New Hampshire Medicaid Quality Strategy

September 2013

Ongoing NH Medicaid Quality Assurance

- Summary Reports
  - NH Medicaid Annual Report
  - Children's Health Insurance Report in New Hampshire (annual)
  - Monitoring Access to Care in New Hampshire's Medicaid Program (quarterly)
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)
  - *Etc.*
- Focused Studies
  - Chronic Diseases (e.g., cardiovascular disease, depression)
  - Use of Preventive Services
  - Service Utilization (e.g., Durable Medical Equipment, Emergency Department Use, dental services)
  - *Etc.*
- Focused Measures
  - Healthcare Effectiveness Data and Information Set (HEDIS)
  - *Etc.*

NH Medicaid Quality *References*

- Individual Measures
  - NH Medicaid Quality Indicators
  - http://nhmedicaidquality.org/

- Reports and Focused Studies
  - Office of Medicaid Business and Policy Publications
  - http://www.dhhs.nh.gov/ombp/publications.htm

Future
NH Medicaid Quality Assurance

- Health and Healthcare Services
- Consumer Experience
- Business Operations
- Integration with National Initiatives

Present
NH Medicaid Quality Activities

- CMS Medicaid Care Management "Quality Strategy"
- External Quality Review
- CMS Adult Medicaid Quality Grant – CMS Adult and Pediatric Quality Program
- State Innovations Grant - Medicaid Care Management Step Two

CMS Managed Care *"Quality Strategy"*

- Required by CMS for all states with managed care programs
- 42 CFR 438 Subpart D Quality Assessment and Performance Improvement

CMS Quality Strategy *Elements*

- Quality Assessment
  - Quality and appropriateness of care
  - Level of contract compliance
  - Use of health information technology

- Quality Improvement
  - Assessment based activities
  - Progress toward meeting quality objective

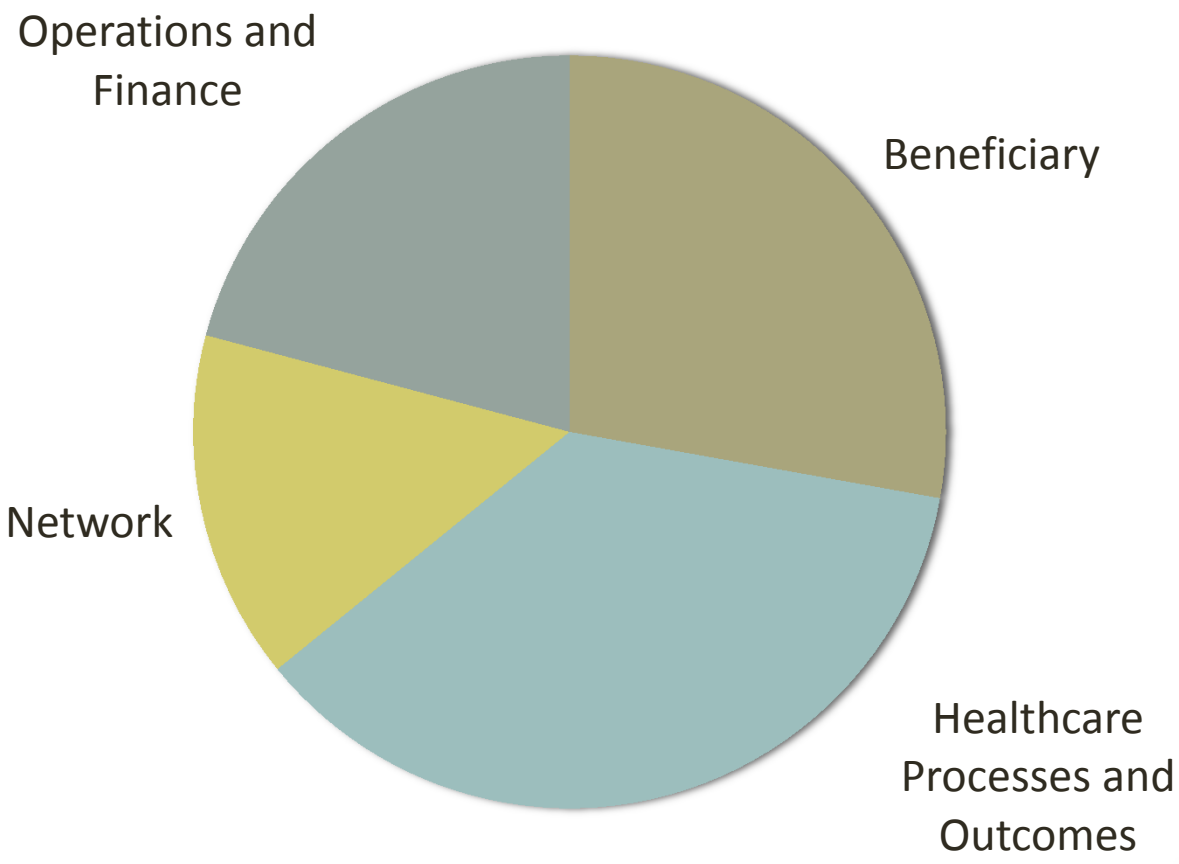
NH Medicaid Care Management Quality Strategy

- Contributions from
  - DHHS
  - Managed Care Organizations (MCOs)
  - External Quality Review Organization (EQRO)
- NH Medicaid Care Management Quality Strategy meets and exceeds CMS requirements
- All MCO requirements are embedded into the Medicaid Care Management contract
- Operationalized through indicators, projects, plans and reports

NH Medicaid Care Management Quality Strategy, *continued*

- Quality Indicators
  - Over 450 measures
  - Adult and Child CAHPS surveys of member satisfaction with quality of and access to care, coordination of care, and health plans
    - 73 adult measures
    - 92 child measures including special questions for children with chronic conditions
  - HEDIS Reporting of 141 quality of care measures
  - CMS Measure Set Reporting of an additional 37 quality of care measures
  - Behavioral Health Quality Indicators
    - 33 specifically addressing behavioral health
    - MCO must conduct a SAMSHA satisfaction survey
    - Measurement and reporting will all for subpopulation analysis

Medicaid Quality Indicators *Domains*



NH Medicaid Care Management Quality Strategy, *continued*

- Quality Projects
  - Quality Incentive Program
    - Timeliness Prenatal and Post-partum Care
    - Follow Up After Hospitalization for a Mental Illness Within 7 Days of Discharge
    - Parental Satisfaction with Children Getting Appointments for Care
    - Adult Satisfaction with Getting Appointments for Care
  - Performance Improvement Projects
    - MCO choice, 4 each year
    - Reducing the number of Early Elective Deliveries
    - Readmissions to New Hampshire Hospital

- Quality Plans
  - Quality Assurance and Improvement Plans
  - Payment Reform Incentive Plan
  - Plan to address cultural competency
  - Plan for various back up administrative services
  - Etc.,

NH Medicaid Care Management Quality Strategy, *continued*

- Medicaid Care Management Program Accountabilities
  - Contract Strategies
    - State standards
      - Access to and timeliness of care
      - Operations for health and administrative services , data exchange and reports
      - Etc.
    - Corrective Action Plans
    - Contract Sanctions – Liquidated Damages
    - Re-contracting/Amendments
  - Public Reporting
  - EQRO Technical Assistance

External Quality Review *EQR*

- External quality review is required by CMS for all states with managed care programs
  - Independent and bias free
  - Ensure accurate, reliable, free from bias, standards compliant data collection and analysis
  - Ensure that MCO structure, operations and provision of health services are consistent with current professional knowledge
- 42 CFR 438 Subpart E External Quality Review
- NH Medicaid External Quality Review Organization (EQRO): Health Services Advisory Group, Inc. (HSAG)

External Quality Review *Elements*

- Validation of MCO performance improvement projects
- Validation of MCO performance measures
- Validation of MCO compliance with state standards for projects and measures
- Validation of MCO encounter data
- Administration of consumer and/or provider surveys
- Calculation of additional performance measures
- Conduct additional performance improvement projects
- Conduct focused studies on a particular aspect clinical or non-clinical services at a point in time
- Provision of technical assistance to MCOs for quality activities

NH MCM Quality Strategy *References*

- DHHS Medicaid Care Management
  - http://www.dhhs.nh.gov/ombp/caremgt/index.htm

- DHHS MCM Related Documents
  - http://www.dhhs.nh.gov/ombp/caremgt/related-documents.htm

CMS Adult Medicaid Quality *Grant*

- From CMS Adult and Pediatric Quality program
- Data Aggregation and Analysis
  - Design new system for collection, management, & reporting of quality measures
  - Administrative portal to track data submissions and maintain information about the measures
  - Incorporate data from existing data sources: DHHS, MCOs
  - Measures falling outside of expected parameters will signal administrator
  - Robust and sustainable to handle emerging Medicaid quality analysis and reporting needs
- Enhanced reporting
  - Redesign building on NH Medicaid Quality Indicators available on www.nhmedicaidquality.org
  - New user driven summary and comparative reporting
  - New reporting on sub-populations, MCO comparisons
- Data application
  - Grant Quality Improvement Projects:
    - Follow up after Mental Health Admissions and Reductions
    - Early Elective Delivery

NH Medicaid Quality Indicators *Website*

A A A

an official NEW HAMPSHIRE government website

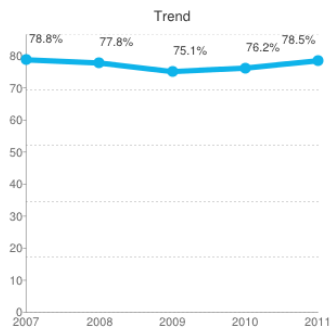
dhhs New Hampshire Department of HEALTH AND HUMAN SERVICES

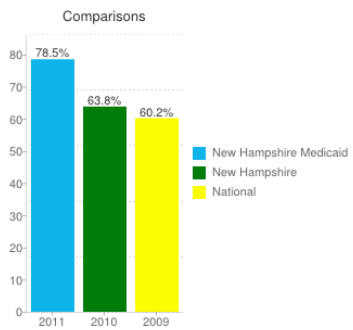
A-Z Index of Quality Indicators

- DHHS Home
- DHHS Medicaid Home
- Medicaid Quality Indicators Home
  - Quality Indicators
    - Health Care Services
      - Hospital Services
      - Preventive Services
      - Primary Care Services
    - Specific Health Topics
      - Health Behaviors
      - Respiratory Health
      - Behavioral Health
      - Cardiovascular Health
      - Diabetes Health
      - Maternal, Infant and Child Health
    - CMS Quality Indicators
      - Adult Quality Indicators
      - Pediatric Quality Indicators
    - Care Management Quality Indicators
      - MCO A
      - MCO B
      - MCO C

NH Medicaid Quality Indicators

Percent of Discharges for Hospitalization for Mental Health Disorder Treatment Where the Member Had a Follow-up within 30 Days





Last updated: 04/01/2013

Data

Year	Measure Numerator	Measure Denominator	NH Medicaid Rate	NH Rate	National Rate
2011	541	689	78.5%	N/A	N/A
2010	546	717	76.2%	63.8%	N/A
2009	512	682	75.1%	70.4%	60.2%
2008	493	634	77.8%	72.0%	
2007	540	685	78.8%	65.3%	

Measure Name: Mental Illness - Follow-up within 30 days of Discharge After Hospitalization

Medicaid Population Covered by Measure: Members 6 years and older as of the date of discharge, who were hospitalized for treatment of selected mental health disorders.

NH Medicaid Quality Indicators *Website, continued*

- Adult Quality Indicators
- Pediatric Quality Indicators
- Care Management Quality Indicators
- MCO A
- MCO B
- MCO C

Last updated: 04/01/2013

Data

Year	Measure Numerator	Measure Denominator	NH Medicaid Rate	NH Rate	National Rate
2011	541	689	78.5%	N/A	N/A
2010	546	717	76.2%	63.8%	N/A
2009	512	682	75.1%	70.4%	60.2%
2008	493	634	77.8%	72.0%	
2007	540	685	78.8%	65.3%	

Measure Name: Mental Illness - Follow-up within 30 days of Discharge After Hospitalization

Medicaid Population Covered by Measure: Members 6 years and older as of the date of discharge, who were hospitalized for treatment of selected mental health disorders.

Measure Data Source: NH Medicaid Claims Data

Measure Technical Definition: Follow-up after hospitalization for mental illness rate (FUH) is the number of discharges for non-dually enrolled adults who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within 30 days of discharge (Numerator), over the total number of non-dually enrolled, same-aged adults discharged after inpatient admission for mental health disorders (Denominator). The mental health disorders resulting in admission included in this measure are: schizophrenic, episodic mood, delusional, non–organic psychoses, developmental, obsessive compulsive, dysthymic, personality, acute stress reaction, adjustment, depression, disturbance of conduct, disturbance of emotion, and hyperkinetic syndrome.

Measure Relevance: Follow up care with a mental health clinical provider within 30 days after psychiatric hospitalization assists in a successful transition back into the community and may reduce mental illness exacerbations and re-hospitalization.

Date Measure Last Derived: CY 2011

NH Comparison Data

NH Data Source: NH Commercial Claims Data

NH Measure Comments: The measure has the potential for misrepresenting commercial results. Therefore, the measure was removed from the 2010 commercial database.

National Comparison Data

National Data Source: NCQA, HEDIS, Quality Compass, Measure Identifier Number: 22

New Hampshire Department of Health and Human Services
129 Pleasant Street | Concord, NH | 03301-3852

NH.gov | privacy policy | accessibility policy

copyright 2013. State of New Hampshire

State Innovation Model – *Step Two Planning*

- Step Two - Special Population Services
  - Waiver services
  - Nursing home services
  - Substance abuse services
  - Foster care services
- State Innovation Model Planning Grant
  - Development of system of community based long-term supports
  - Define services, MCO role and quality oversight as part of grant planning
  - For Medicaid beneficiaries, will build off of Medicaid Quality Indicator data system and website

New Hampshire
Medicaid Quality Strategy

- Describe the Medicaid beneficiary
  - …and not describe or be bounded by DHHS or other organizational structures
    - Data analysis and quality measurement should occur and be shared across all current DHHS entities
- Data driven, continuous quality improvement
  - …and not driven by subjective or motivated by popular priorities
    - Data analysis and quality measurement should comprehensively assess Medicaid population health and well being in all domains
    - Areas of strength should be identified for maintenance of effort; areas of opportunity should inform DHHS policy, program and budget priorities
- Valid and precise data analysis and measurement
  - … "you can't manage what you don't measure"
    - Measurement should be objective and quantified rather than subjective, using vetted measures that allow meaningful comparisons and longitudinal trending
- Transparent and broadly communicated
  - … and made available to the public (incorporating the appropriate privacy caveats)
    - Data analysis, quality measures and DHHS' commitment to continuous quality improvement should easily available
    - DHHS should be the best resource for information on the NH Medicaid population for all stakeholders

Integration with *National Quality Initiatives*

- CMS Practitioner Initiatives
  - Meaningful Use
  - Physician Quality Reporting System (PQRS)
- CMS Provider Initiatives
  - Hospitals (e.g., Inpatient Reporting Quality, Hospital Acquired Conditions, Value-Based Purchasing)
  - Skilled Nursing Facilities (e.g., Nursing Home Compare)
  - Home Health (e.g., Core Measure Set)
- CMS State Level Quality of Care Performance Measurement
- National Quality Strategy
- National Prevention Strategy
- United States Preventive Services Task Force (USPSTF)
- American Academy Pediatrics Bright Futures
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- *Etc*.

Contact Information

- Andrew Chalsma
  - Bureau Chief, Office of Medicaid Business and Policy, Bureau Healthcare Analytics and Data Systems
  - achalsma@dhhs.state.nh.us

- Erik Riera
  - Bureau Administrator, Bureau of Behavioral Health
  - eriera@dhhs.state.nh.us

- Doris Lotz, MD, MPH
  - Medicaid Medical Director
  - dlotz@dhhs.state.nh.us