

External Quality Review of Centennial Care

Performance Management Programs

Performance Improvement Projects

Review Period:

January 1, 2015 - December 31, 2015

Final Report: May 17, 2017



HealthInsight of New Mexico, located in Albuquerque, New Mexico, is pleased to present this report prepared for the New Mexico Human Services Department, (NMHSD) under Professional Service Contract (PSC) #15-630-8000-0015 A2. The report was prepared under the direction of:

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How to Use This Report

This report contains details of the annual external quality review (EQR) of Centennial Care managed care organizations (MCOs) in New Mexico. This project assesses compliance with state and federal regulations. It covers data gathered during calendar year (CY) 2015, the second year of implementation of Centennial Care.

This report is most useful when read in its entirety. However, the Executive Summary provides an overview of the review and its goals.

The Main Report presents an overview of scoring data and comparisons between MCOs and describes the methods used in the review, such as a discussion of regulations used and the scoring method for the project. The Main Report also provides year-to-year comparisons on scoring of individual subjects.

In addition to the Main Report, there are sections for each of the four MCOs (Sections A through D). These MCO-specific sections present detailed scoring, findings and recommendations for each MCO.

The Findings and Recommendations indicate the actionable items for the organizations under review. Findings are specific areas that the review found deficient. Recommendations offer suggestions on how to remedy the findings.

For reference, a glossary is provided at the end of this report that defines acronyms and other terms specific to this review. In addition, abbreviations are spelled out the first time they are used throughout the document.

The optimal way to read this report is in an electronic Portable Document Format (PDF) format using the bookmarks to navigate between sections. The Table of Contents hyperlinks will also assist in navigating to areas of interest.

1.0 Executive Summary

This report details the annual external quality review (EQR) of New Mexico's Medicaid managed care organizations (MCOs). Data reviewed was collected from services provided to Centennial Care members in calendar year (CY) 2015 (January 1 through December 31, 2015). This report covers the second year of implementation for Centennial Care, New Mexico's Medicaid managed care program.

Four MCOs held contracts with the New Mexico Human Services Department (HSD) to provide and manage member services during the review period. Alphabetically listed, they include:

- Blue Cross Blue Shield of New Mexico (BCBS)
- Molina Healthcare of New Mexico (MHP)
- Presbyterian Health Plan, Inc. (PHP)
- United Healthcare of New Mexico (UHC)

The review follows EQR Protocols 2 and 3 published by Centers for Medicare & Medicaid Services (CMS) and included the following activities:

- Assessment of each MCO's Quality Management and Quality Improvement (QM/QI) programs
- Validation of performance measures (PMs) reported to the state
- Validation of performance improvement projects (PIPs) reported to the state

The External Quality Review Organization (EQRO) rated each MCO's quality improvement program as fully compliant with Centennial Care contractual and regulatory requirements. The EQRO validated the accuracy and reliability of the PMs and PIPs reported to the state by each MCO. Table 1 lists the compliance levels earned in this review by each MCO. Compliance levels are reported individually for evaluation of the Performance Management Program (PMP) and each of the two PIPs developed by MCO. Detailed information about how each score was tabulated and any recommendations resulting from the review can be found later in this report or in the individual corresponding section for each MCO.

Table 1: PMP and PIPs Compliance Levels

MCO	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Blue Cross Blue Shield of New Mexico	Full	Full	Full
Molina Healthcare of New Mexico	Full	Minimal	Full
Presbyterian Health Plan	Full	Full	Full
United Healthcare of New Mexico	Full	Full	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

2.0 Purpose

The review assesses the accuracy of information reported to the state by the MCOs. The goal of these assessments is to improve the quality of health care provided to Centennial Care members in New Mexico. The EQRO reviewed and rated each MCO's quality improvement programs for basic elements of content, accurate performance measurement, and performance improvement activities.

The reviews are designed to identify opportunities for improvement in services to Centennial Care members and meet contractual and regulatory requirements more fully. The reviews are also designed to assist HSD in monitoring the MCOs' implementation of Centennial Care as part of HSD's internal quality control and to inform state reports to CMS.

3.0 Background

Medicaid managed care began in New Mexico in 1997. It has been administered by HSD throughout that time. Health care services are contracted to MCOs (currently there are four) that are each charged with providing the required health care services and options throughout the state. HealthInsight New Mexico, previously known as New Mexico Medical Review Association (NMMRA), has served as the EQRO for New Mexico since 2005.

The CMS requires that states with Medicaid managed care programs review, at least annually, the impact and effectiveness of each MCO's QM/QI program and PIPs. HSD contracted with HealthInsight New Mexico to review the program descriptions, annual evaluations, processes used to conduct PIPs, and the results reported to the state. This report is the result of that contracted review.

Centennial Care is the name given to the program designed, in part, to comply with the requirements of the Affordable Care Act (ACA). Additionally, Centennial Care provided a system for the state to provide quality healthcare services to the newly expanded Medicaid population. As for the most recent data publicly available, (January 20, 2016), Centennial Care enrollment is 746,417. These dates and figures are extracted from HSD's annual report covering CY 2015¹, which corresponds to the review period for this report.

As directed by CMS, each state providing Medicaid managed care must undertake and report to CMS the results of three mandatory EQR activities:

- Assessment of compliance with Medicaid managed care contractual and regulatory requirements regarding quality and management reporting
- Validation of PMs that were reported to the state
- Validation of PIPs that were reported to the state

This report describes the methods and results of the most recent EQR performed to validate PMs and PIPs reported to the state. A separate annual report addresses MCO compliance with Medicaid managed care regulations and both reviews span services provided from January 1 through December 31, 2015.

¹

<http://www.hsd.state.nm.us/uploads/files/Public%20Information/Centennial%20Care/Quarterly%20Reports/2015%20Annual%20Reports/Final%20Report.pdf> (accessed 1/23/2017)

4.0 Assessment Process

The EQRO designed this review to validate the reliability of contractually required PMs and PIPs reported to the state by each MCO. Further, this review is designed to assess the compliance by MCOs of contractual and regulatory requirements for required PMs and PIPs. Upon publication, this report will be accessible on the HSD website. In keeping with contractual and regulatory requirements, each of the activities described below were conducted using the EQR protocols published by CMS for this purpose.

4.1 Performance Management Programs

Task 1

The first project task was to review each of the MCO's PMP descriptions, evaluations, and state reports for compliance with state specifications. Figure 1 shows the eight performance measures the MCO contracts require the MCOs to track and report to the state. Figure 2 lists the four questions the EQRO uses to evaluate the MCO's handling of each performance measure. The EQRO is charged with validating the accuracy and reliability of the PMs and PIP results reported to the state. HSD directed the MCOs to calculate and report the PMs based on the Healthcare Effectiveness Data and Information Set (HEDIS®)² measure criteria published by the National Committee for Quality Assurance (NCQA).

Each of the MCOs is NCQA accredited for their Medicaid HMO (managed care) line of business. The EQRO reviewed each MCO's HEDIS Compliance Report and HEDIS Interactive Data Submission System (IDSS) workbook (performance rates) produced as part of its most recent NCQA accreditation survey. The EQR process included a validation of the performance rates and a targeted review of quality-related interventions implemented to improve MCO performance on each of the eight contract-required PMs.

Figure 1. Contract-required Performance Measures

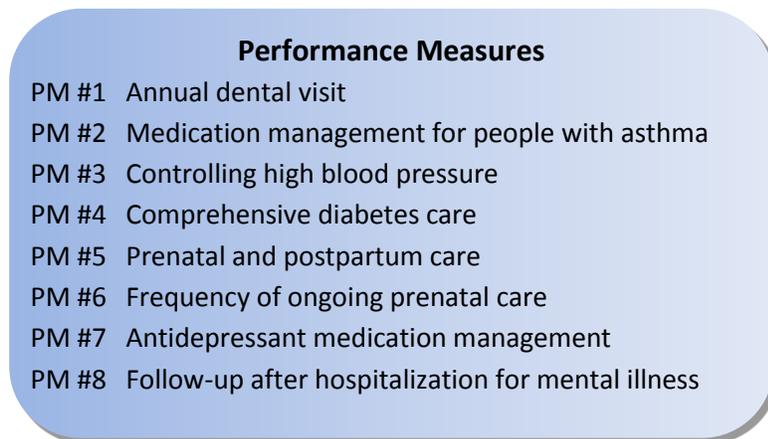
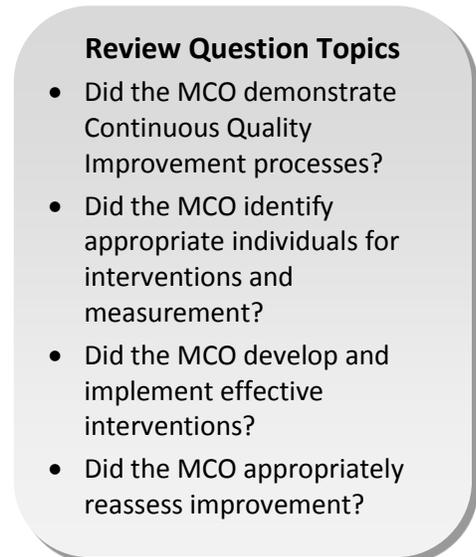


Figure 2. Questions Used to Assess Performance



² HEDIS® is the abbreviation for the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

4.2 Performance Improvement Projects

Task 2

The second project task is a review of two PIPs conducted in 2015. The state required each MCO to conduct one PIP focused on services to children and one PIP focused on long-term care (LTC) services. Within these domains, each MCO could customize the PIP to meet the unique needs of its members.

The EQRO evaluated the processes related to each MCO’s quality improvement efforts. Each PIP was evaluated and scored using the same criteria; therefore, comparisons between MCO performances can be made. The Code of Federal Regulations (CFR) is an annual publishing of the general and permanent rules from the executive departments and agencies of the federal government. Section 42 CFR 438.240, of this code requires the EQRO to follow CMS EQR Protocol 3 to complete reviews and the reporting process. Figure 3 lists the PIPs chosen by each MCO while the 10 steps that were used to evaluate those PIPs are listed in Figure 4.

Figure 3. PIPs Submitted to the EQRO for Consideration by Each MCO

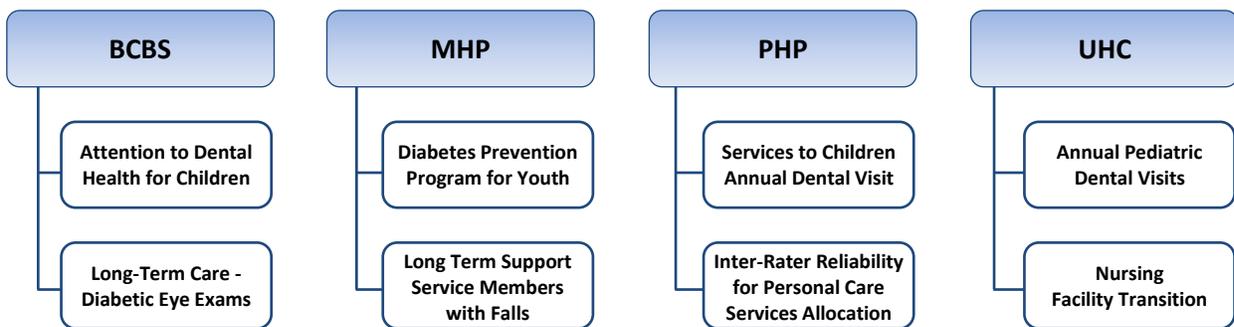
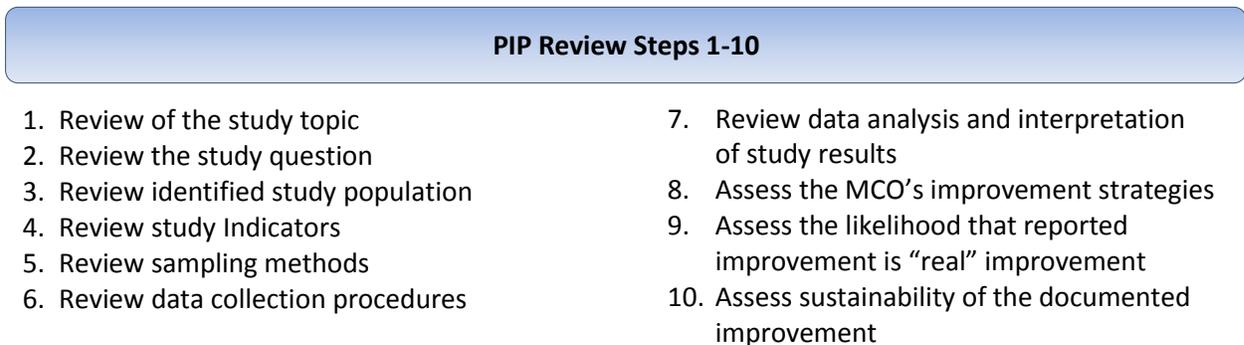


Figure 4. CMS-Defined 10 Step Process for Validating PIP



5.0 Scoring Method

This section describes the numerical system used for rating the review of each MCO's PMPs and PIPs.

5.1 Performance Management Programs

Each PM was reviewed and rated on two components:

1. Data collection procedures
2. Effectiveness of the CQI activities

NCQA surveyed each Medicaid MCO in 2015 and each achieved or maintained accreditation status. EQRO staff reviewed the HEDIS compliance reports and the IDSS workbooks submitted by each MCO as part of its validation of performance rates reported to the state. The CMS protocols require the EQRO to comment on the data collection procedures. Since NCQA determined the validity of the data collection through their HEDIS auditing process, the EQRO interpreted this as satisfying the data collection requirements. With that in mind, the EQR activity focused on the quality improvement efforts and performance results reported by each MCO.

A total of 100 points was available for the PMP review. The point allocation was approved by HSD. The "total available points" for each criterion is divided by the "actual points scored," to determine a simple percentage score. This same calculation process is followed for each of the PIPs. As listed on Table 2, each of the eight PMs was valued at 11 points. Within each PM, there were four scoring indicators valued at 2.75 per indicator:

- Did the MCO demonstrate CQI processes?
- Did the MCO identify appropriate individuals for interventions and measurement?
- Did the MCO develop and implement effective interventions?
- Did the MCO appropriately reassess improvement?

Table 2 lists the available points for both the PM data collection and the QM/QI Processes.

Accurate Measurement of Performance	Available Points
HEDIS Interactive Data Submission System	6
HEDIS Compliance Audit	6
PM #1 Annual dental visit	11
PM #2 Medication management for people with asthma	11
PM #3 Controlling high blood pressure	11
PM #4 Comprehensive diabetes care	11
PM #5 Prenatal and postpartum care	11
PM #6 Frequency of ongoing prenatal care	11
PM #7 Antidepressant medication management	11
PM #8 Follow-up after hospitalization for mental illness	11
Total Points Available	100
Total Points Scored	100

5.2 Performance Improvement Projects

Each PIP is scored separately and has a total of 100 points available. In consultation with HSD, the EQRO allocates these points to each of the ten steps. The allocations were designed so that the interventions, improvements and the sustainability of those improvements counted more than the initial set-up.

Table 3 provides the breakdown of the available points per step reviewed.

Review Activity	Available Points
1. Review the study topic(s)	5
2. Review study question(s)	5
3. Review identified study population	10
4. Review study indicators	5
5. Review sampling methods	5
6. Review data collection procedures	20
7. Review data analysis and interpretation of study results	20
8. Assess MCO's improvement strategies	10
9. Assess likelihood that reported improvement is "real" improvement	10
10. Assess sustainability of the documented improvement	10
Total	100

6.0 Review Results and MCO Comparisons

The EQRO rated each MCO's PMP as fully compliant with Centennial Care contractual and regulatory requirements. In addition, the EQRO was able to validate the accuracy and reliability of the PMs and PIPs reported to the state by each MCO. Table 4 lists the compliance levels earned in this review by each MCO. Results are reported by MCO for the PMP and two PIPs. More detailed information about how each score was tabulated and any recommendations resulting from the review can be found later in this report and/or in the corresponding MCO-specific section.

MCO	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Blue Cross Blue Shield of New Mexico	Full	Full	Full
Molina Healthcare of New Mexico	Full	Minimal	Full
Presbyterian Health Plan, Inc.	Full	Full	Full
United Healthcare of New Mexico	Full	Full	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

6.1 Performance Management Programs

Each MCO was evaluated for its ability to collect accurate data, its evidence of CQI process implementation, and its demonstration of improvement in processes and outcomes for Centennial Care. All four MCOs earned Full Compliance levels for PMP content and processes. Each MCO's PMP scoring and compliance level are reported on Table 5. Individual MCO scores are reported in more detail in the MCO individual sections.

Accurate Measurement of Performance	Available Points	MCO Points Scored			
		BCBS	MHP	PHP	UHC
HEDIS Interactive Data Submission System	6	6	6	6	6
HEDIS Compliance Audit	6	6	6	6	6
PM #1 Annual dental visit	11	11	11	11	11
PM #2 Medication management for people with asthma	11	11	11	11	11
PM #3 Controlling high blood pressure	11	11	11	11	11
PM #4 Comprehensive diabetes care	11	11	11	11	11
PM #5 Prenatal and postpartum care	11	11	11	11	11
PM #6 Frequency of ongoing prenatal care	11	11	11	11	11
PM #7 Antidepressant medication management	11	11	11	11	11
PM #8 Follow-up after hospitalization for mental illness	11	11	11	11	11
Total Points Available	100	100	100	100	100
Total Points Scored		100	100	100	100
Compliance Level Received		Full	Full	Full	Full

For each performance measure listed above, the MCO was asked to address the following four issues:

1. Describe your organization's comprehensive quality improvement processes including the complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from and revising solutions. Include some examples of this from your documentation.
2. Describe the process your organization takes to ensure that interventions are targeted to the appropriate individuals.
3. Describe the process your organization uses to develop targeted, effective interventions. Include some examples from your documentation.
4. Provide documentation that demonstrates reassessment of improvements through a review of QI Program Description, QI Work Plans and other QI documentation. Include your Quality Program Description and Evaluation for the year in review.

6.2 Performance Rates

Tables 6 and 7 list the reported performance rates for each measure by MCO for services provided to members during CY 2015. A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period, which is shown in the last column of the table. For this report, the MCO performance rates are compared with the Region VI averages for Medicaid Managed Care as reported in Quality Compass. Quality Compass is the reporting mechanism used by NCQA to distribute certified HEDIS rates.

The following table provides each MCO's HEDIS-certified performance rates and the Health and Human Services (HHS) Region VI average. Region VI includes New Mexico, Texas, Oklahoma, Arkansas and Louisiana. The rates below are provided as a convenience to the reader with **bolded** text to indicate which rates were the best among the four MCOs. The focus of the EQRO review is about process validity and process improvement; therefore, the rates do not affect scoring.

Table 6: MCO PM Performance Rates					
PMs	2015 BCBS	2015 MHP	2015 PHP	2015 UHC	2015 Region VI Average
Annual dental visit					
Ages 2-21	59.63	70.07	66.43	49.88	60.65
Medication management for people with asthma					
Medication compliance 50%	51.09	49.38	54.57	56.28	N/A
Controlling high blood pressure					
Ages 18-85	56.99	51.38	56.42	49.88	43.53
Comprehensive diabetes care					
Eye exam	47.76	54.53	46.07	62.53	44.99
HbA1c testing	80.43	88.08	84.64	84.43	83.25
Nephropathy	85.07	88.08	86.91	90.27	90.26
Poor HbA1c control (lower is better)	52.90	45.03	48.34	52.55	59.90
Prenatal and postpartum care					
Prenatal care (timeliness)	72.61	75.97	66.36	67.40	81.64
Postpartum visit (frequency)	57.91	51.49	53.13	41.36	59.84
Frequency of ongoing prenatal care					
Completed more than 80% of expected visits	50.56	55.38	42.92	34.06	60.65
Antidepressant medication management					
Acute treatment	54.80	49.55	53.36	56.62	54.58
Continuation treatment	39.40	34.67	36.24	42.89	39.58
Follow-up after hospitalization for mental illness					
7-days	34.27	34.64	32.56	54.96	40.79
30-days	55.10	59.76	59.75	73.08	61.46

At least half of Centennial Care MCOs performed above the regional average in dental visits for members aged 2-21, controlling blood pressure, diabetic eye exams, Hemoglobin A1c testing, and A1c control. The remaining half of the MCOs fell below the average in nephropathy screening, both pregnancy measures, as well as both indicators for antidepressant medication management and follow-up after hospitalization for mental illness. No regional average was published for the measure regarding asthma compliance greater than 50 percent.

The conclusion is the MCOs perform well in some areas; however, pregnant members, new mothers, and members experiencing a hospitalization for mental illness need additional attention from the MCOs. Developing and implementing effective interventions to address these issues remains paramount to improving the health of the Medicaid population.

6.3 Performance Improvement Projects

Each PIP was evaluated and scored for:

1. Demonstrated implementation of QI processes
2. Identification of barriers to success
3. Quality improvement strategies and interventions to address the barriers
4. Calculation of performance rates
 - a. These rates may or may not follow HEDIS technical specifications, depending on what is being measured.

After review, the EQRO rated each MCO as fully compliant with one exception for one MCO with Centennial Care contractual and regulatory requirements regarding process improvement.

The state assigned each MCO to conduct one PIP focused on services to children and one PIP focused on LTC services. Each MCO was allowed to customize the PIP to meet the unique needs of its members. The topics for the PIPs differed between each MCO, but all PIPs were scored for structure and method using the same criteria; therefore, comparisons can be made between MCOs' performances. The resulting scores for each PIP are in Tables 7 and 8.

Table 7 lists the PIP #1 scores and compliance levels with comparisons across MCOs for each step scored. More details on individual MCO scores are reported in the individual MCO specific sections. The EQRO considers Step 5 not applicable when an MCO measures the entire population and does not conduct sampling and is represented by an N/A. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

PIP #1: Improving Services to Children	2015 Available Points	BCBS	MHP	PHP	UHC
Step 1. Review study topic(s)	5	5	0	5	5
Step 2. Review study question(s)	5	5	5	5	5
Step 3. Review identified study population	10	10	10	10	10
Step 4. Review study indicators	5	5	0	5	5
Step 5. Review sampling methods	5	N/A	0	N/A	N/A
Step 6. Review data collection procedures	20	20	17	20	20
Step 7. Review data analysis and interpretation of study results	20	20	15	20	20
Step 8. Assess MCO's improvement strategies	10	10	2	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A	N/A	N/A	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A	N/A	N/A	N/A
Total Points Available	100	75	80	75	75
Total Points Scored		75	49	75	75
Final Percentage Score		100%	61.25%	100%	100%
Compliance Level		Full	Minimal	Full	Full

Table 8 lists the PIP #2 scores and compliance levels with comparisons across MCOs for each step scored. More details on individual MCO scores are reported in the individual MCO specific sections.

Table 8: PIP Scores and Compliance Levels					
PIP #2: Improving Long-term Care Services	2015 Available Points	BCBS	MHP	PHP	UHC
Step 1. Review study topic(s)	5	5	5	5	5
Step 2. Review study question(s)	5	5	5	5	5
Step 3. Review identified study population	10	10	10	10	10
Step 4. Review study indicators	5	5	5	5	5
Step 5. Review sampling methods	5	N/A	5	N/A	N/A
Step 6. Review data collection procedures	20	20	20	20	20
Step 7. Review data analysis and interpretation of study results	20	20	20	20	20
Step 8. Assess MCO's improvement strategies	10	10	10	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A	N/A	N/A	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A	N/A	N/A	N/A
Total Points Available	100	75	80	75	75
Total Points Scored		75	80	75	75
Final Percentage Scored		100%	100%	100%	100%
Compliance Level		Full	Full	Full	Full

7.0 Rebuttal and Reconsideration

Upon HSD approval of the draft report, each MCO will receive a copy and be afforded the opportunity to rebut findings and request reconsideration. For details on individual MCO results, please see the MCO-specific sections.

8.0 Conclusions and Recommendations

Based on the EQRO's review of CMS requirements, evidence acquired during this review, guidelines on how to interpret the data, and the scoring methodology approved by HSD, HealthInsight New Mexico finds that the MCOs continue to develop and implement PMs and PIPs that are consistent with CMS Protocols for the provision of care and services to Centennial Care members. Each MCO has processes in place designed to improve rates for each PM. There is always room for improvement as some rates remain below the regional average.

For the second year of review for Centennial Care for PMs and PIPs, the MCOs appear to have the policies and procedures in place to provide accurate and reliable data to HSD and the public. The focus of this report is on processes designed to improve the delivery of services to Centennial Care members. The quality of the care received is not a specific consideration for this report. However, quality of care is extensively assessed and reported in the EQRO Compliance Report, which is available through the HSD website.

The EQRO will continue to monitor the indicators for sustainable improvements and interventions. The structure of the PIPs, initial measurements, barrier analysis and development of interventions suggest that the PIPs can be successful moving forward. The following Sections A-D, provide more detailed findings and recommendations for each individual MCO.

Section A: Blue Cross and Blue Shield of New Mexico Findings and Recommendations

Section A: Blue Cross and Blue Shield of New Mexico

For MCO comparison information and assessment methodology, see the Main Report.

A.1 Findings

After review, the EQRO rated BCBS's PMP as fully compliant with Centennial Care contractual and regulatory requirements. The EQRO validated the accuracy and reliability of the PMs and PIPs reported to the state. Table A-1 provides the scores and compliance levels for each area of review.

BCBS	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Score	100%	100%	100%
Compliance Level	Full	Full	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

A.2 Performance Management Program

The EQRO reviewed BCBS's PMP for compliance with the state's requirements for data tracking processes, quality improvement efforts and performance rate improvements.

As an NCQA accredited health plan, BCBS submitted the results of its most recent annual accreditation survey for use in validating the measures reported to the state. The EQRO auditors reviewed the MCO's 2016 HEDIS Compliance Audit report validating the MCO's adherence to HEDIS standards and procedures for measure production and its IDSS workbook listing the HEDIS certified performance rates. Data reported for 2016 HEDIS covers services provided during CY 2015, which is the review period for this report.

Auditors also reviewed the MCO's description of its QM/QI program and the corresponding evaluation. The EQRO confirmed that the following BCBS processes met the state's requirements for performance improvement through the following sequence of questions.

- Did the MCO demonstrate CQI processes?
- Did the MCO identify appropriate individuals for interventions and measurement?
- Did the MCO develop and implement effective interventions?
- Did the MCO appropriately reassess improvement?

The "total points available" is the sum of all the points assigned to each criterion and forms the denominator for score calculation. The numerator for the rate calculation is the "total points scored" which represents the actual aggregate points assigned to the MCO for each criterion scored. These two numbers are then divided to create a simple percentage score. This same calculation process is followed for each of the PIPs.

Table A-2 lists the available points and actual scores of the PMP analysis for BCBS.

Table A-2: BCBS PM Scoring Points Breakdown		
Accurate Measurement of Performance	Available Points	Scored Points
HEDIS Interactive Data Submission System	6	6
HEDIS Compliance Audit	6	6
PM #1 Annual dental visit	11	11
PM #2 Medication management for people with asthma	11	11
PM #3 Controlling high blood pressure	11	11
PM #4 Comprehensive diabetes care	11	11
PM #5 Prenatal and postpartum care	11	11
PM #6 Frequency of ongoing prenatal care	11	11
PM #7 Antidepressant medication management	11	11
PM #8 Follow-up after hospitalization for mental illness	11	11
Total Available Points	100	100
MCO Total Points Scored		100
MCO Compliance Level Received		Full

A.3 Performance Rates

Table A-3 lists BCBS's HEDIS certified performance rates reported to the state for the eight contract-required PMs in CY 2015. A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period. **Bolded text** indicates the best performance rates reported in New Mexico for the respective years.

Table A-3: MCO PM Performance Rates and Historical Comparison					
BCBS PMs	CY 2014 Performance Rate	CY 2015 Performance Rate	Difference Between 2015 and 2014 Rates	CY 2015 Regional Average	Difference Between 2015 Rate and Region VI Averages
Annual dental visit					
Ages 2-21	57.46	59.63	2.17	60.65	-1.02
Medication management for people with asthma³					
Medication compliance 50%	N/A	51.09	N/A	N/A	N/A
Controlling high blood pressure					
Ages 18-85	51.66	56.99	5.33	43.53	+13.46
Comprehensive diabetes care					
Eye Exam	54.23	47.76	-6.47	44.99	+2.77
HbA1c Testing	83.42	80.43	-2.99	83.25	-2.82
Nephropathy	78.61	85.07	6.46	90.26	-5.19
Poor HbA1c Control (lower is better)	47.26	52.9	5.64	59.9	-7.00
Prenatal and postpartum care					
Prenatal care (timeliness)	73.08	72.61	-0.47	81.64	-9.03
Postpartum visit (frequency)	54.52	57.91	3.39	59.84	-1.93
Frequency of ongoing prenatal care					
Completed more than 80% of expected visits	55.20	50.56	-4.64	60.65	-10.09
Antidepressant medication management					
Acute treatment	59.97	54.80	-5.17	54.58	+0.22
Continuation treatment	47.77	39.40	-8.37	39.58	-0.18
Follow-up After Hospitalization for Mental Illness					
7-days after discharge	39.00	34.27	-4.73	40.79	-6.52
30-days after discharge	58.49	55.10	-3.39	61.46	-6.36

³ This rate was not reported in 2014. It replaces the measure, "Use of Appropriate Medications for people with asthma."

For this report, the MCO performance rates are compared with the regional averages for Medicaid Managed Care as reported in Quality Compass. Quality Compass is the reporting mechanism used by NCQA to distribute certified HEDIS rates.

For CY 2015, BCBS had the highest performance rates of the four MCOs for controlling high blood pressure and frequency of postpartum visits. BCBS surpassed the regional average for four indicators and performed below the average on nine indicators. BCBS had year over year improvements in 30.77 percent of indicators and thus declines in the remaining 69.23 percent.

A.4 Performance Improvement Projects

BCBS submitted two PIPs for Centennial Care titled:

1. Attention to Dental Health for Children (Ages 2-18)
2. Long-term Care, Diabetic Eye Exam

Sections A.5 and A.6 provide detail on how the parameters of these PIPs are defined and measured. Table A-4 lists the performance rates for both of the PIPs submitted for review. Performance rates for CY 2014 serve as baselines since they cover services provided during the first year of Centennial Care. This table lists baselines, historical comparisons and regional averages where available. PIP #2 does not have a regional average since it is not an NCQA HEDIS measure.

Table A-4: MCO PIP Performance Rates				
PIP Topics	CY 2014 Performance Rate	CY 2015 Performance Rate	Percentage Point Change	CY2015 Regional Average
PIP #1 Attention to Dental Health for Children				
Annual dental visits (ages 2-18)	59.18	61.18	+2.00	_ ⁴
PIP #2. Long-term Care, Diabetic Eye Exam				
Long-term care, diabetic eye exam	8.90	20.35	+11.45	_ ⁵

A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period.

The ten steps used for scoring and reflected in Tables A-5 and A-6 are outlined and described in CMS EQR Protocol 3. In future reviews, this table will be used to list historical data for identifying trends and assessing sustained improvement. For Step 5, the score is not applicable (N/A) when the entire population was used in the study, which is the case for these PIPs. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements. Therefore, Steps 9 and 10 as reported on Tables A-5 and A-6 below are not applicable because neither improvement nor sustained improvement can be demonstrated. Thus, the total available points for the review stands at 75 rather than 100.

⁴ There is no regional average for this measure because the age range is different from the 2-21 age range reported in Quality Compass

⁵ There is no regional average for this measure because there is no HEDIS measure specific to diabetic eye exams in the long-term care population. The eye exam rates shows through HEDIS and Quality Compass pertain to the entire diabetic Medicaid population.

A.5 PIP #1: Attention to Dental Health for Children

As listed on Table A-5, BCBS achieved 100 percent for this PIP. The total points available are the sum of all the points that can be scored for all criteria and form the denominator for the score calculation. The total points scored are the sum of all the points that the MCO received for all criteria and form the numerator for the rate calculation.

PIP #1 addressed the following study question:

- Does utilizing a quality improvement model with a multifaceted approach and wide array of quality improvement interventions increase the proportion of eligible Centennial Care children ages 2 to 18 years to complete an annual dental visit?

The denominator for rate calculation was defined as children who turn 2-18 years of age during the measurement year, who have had 12 months of continuous enrollment with no more than one gap in enrollment of up to 45 days during the measurement year.

The numerator for rate calculation was defined as the number of children who meet the denominator definition, and who have completed a dental office visit.

BCBS identified a number of barriers and developed interventions to address each of them.

Barriers included knowledge deficits for parents/guardians, community health workers, PCPs, and dental providers unfamiliar with the DentaQuest claims process. BCBS developed various educational and outreach activities to meet the needs of each category of participant. BCBS also identified members who had not accessed the service and reached out to them specifically.

Another identified barrier was “behavior inertia” which means members were either unaware of the benefit or unmotivated to complete the dental visit. BCBS increased its campaign to highlight the Centennial Rewards program.

For the current reporting year, the interventions appear to be effective, as BCBS had rate improvements in all age categories.

As of the end of the study period, 61.18 percent of children had received their annual dental exam.

BCBS undertook many interventions designed to increase the rates of children receiving dental examinations. Interventions included:

1. Scripted calls to 5,936 members regarding the dental benefit. Of those, 3,476 members received their dental care following the call.
2. Mailed reminder postcards
3. Published various member newsletter articles
4. Addressed the issue in the Member Handbook
5. Explained the benefits of the Centennial Rewards program as it relates to dental health
6. Advertised the use of the Audio Health Library system whereby members can access information on benefits and health issues
7. Arranged transportation as needed through LogistiCare
8. Worked with DentaQuest regarding geographic access and provider availability for both urgent and routine care
9. Provided outreach to community health workers and primary care physicians to remind their clients or patients about dental care and the benefits available through BCBS.

Table A-5 lists the detailed scoring of PIP #1. The EQRO considers Step 5 not applicable when an MCO measures the entire population and does not conduct sampling and is represented by N/A. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

Table A-5: BCBS PIP Scores and Compliance Levels		
PIP #1 Attention to Dental Health for Children	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points Scored		75
Final Percentage Scored		100%
Compliance Level		Full

A.6 PIP #2: Long-term Care, Diabetic Eye Exam

Table A-6 lists the detailed scoring of PIP #2. The scoring process for PIP #2 is the same as for PIP #1.

PIP# 2 addressed the following study question:

- Does utilizing a continuous quality improvement model with a multifaceted approach and wide array of quality improvement interventions increase the proportion of eligible adult Centennial Care diabetic, low nursing facility level of care (NFLOC), long-term care facility resident members to obtain the recommended yearly diabetic eye exam service?

BCBS undertook many interventions designed to increase the rates of long-term care members receiving diabetic eye examinations. Interventions included:

1. Instituted a checklist-based process for notifying the facility and the member about potential gaps in care for diabetic services for members with low level of care needs
2. Published various member newsletter articles

3. Addressed the issue in the Member Handbook
4. Explained the benefits of the Centennial Rewards program as it relates to diabetes care, which includes regular eye examinations
5. Advertised the use of the Audio Health Library system whereby members can access information on health issues including diabetes' impact on dietary needs and lifestyle choices
6. Implemented interdepartmental efforts between Quality Improvement, Health Services, and Network Services to discuss how to reach members more effectively
7. Provided outreach to care coordinators and primary care physicians to educate their members or patients about diabetes care and the benefits/resources available through BCBS

As of the end of the study period, 20.35 percent of diabetics in the LTC program had received an eye exam for retinopathy, up from 8.9 percent in the previous review. This is an 11.45 percent increase.

The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

Table A-6: BCBS PIP Scores and Compliance Levels		
PIP #2 Long-term Care, Diabetic Eye Exam	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points Scored		75
Final Percentage Scored		100%
Compliance Level		Full

A.7 Rebuttal and Reconsideration

BCBS had the opportunity to offer rebuttals or requests for reconsideration of any findings or scores in this report. BCBS stated that they had no report rebuttal comments or requests for reconsideration

A.8 Recommendations

For the PMs, the EQRO recommends that the MCO:

- Implement alternative methods and/or new settings to increase the number of diabetic members in the LTC program who receive screening for retinopathy
- Implement alternative methods and/or new settings to increase the rates of follow-up for member who are hospitalized for mental illness

Since the MCO scored 100% on these PIPs, there are no recommendations for the Performance Improvement Projects.

Section B: Molina Healthcare of New Mexico Findings and Recommendations

Section B: Molina Healthcare of New Mexico

For MCO comparison information and assessment methodology, see the Main Report.

B.1 Findings

After review, the EQRO rated MHP's QI program as fully compliant with Centennial Care contractual and regulatory requirements. In addition, the EQRO was able to validate the accuracy and reliability of the PMs and PIPs reported to the state. Table B-1 provides the scores and compliance levels for each area of review.

MHP	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Score	100%	61.25%	100%
Compliance Level	Full	Minimal	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

B.2 Performance Management Program

The EQRO reviewed MHP's PMP for compliance with the state's requirements for data tracking processes, quality improvement efforts and performance rate improvements.

As an NCQA accredited health plan, MHP submitted the results of its most recent annual accreditation survey for use in validating the measures reported to the state. The EQRO auditors reviewed the MCO's 2016 HEDIS Compliance Audit report validating the MCO's adherence to HEDIS standards and procedures for measure production and its IDSS workbook listing the HEDIS certified performance rates. Data reported for 2016 HEDIS covers services provided during CY 2015, which is the review period for this report.

Auditors also reviewed the MCO's description of its QM/QI program and the corresponding evaluation. The EQRO confirmed that the following MHP processes met the state's requirements for performance improvement through the following sequence of questions.

- Did the MCO demonstrate CQI processes?
- Did the MCO identify appropriate individuals for interventions and measurement?
- Did the MCO develop and implement effective interventions?
- Did the MCO appropriately reassess improvement?

The "total points available" is the sum of all the points assigned to each criterion and forms the denominator for the score calculation. The numerator for the rate calculation is the "total points scored" which represents the actual aggregate points assigned to the MCO for each criterion scored. These two numbers are then divided to create a simple percentage score. This same calculation process is followed for each of the PIPs.

Table B-2 lists the available points and the actual score of the PMP analysis for MHP.

Table B-2: MHP PM Scoring Points Breakdown		
Accurate Measurement of Performance	Available Points	Scored Points
HEDIS Interactive Data Submission System	6	6
HEDIS Compliance Audit	6	6
PM #1 Annual dental visit	11	11
PM #2 Medication management for people with asthma	11	11
PM #3 Controlling high blood pressure	11	11
PM #4 Comprehensive diabetes care	11	11
PM #5 Prenatal and postpartum care	11	11
PM #6 Frequency of ongoing prenatal care	11	11
PM #7 Antidepressant medication management	11	11
PM #8 Follow-up after hospitalization for mental illness	11	11
Total Available Points	100	100
MCO Total Points Scored		100
MCO Compliance Level Scored		Full

B.3 Performance Rates

Table B-3 lists MHP's HEDIS certified performance rates reported to the state for the eight contract-required PMs in CY 2015. A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period. **Bolded** text indicates the best performance rates reported in New Mexico for the respective years.

Table B-3: MCO PM Performance Rates					
MHP PMs	CY 2014 Performance Rate	CY 2015 Performance Rate	Difference Between 2015 and 2014 Rates	CY 2015 Regional Average	Difference Between 2015 Rate and Regional Averages
Annual dental visit					
Ages 2-21	62.75	70.07	7.32	60.65	+9.42
Medication management for people with asthma⁶					
Medication compliance 50%	N/A	49.38	N/A	N/A	N/A
Controlling high blood pressure					
Ages 18-85	49.88	51.38	1.50	43.53	+7.85
Comprehensive diabetes care					
Eye exam	56.51	54.53	-1.98	44.99	+9.54
HbA1c testing	85.65	88.08	2.43	83.25	+4.83
Nephropathy	74.83	88.08	13.25	90.26	-2.18
Poor HbA1c control *(lower is better)	49.89	45.03	-4.86	59.9	-14.87*
Prenatal and postpartum care					
Prenatal care (timeliness)	76.80	75.97	-0.83	81.64	-5.67
Postpartum visit (frequency)	54.50	51.49	-3.01	59.84	-8.35
Frequency of ongoing prenatal care					
Completed more than 80% of expected visits	61.04	55.38	-5.66	60.65	-5.27
Antidepressant medication management					
Acute treatment	53.50	49.55	-3.95	54.58	-5.03
Continuation treatment	38.63	34.67	-3.96	39.58	-4.91
Follow-up after hospitalization for mental illness					
7-days after discharge	41.80	34.64	-7.16	40.79	-6.15
30-days after discharge	64.80	59.76	-5.04	61.46	-1.70

⁶ This rate was not reported in 2014. It replaces the measure, "Use of Appropriate Medications for people with asthma."

For this report, the MCO performance rates are compared with the regional averages for Medicaid Managed Care as reported in Quality Compass. Quality Compass is the reporting mechanism used by NCQA to distribute certified HEDIS rates.

For CY 2015, MHP had the highest performance rates of the four MCOs in annual dental visit, HbA1c testing, poor HbA1c control, timeliness of prenatal care and frequency of ongoing prenatal care. MHP surpassed the regional average for five indicators and performed below the average on eight indicators. MHP reported year-over-year improvements for 38.46 percent of indicators, but reported declines in the remaining 61.54 percent.

B.4 Performance Improvement Projects

MHP submitted two PIPs for Centennial Care:

1. Diabetes Prevention Program for Youth
2. Long Term Support Service for Members with Falls

Sections B.5 and B.6 provide detail on how the parameters of these PIPs are defined and measured. Table B-4 lists the performance rates for both of the PIPs submitted for review. Performance rates for CY 2014 serve as baselines since they cover services provided during the first year of Centennial Care. This table lists baselines, historical comparisons and regional averages where available.

Table B-4: MHP PIP Performance Rates		
PIP Topics	CY2015 Performance Rate	CY2015 Regional Average ⁷
PIP #1 Diabetes Prevention Program for Youth had Three Indicators:		
Percent of youth in attendance	42.59	-
Percent of youth engagement (determined from a survey)	NR	-
Percent of youth learning (determined from a survey)	NR	-
PIP #2 PIP #2 Long Term Support Services (LTSS) Members With Falls		
Long Term Support Services Members With Falls	3.89	-

A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period.

The ten steps used for scoring and reflected in Tables B-5 and B-6 are outlined and described in CMS EQR Protocol 3. In future reviews, this table will be used to list historical data for identifying trends and assessing sustained improvement. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements. Therefore, Steps 9 and 10 as reported on Tables B-5 and B-6 below are not applicable because neither improvement nor sustained improvement can be demonstrated. Thus, the total available points for the review stand at 80 rather than 100.

B.5 PIP #1: Diabetes Prevention Program for Youth

⁷ There are no regional averages for these PIPs because they do not reflect performance measure as reported in Quality Compass.

PIP #1 was intended to address the following three study questions:

1. Will a structured, diabetes prevention program be successful with adolescents at a summer day camp site?
2. Will the diabetes prevention program provide meaningful education to the participants?
3. Will the program be replicable at other sites?

MHP developed curriculum based on material available through the National Diabetes Prevention Program (NDPP). The premise is to prevent diabetes in youth by providing education and outreach regarding healthy eating habits and exercise, thus reducing obesity, a key risk factor for developing diabetes.

For the CY 2015 review period, the program was held at The New Mexico Boys and Girls Club, which provides programming for low-income youth many of whom are Medicaid members. This universe is defined as adolescents participating in the summer program between the ages of 12-16 who attended the Diabetes Prevention Program for Youth at least once.

MHP develop three indicators to measure the success of the PIP:

1. Indicator 1 involved participation in program. This was measured by attendance and participation. The goal was for 75 percent of participants to participate in at least five out of nine sessions.
2. Indicator 2: engagement in program. This was measured by self-report at the end of the program in evaluation filled out by participants. The goal was for 100% of participants to report that “the teachers were fun and kept me interested in learning,” or “the activities we did in class were fun” or “I would want to come to this class again.”
3. Indicator 3: Learning. This was measured by self-report at the end of the program in evaluation filled out by participants. The goal was for 100 percent of participants to report, “I feel like I learned at least one thing from participating in this class.”

The EQRO determined that the PIP did not meet all protocol requirements in the current form. To satisfy the requirements of the CMS EQR Protocols, the diabetes prevention program needed to provide evidence to support each of the ten steps listed in the table below. In reviewing the documents submitted by the MCO for Steps 1, 4, 5 and 8, the MCO did not provide enough evidence regarding the choice of study question, the study indicators, the sampling technique and improvement strategies; as a result, the score for the corresponding step was reduced. Where evidence was not provided to meet the protocol requirements, the EQRO recommended changes to the program that would help to meet these requirements.

There was not sufficient time for MHP to remedy the situation for the current review; therefore, these changes are expected for the next review period. EQRO encourages MHP to continue its efforts to reduce the incidence of diabetes.

Table B-5: MHP PIP Scores and Compliance Levels		
PIP #1 Diabetes Prevention Program for Youth	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	0
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	0
Step 5. Review sampling methods	5	0
Step 6. Review data collection procedures	20	17
Step 7. Review data analysis and interpretation of study results	20	15
Step 8. Assess MCO's improvement strategies	10	2
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	80
Total Points Scored		49
Final Percentage Scored		61.25%
Compliance Level		Minimal

B.6 PIP #2: Long Term Support Services Members with Falls

PIP #2 addressed the following study question:

- Will targeted interventions for Long-Term Services and Supports (LTSS) members with at least one fall event decrease the number of falls?

The MCO reported that at the end of CY 2014, 3.78 percent of the eligible LTSS population reported a fall within the measurement year. While 3.78 percent may not seem like a high percent, per MHP staff, falls pose a high risk to members' health and financial liability of the health plan. For the current review, the rate was 3.89 percent. In this measure, a decrease is the desired outcome.

The primary intervention undertaken was to conduct a review of individual members for fall event(s) and risks including environmental hazards, cultural barriers, age, chronic conditions, polypharmacy, and medications that can effect cognitive and motor function. Additional interventions are in development for inclusion for future years. One of the EQRO reviewers suggested that a fall risk assessment could be included in the Comprehensive Needs Assessment that is completed periodically on LTSS members.

Table B-6 lists the detailed scoring of this PIP #2. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

Table B-6: MHP PIP Scores and Compliance Levels		
PIP #2 Long Term Support Services Members with Falls	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	5
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	80
Total Points Scored		80
Final Percentage Scored		100%
Compliance Level		Full

B.7 Rebuttal and Reconsideration

For rebuttals and reconsideration requests, MHP submitted material for PIP #1 Diabetes Prevention Program for Youth. Below, HealthInsight outlines the rebuttal material and our responses.

1. Program Integrity MHP Rebuttal

MHP Rebuttal:

HealthInsight provided an email, which stated that this PIP would be considered "non-reportable", and therefore in the report tables the score would be "NR" so Molina does not get a low score for the PIP. The Score table shows a score of 61.25% - Minimal compliance. Based on a meeting between HealthInsight and Molina, the PIP was NR and HealthInsight decided to would revisit the issue with the EQRO program's Executive Director and with the State. For next year, HealthInsight suggested adding a student "attitude" measure on the pre-and-post-test. Molina respectfully requests the score be adjusted to exclude the PIP and move our score from Minimal to NR, therefore giving Molina a Full Compliance rating.

HealthInsight Response:

HealthInsight affirms that Molina's factual rebuttal statements above are accurate. However, upon revisiting the issue, HealthInsight was informed by HSD that, per CMS reporting requirements, the EQRO must assign a score for performance measurement and performance improvement project reporting. Therefore, the EQRO provided the score of 61.25 percent based on the information available for the

review period. Further, the EQRO provided recommendations designed to assist Molina in aligning this project with the requirements provided in CMS EQRO Protocol 3: Performance Improvement Projects.

Decision

The score remains unchanged at 61.25%.

MHP Rebuttal

The literature review summary submitted indicates that Molina researched our population and targeted our intervention to a group that is very likely to include a high percentage of Medicaid recipients. This was used as a pilot to develop the intervention so that it could be used in public schools with School Based Health Centers wherein Molina members could be tracked.

HealthInsight Response

The literature review submitted focused on studies of the general population with the apparent assumption that Molina's membership would mirror the general population. Molina did not appear to research its own membership to see if these assumptions were true.

HealthInsight acknowledges that this is a pilot program and applauds Molina for taking on the issue of diabetes prevention, especially among the youth population. HealthInsight reviewed the documentation and saw how Molina has altered and refined the program over a couple of iterations. The recommendations are designed to assist in making the project data more reliable, to reflect the MCO's population and help the project's focus align with CMS and other outside regulatory and review bodies' requirements and expectations.

MHP Rebuttal

Regarding the recommendation, "Show how the study topic has the potential to significantly affect enrollee health, functional status or satisfaction," Molina submitted the following rebuttal:

Molina believes that the outreach and education through this School Based Health Care Project has the potential to increase teen's awareness of healthy eating habits, regular exercise, and coping skills which will improve the health and well-being of participants over time. The study is designed to follow students with repeated annual classes throughout their school years.

HealthInsight Response

The PIP should include a longitudinal study of participants rather than only a post-test with no additional follow-up, since it is intended to be preventative in nature. Based on the conversations between Molina and HealthInsight regarding this PIP, HealthInsight believes that Molina has addressed this issue in a subsequent iteration; however, this was not done during the review period of this report. The EQRO will review this PIP again, if submitted, and report on the innovations and updates Molina has implemented.

Also, the title of the PIP, "Diabetes Prevention Program for Youth," is misleading because the PIP is not actually meant to prevent diabetes. While that is the ultimate goal, there is no way to prove a negative, and therefore it would be beyond the scope of a PIP to gather the appropriate data to establish a causal

link. The study topic appeared to be regarding prevention of childhood obesity, which also relies on proving a negative. What the PIP is really about is behavior and attitude change in the present. With some alterations to the method, that can be proven through the mechanisms available in the PIP.

MHP Rebuttal

The study population:

“... low-income youth many of whom are Medicaid members. This universe is defined as adolescents participating in the summer program between the ages of 12-16 who attended the Diabetes Prevention Program for Youth at least once. The entire population will be surveyed.”

Molina believes this is defined clearly. The participants were tracked throughout the program. There was no sampling method, as the entire population was used. The inclusion/exclusion criteria are also noted as voluntary participation. Calculation methodology and codes are not appropriate to this type of study.

HealthInsight Response

The issue is the lack of focus on Molina Medicaid members. “Many of whom” implies that no specific research was conducted on which Molina members would be included.

There is some apparent confusion regarding what is defined as a population. In a typical PIP, Molina would decide which members have a specific condition or need a specific service with data gathered from their own membership lists, claims, encounters, etc. Those members would be the population, a sample being any subset of that population. In this case, Molina uses what is called a “convenience sample” which means that people self-select in, either intentionally or not. In this case, the sample is whoever participated in that specific program. The whole population (universe) would be all Molina youth members not yet diagnosed with diabetes. No sampling would mean that Molina did the same intervention for all its youth members not yet diagnosed with diabetes. Therefore, a sample was used. Non-Molina members would not count toward the PIP because the PIP should focus on Molina enrollees. Any community benefit for this service is wonderful; however, those results would not contribute towards reportable PIP results.

MHP Rebuttal

Regarding the recommendation, “Develop a robust plan for collecting and analyzing data in order to answer the study question(s).” Molina submitted the following rebuttal:

The data collection and analysis plan is commensurate with the study itself. This was a pilot project and a stepping-stone to a broader and growing intervention.

MHNM respectfully requests that HealthInsight consider the context within which this PIP developed and the overall plan for it. This year of the PIP involved a re-formulation of the curriculum and structure, but was still part of a multi-year plan to educate youth about diabetes prevention. Unfortunately, the continuation of the PIP was not within the submission timeframe; however, it has been discussed with HealthInsight outside the context of this writing.

HealthInsight Response

The EQRO recommendation was driven by the need for a longitudinal study of member behavior and attitude change over time with a particular emphasis on Molina-specific Medicaid members. How to do this in the ever-changing population of Medicaid members in the public school system will be a challenge for Molina. HealthInsight acknowledges that this is a pilot program and applauds Molina for taking on the issue of diabetes prevention, especially among the youth population. HealthInsight reviewed the documentation and saw how Molina has altered and refined the program over a couple of iterations. The recommendations are designed to assist in making the project data more reliable and the project's focus more in line with CMS expectations and those of other outside regulatory and review bodies. The EQRO will review this PIP again, if submitted, and report on the innovations and updates Molina has implemented.

B.8 Recommendations

There are no recommendations for Performance Measures.

For PIP #1, the EQRO recommends that the MCO:

- Submit evidence that the MCO has researched and analyzed its unique population for the following characteristics: 1) the incidence and/or prevalence of the need or issue; 2) the impact to the enrollee target population; 3) the estimate of enrollees eligible for the PIP; and 4) if the study topic reflects high volume or high-risk enrollees
- Explain why this study topic was prioritized, including consideration given to the high risk of the population and the feasibility of performing the PIP
- Show how the study topic has the potential to significantly affect enrollee health, functional status or satisfaction
- Provide supporting documentation of the rationale behind its choice of this improvement project, the location for the population and how the PIP could reasonably be expected to improve the processes and outcomes of health care provided by the MCO
- Submit a clear definition of enrollee characteristics that were used to determine that the interventions chosen were appropriate for the population to be studied
- Identify and describe the sampling methodology prior to implementing the improvement project
- Report the inclusion criteria and the exclusion criteria for the study population along with associated definitions, data sources, calculation methodology and codes
- Develop a robust plan for collecting and analyzing data in order to answer the study question(s)
- Identify any threats to the internal or external validity of the study results. Plan to measure again after the baseline period has ended and after the intervention has taken place. Additionally, the MCO needs to consider and report factors that might compromise internal and/or external validity (e.g., project's history, maturation, sample size, effects of selection bias, statistical regression, study group composition, matriculation, and other educational experiences)
- Provide supporting documentation of the rationale behind its choice of this improvement project and the location for the population and how the PIP could reasonably be expected to improve the indicator

For PIP #2, the EQRO recommends that the MCO:

- Include a fall risk assessment to the CNA for those transferring from nursing facilities to home
- Complete the fall risk assessment for its long-term services PIP for 100 percent of members who are identified as having a high risk of falls
- Implement at least one intervention to be undertaken with all members identified as having a high risk of falls

Section C: Presbyterian Health Plan, Inc. Findings and Recommendations

Section C: Presbyterian Health Plan, Inc.

For MCO comparison information and assessment methodology, see the Main Report.

C.1 Findings

After review, the EQRO rated PHP's QI programs as fully compliant with Centennial Care contractual and regulatory requirements. The EQRO validated the accuracy and reliability of the PMs and PIPs reported to the state. Table C-1 provides the scores and compliance levels for each area of review.

PHP	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Score	100%	100%	100%
Compliance Level	Full	Full	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

C.2 Performance Management Program

The EQRO reviewed PHP's PMP for compliance with the state's requirements for data tracking processes, quality improvement efforts and final performance rates improvements.

As an NCQA accredited health plan, PHP submitted the results of its most recent annual accreditation survey for use in validating the measures reported to the state. The EQRO auditors reviewed the MCO's 2016 HEDIS Compliance Audit report validating the MCO's adherence to HEDIS standards and procedures for measure production and its IDSS workbook listing the HEDIS certified performance rates. Data reported for 2016 HEDIS covers services provided during CY 2015, which is the review period for this report.

Auditors also reviewed the MCO's description of its QM/QI program and the corresponding evaluation. The EQRO confirmed that the following PHP processes met the state's requirements for performance improvement through the following sequence of questions.

- Did the MCO demonstrate CQI processes?
- Did the MCO identify appropriate individuals for interventions and measurement?
- Did the MCO develop and implement effective interventions?
- Did the MCO appropriately reassess improvement?

The "total points available" is the sum of all the points assigned to each criterion and forms the denominator for the score calculation. The numerator for the rate calculation is the "total points scored" which represents the actual aggregate points assigned to the MCO for each criterion scored. These two numbers are then divided to create a simple percentage score. This same calculation process is followed for each of the PIPs.

Table C-2 below lists the available points versus the actual score of the PMP analysis for PHP.

Table C-2: PHP PM Scoring Points Breakdown		
Accurate Measurement of Performance	Available Points	Scored Points
HEDIS Interactive Data Submission System	6	6
HEDIS Compliance Audit	6	6
PM #1 Annual dental visit	11	11
PM #2 Medication management for people with asthma	11	11
PM #3 Controlling high blood pressure	11	11
PM #4 Comprehensive diabetes care	11	11
PM #5 Prenatal and postpartum care	11	11
PM #6 Frequency of ongoing prenatal care	11	11
PM #7 Antidepressant medication management	11	11
PM #8 Follow-up after hospitalization for mental illness	11	11
Total Available Points	100	100
MCO Total Points Received		100
MCO Compliance Level Received		Full

C.3 Performance Rates

Table C-3 lists PHP's HEDIS certified performance rates reported to the state for the eight contract-required PMs in CY 2015. A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period. **Bolded** text indicates the best performance rates reported in New Mexico for the respective years.

Table C-3: MCO PM Performance Rates and Historical Comparison					
PHP PMs	CY 2014 Performance Rate	CY 2015 Performance Rate	Difference Between 2015 and 2014 Rates	CY 2015 Regional Average	Difference Between 2015 Rate and Regional Averages
Annual dental visit					
Ages 2-21	68.14	66.43	-1.71	60.65	+5.78
Medication management for people with asthma⁸					
Medication Compliance 50%	N/A	54.57	N/A	N/A	N/A
Controlling high blood pressure					
Ages 18-85	55.95	56.42	0.47	43.53	+12.89
Comprehensive diabetes care					
Eye exam	47.75	46.07	-1.68	44.99	+1.08
HbA1c testing	86.52	84.64	-1.88	83.25	+1.39
Nephropathy	79.53	86.91	7.38	90.26	-3.35
Poor HbA1c control *(lower is better)	43.93	48.34	4.41	59.9	-11.56*
Prenatal and postpartum care					
Prenatal care (timeliness)	77.88	66.36	-11.52	81.64	-15.28
Postpartum visit (frequency)	61.88	53.13	-8.75	59.84	-6.71
Frequency of ongoing prenatal care					
Completed more than 80% of expected visits	48.71	42.92	-5.79	60.65	-17.73
Antidepressant medication management					
Acute treatment	53.94	53.36	-0.58	54.58	-1.22
Continuation treatment	38.97	36.24	-2.73	39.58	-3.34
Follow-up after hospitalization for mental illness					
7-days after discharge	43.14	32.56	-10.58	40.79	-8.23
30-days after discharge	67.88	59.75	-8.13	61.46	-1.71

⁸ This rate was not reported in 2014. It replaces the measure, "Use of Appropriate Medications for people with asthma."

For this report, the MCO performance rates are compared with the regional averages for Medicaid Managed Care as reported in Quality Compass. Quality Compass is the reporting mechanism used by NCQA to distribute certified HEDIS rates.

For CY 2015, PHP surpassed the regional average for five indicators and fell below for seven. PHP reported year-over-year improvements in 15.38 percent of indicators with declines reported in the remaining 84.62 percent of indicators.

C.4 Performance Improvement Projects

PHP submitted two PIPs for Centennial Care:

1. Services to Children: Annual Dental Visit
2. Inter-rater Reliability for Personal Care Services Allocation

Sections C.5 and C.6 provide detail on how the parameters of these PIPs are defined and measured. Table C-4 lists the performance rates for both of the PIPs submitted for review. Performance rates for CY 2014 serve as baselines since they cover services provided during the first year of Centennial Care. This table lists baselines, historical comparisons and regional averages where available.

Table C-4: PHP PIP Performance Rates		
PIP Topics	CY 2015 Performance Rate	CY2015 Regional Average
PIP #1 Services to Children: Annual Dental Visits		
Services to Children: Annual Dental Visits, ages 2-21	66.43	60.65
PIP #2 Inter-Rater Reliability for Personal Care Services Allocation		
Inter-Rater Reliability for Personal Care Services Allocation	99.40	⁹

A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period.

The ten steps used for scoring and reflected in Tables C-5 and C-6 are outlined and described in CMS EQR Protocol 3. In future reviews, this table will be used to list historical data for identifying trends and assessing sustained improvement. For Step 5, the score is not applicable (N/A) when the entire population was used in the study, which is the case for these PIPs. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements. Therefore, Steps 9 and 10 as reported on Table C-5 and C-6 below are not applicable because neither improvement nor sustained improvement can be demonstrated. Thus, the total available points for the review stands at 75 rather than 100.

⁹ There is no regional average for this PIP because it does not reflect a performance measure as reported in Quality Compass.

C.5 PIP #1: Services to Children: Annual Dental Visit (ADV)

As listed on Table C-5, PHP achieved 100 percent for this PIP. The total points available are the sum of all the points that can be scored for all criteria and form the denominator for the score calculation. The total points scored are the sum of all the points that the MCO scored for all criteria and form the numerator for the rate calculation.

PIP #1 addressed the following study question:

1. Will interventions implemented for the identified ADV total rate population demonstrate improved rates starting with rates reported in [HEDIS] 2017?

As of the end of the study period, 66.43 percent of eligible members had their annual dental visits during the measurement year.

Data analysis performed by member age, dental providers and geographic location uncovered areas of opportunity in southwestern New Mexico such as Lordsburg, Reserve, Silver City, as well as Truth or Consequences in central New Mexico, where dental rates are lower, perhaps due to a limited number of dental providers contracted for Medicaid services. PHP staff made 9,222 calls to members in lower performing regions to assist with scheduling dental exams during 2015. Of the 9,222 call attempts that were made, PHP contacted 1,720 members and successfully scheduled 476 dental appointments representing a 28 percent appointment-scheduling rate.

Table C-5 lists the detailed scoring of PIP #1. The EQRO considers Step 5 not applicable when an MCO measures the entire population and does not conduct sampling and is represented by N/A. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

Table C-5: PHP PIP Scores and Compliance Levels		
PIP #1 Services to Children: Annual Dental Visit	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points Scored		75
Final Percentage Scored		100%
Compliance Level		Full

C.6 PIP #2: Inter-rater Reliability for Personal Care Services Allocation

Table C-6 lists the detailed scoring of PIP #2. The scoring process for PIP #2 is the same as for PIP #1.

PIP# 2 addressed the following study question:

1. Will there be an improvement in consistency and reliability between care coordinators in conducting the Personal Care Services Allocation Tool through training and inter-rater reliability (IRR) testing?

PHP stated that it believes that an improvement of IRR for care coordinators will result in increased consistency of hours allocated to Centennial Care members for personal care services among care coordinators. The consistency will benefit the member by keeping their hour allocation consistent over time unless the member experiences a change in his/her health condition or functional status. PHP wants to make sure that no matter which care coordinator completes the allocation of hours there is consistent application of criteria and that members are receiving appropriate hours to meet their needs.

The intervention was ongoing training and testing of the entire cohort of care coordinators five times during the year. Additionally, as new staff was hired, the training and testing was repeated for the whole group of care coordinators, current and new employees were trained together and then asked to allocate PCS hours based on varying scenarios. The resulting data identified a noteworthy increase in PHP IRR rates from 93 percent up to over 99 percent. This is also noteworthy because the requirement in 2014 was that the reviewers had to be within five hours of each other while in 2015, PHP tightened the requirement to within two hours.

Table C-6: PIP Scores and Compliance Levels

PIP #2: Inter-Rater Reliability for Personal Care Services Allocation	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points Scored		75
Final Percentage Scored		100%
Compliance Level		Full

C.7 Rebuttal and Reconsideration

PHP had the opportunity to offer rebuttals or requests for reconsideration of any findings or scores in this report. PHP stated that they do not have any rebuttal comments to add to this report.

C.8 Recommendations

There were no recommendations for Performance Measures

For PIP #1, the EQRO recommends that the MCO:

- Further analyze available data to see how many of the 476 scheduled appointments for annual dental visits were actually completed.

Section D: United Healthcare of New Mexico Findings and Recommendations

Section D: United Healthcare of New Mexico

For MCO comparison information and assessment methodology, see the Main Report.

D.1 Findings

After review, the EQRO rated UHC's QI programs as fully compliant with Centennial Care contractual and regulatory requirements. The EQRO validated the accuracy and reliability of the PMs and PIPs reported to the state.

Table D-1 provides the scores and compliance levels for each area of review.

UHC	PMP Compliance	PIP #1 Compliance	PIP #2 Compliance
Score	100%	100%	100%
Compliance Level	Full	Full	Full
Full Compliance: Score 90% - 100%	Moderate Compliance: 80% - 89%	Minimal Compliance: 50% - 79%	Non-compliance: ≤ 50%

D.2 Performance Management Program

The EQRO reviewed UHC's PMP for compliance with the state's requirements for data tracking processes, quality improvement efforts and final performance rates improvements.

As an NCQA accredited health plan, UHC submitted the results of its most recent annual accreditation survey for use in validating the measures reported to the state. The EQRO auditors reviewed the MCO's 2016 HEDIS Compliance Audit report validating the MCO's adherence to HEDIS standards and procedures for measure production and its IDSS workbook listing the HEDIS certified performance rates. Data reported for 2016 HEDIS covers services provided during CY 2015, which is the review period for this report.

Auditors also reviewed the MCO's description of its QM/QI program and the corresponding evaluation. The EQRO confirmed that the following UHC processes met the state's requirements for performance improvement through the following sequence of questions.

- Did the MCO demonstrate CQI processes?
- Did the MCO identify appropriate individuals for interventions and measurement?
- Did the MCO develop and implement effective interventions?
- Did the MCO appropriately reassess improvement?

The "total points available" is the sum of all the points assigned to each criterion and forms the denominator for the score calculation. The numerator for the rate calculation is the "total points scored" which represents the actual aggregate points assigned to the MCO for each criterion scored. These two numbers are then divided to create a simple percentage score. This same calculation process is followed for each of the PIPs.

Table D-2 below lists the available points versus the actual score of the PMP analysis for UHC.

Table D-2: UHC PM Scoring Points Breakdown		
Accurate Measurement of Performance	Available Points	Scored Points
HEDIS Interactive Data Submission System	6	6
HEDIS Compliance Audit	6	6
PM #1 Annual dental visit	11	11
PM #2 Medication management for people with asthma	11	11
PM #3 Controlling high blood pressure	11	11
PM #4 Comprehensive diabetes care	11	11
PM #5 Prenatal and postpartum care	11	11
PM #6 Frequency of ongoing prenatal care	11	11
PM #7 Antidepressant medication management	11	11
PM #8 Follow-up after hospitalization for mental illness	11	11
Total Available Points	100	100
MCO Total Points Scored		100
MCO Compliance Level Received		Full

D.3 Performance Rates

Table D-3 lists UHC's HEDIS certified performance rates reported to the state for the eight contract-required PMs in CY 2015. A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period. **Bolded** text indicates the best performance rates reported in New Mexico for the respective years.

Table D-3: MCO PM Performance Rates					
UHC PMs	CY 2014 Performance Rate	CY 2015 Performance Rate	Difference Between 2015 and 2014 Rates	CY 2015 Regional Average	Difference Between 2015 Rate and Regional Averages
Annual dental visit					
Ages 2-21	41.52	49.88	8.36	60.65	-10.77
Medication Management for people with asthma¹⁰					
Medication compliance 50%	N/A	56.28	N/A	N/A	N/A
Controlling high blood pressure					
Ages 18-85	53.04	49.88	-3.16	43.53	+6.35
Comprehensive diabetes care					
Eye exam	65.21	62.53	-2.68	44.99	+17.54
HbA1c testing	84.43	84.43	0.00	83.25	+1.18
Nephropathy	83.70	90.27	6.57	90.26	+0.01
Poor HbA1c control *(lower is better)	49.15	52.55	3.40	59.90	-7.35*
Prenatal and postpartum care					
Prenatal care (timeliness)	63.75	67.40	3.65	81.64	-14.24
Postpartum visit (frequency)	48.18	41.36	-6.82	59.84	-18.48
Frequency of ongoing prenatal care					
Completed more than 80% of expected visits	42.58	34.06	-8.52	60.65	-26.59
Antidepressant medication management					
Acute treatment	62.50	56.62	-5.88	54.58	+2.04
Continuation treatment	48.34	42.89	-5.45	39.58	+3.31
Follow-up after hospitalization for mental illness					
7-days after discharge	55.16	54.96	-0.2	40.79	+14.17
30-days after discharge	71.00	73.08	2.08	61.46	+11.62

¹⁰ This rate was not reported in 2014. It replaces the measure, "Use of Appropriate Medications for people with asthma."

For this report, the MCO performance rates are compared with the regional averages for Medicaid Managed Care as reported in Quality Compass. Quality Compass is the reporting mechanism used by NCQA to distribute publicly certified HEDIS rates.

For CY 2015, UHC had the highest performance rates of the four MCOs for seven indicators: medication management for people with asthma; retinal eye exam; nephropathy testing; acute and continuation of treatment for antidepressant medication management; and both 7-day and 30-day follow-up after hospitalization for mental illness. UHC surpassed the regional average for nine indicators and performed below the average on four indicators. UHC reported improvement in 38.46 percent of indicators and thus reported declines in 61.54 percent.

D.4 Performance Improvement Projects

PHP submitted two PIPs for Centennial Care:

1. Annual Pediatric Dental Visits
2. Nursing Facility Transition

Sections D.5 and D.6 provide detail on how the parameters of these PIPs are defined and measured. Table D-4 lists the performance rates for both of the PIPs submitted for review. Performance rates for CY 2014 serve as baselines since they cover services provided during the first year of Centennial Care. This table lists baselines, historical comparisons and regional averages where available.

PIP Topics	CY 2014 Performance Rate	CY 2015 Performance Rate	Percentage Point Change	CY2015 Regional Average
PIP #1 Annual Pediatric Dental Visits¹¹				
Members less than 21 years old who received a preventive dental visit during the measurement year	28.38	34.02	+5.64	-
Members less than 21 years who received a dental treatment visit during the measurement year	14.07	16.59	+2.52	-
PIP #2 Nursing Facility Transition¹²				
Percent of the total population who transitioned from a nursing facility to community-based services	1.13	1.66	+0.53	-
Percent of those who transitioned who were maintained in the community for at least 180 days	82.60	N/A ¹³	N/A	-

¹¹ There is no regional average for this measure because the age range is different from the 2-21 age range reported in Quality Compass.

¹² There is no regional average for this PIP because it does not reflect a performance measure as reported in Quality Compass.

¹³ There is a six-month (180 day) lag time between the member being discharged from the facility and the final determination that they were maintained in the community for six months. Therefore, the maximum amount of time that the MCO can show the EQRO after one year is six months. In order to cover the entire review timeframe, the MCO cannot provide that data until the second year of review.

A performance rate represents the percentage of eligible members who received a specific treatment or service during the review period.

The ten steps used for scoring and reflected in Tables D-5 and D-6 are outlined and described in CMS EQR Protocol 3. In future reviews, this table will be used to list historical data for identifying trends and assessing sustained improvement. For Step 5, the score is not applicable (N/A) when the entire population was used in the study, which is the case for these PIPs. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements. Therefore, Steps 9 and 10 as reported on Table D-5 and D-6 below are not applicable because neither improvement nor sustained improvement can be demonstrated. Thus, the total available points for the review stands at 75 rather than 100.

D.5 PIP #1: Annual Dental Visits

As listed on Table D-5, UHC achieved 100 percent for this PIP. The total points available are the sum of all the points that can be scored for all criteria and form the denominator for the score calculation. The "total points scored" is the sum of all the points the MCO was assigned for all criteria. This forms the numerator for the rate calculation.

PIP #1 addressed the following two study questions:

1. Will targeted interventions increase the number of eligible UHC members under the age of 21 on December 31st of the measurement year receiving preventive dental visits?
2. Will targeted interventions increase the number of eligible UHC members under the age of 21 on December 31st of the measurement year receiving treatment services?

As of the end of the study period, 34.02 percent of eligible children received their dental exams during the measurement year, an increase of 5.64 percentage points over the previous year. Table D-5 lists the detailed scoring of PIP #1.

Identified barriers exist around member and PCP knowledge of dental benefits. Interventions included various trainings for care coordinators, dental benefits explanations in members' EPSDT information packets, member outreach efforts, and provider education.

For interventions, UHC does the following:

1. Provide Early Periodic Screening Diagnosis and Treatment (EPSDT) letters to all new members and again annually to all existing members explaining the benefits which include the annual dental screening.
2. Assist members with finding a dental provider in their community during the annual Health Risk Assessment and if the member goes on to have a Comprehensive Needs Assessment; the care coordinator again reviews the dental benefit.
3. Care coordinators not only do member outreach and assist with scheduling appointments, they also help arrange transportation when needed
4. Provide member education regarding the Centennial Rewards program and its application to the dental health benefit.

Table D-5 lists the detailed scoring of PIP #1. The EQRO considers Step 5 not applicable when an MCO measures the entire population and does not conduct sampling and is represented by N/A. The EQRO considers Step 9 not applicable until a minimum of two years' data has been collected to assess the improvement. The EQRO considers Step 10 not applicable until a minimum of three years' data has been collected to assess the sustainability of reported improvements.

Table D-5: UHC PIP Scores and Compliance Level		
PIP #1 Annual Pediatric Dental Visits	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points Scored		75
Final Percentage Scored		100%
Compliance Level		Full

D.6 PIP #2: Nursing Facility Transitions

Table D-6 lists the detailed scoring of PIP #2. The scoring process for PIP #2 is the same as for PIP #1.

PIP# 2 addresses the following two study questions:

1. Does a systematic and prescribed program for the identification, assessment and planning for Transition of institutionalized members increase the number of members who are able to transition into the community?
2. Does focused follow up and support for members transitioned into the community increase the number of members who remain in the community for six months or more?

As of the end of the study period, 1.13 percent of members aged 21 years and older who at any time during the measurement year completed both a transition assessment and the transition process by moving into a community setting.

The study design also includes a second indicator to determine how many of those members transitioned could be maintained in community-based settings for at least six months. As of the end of

the study period, an insufficient amount of time had elapsed to assess this indicator for year two measurement. However, Year 1 assessment is available.

Barriers identified centered on the caregivers' knowledge of available community resources and how to care for their loved one once he/she arrived home. For example, there were issues around wound care. Care coordinators worked with member and their caregivers to teach how to give care at home for specific conditions. Care coordinators also provided advice and education on what community resources are available and how to access them.

UHC implemented interventions in three domains, Member and Family, Nursing Home, and Health Plan.

1. Member and Family:
 - a. Care Coordinators provided education at the point of inquiry into the process to increase member and family/significant other understanding of available services and supports within the community setting
 - b. Family was encouraged to participate in member care within the nursing home to validate the understanding of care needs such as wound care, transfer technique, use of Durable Medical Equipment (DME), and ensure caregiver's ability to perform both accurately and safely
2. Nursing Home:
 - a. A single care coordinator is assigned to each facility whenever possible to promote development of a working relationship between the health plan and each facility
 - b. The health plan's Complex Care Medical Director met with the larger nursing homes throughout the year to provide technical assistance around transition and to partner with the facilities around Level of Care determinations
3. Health Plan:
 - a. Identification and training of a new Transition "Subject Matter Experts" to provide training and support to the care coordinators around Nursing Home transition
 - b. Targeted training on Nursing Facility Transition process and post transition follow up training was conducted face to face with care coordinators and managers throughout the first two quarters of 2015
 - c. Monthly Transition Q&As were scheduled on an ongoing basis to reinforce the process and answer specific questions Care Coordinators had around nursing facility transitions

Table D-6: UHC PIP Scores and Compliance Levels		
PIP #2 Nursing Facility Transitions	2015	
	Available Points	Scored Points
Step 1. Review study topic(s)	5	5
Step 2. Review study question(s)	5	5
Step 3. Review identified study population	10	10
Step 4. Review study indicators	5	5
Step 5. Review sampling methods	5	N/A
Step 6. Review data collection procedures	20	20
Step 7. Review data analysis and interpretation of study results	20	20
Step 8. Assess MCO's improvement strategies	10	10
Step 9. Assess likelihood that reported improvement is "real" improvement	10	N/A
Step 10. Assess sustainability of the documented improvement	10	N/A
Total Points Available	100	75
Total Points		75
Final Percentage		100%
Compliance Level		Full

D.7 Rebuttal and Reconsideration

UHC had the opportunity to offer rebuttals or requests for reconsideration of any findings or scores in this report. UHC stated that they would not be providing any rebuttal comments for this report.

D.8 Recommendations

There were no recommendations for Performance Measures.

For PIP #2, the EQRO recommends that the MCO:

- Rephrase the study question to be more precisely defined so that it can be more accurately measured according to CMS EQR Protocol requirements.

Glossary

Glossary

Acronym	Definition
ACA	Affordable Care Act
BCBS	Blue Cross Blue Shield of New Mexico: One of the four Medicaid Managed Care Organizations in New Mexico. This organization was also contracted with the state under the Salud! program prior to the implementation of Centennial Care.
Centennial Care	Centennial Care: The name given to the Medicaid Managed Care program administered by the state effective January 1, 2014. It replaced the previous system, which included Salud! (Medicaid managed care), State Coverage Insurance, Coordination of Long Term Services, and Behavioral Health all administered as separate programs.
CFR	Code of Federal Regulations: The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government. It is divided into 50 titles. Title 42 deals with Public Health. 42.438 is the subsection that addresses Medicaid managed care.
CMS	Centers for Medicare & Medicaid Services: A department within the United States Department of Health and Human Services that oversees the implementation of the Medicare and Medicaid programs.
CY	Calendar Year: The period January 1- December 30 of the year in review. It is not to be confused with Fiscal Year or Measurement Year as defined elsewhere in this document.
EQR	External Quality Review: The process of conducting an audit and review of a Medicaid Managed Care Organizations based on the CMS EQRO Protocols.
EQRO	External Quality Review Organization: An organization contracted with the state to conduct audits and reviews of the contracted Medicaid Managed Care Organizations. The EQRO also writes reports of findings and recommendations for improvement to the state.
HEDIS®	Healthcare Effectiveness Data and Information Set: A set of quality metrics developed by the National Committee for Quality Assurance to measure and certify the quality achievements of health plans. HEDIS® is a registered trademark of the National Committee for Quality Assurance. (NCQA)
HHS	Health and Human Services
HSD	State of New Mexico Human Services Department, Medical Assistance Division: The agency of state government responsible for administering a portfolio of programs, including Medicaid.
IDSS	Interactive Data Submission System: This is the workbook where MCOs submit their HEDIS rates and data to NCQA for validation and reporting.

Acronym	Definition
LTC/LTS/LTSS	<p>Long-Term Care/Long-Term Services/Long-Term Support Services: Services provided by the contracted Managed Care Organizations for members who need long-term care.</p> <p>What care is needed is determined through a series of assessments. This care maybe provided in a variety of settings.</p>
MCO	<p>Managed Care Organizations: Organizations contracted with the New Mexico Human Services Department to provide Medicaid Managed Care services. As of this writing (2014) the four currently contracted Medicaid Managed Care Organizations are: Blue Cross Blue Shield of New Mexico, Molina Healthcare of New Mexico, Presbyterian Health Plan, and United Healthcare of New Mexico.</p>
MHP	<p>Molina Healthcare of New Mexico: One of the four Medicaid Managed Care Organizations in New Mexico. This organization was also contracted with the state under the Salud! and State Coverage Insurance programs prior to the implementation of Centennial Care.</p>
NCQA	<p>National Committee for Quality Assurance: An independent nonprofit organization that works to improve health care quality through evidence-based standards, measures, programs and accreditation. One of the assessment tools developed and used by NCQA is the Healthcare Effectiveness Data and Information Set HEDIS®.</p>
NDPP	<p>National Diabetes Prevention Program: The NDPP administered by the Centers for Disease Control and Prevention, is a structured change program for health behavior delivered in community and health care settings by trained community health workers or health professionals. A diabetes prevention program is an evidence-based intervention targeted to individuals with prediabetes, meaning those who have blood sugar that is higher than normal but not yet in the diabetes range.</p>
NMAC	<p>New Mexico Administrative Code: The official compilation of current rules filed by state agencies.</p>
NFLOC	<p>Nursing Facility Level of Care: This refers to the amount of care that a member in a nursing facility requires. There are two care levels: Low and High.</p>
PIP	<p>Performance Improvement Project: A PIP is an official plan that outlines an MCO's method of measuring and improving a quality indicator and tracking that indicator's movement over time. A quality indicator is usually the percent of qualified members who receive a given service, such as a cholesterol screening or dental exam.</p>

Acronym	Definition
PHP	Presbyterian Health Plan: One of the four Medicaid Managed Care Organizations in New Mexico. This organization was also contracted with the state under the Salud! and State Coverage Insurance programs prior to the implementation of Centennial Care.
PM	Performance Measures: The specific representation of a process or outcome that is relevant to the assessment of performance; it is quantifiable and can be documented.
PMP	Performance Measurement Program: The portfolio of programs and initiatives that an MCO undertakes to measure and improve performance indicators.
QM/QI	Quality Management and Quality Improvement: The processes and interventions and MCO undertakes to improve processes related to PMs and PIPs.
UHC	United Healthcare of New Mexico, Inc.: One of the four Medicaid Managed Care Organizations in New Mexico. This organization was also contracted with the state under the Coordination of Long Term Services program prior to the implementation of Centennial Care.

For additional information concerning this report, contact:



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