

TECHNICAL REPORT

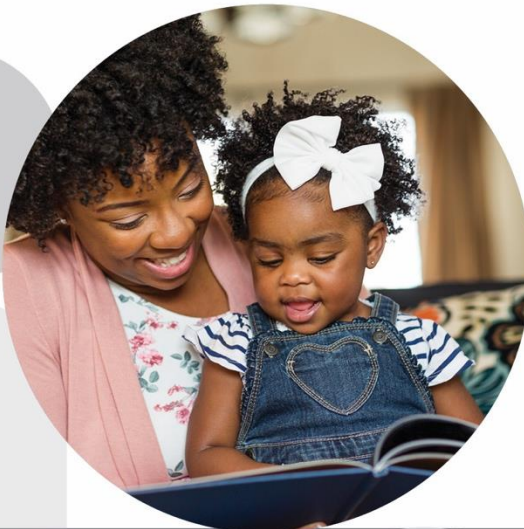
Primary Care Accountable Care Organizations External Quality Review

Calendar Year 2020



MassHealth

Massachusetts Executive Office of
Health and Human Services



This program is supported in full by the
Commonwealth of Massachusetts Executive Office of Health and Human Services, Office of Medicaid.



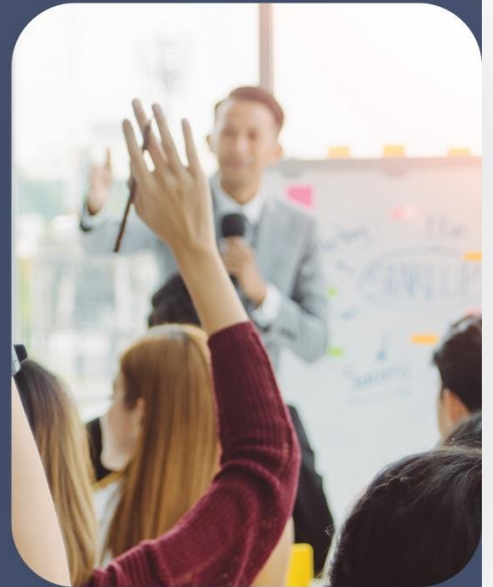
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Section 1: Introduction



SECTION 1. INTRODUCTION

PRIMARY CARE ACCOUNTABLE CARE ORGANIZATION DESCRIPTION

In November 2016, MassHealth received approval from the Centers for Medicare and Medicaid Services to implement a five-year waiver authorizing a 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. Three ACO models were implemented in Massachusetts:

Exhibit 1.1: Massachusetts Accountable Care Organization Models

ACO Model	Description
Accountable Care Partnership Plans (ACPPs), also referred to as “Model A ACOs” (N=13)	Groups of primary care providers (PCPs) who work with just one managed care organization to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals.
Primary Care Accountable Care Organizations (PCACOs), also referred to as “Model B ACOs” (N=3)	Groups of primary care providers who form an ACO that is responsible for treating the member and coordinating their care. Primary Care ACO Plans work with the MassHealth network of specialists and hospitals and may have certain providers in their referral circle. The referral circle provides direct access to certain other providers or specialists without the need for a referral.
Lahey-MassHealth Primary Care Organization, also referred to as the “Model C ACO” (N=1)	The Lahey MassHealth ACO is comprised of 16 primary care practice sites. The ACO has contracted with the MassHealth managed care organizations to administer claims and manage membership.

The MassHealth Primary Care Accountable Care Organizations are listed in the table that follows.

Exhibit 1.2. MassHealth Primary Care Accountable Care Organizations

PCACO	Abbreviation Used in this Report
Community Care Choice	CCC
Partners HealthCare Choice	Partners
Steward Health Choice	Steward

Section 2:

Executive Summary



SECTION 2. 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 children with special needs) 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 plan or its contractors furnish to Medicaid recipients. In Massachusetts, the Commonwealth has entered into an agreement with Kepro to perform EQR services for its contracted managed care entities.

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. It is also posted to the Medicaid agency website.

SCOPE OF THE EXTERNAL QUALITY REVIEW PROCESS

Primary Care Accountable Care Organizations are considered by CMS to be primary care case management plans and are required to participate in performance measure and compliance validation. Compliance validation must be conducted by the EQRO on a triennial basis. PCACO compliance validation will be conducted in 2021.

In the 2020 review cycle, Kepro conducted the validation of one PCACO performance measure, including an Information Systems Capability Assessment.

To clarify reporting periods, EQR technical reports that have been produced in calendar year 2020 reflect 2019 quality measurement performance.

PERFORMANCE MEASURE VALIDATION & INFORMATION SYSTEMS CAPABILITY ASSESSMENT

Exhibit 2.1: Performance Measure Validation Overview

Topic	Description
Objectives	To assess the accuracy of performance measures in accordance with 42 CFR § 438.358(b)(ii) reported by the managed care plan and to determine the extent to which the managed care plan follows state specifications and reporting requirements.
Technical methods of data collection and analysis	Kepro's Lead Performance Measure Validation Auditor conducted this activity in accordance with 42 CFR § 438.358(b)(ii).
Data obtained	An Information System Capability Analysis Tool, A completed Information Systems Capability Assessment Tool (ISCAT) for performance measure data collection information (claims, encounter, and enrollment data) and data transfer to Telligen, as well as performance measure creation and measure data validation protocols; performance measure data reports from DST for the selected validation measure that include the numerator, denominator, and exclusion counts as well as the final measure rate calculation; an Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification purposes; enrollment data for 30 PCACO members selected at random by the auditor; measure enrollment processing outcomes for the same 30 PCACO members from DST for the HEDIS <i>Comprehensive Diabetes Care</i> measure to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment data processing for the selected validation measure; and chart review numerator-compliant data and/or supplemental database numerator-compliant data from the PCACOs for the selected measure.
Conclusions	Kepro's validation review of the selected performance measures indicates that the Primary Care Accountable Care Organization measurement and reporting processes were fully compliant with specifications and were methodologically sound.

The Performance Measure Validation process assesses the accuracy of performance measures reported by the managed care plan. It determines the extent to which the managed care plan

follows state specifications and reporting requirements. In 2020, Kepro conducted Performance Measure Validation in accordance with CMS EQR Protocol #2 on the measure selected by MassHealth, *Comprehensive Diabetes Care (CDC): HbA1c < 8*.

The focus of the Information Systems Capability Assessment is on components of 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.

HIGH-LEVEL RECOMMENDATIONS

Kepro has included in its 2020 Technical Reports several recommendations to MassHealth for how it can target the goals and objectives in the Comprehensive Managed Care Quality Strategy to better support improvement in the quality, timeliness, and access to health care services. In addition to the managed care plan-specific recommendations made throughout this Technical Report, Kepro offers the following recommendation that is relevant to Primary Care Accountable Care Organizations.

Improve the quality of race, ethnicity, and language data provided to the managed care plans.

A key MassHealth Quality Strategy goal is the identification and resolution of health disparities to provide equitable care. From conducting population analyses to designing interventions, managed care plans feel challenged by the quality of REL data they receive from MassHealth. A shared concern is the overwriting of plan REL updates by the MassHealth enrollment files. Kepro strongly encourages MassHealth to resolve this issue as these data are required to better measure and address disparities in care and access.

QUALITY STRATEGY EVALUATION

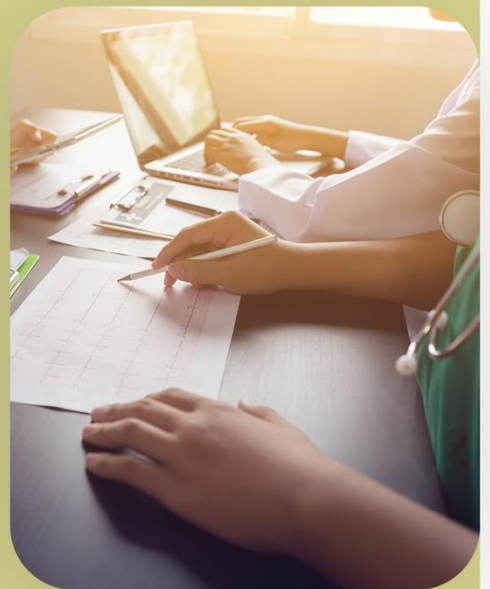
States operating Medicaid managed care programs under any authority must have a written quality strategy for assessing and improving the quality of health care and services furnished by managed care plans. States must also conduct an evaluation of the effectiveness of the quality strategy and update the strategy as needed, but no less than once every three years.

The first MassHealth Quality Strategy was published in 2006. An updated version, the MassHealth Comprehensive Quality Strategy, focused not only on fulfilling managed care quality requirements but on improving the quality of managed care services in Massachusetts, was submitted to CMS in November 2018. As is required by CMS, the strategy will be updated in 2021 and will be made available to the public on the MassHealth website.

In 2020, MassHealth asked Kepro to evaluate the effectiveness of this strategy and this evaluation is in process. The final report will be posted to the MassHealth website as it becomes available.

Section 3:

Performance Measure Validation



SECTION 3. PERFORMANCE MEASURE VALIDATION

PERFORMANCE MEASURE VALIDATION METHODOLOGY

The Performance Measure Validation process assesses the accuracy of the performance measures reported by the managed care plan. It determines the extent to which the managed care plan follows state specifications and reporting requirements.

Keipro's performance measure validation audit methodology assesses both the quality of the source data that fed into the measure under review and the accuracy of the measure calculation. As part of source data review, a sample of numerator-compliant cases were verified. Enrollment data were also reviewed for accuracy. Measure calculation review included reviewing the logic and analytic framework for determining the measure numerator, denominator, and exclusion cases.

Telligen, Inc., calculated the PCACO performance measures on MassHealth's behalf. With direction from MassHealth, Telligen extracted and transformed the data elements necessary for measure calculation. MassHealth provided Telligen the claims and encounter data files for the PCACOs on a quarterly basis through a comprehensive data file referred to as the mega-data extract. Additionally, Telligen collected and transformed supplemental data from individual PCACOs to support measurement.

Telligen worked with a subcontractor, SS&C (DST), using its HEDIS-certified software (Care Analyzer) to calculate final administrative rates and the administrative component of the hybrid rate for the performance measures. Additionally, Telligen used DST's clinical data collection tool, Clinical Repository, to collect PCACO-specific clinical data. At project completion, DST integrated the administrative data with the hybrid results to generate the final rates for the PCACO hybrid measures.

Performance measure validation focused on these organizations' data and processes. Individual PCACOs did not participate in or contribute to the PMV process, with the exception of providing supplemental data files and hybrid medical record review data for performance measure calculation. The following documents and files were provided in support of the performance measure validation process:

- A completed Information Systems Capability Assessment Tool (ISCAT) for performance measure data collection information (claims, encounter, and enrollment data) and data transfer to Telligen, as well as performance measure creation and measure data validation protocols;
- Performance measure data reports from DST for the selected validation measure that include the numerator, denominator, and exclusion counts as well as the final measure rate calculation;

- An Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification purposes;
- Enrollment data for 30 PCACO members selected at random by the auditor;
- Measure enrollment processing outcomes for the same 30 PCACO members from DST for the HEDIS *Comprehensive Diabetes Care* measure to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment data processing for the selected validation measure; and
- Chart review numerator-compliant data and/or supplemental database numerator-compliant data from the PCACOs for the selected measure.

The table below presents the measure selected for performance measure validation for Measurement Year 2019 as well as the measure's description as provided by NCQA:

Exhibit 3.1. CY 2020 Validated Performance Measure

HEDIS Measure Name and Abbreviation	Measure Description
Comprehensive Diabetes Care (CDC): HbA1c < 8	The percentage of members 18–75 years of age with diabetes (type 1 and type 2) whose HbA1c was under control (<8.0%).
<i>Hybrid Measure</i>	

The PCC Plan submitted the documentation that follows in support of the performance measure validation process.

Exhibit 3.2. Submitted Documentation

Document Reviewed	Purpose of Kepro Review
A completed Information Systems Capability Assessment Tool (ISCAT) for performance measure data collection information (claims, encounter, and enrollment data) and data transfer to Telligen, as well as performance measure creation and measure data validation protocols	Reviewed to assess health plan systems and processes related to performance measure production.
Performance measure data reports from DST for the selected validation measure that include the numerator, denominator, and exclusion counts as well as the final measure rate calculation	Information about rates is essential to the performance measure validation process.
An Excel spreadsheet from DST containing numerator-compliant data for the selected measure for primary source verification	Used to generate a random sample of medical records for independent review to confirm accuracy of medical record review process.

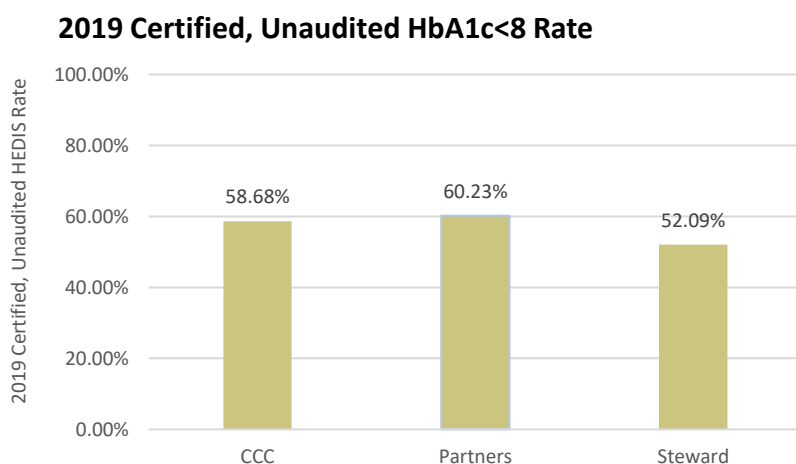
Enrollment data for 30 PCACO members selected at random by the auditor	Used in primary source verification.
Measure enrollment processing outcomes for the same 30 ACO members from DST for the HEDIS <i>Comprehensive Diabetes Care</i> measure data	Used to ensure that the enrollment data matched the MassHealth primary source enrollment data after DST enrollment processing for the selected validation measure.
Chart review numerator-compliant data and/or supplemental database numerator-compliant data from the PCACOs for the selected measure	Used for primary source verification.

COMPARATIVE ANALYSIS

The table that follows contains the criteria through which the performance measure was validated as well as Kepro's determination as to whether the PCACOs met these criteria.

The graph that follows depicts comparative PCACO performance on the HbA1c<8 rate. NCQA has not developed benchmarks specific to accountable care organizations, therefore no performance benchmark is provided for comparison purposes. The range of the performance rates was 6.59 percentage points. The lowest performing PCACO was Steward at 52.09%. The highest performing plan was Partners at 60.23%.

Exhibit 3.3. PCACO 2019 Certified, Unaudited HbA1c<8 Rate



The table that follows contains the criteria against which the performance measure was validated as well as Kepro's determination as to whether the PCACOs met these criteria. Each PCACO satisfied the requirements of each criterion.

Exhibit 3.4. Performance Measure Validation Compliance Criteria

Performance Measure Validation: Comprehensive Diabetes Care (CDC): Comprehensive Diabetes Care (CDC): HbA1c < 8

Methodology for Calculating Measure:	Administrative	Medical Record Review	Hybrid
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Review Element	CCC	Partners	Steward
DENOMINATOR			
<u>Population</u>			
PCACO population was appropriately segregated from other product lines.	Met	Met	Met
Members aged 18–75 years as of Dec. 31 of the measurement year.	Met	Met	Met
Members enrolled all of the measurement year allowing for a one-month break, but not in December.	Met	Met	Met
Diabetics were appropriately identified using both specified methods. There are two ways to identify members with diabetes: by claim/encounter data and by pharmacy data. PCACO must use both methods to identify the eligible population, but a member only needs to be identified by one method to be included in the measure. Members may be identified as having diabetes during the measurement year or the year prior to the measurement year.	Met	Met	Met
<u>Geographic Area</u>			
Includes only Medicaid enrollees served in PCACO's reporting area.	Met	Met	Met
NUMERATOR – HBA1C LESS THAN 8.0			
<u>Counting Clinical Events</u>			
Standard codes listed in NCQA specifications or properly mapped internally developed codes were used.	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
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
Members whose most recent HbA1c level (performed during the measurement year) is less than 8, as documented through claims, supplemental data, or medical record review.	Met	Met	Met
<u>Data Quality</u>			
Based on the IS assessment findings, the data sources for this denominator were accurate.	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
<u>Proper Exclusion Methodology in Administrative Data</u>			
Members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year, and who had a diagnosis of gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. (Optional Exclusion).	Met	Met	Met
<u>Medical Record Review Documentation Standards</u>			
Record abstraction tool required notation of all key numerator fields.	Met	Met	Met

Review Element	CCC	Partners	Steward
<u>Data Quality</u>			
The eligible population was properly identified.	Met	Met	Met
Based on the IS assessment findings, data sources used for this numerator were accurate.	Met	Met	Met
If hybrid measure was used, the integration of administrative and medical record data was adequate.	Met	Met	Met
If the hybrid method was used, the PCACO passed auditor review for the accuracy of all 15 randomly selected abstracted charts for HbA1c<8. If all 15 randomly selected charts did not pass, then 58 randomly selected charts were reviewed and the 58 randomly selected charts had an error rate of less than 5% for the abstraction of the HbA1c<8 numerator.	Met	Met	Met
SAMPLING			
<u>Unbiased Sample</u>			
As specified in the NCQA specifications, systematic sampling method was utilized.	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, after measure exclusions.	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
Substitutions were made for properly excluded records and the percentage of substituted records was documented.	Met	Met	Met

PCACO-SPECIFIC PERFORMANCE MEASURE VALIDATION RESULTS

Performance Measure Summaries

Kepro has leveraged CMS Worksheet 2.14, A Framework for Summarizing Information About Performance Measures, to report managed care plan-specific 2020 performance measure validation activities. As is required by CMS, Kepro has identified managed care plan and project strengths as evidenced through the validation process. In the absence of 2019 recommendations, no follow up was conducted in 2020. Kepro's Lead Performance Measure Validation Auditor assigned a validation confidence rating that refers to Kepro's overall confidence that the calculation of the performance measure adhered to acceptable methodology.

COMMUNITY CARE CHOICE

Performance Measure results

1. Overview of Performance Measure

PCACO name: Community Care Choice (CCC)
Performance measure name: Comprehensive Diabetes Care HbA1c < 8
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS® <input type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe): Claims and encounter data <input checked="" type="checkbox"/> Medical records (describe): PCACO medical records containing HbA1c values <input checked="" type="checkbox"/> Other (specify): Non-standard and standard supplemental databases provided by CCC containing HbA1c values
If the hybrid method was used, describe the sampling approach used to select the medical records: NCQA hybrid systematic sampling methodology following NCQA hybrid sample size reduction logic.
Definition of denominator (describe): NCQA HEDIS MY 2019 Comprehensive Diabetes Care measure eligible population: Members 18–75 years of age with diabetes (type 1 and type 2)
Definition of numerator (describe): Members with diabetes whose HbA1c was under control (<8.0%).
Program(s) included in the measure: <input checked="" type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date): January 1, 2019 - December 31, 2019.

2. Performance Measure Results (2019 Certified, Unaudited HEDIS Rate)

Numerator	223
Denominator	380
Rate	58.68%

3. Performance Measure Validation Status

<p>Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).</p> <p>None identified.</p>
<p>Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.</p> <p>MassHealth's vendor for measure production, Telligen, worked with a subcontractor, SS&C (DST), using its HEDIS-certified software (Care Analyzer) to calculate final administrative rates and the administrative component of the hybrid rate for the performance measures. Additionally, Telligen used DST's clinical data collection tool, Clinical Repository, to collect PCACO-specific clinical data. At project completion, DST integrated the administrative data with the hybrid results to generate the final rates for the PCACO hybrid measures. Performance measure validation, therefore, focused on these organizations' data and processes. Individual PCACOs did not participate in or contribute to the PMV process, with the exception of providing supplemental data files and hybrid medical record review data for performance measure calculation.</p> <p>No issues were identified that affected the reliability or validity of the performance measure results.</p>
<p>Describe any findings from medical record review that affected the reliability or validity of the performance measure results.</p> <p>The reviewer audited 15 numerator-compliant cases for the hybrid Comprehensive Diabetes Care HbA1c<8 numerator for CCC to ensure that the numerator-positive status was accurate for the hybrid cases that were designated as numerator-positive based on either chart review or supplemental data use. If all 15 cases did not pass audit, the reviewer expanded the review to 58 cases selected at random. If the error rate was less than 5%, the PCACO passed medical record and supplemental data review.</p> <p>The primary source documentation submitted established that the numerator data met the numerator requirements. There were no issues identified.</p>
<p>Describe any other validation findings that affected the accuracy of the performance measure calculation.</p> <p>None identified.</p>
<p>Validation rating: <input checked="" type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence</p>
<p>EQRO recommendations for improvement of performance measure calculation:</p> <p>None identified.</p>

PARTNERS HEALTH CHOICE

1. Overview of Performance Measure

PCACO name: Partners HealthCare Choice
Performance measure name: Comprehensive Diabetes Care HbA1c<8
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS® <input type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe): Claims and encounter data <input checked="" type="checkbox"/> Medical records (describe): Medical records containing HbA1c values <input checked="" type="checkbox"/> Other (specify): Non-standard and standard supplemental databases provided by Partners containing HbA1c values.
If the hybrid method was used, describe the sampling approach used to select the medical records: NCQA hybrid systematic sampling methodology, with NCQA hybrid sample size reduction logic followed.
Definition of denominator (describe): NCQA HEDIS MY 2019 Comprehensive Diabetes Care measure eligible population: Members 18–75 years of age with diabetes (type 1 and type 2)
Definition of numerator (describe): Diabetic members whose HbA1c was under control (<8.0%).
Program(s) included in the measure: <input checked="" type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date): January 1, 2019 - December 31, 2019.

2. Performance Measure Results: 2019 Certified, Unaudited HEDIS Rate)

Numerator	206
Denominator	342
Rate	60.23%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation). None identified.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Telligen worked with a subcontractor, SS&C (DST), using its HEDIS-certified software (Care Analyzer) to calculate final administrative rates and the administrative component of the hybrid rate for the performance measures. Additionally, Telligen used DST's clinical data collection tool, Clinical Repository, to collect PCACO-specific clinical data. At project completion, DST integrated the administrative data with the hybrid results to generate the final rates for the PCACO hybrid measures. Performance measure validation, therefore, focused on these organizations' data and processes. Individual PCACOs did not participate in or contribute to the PMV process, with the exception of providing supplemental data files and hybrid medical record review data for performance measure calculation. No issues were found that affected the reliability or validity of the performance measure results.

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

The reviewer audited 15 numerator-compliant cases for Partners to ensure that the numerator-positive status was accurate for the hybrid cases that were designated as numerator-positive based on either chart review or supplemental data use. If all 15 cases did not pass audit, the reviewer expanded the review to 58 cases selected at random. If the error rate was less than 5%, Partners passed medical record and supplemental data review. The primary source documentation submitted established that the numerator data met the numerator requirements. There were no issues identified.

Describe any other validation findings that affected the accuracy of the performance measure calculation.
None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

None identified.

STEWARD HEALTH CHOICE

1. Overview of Performance Measure

PCACO name: Steward Health Choice
Performance measure name: Comprehensive Diabetes Care HbA1c < 8
Measure steward: <input type="checkbox"/> Agency for Healthcare Research and Quality (AHRQ) <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) <input type="checkbox"/> Centers for Medicare & Medicaid Services (CMS) <input checked="" type="checkbox"/> National Committee for Quality Assurance (NCQA) <input type="checkbox"/> The Joint Commission (TJC) <input type="checkbox"/> No measure steward, developed by state/EQRO <input type="checkbox"/> Other measure steward (specify) _____
Is the performance measure part of an existing measure set? (check all that apply) <input checked="" type="checkbox"/> HEDIS® <input type="checkbox"/> CMS Child or Adult Core Set <input type="checkbox"/> Other (specify) _____
What data source(s) was used to calculate the measure? (check all that apply) <input checked="" type="checkbox"/> Administrative data (describe): Claims and encounter data <input checked="" type="checkbox"/> Medical records (describe): PCACO medical records containing HbA1c values. <input checked="" type="checkbox"/> Other (specify): Non-standard and standard supplemental databases provided by Steward Health Choice containing HbA1c values.
If the hybrid method was used, describe the sampling approach used to select the medical records: NCQA hybrid systematic sampling methodology following NCQA hybrid sample size reduction logic.
Definition of denominator (describe): NCQA HEDIS MY 2019 Comprehensive Diabetes Care measure eligible population: Members 18–75 years of age with diabetes (type 1 and type 2)
Definition of numerator (describe): Members with diabetes whose HbA1c was under control (<8.0%).
Program(s) included in the measure: <input checked="" type="checkbox"/> Medicaid (Title XIX) only <input type="checkbox"/> CHIP (Title XXI) only <input type="checkbox"/> Medicaid and CHIP
Measurement period (start/end date): January 1, 2019 to December 31, 2019.

2. Performance Measure Results: 2019 Certified, Unaudited HEDIS Rate

Numerator	212
Denominator	407
Rate	52.09%

3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation). None identified.

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.

Telligen worked with a subcontractor, SS&C (DST), using its HEDIS-certified software (Care Analyzer) to calculate final administrative rates and the administrative component of the hybrid rate for the performance measures. Additionally, Telligen used DST's clinical data collection tool, Clinical Repository, to collect PCACO-specific clinical data. At project completion, DST integrated the administrative data with the hybrid results to generate the final rates for the PCACO hybrid measures. Performance measure validation, therefore, focused on these organizations' data and processes. Individual PCACOs did not participate in or contribute to the PMV process, with the exception of providing supplemental data files and hybrid medical record review data for performance measure calculation.

No issues were identified that affected the reliability or validity of the performance measure results.

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.

The reviewer audited 15 numerator-compliant cases for the hybrid Comprehensive Diabetes Care HbA1c<8 numerator for Steward to ensure that the numerator-positive status was accurate for the hybrid cases that were designated as numerator-positive based on either chart review or supplemental data use. If all 15 cases did not pass audit, the reviewer expanded the review to 58 cases selected at random. If the error rate was less than 5%, Steward passed medical record and supplemental data review. The primary source documentation submitted established that the numerator data met the numerator requirements. There were no issues identified.

Describe any other validation findings that affected the accuracy of the performance measure calculation.

None identified.

Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence

EQRO recommendations for improvement of performance measure calculation:

None identified.

PROGRAM STRENGTHS

- MassHealth used an NCQA-certified vendor, DST, to produce PCACO performance measures.
- In its second year of external quality review, the PCACO program successfully completed performance measure validation.

OPPORTUNITIES & RECOMMENDATIONS

- None identified.

CONCLUSION

In summary, Kepro's validation review of the selected performance measures indicates that the MassHealth's Primary Care Accountable Care Organizations' measurement and reporting processes were fully compliant with specifications and were methodologically sound.



Section 4:

Appendices

APPENDICES. CONTRIBUTORS

Performance Measure Validation

Katharine Iskrant, CHCA, MPH

Ms. Iskrant is the President of Healthy People, an NCQA-licensed HEDIS audit firm. She is a member of the NCQA Audit Methodology Panel and NCQA's HEDIS Data Collection Advisory Panel. She is also featured on a 2020 NCQA HEDIS Electronic Clinical Data Systems (ECDS) podcast. Ms. Iskrant has been a Certified HEDIS® Compliance Auditor since 1998 and has directed more than two thousand HEDIS audits. Previously, as CEO of the company Acumetrics, Ms. Iskrant provided consultancy services to NCQA which helped their initial development and eventual launch of the NCQA Measure Certification Program. She is a frequent speaker at HEDIS conferences, including NCQA's most recent Healthcare Quality Congress. She received her bachelor's degree from Columbia University and her master's degree in public health from the University of California at 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.

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. She has managed the MassHealth external quality review program since 2016. Ms. Eckhof has a master's of science degree in health care administration and is a Certified Professional in Healthcare Quality. She is currently pursuing a graduate certificate in Medical Ethics at the University of Massachusetts at Amherst.

Emily Olson B.B.A

This is Ms. Olson's first year working with the Kepro team as a Project Coordinator. Her previous work was in the banking industry. She has a bachelor's degree in business management and human resources from Western Illinois University.