Fee-For Service / Managed Care Comparisons on Quality Metrics: An Evolving Analysis

MO HealthNet Oversight Committee
July 31, 2014
HEDIS and HEDIS-Like Measures

- National Committee for Quality Assurance (NCQA)
- Healthcare Effectiveness Data and Information Set (HEDIS)
  - Based on review of claims data and health records for calendar year 2012
  - E.G., Breast Cancer, Asthma, etc.
  - 80+ Different Measures
HEDIS Rates in MO HealthNet

- Managed Care Plans – long history with HEDIS
- Fee-For-Service – new to HEDIS
- Comparisons Difficult
  - Administrative vs. Hybrid Methodologies
  - Populations Served
- MO HealthNet recalculated MC Plan rates to assure identical methodologies
Refer to "NOTES" pages for important details on all measures.

This is the original analysis - all FFS patients vs. all MCO patients.

Breast Cancer Screening

FFS

MCO

39.77%

39.60%
This is the original analysis - all FFS patients vs. all MCO patients.

After concerns were raised about ABD patients being included in the original analysis above, we removed them. This is ABD patients alone.

Refer to “NOTES” pages for important details on all measures.
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After concerns were raised about ABD patients being included in the original analysis above, we removed them. This is ABD patients alone.

... and this is FFS patients vs. MCO patients, with ABD patients removed entirely.

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After concerns were raised about ABD patients being included in the original analysis above, we removed them. This is ABD patients alone....

... and this is FFS patients vs. MCO patients, with ABD patients removed entirely.

This analysis removes other ME codes that are only served by FFS and not Managed Care, in a continued effort to make the two groups as comparable as possible. This was done after concerns were raised that, even after removing ABD patients, FFS v MCO patients still differ quite a bit in terms of overall Medicaid Eligibility categories. Denied claims, normally included per HEDIS specifications, were also removed, since MHD does not receive denied claims from the MC health plans.
Refer to "NOTES" pages for important details on all measures.

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... and this is FFS patients vs. MCO patients, with ABD patients removed entirely.

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This is the NCQA National Average for Medicaid Managed Care Plans across the country. The methodology and population varies from state to state.
Refer to “NOTES” pages for important details on all measures.

This is the original analysis - all FFS patients vs. all MCO patients

This is ABD patients alone....

This is FFS patients vs. MCO patients, with ABD patients removed entirely.

This analysis shows only those patients who have ME Codes for categories that are served by Managed Care, whether in Managed Care or FFS.

This is the NCQA National Average for Medicaid Managed Care Plans across the country.
This is the original analysis - all FFS patients vs. all MCO patients.

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This is FFS patients vs. MCO patients, with ABD patients removed entirely.

This analysis shows only those patients who have ME Codes for categories that are served by Managed Care, whether in Managed Care or FFS.

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Refer to “NOTES” pages for important details on all measures.
Persistent Meds - ACE Inhibitors

- **FFS**: This is the original analysis - all FFS patients vs. all MCO patients, 90.20%
- **MCO**: 77.55%
- **ABD**: This is ABD patients alone..., 90.78%
- **FFS** vs. **MCO**: This is FFS patients vs. MCO patients, with ABD patients removed entirely, 80.50%
- **MCO**: 77.24%
- **FFS**: This is only those patients who have ME Codes for categories that are served by Managed Care, whether in Managed Care or FFS, 86.09%
- **MCO**: 76.94%
- **NCQA**: This is the NCQA National Average, 86.33%

Refer to “NOTES” pages for important details on all measures.
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This is the original analysis - all FFS patients vs. all MCO patients

This is ABD patients alone....

This is FFS patients vs. MCO patients, with ABD patients removed entirely.

This is only patients who have ME Codes for categories that are served by Managed Care, whether in Managed Care or FFS.

This is the NCQA National Average for Medicaid Managed Care Plans across the country.
Refer to “NOTES” pages for important details on all measures.

This is the original analysis - all FFS patients vs. all MCO patients

This is ABD patients alone....

This is FFS patients vs. MCO patients, with ABD patients removed entirely.

This is only those patients who have ME Codes for categories that are served by Managed Care, whether in Managed Care or FFS

This is the NCQA National Average
Antipsychotic Adherence for Schizophrenia
- ABD FFS: 65.74%
- FFS-Minus ABD: 40.00%
- MCO-Minus ABD: 42.28%
- NCQA Avg: 50.27%

Adult BMI (Body Mass Index)
- ABD FFS: 6.95%
- FFS-Minus ABD: 2.09%
- MCO-Minus ABD: 5.06%
- NCQA Avg: 36.69%

Antidepressant Adherence - Acute Phase
- ABD FFS: 6.95%
- FFS-Minus ABD: 40.59%
- MCO-Minus ABD: 41.19%
- NCQA Avg: 36.69%

Refer to “NOTES” pages for important details on all measures.
Antidepressant Adherence - Continuation Phase

- ABD FFS: 34.19%
- FFS-Minus ABD: 18.83%
- MCO-Minus ABD: 22.93%
- NCQA Avg: 63.05%

AOD Treatment - Engagement

- ABD FFS: 14.54%
- FFS-Minus ABD: 22.87%
- MCO-Minus ABD: 22.95%
- NCQA Avg: 10.19%

Cervical Cancer Screening

- ABD FFS: 44.96%
- FFS-Minus ABD: 64.41%
- MCO-Minus ABD: 64.46%
- NCQA Avg: 60.36%

Refer to “NOTES” pages for important details on all measures.
Chlamydia Screening

- ABD FFS: 49.82%
- FFS-Minus ABD: 50.03%
- MCO-Minus ABD: 65.04%
- NCQA Avg: 57.07%

Diabetes Care LDL-C

- ABD FFS: 36.11%
- FFS-Minus ABD: 50.35%
- MCO-Minus ABD: 75.54%
- NCQA Avg: 73.13%

Follow-up After Psych Hosp - 30 days

- ABD FFS: 35.71%
- FFS-Minus ABD: 31.78%
- MCO-Minus ABD: 63.60%
- NCQA Avg: 63.60%

Refer to “NOTES” pages for important details on all measures.
Follow-up After Psych Hosp - 7 days

- ABD FFS: 33.36%
- FFS-Minus ABD: 15.51%
- MCO-Minus ABD: 20.26%
- NCQA Avg: 43.71%

Persistent Meds - Diuretics

- ABD FFS: 91.13%
- FFS-Minus ABD: 78.46%
- MCO-Minus ABD: 76.34%
- NCQA Avg: 85.98%

Refer to "NOTES" pages for important details on all measures.
NOTES:

Initial specifications for these measures consisted of the Administrative method from the “Initial Core Set of Health Care Quality Measures for Adults Enrolled in Medicaid (Medicaid Adult Core Set), Technical Specifications and Resource Manual for Federal Fiscal Year 2013”, which can be found at this link:

http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Adult-Core-Set-Manuals-Archive.zip

For the separate Aged/Blind/Disabled analysis, the ABD group was comprised of any member in the original FFS vs. Managed Care analysis who had one or more days of ABD eligibility in 2012. These patients were placed into a separate group and were removed from the subsequent FFS vs. Managed Care analysis.

The final FFS vs. Managed Care comparison also removed members with Medicaid Eligibility codes that are specific to the FFS program and are not served by Managed Care. In addition, Denied Claims were also removed from the dataset for this analysis. Although the HEDIS specifications typically require denied claims to be included, MO HealthNet receives only final claims from the Managed Care plans, and does not receive their denied claims. Therefore, as part of our effort to make the two comparison groups as similar as possible, we removed denied claims from the FFS group, and no denied claims were used for this last comparison. To date, this last comparison has been completed only for the following measures: Breast Cancer Screening; Alcohol and Other Drugs Treatment Initiation; Postpartum Care; Persistent Medication Monitoring - ACE Inhibitors; Persistent Medication Monitoring – Anticonvulsants; and Diabetes Care - HA1c.

NCQA National Averages are HEDIS 2013 (calendar year 2012) National Averages for Medicaid Managed Care Plans, all lines of business, as published by the NCQA Quality Compass:

Measures on Slides 8-13 show the results of several levels of analyses, as described in slides 4-7. Measures on slides 14-17 do not yet have the most recent level of analysis completed, and thus display only the rates for the ABD group, the FFS and MCO groups after removing ABD patients, and the NCQA Average.

Detailed specifications for the measures discussed in this presentation can be found at the link at the top of Slide 18. Very brief descriptions are as follows:

- Breast Cancer Screening: Women ages 42-69 with a mammogram in the past 2 years (2011 or 2012)
- Postpartum Care: Percentage of new mothers age 18 and over who had a postpartum visit between 3-8 weeks after delivery.
- Alcohol or Other Drug Treatment Initiation: Percentage of members age 18 and older with a new episode of alcohol or other drug dependence who received some sort of initiation of treatment within 14 days of receiving the diagnosis.
- Persistent Medication Monitoring - ACE Inhibitors: Percentage of members age 18 and older who received treatment with an ACE Inhibitor or ARB (angiotensin receptor blocker) for at least 180 days who had at least one therapeutic monitoring test in 2012.
- Persistent Medication Monitoring - Anticonvulsants: Percentage of members age 18 and older who received treatment with an anticonvulsant for at least 180 days who had at least one therapeutic monitoring test in 2012.
- Diabetes Care – HA1c: Percentage of members age 18-75 with a diagnosis of diabetes who had at least one hemoglobin A1c test during 2012.
- Antipsychotic Adherence for Schizophrenia: Percentage of members age 19-64 with a diagnosis of schizophrenia who were dispensed and remained on antipsychotic medication for at least 80% of their treatment period during 2012.

(continued on next page)
• Adult Body Mass Index (BMI): Percentage of members age 18-74 who had an outpatient visit and whose Body Mass Index was documented during the past 2 years.
• Antidepressant Adherence – Acute Phase: Percentage of members age 18 and older with a diagnosis of major depression who were newly treated with an antidepressant, and who remained on the antidepressant for at least 12 weeks.
• Antidepressant Adherence – Continuation Phase: Percentage of members age 18 and older with a diagnosis of major depression who were newly treated with an antidepressant, and who remained on the antidepressant for at least 6 months.
• Alcohol or Other Drug Treatment Engagement: Percentage of members age 18 and older with a new episode of alcohol or other drug dependence who received some sort of initiation of treatment within 14 days of receiving the diagnosis and had at least 2 other related services within 30 days of the initiation visit.
• Cervical Cancer Screening: Percentage of women age 21-64 who received one or more Pap tests during the past 3 years.
• Chlamydia Screening: Percentage of women age 21-24 who were identified as sexually active and received at least one test for Chlamydia in 2012.
• Diabetes Care – LDL-C: Percentage of members age 18-75 with a diagnosis of diabetes who had at least one LDL-C (Low density lipoprotein cholesterol) test during 2012.
• Follow-Up After Psychiatric Hospitalization – 30 Days: Percentage of hospitalizations for mental health disorders where the individual had follow-up with a mental health practitioner within 30 days of discharge. (age 18 and older).
• Follow-Up After Psychiatric Hospitalization – 7 Days: Percentage of hospitalizations for mental health disorders where the individual had follow-up with a mental health practitioner within 7 days of discharge. (age 18 and older).
• Persistent Medication Monitoring – Diuretics: Percentage of members age 18 and older who received treatment with a diuretic for at least 180 days who had at least one therapeutic monitoring test in 2012.