



Problems with Salud!, New Mexico’s Managed Health Care Program

Information Sheet #2: HEDIS Data and Additional Member Survey Data

1. Lack of Access to Behavioral Health Services

- *Behavioral health specialty services are scarce.*

One third of Salud! members had difficulty getting counseling or mental health services when they needed them. (Gallup Survey of Enrollees, 1999)

- *Follow-up after hospitalization for mental illness is poor.*

The rate of follow-up for all Salud! plans is 14% to 26% within seven days of discharge and 27% to 42% within 30 days of discharge. These rates fall well below the national average of 45% within seven days of discharge and 68% within 30 days of discharge reported by the National Commission on Quality Assurance (NCQA) in 1998.

MCO	WITHIN 7 DAYS OF DISCHARGE	WITHIN 30 DAYS OF DISCHARGE
PRESBYTERIAN	16.18%	33.59%
CIMARRON	14.63%	27.13%
LOVELACE	26.44%	42.31%
National Average	45%	68%

The New Mexico Human Services Department (HSD) states, “The reported rates of follow up after hospitalization for a mental illness for all three MCOs warrant further attention.” (HEDIS Data, 1999) HSD requires the plans to conduct a quality-improvement project to improve the treatment of depression, but considering such low rates this approach is insufficient to address the extent of the problem.

● *Inadequate antidepressant medication management:*

Two of the plans are performing well below NCQA’s national average of 23% for practitioner contacts for medication management, 54% for acute phase treatment, and 38% for continuation phase treatment. The third, Cimarron, exceeds the average optimal practitioner contact rate but falls short in the other two areas.

MCO	Optimal Practitioner Contacts for Medication Management	Effective Acute Phase Treatment	Effective Continuation Phase Treatment
PRESBYTERIAN	1.37%	35.62%	26.03%
CIMARRON	60.00%	36.36%	18.18%
LOVELACE	NA*	NA*	NA*
National Average	23%	54%	38%

* Plans were only required to report 30 or more cases. Lovelace, with a membership of 43,000, had only seven members on depression medication. The Human Services Department states, “This needs to be explored further to see if this is a diagnostic problem, a diagnosis-coding problem, or a data field problem.” (HEDIS Data, 1999)

● *Mental health utilization is low for the low-income and disabled populations:*

The Surgeon General of the United States estimates that 20% of adults have a mental illness and that 20% of children have mental disorders. (*Mental Health: A Report of the Surgeon General*, Department of Health and Human Services, 1999) Mental illness increases with poverty and disability so the rates for the Medicaid-eligible population would be expected to be significantly higher. The mental health utilization rates for the New Mexico Medicaid population, ranging from 5% to 10%, are significantly below 20%.

MCO	Any Mental Health Service
PRESBYTERIAN	7.49%
CIMARRON	10.17%
LOVELACE	4.82%

The Human Services Department noted, “The Lovelace rate needs to be explored further to see if there are any barriers to accessing mental health services, if this is a result of the population enrolling in Lovelace, or if it is a data collection problem. (HEDIS, 1999)

● *Referrals and specialty services are hard to get.*

Fifty-nine percent of Salud! enrollees had difficulty seeing a specialist when they needed one, unchanged from the 60% reporting difficulty in 1998. (Gallup Survey of Enrollees, 1999)

One quarter to one third of Salud! enrollees said that it wasn't easy to get a referral when they needed one. (Gallup Survey of Enrollees, 1999)

2. Falling Rates of EPSDT Participation and Screening

Rates of participation in Early and Periodic Screening, Diagnosis and Treatment (EPSDT), a Medicaid requirement for children, have fallen dramatically under Salud!, to 5.5%, compared to the 30% rate under fee-for-service. Salud! conducts only 0.2% percent of required screens, a dramatic drop from the 40% completed under fee-for-service

- Under fee-for-service Medicaid, New Mexico consistently screened 30% of children and completed an average of 39% of all required screens from 1994-1996. (*Children's Health Under Medicaid: A National Review of Early and Periodic Screening, Diagnosis and Treatment*, National Health Law Program, 1998).
- In fiscal year 1997 Cimarron reported seeing 5.5% of Salud! children and conducting 0.2% of all mandatory EPSDT screens. (HCFA-416, Cimarron HMO, Fiscal Year, Annual EPSDT Participation Report, Fiscal Year 1997) In 1998, Cimarron had an EPSDT participation rate of 3.86% in the first quarter, 2.86% in the second quarter and 6.07% in the third quarter. (Salud! EPSDT Quarterly Report- Revised 11/98)

3. Low Well-Child Visit Rates

Well-child visit rates are below the national average recorded by NCQA and the participation requirement under federal Medicaid law (OBRA). NCQA counts any visit to a primary care doctor (preventive medicine visits, general medical examinations and nonemergency treatment visits, as well as well-child visits). These rates, as expected, are higher than the EPSDT participation rates reported by the plans to HSD.

- *Well-child visits within the first 15 months of life:*
Nationally, on average 50% of children receive six or more well-child visits in their first 15 months, as reported by NCQA in 1998. Cimarron's rate of 60% is higher than the national average; Presbyterian's rate of 14% is significantly lower. Both plans are below the OBRA requirement of 80% participation. With 43,000 members, Lovelace has serious data and quality of care problems, since fewer than 30 children received well-child visits. (HEDIS Data, 1999)
- *Well-child visits ages 3-6:*
OBRA requires 80% participation for this age group and the 1998 NCQA average is 52%. Presbyterian's rate is 48%, Cimarron's is 38% and Lovelace has a 37% rate. The Quality Assurance Bureau of the Human Services Department noted: "All three MCOs fall below this average. This measure requires more exploration to find out why these numbers are low." (HEDIS Data, 1999)

- *Adolescent well-child care:*

OBRA requires 80% participation for adolescents and the 1998 NCQA average is 28%. Presbyterian's rate is 23%, Cimarron's is 20% and Lovelace has an 18% rate. The Quality Assurance Bureau noted: "All of the MCOs are reporting low rates for this measure. Greater emphasis must be placed on getting adolescents into care for well-child checks. This area needs to be targeted for improved performance." (HEDIS Data, 1999)

Salud! Members Can Put a Human Face on the Reports

To support these findings, we suggest speaking with Salud! members who have sought behavioral health care, who can put a human face on the failings uncovered by the state's reports. The following groups can put you in touch with adult consumers and parents of children who have been unable to access services.

- Delfy Peña Roach, Parents for Behaviorally Different Children (505) 265-0430
- Deborah Fickling, the National Mental Health Association in New Mexico, 505-753-4131, email: mhanm@cybermesa.com
- The New Mexico Chapter of the National Alliance of the Mentally Ill, (505) 260-0154