Meadows Mental Health Policy Institute

Medicaid Managed Care Performance Measures Recommendations – March 2018

Current Serious Mental Illness (SMI) Population Performance Measurement

In response to Article II, HHSC Rider 45 of the 2018-19 General Appropriations Act (85(R) SB 1), the Meadow Mental Health Policy Institute (MMHPI) reviewed performance measures for individuals with serious mental illness (SMI) in Texas and other states' Medicaid managed care programs, focusing particularly on widely-used Healthcare Effectiveness Data and Information Set (HEDIS) measures.[1] The use of performance measures that address physical and behavioral health status is important, since individuals with SMI tend to experience shortened life expectancy and high costs for co-morbid, chronic health concerns (e.g., diabetes, hypertension, heart disease) as a result of poorer overall health and the challenges associated with behavioral health conditions.[2] This is also the experience of the STAR+PLUS Medicaid program in Texas.[3]

Most quality management programs have performance metrics that measure processes (e.g., member access to follow-up care upon hospital discharge) and outcomes (e.g., helping people recover and gain the skills needed to benefit from less intensive care). Both process and outcome measures are useful. Typically, states and/or managed care organizations (MCOs) select several performance measures that merit additional payments to the MCO and/or the providers when positive results are achieved.

HHSC currently measures the quality of Medicaid MCOs in many ways and, based on our review, has implemented most of the state-of-the-art performance measures for the SMI population that we would recommend. The following chart, on page two, lists the ten most important performance measures that MMHPI recommends for the SMI population enrolled in STAR+PLUS, based on its review of national best practices. Measures for which data are currently being used in Texas for STAR+Plus enrollees are noted in green (7 of the 10 measures).

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[1] The Healthcare Effectiveness Data and Information Set (HEDIS) consists of 81 measures across five domains of care and are used by more than 90 percent of America's health plans to measure performance. National Committee for Quality Assurance. (n.d.). *HEDIS & performance measurement*. Retrieved from www.ncqa.org/hedis-quality-measurement

[2] Colton, C. W., & Manderscheid, R. W. (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. *Preventing Chronic Disease*, *3*(2). Retrieved from www.cdc.gov/pcd/issues/2006/apr/05_0180.htm

[3] Rowan, P. J., Begley, C., and Morgan, R. (November, 2016). Hospitalizations and emergency room visits of the SMI population in Texas Medicaid: Year 3 interim report of the UTSPH Medicaid SMI Study. UT School of Public Health: Houston, TX. Copy available from MMHPI.

Table 1. MMHPI's Recommended Performance Measures for Members with a Serious Mental Illness in STAR+PLUS. Note: Indicators highlighted in green are currently being used by Texas Medicaid as performance measures. Those highlighted in yellow are not currently being used but could be if ANSA data are shared with MCOs.

Performance Indicator	Source/Notes
1. Number of members with SMI and ANSA determination of Level of Care (LOC) 4 that receive Assertive Community Treatment (ACT) services	Not currently monitored, but could be if Adult Needs and Strengths Assessment (ANSA) data are shared with MCOs. ANSA data are tracked on all members receiving LOC 4.
2. Percentage of members with SMI and ANSA determination of Level of Care 4 who receive a face-to-face ACT service within 48 hours of discharge	Not currently monitored, but could be if ANSA data are shared with MCOs. MMHPI recommendation based on Assertive Community Treatment (ACT) fidelity measures.
3. Percentage of consumers in integrated, competitive employment or in school/GED program	Not currently monitored, but could be if ANSA data are shared with MCOs. MMHPI recommendation based on ACT fidelity measures and National Outcome Measures.
4. Metabolic Screening: Percentage of members with SMI screened in previous 12 months; Metabolic screening includes BMI, BP, HDL cholesterol, triglycerides, and HbA1c or FBG	Missouri currently collects based on HEDIS Measure; Texas currently collects BP only.
5. Follow-Up After Hospitalization for Mental Illness (FUH) – at 7 and 30 days	HEDIS 2018 Measure; Texas currently collects this information.
6. Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	HEDIS 2018 Measure; Texas currently collects this information.
7. Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	HEDIS 2018 Measure; Texas currently collects this information.
8. Follow-Up After Emergency Department Visit for Mental Illness (FUM)	HEDIS 2018 Measure; Arizona currently measures this; Texas currently collects this information.
9. Adherence to Medications: Antipsychotic Medications for Individuals with Schizophrenia (SAA), Mood stabilizer Medications for Individuals with Bi-polar Disorders, and Antidepressants for Individuals with Depressive Disorders	HEDIS 2018 Measure; Texas currently collects the green highlighted items but not the others.
10. Cardiovascular Monitoring for People With Cardiovascular Disease & Schizophrenia (SMC)	HEDIS 2018 Measure; Texas currently collects this information.

Recommendations for Improved Performance Monitoring

Share ANSA Data with MCOs. STAR+PLUS currently requires an assessment – the Adult Needs and Strengths Assessment (ANSA)[4] – for individuals with SMI to establish who is eligible to receive Mental Health Targeted Case Management and Rehabilitative Services as well as to determine a level of care (LOC) ranging from Level 0 to Level 5. The ANSA was implemented to support care planning and LOC decisions, facilitate quality improvement, and allow monitoring of outcome of services.

Today, a provider completes the ANSA and enters data into the state's Clinical Management for Behavioral Health Services (CMBHS) web-based system. CMBHS uses an algorithm, based on the needs identified by the ANSA, to assign a LOC recommendation. The provider then sends a service request to the MCO for service authorization that includes reporting of the LOC recommendation based on the ANSA. However, the results of the ANSA are not shared with the MCOs and are kept entirely separate from the MCO care management and utilization process. Examples of information available from the ANSA include whether the individual has criminal behaviors, needs housing or employment, or has been hospitalized since the last assessment.

The state only collects the ANSA information for local mental health authorities (LMHAs) and reports information back to LMHAs. Non-LMHA providers do not receive this information nor is there any communication from CMBHS to MCOs. In a managed care system, the MCO should have the information from the ANSA for LOC assessments.

Access to this information would allow HHSC to monitor the three additional performance metrics MMHPI recommends, highlighted in yellow on Table 1. More broadly, this data could also help MCOs more actively manage care for individual members with SMI and better track outcomes. For example, care managers at the MCO could see when individuals are not achieving their treatment plan goals and work with providers to identify more appropriate services, rather than continuing in treatment that may not be working. The ANSA information can also help MCOs work with providers to develop more research-based practices that would have better outcomes.

- **Recommendation: HHSC should share ANSA data with MCOs.**
- **Recommendation: Once ANSA data is shared with MCOs, HHSC should amend MCO contracts to report on recommended performance measures 1, 2, and 3 from Table 1 on page two.**

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[4] Lyons, John S. (2008). *The Adult Needs and Strengths Assessment*. John Praed Foundation. Retrieved from: https://praedfoundation.org/tools/the-adult-needs-and-strengths-assessment-ansa/

Add a Focus on Members with SMI to External Quality Review Organization Monitoring. The External Quality Review Organization (EQRO), an independent contractor engaged by HHSC (as required by the U.S. Centers for Medicare and Medicaid Services), conducts a survey of Medicaid recipients on satisfaction with services, but the STAR+PLUS survey has only one behavioral health question (How well does the health plan care for people with depression?). HHSC posts an MCO report card for each MCO for every Medicaid managed care program based on these surveys.

- **Recommendation: For STAR+PLUS, HHSC should add a similar question to the satisfaction survey asking how well the health plan cares for people with SMI and serious substance use conditions. For example:**
    - **How well does the health plan care for people with bi-polar?**
    - **How well does the health plan care for people with schizophrenia?**
    - **How well does the health plan care for people who have a substance use condition?**
    - **How well does the health plan care for people who have a mental illness?**
- **In the alternative, HHSC should add a separate satisfaction survey and a separate report card for the SMI population.**

For ease of monitoring, it would be helpful to have a report card that separates SMI reporting items from other report card items. HHSC could then present the data on SMI performance measures separately.

Add value-based purchasing requirements for members with SMI. Texas has implemented strategies to support value-based purchasing (paying for improved outcomes and quality) through contract language that requires MCOs to use value-based payments for at least 25% of their funding, of which at least 10% must share financial risk and rewards with providers. This is a positive step. However, MMHPI has been unable to identify any value-based purchasing approaches for members with SMI in use by MCOs, despite multiple requests by LMHAs for such changes.

- **Recommendation: HHSC should designate a percentage of value-based purchasing for providers delivering care to the SMI population.**

Add SMI measures to the Pay for Quality program. HHSC utilizes a Pay for Quality (P4Q) program that creates incentives and disincentives for MCOs based on their performance on certain quality measures. MCOs that excel at meeting the at-risk measures and bonus measures may be eligible for additional funds, while MCOs that do not meet their at-risk measures can lose up to three percent (3%) of their capitation rate. However, only one of these measures

currently focuses on behavioral health (Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotics), and none of the bonus measures focus on behavioral health.

- **Recommendation: HHSC should expand the number of measures collected that relate to behavioral health or SMI by adding measures from the lists in Tables 2 to 9 in the addendum below, Performance Measures for Members with a Serious Mental Illness Enrolled in STAR+PLUS and in Arizona and Florida.**

The results of MMHPI's multi-state review and comparison of best practices to Texas Medicaid program requirements are included in the attached addendum.

Addendum: Performance Measures for Members with a Serious Mental Illness Enrolled in STAR+PLUS and in Arizona and Florida

Tables 2 to 9 below include examples of performance metrics for the SMI populations in Arizona and Florida. These states include measures of behavioral and physical health outcomes for adults with SMI, including special measures that apply solely to the SMI population. These are summarized below. The measures highlighted in <mark>green</mark> are currently used by Texas Medicaid programs.

Managed Care Performance Indicators

Arizona Medicaid Performance Measures

Performance Measures for Arizona Regional Behavioral Health Authorities (2014)

The Arizona Medicaid program currently funds regional behavioral health authorities (RBHAs) that provide integrated health and behavioral health benefits for individuals with SMI. The performance measures for these services are listed below.

Table 2. Arizona RBHA Measures for Members with SMI[5]

Arizona Performance Measures for Members with SMI Receiving Physical Health Services		
Performance Measure	**Minimum Performance Standard**	**Goal**
Inpatient Utilization	TBD	TBD
Emergency Department (ED) Utilization	TBD	TBD
Hospital Readmissions (within 30 days of discharge)	TBD	TBD
Follow-Up After Hospitalization (within 7 days)	50%	80%
Follow-Up After Hospitalization (within 30 days)	70%	90%
Adults' Access to Preventive/Ambulatory Health Services	75%	90%
Access to Behavioral Health Provider (within 7 days)	TBD	TBD
Access to Behavioral Health Provider (within 23 days)	TBD	TBD
Breast Cancer Screening	50%	60%
Cervical Cancer Screening: Women Age 21 – 64 with a Cervical Cytology (performed every three [3] years)	64%	70%

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[5] Arizona Health Care Cost Containment System. (n.d.). *CYE 2018 performance measure crosswalk*. Retrieved from: https://www.azahcccs.gov/resources/Downloads/PerformanceMeasures/CYE2018_PerformanceMeasureCrosswalk.pdf

Arizona Performance Measures for Members with SMI Receiving Physical Health Services		
Performance Measure	**Minimum Performance Standard**	**Goal**
Cervical Cancer Screening: Women Age 30 – 64 with a Cervical Cytology/HPV Co-testing (performed every five [5] years)	64%	70%
Chlamydia Screening in Women Age 21 – 24	63%	70%
Comprehensive Diabetes Management:		
– HbA1c Testing	77%	89%
– LDL-C Screening	70%	91%
– Eye Exam	49%	68%
Diabetes, Short-Term Complications	TBD	TBD
Adult Asthma Hospital Admission Rate	TBD	TBD
Use of Appropriate Medications for People with Asthma	86%	93%
Flu Shots for Adults:		
– Ages 50 – 64	75%	90%
– Ages 65+	75%	90%
Annual Monitoring for Patients on Persistent Medications (combined rate)	75%	80%
Chronic Obstructive Pulmonary Disease (COPD) Hospital Admission Rate	TBD	TBD
Congestive Heart Failure (CHF) Hospital Admission Rate	TBD	TBD
Timeliness of Prenatal Care	80%	90%
Postpartum Care Rate	63%	90%
EPSDT Participation (18 – 20 year olds)	68%	80%

Table 3. Arizona Behavioral Health-Specific Performance Measures

Arizona Performance Measures for Members Receiving Behavioral Health (BH) Services		
Performance Measure	**Minimum Performance Standard**	**Goal**
Inpatient Utilization (BH-related primary diagnosis)	TBD	TBD
Emergency Department (ED) Utilization (BH-related primary diagnosis)	TBD	TBD

Arizona Performance Measures for Members Receiving Behavioral Health (BH) Services		
Performance Measure	**Minimum Performance Standard**	**Goal**
Hospital Readmissions Within 30 Days of Discharge (BH-related primary diagnosis)	TBD	TBD
Follow-Up After Hospitalization (within 7 days; BH-related primary diagnosis)	TBD	TBD
Follow-Up After Hospitalization (within 30 days; BH-related primary diagnosis)	70%	90%
Access to BH Provider (within 7 days)	TBD	TBD
Access to BH Provider (within 23 days)	TBD	TBD

Arizona Health Plans for General Health/Mental Health and SMI Members Opting Out of the RHBA for Physical Health Care

Arizona also has integrated behavioral health programs for the general population (without SMI). Some members with SMI may opt out of the RHBA for their physical health care. As a result, the non-RHBA health plans have performance measures for the SMI population.

Table 4. Arizona Performance Measures for Integrated Care Contract for General Behavioral Health Population[6] and SMI Members Opting Out of the RHBA for Physical Health Care (2017)

Arizona BH Specific Measures	
Indicator	**Description**
Mental Health Utilization	Baseline Measurement Year
Use of Opioids from Multiple Providers (UOP)	Baseline Measurement Year
Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Baseline Measurement Year
Follow-Up After Hospitalization (FUH) for Mental Illness – 7 Days; 30 Days	7 Days – 85% 30 Days – 95%
Use of Opioids from Multiple Providers (UOP)	Baseline Measurement Year
Use of Opioids at High Dosage in Persons Without Cancer (OHD)	Baseline Measurement Year
Concurrent Use of Opioids and Benzodiazepines	Baseline Measurement Year
Follow-Up after Emergency Department Visit for Mental Illness or Alcohol and Other Drug Dependence Mental Illness (FUA)	Baseline Measurement Year

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[6] Arizona Health Care Cost Containment System. (n.d.). *Notice of request for proposal, solicitation # YH10-0001: AHCCCS complete care contract for contractors.* Retrieved from: https://azahcccs.gov/PlansProviders/Downloads/RFPInfo/YH19/ACC_RFP_11022017.pdf

Table 5. Arizona – All Adult Health Measures

Arizona Adult Health Measures	
Indicator	**Minimum Performance Standard**
Inpatient Utilization (IPU) – All Ages	33 Per 1,000 Member Months
Ambulatory Care – ED Utilization (AMB) – All Ages	55 Per 1,000 Member Months
Plan All-Cause Readmissions (PCR)	11%
Breast Cancer Screening (BCS)	50%
Cervical Cancer Screening (CCS)	64%
Chlamydia Screening in Women (CHL)	63%
Colorectal Screening (COL)	65%
CDC – HbA1c Testing	77%
CDC – HbA1c Poor Control (>9.0%)	41%
CDC – Eye Exam	49%
Timeliness of Prenatal Care – Prenatal Care Visit in the First Trimester or Within 42 Days of Enrollment (PPC)	80%
Timeliness of Prenatal Care – Postpartum Care Rate (PPC)	64%
Contraceptive Care – Postpartum Women Ages 21 – 44	Baseline Measurement Year*

Florida Medicaid Program

Florida Medicaid has the following performance measures for individuals with behavioral health conditions and for those with SMI or schizophrenia.

Table 6. Florida Behavioral Health Specific Performance Measures[7]

BH Specific Measures	
Indicator	**Description**
Antidepressant Medication Management – Effective Acute Phase Treatment	The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and remained on antidepressant medication for at least 84 days.
Antidepressant Medication Management – Effective Continuation Phase Treatment	The percentage of members 18 years of age and older who were diagnosed with a new episode of major depression and remained on antidepressant medication for at least 180 days.

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[7] Florida Agency for Health Care Administration. (2017). *Performance measure data submissions for Medicaid indicator descriptions.* Retrieved from http://ahca.myflorida.com/Medicaid/quality_mc/measure_disc.shtml

BH Specific Measures	
Indicator	**Description**
Follow-Up after Hospitalization for Mental Illness – 7 Days	The percentage of discharges for members 6 years and older who were hospitalized for a mental health disorder and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner within 7 days.
Follow-Up after Hospitalization for Mental Illness – 30 Days	The percentage of discharges for members 6 years and older who were hospitalized for a mental health disorder and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner within 30 days.

Table 7. Florida Indicators for SMI

Florida Indicators for the Specialty Population – Serious Mental Illness (SMI)[8]
The Specialty Plan shall collect data and report on additional performance measures that are germane to the Specialty Plan population.

Table 8. Florida Health Indicators Specifically for Individuals with Schizophrenia

Health Indicators Specifically for Individuals with Schizophrenia[9]	
Indicator	**Description**
Diabetes Monitoring	Diabetes monitoring for people with diabetes and schizophrenia.
Cardiovascular Monitoring	Cardiovascular monitoring for people with cardiovascular disease and schizophrenia.

Table 9. Florida – All Other Health Indicators for Adolescents and Adults

All Other Health Indicators for Adolescents and Adults	
Indicator	**Description**
Adolescent Well Care	The percentage of enrolled members 12 – 21 years of age who had at least one comprehensive well-care visit with a primary care provider or OB/GYN practitioner during the measurement year.

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[8] Retrieved from: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2017-06-01/EXHIBIT_II-C_Serious_Mental_Illness_(SMI)_2017-06-01.pdf, p. 1.

[9] Florida Agency for Health Care Administration. (2017, June). *Attachment II, Exhibit II-C – effective date: June 1 2017: Serious mental illness specialty plan (page 9).* Retrieved from: http://ahca.myflorida.com/medicaid/statewide_mc/pdf/Contracts/2017-06-01/EXHIBIT_II-C_Serious_Mental_Illness_(SMI)_2017-06-01.pdf

All Other Health Indicators for Adolescents and Adults	
Indicator	**Description**
Adult BMI Assessment	The percentage of members 18 – 74 years of age who had an outpatient visit and had their body mass index documented during the measurement year or the year prior.
Adults' Access to Preventive/Ambulatory Health Services – Ages 20 – 44	The percentage of members 20 – 44 years of age who had an ambulatory or preventive care visit.
Adults' Access to Preventive/Ambulatory Health Services – Ages 45 – 64	The percentage of members 45 – 64 years of age who had an ambulatory or preventive care visit.
Adults' Access to Preventive/Ambulatory Health Services – ages 65+	The percentage of members 65 years and older who had an ambulatory or preventive care visit.
Adults Access to Preventive/Ambulatory Health Services – Total	The percentage of members 20 years and older who had an ambulatory or preventive care visit.
Annual Dental Visits – Total	The percentage of members ages 2 – 21 who had at least one dental visit during the measurement year.
Breast Cancer Screening	The percentage of women 40 – 69 years of age who had a mammogram to screen for breast cancer.
Cervical Cancer Screening	The percentage of women ages 24 – 64 with one or more Pap tests during the measurement year or the two years prior to the measurement year.
Comprehensive Diabetes – Good Control	The most recent HbA1c level is < 8.0%.
Comprehensive Diabetes – HbA1C Poor Control (Inverse Measure)	The most recent HA1C level is > 9.0% or is missing or was not done during the measurement year.
Comprehensive Diabetes – LDL Screening	An LDL-C test was performed during the measurement year.
Comprehensive Diabetes – LDL-C Control	The most recent LDL-C level performed during the measurement year is <100 ml.
Comprehensive Diabetes – Nephropathy	A urine microalbumin test was done during the measurement year OR there was evidence of nephropathy during the measurement year.
Controlling Blood Pressure (BP) – Total	The number of members with hypertension whose most recent BP is < 140/90.

All Other Health Indicators for Adolescents and Adults	
Indicator	**Description**
Frequency of HIV Disease Monitoring Lab Tests – CD4	The percentage of enrollees with HIV who received greater than or equal to 3 CD4 tests during the calendar year.
Frequency of HIV Disease Monitoring Lab Tests – VL	The percentage of enrollees with HIV who received greater than or equal to 3 viral load tests during the calendar year.
Highly Active Anti-Retroviral Treatment (HAART)	The percentage of enrollees with AIDS who were prescribed HAART.
Immunization for Adolescents – Combination 1	The percentage of adolescents 13 years of age who had meningococcal and Tdap/Td.
Lipid Profile Annually	The percentage of members 18 – 85 years of age who had a diagnosis of hyperlipidemia and had a lipid profile during the measurement year that includes total cholesterol, HDL, and triglycerides.
Persistence of Beta-Blocker Treatment After a Heart Attack	Percentage of members 18 years of age and older who were hospitalized with a diagnosis of acute myocardial infarction and received beta-blockers for 6 months after discharge.
Prenatal Care	The percentage of deliveries that received a prenatal care visit as a member of the plan in the first trimester OR within 42 days of enrollment in the plan.
Prenatal Care Frequency – Greater than 81% of Visits	The percentage of deliveries for Medicaid members that received greater than 81% of expected prenatal visits.
Postpartum Care	The percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.
Readmission Rate (Inverse Measurement)	The percentage of enrollees who were hospitalized for a mental health diagnosis and were discharged to the community from an acute care facility and were readmitted for a mental health diagnosis within 30 days.
Use of Angiotensin-Converting Enzyme (ACE) Inhibitors/ Angiotensin Receptor Blockers (ARB) Therapy	The percentage of members 18 years of age and older during the measurement year who were diagnosed with congestive heart failure and have at least one prescription filled for ACE inhibitors or ARBs during the measurement year.
Use of Appropriate Medications for People with Asthma – Total	The percentage of members 5 – 56 years of age during the measurement year who were identified as having persistent asthma and were appropriately prescribed medication during the measurement year.