



**State of New Hampshire
Department of Health and Human Services**

**Division of Program Quality and Integrity
Presented to House Finance Division III
February 18, 2021
Meredith Telus**

Agenda

- **Overview of Division**
- **Key Functions**
- **Key Partners**
- **Accomplishments**
- **Key Challenges**
- **Financial Summary**
- **Summary of Department Audits**



DIVISION OF PROGRAM QUALITY AND INTEGRITY

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Overview - DPQI

The Division was created in 2019 to be generally responsible for outcomes, performance measures, and accountability; strategic and operational planning; data reporting and analysis; business process analysis; project management and implementation; internal audit; and enterprise risk management.

The Division includes:

- The Bureau of Program Quality; and
 - *formerly known as the Bureau of Quality Assurance and Improvement*
- The Bureau of Program Integrity.
 - *formerly known as the Bureau of Improvement and Integrity*



Mission

The Division of Program Quality and Integrity supports the mission of the Department of Health and Human Services by providing data-informed program development, quality, and performance improvement and ensuring accountability in operations and financial integrity.



Overview – Bureau of Program Integrity

The Bureau of Program Integrity (BPI) provides a comprehensive, integrated approach to service excellence by preventing errors and fraud in NH DHHS programs and by maximizing revenue sources. BPI ensures fraud, waste, and abuse is monitored and controlled. All BPI functions are directed toward strengthening quality, accountability, and public confidence in the delivery of health and human services.

The Bureau includes:

- Special Investigations Unit;
- Medicaid Program Integrity Unit;
- Medicaid Third Party Liability Unit;
- Quality Assurance Unit;
- Financial Compliance Unit; and
- Internal Audit.



BPI – Fraud, Waste, and Abuse (serving Medicaid)

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Key Activities and Services

Fraud, Waste, and Abuse

These units serve the State and Federal government as well as DHHS management by ensuring the integrity of DHHS programs, and the proper disbursement and management of State and Federal funds.

Medicaid Program Integrity Unit

Medicaid Program Integrity Unit investigates Medicaid provider fraud, waste, and abuse and ensures compliance with Medicaid regulations and rules. PIU also oversees provider enrollment to ensure providers are properly screened and have the proper credentials.

Third Party Liability Unit

Third Party Liability Unit ensures Medicaid is the payer of last resort and avoid unnecessary costs. TPL verified 9,374 Medicaid member with private insurance in SFY 2021.



BPI – Audit Units (Medicaid and FNS)

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Key Activities and Services

Quality Assurance

The Quality Assurance Unit monitors the accuracy of Food Stamps per Food and Nutrition Services (FNS) requirements, and Medicaid eligibility determinations in a manner specifically prescribed by federal regulations. Supports Bureau of Family Assistance by working to correct errors and ensure proper benefits. (Over 1,000 audits per year).

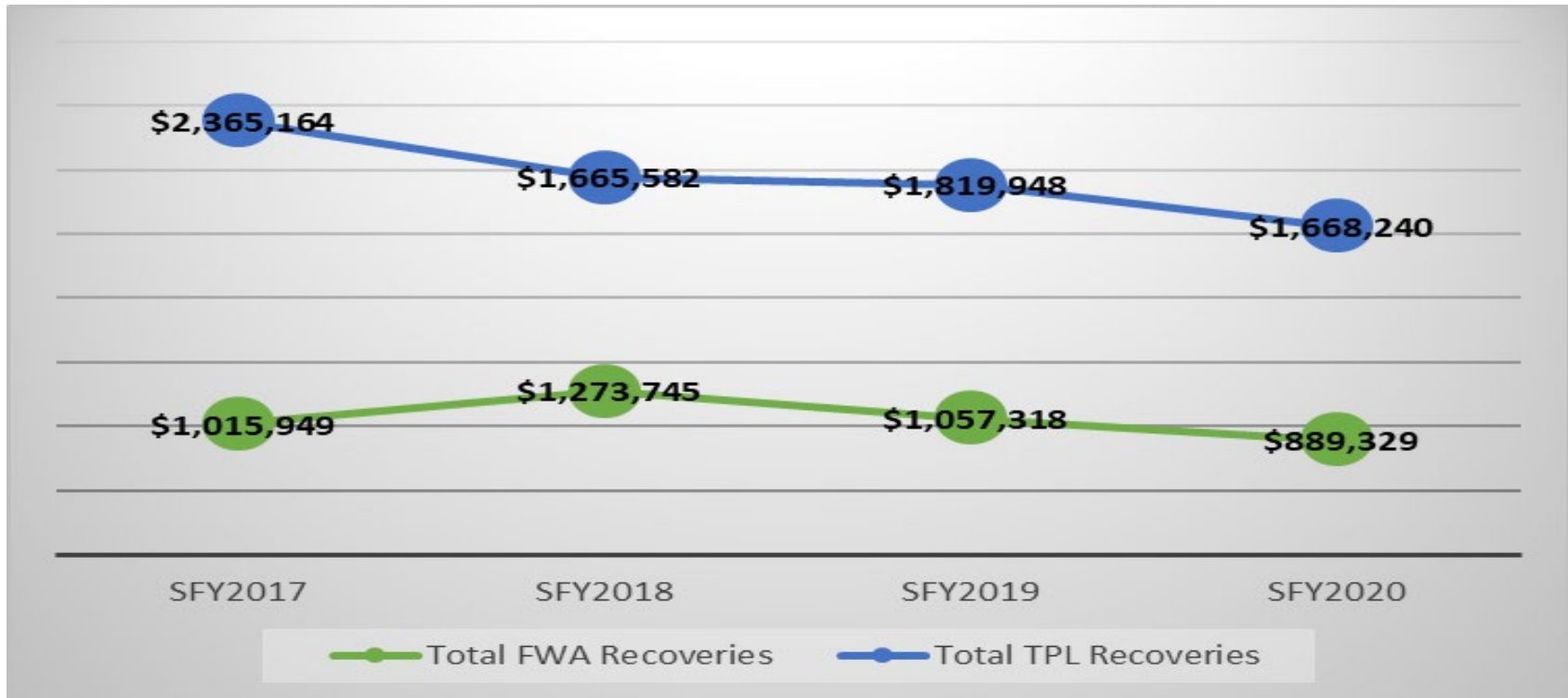
Special Investigation Unit

Special Investigation Unit investigates and prosecutes client fraud (Medicaid, TANF, or Food Stamp benefits). SIU processed more than 1325 investigations and claim reviews for SFY 2020.



BPI Recovery of Overpayments

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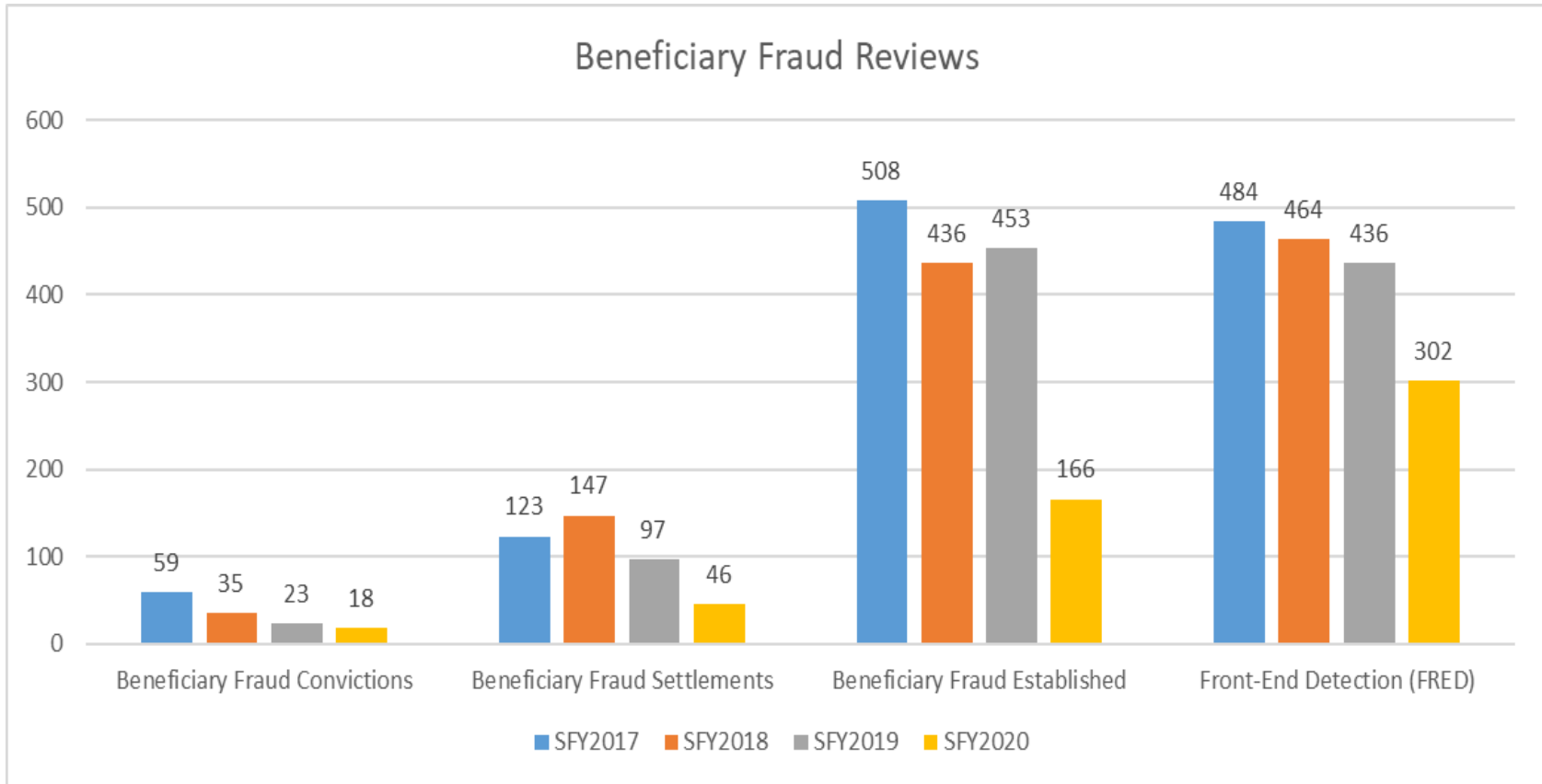


- FWA Recoveries includes beneficiary and provider over payment recoveries.
- TPL Recoveries includes funds recovered for subrogation cases and recoveries from other insurances.

- FWA recovery reduction is due to the reduction in case closures noted on the previous slide.
- TPL recovery reduction is due to the move to Managed Care (MCO). Claims and TPL recoveries are processed by the MCOs.



BPI Beneficiary Case Reviews



Case closures have reduced due to staff turn over, vacancies, and changes in process which have resulted in reduced settlements.



BPI – Audit Units (Department-wide)

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Key Activities and Services

Financial Compliance Unit

Supports and assists program areas with contract compliance and sub-recipient monitoring by performing financial reviews of contractors; performs financial reviews of Nursing Facilities; coordinates and assists with Department response to federal audits.

Internal Audit

The Internal Audit function is responsible for identifying and auditing areas of risk within the Department and reporting recommendations for improved internal controls to Department management; coordination of LBA audits and LBA audit follow-up.



BPI Key Accomplishments

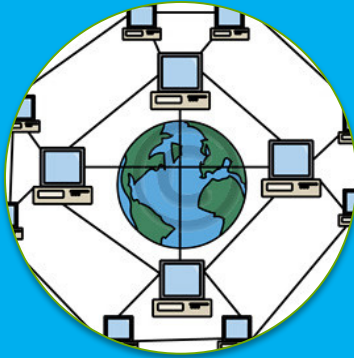
12

- BPI established several data interfaces and Medicaid data updates to reduce overpayments and ensure accurate claims processing, including: Department of Corrections, Vital Records, and Department of Defense.
- BPI implemented Managed Care Organization (MCO) monitoring of Third Party Liability functions performed by the MCO to ensure proper processing of claims when there is a third party liable.
- BPI has worked closely with the AG's Medicaid Fraud Control Unit (MFCU) and County Attorney's Offices to prosecute fraudulent activity, resulting in conviction of a Home Health provider who was fraudulently billing Medicaid and a criminal conviction of a beneficiary (ordered to repay DHHS over \$108,000).
- BPI partnered with the DHHS Grants Administrator and Contracts Unit to establish a sub-recipient monitoring program based on risk. Working with program and finance, BPI supports financial risk assessments and appropriate monitoring of the Department's sub-recipients of federal funds.



BPI Key Challenges

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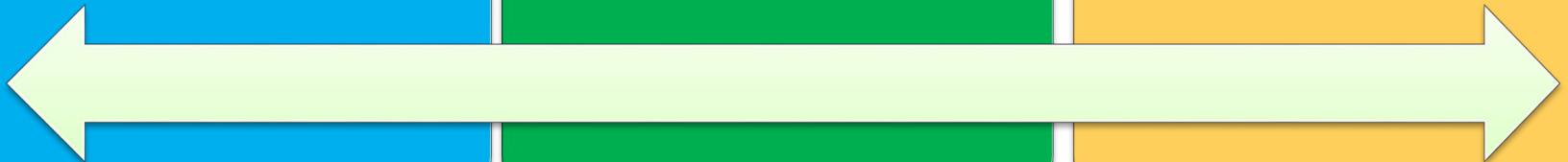
Data access. We need information be successful in our investigation work. Access to data from different agencies, cities, and federal databases is necessary to prevent fraud.



Technology. Software and contracts for the technology necessary to enhance fraud detection and deterrence in NH.



Recruitment. Imperative to find highly-skilled staff and managers. BPI has a 25% staff vacancy rate.



Bureau of Improvement & Integrity Staffing

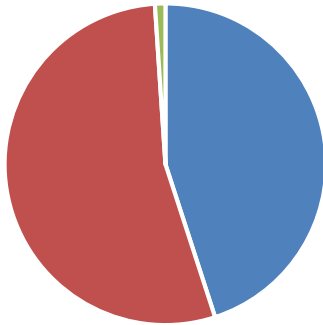
14

Governor Recommended Positions SFY22	%	9510 – Bureau of Improvement and Integrity
64	100%	7935 – Office of Improvement & Integrity



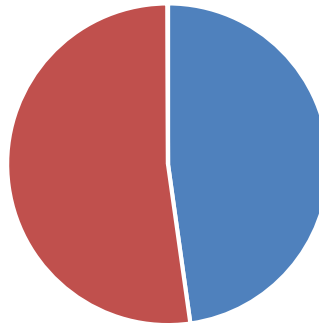
Budget Chart comparison - BII

2018 / 2019



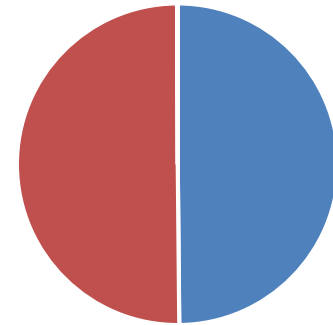
■ Federal Funds ■ General Funds
■ Other

2020 / 2021



■ Federal Funds ■ General Funds
■ Other

2022 / 2023



■ Federal Funds ■ General Funds
■ Other



Bureau of Improvement & Integrity

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	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9510-7935	Office of Improvement and Integrity	OCOM	BII	1168	--



Overview – Bureau of Program Quality (BPQ)

The Bureau of Program Quality (BPQ) provides formal ongoing assistance with quality oversight, improvement, program evaluation, and quantitative reporting to Department programs and the public through its expert reviewers, quality improvement specialists, evaluators, and analysts. Data are synthesized and disseminated to leadership, policy makers and stakeholders in an effort to ensure each have an optimal understanding about the quality and effectiveness of services administered by the Department.

The Bureau includes:

- Data Analytics and Reporting;
- Medicaid Quality Program;
- Substance Misuse Planning and Evaluation; and
- Health Services Assessment.



Data Analytics and Reporting-1

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Key Activities and Services

Department-wide & Public

- Ongoing and ad hoc analysis of the intersections between Medicaid, behavioral health, public health data and other data
- Information resource for stakeholders, policy makers and the public on statistics and data sources related to Departmental functions

Medicaid Analytics

- Provide analysis and insight of enrollment, utilization and cost data to support Medicaid program policy development and financial management
- Analysis to support health care delivery system improvement
- Analysis and performance reporting for development and monitoring of Medicaid waivers, managed care directed payments and quality incentive programs



Data Analytics and Reporting-2

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Key Activities and Services

Medicaid Quality Monitoring

- Management of the Medicaid Quality Information System (medicaidquality.nh.gov)
- Processing and reporting on 7,000 data points a quarter across 200+ quality measures
- Lead Medicaid Federal quality reporting

Behavioral Health Analytics

- Reporting and analytics/dashboarding to support Behavioral Health program development, monitoring and quality improvement
- Monitoring & analysis of key metrics for State's Mental Health Settlement Agreement
- Provide fresh insights into behavioral health systems through data science & cross-data system analysis

Data Systems Oversight

- Management & quality improvement of Medicaid claims/encounters, Comprehensive Healthcare Information System (commercial insurance and Medicare), Phoenix (community mental health), WITS (drug and alcohol) data systems



BPQ – Medicaid Quality Information System (medicaidquality.nh.gov)

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New Hampshire Department of
HEALTH AND HUMAN SERVICES



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Quality

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MEASURES A-Z

QUALITY
MEASURES BY
TOPIC

REPORTS

ABOUT US

HELP

MQIS
DASHBOARD

Emergency Department Visits - Potentially Treatable in Primary Care

Ambulatory emergency department visits for conditions potentially treatable in primary care per 1,000 member months by subpopulation.

Measure Identifier: AMBCARE.12

Customize

Trend type: ☒ Line ☐ Bar

☐ Hide confidence intervals

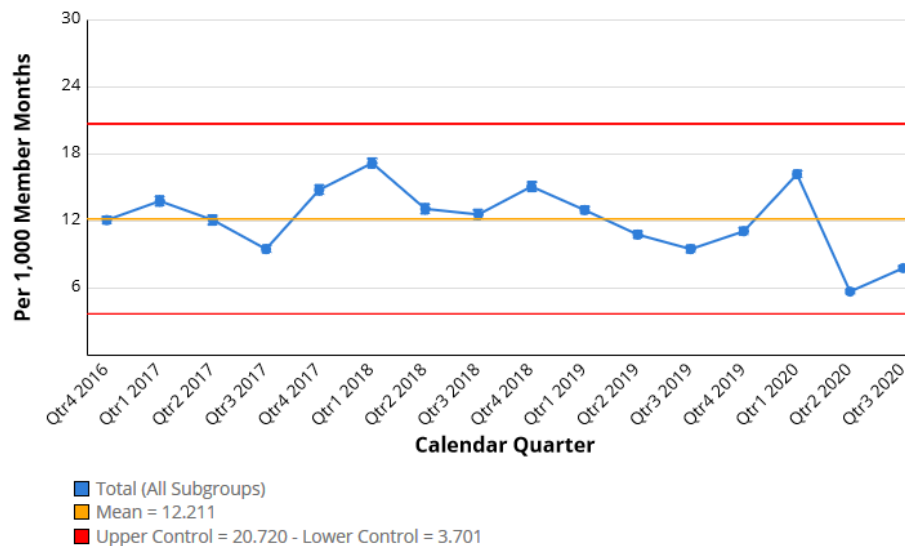
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NH MEDICAID TREND



Data Qualifiers:

- Qtr1 2018: Additional diagnosis codes were added in Q4 2017, resulting in an increase in the number of ED visits considered potentially treatable in primary care.
- Qtr4 2017: Additional diagnosis codes were added in Q4 2017, resulting in an increase in the number of ED visits considered potentially treatable in primary care.
- The aggregated values do not include data for all organizations. Customize this report by organization for details.



Development of EBI Opioid Crisis Dashboard

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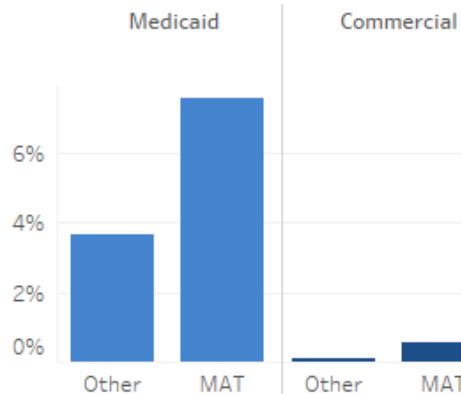
From April to June 2020,

Opioids accounted for **25%** of all unintentional injury deaths, including **54%** of unintentional deaths among 18-34 year olds. That category also includes traffic deaths, deaths from outdoor activities, and all other drug overdoses.



Services

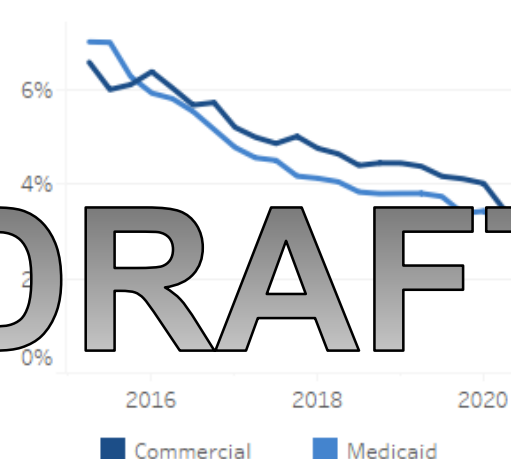
Medication assisted treatment (MAT) is the most common treatment used to assist victims of the crisis for members age 18 to 64.



Refreshed: 02/10/2021

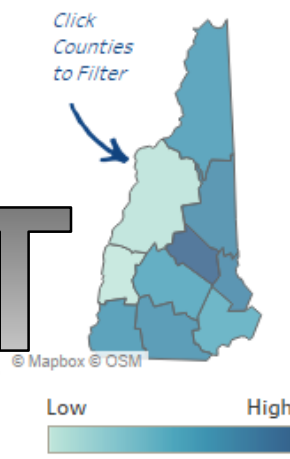
Prescription Rate

New Hampshire is taking steps to assure that the pain relieving benefits of opioid prescriptions are balanced with the risk for members age 18 to 64.



Death Rate

Unintentional Opioid Deaths (Age Adjusted) by County



BPQ Medicaid Quality Program

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Key Activities and Services

Department-Wide & Public

- Medicaid Member MCO quality consumer guide for selecting a health plan.
- Monthly MCO summary reports designed and distributed to DMS, DCYF, DPHS, BDAS, BMHS, DLTSS.
- Support DHHS programs in designing key performance indicators, and quality management systems.

Division of Medicaid Services

- Develop and implement the NH Medicaid Quality Strategy to assure that Medicaid members have access to quality care from Managed Care Organizations (MCO).
- Develop and implement structured evaluation, quality planning and reporting for Medicaid 1115 Waivers, 1915(b) Waivers and Directed Payments.



BPQ – Medicaid Quality Consumer Guide of Health Plans

<https://medicaidquality.nh.gov/member-enrollment-guide-quality-nh-medicaid-plans>

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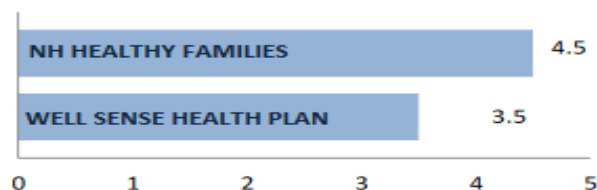
Member Enrollment Guide to the Quality of NH Medicaid Health Plans

Choosing the managed care plan that works best for you and your family is important. One thing to think about before you decide is how well the different plans perform. NH compares Medicaid health plans using multiple measures found at: <http://healthinsuranceratings.ncqa.org/2019/search/Medicaid>. This brief report shows how the Medicaid managed care plans compared.

Note: AmeriHealth Caritas operates health plans in other states. Data is not yet available for their new health plan in New Hampshire.

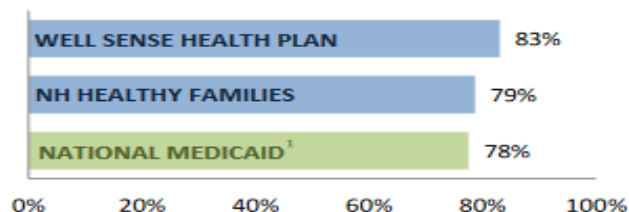
NCQA Medicaid Health Insurance Plan Ratings 2019–2020

National Committee for Quality Assurance (NCQA) rates health plans on a scale of 0–5. The overall score considers the rating for customer satisfaction, prevention and treatment.



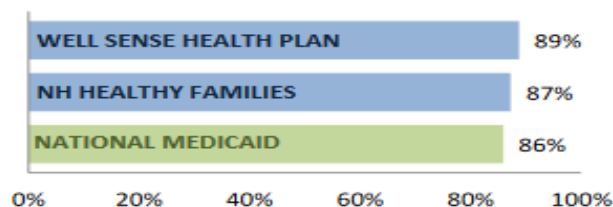
Rating of Health Plan - Adults

This measure captures the percent of adults who gave their health plan a rating of 8, 9 or 10 on a scale of 1 through 10. The lowest rating is a 1 and the highest is a 10.



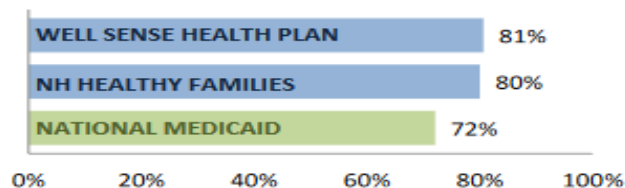
Rating of Health Plan - Children

This measure captures the percent of parents or guardians who gave their child's health plan a rating of 8, 9 or 10 on a scale of 1 through 10. The lowest rating is a 1 and the highest is a 10.



Well Child Visits for Children Age 3 - 6

This measure captures the percent of children 3-6 years of age who had at least one well child visit with a primary care provider.²



BPQ Substance Misuse Planning & Evaluation

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Key Activities and Services

Cross-Departmental and State Partners

- Identifying the prevalence and consequence of substance misuse on individuals, families, communities, institutions, and the state as a whole in collaboration with DHHS program areas and multi-state agencies

Department-wide

- Support and guide DHHS leadership and program areas on the utilization of data to better understand the impact of substance misuse on the various populations served by the Department
- Develop strategies and programming to better address substance misuse in an integrated manner and identify methodologies for reporting quality, performance and outcomes

DBH, Bureau of Drug & Alcohol Services

- Provides matrixed leadership in identifying key metrics, evaluation methodologies and reporting framework for a broad range of substance misuse programming



Key Activities and Services

Department-wide

- Sentinel Event reporting oversight, including data analytics, coordination of cross-system reviews, identifying system issues and opportunities for operational improvements
- Development of quality review processes and procedures to assist the Department with provider/service reviews and reliable qualitative and quantitative data collection

Bureau of Elderly and Adult Services


- Home and community-based care program reviews of 8 Case Management Agencies conducted per compliance with the Federal 1915(c) HCBS Waiver, Quality Improvement Strategy

BMHS


- Implementation of Quality Service Reviews, data analysis, and quarterly quality improvement monitoring of the 10 community mental health centers
- Re-designation and quality site reviews of the 6 psychiatric inpatient facilities that provide involuntary mental health treatment



BPQ Key Accomplishments



- Development and operationalization of Managed Care Organization programs to incentivize quality improvement. Programs include: Quality Withhold and Incentive Program, NH Directed MCO Alternative Payment Models, and Performance Based Member Auto Assignment Program.



- Development of a dynamic and robust qualitative review process that over the past three years and counting, has shown a 9% improvement in the statewide Quality Service Review Scores, indicating improved services and outcomes for individuals served by community mental health centers.



- Subject matter direction on development of standardized substance misuse related metrics and data integration across DHHS programs and Medicaid for monitoring and reporting quality, performance, and outcomes.



BPQ – Key Challenges

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Lack IT infrastructure to support comprehensive agency/provider service reviews with qualitative and quantitative data collection and analysis, to ensure meaningful reports and program oversight.



Highly skilled DHHS workforce needed for continued development of quality management, data analysis and reporting.



Increased Federal and State expectations on Quality without additional resources.



Bureau of Quality Assurance & Improvements Staffing

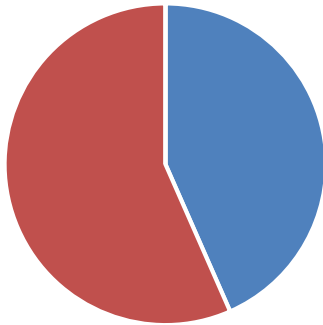
28

Governor Recommended Positions SFY22	%	9550 – Bureau of Quality Assurance & Improvements
28	100%	6637 – QAI Operations



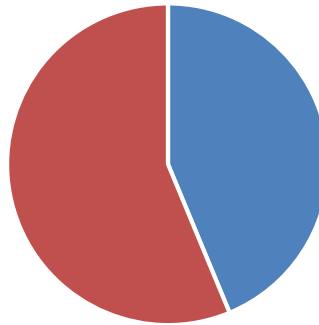
Budget Chart comparison - QAI

2018 / 2019



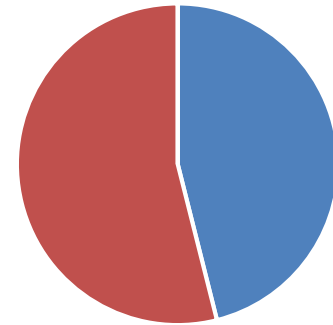
■ Federal Funds ■ General Funds
■ Other

2020 / 2021



■ Federal Funds ■ General Funds
■ Other

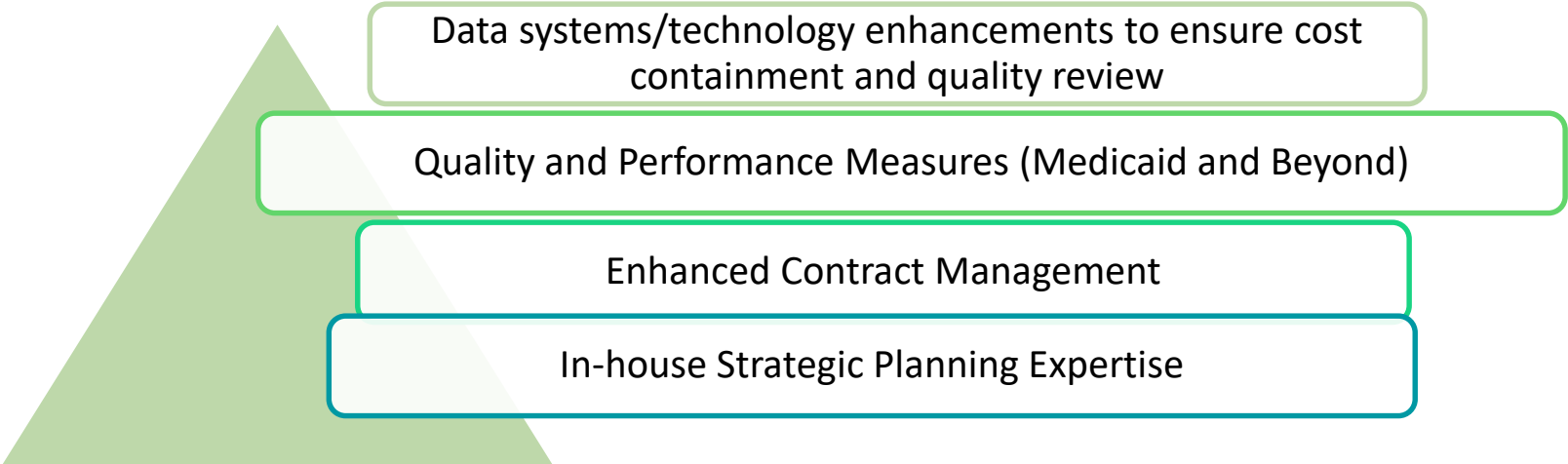
2022 / 2023



■ Federal Funds ■ General Funds
■ Other



5% Incremental / decremented Outcome



Data systems/technology enhancements to ensure cost containment and quality review

Quality and Performance Measures (Medicaid and Beyond)

Enhanced Contract Management

In-house Strategic Planning Expertise



Fewer reviews, increased risk of undetected fraud, increased repeat audit findings, increase risk of poor Medicaid cost-containment

Quality standards will necessarily decrease – fewer samples/lower distribution selected for review



Department Audits

Recurring

- Single Audit (LBA, KPMG)
- CAFR Audit (LBA, KPMG)
- Centers for Medicaid Services – Program Integrity (1x/3 years)
- Payment Error Rate Measurement (PERM) (1x/3 years)

One-Off

- OIG – Criminal Background check requirements for child care
- Title IV E Eligibility for Foster Care
- HRSA – Maternal & Child Health Care
- HUD – Continuum of Care Program
- OIG – SUD program (in progress)

LBA

- Bureau of Developmental Services, Unspent Appropriations (2016)
- Internal Control Review of Medicaid Eligibility (2016)
- Therapeutic Cannabis Program ID Card Timeliness (2019)
- New Hampshire Hospital (2020, Financial Audit)
- Sununu Youth Services Center (2021, In progress)



Department Audits – Findings and Status

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Recurring

- Single Audit Finding: Noncompliance with the maintenance of effort requirements included in the PHEP and HPP program notice of award. Questioned Costs: \$544,000 including match amounts.
- Current Status: Worked with program area, DAS, and CDC partners and reduced overpayment amount to \$51,000.

One-Off

- HUD Audit Finding: Subrecipients may not operate their program in compliance with regulatory requirements because the State has not completed and distributed program policies.
- BHS ensure subrecipient agencies had the policy manual describing the disability determination process on pages 7-11 and page 32.

LBA

- New Hampshire Hospital Audit Finding: The Hospital does not have a formal risk assessment process in place for its financial accounting and reporting functions including an information technology security assessment.
- Current Status: The Hospital is reviewing mechanisms for an appropriate risk assessment process and will update on Transparent NH.



Data Security Audits

2018

- CMS MARS-E
 - 100+ Findings
 - One of the Findings: The Department does not have a Data Classification Policy
- IRS Federal Tax Information (FTI)
 - 100's of Findings:
 - Most findings are the result of the Department not having an FTI system for the Bureau of Family Assistance
- FBI Criminal Justice Information (CJI)
 - Numerous Findings
 - One of the Findings: Access Databases cannot be used to store CJI.

2019

- CMS MARS-E
 - Continuation of findings remediation and mitigation
- Single Audit - Medicaid
 - Numerous Findings
 - One of the Findings:
 - Access to the Social Security Administration (SSA) federal information cannot be provided – access to the data for this audit was not permitted by SSA. Requires memo from CMS to SSA.
- Social Security Administration (SSA) Representative Payee
 - Audit on-going

2020

- CMS MARS-E New Audit
 - Numerous Findings:
 - The State does not have an Information Security Insider Threat Program
- Payment Card Industry
 - Credit card devices were not correctly protected to prevent tampering
- FBI Criminal Justice Information (CJI)
 - Continuation of findings remediation and mitigation
- Single Audit
 - Numerous Findings
 - One of the Findings: The Department does not have a SOC 2 Report policy and process



Bureau of Quality Assurance & Improvement

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	Accounting Unit Title	Division	Bureau	Budget Book Page #	Budget Briefing Book Page #
9550-6637	Quality Assurance & Improvement Operations	OCOM	QAI	1182	--

