



## **MassHealth Quality Office: One Care Quality Performance**

# Agenda for Today



## 1. Quality Data Performance Overview

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



# **Quality Data Performance Overview**

# Data Sources, Measurement Periods, and Benchmarks



## Data Source

## Measurement Periods

## Benchmarks

### CAHPS Survey

#### 2021 CAHPS Survey

Covers July 2020 - Dec.2020

#### 2022 CAHPS Survey

Covers July 2021 - Dec. 2021

#### 2023 CAHPS Survey

Covers July 2022 – Dec. 2022

- National Medicare Advantage Plan Average
- National Medicare-Medicaid Plan (MMP) Average

### HEDIS

#### HEDIS MY2020

Covers Jan. 2020-Dec.2020

#### HEDIS MY2021

Covers Jan. 2021 – Dec. 2021

#### HEDIS MY2022

Covers Jan. 2022 – Dec. 2022

- Medicaid Managed Care Plan Performance at the 75<sup>th</sup> percentile
- Medicaid Managed Care Plan Performance at the 90<sup>th</sup> percentile

### CMS

#### CMS 2020

Covers Jan. 2020-Dec. 2020

#### HEDIS 2021

Covers Jan. 2021 – Dec. 2021

#### HEDIS 2022

Covers Jan. 2022 – Dec. 2022

- National Medicare Advantage Plan Average
- National Rates



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



# CAHPS Summary

- The CAHPS surveys are designed to capture accurate and reliable information from consumers about their experiences with healthcare
- The Medicare CAHPS Survey, which has been conducted annually since 1998, is part of a set of surveys developed under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service. Survey Developers included representatives from:
  - American Institutes for Research
  - Harvard Medical School
  - RAND Corporation
  - RTI International
- The following data shows results from the 2021, 2022, and 2023 CAHPS Survey of Medicare Advantage Prescription Drug plans which includes demonstration programs. The data represents the measure periods of July – December of calendar years 2020, 2021, and 2022.
- The surveys include a core set of questions, with some questions grouped to form composites, or summary results, on key areas of care and service
- Scores in the presentation were converted from the CMS case-mix adjusted mean, to illustrate a 0-100 score. The case-mix adjusted mean is intended to illustrate overall performance on a scale of 1-4 (1 being the worse and 4 being the best)

## Survey Specifics:

- The surveys are sent out in the first half of the year, which measure members' experiences with their plan over the previous six months
- From each contract, 800 eligible enrollees were drawn by simple random sampling
- Plans use CMS certified vendors to field the CAHPS survey
- In order to be eligible to participate in the Medicare CAHPS survey, members must be at least 18 years of age and currently enrolled in an MA or PDP for six months

# Interpreting CAHPS



## Data on United Health Care (UHC) One Care Plan:

The UHC One Care Plan was established January 1, 2022. Because CAHPS performance is based on data from Plans for July to December of the year previous to the Calendar year the data are named for, UHC was not able to participate in CAHPS for calendar years 2021 and 2022. As for UHC's performance in CAHPS Survey year 2023, it is expected the UHC One Care Plan did not have a sufficient number of eligible enrollees continuously enrolled in its contract for at least six months at the time of the sample draw in January, 2023.

## Chart Benchmark/Plan Performance Coloring:

For the following CAHPS charts, the two chosen benchmarks, *National Medicare Advantage Average* and *National Medicare-Medicaid Plan Average*, have been visually grouped together in shades of grey while the Commonwealth Care Alliance (CCA) One Care Plan has been illustrated in a consistent shade of red and the Tufts One Care Plan in a consistent shade of blue.

## CAHPS Charts Range of Values

For the following CAHPS charts, all charts are illustrated through a left-hand (Y) axis range of 0.10 points. This is to maintain a consistent scale of each Plan's performance to their respective benchmarks from CAHPS measure to measure.

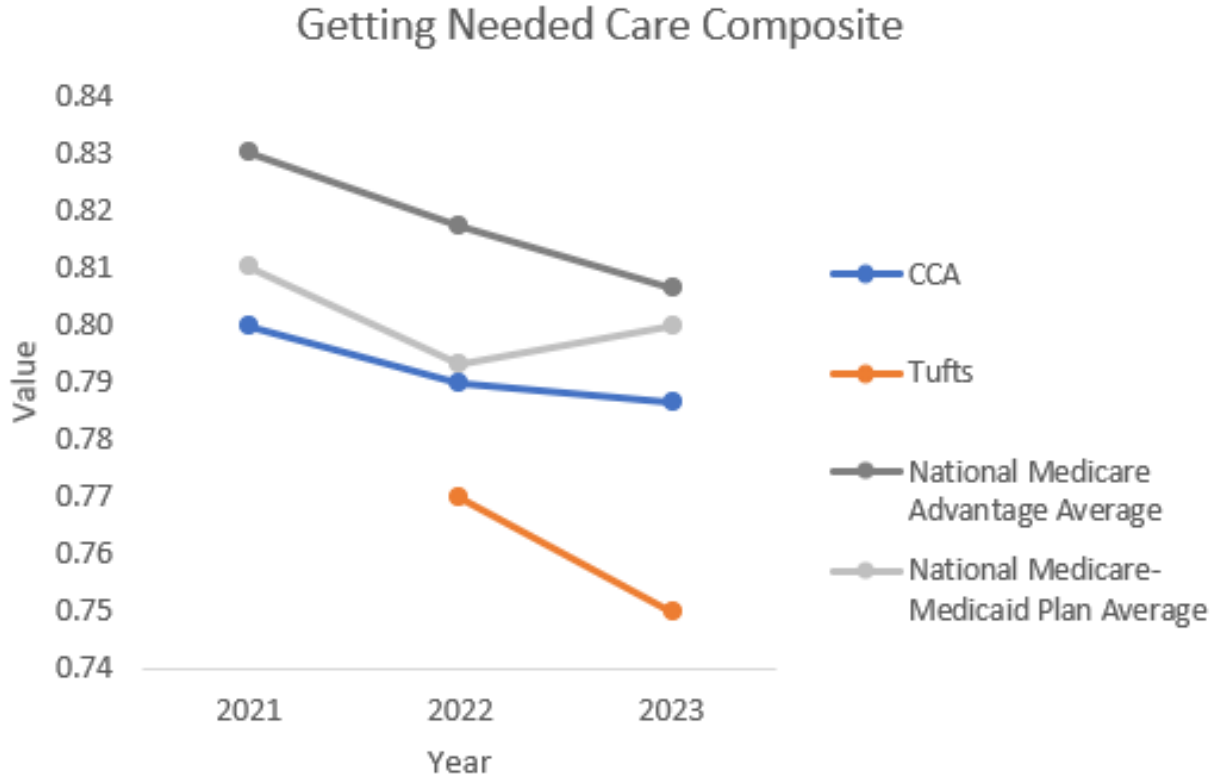
## CAHPS Years

As a reminder from our earlier overview slide, the "Years" on the bottom axis of the following CAHPS charts represent data from July to December of the year previous to the year named.

## Benchmarks

The following CAHPS charts utilize the *National Medicare Advantage Average* and *National Medicare-Medicaid Plan Average* for benchmarking purpose.

# Getting Needed Care Composite



## Tufts 2021:

Tufts' One Care Plan was not provided a score (N/A) for this Composite in 2021 because patients' responses to both questions making up this Composite had very low statistical reliability that year.

A score of "N/A" is often assigned because a Plan has very few respondents for said question/Composite or because the Plan's responses have great variability.

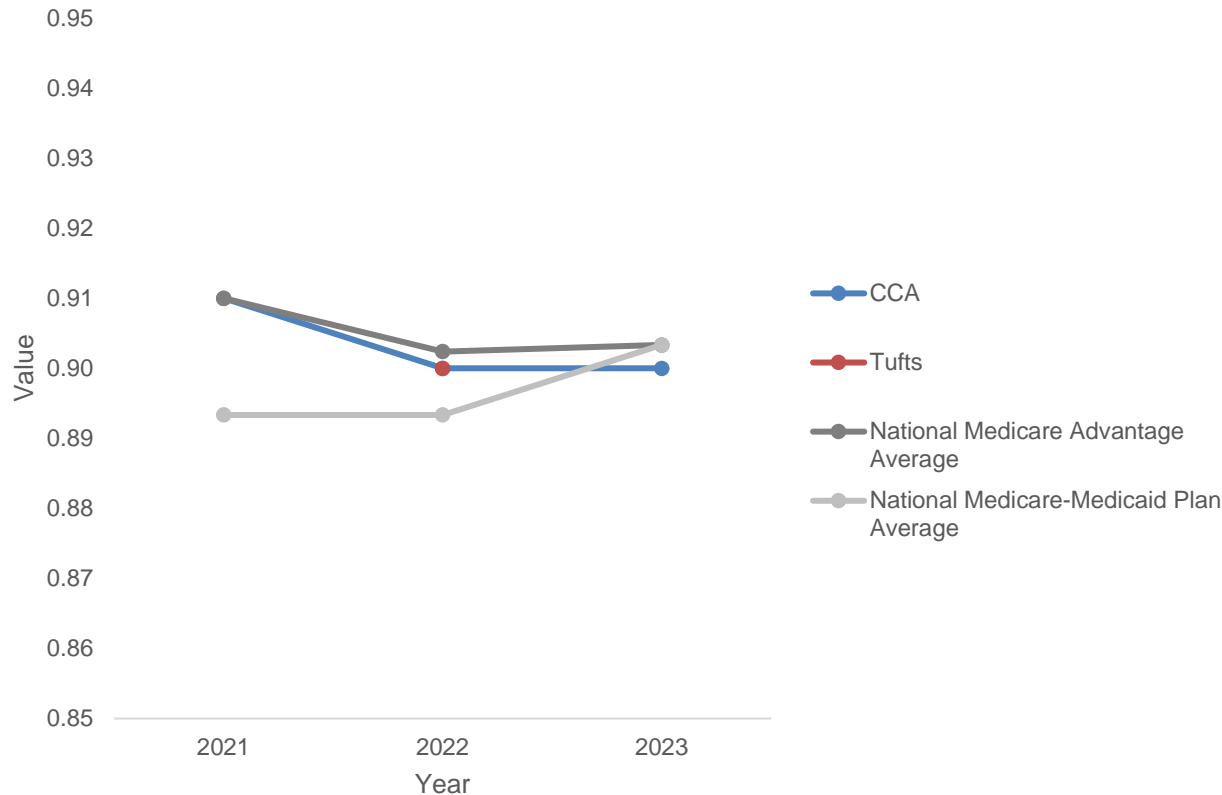
## The Getting Needed Care Composite asks the following questions:

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

# Customer Service Composite



Customer Service Composite



## Tufts 2021 and 2023:

Tufts' One Care Plan was not provided a score (N/A) for this Composite in 2021 or 2023 because patients' responses to all three questions making up this Composite had very low statistical reliability both years.

Having very low reliability often means a given question/ Composite received very few responses or because the Plan's responses have great variability.

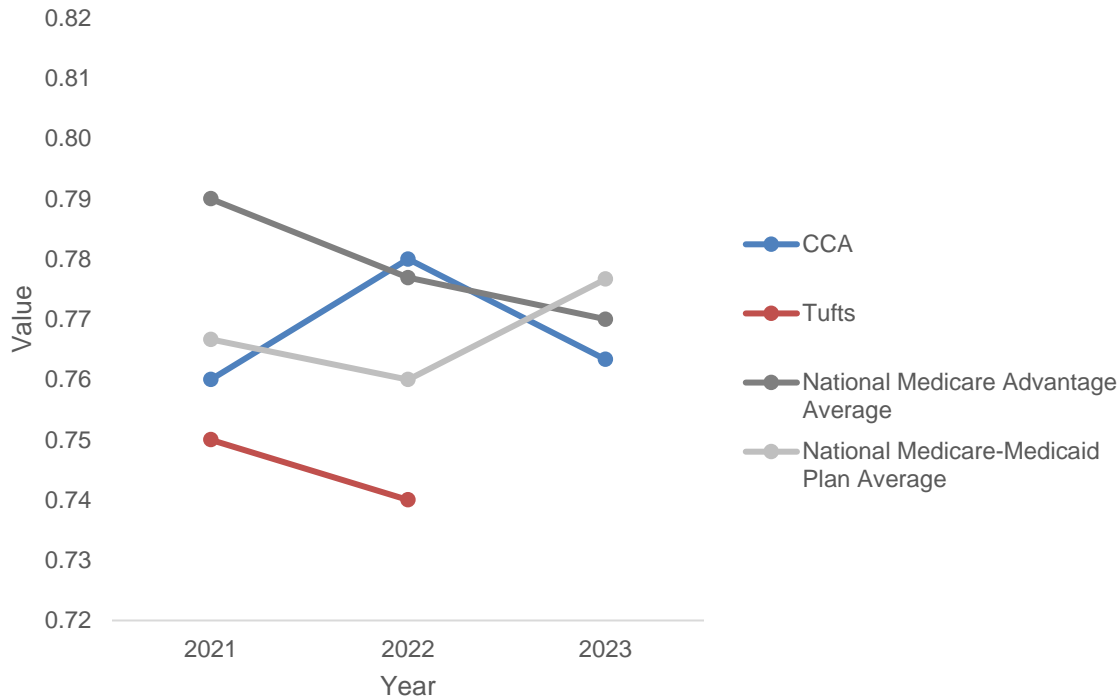
## The Customer Service Composite consists of the following questions:

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

# Getting Appointments and Care Quickly Composite



Getting Appointments and Care Quickly Composite



## Tufts 2023:

Tufts' One Care Plan was not provided a score (N/A) for this Composite in 2023 because patients' responses to one of the three questions making up this Composite had very low statistical reliability that year.

Having very low statistical reliability often means a given question/Composite received very few responses or because the Plan's responses have great variability.

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

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

# Summary of CAHPS Survey Performance



- Overall, there was variation across the three-year period, however Plans generally still aligned closely with the national trend.
- For the CAHPS composites shown:
  - **CCA** performed consistently across Composites in 2021-2023. In addition, its scores in 2021-2023 remained close to our benchmarks across the three Composites shown.
  - **Tufts** performed below both of our benchmarks in each year we have data for the Getting Appointments and Care Quickly and Getting Needed Care Composites. For the Customer Service Composite, Tufts performed between our benchmarks for 2022, lacking strong statistical reliability in its patient responses for 2021 and 2023.
  - Generally in 2023, the National Medicare-Medicaid Plan Average (MMP) benchmark trended upwards. However, we have not yet seen that same trend illustrated in the One Care Plans.



## **Healthcare Effectiveness Data and Information Set (HEDIS)**



## What is HEDIS

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

## What are HEDIS Benchmarks

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

For more information on HEDIS visit:

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

# Different Types of HEDIS Measures



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

# Interpreting HEDIS



## United Health Care One Care Plan's MY2022 HEDIS Performance:

As was true for UHC's One Care CAHPS 2021 and 2022 performance, UHC's One Care Plan did not score for HEDIS MY2020 nor MY2021 because it did not exist as a Plan until January 1, 2022. As for its HEDIS performance for MY2022, there was likely greater variability on performance between measures due to having fewer enrolled members in its One Care Plan overall compared to CCA and Tufts. For example, UHC's One Care Plan had a total of only 71 eligible members for their HEDIS measure *Adults' Access to Preventative Ambulatory Health Services* while CCA had 25,854 and Tufts had 2,940. Meanwhile for HEDIS measure *Follow-Up Hospitalization for Mental Illness*, UHC had 86 eligible members while CCA had 1,625 and Tufts had 193.

## Chart Benchmark/Plan Performance Coloring:

For the following HEDIS charts, the two chosen benchmarks, the Medicaid 75th and 90 percentiles, have been visually grouped together in shades of grey while the Commonwealth Care Alliance (CCA) One Care Plan has been illustrated in a consistent shade of blue and the Tufts One Care Plan in a consistent shade of red.

## CAHPS Charts Range of Values

For the following charts, all are illustrated through a left-hand (Y) axis range of 40 points. This is to maintain a consistent range of each Plan's performance to their respective benchmarks between HEDIS measures.

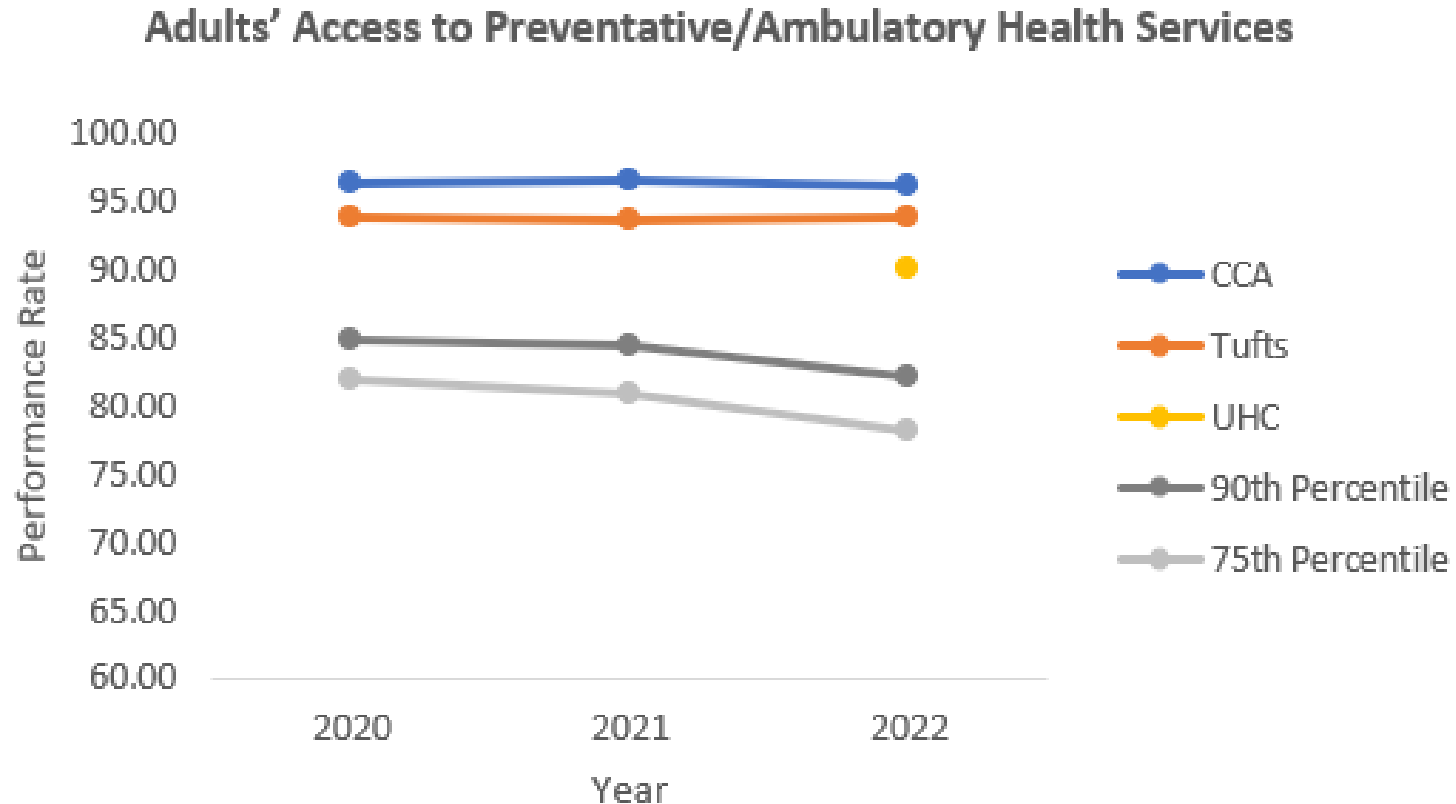
## CAHPS Years

As a reminder from our earlier overview slide, the "Years" on the bottom axis of the following HEDIS charts represent data from January to December of the same year as named on the bottom axis.

## Benchmarks

The following HEDIS charts utilize the Medicaid 75th and 90th percentiles for benchmarking purposes.

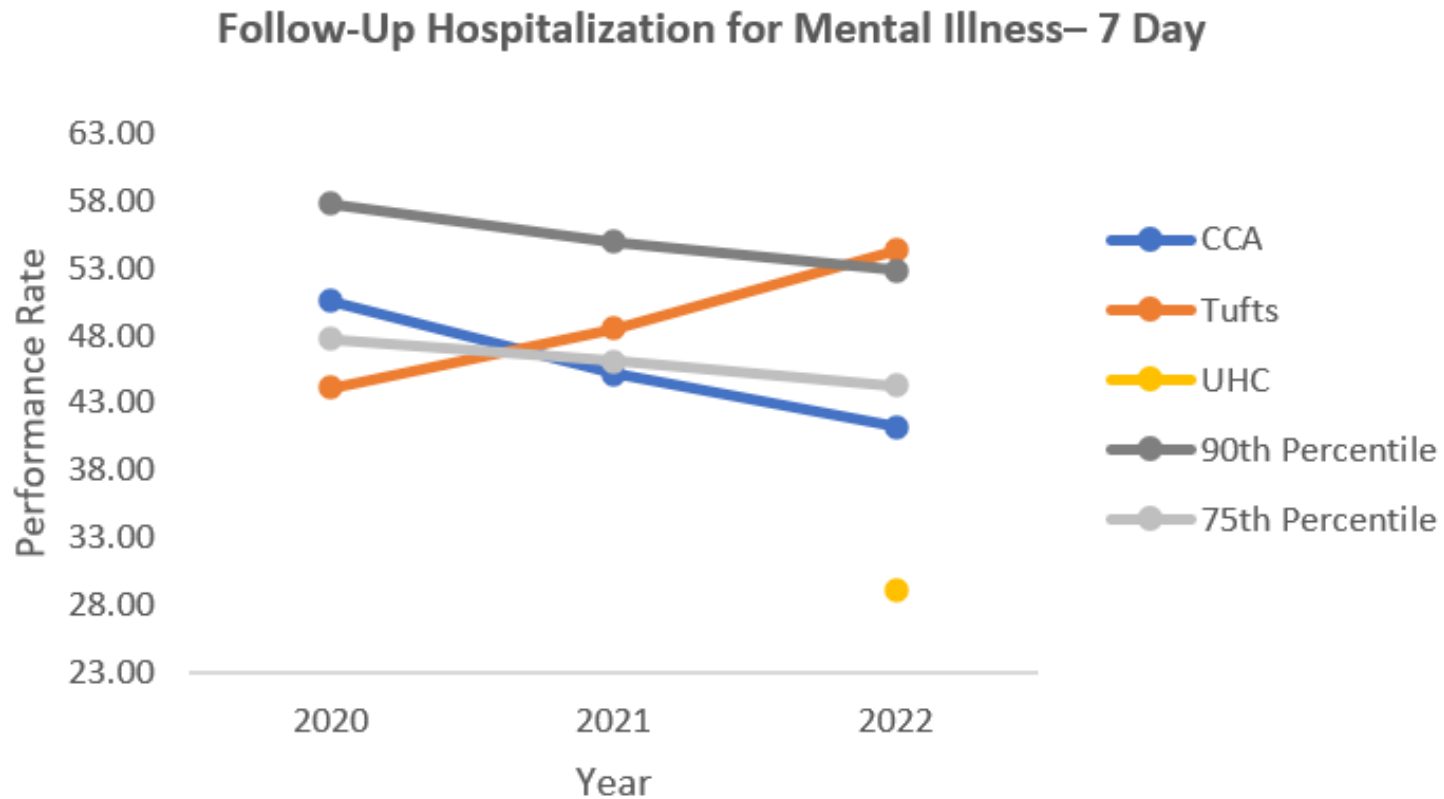
# Adults' Access to Preventative/Ambulatory Health Services (Quality)



The *Adults' Access to Preventative Ambulatory Health Services* measure is intended to show access/availability of care

This measure illustrates the percentage of members 20 years and older who had an ambulatory or preventative care visit

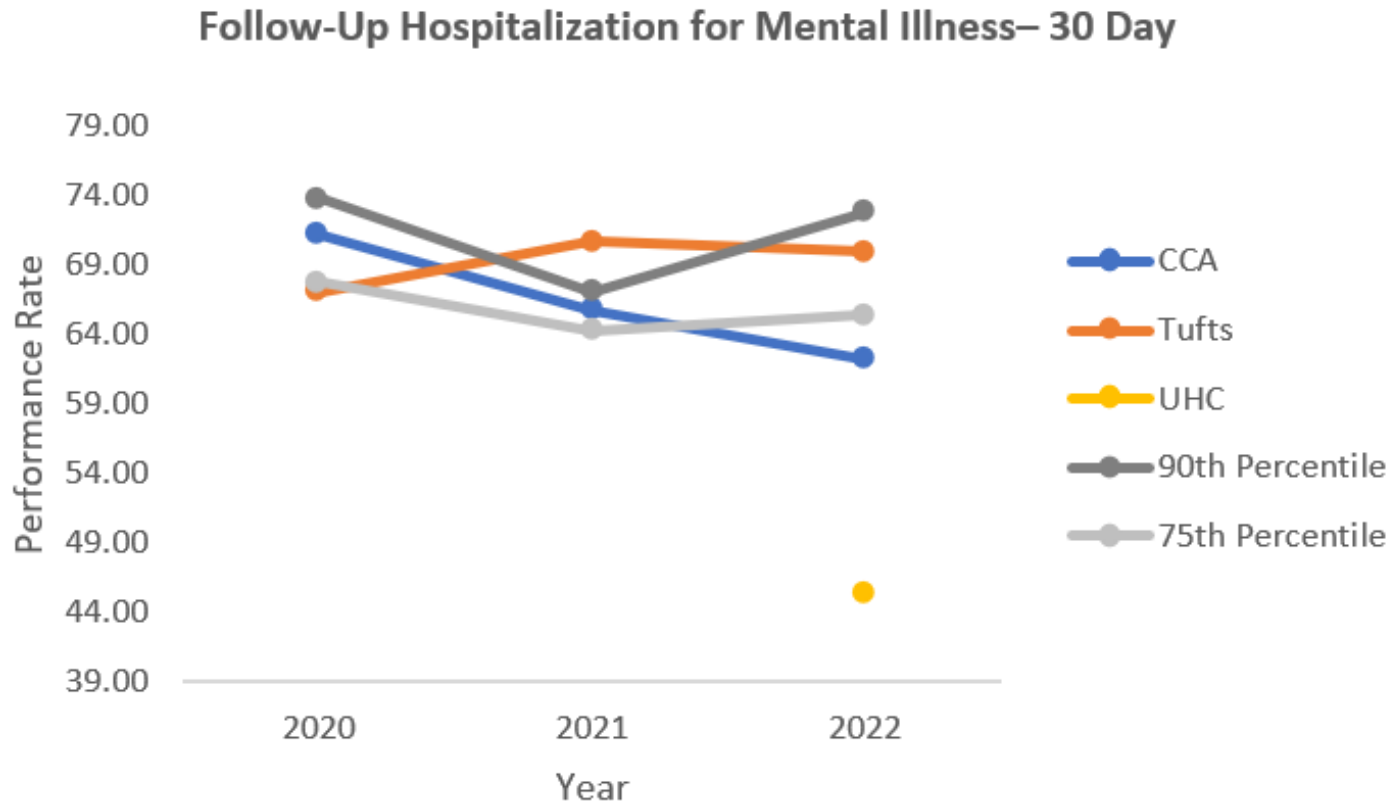
# Follow-Up Hospitalization for Mental Illness – 7 Day (Quality)



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

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

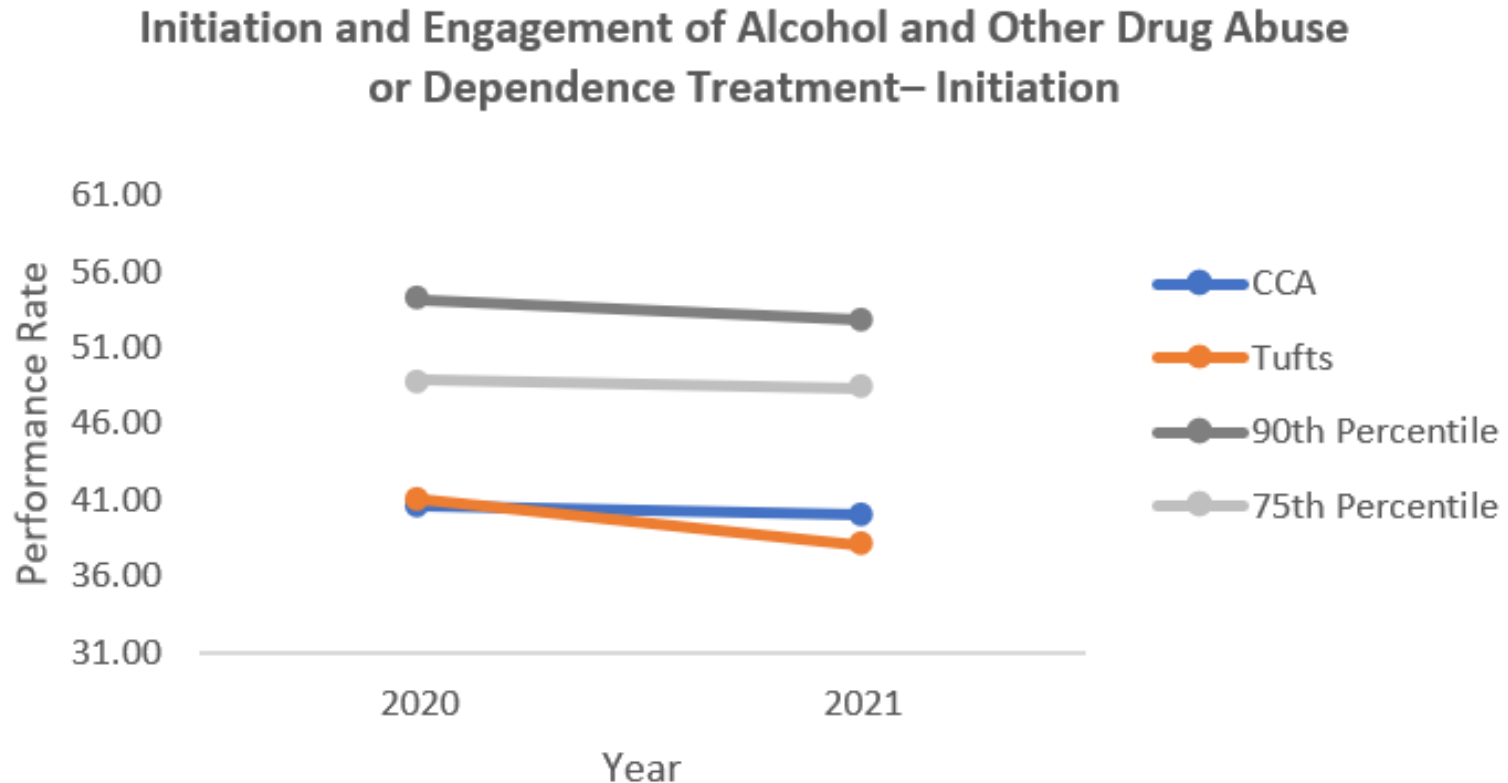
# Follow-Up Hospitalization for Mental Illness – 30 Day (Quality)



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

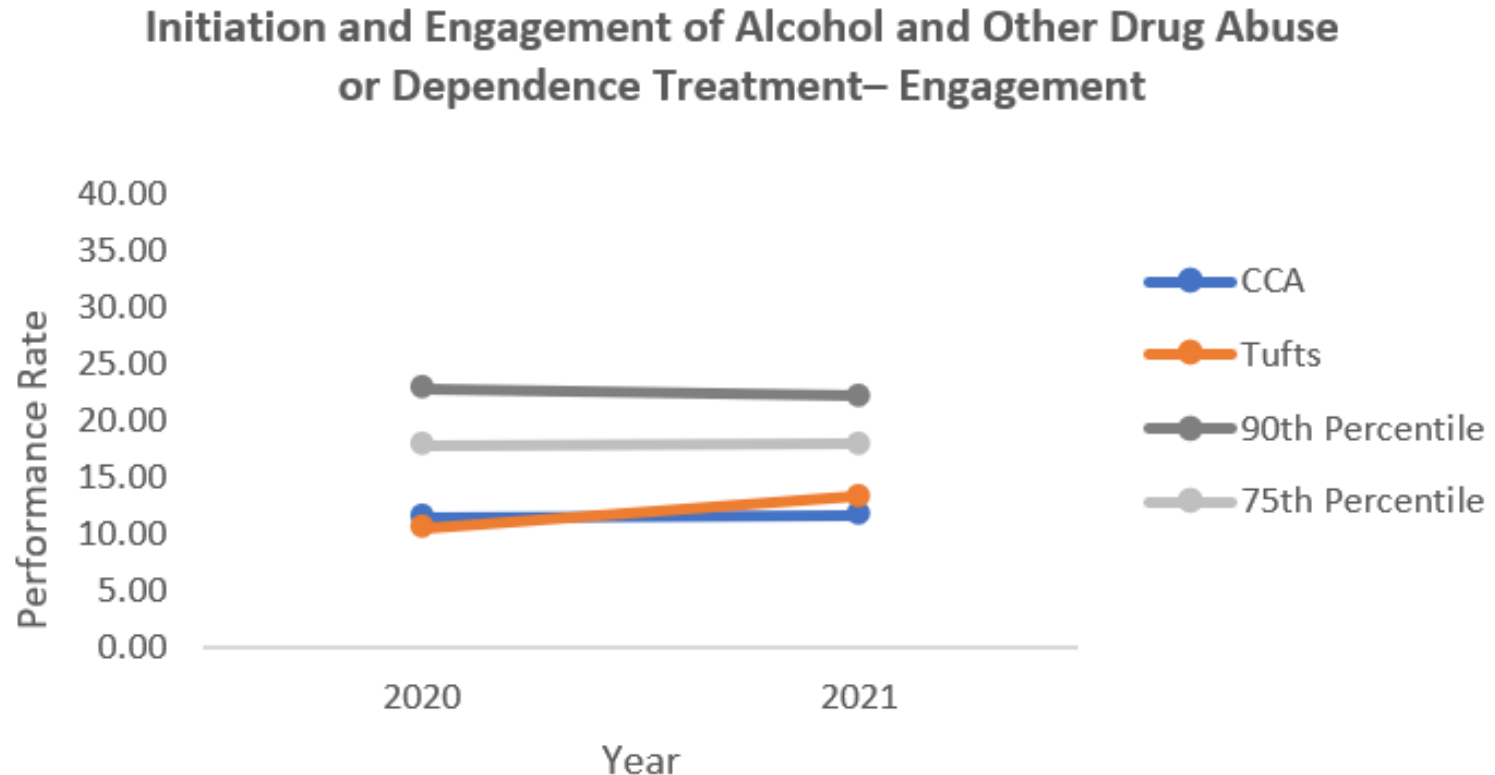
- 30-day chart shows percentage of discharges for which the member received follow-up within 30 days

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Initiation (Quality)



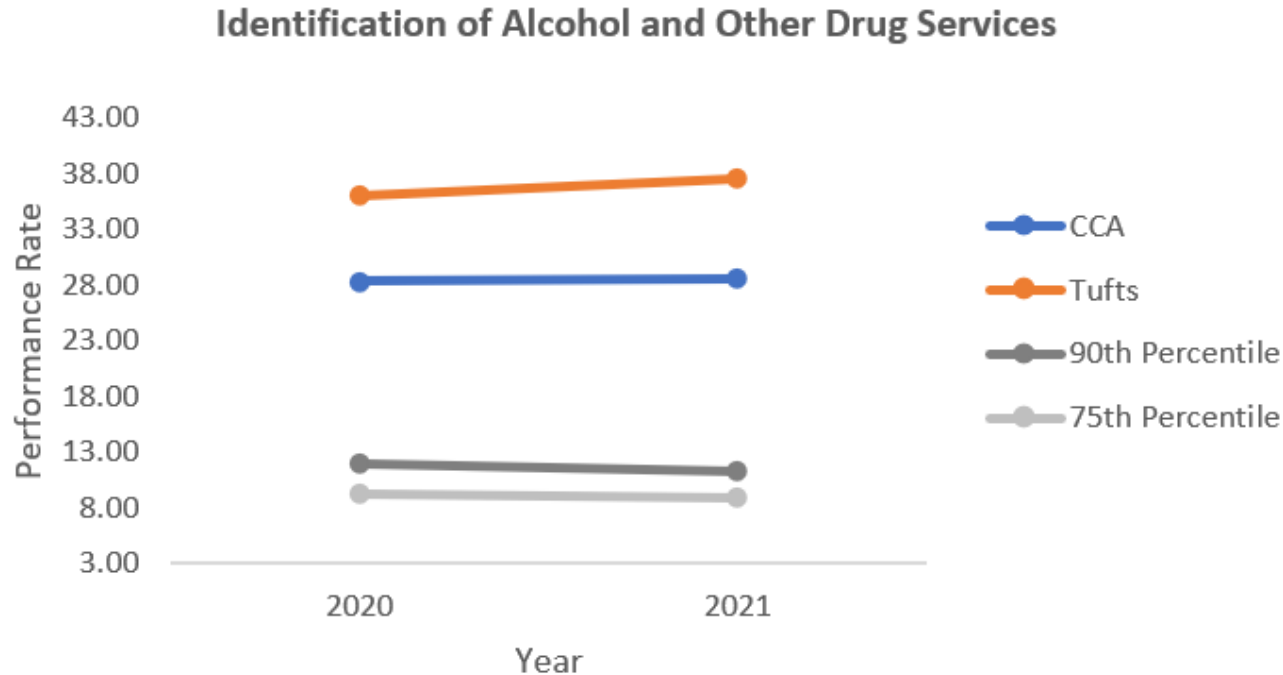
This measure assesses adults with a new episode of alcohol or other drug (AOD) dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication-assisted treatment (MAT) within 14 days of diagnosis.

# Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment – Engagement (Quality)



This measure assesses adults with a new episode of alcohol or other drug (AOD) dependence who initiated treatment and had two or more additional AOD services or MAT within 34 days of the initiation visit.

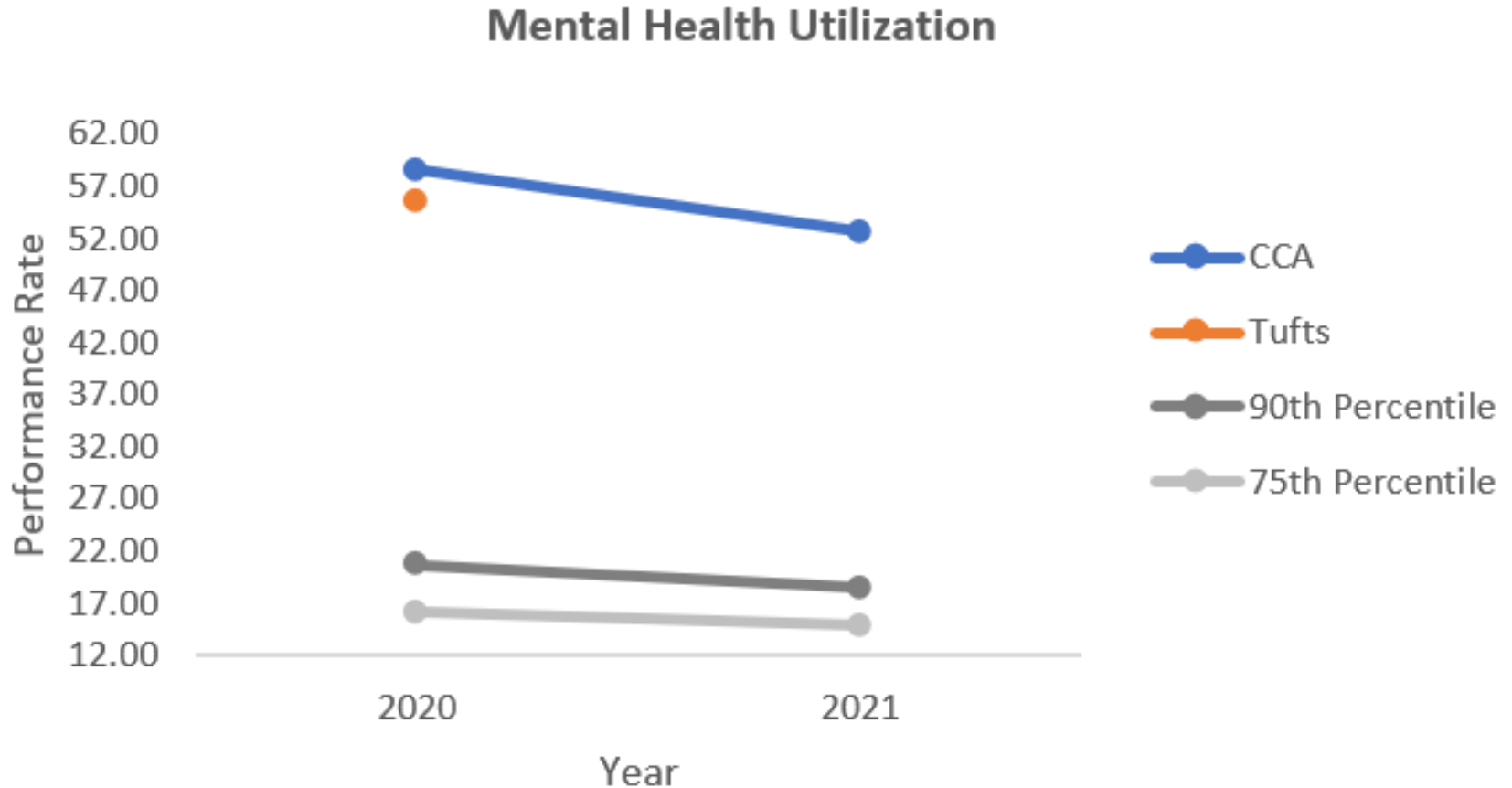
# Identification of Alcohol and Other Drug Services (Utilization)



This measure summarizes the number and percentage of members with an alcohol and other drug claim who received the following chemical dependency services during the measurement year:

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

# Mental Health Utilization (Utilization)

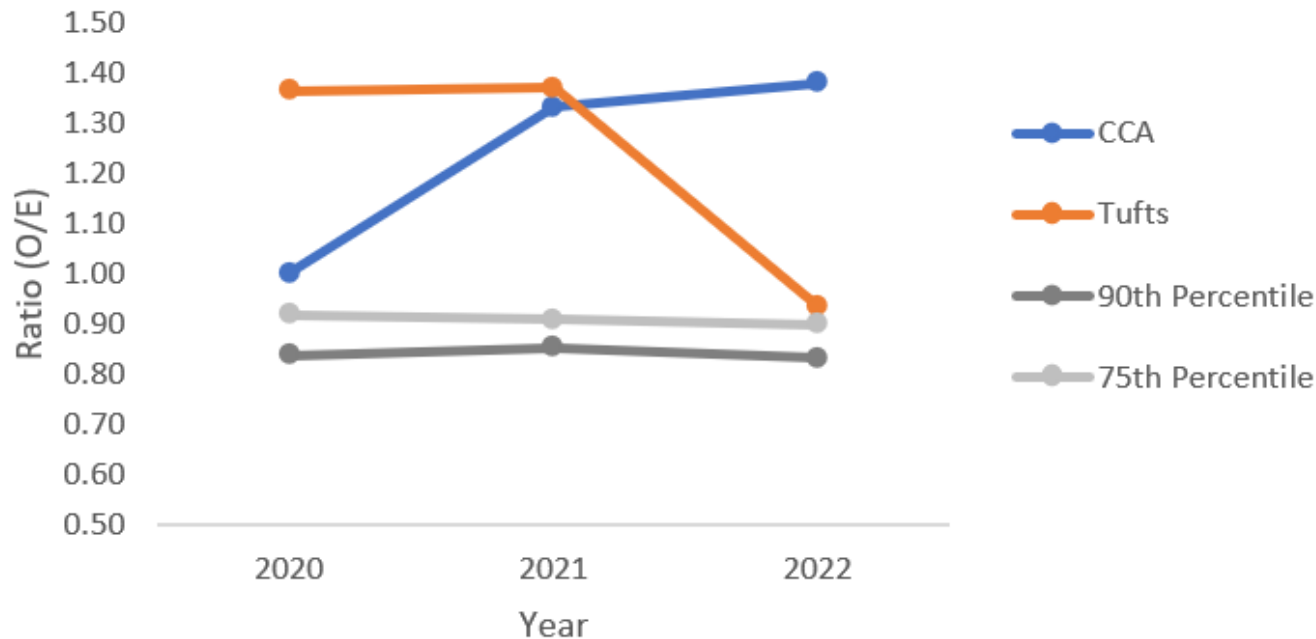


This measure illustrates the percentage of membership who received the following behavioral health services: inpatient, intensive outpatient or partial hospitalization, outpatient or emergency department

# Plan All-Cause Readmissions (O/E)



Plan All-Cause Readmissions



## Interpreting *Plan All-Cause Readmissions (O/E)*

This measure is represented as a ratio of "Observed" over "Expected", so scores at or below 1.0 are better than scores above from 1.0.

This measure illustrates the rate of adult acute inpatient and observation stays that were followed by an unplanned acute readmission for any diagnosis within 30 days after discharge



## Quality Measures

- ***Adults' Access to Preventative/Ambulatory Health Services*** - All plans consistently performed better than the Medicaid 90th percentile across all three years (2021-2023), indicating Massachusetts One Care members are accessing preventative services at a much higher rate than the average Medicaid enrollee nationwide.
- ***Follow-up Hospitalization for Mental Illness*** – While Tufts' performance has trended upwards for the 7-day sub-measure in 2021-2023, moving from just below the 75<sup>th</sup> percentile to just above the 90th percentile, CCA more closely followed the downward trend of our benchmarks, moving from just above to just below the 75<sup>th</sup> percentile in 2021-2023 for the 7-day sub-measure. Meanwhile, UHC performed below the 75<sup>th</sup> percentile for both the 7-day and 30-day sub-measures, although this could very well be due to considerable variability resulting from the Plan being very new and having relatively much fewer patients enrolled. Regarding CCA's and Tufts' performances on the 30-day, sub-measure, both plans scored just below the 75th percentile, between the 75th and 90th percentiles, or above the 90th percentile. Tufts' performance on this sub-measure is consistent, while CCA has trended downwards.
- ***Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment*** – CCA and Tufts performed consistently and very similarly on this both sub-measures here in 2021-2022. And while both Plans performed below the 75th percentile for both sub-measures across both years, the difference between the Plans and the 75<sup>th</sup> percentile is greater for the Initiation sub-measure than for the Engagement sub-measure.



## Utilization Measures

- Review of the HEDIS utilization measures demonstrate that utilization among One Care members is markedly higher for mental health when compared to the general Medicaid population.
- It is important to note that the MPT utilization measure is not risk adjusted and does not consider the complexity of the eligible population in the calculation of results. The Plan All Cause Readmission measure is risk adjusted. Generally, however, MH sees variation year over year for this measure.
- For the *Plan All-Cause Readmission* measure, a ratio of 1.0 represents the expected readmissions given the population. Tufts' performance in 2021 and 2022 was consistent, performing worse than expected, but in 2023 noticeably increased their performance. Meanwhile, CCA experienced an opposite trend where performance was better in 2021, with an observed to expected ratio close to 1.0. In 2022 and 2023 CCA's ratio for unplanned readmissions increased to above 1.0.



## **Centers for Medicare and Medicaid Services (CMS)**

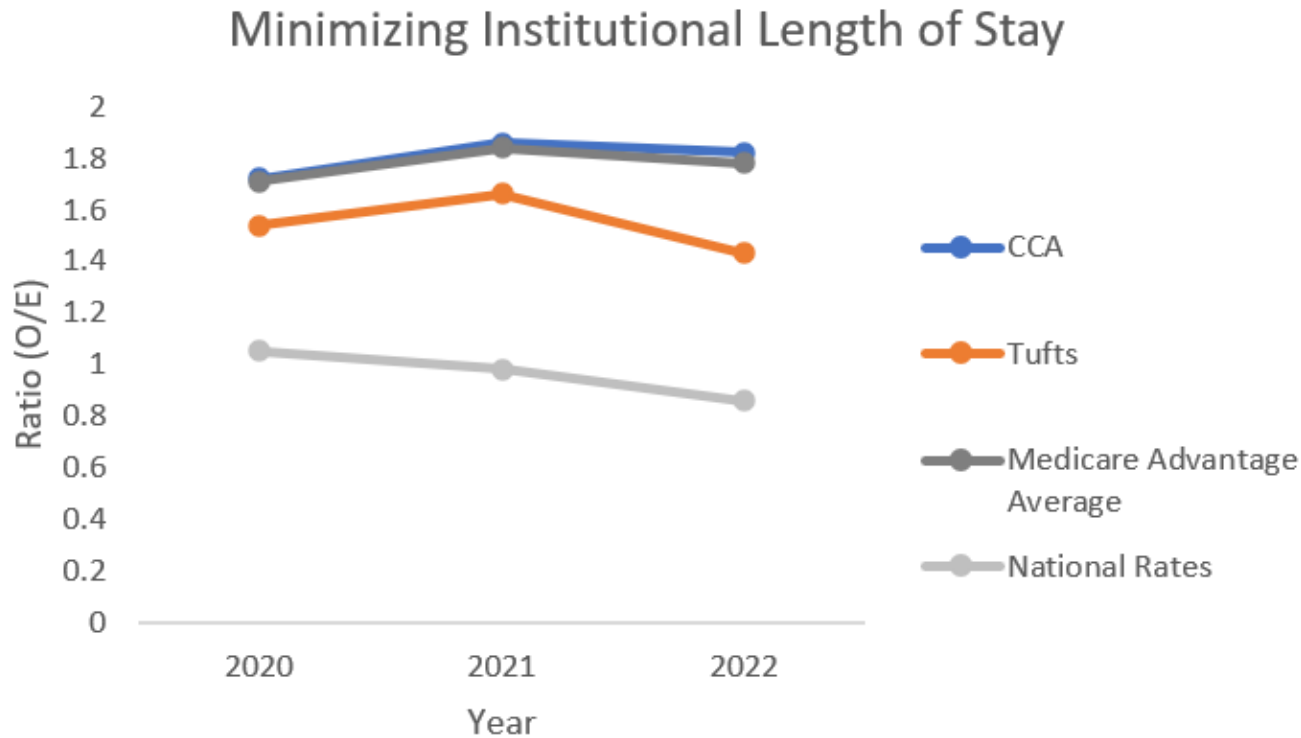


## What are CMS measures

- CMS creates measures sets for various populations and programs and is the measure steward for nationally standardized LTSS quality measures for states with managed care and/or fee-for service (FFS) delivery systems. The LTSS quality measures are grouped into three categories: assessment and care planning, falls risk assessment, and rebalancing and utilization. Today we are reviewing one measure that falls into the rebalancing and utilization domain: *Minimizing Institutional Length of Stay* (O/E).
- The proportion of admissions to a facility among Medicaid MLTSS participants age 18 and older that result in successful discharge to the community (community residence for 60 or more days) within 100 days of admission. This measure is reported as an observed rate and a risk-adjusted rate where performance at 1.0 or higher is better.

For more information on CMS measures, visit  
<https://www.cms.gov/medicare/quality/measures>

# Minimizing Institutional Length of Stay (O/E)



## Interpreting *Minimizing Institutional Length of Stay (O/E)*

This measure is represented as a ratio of “Observed” over “Expected”, meaning scores at or above 1.0 are better than scores below 1.0.

The *Minimizing Institutional Length of Stay* measure is intended to show how quickly patients are being moved from institutional settings to community settings

- Among the CMS measures, this measure qualifies under the category of Rebalancing and Utilization domains of LTSS measures.

# CMS Summary



- **CMS Measure**

- *Minimizing Institutional Length of Stay* – Results for this measure are reported using an observed to expected (O/E) ratio. A ratio of greater than 1 implies a higher-than-expected rate of successful discharges from institutional settings into community settings, whereas a ratio of less than 1 implies a lower-than-expected rate of successful discharges. Reporting of a risk-adjusted rate requires standardization of the O/E ratio using a multi-plan population rate. As such, One Care plans for both Commonwealth Care Alliance (CCA) and Tufts Health Plan (Tufts) were able to achieve a higher-than-expected rate of successful discharges from institutional into community settings for 2020, 2021, and 2022.



## **Questions?**

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