

*Michigan Department
of Community Health*



**Rick Snyder, Governor
James K. Haveman, Director**

**2012–2013 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**
for
Medicaid Health Plans

March 2014



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016
Phone 602.264.6382 • Fax 602.241.0757

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)	3-10
Conclusions/Summary	3-11

CAHPS[®] refers to the Consumer Assessment of Healthcare Providers and Systems and is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HEDIS[®] refers to the Healthcare Effectiveness Data and Information Set and is a registered trademark of the National Committee for Quality Assurance (NCQA).

NCQA HEDIS Compliance Audit[™] is a trademark of the NCQA.

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:

- ◆ **Blue Cross Complete of Michigan (BCC)**
- ◆ **CoventryCares of Michigan, Inc. (COV)**
- ◆ **HealthPlus Partners (HPP)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Meridian Health Plan of Michigan (MER)**
- ◆ **Midwest Health Plan (MID)**
- ◆ **Molina Healthcare of Michigan (MOL)**
- ◆ **Physicians Health Plan—FamilyCare (PHP)**
- ◆ **Priority Health Government Programs, Inc. (PRI)**
- ◆ **ProCare Health Plan (PRO)**
- ◆ **Total Health Care, Inc. (THC)**
- ◆ **UnitedHealthcare Community Plan (UNI)**
- ◆ **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 a 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.

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MHPs’ general performance in 2012–2013. Appendices A–M contain detailed, MHP-specific findings, while Section 3 presents detailed statewide findings with year-to-year comparisons.

Compliance Review

MDCH completed its assessment of the MHPs’ compliance with the requirements in the six standards shown in the table below through the 2012–2013 annual compliance review process. Table 1-1 shows the statewide results for each standard.

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%	10	96%
Standard 2— <i>Providers</i>	89%–100%	8	97%
Standard 3— <i>Members</i>	75%–100%	8	95%
Standard 4— <i>Quality</i>	83%–100%	1	93%
Standard 5— <i>MIS</i>	83%–100%	10	96%
Standard 6— <i>Program Integrity</i>	100%–100%	13	100%
Overall Score	93%–99%	0	97%

The statewide average across all standards and all 13 MHPs was 97 percent, reflecting continued strong performance. While the *Program Integrity* standard had the highest statewide score of 100 percent, this result does not reflect actual performance of the MHPs, as all criteria on this standard were considered fully compliant for this first-year testing of the new review tool and process for this standard. Among the remaining standards, the *Providers* standard was a statewide strength with a statewide average score of 97 percent and eight of the 13 MHPs in full compliance with all requirements, followed by the *Administrative* and *MIS* standards with statewide scores of 96 percent and ten MHPs achieving 100 percent compliance. Statewide performance on the *Members* standard was slightly lower, with a statewide average score of 95 percent. The *Quality* standard continued to represent the largest opportunity for improvement, with a statewide average score of 93 percent and only one MHP meeting all requirements. However, these results do not reflect lower performance across the entire standard but were due to 12 of the 13 MHPs not demonstrating full compliance with one criterion on this standard, which addressed meeting contractually required minimum standards for key performance measures. Overall, the MHPs showed continued strong performance on the compliance monitoring reviews, demonstrating compliance with most of the contractual requirements.

Validation of Performance Measures

Table 1-2 displays the 2013 Michigan Medicaid statewide averages and performance levels. The performance levels are a comparison of the 2013 Michigan Medicaid statewide average and the NCQA national HEDIS 2012 Medicaid percentiles. For all measures except those under *Utilization*, the Michigan Medicaid weighted average rate was used to represent Michigan Medicaid statewide performance. For measures in the *Utilization* dimension, an unweighted average rate was calculated for the statewide rate. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the statewide performance was below the 25th percentile.

For inverse measures, such as *Comprehensive Diabetes Care—Poor HbA1c Control*, the 10th percentile (rather than the 90th percentile) represents excellent performance and the 75th percentile (rather than the 25th percentile) represents below-average performance. For *Ambulatory Care* measures, since high/low visit counts reported did not take into account the demographic and clinical conditions of an eligible population, higher or lower rates do not necessarily denote better or worse performance.

For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with Combinations 4, 7, 8, and 10, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Although the performance stars were displayed for the four indicators, please use caution when interpreting them since high rates may not reflect the performance improvement from MHPs.

All 13 of the MHPs were fully compliant with the information system (IS) standards related to Medical Service data (IS 1.0), Enrollment Data (IS 2.0), Practitioner Data (IS 3.0), and Supplemental Data (IS 5.0). Although one or two MHPs were not fully compliant with IS 4.0 (Medical Record Review Process) and/or I.S. 7.0 (Data Integration) standards, the issues identified by their auditors would not pose a significant impact to their HEDIS reporting. The IS standard related to Member Call Center data (I.S 6.0) was not applicable to the measures required to be reported by the MHPs.

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Child and Adolescent Care		
<i>Childhood Immunization—Combination 2</i>	81.48%	★★★★
<i>Childhood Immunization—Combination 3</i>	77.16%	★★★
<i>Childhood Immunization—Combination 4[^]</i>	56.14%	★★★★★
<i>Childhood Immunization—Combination 5</i>	57.57%	★★★
<i>Childhood Immunization—Combination 6</i>	37.77%	★★★
<i>Childhood Immunization—Combination 7[^]</i>	42.85%	★★★★★
<i>Childhood Immunization—Combination 8[^]</i>	30.16%	★★★★
<i>Childhood Immunization—Combination 9</i>	30.61%	★★★
<i>Childhood Immunization—Combination 10[^]</i>	24.79%	★★★★
<i>Immunizations for Adolescents—Combination 1</i>	88.85%	★★★★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	77.83%	★★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	78.03%	★★★
<i>Adolescent Well-Care Visits</i>	61.46%	★★★★
<i>Lead Screening in Children</i>	82.40%	★★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	85.53%	★★★
<i>Appropriate Testing for Children With Pharyngitis</i>	61.28%	★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase</i>	39.09%	★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Continuation and Maintenance Phase</i>	46.93%	★★
Women—Adult Care		
<i>Breast Cancer Screening</i>	57.41%	★★★★
<i>Cervical Cancer Screening</i>	72.60%	★★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	62.50%	★★★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	71.67%	★★★★
<i>Chlamydia Screening in Women—Total</i>	65.84%	★★★★
[^] For the <i>Childhood Immunization Status</i> measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with <i>Combinations 4, 7, 8, and 10</i> , were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile.		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Access to Care		
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	97.30%	★★★★
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.14%	★★★★
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	92.15%	★★★★
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	90.89%	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	84.53%	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	90.77%	★★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.12%	★★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	86.68%	★★★★★
Obesity		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile—Ages 3 to 11 Years</i>	68.90%	★★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Ages 12 to 17 Years</i>	70.99%	★★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Total</i>	69.62%	★★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 3 to 11 Years</i>	59.60%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 12 to 17 Years</i>	59.02%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Total</i>	59.39%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 3 to 11 Years</i>	47.04%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 12 to 17 Years</i>	52.69%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Total</i>	48.98%	★★★★
<i>Adult BMI Assessment</i>	80.39%	★★★★★★
Pregnancy Care		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	89.61%	★★★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.56%	★★★★
<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	30.12%	—
<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.12%	—
<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.23%	—
<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.02%	—
<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.50%	—
— = The national HEDIS 2012 Medicaid percentiles are not available.		
★★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★★ = 50th to 74th percentile ★★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Pregnancy Care (continued)		
<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	8.67%	NC
<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	4.43%	NC
<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	6.26%	NC
<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	11.90%	NC
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	68.74%	★★★
Living With Illness		
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.21%	★★★
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	36.06%	★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	54.57%	★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	41.80%	★★★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	59.42%	★★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	79.91%	★★★
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	39.16%	★★★
<i>Comprehensive Diabetes Care—Nephropathy</i>	82.41%	★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.73%	★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	66.22%	★★★
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	89.91%	★★
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	83.56%	★
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	73.11%	★★
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	64.67%	★
<i>Use of Appropriate Medications for People With Asthma—Total</i>	82.13%	★
<i>Controlling High Blood Pressure</i>	65.71%	★★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.97%	—
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	52.38%	—
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	45.07%	—

* For this indicator, a lower rate indicates better performance.

— = The national HEDIS 2012 Medicaid percentiles are not available.

NC = Not Comparable (i.e., measure not comparable to national percentiles)

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Living With Illness (continued)		
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	83.47%	—
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	64.27%	—
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	70.96%	—
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	52.71%	—
Health Plan Diversity		
<i>Race/Ethnicity Diversity of Membership—White</i>	52.64%	NC
<i>Race/Ethnicity Diversity of Membership—Black or African-American</i>	30.30%	NC
<i>Race/Ethnicity Diversity of Membership—American-Indian and Alaska Native</i>	0.17%	NC
<i>Race/Ethnicity Diversity of Membership—Asian</i>	0.69%	NC
<i>Race/Ethnicity Diversity of Membership—Native Hawaiian and Other Pacific Islanders</i>	0.04%	NC
<i>Race/Ethnicity Diversity of Membership—Some Other Race</i>	0.59%	NC
<i>Race/Ethnicity Diversity of Membership—Two or More Races</i>	0.00%	NC
<i>Race/Ethnicity Diversity of Membership—Unknown</i>	14.17%	NC
<i>Race/Ethnicity Diversity of Membership—Declined</i>	1.41%	NC
<i>Race/Ethnicity Diversity of Membership—Hispanic[£]</i>	5.45%	—
<i>Language Diversity of Membership: Spoken Language—English</i>	90.91%	NC
<i>Language Diversity of Membership: Spoken Language—Non-English</i>	1.34%	NC
<i>Language Diversity of Membership: Spoken Language—Unknown</i>	7.75%	NC
<i>Language Diversity of Membership: Spoken Language—Declined</i>	0.00%	NC
<i>Language Diversity of Membership: Written Language—English</i>	53.59%	NC
<i>Language Diversity of Membership: Written Language—Non-English</i>	0.47%	NC
<i>Language Diversity of Membership: Written Language—Unknown</i>	45.94%	NC
<i>Language Diversity of Membership: Written Language—Declined</i>	0.00%	NC
<i>Language Diversity of Membership: Other Language Needs—English</i>	47.77%	NC
<i>Language Diversity of Membership: Other Language Needs—Non-English</i>	0.47%	NC
<i>Language Diversity of Membership: Other Language Needs—Unknown</i>	51.76%	NC
<i>Language Diversity of Membership: Other Language Needs—Declined</i>	0.00%	NC
<p>£ The rate was calculated by HSAG; national benchmarks are not comparable. — = The national HEDIS 2012 Medicaid percentiles are not available. NC = Not Comparable (i.e., measure not comparable to national percentiles)</p>		
<p>  = 90th percentile and above  = 75th to 89th percentile  = 50th to 74th percentile  = 25th to 49th percentile  = Below 25th percentile </p>		

Table 1-2—Overall Statewide Averages for Performance Measures

Performance Measure	2013 MI Medicaid	Performance Level for 2013
Utilization		
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	344.16	★★
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	74.85	★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Visits per 1,000 Member Months): Total Inpatient—Total</i>	8.14	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Medicine—Total</i>	3.96	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Surgery—Total</i>	1.24	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Maternity—Total</i>	4.86	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Total Inpatient—Total</i>	3.72	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Medicine—Total</i>	3.89	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Surgery—Total</i>	5.71	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Maternity—Total</i>	2.60	NC
* For this indicator, a lower rate indicates better performance.		
NC = Not Comparable (i.e., measure not comparable to national percentiles)		
★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Of the 62 performance measures that had national results available and appropriate for comparison, the rates for five measures (8.1 percent) including *Childhood Immunizations—Combination 4 and Combination 7*, *Immunizations for Adolescents—Combination 1*, *Well-Child Visit in the first 15 Months of Life—Six or More Visits*, and *Adult BMI Assessment*, were at or above the 90th percentile, displaying strengths. Seventeen measures (27.4 percent) had rates that fell between the 75th and 89th national HEDIS 2012 Medicaid percentile. The rates for thirty measures (48.4 percent) were at or above the 50th percentile but below the 75th percentile. Ten measures (16.1 percent) had rates that fell below the national HEDIS 2012 Medicaid 50th percentile, which included four rates below the 25th percentile, indicating opportunities for improvement: *Use of Appropriate Medications for People With Asthma—12 to 18 Years, 51 to 64 Years, and Total*, as well as *Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*.

Performance Improvement Projects (PIPs)

For the 2012–2013 validation cycle, the MHPs continued with the MDCH-mandated PIP topic, *Childhood Obesity*, which focused on the *Weight Assessment and Counseling for Nutrition and Physical Activity* HEDIS measure. All 13 MHPs received a validation status of *Met* for their PIPs, as shown in Table 1-3.

Validation Status	Number of MHPs
<i>Met</i>	13
<i>Partially Met</i>	0
<i>Not Met</i>	0

Table 1-4 presents a summary of the statewide 2012–2013 results for the activities of the protocol for validating PIPs. HSAG validated all 13 PIPs for Activities I through X. Six of the 13 PIPs demonstrated compliance with all evaluation elements, including critical elements, for all ten activities. The MHPs demonstrated strong performance related to the quality of their PIPs and a thorough application of the requirements for Activities I through X of the Centers for Medicare & Medicaid Services (CMS) protocol for conducting PIPs.

Review Activities		Number of PIPs Meeting All Evaluation Elements/ Number Reviewed	Number of PIPs Meeting All Critical Elements/ Number Reviewed
I.	Select the Study Topic(s)	13/13	13/13
II.	Define the Study Question(s)	13/13	13/13
III.	Select the Study Indicator(s)	13/13	13/13
IV.	Use a Representative and Generalizable Study Population	13/13	13/13
V.	Use Sound Sampling Techniques*	13/13	13/13
VI.	Use Valid and Reliable Data Collection Procedures	13/13	13/13
VII.	Data Analysis and Interpretation of Results	9/13	13/13
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	12/13	13/13
IX.	Assess for Real Improvement	8/13	No Critical Elements
X.	Assess for Sustained Improvement	12/13	No Critical Elements

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

For this third year of the PIP on Childhood Obesity, all MHPs progressed to the second remeasurement period. The plans demonstrated strong performance in the study design (Activities I through VI) and study implementation (Activities VII and VIII) stages, allowing the successful progression to the next stages and the implementation of targeted interventions. The MHPs

continued existing or implemented new interventions to increase documentation of body mass index (BMI), counseling for nutrition, and/or counseling for physical activity. Provider-focused interventions appeared to be most successful, since the study indicators were provider-driven. Interventions at the member or system level were less likely to impact study indicator outcomes. Twelve of the 13 MHPs achieved improvement in the study indicators as a result of the planned interventions; however, only eight (62 percent) of the PIPs achieved statistically significant improvement in one or more of their indicators. All but one of the PIPs demonstrated sustained improvement over repeated measurement periods in Activity X.

Quality, Timeliness, and Access

The annual compliance review of the MHPs showed strong performance across the domains of **quality, timeliness, and access**. Combined, the areas with the highest level of compliance—the *Providers, Administrative, and MIS* standards—addressed the **quality and timeliness** of, as well as **access** to, services provided to beneficiaries. Opportunities for improvement identified in the compliance reviews addressed primarily the **quality and access** domains.

Results for the validated performance measures reflected statewide strengths across the domains of **quality, timeliness, and access**. Statewide rates for 62 of the 108 performance indicators were compared with the available national HEDIS 2012 Medicaid percentiles. Fifty-two indicators demonstrated average to above-average performance and ranked above the 50th national percentile, with 22 of these indicators ranking above the 75th percentile. The ten indicators with rates below the 50th percentile represented opportunities for improvement.

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. The MHPs selected and implemented appropriate improvement strategies. Most MHPs achieved real improvement in their study indicators and demonstrated sustained improvement over repeated measurement periods.

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>Providers</i>	✓	✓	✓
Standard 3— <i>Members</i>	✓	✓	✓
Standard 4— <i>Quality</i>	✓		✓
Standard 5— <i>MIS</i>	✓	✓	
Standard 6— <i>Program Integrity</i>	✓	✓	✓
Performance Measures	Quality	Timeliness	Access
<i>Childhood Immunization Status</i>	✓	✓	
<i>Immunizations for Adolescents</i>	✓	✓	
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	✓		
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	✓		
<i>Adolescent Well-Care Visits</i>	✓		
<i>Lead Screening in Children</i>	✓	✓	
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	✓		
<i>Appropriate Testing for Children With Pharyngitis</i>	✓		
<i>Follow-Up Care for Children Prescribed ADHD Medication</i>	✓	✓	✓
<i>Breast Cancer Screening</i>	✓		
<i>Cervical Cancer Screening</i>	✓		
<i>Chlamydia Screening in Women</i>	✓		
<i>Children and Adolescents’ Access to Primary Care Practitioners</i>			✓
<i>Adults’ Access to Preventive/Ambulatory Health Services</i>			✓
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i>	✓		
<i>Adult BMI Assessment</i>	✓		
<i>Prenatal and Postpartum Care</i>		✓	✓
<i>Frequency of Ongoing Prenatal 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>	✓		

Table 1-5—Assignment of Activities to Performance Domains

Performance Measures (continued) ¹⁻¹	Quality	Timeliness	Access
<i>Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</i>	✓		
<i>Diabetes Monitoring for People With Diabetes and Schizophrenia</i>	✓		
<i>Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia</i>	✓		
<i>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</i>	✓		
<i>Ambulatory Care</i>			✓
PIPs	Quality	Timeliness	Access
One PIP for each MHP, <i>Childhood Obesity</i> Topic	✓		

¹⁻¹ *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Weeks of Pregnancy at Time of Enrollment, and Inpatient Utilization* were not included in Table 1-5 since they cannot be categorized into either domain. Please see Section 2 of this report for additional information.

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. This technical report presents the results of the 2012–2013 compliance reviews. MDCH completed a review of all criteria in the six standards listed below:

1. *Administrative* (4 criteria)
2. *Providers* (9 criteria)
3. *Members* (6 criteria)
4. *Quality* (9 criteria)
5. *MIS* (3 criteria)
6. *Program Integrity* (12 criteria)

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
- ◆ Program Integrity forms and 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 2012–2013 compliance reviews, MDCH revised its review tool and process. In lieu of the annual compliance review site visit, MDCH required that throughout the fiscal year, MHPs submit documentation of their compliance with a specified subset of the criteria in the review tool. The assessment of compliance with each standard was spread over multiple months or repeated at multiple points during the fiscal year. Following each month’s submissions, MDCH determined the MHPs’ level of compliance with the criteria that were assessed and provided feedback to each MHP about their performance. For criteria with less than complete compliance, MDCH also specified its findings and requirements for a corrective action plan. MHPs then detailed the proposed corrective action, which was reviewed and—when acceptable—approved by MDCH prior to implementation. MDCH conducted an annual site visit with each MHP to perform a detailed review of the 2012–2013 focus study topic—Children's Special Health Care Services (CSHCS).

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).
- ◆ *Not Applicable (N/A)*—The requirement was not applicable to the MHP

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), *Fail* (0 points), or *N/A* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual MHP scores, then dividing that sum by the total number of applicable criteria reviewed across all MHPs.

Some sections of this report present comparisons to prior-year performance. Results of the 2012–2013 compliance reviews are not fully comparable to previous review cycles due to the changes in the review tool and methodology. The number of criteria for the standards changed from the prior version, impacting the total score when an MHP failed to demonstrate compliance with one or more of the requirements. The total number of criteria assessed decreased from 55 in the previous version to 43 for the 2012–2013 tool. The revised method for assessing MHPs' compliance with requirements related to Standard 6—*Program Integrity* (formerly *Fraud, Waste, and Abuse*) using program integrity forms and reports was considered a test phase, and MDCH assigned a score of *Pass* to all criteria for this review cycle only. The number of contracted MHPs changed from 14 in the previous review cycle to 13 in 2012–2013.

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 1-12) 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 2013 *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 V 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 one to two day(s), 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 teams 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 teams 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) 2012 (HEDIS 2013)
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 2012 (HEDIS 2013)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2011 (HEDIS 2012)

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.

While national benchmarks were available for the following measures, they were not included in the report, as it was not appropriate to use them for benchmarking the MHPs' performance: *Frequency of Ongoing Prenatal Care* (for the <21 percent, 21–40 percent, 41–60 percent, and 61–80 percent indicators), *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, and *Inpatient Utilization*. The *Diversity* indicators are demographic descriptors only and do not reflect health plan performance. For *Frequency of Ongoing Prenatal Care*, benchmarking is appropriate for the ≥ 81 Percent category (e.g., higher rates suggesting better performance). The *Inpatient Utilization* measures without the context of the MHP's population characteristics are not reflective of the quality of the health plan's performance. HEDIS benchmarks were not available for the NCQA's first-year measures (i.e., *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications*, *Diabetes Monitoring for People With Diabetes and Schizophrenia*, *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia*, and *Adherence to Antipsychotic Medications for Individuals With Schizophrenia*), *Medical Assistance With Smoking and Tobacco Use Cessation*, and *Weeks of Pregnancy at Time of Enrollment* measures.

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, measures were categorized to evaluate one or more of the three domains. Table 1-5 (page 1-12) shows HSAG's assignment of performance measures to these domains of performance.

Several measures do not fit into these domains since they are collected and reported as health plan descriptive measures or because the measure results cannot be tied to any of the domains. These measures include *Race/Ethnicity Diversity of Membership*, *Language Diversity of Membership*, *Weeks of Pregnancy at Time of Enrollment*, and *Inpatient Utilization*. The first three measures are considered health plan descriptive measures. These measures do not have associated benchmarks, and performance cannot be directly impacted by improvement efforts. The last measure does not fit into the domains due to the inability to directly correlate performance to **quality**, **timeliness**, or **access** to care. For these reasons, these measures were not included in Table 1-5.

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. For the 2012–2013 validation cycle, the MHPs provided their third-year submissions of the State-mandated PIP topic, *Childhood Obesity*.

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.

HSAG, with MDCH's input and approval, developed a PIP Validation Tool to ensure uniform validation of PIPs. Using this tool, HSAG evaluated each of the PIPs according to the CMS protocols. The CMS protocols identify ten activities that should be validated for each PIP, although in some cases the PIP may not have progressed to the point at which all of the activities can be validated.

These activities are:

- ◆ Activity I. Select the Study Topic(s)
- ◆ Activity II. Define the Study Question(s)
- ◆ Activity III. Select the Study Indicator(s)
- ◆ Activity IV. Use a Representative and Generalizable Study Population
- ◆ Activity V. Use Sound Sampling Techniques
- ◆ Activity VI. Reliably Collect Data
- ◆ Activity VII. Analyze Data and Interpret Study Results
- ◆ Activity VIII. Implement Intervention and Improvement Strategies
- ◆ Activity IX. Assess for Real Improvement
- ◆ Activity 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 activities reviewed and evaluated for the 2012–2013 validation cycle.

Data Aggregation, Analysis, and How Conclusions Were Drawn

HSAG used the following methodology to evaluate PIPs conducted by the MHPs to determine if a PIP is valid and to rate the percentage of compliance with CMS' protocol for conducting PIPs.

Each PIP activity consisted of critical and noncritical evaluation elements necessary for successful completion of a valid PIP. Each evaluation element was scored as *Met (M)*, *Partially Met (PM)*, *Not Met (NM)*, *Not Applicable (NA)*, or *Not Assessed*.

The percentage score for all evaluation elements was calculated by dividing the number of elements (including critical elements) *Met* by the sum of evaluation elements *Met*, *Partially Met*, and *Not Met*. The percentage score for critical elements *Met* was calculated by dividing the number of critical elements *Met* by the sum of critical elements *Met*, *Partially Met*, and *Not Met*. The scoring methodology also included the *Not Applicable* designation for situations in which the evaluation element did not apply to the PIP. For example, in Activity V, if the PIP did not use sampling techniques, HSAG would score the evaluation elements in Activity V as *Not Applicable*. HSAG used the *Not Assessed* scoring designation when the PIP had not progressed to the remaining activities in the CMS protocol. HSAG used a *Point of Clarification* when documentation for an evaluation element included the basic components to meet requirements for the evaluation element (as described in the narrative of the PIP), but enhanced documentation would demonstrate a stronger understanding of CMS protocols.

The validation status score was based on the percentage score and whether or not critical elements were *Met*, *Partially Met*, or *Not Met*. Due to the importance of critical elements, any critical element scored as *Not Met* would invalidate a PIP. Critical elements that were *Partially Met* and noncritical elements that were *Partially Met* or *Not Met* would not invalidate the PIP, but they would affect the

overall percentage score (which indicates the percentage of the PIP's compliance with CMS' protocol for conducting PIPs).

HSAG assessed the implications of the study's findings on the likely validity and reliability of the results as follows:

- ◆ *Met*: Confidence/high confidence in the reported PIP results.
- ◆ *Partially Met*: Low confidence in the reported PIP results.
- ◆ *Not Met*: Reported PIP results that were not credible.

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. Three of the 13 MHPs requested and received technical assistance from HSAG. HSAG conducted conference calls or responded to e-mails to answer questions regarding the plans' PIPs or to discuss areas of deficiency. 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.

The EQR activities related to PIPs were designed to evaluate the validity and reliability of the MHP's processes in conducting the PIPs and to draw conclusions about the MHP's performance in the domains of quality, timeliness, and access to care and services. The *Childhood Obesity* PIP addressed CMS' requirements related to quality outcomes—specifically, quality of care and services. The goal of the PIPs was to improve the quality of care and services by increasing the rate of body mass index (BMI) documentation for members 3–17 years of age, increasing the percentage of members 3–17 years of age referred for nutritional counseling, and/or increasing the percentage of members 3–17 years of age referred for physical activity; therefore, HSAG assigned the PIPs to the **quality** domain, as shown in Table 1-5.

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 2011–2012 and 2012–2013. Appendices A–M present additional details about the plan-specific results of the activities.

Annual Compliance Review

MDCH conducted annual compliance reviews of the MHPs, assessing their compliance with contractual requirements on six standards: *Administrative*, *Providers*, *Members*, *Quality*, *MIS*, and *Program Integrity*. MDCH completed the current review of all standards over the course of the 2012–2013 State fiscal year, using a revised compliance monitoring tool and process as described in Section 2 of this report, and the number of contracted MHPs declined from 14 in 2011–2012 to 13 in the current review cycle. Therefore, results from the prior review cycles are not fully comparable to the current results.

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.

		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%	93%	96%	4	4	10/71%	10/77%
2	<i>Providers</i>	85%–100%	89%–100%	98%	97%	4	7	12/86%	8/62%
3	<i>Members</i>	90%–100%	75%–100%	98%	95%	4	8	10/71%	8/62%
4	<i>Quality</i>	45%–100%	83%–100%	91%	93%	18	17	3/21%	1/8%
5	<i>MIS</i>	60%–100%	83%–100%	93%	96%	7	3	9/64%	10/77%
6	<i>Program Integrity</i>	58%–100%	100%–100%	95%	100%	14	0	8/57%	13/100%
Overall Score/Total		69%–100%	93%–99%	96%	97%	51	39	1/7%	0/0%

Note: Please use caution when comparing the results from the previous review cycles to the current 2012–2013 results as the compliance review tool and process underwent significant changes.

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 a higher statewide overall compliance score and fewer recommendations for corrective actions for some of the standards and overall. The number of MHPs with a compliance score of 100 percent decreased for three standards (*Providers*, *Members*, and *Quality*).

The statewide score across all standards and MHPs increased from 96 percent in the previous combined review cycles to 97 percent for the current review cycle. While no MHP achieved an overall score of 100 percent, for each of the standards, at least one MHP achieved full compliance. Excluding the *Program Integrity* standard, over half of the MHPs saw an increase in the number of corrective actions required, primarily for the *Providers* and *Members* standards.

Performance on the *Administrative* standard remained strong. Most MHPs maintained their 100 percent compliance scores in this area.

The *Providers* and *MIS* standards continued to represent statewide strengths, with average scores of 97 percent and 96 percent, respectively. For the *Providers* standard, the number of MHPs in full compliance with all requirements decreased from 12 to eight. Most recommendations on this standard addressed access to the provider network and provider appeals processes. Performance on the *MIS* standard reflected improvement, as the number of corrective actions declined while the average score and the number of MHPs in full compliance with all requirements increased.

The statewide average score for the *Members* standard decreased by 3 percentage points, while the number of MHPs in full compliance with all requirements declined from ten to eight. Recommendations addressed most of the criteria for this standard.

For the *Quality* standard, the statewide average score increased from 91 percent to 93 percent. The number of MHPs that demonstrated full compliance on this standard remained the lowest among all standards with only one MHP achieving a score of 100 percent. The criterion for which all but one of the MHPs failed to demonstrate full compliance addressed performance monitoring measures. Compliance with MDCH-specified minimum performance standards remains the only statewide opportunity for improvement.

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 13 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 displays the 2013 Michigan Medicaid weighted averages and performance levels. The performance levels are a comparison of the 2013 Michigan Medicaid weighted average and the NCQA national HEDIS 2012 Medicaid percentiles. For most measures, a display of ★★★★★ indicates performance at or above the 90th percentile. Performance levels displayed as ★★★★ represent performance at or above the 75th percentile but below the 90th percentile. A ★★★ performance level indicates performance at or above the 50th percentile but below the 75th percentile. Performance levels displayed as ★★ represent performance at or above the 25th percentile but below the 50th percentile. Finally, performance levels displayed as a ★ indicate that the weighted average performance was below the 25th percentile.

For inverse measures, such as *Comprehensive Diabetes Care—Poor HbA1c Control*, the 10th percentile (rather than the 90th percentile) represents excellent performance and the 75th percentile (rather than the 25th percentile) represents below-average performance.

For *Ambulatory Care* measures, since high/low visit counts reported did not take into account the demographic and clinical conditions of an eligible population, performance levels do not necessarily denote better or worse performance.

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Child and Adolescent Care				
<i>Childhood Immunization—Combination 2</i>	79.34%	81.48%	★★★★	+2.14
<i>Childhood Immunization—Combination 3</i>	75.74%	77.16%	★★★	+1.42
<i>Childhood Immunization—Combination 4[^]</i>	35.88%	56.14%	★★★★★	+20.26
<i>Childhood Immunization—Combination 5</i>	54.84%	57.57%	★★★	+2.73
<i>Childhood Immunization—Combination 6</i>	36.42%	37.77%	★★★	+1.35
<i>Childhood Immunization—Combination 7[^]</i>	28.08%	42.85%	★★★★★	+14.77
<i>Childhood Immunization—Combination 8[^]</i>	20.54%	30.16%	★★★★	+9.62
<i>Childhood Immunization—Combination 9</i>	28.91%	30.61%	★★★	+1.70
<i>Childhood Immunization—Combination 10[^]</i>	17.11%	24.79%	★★★★	+7.68
<i>Immunizations for Adolescents—Combination 1</i>	75.15%	88.85%	★★★★★	+13.70
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	75.28%	77.83%	★★★★★	+2.55
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	78.62%	78.03%	★★★	-0.59
<i>Adolescent Well-Care Visits</i>	61.66%	61.46%	★★★★	-0.20
<i>Lead Screening in Children</i>	78.14%	82.40%	★★★★	+4.26
<i>Appropriate Treatment for Children With URI</i>	83.94%	85.53%	★★★	+1.59
<i>Appropriate Testing for Children With Pharyngitis</i>	61.23%	61.28%	★★	+0.05
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	39.74%	39.09%	★★	-0.65
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	49.48%	46.93%	★★	-2.55
Women—Adult Care				
<i>Breast Cancer Screening</i>	57.03%	57.41%	★★★★	+0.38
<i>Cervical Cancer Screening</i>	75.50%	72.60%	★★★	-2.90
<i>Chlamydia Screening in Women—16 to 20 Years</i>	61.65%	62.50%	★★★★	+0.85
<i>Chlamydia Screening in Women—21 to 24 Years</i>	69.50%	71.67%	★★★★	+2.17
<i>Chlamydia Screening in Women—Total</i>	64.53%	65.84%	★★★★	+1.31

2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.

[^] For the *Childhood Immunization Status* measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with *Combination 4, 7, 8, and 10*, were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when interpreting the trend for the weighted average or when comparing with the HEDIS 2012 Medicaid 50th percentile.

- ★★★★★ = 90th percentile and above
- ★★★★ = 75th to 89th percentile
- ★★★ = 50th to 74th percentile
- ★★ = 25th to 49th percentile
- ★ = Below 25th percentile

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Access to Care				
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	97.06%	97.30%	★★★	+0.24
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.28%	90.14%	★★★	-0.14
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	91.79%	92.15%	★★★	+0.36
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	90.60%	90.89%	★★★	+0.29
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	83.57%	84.53%	★★★	+0.96
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	89.71%	90.77%	★★★★	+1.06
<i>Adults’ Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.54%	92.12%	★★★★	-0.42
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	85.46%	86.68%	★★★★	+1.22
Obesity				
<i>Children/Adolescents—BMI Assessment—Total</i>	61.63%	69.62%	★★★★	+7.99
<i>Children/Adolescents—Counseling for Nutrition—Total</i>	58.05%	59.39%	★★★	+1.34
<i>Children/Adolescents—Counseling for Physical Activity—Total</i>	47.30%	48.98%	★★★	+1.68
<i>Adult BMI Assessment</i>	72.46%	80.39%	★★★★★	+7.93
Pregnancy Care				
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	90.33%	89.61%	★★★	-0.72
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.35%	70.56%	★★★	+0.21
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	70.66%	68.74%	★★★	-1.92
Living With Illness				
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.72%	85.21%	★★★	-0.51
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	35.79%	36.06%	★★★	+0.27
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	54.96%	54.57%	★★★	-0.39
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	41.01%	41.80%	★★★★	+0.79
<i>Comprehensive Diabetes Care—Eye Exam</i>	56.57%	59.42%	★★★	+2.85
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	80.08%	79.91%	★★★	-0.17
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	42.28%	39.16%	★★★	-3.12
<i>Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy</i>	82.98%	82.41%	★★★	-0.57
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	43.70%	43.73%	★★★	+0.03
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	66.12%	66.22%	★★★	+0.10
2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.				
* For this indicator, a lower rate indicates better performance.				
★★★★★	=	90th percentile and above		
★★★★	=	75th to 89th percentile		
★★★	=	50th to 74th percentile		
★★	=	25th to 49th percentile		
★	=	Below 25th percentile		

Table 3-2—Overall Statewide Averages for Performance Measures

Performance Measure	2012 MI Medicaid	2013 MI Medicaid	Performance Level for 2013	2012–2013 Comparison
Living With Illness (continued)				
<i>Use of Appropriate Medications for People With Asthma—Total</i>	83.84%	82.13%	★	-1.71
<i>Controlling High Blood Pressure</i>	63.52%	65.71%	★★★★★	+2.19
<i>Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.22%	79.97%	—	+0.75
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	50.88%	52.38%	—	+1.50
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	43.01%	45.07%	—	+2.06
Utilization				
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months</i>	323.50	344.16	★★	+20.66†
<i>Ambulatory Care—ED Visits per 1,000 Member Months*</i>	72.59	74.85	★	+2.26†
2012–2013 comparison note: Rates shaded in green with a green font indicate a statistically significant improvement from the prior year. Rates shaded in red with a red font indicate a statistically significant decline from the prior year.				
* For this indicator, a lower rate indicates better performance.				
— = The national HEDIS 2012 Medicaid percentiles are not available.				
† Statistical test across years were not performed for this indicator.				
★★★★★	=	90th percentile and above		
★★★★★	=	75th to 89th percentile		
★★★	=	50th to 74th percentile		
★★	=	25th to 49th percentile		
★	=	Below 25th percentile		

The HEDIS 2013 average rates for 40 of the 55 measures that could be compared to prior-year performance showed an increase, with 16 of these increases reaching statistical significance. Rates for 15 measures declined from the HEDIS 2012 results, and the decline for one of these measures was statistically significant. Increases in rates ranged from less than 1 percentage point to over 20 percentage points, while decreases were 3.12 percentage points or fewer.

The Child and Adolescent Care dimension showed more improvement than the other dimensions, with most of the 18 measures showing an increase in the rate and seven measures noting statistically significant increases from the prior year. However, while four of the *Childhood Immunization Status* indicators (*Combinations 4, 7, 8, and 10*) had significant increases in rates, the increases should be interpreted with caution as there was a change in the dosing requirements for hepatitis A, a vaccine related to *Combinations 4, 7, 8, and 10*. Other than the *Childhood Immunization Status* indicators, the *Immunizations for Adolescents—Combination 1* indicator improved the most in this dimension, showing a 13.7 percentage point increase from the prior year. The measure with the second largest improvement was found within the Obesity dimension, where the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents—BMI Total* and *Adult BMI Assessment* measure improved by almost 8 percentage points from the prior year. The Living with Illness dimension, which had shown positive gains in HEDIS 2012, had eight measures with small gains in HEDIS 2013. None of the rate increases in this dimension were statistically significant.

One indicator, *Use of Appropriate Medications for People with Asthma—Total*, showed a statistically significant decrease compared to HEDIS 2012. The Living With Illness dimension had the most measures with decreases in performance, including the *Comprehensive Diabetes Care* indicators for *HbA1c Testing*, *HbA1c Poor Control (>9.0%)*, *HbA1c Control (<8.0%)*, *LDL-C Screening*, *LDL-C Control (<100mb/dL)*, and *Medical Attention for Diabetic Nephropathy*. The declines ranged from 0.17 to 3.12 percentage points. None of these declines were statistically significant.

Table 3-3 presents by measure the number of MHPs that performed at each performance level. The counts include only measures with a valid, reportable rate that could be benchmarked to national standards.

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child and Adolescent Care					
<i>Childhood Immunization—Combination 2</i>	1	1	4	2	5
<i>Childhood Immunization—Combination 3</i>	1	1	3	5	3
<i>Childhood Immunization—Combination 4[^]</i>	3	1	2	1	6
<i>Childhood Immunization—Combination 5</i>	1	3	6	1	2
<i>Childhood Immunization—Combination 6</i>	4	3	3	1	2
<i>Childhood Immunization—Combination 7[^]</i>	3	2	1	0	7
<i>Childhood Immunization—Combination 8[^]</i>	4	2	0	1	6
<i>Childhood Immunization—Combination 9</i>	3	4	3	1	2
<i>Childhood Immunization—Combination 10[^]</i>	4	2	0	1	6
<i>Immunizations for Adolescents—Combination 1</i>	0	0	0	0	12
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	0	1	2	6	3
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	1	2	5	5	0
<i>Adolescent Well-Care Visits</i>	2	1	2	4	4
<i>Lead Screening in Children</i>	0	1	5	6	1
<i>Appropriate Treatment for Children With URI</i>	1	3	6	2	1
<i>Appropriate Testing for Children With Pharyngitis</i>	4	6	1	2	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	1	3	6	1	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	1	4	4	1	0
[^] For the <i>Childhood Immunization Status</i> measure, the dosing requirements listed in the HEDIS 2013 specifications for hepatitis A, a vaccine associated with <i>Combination 4, 7, 8, and 10</i> , were changed from “Two hepatitis A vaccinations” to “At least one hepatitis A vaccination.” Please use caution when comparing with the HEDIS 2012 Medicaid 50th percentile.					
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Count of MHPs by Performance Level

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Women—Adult Care					
<i>Breast Cancer Screening</i>	2	2	2	4	3
<i>Cervical Cancer Screening</i>	1	1	5	5	1
<i>Chlamydia Screening in Women—16 to 20 Years</i>	2	2	1	6	1
<i>Chlamydia Screening in Women—21 to 24 Years</i>	1	2	1	3	5
<i>Chlamydia Screening in Women—Total</i>	2	1	2	5	2
Access to Care					
<i>Children’s Access—12 to 24 Months</i>	3	3	3	3	1
<i>Children’s Access—25 Months to 6 Years</i>	5	1	5	1	1
<i>Children’s Access—7 to 11 Years</i>	3	3	3	4	0
<i>Adolescents’ Access—12 to 19 Years</i>	3	2	2	4	2
<i>Adults’ Access—20 to 44 Years</i>	2	3	5	2	1
<i>Adults’ Access—45 to 64 Years</i>	1	2	3	3	4
<i>Adults’ Access—65+ Years</i>	0	3	1	2	3
<i>Adults’ Access—Total</i>	2	2	4	4	1
Obesity					
<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	0	0	7	2	4
<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	0	1	4	5	3
<i>Children/Adolescents—BMI Percentile, Total</i>	0	0	5	4	4
<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	0	3	7	3	0
<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	0	1	7	4	0
<i>Children/Adolescents—Nutrition, Total</i>	0	2	8	3	0
<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	0	3	5	5	0
<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	0	1	7	4	0
<i>Children/Adolescents—Physical Activity, Total</i>	0	2	6	5	0
<i>Adult BMI Assessment</i>	1	0	1	4	7
Pregnancy Care					
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	2	2	3	2	3
<i>Prenatal and Postpartum Care—Postpartum Care</i>	1	1	4	4	2
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	5	0	2	3	2
<p>★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile</p>					

Table 3-3—Count of MHPs by Performance Level					
Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Living With Illness					
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	3	2	2	4	2
<i>Comprehensive Diabetes Care—HbA1c Poor Control (>9.0%)*</i>	1	2	4	5	1
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	1	1	5	5	1
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	0	4	3	3	2
<i>Comprehensive Diabetes Care—Eye Exam</i>	0	2	6	3	2
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	1	3	3	5	1
<i>Comprehensive Diabetes Care—LDL-C Control (<100mg/dL)</i>	0	3	6	4	0
<i>Comprehensive Diabetes Care—Nephropathy</i>	0	1	6	2	4
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80)</i>	1	2	5	5	0
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	2	1	6	3	1
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	4	1	2	3	2
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	7	2	0	1	2
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	3	4	2	1	2
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	7	1	0	0	1
<i>Use of Appropriate Medications for People With Asthma—Total</i>	5	3	1	1	2
<i>Controlling High Blood Pressure</i>	1	2	2	4	4
Utilization					
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	1	8	2	2	0
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	9	4	0	0	0
Total	116	129	211	185	137
* For this indicator, a lower rate indicates better performance (i.e., low rate of ED visits indicates better care). Therefore, the percentiles were reversed to align with performance (e.g., if the ED—Total rate was above the 75th percentile, it would be inverted to be below the 25th percentile with a one-star performance displayed).					
★★★★★ = 90th percentile and above					
★★★★ = 75th to 89th percentile					
★★★ = 50th to 74th percentile					
★★ = 25th to 49th percentile					
★ = Below 25th percentile					

Table 3-3 shows that 27.1 percent of all performance measure rates (211 of 778) reported by all MHPs fell into the average (★★★) range relative to national Medicaid results. While 17.6 percent of all performance measure rates ranked in the 90th percentile and above (★★★★★), 31.5 percent of all performance measure rates fell below the national HEDIS 2012 Medicaid 50th percentile, providing opportunities for improvement.

Performance Improvement Projects (PIPs)

Table 3-4 presents a summary of the MHPs’ PIP validation status results. All PIPs submitted for the 2012–2013 validation continued with the State-mandated topic, *Childhood Obesity*. For the 2012–2013 validation, all PIPs received a validation status of *Met*, reflecting continued strong performance.

Table 3-4—MHPs’ PIP Validation Status		
Validation Status	Percentage of PIPs	
	2011–2012	2012–2013
<i>Met</i>	100%	100%
<i>Partially Met</i>	0%	0%
<i>Not Met</i>	0%	0%

The following presents a summary of the validation results for the MHPs for the activities from the CMS PIP protocol. For the 2012–2013 cycle, HSAG validated all third-year PIP submissions for Activity I—Select the Study Topic(s) through Activity X—Assess for Sustained Improvement.

Table 3-5 shows the percentage of MHPs that met all of the applicable evaluation or critical elements within each of the ten activities.

Table 3-5—Summary of Data From Validation of Performance Improvement Projects			
Review Activities		Percentage Meeting All Elements/ Percentage Meeting All Critical Elements	
		2011–2012	2012–2013
I.	Select the Study Topic(s)	100%/100%	100%/100%
II.	Define the Study Question(s)	100%/100%	100%/100%
III.	Select the Study Indicator(s)	100%/100%	100%/100%
IV.	Use a Representative and Generalizable Study Population	100%/100%	100%/100%
V.	Use Sound Sampling Techniques*	100%/100%	100%/100%
VI.	Use Valid and Reliable Data Collection Procedures	100%/100%	100%/100%
VII.	Data Analysis and Interpretation of Results	79%/100%	69%/100%
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	86%/100%	92%/100%
IX.	Assess for Real Improvement	57%/NCE	62%/NCE
X.	Assess for Sustained Improvement	Not Assessed	92%/NCE

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

The results from the 2012–2013 validation continued to reflect strong performance. All 13 MHPs received scores of *Met* for each applicable evaluation element in Activities I through VI, as well as for each applicable critical element across all activities. Six of the MHPs met all applicable

evaluation and critical elements. The remaining MHPs received scores of less than *Met* for one or up to four elements in Activities VII through X.

The MHPs demonstrated full compliance with the requirements of the CMS PIP protocol for Activities I through VI, which related to the study topic, study question, study indicators, and study population as well as sampling techniques and data collection procedures. Most MHPs met all evaluation elements in Activity VII—Data Analysis and Interpretation of Results. Opportunities for improvement identified for this activity primarily addressed identification of factors that threatened the internal or external validity of the findings or affected the ability to compare results across measurement periods. Almost all remaining opportunities for improvement addressed Activity IX—Assess for Real Improvement. While eight of the MHPs achieved statistically significant improvement in the study indicators, the remaining five MHPs did not. HSAG identified additional *Points of Clarification* in many of the PIPs.

The MHPs evaluated the success of their implemented interventions and proceeded to standardize successful interventions while revising or discontinuing those that did not demonstrate the desired effect on the study indicators. Improvement initiatives that targeted providers appeared to have been more successful than interventions at the member or system level, since the study indicators were provider-driven. Interventions to increase the rates of documentation of BMI percentiles and/or counseling for nutrition and physical activity included provider education and coaching through articles in provider newsletters; face-to-face sessions with providers to discuss BMI documentation; and ongoing provider education related to clinical guidelines and coding. Several MHPs distributed reports detailing providers' performance on the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* (WCC) HEDIS measure and information about measure documentation requirements and billing codes. Other provider-focused interventions included offering financial incentives for BMI screening compliance, furnishing BMI wheels that calculate BMI based on height and weight information to provider offices, and assisting providers with enrollee notification regarding BMI testing. Some MHPs also implemented interventions that targeted enrollees, such as conducting a Childhood Obesity Health Fair or offering enrollee education on obesity-related complications.

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 in all areas assessed. The *Provider*, *Administrative*, and *MIS* standards continued to represent statewide strengths. Compliance with MDCH-specified minimum performance standards—assessed in the *Quality* standard—remained a statewide opportunity for improvement.

The MHPs demonstrated continued strength in their performance measure rates. Compared with the prior-year Michigan statewide rates, 40 of the 55 comparable measures reflected improved performance, with 16 indicators having statistically significant increases from the 2011–2012 rates. The Child and Adolescent Care dimension showed the largest improvement. Across all dimensions, 15 measures showed a decline from the prior year. However, most rates declined by less than 1

percentage point and only one of the decreases was statistically significant. Overall, the MHPs continued to show improvement across measures in all of the dimensions of care.

The 2012–2013 validation of the PIPs reflected high levels of compliance with the requirements for all ten activities of the CMS PIP protocol. All 13 PIPs received a validation status of *Met* for their third-year submission of the PIP on *Childhood Obesity*. The MHPs demonstrated a thorough application of the PIP Design and Implementation stages. Overall, the MHPs produced accurate study indicator rates and selected and implemented interventions that had a positive and sustained impact on the study indicator outcomes.