

Introduction to MCG Health

A presentation to NAIC members



Hearst Health Mission

To guide the most important care moments by delivering

Vital Information

into the hands of everyone who touches a person's health journey



85%

of patients discharged

3.2 Billion

dispensed prescriptions

205 Million

insured individuals

103 Million

home health visits

A Pedigree in Quality Evidence



Evidence-graded data to support the highest quality clinical decisions

Founded as part of
 **Milliman**
in 1988

Acquired by the
HEARST *corporation*
in 2012

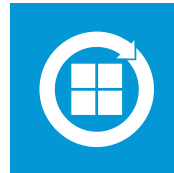

PART OF THE
HEARST HEALTH NETWORK



Information to support and leverage clinical experience and allow clinicians to operate at the top of their license



Evidence to support care and medical necessity decisions through optimal recovery plans



Comprehensive scope: Evidence, admission support criteria, and decision support for all settings of care



Benchmark data for quality improvement: Literature review and database analysis



Patient-focused guidance



MCG: A Foundation of Trust



- Over **6,000** clients
- **A majority of U.S. health plans**
- **Over 3,100** U.S. hospitals
- U.S. Department of Veteran Affairs
- U.S. Department of Defense (formerly TRICARE)
- ICE Health Service Corps, U.S. Immigration and Customs Enforcement
- The Centers for Medicare and Medicaid Services (CMS)
- Indian Health Service
- CDC World Trade Center 9/11 Fund
- Medicaid (Government, MCOs – regional and national)
 - State Medicaid Agencies (California, Colorado, Ohio, Mississippi, Louisiana, Michigan, Missouri, Montana, Indiana, Pennsylvania, Arizona, North Carolina, Texas, and Utah)
- Medicare contractors (RACs, MACs, QIOs)
 - CMS supports the use of all criteria sets that are *evidence-based*
 - MCG care guidelines used in quality and appropriateness audits
- Accountable Care Organizations (ACOs)
- Third Party Administrators (TPAs)

Evidence-based guidelines form a common basis for care planning decisions between payers and providers



National Behavioral Health Footprint




352
Provider
Organizations



192
Payers &
Health Plans



43
Academia &
Teaching
Hospitals



- 14 State Medicaid Agencies
- CDC World Trade Center 9/11 Fund
- U.S. Department of Veterans Affairs' Community Care Authorization and Referral Program





Keeping Current with the Standard of Excellence

Every year, MCG continues to enhance your solution



2024

28th Edition
of guidelines

2024 version
of software solutions

217,640 unique articles reviewed

Covering more than 5,062 distinct guidelines*

Guidelines now include 48,137 unique citations

5,565 unique citations added since previous edition

* Due to the frequency of their updates, NCDs and LCDs are not included in this count

Highlights:

- MCG Inpatient & Surgical Care, Ambulatory Care, General Recovery Care, and Recovery Facility Care guidelines were updated to support compliance with the 2024 Medicare Advantage and Part D Final Rule (CMS-4201-F)
- MCG Behavioral Health Care now has language to emphasize the use of a “whole person care” approach for care coordination, and substance use disorder content has been updated to align with ASAM Criteria (Fourth Edition)
- Five new Observation Care guidelines related to pediatrics and substance abuse disorders
- New Social Vulnerability Index Dashboard presents data on socioeconomic status, household characteristics, racial & ethnic minority status, and housing type & transportation for the U.S. (including Puerto Rico) by zip code, county, and state
- New Home Care Statistical Companion that includes data on average number of home care visits by guideline, visit type, days from start of care, and average minutes per day by visit type (for both commercial and Medicare populations)



Development Process

A Three Step Process

1. Annually, MCG's expert clinical editors (doctors, registered nurses, and other healthcare professionals) search the medical literature systematically, seeking the very latest information and evidence for each guideline
2. Materials are individually reviewed for quality and relevance by MCG clinical editors, with preference given to the highest quality evidence published in the most widely-referenced journals
3. MCG grades the available evidence from medical literature and other sources, applying the hierarchy:

Evidence Grade 1

- Meta-analyses
- Randomized controlled trials
- Systematic reviews

Evidence Grade 2

- Observational studies, including cohort studies & case series

Evidence Grade 3

Unpublished data, including:

- Large database analyses
- Written protocols or outcomes from large practices
- Expert practitioner reports

Data Sources:



- Peer-reviewed medical literature
- Specialty society guidelines & textbooks
- National claims databases & other databases

Editing Process:

- Review of over 200,000 papers/studies
- More than 48,000 citations
- Standardized internal guideline development methodology
- External review by clinical experts



Stronger Evidence

MCG annually reviews the best available scientific literature and updates content accordingly

- Over 48,000 unique references to the literature
- Evidence grades describe the quality of the evidence within the Evidence Summary
- Twice cited by NCQA as an example of evidence to use for accreditation*
- MCG's Behavioral Health Care guidelines are written by a board-certified psychiatrist and are externally reviewed by non-MCG employed, clinically active professionals



* NCQA does not endorse or require the use of MCG care guidelines

Independent and Trusted

MCG avoids conflicts of interest to deliver unbiased clinical guidance

- In 2021, MCG may become the only nationally-recognized, **independently published** clinical criteria*
- Strict adherence to evidence-based methodology
- Not influenced by payer or provider financial motives (MCG is not owned by a health plan or provider entity)
- Subscription-based (MCG is not paid based on whether claims are approved or denied)
- MCG has policies in place to avoid any influence from device manufacturers or drug companies
- MCG Editors and External Reviewers are annually screened for potential conflicts of interest (financial, intellectual, or institutional)
- MCG evaluates specialty society guidelines and references them if supporting evidence is deemed valid and free from conflicts of interest**



* **Source:** In January 2021, InterQual's parent (Change Healthcare) announced it would be acquired by UnitedHealth Group's Optum division

** **Source:** Conflicts of Interest and Development of Clinical Practice Guidelines. Institute of Medicine (US) Committee on Conflict of Interest in Medical Research, Education, and Practice; Lo B, Field MJ, editors. Washington (DC): National Academies Press (US); 2009. <https://www.ncbi.nlm.nih.gov/books/NBK22928/>

Behavioral Health Care Guidelines



Evidence-Based Care

- “Adult” and “Child or Adolescent” guideline versions
- Geriatric extenders, as supported by evidence
- 16 diagnosis-specific care guideline groups for Behavioral Health Care
 - Anorexia Nervosa
 - Anxiety Disorders
 - Attention-Deficit & Disruptive Behavior Disorders
 - Autism Spectrum Disorders
 - Bipolar Disorders
 - Bulimia Nervosa & Other Eating Disorders
 - Delirium
 - Dementia
 - Major Depressive Disorder
 - Obsessive-Compulsive and Related Disorders
 - Other Psychiatric Disorders
 - Other Psychotic Disorders
 - Persistent Depressive Disorder (Dysthymia)
 - Posttraumatic Stress Disorder
 - Schizophrenia Spectrum Disorders
 - Substance-Related Disorders
 - Special tools to support opioid management & urine toxicology testing
 - Withdrawal management guidelines

PLUS: Evidence-based assessments to help identify **social determinants of health**



Behavioral Health Care Guidelines



References and is Consistent with Nationally Recognized Best Practice Criteria

- American Society of Addiction Medicine (ASAM)
- Level of Care Utilization System (LOCUS)
 - American Association of Community Psychiatrists
- Child and Adolescent Level of Care Utilization System (CALOCUS)
 - American Association of Community Psychiatrists
- Child and Adolescent Service Intensity Instrument (CASII)
 - American Association of Child and Adolescent Psychiatry
- Early Childhood Service Intensity Instrument (ECSII)
 - American Association of Child and Adolescent Psychiatry
- Association for Ambulatory Behavioral Healthcare (AABH)
- APA Practice Guidelines
 - Including the Practice Guideline for the Treatment of Patients with Eating Disorders



Mental Health Parity



Guidelines Support Compliance

- MCG uses same rigorous methods to develop guidelines for behavioral, medical, and surgical patients
 - Guidelines are developed using principles of evidence-based medicine
 - Evidence supporting each guideline is cited next to the relevant content
- MCG care guidelines are created with the understanding that comorbidities may affect level of care determinations
- MCG has specific guidelines for the child/adolescent population
- MCG care guidelines align with specialty society guidelines, such as ASAM and APA
 - Alignment with professional society guidelines and consistent application of evidence-based medicine supports equivalent approach to non-quantitative treatment limits (NQTLs) for behavioral and medical/surgical conditions
- MCG care guidelines are an evidence-based tool to be used to support mental health parity compliance



Addressing the Opioid Crisis



MCG supports substance use disorder management in multiple ways

Inpatient & Surgical Care	Alcohol and Psychoactive Substance Withdrawal	Drug Ingestion or Overdose (Adult & Pediatric)	Neonatal Abstinence Syndrome	Substance-Related Disorders	Pain: Common Complications and Conditions	
Behavioral Health Care	Medication-Assisted Opioid Withdrawal (with DIRE risk tool)	Outpatient Opioid Maintenance Therapy	Medications, including Long-Acting Opioids	Opioid Use Disorder Screening (COWS Calculator)	Substance-Related Disorders for 5 Levels of Care (Adult & Pediatric)	Urine Toxicology Testing (with DIRE risk tool)
Ambulatory Care	Referral Management: Substance-Related Disorders		Pain Rehabilitation	Opioid Pharmacogenetics		
Transitions of Care	Condition Self-Management: Substance-Related disorders					
Chronic Care	Assessment: Pain Medicine Use	Self-Management: Substance-Related Disorders	Narcotic / Opioid Misuse Assessment			
Home Care & Recovery Facility Care	Substance-Related Disorders	Substance-Related Disorders and Depression: Comorbidity Management				
Patient Information	Substance-Related Disorders					



HEALTHCARE
LEADERSHIP
COUNCIL

MCG (as part of Hearst Health) was a member of the **Healthcare Leadership Council (HLC)*** that worked with the HLC Task Force to help Congress pass the Opioid Crisis Response Act of 2018.

MCG continues to work with government relations firm, **Invariant**, on healthcare policy development.

MCG Supports a Single Workflow



Vetted, scientific evidence is provided directly within the clinical workflow

- Using a comprehensive solution, such as MCG, behavioral health clinicians and staff can integrate one source of evidence-based guidance into their EMR or medical management system
 - MCG supports a seamless workflow where evidence can be used **at the point of care**
 - Healthcare workers can use one source of decision support to provide efficient and effective care that allows guidelines (vetted and reviewed by MCG editors) that reference individual specialty societies (SAMHSA, ASAM, AABH, APA, etc.) to be accessed in one location



Cite for Guideline Transparency



Helping Payers Meet Federal and State Regulatory Requirements

- Supports transparency requirements for payers/health plans
- Selected care guidelines and internal policy elements including related evidence
- Hosted, controlled environment
- Easy, flexible web access to single guidelines or a list of guidelines
- Members, non-members, and providers have access through the transparency tool



Centers for Medicare & Medicaid Services



State Government Regulations

The screenshot shows the MCG website interface for 'S-700 - Knee Arthroplasty, Total'. It includes a paragraph explaining the development of care guidelines based on evidence-based medicine. Below this, there is a 'Criteria' section with a detailed multivariate adjusted analysis. The 'Clinical Indications for Procedure' section lists various conditions such as degenerative joint disease, posttraumatic knee joint destruction, and failed previous arthroplasty, each with sub-bullets for specific symptoms and findings.

“This law requires that all health carriers provide a website link that pinpoints definitively the specific clinical criteria used to establish and to absolutely quantify all health benefit determinations.”

Connecticut Insurance Department

State of Connecticut: **Sec. 73 of CT Public Act 13-3**
State law effective October 2013

How MCG Complements Other Criteria



When the use of other index solutions is required (e.g. the use of particular state-mandated criteria for initial level of care placement), MCG can support clinicians with guidance that is outside of the scope of those solutions (e.g. benchmarking, transitions of care, and focusing on other behavioral health conditions)

	MCG
Nationally Recognized Criteria	●
Multidimensional Assessment	●
Level of Care Determination	●
Substance-Related Disorder Management	●
Comprehensive Behavioral Health Disorder Management	●
Community-Based	●
Benchmarking Support	●
Addresses the National Academy of Medicine Standards for Developing Trustworthy Guidelines	●
Software Integration (with virtually any EHR or medical management platform)	●
Same Development Methods for Behavioral Health and Medical/Surgical (parity)	●



Questions?

