custody, and certain children enrolled in MassHealth who have commercial insurance as their primary insurance. As of December 31, 2017, 489,248 individuals statewide were under the care of the Partnership. MBHP signed a five-year contract with the Commonwealth effective October 1, 2012 to provide integrated physical and behavioral health programs, management support services, and behavioral health specialty services. Formerly a ValueOptions company, MBHP is now part of Beacon Health Options, the combined company resulting from the merger of Beacon Health Strategies and ValueOptions in 2015. Located in Boston, MBHP has received full NCQA MBHO accreditation.

In addition, MBHP manages the behavioral health care of members aligned with HNE Be Healthy, Community Care Collaborative, Lahey Health, Partners HealthCare ACO, and the Steward Medicaid Care Network.[1]

PERFORMANCE MEASURE VALIDATION

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 2018, KEPRO validated the measures that follow.

[1] Information contained in the Calendar Year 2018 MBHP Technical Report relates only to members of the Primary Care Clinician (PCC) Plan.

HEDIS® Measure Name and Abbreviation	Measure Description
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Follow-up after Hospitalization for Mental Illness (FUH) – 7 day rate	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge. Note: Technical specifications for the FUH rate were changed in HEDIS® 2018. Follow-up visits made on the day of discharge may no longer be included in the numerator.
Follow-Up After Emergency Department Visit for Mental Illness (FUM) - 7 day rate	The percentage of emergency department visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the ED visit.

KEPRO bases its performance measure validation on the quality of source data and the calculation of the measure, including data management structure, sources and collection, and the logic and analytic framework for determining numerators and denominators.

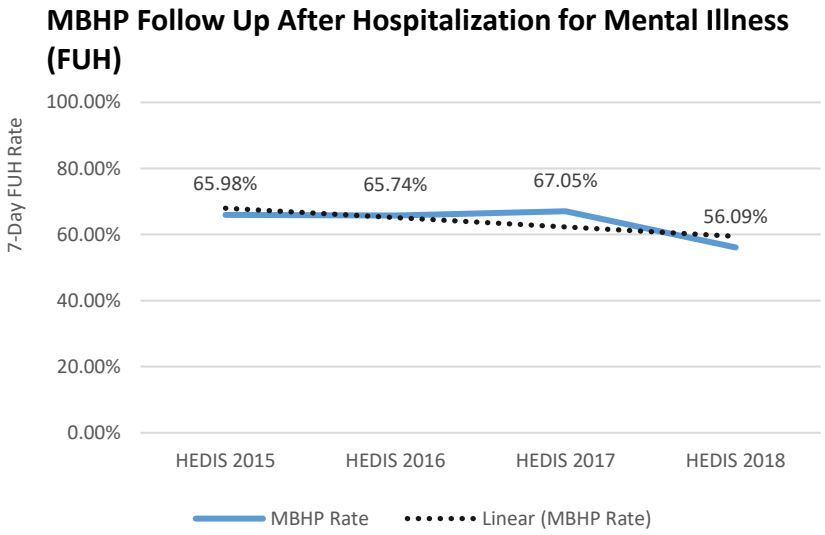
PERFORMANCE MEASURE RESULTS

The charts below depict MBHP's performance in the three measures selected by MassHealth for validation by HEDIS® measurement year. The 90th percentile of the Quality Compass 2018 is included for comparison purposes.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) — 2018 was the first year in which this performance measure was validated. MBHP's performance, 71.88%, is between the 5th and 10th percentiles of the Quality Compass 2018.

Follow-up after Hospitalization for Mental Illness (FUH) — Technical specifications for the seven-day FUH rate changed in HEDIS® 2018. Follow-up visits made on the day of discharge, a key MBHP intervention, can no longer be included in the numerator. This change caused a decline in the measure rate from previous years. Therefore, the HEDIS® 2018 rate should not be compared to previous years' rates. It should be noted that the decrease in MBHP's performance rate is proportionate to the decrease in the Quality Compass 2018 90th percentile. MBHP's performance is between the Quality Compass 2018 90th and 95th percentiles.

Table 1: MBHP FUH Rates



Follow-Up After Emergency Department Visit for Mental Illness (FUM) – 2018 was the first year in which this performance measure was validated. MBHP's performance, 78.33%, is above the Quality Compass 2018 95th percentile.

INFORMATION SYSTEMS CAPABILITY ASSESSMENT

CMS regulations require that each managed care entity undergo an annual Information Systems Capability Assessment. The focus of the review was on components of MBHP's information system that contribute to performance measure production. The following categories of data were reviewed for completeness, integrity of processing, the presence of quality control and oversight systems, and accuracy:

- Claims and Encounter Data;
- Enrollment Data;
- Provider Data;
- Supplemental Data;
- Data Integration; and
- Source Code.

Based on the Information Systems Capability Assessment, no issues were identified for any of these data categories for MBHP.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

KEPRO evaluates two Performance Improvement Projects (PIPs) 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.

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

Project Goals

Member-Focused

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

Provider-Focused

- Assist in increasing care coordination and integration between providers.
- Facilitate referral pathways to substance use disorders treatment and/or behavioral health services within and across organizations.
- Increase self-confidence in treatment and managing substance use disorders and co-occurring behavioral health needs.

Interventions

- Using the NIATx model for process improvement, MBHP is collaborating with providers in Northeastern Massachusetts to improve processes related to access and retention in Medication Assisted Treatment (MAT).
- MBHP created a workgroup of stakeholders, including behavioral health and medical providers, emergency services staff, school counselors and nurses, and representatives from

the local police and correctional offices, to make system-level changes for the treatment of substance use disorders in youth.
- MBHP developed a partnership with a pediatric primary care practice to improve processes to increase access to care, reduce wait times, and/or improve retention in treatment.

Performance Measure Indicators

MBHP is using the HEDIS® Initiation and Engagement in Treatment (IET) measures to assess intervention success. MBHP stratifies these measures by specific age bands and substance abuse diagnosis, i.e., all diagnoses or opioid, alcohol, and other drugs. MBHP's baseline Initiation Rate is 45.20%. The Quality Compass 2018 75th percentile is 45.13%. MBHP's baseline Engagement Rate is 17.25%, and the Quality Compass 2018 75th percentile is 16.25%.

Performance Improvement Project Rating

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

Recommendations

- KEPRO notes that the engagement strategies in this PIP are focused exclusively on providers. As MBHP continues to implement this PIP, KEPRO suggests that it consider member-engagement activities.

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

Project Goals

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

Provider-Focused

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

Interventions

- MBHP is enhancing existing inpatient provider reporting platform, Provider Connect, to encourage inpatient providers to input information related to PCC notification when completing the discharge form.
- Inpatient sites are being educated about the role of PCCs in the discharge plan and importance of notifying a member's PCC of his or her inpatient discharge.
- Reports share provider-level discharge notification rates and compare individual site performance against similar sites and are shared at quarterly meetings with the inpatient site.

Performance Indicators

- MBHP will assess the success of its interventions using an analysis of the percentage of inpatient psychiatric episodes for which the PCC Plan or ACO-affiliated primary care - provider is notified upon discharge as reported to MBHP by the discharging facilities. MBHP's baseline performance was 20.94%.
- To measure the impact of future interventions that address clinical aspects of integration, MBHP will consider its readmission rate in future phases of this project.

Performance Improvement Project Evaluation

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

Recommendations

KEPRO suggests MBHP consider utilizing other team members in the hospital such as social workers to initiate a connection with the patient's PCC at discharge.

In summary, KEPRO's validation review of the selected performance indicators and Performance Improvement Projects indicates that MBHP's measurement and reporting processes were fully compliant with specifications and were methodologically sound. No issues related to access, timeliness of care, or quality of care were identified.

Section 4. Performance Measure Validation

SECTION 4. PERFORMANCE MEASURE VALIDATION

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. In addition to validation processes and the reported results, KEPRO evaluates performance trends in comparison to national benchmarks as well as any interventions the plan has in place to improve upon reported rates and health outcomes. KEPRO validates three performance measures annually for MBHP.

METHODOLOGY

The two-step Performance Measure Validation process consists of a desk review of documentation submitted by the managed care organization as well as an onsite review. 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. At the onsite review, the reviewer confirms information contained in the Data Acquisition Questionnaire, inspects information systems, and by interviewing staff, obtains clarification about performance measurement and information transfer processes.

For the Calendar Year 2018 external quality review, MBHP submitted the following documentation:

Exhibit 2: MBHP Performance Measure Validation Supporting Documentation

Document Reviewed	Purpose of KEPRO Review
Data Acquisition Questionnaire (DAQ)	The DAQ assesses health plan systems and processes related to performance measure production.
Measure-specific documentation from DST, the producer of MBHP's HEDIS® rates	This documentation is reviewed to determine if there are any underlying process issues related to HEDIS® measure production.
Follow-up documentation as requested by the reviewer	For those measures that were not produced using NCQA-certified measure software, software program/code is reviewed to determine accuracy of programming and compliance with measure specifications.

MassHealth requires the validation of three HEDIS® performance measures for each managed care entity. The methodology for selecting measures was to identify measures in which MBHP's HEDIS® 2018 performance was either very low, very high, or represented a significant change

from HEDIS® 2017 performance. These factors may make it more likely that there is an underlying issue with calculating the rate. The measures selected for review in Calendar Year 2018 were as follows:

HEDIS® Measure Name and Abbreviation	Measure Description
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD). *MBHP's performance in this measure is very high.*	The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
Follow-Up After Hospitalization for Mental Illness (FUH) – 7-day rate. *MBHP's 2017 performance represents a significant change from 2016.*	The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge. Technical specifications for the seven-day FUH rate changed in HEDIS® 2018. Follow-up visits on the day of discharge can no longer be included in the numerator.
Follow-Up After Emergency Department Visit for Mental Illness (FUM) – 7-day rate *MBHP's performance in this measure is very high.*	The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm who had a follow-up visit for mental illness within 7 days of the ED visit.

INFORMATION SYSTEMS CAPABILITY ASSESSMENT

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

Claims and Encounter Data. MBHP processed behavioral health claims during 2017 using its proprietary Claims Adjudication System (CAS). All necessary fields were captured for HEDIS® reporting. Standard coding was used, and there was no use of non-standard codes. Approximately 97% of claims were submitted electronically, either using clearinghouses or direct submission to MBHP. There were adequate monitoring processes in place to monitor the electronic data interchange (EDI) claim submissions. Sufficient claims editing processes were

initiated on the front-end of claims submissions, and additional claims editing checks were in place within CAS. MBHP processed the small volume of paper claim submissions it received in-house and manually keyed the data into CAS. MBHP received medical encounter files from the PCC Plan on a nightly basis and pharmacy encounter files monthly. There were adequate processes in place for the receipt and processing of these encounter data files. No concerns were identified with data completeness nor with claims or encounter data processing.

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

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

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

Data Integration. MBHP's performance measure rates were produced using DST software. Data from the transaction system were loaded nightly to MBHP's enterprise-wide data warehouse. MBHP used an automated process to populate a local data warehouse to facilitate the production of performance measures for the MBHP population. There were adequate processes and validation of data between the enterprise-wide and local data warehouses. Vendor data feeds were loaded into the warehouse upon receipt. Data were then formatted into DST-compliant extracts and loaded monthly into the measure production software. MBHP staff members conducted monthly primary source verification of the data within DST and traced the information to the MBHP source data systems to ensure the software logic was being applied appropriately. MBHP had adequate processes to track completeness and accuracy of data at each transfer point. Data transfers to the DST repository from source transaction systems were accurate. File consolidations, derivations, and extracts were accurate. DST's repository structure was compliant. HEDIS® measure report production was managed effectively. The DST software was compliant with regard to development, methodology, documentation, revision control, and testing. Preliminary rates were reviewed and any variances investigated. MBHP maintains adequate oversight of its vendor, DST. There were no issues identified with data integration processes.

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

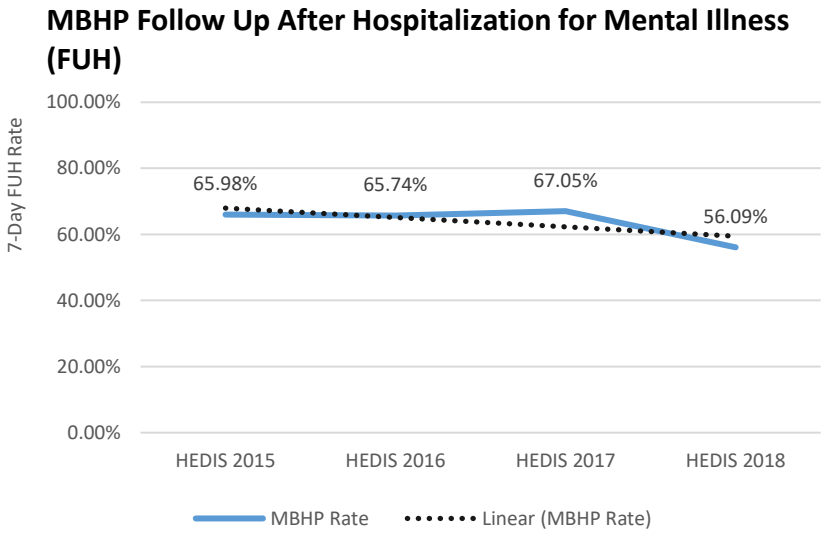
PERFORMANCE MEASURE RESULTS

The graphs below depict MBHP's performance in measures selected by MassHealth for validation. The National Medicaid Quality Compass 2018 90th percentile rate is included for comparison purposes.

Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) — 2018 was the first year in which MassHealth requested validation of this performance measure. MBHP's performance, 71.88%, is between the 5th and 10th percentiles of the 2018 Quality Compass.

Follow-up after Hospitalization for Mental Illness (FUH) — Technical specifications for the seven-day FUH rate changed in HEDIS® 2018. Follow-up visits on the day of discharge, a key MBHP intervention, can no longer be included in the numerator. This change caused a decline in the measure rate from previous years. Therefore, MBHP's HEDIS® 2018 rate should not be compared to previous years' rates. MBHP's performance, 56.09%, is between the Quality Compass 2018 90th and 95th percentiles.

Exhibit 3: MBHP FUH Rates



Follow-Up After Emergency Department Visit for Mental Illness (FUM) – 2018 was the first year the FUM measure was validated. MBHP's 78.33% performance is above the Quality Compass 2018 95th percentile.

CONCLUSIONS

Strengths

- MBHP used an NCQA-certified vendor.
- MBHP demonstrated a strong, collaborative relationship with the PCCP relative to data collection, reporting, and improvement efforts.
- MBHP provided monthly data loads to its software vendor to calculate rolling twelve-month rates. MBHP used this information for quality improvement and benchmarking purposes.
- MBHP scored well above the Quality Compass 95th percentile for the HEDIS® measure, Follow-Up After Emergency Department Visit for Mental Illness (seven-day numerator). MBHP's Emergency Services Program/Mobile Crisis Intervention (ESP/MCI) is the root cause for this very high performance rate. The mission of the ESP/MCI program is to deliver quality, culturally competent, clinically and cost-effective, integrated, community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery. A primary goal of the ESP/MCI program is to make emergency behavioral health services accessible in the community by offering viable service alternatives to hospital emergency departments (EDs). Every ESP/MCI provides behavioral health crisis assessment, intervention, and stabilization services 24/7 through four service components, i.e., Mobile Crisis Intervention services for youth; adult mobile services; ESP community-based locations; and community crisis stabilization (CCS) services for members ages 18 and over.

Opportunities

- The Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure rate is well below the 50th percentile compared to the Quality Compass 2018 data.
- MassHealth does not provide MBHP with the Medication Assisted Treatment (MAT) prescription claims data, which could enable MBHP to calculate pharmacy-related rates more accurately.

Recommendations

- Develop and begin quality improvement initiatives for the Follow-up after Hospitalization for Mental Illness (FUH) measure. N.B.: As of this writing, MBHP has embarked on such an initiative. Noting the decline in the FUH rate between HEDIS® 2017 and HEDIS® 2018, MBHP performed a root cause analysis. The analysis revealed that not only was there variability in performance by region, different variables contributed to regional FUH

rates. Region-specific work plans were developed to respond to specific opportunities for improvement identified in the data. Interventions will be implemented before the end of 2018 and will be iteratively updated using the plan-do-check-act methodology for continuous quality improvement.

- Develop and implement quality improvement initiatives to support the Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications measure. These initiatives will require coordination between MBHP and the health plans.
- Pharmacy data should be provided to MBHP more frequently than monthly.

FOLLOW UP TO 2017 RECOMMENDATIONS

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

Exhibit 4: Follow Up to 2017 Recommendations

Calendar Year 2017 Recommendation	2017 Update
Pharmacy data should be provided to MBHP more frequently than monthly.	This recommendation stands.

Section 5. Performance Improvement Project Validation

SECTION 5. PERFORMANCE IMPROVEMENT PROJECT VALIDATION

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.

The PIP review is a three-step process:

1) **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.

2) **Conference with the Plan.** The Technical Reviewer and Medical Director meet telephonically with representatives selected by the plan to obtain clarification on identified issues as well as to offer recommendations for improvement. The plan is offered the opportunity to resubmit the PIP questionnaire within 10 calendar days, although it is not required to do so.

3) **Final Report.** A PIP Verification Worksheet based on CMS EQR Protocol 3 is completed by the Technical Reviewer. KEPRO evaluates MBHP'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 Medical Director documents his or her findings and, in collaboration with the Technical Reviewer, develops recommendations. The findings of the Technical Reviewer and Medical Director are synthesized into a final report.

KEPRO reviewed two improvement projects that MBHP conducted in 2017:

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

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

Project Rationale

Members who receive timely care following an index event use medical care services more effectively and have better health outcomes due to relapse prevention and successful disease management compared to those who do not receive follow-up care. Substance use addictions have significant effects on mental, physical, and economic health, and patients often need help navigating the systems of care related to their complex needs.

Project Goals

Member-Focused

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

Provider-Focused

- Assist in increasing care coordination and integration between providers.
- Facilitate referral pathways to substance use disorder treatment and/or behavioral health services within and across organizations.
- Increase self-confidence in treatment and managing substance use disorders and co-occurring behavioral health needs.

Interventions

- Using the NIATx model for process improvement, MBHP is collaborating with providers in Northeastern Massachusetts to improve processes related to access and retention in Medication Assisted Treatment (MAT). The NAITx model was developed by the Network for the Improvement of Addiction Treatment (now NAITx) and is a model of process

improvement specifically for behavioral health care settings to improve access to and retention in treatment.

- MBHP created a workgroup of stakeholders including behavioral health and medical providers, emergency services staff, school counselors and nurses, and representatives from the local police and correctional offices. The workgroup's purpose is to make system-level changes to ensure that adolescents are receiving the correct information and referrals both in their communities (schools, youth groups, and church-groups, etc.), and with their behavioral health providers and PCCs.
- MBHP developed a partnership with a pediatric primary care practice to improve processes to increase access to care, reduce wait times, and/or improve retention in treatment.

Performance Measure Indicators

MBHP is using the HEDIS® Initiation and Engagement in Treatment (IET) measures to assess intervention success. MBHP stratifies these measures by specific age bands and substance abuse diagnosis, i.e., all diagnoses or opioid, alcohol, and other drugs. MBHP's baseline Initiation Rate is 45.20%. MBHP's baseline Engagement Rate is 17.25%.

Performance Improvement Project Rating

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

Exhibit 5: PIP Rating Score

Summary Results of Validation Ratings for 3, 2, or 1 Values	No. of Items	Total Available Points	Points Scored	Rating Averages
B6: Population Analysis and Participant Engagement	3	9	9	100%
B7: Update to PIP Topic and Goals	3	9	9	100%
B8: Progress in Implementing Interventions	5.0	15.0	15.0	100%
B9: Performance Indicator Data Collection	2	6	6	100%
B10: Capacity for Indicator Data Analysis	2	6	6	100%
B11: Performance Indicator Parameters	4.0	12.0	12.0	100%
B12: Baseline Indicator Performance Rates	4.0	12.0	12.0	100%
B13: Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**25**	**75**	**75**	**100%**

Plan & Project Strengths

- MBHP presented an excellent population analysis.
- KEPRO commends MBHP for understanding the importance of the social determinants of health for their member population and overcoming barriers to accessing care by connecting them to needed services.
- MBHP is commended for its excellent use of small tests of change to assess the percent difference in treatment rates for members who were discharged from the provider sites participating in NIATx projects.
- MBHP is commended for its ongoing dialogue with providers and other stakeholders.
- MBHP is commended for its excellent use of new modes of connecting with members such as telehealth.

Opportunities for Improvement

None identified.

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 MBHP follows.

Exhibit 6: Update on Calendar Year 2017 MBHP PIP Recommendations

Calendar Year 2017 Recommendation	2018 Update
It is recommended that MBHP conduct a brief comparison of the outcomes of this Performance Improvement Project with the outcomes of MBHP's corollary project, which has the goal of reducing readmissions to Acute Treatment Services (ATS).	MBHP did not provide evidence of such a comparison.

Recommendations

- Depending on the effectiveness of its provider engagement activities, KEPRO suggests that MBHP consider member-engagement activities.

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

Project Rationale

"Notification of a member's primary care clinician, following a discharge from an inpatient hospitalization, facilitates a PCC's participation in providing and/or coordinating appropriate follow-up services for the member. In turn, the member will experience better clinical outcomes, higher engagement in treatment, and, consequently, reduced readmission to inpatient level of care. MassHealth selected the goal for MBHP to increase discharge notification to PCCs by mental health inpatient facilities. The project was chosen over others because of the high volume of inpatient admissions in the MBHP member population (approximately 7,380 in 2017) as well as the high percentage of readmission in the population who is discharged from inpatient level of care."

Project Goals

Member-Focused

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

Provider-Focused

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

Interventions

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

- Educate inpatient sites about the role of PCCs in the discharge plan and importance of notifying a member's PCC of his or her inpatient discharge.
- Create a report to share provider-level discharge notification rates and compare individual site performance against similar sites. These reports will be shared at quarterly meetings with the inpatient site, and quality improvement plans will be developed if necessary.

Performance Indicators

- MBHP will assess the success of its interventions using an analysis of the percentage of inpatient psychiatric episodes for which the PCC Plan or ACO-affiliated primary care provider is notified upon discharge as reported to MBHP by the discharging facilities. MBHP's baseline performance was 20.94%.
- To measure the impact of future interventions that address clinical aspects of integration, MBHP will consider its readmission rate in future phases of this project.

Performance Improvement Project Evaluation

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

Exhibit 7: PIP Rating Score

Summary Results of Validation Ratings for 3, 2, or 1 Values	No. of Items	Total Available Points	Points Scored	Rating Averages
B6: Population Analysis and Participant Engagement	3	9	9	100%
B7: Update to PIP Topic and Goals	3	9	9	100%
B8: Progress in Implementing Interventions	5.0	15.0	15.0	100%
B9: Performance Indicator Data Collection	2	6	6	100%
B10: Capacity for Indicator Data Analysis	2	6	6	100%
B11: Performance Indicator Parameters	3.0	9.0	9.0	100%
B12: Baseline Indicator Performance Rates	4.0	12.0	12.0	100%
B13: Conclusions and Planning for Next Cycle	2	6	6	100%
Overall Validation Rating Score	**24**	**72**	**72**	**100%**

Plan & Project Strengths

- MBHP is commended for its staffing model that includes Provider Quality Managers (PQMs) whose primary responsibility is to support providers in all aspect of interface with MBHP's systems and member-related information.
- MBHP is commended for producing and distributing provider-specific data reports that are actionable. KEPRO endorses MBHP's protocol for requiring the discharge information function as a mandatory field in the electronic medical record (EMR).
- KEPRO commends MBHP for including as one of its CQI strategies a barrier that was identified in its population analysis, i.e., the challenge of providers being more likely to communicate discharge information to PCCs when the member is discharged with a comorbid behavioral health and medical diagnosis. MBHP proposes activities to mitigate this barrier to timely PCC discharge communication.

Opportunities for Improvement

None identified.

Recommendations

KEPRO suggests MBHP considers utilizing other team members in the hospital such as social workers to initiate connecting with the patients' PCCs at discharge.