

*Michigan Department
of Community Health*



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**2009–2010 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**
for
Medicaid Health Plans

March 2011



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1. Executive Summary	1-1
Purpose of Report.....	1-1
Scope of External Quality Review (EQR) Activities Conducted.....	1-2
Summary of Findings.....	1-3
2. External Quality Review Activities	2-1
Introduction	2-1
Compliance Monitoring	2-1
Validation of Performance Measures.....	2-4
Validation of Performance Improvement Projects (PIPs)	2-7
3. Statewide Findings	3-1
Annual Compliance Review.....	3-1
Performance Measures	3-3
Performance Improvement Projects (PIPs)	3-8
Conclusions/Summary.....	3-10

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Purpose of Report

The Balanced Budget Act of 1997 (BBA), Public Law 105-33, requires states to prepare an annual technical report that describes the manner in which data from activities conducted in accordance with the Code of Federal Regulations (CFR), 42 CFR 438.358, were aggregated and analyzed. The report must describe how conclusions were drawn as to the quality and timeliness of, and access to, care furnished by the states' managed care organizations, called Medicaid Health Plans (MHPs) in Michigan. The report of results must also contain an assessment of the strengths and weaknesses of the plans regarding health care quality, timeliness, and access, and must make recommendations for improvement. Finally, the report must assess the degree to which the MHPs addressed any previous recommendations. To meet this requirement, the State of Michigan Department of Community Health (MDCH) contracted with Health Services Advisory Group, Inc. (HSAG), an external quality review organization (EQRO), to aggregate and analyze MHP data and prepare the annual technical report.

The State of Michigan contracted with the following MHPs represented in this report:

- ◆ **BlueCaid of Michigan (BCD)**
- ◆ **CareSource Michigan (CSM)**
- ◆ **Great Lakes Health Plan (GLH)**
- ◆ **Health Plan of Michigan, Inc. (HPM)**
- ◆ **HealthPlus Partners, Inc. (HPP)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Midwest Health Plan (MID)**
- ◆ **Molina Healthcare of Michigan (MOL)**
- ◆ **OmniCare Health Plan (OCH)**
- ◆ **Physicians Health Plan of Mid-Michigan Family Care (PMD)**
- ◆ **Priority Health Government Programs, Inc. (PRI)**
- ◆ **ProCare Health Plan (PRO)**
- ◆ **Total Health Care, Inc. (THC)**
- ◆ **Upper Peninsula Health Plan (UPP)**

Scope of External Quality Review (EQR) Activities Conducted

This EQR technical report analyzes and aggregates data from three mandatory EQR activities:

- ◆ **Compliance Monitoring:** MDCH evaluated the MHPs' compliance with federal Medicaid managed care regulations using an on-site compliance review process. HSAG examined, compiled, and analyzed the results as presented in the MHP compliance review documentation provided by MDCH.
- ◆ **Validation of Performance Measures:** Each MHP underwent a National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Compliance Audit™ conducted by an NCQA-licensed audit organization. HSAG performed an independent audit of the audit findings to determine the validity of each performance measure.
- ◆ **Validation of Performance Improvement Projects (PIPs):** HSAG reviewed one PIP for each MHP to ensure that the projects were designed, conducted, and reported in a methodologically sound manner, allowing real improvements in care and giving confidence in the reported improvements.

In addition to the three mandatory EQR activities, MDCH also conducted a consumer satisfaction survey as an optional activity. For the 2009–2010 contract year, MDCH required the administration of the CAHPS 4.0H Adult Medicaid Health Plan Survey for adult members from each MHP. In alternate years, MDCH also required the administration of the CAHPS 4.0H Child Medicaid Health Plan Survey for child members. The CAHPS survey was designed to assess key satisfaction drivers throughout the continuum of care—including health plan performance and the member's experience in the physician's office—and to provide performance feedback to help improve overall member satisfaction. Because MDCH contracted with a vendor to analyze and report the CAHPS data, this technical report does not address findings from the consumer satisfaction survey.

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MHPs’ general performance in 2009–2010. Appendices A–N contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

Compliance Review

MDCH completed its review of the six standards shown in the table below over the course of the 2008–2009 and 2009–2010 annual compliance reviews. Table 1-1 shows the combined results of these two review cycles.

Table 1-1—Summary of Data From the Annual Compliance Reviews			
Standard	Combined Results		
	Range of MHP Scores	Number of MHPs With 100 Percent Compliance	Statewide Average Score
Standard 1: <i>Administrative</i>	75%–100%	13	98%
Standard 2: <i>Provider</i>	94%–100%	7	97%
Standard 3: <i>Member</i>	95%–100%	12	99%
Standard 4: <i>Quality/Utilization</i>	95%–100%	4	97%
Standard 5: <i>MIS/Data/Claims</i>	80%–100%	3	91%
Standard 6: <i>Fraud and Abuse</i>	46%–100%	1	91%
Overall	83%–99%		95%

The statewide average across all standards and MHPs was 95 percent, reflecting continued strong performance. The *Member* and *Administrative* standards showed the highest statewide average scores (99 percent and 98 percent, respectively) and had the highest number of MHPs meeting 100 percent of the contractual requirements (12 of 14 MHPs for the *Member* standard, 13 of 14 MHPs for the *Administrative* standard). Results for the *Provider* and *Quality/Utilization* standards were also strong, with statewide average scores of 97 percent. On the *Provider* standard, half of the MHPs achieved a score of 100 percent compliance, while four MHPs demonstrated full compliance on the *Quality/Utilization* standard. The lowest statewide average of 91 percent as well as the lowest number of MHPs meeting 100 percent of the contractual requirements resulted for the *MIS/Data Reporting/Claims Processing* (3 of 14 MHPs) and the *Fraud and Abuse* (1 of 14 MHPs) standards. These lower scores did not reflect low levels of compliance across all criteria evaluated for these standards, but were the result of one or two criteria in these areas for which a large number of MHPs failed to demonstrate full compliance. Overall, the compliance reviews demonstrated strengths for the MHPs, with demonstrated knowledge of processes and documentation of policies and procedures for all but a few contractual requirements assessed during the compliance reviews.

Validation of Performance Measures

All 14 of the MHPs demonstrated the ability to calculate and report accurate performance measures specified by the State. Table 1-2 displays the 2010 Michigan Medicaid weighted averages and performance levels compared with the NCQA HEDIS 2009 Medicaid percentiles. For most of the measures, the 90th percentile indicates above-average performance (★★★), the 25th percentile represents below-average performance (★), and average performance falls between these two percentiles (★★). Because lower rates indicate better performance for two measures (i.e., *Comprehensive Diabetes Care—Poor HbA1c Control* and *Well-Child Visits in the First 15 Months of Life—Zero Visits*), their performance levels are based on a different set of percentiles—i.e., the 10th percentile (rather than the 90th percentile) indicates above-average performance and the 75th percentile (rather than the 25th percentile) represents below-average performance.

Table 1-2—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	2010 MI Medicaid	Performance Level for 2010
Pediatric Care		
<i>Childhood Immunization Status—Combo 2</i>	78.7%	★★
<i>Childhood Immunization Status—Combo 3</i>	74.0%	★★
<i>Lead Screening in Children</i>	76.5%	★★
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	0.7%	★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	69.5%	★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	75.9%	★★
<i>Adolescent Well-Care Visits</i>	56.3%	★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	82.3%	★★
<i>Appropriate Testing for Children With Pharyngitis</i>	51.9%	★
Women’s Care		
<i>Breast Cancer Screening</i>	55.1%	★★
<i>Cervical Cancer Screening</i>	72.7%	★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	61.1%	★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	67.8%	★★
<i>Chlamydia Screening in Women—Combined Rate</i>	63.5%	★★
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	88.9%	★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	71.4%	★★
* Lower rates indicate better performance for this measure.		
† Due to substantial changes to the specifications for this measure, results are not comparable to previous years’ results or national standards.		
★	=	Below-average performance relative to national Medicaid results
★★	=	Average performance relative to national Medicaid results
★★★	=	Above-average performance relative to national Medicaid results

Table 1-2—Overall Statewide Weighted Averages for Performance Measures		
Performance Measure	2010 MI Medicaid	Performance Level for 2010
Living With Illness		
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	83.9%	★★
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	35.6%	★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	59.6%	★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	80.1%	★★
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	39.0%	★★
<i>Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy</i>	82.4%	★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<130/80)</i>	31.9%	★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	60.1%	★★
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	90.4%	†
<i>Use of Appropriate Medications for People With Asthma—12 to 50 Years</i>	84.8%	†
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	86.8%	†
<i>Controlling High Blood Pressure</i>	59.8%	★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit</i>	76.9%	†
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	40.4%	†
Access to Care		
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	96.7%	★★
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	88.8%	★★
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	89.1%	★★
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	87.0%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	83.0%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	88.8%	★★
* Lower rates indicate better performance for this measure.		
† Due to substantial changes to the specifications for this measure, results are not comparable to previous years’ results or national standards.		
★	=	Below-average performance relative to national Medicaid results
★★	=	Average performance relative to national Medicaid results
★★★	=	Above-average performance relative to national Medicaid results

Of the 36 performance measures, 5 measures had substantial changes to the measure specifications and, therefore, did not have national results available for comparison. The remaining 31 measures were compared with the national Medicaid HEDIS 2009 benchmarks. Comparing the statewide average rates to national Medicaid results, all but 1 of the 31 rates fell within its respective national Medicaid HEDIS 2009 average performance range. Only the *Appropriate Testing for Children With Pharyngitis* measure ranked below the national Medicaid HEDIS 2009 25th percentile, indicating an opportunity for improvement.

Performance Improvement Projects (PIPs)

Twelve of the MHPs continued their PIPs from the previous year, and two PIPs were first-year submissions. Ten MHPs submitted PIPs on *Breast Cancer Screening Disparity*, 3 MHPs chose the *Cervical Cancer Screening Disparity* PIP topic, and 1 MHP began a PIP on *Improving Blood Pressure Control Rates*. All 14 MHPs received a validation status of *Met* for their PIPs, as shown in Table 1-3.

Validation Status	Number of MHPs
<i>Met</i>	14
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1-4 presents a summary of the statewide 2009–2010 results of the validation of the ten steps of the protocol for validating PIPs. Two PIPs, the first-year submissions, completed Activities I through VIII. Of the remaining 12 MHPs, 10 completed all activities in the PIP Summary Form and 2 progressed through Activity IX. All MHPs demonstrated compliance with all applicable evaluation and critical elements for Steps I through VII, with one exception each in Steps I and VI from a first-year PIP. Overall, the findings below indicate that the MHPs had a good understanding of the requirements in the CMS protocol for conducting PIPs for the activities focused on study design, study implementation, and improvement strategies, while activities related to real and sustained improvement represented opportunities for improvement.

Review Steps		Number of PIPs Meeting all Evaluation Elements/ Number Reviewed	Number of PIPs Meeting all Critical Elements/ Number Reviewed
I.	Review the Selected Study Topic(s)	13/14	14/14
II.	Review the Study Question(s)	14/14	14/14
III.	Review the Selected Study Indicator(s)	14/14	14/14
IV.	Review the Identified Study Population	14/14	14/14
V.	Review Sampling Methods*	2/2	2/2
VI.	Review Data Collection Procedures	13/14	4/4
VII.	Assess Improvement Strategies	14/14	14/14
VIII.	Review Data Analysis and the Interpretation of Study Results	9/14	14/14
IX.	Assess for Real Improvement	2/12	No Critical Elements
X.	Assess for Sustained Improvement	3/10	No Critical Elements

* This activity is assessed only for PIPs that conduct sampling.

Quality, Timeliness, and Access

The annual compliance review of the MHPs showed strong performance across the domains of **quality, timeliness, and access**. The areas with the highest level of compliance—the *Administrative* and *Member* standards—related to the **quality** of services provided to beneficiaries. The compliance review results further indicated strengths as well as opportunities for improvement in the **timeliness** and **access** domains.

The validation of the MHPs' PIPs reflected strong performance in the **quality** domain. All projects were designed, conducted, and reported in a methodologically sound manner, giving confidence in the reported results.

Thirty-one of the 36 performance measures were compared with the available national Medicaid HEDIS percentiles. Overall, results of validated performance measures were average across the **quality, timeliness, and access** domains.

Table 1-5 shows HSAG's assignment of the compliance review standards, performance measures, and PIPs into the domains of **quality, timeliness, and access**.

Table 1-5—Assignment of Activities to Performance Domains

Compliance Review Standards	Quality	Timeliness	Access
Standard 1. <i>Administrative</i>	✓		
Standard 2. <i>Provider</i>	✓	✓	✓
Standard 3. <i>Member</i>	✓	✓	✓
Standard 4. <i>Quality/Utilization</i>	✓		✓
Standard 5. <i>MIS/Data Reporting/Claims Processing</i>	✓	✓	
Standard 6. <i>Fraud and Abuse</i>	✓	✓	✓
Performance Measures	Quality	Timeliness	Access
<i>Childhood Immunization Status</i>	✓	✓	
<i>Lead Screening in Children</i>	✓	✓	
<i>Well-Child Visits in the First 15 Months of Life</i>	✓	✓	
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	✓	✓	
<i>Adolescent Well-Care Visits</i>	✓	✓	
<i>Appropriate Treatment for Children With Upper Respiratory Infection</i>	✓		
<i>Appropriate Testing for Children With Pharyngitis</i>	✓		
<i>Breast Cancer Screening</i>	✓		
<i>Cervical Cancer Screening</i>	✓		
<i>Chlamydia Screening in Women</i>	✓		
<i>Prenatal and Postpartum Care</i>	✓	✓	✓
<i>Comprehensive Diabetes Care</i>	✓		
<i>Use of Appropriate Medications for People With Asthma</i>	✓		
<i>Controlling High Blood Pressure</i>	✓		
<i>Medical Assistance With Smoking and Tobacco Use Cessation</i>	✓		
<i>Children’s and Adolescents’ Access to Primary Care Practitioners</i>	✓		✓
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>	✓		✓
PIPs	Quality	Timeliness	Access
One PIP for each MHP	✓		

Introduction

This section of the report describes the manner in which data from the activities conducted in accordance with 42 CFR 438.358 were aggregated and analyzed.

Compliance Monitoring

Objectives

According to 42 CFR 438.358, a state or its EQRO must conduct a review within a three-year period to determine the Medicaid managed care organizations' compliance with standards established by the state for access to care, structure and operations, and quality measurement and improvement. To meet this requirement, MDCH performed compliance reviews of its MHPs.

The objectives of evaluating contractual compliance with federal Medicaid managed care regulations were to identify any areas of noncompliance and to assist the MHPs in developing corrective actions to achieve compliance with the contractual requirements.

Technical Methods of Data Collection

MDCH was responsible for the activities that assessed MHP compliance with federal Medicaid managed care regulations.

MDCH conducted the compliance reviews presented in this report using the previously developed compliance review tool, which evaluated the MHPs' performance related to the following six standards:

1. *Administrative* (2 criteria)
2. *Provider* (16 criteria)
3. *Member* (11 criteria)
4. *Quality/Utilization* (11 criteria)
5. *MIS/Data Reporting/Claims Processing* (5 criteria)
6. *Fraud and Abuse* (14 criteria)

This technical report presents the combined results of the 2008–2009 and 2009–2010 compliance reviews. MDCH completed a review of all criteria in the six standards over the course of these two review cycles. In addition to assessing the MHPs' compliance with a subset of the criteria—including some that had been designated as mandatory for review regardless of prior performance—MDCH also evaluated compliance with any criteria that had received a score of less than *Met* during the previous review.

Description of Data Obtained

To assess the MHPs' compliance with federal and State requirements, MDCH obtained information from a wide range of written documents produced by the MHPs, including the following:

- ◆ Policies and procedures
- ◆ Current quality assessment and performance improvement (QAPI) programs
- ◆ Minutes of meetings of the governing body, quality improvement (QI) committee, compliance committee, utilization management (UM) committee, credentialing committee, and peer review committee
- ◆ QI work plans, utilization reports, provider and member profiling reports, QI effectiveness reports
- ◆ Internal auditing/monitoring plans, auditing/monitoring findings
- ◆ Claims review reports, prior-authorization reports, complaint logs, grievance logs, telephone contact logs, disenrollment logs, MDCH hearing requests, medical record review reports
- ◆ Provider service and delegation agreements and contracts
- ◆ Provider files, disclosure statements, current sanctioned/suspended provider lists
- ◆ Organizational charts
- ◆ Fraud and abuse logs, fraud and abuse reports
- ◆ Employee handbooks, fliers, employee newsletters, provider manuals, provider newsletters, Web sites, educational/training materials, and sign-in sheets
- ◆ Member materials, including welcome letters, member handbooks, member newsletters, provider directories, and certificates of coverage
- ◆ Provider manuals

For the 2008–2009 and 2009–2010 compliance reviews, MDCH continued to use its automated tool in an Access database application. Prior to the scheduled compliance review, each MHP received the tool with instructions for entering the required information. For each criterion, the Access application specified which supporting documents were required for submission, stated the previous score, and provided a space for the MHP's response. Following the compliance review, MDCH completed the section for State findings and assigned a score for each criterion. The tool was also used for the MHP to describe, after the compliance review, any required corrective action plan and to document MDCH's action plan assessment.

MDCH summarized each of the MHPs' focus studies in a focus study report.

Data Aggregation, Analysis, and How Conclusions Were Drawn

MDCH reviewers used the compliance review tool for each MHP to document their findings and to identify, when applicable, specific action(s) required of the plan to address any areas of noncompliance with contractual requirements.

For each criterion reviewed, MDCH assigned one of the following scores:

- ◆ *Pass*—The MHP demonstrated full compliance with the requirement(s).
- ◆ *Incomplete*—The MHP demonstrated partial compliance with the requirement(s).
- ◆ *Fail*—The MHP failed to demonstrate compliance with the requirement(s).

HSAG calculated a total compliance score for each standard, reflecting the degree of compliance with contractual requirements related to that area, and an overall score for each MHP across all six standards. The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points) or *Fail* (0 points), then dividing this total by the total number of criteria reviewed. The number of criteria scored *Pass* included scores from the 2008–2009 compliance reviews for criteria not addressed in 2009–2010, as well as scores from the 2009–2010 compliance reviews. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of criteria reviewed across all MHPs.

Some sections of this report present comparisons to prior-year performance. Results of the 2008–2009 and 2009–2010 compliance reviews are not comparable since they address different requirements. Therefore, the comparisons evaluate the combined 2008–2009 and 2009–2010 results against the results of the 2007–2008 compliance reviews as these represent the most recent complete set of scores available.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of, and **access** to, care provided by the MHPs using findings from the compliance reviews, the standards were categorized to evaluate each of these three domains. Using this framework, Table 1-5 (page 1-8) shows HSAG’s assignment of standards to the three domains of performance.

Validation of Performance Measures

Objectives

As set forth in 42 CFR 438.358, validation of performance measures is one of the mandatory EQR activities. The primary objectives of the performance measure validation process are to:

- ◆ Evaluate the accuracy of the performance measure data collected by the MHP.
- ◆ Determine the extent to which the specific performance measures calculated by the MHP (or on behalf of the MHP) followed the specifications established for each performance measure.

To meet the two primary objectives of the validation activity, a measure-specific review of all reported measures was performed, as well as a thorough information system evaluation, to assess each MHP's support system available to report accurate HEDIS measures.

Technical Methods of Data Collection and Analysis

MDCH required each MHP to collect and report a set of Medicaid HEDIS measures. Developed and maintained by NCQA, HEDIS is a set of performance measures broadly accepted in the managed care environment as an industry standard.

Each MHP underwent an NCQA HEDIS Compliance Audit conducted by an NCQA-licensed audit organization. The NCQA HEDIS Compliance Audit followed NCQA audit methodology as set out in NCQA's 2010 *HEDIS Compliance Audit: Standards, Policies, and Procedures*. The NCQA HEDIS Compliance Audit encompasses an in-depth examination of the health plans' processes consistent with CMS' protocols for validation of performance measures. To complete the validation of performance measures process according to the CMS protocols, HSAG performed an independent evaluation of the audit results and findings to determine the validity of each performance measure.

Each HEDIS Compliance Audit, conducted by a licensed audit organization, included the following activities:

Pre-review Activities: Each MHP was required to complete the NCQA Record of Administration, Data Management, and Processes (Roadmap), which is comparable to the Information Systems Capabilities Assessment Tool, Appendix Z of the CMS protocols. Pre-on-site conference calls were held to follow up on any outstanding questions. The audit team conducted a thorough review of the Roadmap and supporting documentation, including an evaluation of processes used for collecting, storing, validating, and reporting the performance measure data.

On-site Review: The on-site reviews, which typically lasted two days, included:

- ◆ An evaluation of system compliance, focusing on the processing of claims and encounters.
- ◆ An overview of data integration and control procedures, including discussion and observation.

- ◆ A review of how all data sources were combined and the method used to produce the performance measures.
- ◆ Interviews with MHP staff members involved with any aspect of performance measure reporting.
- ◆ A closing conference at which the audit team summarized preliminary findings and recommendations.

Post-on-site Review Activities: For each performance measure calculated and reported by the MHPs, the audit team aggregated the findings from the pre-on-site and on-site activities to determine whether the reported measures were valid, based on an allowable bias. The audit team assigned each measure one of four audit findings: (1) *Report* (the rate was valid and below the allowable threshold for bias), (2) *Not Applicable* (the MHP followed the specifications but the denominator was too small to report a valid rate), (3) *No Benefit* (the MHP did not offer the health benefits required by the measure), or (4) *Not Report* (the measure was significantly biased or the plan chose not to report the measure).

Description of Data Obtained

As identified in the CMS protocol, the following key types of data were obtained and reviewed as part of the validation of performance measures. Table 2-1 shows the data sources used in the validation of performance measures and the time period to which the data applied.

Table 2-1—Description of Data Sources	
Data Obtained	Time Period to Which the Data Applied
HEDIS Compliance Audit reports were obtained for each MHP, which included a description of the audit process, the results of the information systems findings, and the final audit designations for each performance measure.	Calendar Year (CY) 2009 (HEDIS 2010)
Performance measure reports, submitted by the MHPs using NCQA’s Interactive Data Submission System (IDSS), were analyzed and subsequently validated by the HSAG validation team.	CY 2009 (HEDIS 2010)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2008 (HEDIS 2009)

Data Aggregation, Analysis, and How Conclusions Were Drawn

HSAG performed a comprehensive review and analysis of the MHPs' IDSS results, data submission tools, and MHP-specific HEDIS Compliance Audit reports and performance measure reports.

HSAG ensured that the following criteria were met prior to accepting any validation results:

- ◆ An NCQA-licensed audit organization completed the audit.
- ◆ An NCQA-certified HEDIS compliance auditor led the audit.
- ◆ The audit scope included all MDCH-selected HEDIS measures.
- ◆ The audit scope focused on the Medicaid product line.
- ◆ Data were submitted via an auditor-locked NCQA IDSS.
- ◆ A final audit opinion, signed by the lead auditor and responsible officer within the licensed organization, was produced.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of, and **access** to, care provided by the MHPs using findings from the validation of performance measures, each measure was categorized to evaluate one or more of the three domains. Table 1-5 (page 1-8) shows HSAG's assignment of performance measures to these domains of performance.

Validation of Performance Improvement Projects (PIPs)

Objectives

As part of its QAPI program, each MHP is required by MDCH to conduct PIPs in accordance with 42 CFR 438.240. The purpose of the PIPs is to achieve, through ongoing measurements and interventions, significant improvement sustained over time in clinical and nonclinical areas. As one of the mandatory EQR activities under the BBA, a state is required to validate the PIPs conducted by its contracted Medicaid managed care organizations. To meet this validation requirement for the MHPs, MDCH contracted with HSAG.

The primary objective of PIP validation was to determine each MHP's compliance with requirements set forth in 42 CFR 438.240(b)(1), including:

- ◆ Measurement of performance using objective quality indicators.
- ◆ Implementation of systematic interventions to achieve improvement in quality.
- ◆ Evaluation of the effectiveness of the interventions.
- ◆ Planning and initiation of activities for increasing or sustaining improvement.

MDCH required that each MHP conduct one PIP subject to validation by HSAG. Most MHPs continued with their previously selected study topic of *Breast Cancer Screening Disparity* (ten MHPs) or *Cervical Cancer Screening Disparity* (two MHPs). Two MHPs submitted a first-year PIP. One MHP selected the *Cervical Cancer Screening Disparity* topic, and the other started a PIP on *Improving Blood Pressure Control Rates*.

Technical Methods of Data Collection and Analysis

The HSAG PIP Review Team consisted of, at a minimum, an analyst with expertise in statistics and study design and a clinician with expertise in performance improvement processes. The methodology used to validate PIPs was based on guidelines outlined in the CMS publication, *Validating Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, final protocol, Version 1.0, May 1, 2002. Using this protocol, HSAG, in collaboration with MDCH, developed the PIP Summary Form. Each MHP completed this form and submitted it to HSAG for review. The PIP Summary Form standardized the process for submitting information regarding the PIPs and ensured that all CMS PIP protocol requirements were addressed.

In this report, HSAG refers to “steps” when discussing the PIP **validation process** and CMS' protocol for **validating** PIPs. HSAG refers to “activities” when discussing **conducting** a PIP and CMS' protocol for **conducting** PIPs, based on the CMS publication, *Conducting Performance Improvement Projects: A Protocol for Use in Conducting Medicaid External Quality Review Activities*, final protocol, Version 1.0, May 1, 2002.

With MDCH input and approval, HSAG developed a PIP Validation Tool to ensure uniform assessment of PIPs. Using this tool, HSAG reviewed each of the PIPs for the following ten CMS PIP protocol steps:

- ◆ Step I. Review the Selected Study Topic(s)
- ◆ Step II. Review the Study Question(s)
- ◆ Step III. Review the Selected Study Indicator(s)
- ◆ Step IV. Review the Identified Study Population
- ◆ Step V. Review Sampling Methods (if sampling was used)
- ◆ Step VI. Review Data Collection Procedures
- ◆ Step VII. Assess Improvement Strategies
- ◆ Step VIII. Review Data Analysis and the Interpretation of Study Results
- ◆ Step IX. Assess for Real Improvement
- ◆ Step X. Assess for Sustained Improvement

Description of Data Obtained

HSAG obtained the data needed to conduct the PIP validations from the MHPs' PIP Summary Form. This form provided detailed information about each MHP's PIP as it related to the ten steps reviewed and evaluated for the 2009–2010 validation cycle.

Data Aggregation, Analysis, and How Conclusions Were Drawn

Each of the ten protocol steps consisted of evaluation elements necessary for the successful completion of a valid PIP. The HSAG PIP Review Team scored the elements within each step as *Met*, *Partially Met*, *Not Met*, or *Not Applicable*. The scoring methodology included a *Not Applicable* designation for evaluation elements (including critical elements) that did not apply to the PIP (e.g., a PIP that did not use any sampling techniques would have all elements in Step V scored *Not Applicable*). HSAG used the *Not Assessed* designation when a PIP had not progressed to the remaining steps in the CMS PIP protocol. Elements designated as *Not Applicable* and *Not Assessed* were removed from all scoring.

HSAG identified a *Point of Clarification* when the documentation for an evaluation element included the basic components needed to meet the requirements of the evaluation element (as described in the narrative of the PIP), but enhanced documentation would demonstrate a stronger understanding of the CMS PIP protocol.

To ensure a valid and reliable review, HSAG designated some of the evaluation elements as “critical” elements. HSAG determined that these elements had to be *Met* for the MHP to produce an accurate and reliable PIP. Given the importance of critical elements to this scoring methodology, any critical element that received a *Not Met* status resulted in an overall validation rating for the PIP of *Not Met*. An MHP received a *Partially Met* score if 60 percent to 79 percent of all elements were *Met* across all steps, or one or more critical elements were *Partially Met*.

The MHPs had an opportunity to resubmit revised PIP Summary Forms and additional information in response to any *Partially Met* or *Not Met* evaluation scores, regardless of whether the evaluation element was critical or noncritical. HSAG re-reviewed the resubmitted documents and rescored the PIPs before determining a final score. With MDCH's approval, HSAG offered technical guidance to any MHP that requested an opportunity to review the scoring of the evaluation elements prior to a resubmission. Six of the 14 MHPs requested technical guidance from HSAG. HSAG conducted conference calls to provide an opportunity for the MHPs to discuss areas of deficiency. HSAG reviewed and discussed each *Point of Clarification* and *Partially Met* or *Not Met* evaluation element, as well as the necessary documentation required to meet the criteria for each activity. HSAG encouraged the MHPs to use the PIP Summary Form Completion Instructions as they completed their PIPs. These instructions outlined each evaluation element and provided documentation resources to support CMS PIP protocol requirements.

HSAG followed the above methodology for validating the PIPs for all MHPs to assess the degree to which the MHPs designed, conducted, and reported their projects in a methodologically sound manner.

After completing the validation review, HSAG prepared a report of its findings and recommendations for each validated PIP. These reports, which complied with 42 CFR 438.364, were forwarded to MDCH and the appropriate MHP.

Although an MHP's purpose for conducting a PIP may have been to improve performance in an area related to any of the domains of **quality**, **timeliness**, and/or **access**, the purpose of the EQR activities related to PIPs was to evaluate the validity and quality of the MHP's processes in conducting PIPs. Therefore, to draw conclusions and make overall assessments about each MHP's performance in conducting valid PIPs, HSAG assigned all PIPs to the **quality** domain.

The following section presents findings from the annual compliance reviews and the EQR activities of validation of performance measures and validation of PIPs for the two reporting periods of 2008–2009 and 2009–2010. Appendices A–N present additional details about the plan-specific results of the activities.

Annual Compliance Review

MDCH conducted annual compliance reviews of the MHPs, assessing the MHPs’ compliance with contractual requirements on six standards: *Administrative*, *Provider*, *Member*, *Quality/Utilization*, *MIS/Data Reporting/Claims Processing*, and *Fraud and Abuse*. MDCH completed the current review of all standards over the course of the 2008–2009 and 2009–2010 compliance review cycles. Therefore, this section presents a comparison of the combined 2008–2009/2009–2010 results with the results of the 2007–2008 reviews as these represent the most recent complete set of scores available. In addition to the range of compliance scores and the statewide averages for each of the six standards and overall, Table 3-1 presents the number of corrective actions required and the number and percentage of MHPs that achieved 100 percent compliance for each standard, including a total across all standards. While the 2007–2008 statewide results are based on 13 contracted MHPs, the current results reflect performance across 14 MHPs.

Overall, the MHPs demonstrated continued strong performance related to their compliance with contractual requirements assessed in the compliance reviews. The current compliance review cycle resulted in higher compliance scores and fewer recommendations for corrective actions for all standards except the high-performing *Administrative* standard, which remained unchanged, and the *Fraud and Abuse* standard, which showed lower performance.

**Table 3-1—Comparison of Results From the Compliance Reviews:
Previous Results for 2007–2008 (P) and Current Results for 2008–2010 (C)**

		Compliance Scores				Number of Corrective Actions* Required		MHPs in Full Compliance (Number/Percent)**	
		Range		Statewide Average					
		P	C	P	C	P	C	P	C
1	<i>Administrative</i>	75%–100%	75%–100%	98%	98%	1	1	12 / 92%	13 / 93%
2	<i>Providers</i>	78%–97%	94%–100%	90%	97%	40	11	0 / 0%	7 / 50%
3	<i>Members</i>	91%–100%	95%–100%	95%	99%	12	2	5 / 38%	12 / 86%
4	<i>Quality/Utilization</i>	86%–95%	95%–100%	95%	97%	15	10	0 / 0%	4 / 29%
5	<i>MIS/Data/Claims</i>	60%–100%	80%–100%	89%	91%	11	13	5 / 38%	3 / 21%
6	<i>Fraud and Abuse</i>	75%–98%	46%–100%	95%	91%	18	30	3 / 23%	1 / 7%
Overall Score/Total		86%–98%	83%–99%	93%	95%			25 / 32%	40 / 48%

* Corrective actions reflect the number of scores of *Incomplete* or *Fail*

** 2007–2008 results are based on 13 MHPs, while the current results reflect performance across 14 MHPs.

The statewide score across all standards and MHPs increased from 93 percent in 2007–2008 to 95 percent for the current review cycle. Statewide, 11 of the 13 MHPs that can be compared with the 2007–2008 performance—which excludes a more recently added MHP that had not been reviewed during the previous cycle—had an increase in their overall scores, 1 MHP’s overall score decreased, and 1 MHP had no change in the overall score. The range of scores across the MHPs improved for all standards except for the *Administrative* standard, which remained unchanged. The improvement resulted in higher scores, with all standards having at least 1 MHP with 100 percent compliance. The improvement also resulted in higher scores at the low end of the range, except for the *Fraud and Abuse* standard, which had a low score that fell from 75 to 46 percent.

The *Administrative* standard remained the strongest area, with all but 1 MHP receiving 100 percent compliance scores. Statewide, the current compliance reviews resulted in only one recommendation for improvement. Almost all MHPs showed no change in their score for this standard (1 MHP improved, 11 remained unchanged, and 1 had a lower score).

The *Provider* standard showed the largest number of MHPs with an improved compliance score. Statewide, 12 MHPs increased their scores, while 1 MHP had a decrease. The statewide average for this standard improved more than any of the other standards, from 90 percent to 97 percent. The percentage of MHPs that achieved full compliance on this standard increased from 0 to 50 percent. The 11 recommendations from the current review cycle addressed a diverse number of criteria related to this standard, indicating no specific criterion represented a statewide opportunity for improvement.

While the statewide score for the *Member* standard was the highest at 99 percent, there were two recommendations statewide, resulting in 12 of the 14 MHPs demonstrating full compliance on all requirements in this area. Half of the MHPs improved their performance on this standard.

While the statewide average for the *Quality* standard increased slightly from 95 percent to 97 percent, most MHPs had no change in their score for this standard. Five MHPs increased their score, and there was no MHP with a lower score than in 2007–2008. The percentage of MHPs that achieved 100 percent compliance on this standard increased from no MHPs in 2007–2008 to 4 MHPs for the current review cycle. The only criterion for which the MHPs failed to demonstrate full compliance addressed standards for the performance monitoring measures, with 10 of the 14 MHPs receiving a score of *Incomplete* for this criterion.

The *MIS/Data Reporting/Claims Processing* standard showed improvement in the statewide score from 89 percent to 91 percent for the current review cycle, but had fewer MHPs with 100 percent compliance in this area (5 of 13 MHPs in 2007–2008, 3 of 14 MHPs in the current review cycle). Four MHPs had an increase, 3 MHPs had a decrease, and 6 MHPs had no change in their compliance scores. Statewide, most of the corrective actions addressed the timeliness of report submissions and the claims payment process.

Statewide performance on the *Fraud and Abuse* standard resulted in a lower compliance score, which decreased from 95 percent to 91 percent, the only area with a lower statewide score than in the last review cycle. This standard showed the largest number of MHPs with lower scores (5 MHPs), and the lowest number of MHPs with 100 percent compliance (1 MHP). Almost half of the total recommendations from the current review cycle related to the area of *Fraud and Abuse*. While

the recommendations addressed all but one of the criteria for this standard, the criterion assessing the MHP's compliance with requirements to monitor providers for a history of felony convictions, exclusion from the Medicaid program, and prohibited affiliations with individuals debarred by federal agencies had the lowest level of compliance, with only 2 of the 14 MHPs receiving a score of *Pass*.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process were to evaluate the accuracy of the performance measure data collected by the MHPs and determine the extent to which the specific performance measures calculated by the MHPs (or on behalf of the MHPs) followed the specifications established for each performance measure. To meet the two primary objectives of the validation activity, a thorough information system evaluation was performed to assess the ability of each MHP's support system to report accurate HEDIS measures, as well as a measure-specific review of all reported measures.

Results from the validation of performance measures activities showed that all 14 MHPs received a finding of *Report* (i.e., appropriate processes, procedures, and corresponding documentation) for all assessed performance measures. The performance measure data were collected accurately from a wide variety of sources statewide. All of the MHPs demonstrated the ability to calculate and accurately report performance measures that complied with HEDIS specifications. This finding suggested that the information systems for reporting HEDIS measures were a statewide strength.

Table 3-2 shows each of the performance measures, the 2009 and 2010 rates for each measure, and the categorized performance for 2010 relative to national 2009 Medicaid results. For most of the measures, the 90th percentile indicates above-average performance (★★★), the 25th percentile represents below-average performance (★), and average performance falls between these two percentiles (★★). Because lower rates indicate better performance for two measures (i.e., *Comprehensive Diabetes Care—Poor HbA1c Control* and *Well-Child Visits in the First 15 Months of Life—Zero Visits*), their performance levels are based on a different set of percentiles—i.e., the 10th percentile (rather than the 90th percentile) indicates above-average performance and the 75th percentile (rather than the 25th percentile) represents below-average performance.

Table 3-2—Overall Statewide Weighted Averages for Performance Measures			
Performance Measure	2009 MI Medicaid	2010 MI Medicaid	Performance Level for 2010
Pediatric Care			
<i>Childhood Immunization Status—Combo 2</i>	81.8%	78.7%	★★
<i>Childhood Immunization Status—Combo 3</i>	74.7%	74.0%	★★
<i>Lead Screening for Children</i>	76.3%	76.5%	★★
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	1.3%	0.7%	★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	66.6%	69.5%	★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	73.6%	75.9%	★★
<i>Adolescent Well-Care Visits</i>	54.3%	56.3%	★★
<i>Appropriate Treatment for Children With URI</i>	81.2%	82.3%	★★
<i>Appropriate Testing for Children With Pharyngitis</i>	48.0%	51.9%	★
Women’s Care			
<i>Breast Cancer Screening</i>	53.5%	55.1%	★★
<i>Cervical Cancer Screening</i>	72.4%	72.7%	★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	58.7%	61.1%	★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	66.9%	67.8%	★★
<i>Chlamydia Screening in Women—Combined Rate</i>	61.5%	63.5%	★★
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	86.9%	88.9%	★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	68.5%	71.4%	★★
Living With Illness			
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.0%	83.9%	★★
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	38.3%	35.6%	★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	61.1%	59.6%	★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	79.2%	80.1%	★★
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	40.8%	39.0%	★★
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	82.5%	82.4%	★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<130/80)</i>	29.6%	31.9%	★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	60.4%	60.1%	★★
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	90.4%	90.4%	†
<i>Use of Appropriate Medications for People With Asthma—12 to 50 Years</i>	85.9%	84.8%	†
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	86.9%	86.8%	†
<i>Controlling High Blood Pressure</i>	58.1%	59.8%	★★
* Lower rates indicate better performance for this measure.			
† Due to substantial changes to the specifications for this measure, results are not comparable to previous years’ results or national standards.			
★	=	Below-average performance relative to national Medicaid results	
★★	=	Average performance relative to national Medicaid results	
★★★	=	Above-average performance relative to national Medicaid results	

Table 3-2—Overall Statewide Weighted Averages for Performance Measures			
Performance Measure	2009 MI Medicaid	2010 MI Medicaid	Performance Level for 2010
Living With Illness (continued)			
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit</i>	72.9%	76.9%	†
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	43.2%	40.4%	†
Access to Care			
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	96.3%	96.7%	★★
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	86.8%	88.8%	★★
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	86.2%	89.1%	★★
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	84.6%	87.0%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	82.2%	83.0%	★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	87.8%	88.8%	★★
* Lower rates indicate better performance for this measure.			
† Due to substantial changes to the specifications for this measure, results are not comparable to previous years’ results or national standards.			
★	=	Below-average performance relative to national Medicaid results	
★★	=	Average performance relative to national Medicaid results	
★★★	=	Above-average performance relative to national Medicaid results	

Table 3-2 shows that the statewide average rates for all but 1 of the 31 comparable performance measures were about average, falling between the national Medicaid HEDIS 2009 25th and 90th percentiles. The *Appropriate Testing for Children With Pharyngitis* measure fell below the 25th percentile.

From a quality improvement perspective, the 2010 average rates for 24 measures improved compared with the MHPs’ 2009 performance. The *Appropriate Testing for Children With Pharyngitis* measure—while the only measure that fell below the 25th percentile of national performance—demonstrated the largest improvement over the previous year’s rate with an increase of 3.9 percentage points. An additional eight measures improved by more than 2 percentage points: *Well-Child Visits in the First 15 Months of Life—Six or More Visits*; *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*; *Chlamydia Screening in Women—16 to 20 Years*; *Postpartum Care*; *Comprehensive Diabetes Care—Blood Pressure Control (<130/80 and Poor HbA1c Control)*; *Children’s Access to Primary Care Practitioners—7 to 11 Years*; and *Adolescents’ Access to Primary Care Practitioners—12 to 19 Years*. The rates for the other 15 measures increased by 2 percentage points or less.

The statewide performance for seven of the measures declined between 2009 and 2010. *Childhood Immunization Status—Combo 2* had the largest decline with a decrease of 3.1 percentage points from the 2009 rate. The other six measures differed from last year’s rate by less than 2 percentage points. Five of the eight measures of *Comprehensive Diabetes Care* showed a rate decline, ranging from 0.1 to 1.8 percentage points.

Table 3-3 presents the number of MHPs with performance measure rates of below-average, average, and above-average performance for 2010. The results for most measures were calculated based on 13 rather than 14 plans because one MHP did not have sufficient sample sizes to report the rates.

Table 3-3—Distribution of MHP Performance Compared With National Medicaid Benchmarks			
Performance Measure	Number of Stars		
	★	★★	★★★
Pediatric Care			
<i>Childhood Immunization Status—Combo 2</i>	0	11	2
<i>Childhood Immunization Status—Combo 3</i>	0	10	3
<i>Lead Screening in Children</i>	1	11	1
<i>Well-Child Visits in the First 15 Months of Life—Zero Visits*</i>	0	11	2
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	1	9	3
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	2	10	2
<i>Adolescent Well-Care Visits</i>	3	8	3
<i>Appropriate Treatment for Children With URI</i>	2	10	1
<i>Appropriate Testing for Children With Pharyngitis</i>	7	6	0
Women’s Care			
<i>Breast Cancer Screening</i>	0	12	1
<i>Cervical Cancer Screening</i>	1	11	2
<i>Chlamydia Screening in Women—16 to 20 Years</i>	0	11	2
<i>Chlamydia Screening in Women—21 to 24 Years</i>	1	8	4
<i>Chlamydia Screening in Women—Combined Rate</i>	0	10	3
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	0	8	5
<i>Prenatal and Postpartum Care—Postpartum Care</i>	0	7	6
Living With Illness			
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	0	10	3
<i>Comprehensive Diabetes Care—Poor HbA1c Control</i>	0	8	5
<i>Comprehensive Diabetes Care—Eye Exam</i>	0	11	2
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	0	9	4
<i>Comprehensive Diabetes Care—LDL-C Level <100</i>	0	11	2
<i>Comprehensive Diabetes Care—Medical Attention for Nephropathy</i>	0	9	4
<i>Comprehensive Diabetes Care—Blood Pressure Control (<130/80)</i>	2	9	2
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	2	8	3
* Lower rates indicate better performance for this measure.			
★	=	Below-average performance relative to national Medicaid results	
★★	=	Average performance relative to national Medicaid results	
★★★	=	Above-average performance relative to national Medicaid results	

Table 3-3—Distribution of MHP Performance Compared With National Medicaid Benchmarks			
Performance Measure	Number of Stars		
	★	★★	★★★
Living With Illness (continued)			
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	†	†	†
<i>Use of Appropriate Medications for People With Asthma—12 to 50 Years</i>	†	†	†
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	†	†	†
<i>Controlling High Blood Pressure</i>	0	9	4
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers and Tobacco Users to Quit</i>	†	†	†
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	†	†	†
Access to Care			
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	3	11	0
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	4	10	0
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	1	12	0
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	1	11	1
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	1	13	0
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	1	13	0
Total	33	307	70
* Lower rates indicate better performance for this measure.			
† Due to substantial changes to the specifications for this measure, results are not comparable to previous years’ results or national standards.			
★	=	Below-average performance relative to national Medicaid results	
★★	=	Average performance relative to national Medicaid results	
★★★	=	Above-average performance relative to national Medicaid results	

Table 3-3 shows that 75 percent of all rates (307 out of 410) for the performance measures fell into the average range relative to national Medicaid results. While 17 percent of the rates indicated above-average performance, 8 percent of the rates fell below the national average. The above-average rates were more often in the *Women’s Care* and *Living With Illness* dimensions, whereas the below-average rates were mostly in the *Pediatric Care* and *Access to Care* dimensions.

Together with the findings from Table 3-2, the results of the current validation of performance measures show statewide improvement that reflects overall average performance from a national perspective.

Performance Improvement Projects (PIPs)

Table 3-4 presents a summary of the MHPs’ PIP validation status results. Most PIPs submitted for the 2009–2010 validation continued with the previously selected topic. The topic addressed by most PIPs was disparity in breast cancer screening, while three PIPs targeted disparity in cervical cancer screening. One of the first-year submissions focused on improving blood pressure control rates. For the 2009–2010 validation, all PIPs received a validation status of *Met*, reflecting improvement over the 2008–2009 results.

Validation Status	Percentage of PIPs	
	2008–2009	2009–2010
<i>Met</i>	93%	100%
<i>Partially Met</i>	7%	0%
<i>Not Met</i>	0%	0%

The following presents a summary of the validation results for the MHPs for each of the ten steps from the CMS PIP protocol. The MHPs were in different stages of implementation of their PIPs. Therefore, the number of MHPs evaluated for the steps varied. Two first-year PIPs progressed through Activity VIII. Two MHPs completed Activities I through IX, and ten MHPs completed Activities I through X.

Table 3-5 shows the percentage of MHPs having completed the activity that met all of the evaluation or critical elements within each of the ten steps.

Review Steps		Percentage Meeting all Elements/ Percentage Meeting all Critical Elements	
		2008–2009	2009–2010
I.	Review the Selected Study Topic(s)	100%/100%	93%/100%
II.	Review the Study Question(s)	100%/100%	100%/100%
III.	Review the Selected Study Indicator(s)	100%/100%	100%/100%
IV.	Review the Identified Study Population	100%/100%	100%/100%
V.	Review Sampling Methods*	100%/100%	100%/100%
VI.	Review Data Collection Procedures	86%/100%	93%/100%
VII.	Assess Improvement Strategies	79%/93%	100%/100%
VIII.	Review Data Analysis and the Interpretation of Study Results	71%/100%	64%/100%
IX.	Assess for Real Improvement	8%/NCE	17%/NCE
X.	Assess for Sustained Improvement	50%/NCE	30%/NCE

NCE = No Critical Elements * This activity is assessed only for PIPs that conduct sampling.

All the MHPs received scores of *Fully Compliant* for all applicable critical elements across all activities and achieved compliance with most evaluation elements. Two PIPs met all applicable evaluation and critical elements. Two PIPs failed to demonstrate full compliance with only one element, two PIPs did not meet several elements in one activity, and eight PIPs failed to meet evaluation elements across multiple activities.

The MHPs continued to demonstrate high levels of compliance with the requirements of the CMS PIP protocol for activities related to the study topic, study question, study indicator, study population, and sampling methods. The percentages of MHPs meeting all evaluation elements increased for the steps for data collection procedures and improvement activities, reflecting improvement in the study documentation for data collection timelines, causal/barrier analysis, and standardization and monitoring of successful interventions. The number of MHPs meeting all evaluation elements also increased for the step related to assessing for real improvement, indicating that more of the PIPs were able to document improvement that appeared to be the result of planned interventions. However, half of the PIPs did not identify statistical differences between initial measurement and remeasurement. Only 2 of the 12 PIPs that progressed to Activity IX were able to demonstrate that the observed improvements were statistically significant. While the number of MHPs that completed all ten activities increased compared with last year, only 3 of the PIPs demonstrated sustained improvement over repeated measurement periods, reflecting another statewide opportunity for improvement.

Conclusions/Summary

The review of the MHPs showed both strengths and opportunities for improvement statewide.

Results of the annual compliance reviews reflected continued strong performance by the MHPs, demonstrating high levels of compliance with contractual requirements. Statewide scores increased for four of the six standards, while one standard—*Administrative*—remained unchanged as the strongest area, and one standard—*Fraud and Abuse*—showed lower results, indicating an opportunity for improvement. The statewide overall compliance scores increased, as did the overall compliance scores for most MHPs.

The MHPs demonstrated average performance across the performance measures compared with national Medicaid HEDIS 2009 results. Compared with the 2009 Michigan statewide rates, 24 of the 31 comparable measures improved over last year's results. These included all measures in the *Women's Care* dimension, demonstrating a statewide strength. Most of the measures in the *Pediatric Care* dimension showed improvement, while six of the nine measures in the *Living With Illness* dimension declined from the previous year. The rates for all measures in the *Access to Care* dimension increased over the 2009 rates; however, this dimension remained an opportunity for improvement.

The 2009–2010 validation of the PIPs reflected high levels of compliance with the requirements of the CMS PIP protocol, particularly for the first seven activities. All 14 PIPs received a validation status of *Met*, indicating that the PIPs were designed in a methodologically sound manner, giving confidence that the PIPs produced valid and reliable results.