

Deliverable for:  
Data Collection and Reporting  
Identify data collection protocol for:  
10.1 Service data  
10.2 Quality data  
10.3 Outcomes measures

New Hampshire  
Balancing Incentive Program

Workplan Submission  
June 29, 2012  
(Updated Oct. 23, 2012)

# **New Hampshire Balancing Incentive Program**

## **Deliverable for:**

### **Data Collection and Reporting**

**10.1 Identify data collection protocol for service data.**

**10.2 Identify data collection protocol for quality data.**

**10.3 Identify data collection protocol for outcomes measures.**

## **Measures, data collection instruments, and data collection protocol**

### **1. Service Data**

#### **A. Data Collection**

New Hampshire currently captures service data from Community LTSS service providers through claims data. This data will be used for Service Data reporting. After transition of LTSS service provision to the NH Medicaid Care Management contractors in 2013, the state will continue to receive service data at an individual level through encounter data.

Reporting on Medicaid claims data is done through the Medicaid Decision Support System's Medstat Decision Analyst application. Claims data within the tool is updated monthly for claims paid through the last day of the previous month. The Medstat tool will be used to produce all service data reports.

#### **B. Data Reporting**

Three reports have been identified for BIP use:

- i. CMS-64 form:
  - o Run quarterly.
  - o This form allows the State and CMS to track expenditures associated with participants receiving Program-eligible services.
- ii. DHHS Provider Payments Report (example - Finance Rpt\_QE 12-2011 ProviderPayments.xls):
  - o Run quarterly.
  - o This report allows the State to track expenditures associated with participants receiving Program-eligible services across all program areas.
- iii. BIP Category of Service Report (new report):
  - o Run Quarterly;
  - o Based on Dates of Service;
  - o Based on Clients with COS 17 (mental health center), COS 65 (BDS waivers) and COS 66 (BEAS waiver);
  - o Broken out by Categories of Service (based on the clients identified in #3);
  - o Broken down by Age Groups, 0-17, 18-20, 21-64, 65+ (one report with age group broken out and one without);
  - o Include unique BIP Client Counts;
  - o Include # Units or Visits;

- The report tracks utilization by BIP COS, as well as, other COS that could be affected by BIP to ensure that there aren't unanticipated consequences. This report would be used for program evaluation. The report would include claims information for the clients from BBH, BDS, and BEAS (the clients that are directly impacted by BIP).
- The report will be run automatically in MDSS on a quarterly basis and reviewed by the BIP Project Manager to identify any anomalies.

## 2. Quality Data

### A. Data Collection

New Hampshire currently captures service data from Community LTSS service providers through claims data. This data will be used for Quality Data reporting. After transition of LTSS service provision to the NH Medicaid Care Management contractors in 2013, the state will continue to receive service data at an individual level through encounter data. The NH Medicaid Care Management contracts include the requirement for the complete Medicaid Adult Health Quality Measures set.

### B. Data Reporting

The NH BIP intends to use the Quality Measures contained in Appendix I - Subset of Medicaid Adult Health Quality Measures as stated in the BIP manual.

- Include in the NH Medicaid Care Management phase II contract requirements, the requirement to report the subset of the Adult Quality Measures as identified in Appendix I.

## 3. Outcome Measures

### A. Data Collection

Outcome data will be collected utilizing existing participant experience surveys. These surveys are currently used by the DCBCS:

- BBH – NH Public Mental Health Consumer Survey, Data Infrastructure Grant Mental Health Consumer Survey or the MHSIP Consumer Survey, done annually.
- BDS - National Core Indicators Adult Consumer Survey, done every two years.
- BEAS - CMS Participant Experience Survey (PES), done every two years.

After transition to Phase II of the NH Medicaid Care Management program, BIP recommends that the Home Health Care Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey be a contract requirement and replace the existing LTC participant experience surveys. The CAHPS survey will need to be reviewed by all Bureaus and additional program specific questions added where the CAHPS survey doesn't meet our needs. We will also request that the NH Medicaid Care Management contractors over-sample the LTC population so that enough clients are surveyed to meet the BIP needs.

(Update submitted 10/23/12)

The sampling plan for outcome measures is as follows:

- Initially, outcomes measures will be obtained through existing participant experience surveys. The survey methods and sampling frames are here listed:
  - BBH - NH Public Mental Health Consumer Survey, Data Infrastructure Grant (DIG) Mental Health Consumer Survey, or MHSIP Consumer Survey collected annually by phone or consumer call in from a statistically valid sample of the population of Bureau or Behavioral Health eligible adult consumers and families of youth (14-17).
  - BDS – Human Services Research Institute (HSRI) National Core Indicators (NCI) Adult Consumer Survey collected in a two year cycle with face-to-face interviews of a statistically valid sample of 400 participants from the entire Acquired Brain Disorder and Developmental Disabilities waiver populations.
  - BEAS – Participant Experience Survey collected bi-annually in face-to-face interviews of a statistically valid sample of approx. 335 participants from a population of Choices for Independence waiver members who have had open cases for at least 6 months or who have had their cases closed for 6 months or less.
  - The overall sampling methods and sample frame are thought to be sufficient for assessing improvements in population outcomes as a result of NH Balancing Incentive initiatives. Continued monitoring and evaluation will be employed to modify and enhance the current strategy.
  - Ultimately, the goal is to consolidate the existing surveys under the Home Health Care Consumer Assessment of Healthcare Providers and Systems (CHAPS) Survey. Also see “NH Work Plan 6-29-12,” Att. E, item 3.A., for more on outcome measure data collection after implementation of NH Medicaid Care Management.

## **B. Data Reporting**

The following Outcome Measures will be utilized:

- i. Existing participant experience surveys will be used at the onset and summarized in a final report by LTC business area.
- ii. After transition to Phase II of the NH Medicaid Care Management program, BIP will recommend that a modified CAHPS Home Health survey for all the populations be required every two years and summarized in a final report. This will replace the existing participant experience surveys.