

*Michigan Department
of Community Health*



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

**2011–2012 EXTERNAL QUALITY REVIEW
TECHNICAL REPORT**
for
Medicaid Health Plans

March 2013



3133 East Camelback Road, Suite 300 • Phoenix, AZ 85016

Phone 602.264.6382 • Fax 602.241.0757

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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:

- ◆ **Blue Cross Complete of Michigan (BCC)**¹⁻¹
- ◆ **CoventryCares of Michigan, Inc. (COV)**¹⁻²
- ◆ **CareSource Michigan (CSM)**
- ◆ **HealthPlus Partners (HPP)**
- ◆ **McLaren Health Plan (MCL)**
- ◆ **Meridian Health Plan of Michigan (MER)**¹⁻³
- ◆ **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)**¹⁻⁴
- ◆ **Upper Peninsula Health Plan (UPP)**

¹⁻¹ BlueCaid of Michigan became Blue Cross Complete of Michigan effective April 1, 2012.

¹⁻² OmniCare Health Plan became CoventryCares of Michigan effective June 1, 2012.

¹⁻³ Health Plan of Michigan became Meridian Health Plan of Michigan effective January 1, 2012.

¹⁻⁴ United Healthcare Great Lakes Health Plan became UnitedHealthcare Community Plan effective January 1, 2012.

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 2011–2012. 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 2010–2011 and 2011–2012 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%	10	93%
Standard 2: <i>Provider</i>	85%–100%	12	98%
Standard 3: <i>Member</i>	90%–100%	10	98%
Standard 4: <i>Quality/Utilization</i>	45%–100%	3	91%
Standard 5: <i>MIS/Data Reporting</i>	60%–100%	9	93%
Standard 6: <i>Fraud, Waste, and Abuse</i>	58%–100%	8	95%
Overall Score	69%–100%	1	96%

The statewide average across all standards and all 14 MHPs was 96 percent, reflecting continued strong performance. The *Member* and *Provider* standards showed the highest statewide average scores of 98 percent and had the highest number of MHPs meeting 100 percent of the contractual requirements (12 MHPs for the *Provider* standard, 10 MHPs for the *Member* standard). The *Administrative* standard represented another statewide strength with a statewide score of 93 percent and 10 MHPs demonstrating 100 percent compliance. Results for the *Fraud, Waste, and Abuse* and *MIS/Data Reporting* standards were also strong, with statewide average scores of 95 percent and 93 percent, respectively. The *Quality/Utilization* standard had the lowest statewide average of 91 percent as well as the lowest number of MHPs meeting 100 percent of the contractual requirements (three MHPs). These lower results did not reflect low levels of compliance across all criteria for the standard but were due to 11 of the 14 MHPs failing to demonstrate full compliance with one criterion related to meeting MDCH-specified standards for contractually defined performance measures. Overall, the compliance reviews continued to indicate strengths for the MHPs, with demonstrated compliance with all but a few contractual requirements.

Validation of Performance Measures

Table 1-2 displays the 2012 Michigan Medicaid weighted averages and performance levels. The performance levels are a comparison of the 2012 Michigan Medicaid weighted average and the NCQA national HEDIS 2011 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 25th percentile (rather than the 90th percentile) represents excellent performance and the 90th 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.

For the purpose of the Technical Report, no benchmarks for the *Use of Appropriate Medications for People with Asthma (ASM)* are included due to the significant changes to this measure over the years. Most recently, the *ASM* measure increased the upper age limit to 64 years, added new age stratifications, and made exclusions that were formerly optional, required. These changes make benchmarking rates to national standards difficult. While not directly comparable, benchmarks for two indicators of the *ASM* measure (*5 to 11 Years* and *Total*) were presented in the HEDIS Aggregate report at a plan level only for informational purposes.

All 14 of the MHPs demonstrated the ability to calculate and report accurate performance measures specified by the State and were fully compliant with the information system (IS) standards related to the measures required to be reported by MDCH.

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

Performance Measure	2012 MI Medicaid	Performance Level for 2012
Child and Adolescent Care		
<i>Childhood Immunization—Combo 2</i>	79.3%	★★★
<i>Childhood Immunization—Combo 3</i>	75.7%	★★★
<i>Childhood Immunization—Combo 4</i>	35.9%	★★★
<i>Childhood Immunization—Combo 5</i>	54.8%	★★★
<i>Childhood Immunization—Combo 6</i>	36.4%	★★
<i>Childhood Immunization—Combo 7</i>	28.1%	★★
<i>Childhood Immunization—Combo 8</i>	20.5%	★★★
<i>Childhood Immunization—Combo 9</i>	28.9%	★★★
<i>Childhood Immunization—Combo 10</i>	17.1%	★★★
<i>Immunizations for Adolescents—Combo 1</i>	75.1%	★★★★
<i>Well-Child Visits in the First 15 Months of Life—Six or More Visits</i>	75.3%	★★★★
<i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i>	78.6%	★★★★
<i>Adolescent Well-Care Visits</i>	61.7%	★★★★
<i>Lead Screening in Children</i>	78.1%	★★★
<i>Appropriate Treatment for Children With Upper Respiratory Infection (URI)</i>	83.9%	★★
<i>Appropriate Testing for Children With Pharyngitis</i>	61.2%	★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase</i>	39.7%	★★★
<i>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Continuation and Maintenance Phase</i>	49.5%	★★★
Women—Adult Care		
<i>Breast Cancer Screening</i>	57.0%	★★★
<i>Cervical Cancer Screening</i>	75.5%	★★★★
<i>Chlamydia Screening in Women—16 to 20 Years</i>	61.7%	★★★★
<i>Chlamydia Screening in Women—21 to 24 Years</i>	69.5%	★★★★
<i>Chlamydia Screening in Women—Total</i>	64.5%	★★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

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

Performance Measure	2012 MI Medicaid	Performance Level for 2012
Access to Care		
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	97.1%	★★★★
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	90.3%	★★★★
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	91.8%	★★★★
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	90.6%	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	83.6%	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	89.7%	★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—65+ Years</i>	92.5%	★★★★★
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	85.5%	★★★★
Obesity		
<i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents, BMI Percentile—Ages 3 to 11 Years</i>	61.8%	★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Ages 12 to 17 Years</i>	61.4%	★★★★
<i>Weight Assessment and Counseling, BMI Percentile—Total</i>	61.6%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 3 to 11 Years</i>	58.6%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Ages 12 to 17 Years</i>	57.1%	★★★★
<i>Weight Assessment and Counseling for Nutrition—Total</i>	58.0%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 3 to 11 Years</i>	46.0%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Ages 12 to 17 Years</i>	49.7%	★★★★
<i>Weight Assessment and Counseling for Physical Activity—Total</i>	47.3%	★★★★
<i>Adult BMI Assessment</i>	72.5%	★★★★★
Pregnancy Care		
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	90.3%	★★★★
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.3%	★★★★
<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	27.9%	NC
<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.2%	NC
<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.8%	NC
<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	18.5%	NC
<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.5%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles 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 Weighted Averages for Performance Measures

Performance Measure	2012 MI Medicaid	Performance Level for 2012
Pregnancy Care (continued)		
<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	7.1%	☆☆
<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	6.4%	NC
<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	5.8%	NC
<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	10.1%	NC
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	70.7%	★★★
Living With Illness		
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.7%	★★★
<i>Comprehensive Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	35.8%	★★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	55.0%	★★★★
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	41.0%	★★★
<i>Comprehensive Diabetes Care—Eye Exam</i>	56.6%	★★★
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	80.1%	★★★
<i>Comprehensive Diabetes Care—LDL-C Control <100mg/dL</i>	42.3%	★★★★
<i>Comprehensive Diabetes Care—Nephropathy</i>	83.0%	★★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80)</i>	43.7%	★★★
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	66.1%	★★★
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	91.8%	^
<i>Use of Appropriate Medications for People With Asthma—12 to 18 Years</i>	84.9%	^
<i>Use of Appropriate Medications for People With Asthma—19 to 50 Years</i>	74.9%	^
<i>Use of Appropriate Medications for People With Asthma—51 to 64 Years</i>	66.4%	^
<i>Use of Appropriate Medications for People With Asthma—Total</i>	83.8%	^
<i>Controlling High Blood Pressure</i>	63.5%	★★★
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	79.2%	NC
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	50.9%	NC
<i>Medical Assistance With Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	43.0%	NC
* For this measure, a lower rate indicates better performance.		
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).		
^ For HEDIS 2012, the upper age limit for the <i>Appropriate Medications for People With Asthma</i> measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

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

Performance Measure	2012 MI Medicaid	Performance Level for 2012
Health Plan Diversity		
<i>Race/Ethnicity Diversity of Membership—White</i>	54.7%	NC
<i>Race/Ethnicity Diversity of Membership —Black or African-American</i>	31.1%	NC
<i>Race/Ethnicity Diversity of Membership —American-Indian and Alaska Native</i>	0.2%	NC
<i>Race/Ethnicity Diversity of Membership —Asian</i>	0.6%	NC
<i>Race/Ethnicity Diversity of Membership —Native Hawaiian and Other Pacific Islanders</i>	< 0.1%	NC
<i>Race/Ethnicity Diversity of Membership —Some Other Race</i>	1.3%	NC
<i>Race/Ethnicity Diversity of Membership —Two or More Races</i>	0.0%	NC
<i>Race/Ethnicity Diversity of Membership —Unknown</i>	10.9%	NC
<i>Race/Ethnicity Diversity of Membership —Declined</i>	1.1%	NC
<i>Race/Ethnicity Diversity of Membership —Hispanic[£]</i>	5.4%	NC
<i>Language Diversity of Membership: Spoken Language—English</i>	91.0%	NC
<i>Language Diversity of Membership: Spoken Language—Non-English</i>	1.2%	NC
<i>Language Diversity of Membership: Spoken Language—Unknown</i>	7.8%	NC
<i>Language Diversity of Membership: Spoken Language—Declined</i>	< .0.1%	NC
<i>Language Diversity of Membership: Written Language—English</i>	60.5%	NC
<i>Language Diversity of Membership: Written Language—Non-English</i>	0.4%	NC
<i>Language Diversity of Membership: Written Language—Unknown</i>	39.1%	NC
<i>Language Diversity of Membership: Written Language—Declined</i>	0.0%	NC
<i>Language Diversity of Membership: Other Language Needs—English</i>	54.0%	NC
<i>Language Diversity of Membership: Other Language Needs—Non-English</i>	0.4%	NC
<i>Language Diversity of Membership: Other Language Needs—Unknown</i>	45.6%	NC
<i>Language Diversity of Membership: Other Language Needs—Declined</i>	0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

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

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

Performance Measure	2012 MI Medicaid	Performance Level for 2012
Utilization		
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	323.5	★★
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total*</i>	72.6	★★★★
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Visits per 1,000 Member Months): Total Inpatient—Total</i>	7.9	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Medicine—Total</i>	3.7	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Surgery—Total</i>	1.2	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Discharges, Maternity—Total</i>	4.9	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Total Inpatient—Total</i>	3.8	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Medicine—Total</i>	3.9	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Surgery—Total</i>	5.8	NC
<i>Inpatient Utilization—General Hospital/Acute Care: Total (Average Length of Stay), Maternity—Total</i>	2.6	NC
* For this measure, a lower rate indicates better performance.		
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).		
★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Of the 58 performance measures that had national results available and appropriate for comparison, two measures, *Adult BMI Assessment* and *Adults’ Access to Preventive/Ambulatory Health Services—65+ Years*, performed at or above the 90th percentile, while 17 measures (29.3 percent) showed statewide performance that fell between the 75th and 89th national HEDIS percentile. Thirty-three measures (56.9 percent) performed at or above the 50th percentile, but below the 75th percentile. A total of six measures (10.3 percent) performed below the national HEDIS 2011 Medicaid 50th percentile, which included one measure (*Appropriate Testing for Children With Pharyngitis*) performing below the 25th percentile.

Performance Improvement Projects (PIPs)

For the 2011–2012 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 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 2011–2012 results for the activities of the protocol for validating PIPs. HSAG validated all 14 PIPs for Activities I through IX. Six of the 14 PIPs demonstrated compliance with all evaluation elements, including critical elements, for the activities that were validated. The MHPs demonstrated strong performance related to the quality of their studies and a thorough application of the requirements for Activities I through IX of the 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)	14/14	14/14
II.	Define the Study Question(s)	14/14	14/14
III.	Select the Study Indicator(s)	14/14	14/14
IV.	Use a Representative and Generalizable Study Population	14/14	14/14
V.	Use Sound Sampling Techniques*	14/14	14/14
VI.	Use Valid and Reliable Data Collection Procedures	14/14	14/14
VII.	Data Analysis and Interpretation of Results	11/14	14/14
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	12/14	14/14
IX.	Assess for Real Improvement	8/14	No Critical Elements
X.	Assess for Sustained Improvement	0/0	No Critical Elements

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

The MHPs implemented interventions at the member-, provider-, and system-levels to address barriers to increasing rates for BMI percentile documentation for members 3–17 years of age. Several MHPs also targeted counseling for nutrition and counseling for physical activity as additional study indicators for this PIP on *Childhood Obesity*. Almost all MHPs demonstrated

improvement in their study indicators as a result of the planned interventions; however, only about half of them were able to achieve statistically significant—i.e., real—improvement. The MHPs should continue to evaluate the efficacy of their interventions and, as applicable, revise or implement new, targeted interventions to achieve the desired outcomes.

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 *Provider* and *Member* 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.

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.

Fifty-six of the 104 performance indicators 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</i>	✓	✓	
Standard 6. <i>Fraud, Waste, and Abuse</i>	✓	✓	✓
Performance Measures ¹⁻⁵	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 Medications</i>	✓	✓	✓
<i>Breast Cancer Screening</i>	✓		
<i>Cervical Cancer Screening</i>	✓		
<i>Chlamydia Screening in Women</i>	✓		
<i>Children’s 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>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>Ambulatory Care</i>			✓
PIPs	Quality	Timeliness	Access
One PIP for each MHP, Childhood Obesity Topic	✓		

¹⁻⁵ *Race/Ethnicity Diversity of Membership, Language Diversity of Membership, Weeks of Pregnancy at Time of Enrollment, Frequency of Ongoing Prenatal Care, 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 combined results of the 2010–2011 and 2011–2012 compliance reviews. Over the course of these two review cycles, MDCH completed a review of all criteria in the six standards listed below:

1. *Administrative* (2 criteria)
2. *Provider* (13 criteria)
3. *Member* (11 criteria)
4. *Quality/Utilization* (10 criteria)
5. *MIS/Data Reporting* (5 criteria)
6. *Fraud, Waste, and Abuse* (14 criteria)

In addition to assessing the MHPs' compliance with a subset of the criteria—including some that had been designated as mandatory for review in every review cycle—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, waste, and abuse logs; fraud, waste, 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 2011–2012 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).
- ◆ *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. The number of criteria scored *Pass* included scores from the 2010–2011 compliance reviews for criteria not addressed in 2011–2012, as well as all scores from the 2011–2012 compliance reviews. 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 2010–2011 and 2011–2012 compliance reviews are not comparable since each of the two review cycles addressed a different set of requirements. Therefore, the comparisons evaluate the combined 2010–2011 and 2011–2012 results against the combined results of the 2008–2009 and 2009–2010 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 1-12) 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 2012 *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 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) 2011 (HEDIS 2012)
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 2011 (HEDIS 2012)
Previous performance measure reports were reviewed to assess trending patterns and the reasonability of rates.	CY 2010 (HEDIS 2011)

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 21–40 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 only for the highest and lowest categories (≥ 81 Percent and <21 Percent), which denote better or worse 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 *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*, *Frequency of Ongoing Prenatal Care*, 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 other two measures do 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 2011–2012 validation cycle, the MHPs provided their second-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 2011–2012 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. Five of the 14 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 2010–2011 and 2011–2012. 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*; and *Fraud, Waste, and Abuse*. MDCH completed the current review of all standards over the course of the 2010–2011 and 2011–2012 compliance review cycles. Therefore, this section presents a comparison of the combined 2010–2012 results with the results of the combined 2008–2010 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.

**Table 3-1—Comparison of Results From the Compliance Reviews:
Previous Results for 2008–2010 (P) and Current Results for 2010–2012 (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%	93%	1	4	13/93%	10/71%
2	<i>Provider</i>	94%–100%	85%–100%	97%	98%	11	4	7/50%	12/86%
3	<i>Member</i>	95%–100%	90%–100%	99%	98%	2	4	12/86%	10/71%
4	<i>Quality/Utilization</i>	95%–100%	45%–100%	97%	91%	10	18	4/29%	3/21%
5	<i>MIS/Data Reporting</i>	80%–100%	60%–100%	91%	93%	13	7	3/21%	9/64%
6	<i>Fraud, Waste, and Abuse</i>	46%–100%	58%–100%	91%	95%	30	14	1/7%	8/57%
Overall Score/Total		86%–98%	69%–100%	95%	96%	67	51	40/48%	52/62%

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. Across all standards, MHPs with a compliance score of 100 percent increased from fewer than half of the plans in the previous cycles to about two-thirds in the combined 2010–2011 and 2011–2012 cycles.

The statewide score across all standards and MHPs increased from 95 percent in 2010–2011 to 96 percent for the current review cycle. One MHP achieved an overall score of 100 percent. Statewide,

seven of the 14 MHPs had an increase in their overall scores, four overall scores decreased, and three MHPs had no change in the overall score. The range of scores across the MHPs for the *Administrative* standard remained unchanged. For the remaining standards, the low end of the range decreased, while the high score for all standards remained at 100 percent.

The *Provider* and *Member* standards continued to represent statewide strengths, with an average score of 98 percent. For the *Provider* standard, the number of MHPs in full compliance with all requirements increased from seven to 12, while the statewide score had a slight decline. The statewide average score for the *Member* standard also decreased by one percentage point. For 12 of the 14 MHPs, there was no change in their compliance score for this standard.

Performance on the *Administrative* standard decreased slightly, with a statewide average score of 93 percent (98 percent was the previous score), and four MHPs had lower scores on this standard for the current review cycle.

The *Fraud, Waste, and Abuse* standard showed the largest number of MHPs with an improved compliance score. Statewide, eight MHPs increased their scores, while two MHPs had a decrease and four MHPs maintained their previous score. The statewide average for this standard improved more than any of the other standards, from 91 percent to 95 percent. The number of MHPs that achieved full compliance on this standard increased from one to eight. While there were no areas of statewide low performance, the most frequent recommendations addressed requirements for the compliance officer and committee (for four plans) and the use of data sources to detect fraud, waste, and abuse by providers (three plans).

The *MIS/Data Reporting* standard showed improvement in the statewide score from 91 percent to 93 percent for the current review cycle, and had more MHPs with 100 percent compliance in this area (three of 14 MHPs in the previous review cycles, and nine for the current review cycles). Statewide, most of the corrective actions continued to address the timeliness of report submissions (four MHPs) and the claims payment process (two MHPs).

The statewide average for the *Quality/Utilization* standard decreased from 97 percent to 91 percent, and six of the MHPs had a lower score for this standard. One MHP increased its score, and seven MHPs saw no change in their score for this standard. The number of MHPs that achieved 100 percent compliance on this standard remained the lowest among all standards (three MHPs). The criterion for which most MHPs failed to demonstrate full compliance addressed performance monitoring measures, with 11 of the 14 MHPs receiving a score of *Incomplete* for this criterion. 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 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 displays the 2012 Michigan Medicaid weighted averages and performance levels. The performance levels are a comparison of the 2012 Michigan Medicaid weighted average and the NCQA national HEDIS 2011 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 25th percentile (rather than the 90th percentile) represents excellent performance and the 90th 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 Weighted Averages for Performance Measures

Performance Measure	2011 MI Medicaid	2012 MI Medicaid	Performance Level for 2012	2011–2012 Comparison
Child and Adolescent Care				
<i>Childhood Immunization—Combo 2</i>	78.2%	79.3%	★★★★	+1.1
<i>Childhood Immunization—Combo 3</i>	74.3%	75.7%	★★★★	+1.4
<i>Childhood Immunization—Combo 4</i>	30.9%	35.9%	★★★★	+5.0
<i>Childhood Immunization—Combo 5</i>	46.8%	54.8%	★★★★	+8.0
<i>Childhood Immunization—Combo 6</i>	33.2%	36.4%	★★	+3.2
<i>Childhood Immunization—Combo 7</i>	21.6%	28.1%	★★	+6.5
<i>Childhood Immunization—Combo 8</i>	16.8%	20.5%	★★★★	+3.7
<i>Childhood Immunization—Combo 9</i>	23.6%	28.9%	★★★★	+5.3
<i>Childhood Immunization—Combo 10</i>	12.6%	17.1%	★★★★	+4.5
<i>Immunizations for Adolescents—Combo 1</i>	52.9%	75.1%	★★★★★	+22.2
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	72.3%	75.3%	★★★★★	+3.0
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	78.0%	78.6%	★★★★★	+0.6
<i>Adolescent Well-Care Visits</i>	58.8%	61.7%	★★★★★	+2.9
<i>Lead Screening in Children</i>	78.0%	78.1%	★★★★	+0.1
<i>Appropriate Treatment for Children With URI</i>	84.9%	83.9%	★★	-1.0
<i>Appropriate Testing for Children With Pharyngitis</i>	54.9%	61.2%	★	+6.3
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	36.7%	39.7%	★★★★	+3.0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	41.9%	49.5%	★★★★	+7.6
Women—Adult Care				
<i>Breast Cancer Screening</i>	56.3%	57.0%	★★★★	+0.7
<i>Cervical Cancer Screening</i>	74.3%	75.5%	★★★★★	+1.2
<i>Chlamydia Screening in Women—16 to 20 Years</i>	60.7%	61.7%	★★★★★	+1.0
<i>Chlamydia Screening in Women—21 to 24 Years</i>	68.4%	69.5%	★★★★★	+1.1
<i>Chlamydia Screening in Women—Total</i>	63.5%	64.5%	★★★★★	+1.0

2011–2012 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 decrease from the prior year.

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

Table 3-2—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	2011 MI Medicaid	2012 MI Medicaid	Performance Level for 2012	2011–2012 Comparison
Access to Care				
<i>Children’s Access to Primary Care Practitioners—12 to 24 Months</i>	96.7%	97.1%	★★★	+0.4
<i>Children’s Access to Primary Care Practitioners—25 Months to 6 Years</i>	89.8%	90.3%	★★★	+0.5
<i>Children’s Access to Primary Care Practitioners—7 to 11 Years</i>	91.1%	91.8%	★★★	+0.7
<i>Adolescents’ Access to Primary Care Practitioners—12 to 19 Years</i>	89.5%	90.6%	★★★	+1.1
<i>Adults’ Access to Preventive/Ambulatory Health Services—20 to 44 Years</i>	83.2%	83.6%	★★★	+0.4
<i>Adults’ Access to Preventive/Ambulatory Health Services—45 to 64 Years</i>	89.1%	89.7%	★★★	+0.6
<i>Adults’ Access to Preventive/Ambulatory Health Services—65+ Years</i>	89.1%	92.5%	★★★★★	+3.4
<i>Adults’ Access to Preventive/Ambulatory Health Services—Total</i>	85.0%	85.5%	★★★	+0.5
Obesity				
<i>Children/Adolescents—BMI Assessment—Total</i>	46.6%	61.6%	★★★★	+15.0
<i>Children/Adolescents—Counseling for Nutrition—Total</i>	54.0%	58.0%	★★★	+4.0
<i>Children/Adolescents—Counseling for Physical Activity—Total</i>	44.9%	47.3%	★★★	+2.4
<i>Adult BMI Assessment</i>	63.0%	72.5%	★★★★★	+9.5
Pregnancy Care				
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	88.4%	90.3%	★★★★	+1.9
<i>Prenatal and Postpartum Care—Postpartum Care</i>	70.7%	70.3%	★★★	-0.4
Living With Illness				
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	85.0%	85.7%	★★★	+0.7
<i>Comprehensive Diabetes Care—Poor HbA1c Control*</i>	36.4%	35.8%	★★★★	-0.6
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	53.7%	55.0%	★★★★	+1.3
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	42.9%	41.0%	★★★	-1.9
<i>Comprehensive Diabetes Care—Eye Exam</i>	59.0%	56.6%	★★★	-2.4
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	80.8%	80.1%	★★★	-0.7
<i>Comprehensive Diabetes Care—LDL-C Control <100mg/dL</i>	41.1%	42.3%	★★★★	+1.2
<i>Comprehensive Diabetes Care—Medical Attention for Diabetic Nephropathy</i>	82.8%	83.0%	★★★★	+0.2
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80 mm Hg)</i>	40.8%	43.7%	★★★	+2.9
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90 mm Hg)</i>	63.7%	66.1%	★★★	+2.4
* For this measure, a lower rate indicates better performance.				
2011–2012 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 decrease from the prior year.				
★★★★★	=	90th percentile and above		
★★★★	=	75th to 89th percentile		
★★★	=	50th to 74th percentile		
★★	=	25th to 49th percentile		
★	=	Below 25th percentile		

Table 3-2—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	2011 MI Medicaid	2012 MI Medicaid	Performance Level for 2012	2011–2012 Comparison
Living With Illness (continued)				
<i>Use of Appropriate Medications for People With Asthma—5 to 11 Years</i>	91.4%	£	^	£
<i>Use of Appropriate Medications for People With Asthma—12 to 50 Years</i>	85.2%	£	^	£
<i>Use of Appropriate Medications for People With Asthma—Combined Rate</i>	87.4%	£	^	£
<i>Controlling High Blood Pressure</i>	61.5%	63.5%	★★★★	+2.0
<i>Smoking and Tobacco Use Cessation—Advising Smokers to Quit</i>	78.2%	79.2%	NC	+1.0
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Medications</i>	48.8%	50.9%	NC	+2.1
<i>Smoking and Tobacco Use Cessation—Discussing Cessation Strategies</i>	41.3%	43.0%	NC	+1.7
Utilization				
<i>Ambulatory Care—Outpatient Visits per 1,000 Member Months</i>	316.9	323.5	★★	+6.6
<i>Ambulatory Care—ED Visits per 1,000 Member Months*</i>	69.6	72.6	★★★★	+3.0
* For this measure, a lower rate indicates better performance.				
£ Rates were not presented due to changes to the measure specifications and age bands for the measure. Not comparable to the HEDIS 2011 rates.				
^ For HEDIS 2012, the upper age limit for the <i>Appropriate Medications for People With Asthma</i> measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.				
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).				
★★★★★	=	90th percentile and above		
★★★★	=	75th to 89th percentile		
★★★	=	50th to 74th percentile		
★★	=	25th to 49th percentile		
★	=	Below 25th percentile		

The HEDIS 2012, average rates for 48 of the 53 measures that could be compared to prior-year performance showed an increase, with 25 of these increases reaching statistical significance. Rates for five measures declined from the 2011 results. Increases in rates ranged from less than 1 percentage point to over 22 percentage points, while most decreases were less than 2.4 percentage points.

The Child and Adolescent Care dimension showed more improvement than the other dimensions, with all but one of the 18 measures showing an increase in the rate and 14 measures noting statistically significant increases from the prior year. The *Immunizations for Adolescents—Combo 1* measure improved the most in this dimension, showing a 22.2 percentage point increase from the prior year. Measures in the Living With Illness dimension showed small increases in almost all measures, but none of the measures had statistically significant improvement. 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* measure improved by 15.0 percentage points from the prior year.

One measure, *Appropriate Treatment for Children With Upper Respiratory Infection*, showed a statistically significant decrease compared to 2011. The Living With Illness dimension had the most measures with decreases in performance, including the *Comprehensive Diabetes Care* measures for *HbA1c Control <7.0*, *Eye Exam*, and *LDL-C Screening*. The declines ranged from 0.7 to 2.4 percentage points. None of the 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. This excludes any measure reported as an *NA* or *NR* since these cannot be benchmarked.

Table 3-3—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Child and Adolescent Care					
<i>Childhood Immunization—Combo 2</i>	1	1	6	5	1
<i>Childhood Immunization—Combo 3</i>	1	2	5	2	4
<i>Childhood Immunization—Combo 4</i>	3	1	5	2	3
<i>Childhood Immunization—Combo 5</i>	1	1	5	5	2
<i>Childhood Immunization—Combo 6</i>	4	3	4	1	2
<i>Childhood Immunization—Combo 7</i>	1	5	2	3	3
<i>Childhood Immunization—Combo 8</i>	4	3	2	2	3
<i>Childhood Immunization—Combo 9</i>	4	3	3	1	3
<i>Childhood Immunization—Combo 10</i>	4	3	3	1	3
<i>Immunizations for Adolescents—Combo 1</i>	0	0	0	7	6
<i>Well-Child Visits, First 15 Months—6 or More Visits</i>	1	2	1	5	4
<i>Well-Child Visits, Third Through Sixth Years of Life</i>	3	1	2	6	2
<i>Adolescent Well-Care Visits</i>	1	1	3	5	4
<i>Lead Screening in Children</i>	0	3	7	3	1
<i>Appropriate Treatment for Children With URI</i>	5	6	1	2	0
<i>Appropriate Testing for Children With Pharyngitis</i>	4	5	3	0	1
<i>Follow-Up Care for Children Prescribed ADHD Meds—Initiation Phase</i>	1	4	6	2	0
<i>Follow-Up Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	1	1	7	2	0
Women—Adult Care					
<i>Breast Cancer Screening</i>	1	2	3	7	0
<i>Cervical Cancer Screening</i>	1	2	4	5	2
<i>Chlamydia Screening in Women—16 to 20 Years</i>	1	1	4	4	3
<i>Chlamydia Screening in Women—21 to 24 Years</i>	1	0	5	4	3
<i>Chlamydia Screening in Women—Total</i>	1	1	5	4	3
★★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Access to Care					
<i>Children’s Access—12 to 24 Months</i>	4	2	5	2	1
<i>Children’s Access—25 Months to 6 Years</i>	4	3	3	3	1
<i>Children’s Access—7 to 11 Years</i>	2	4	3	4	0
<i>Adolescents’ Access—12 to 19 Years</i>	2	3	2	5	1
<i>Adults’ Access—20 to 44 Years</i>	3	3	6	1	1
<i>Adults’ Access—45 to 64 Years</i>	2	3	4	2	3
<i>Adults’ Access—65+ Years</i>	0	0	3	1	7
<i>Adults’ Access—Total</i>	3	3	6	1	1
Obesity					
<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	0	1	5	6	2
<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	0	1	4	5	4
<i>Children/Adolescents—BMI Percentile, Total</i>	0	1	5	4	4
<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	0	2	6	5	1
<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	0	2	6	5	1
<i>Children/Adolescents—Nutrition, Total</i>	0	2	6	5	1
<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	1	1	5	4	3
<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	1	3	5	3	2
<i>Children/Adolescents—Physical Activity, Total</i>	1	1	5	6	1
<i>Adult BMI Assessment</i>	0	0	1	4	8
Pregnancy Care					
<i>Prenatal and Postpartum Care—Timeliness of Prenatal Care</i>	1	1	3	4	4
<i>Prenatal and Postpartum Care—Postpartum Care</i>	1	1	2	7	2
<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	1	4	5	1	1
<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	3	2	4	1	2
Living With Illness					
<i>Comprehensive Diabetes Care—HbA1c Testing</i>	1	3	5	2	3
<i>Comprehensive Diabetes Care—Poor HbA1c Control (>9.0%)</i>	1	2	5	5	1
<i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i>	1	0	7	4	2
<i>Comprehensive Diabetes Care—HbA1c Control (<7.0%)</i>	1	2	6	3	1
* For this measure, 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 3-3—Overall Statewide Weighted Averages for Performance Measures

Performance Measure	Number of Stars				
	★	★★	★★★	★★★★	★★★★★
Living With Illness (continued)					
<i>Comprehensive Diabetes Care—Eye Exam</i>	1	3	6	3	1
<i>Comprehensive Diabetes Care—LDL-C Screening</i>	2	1	4	5	2
<i>Comprehensive Diabetes Care—LDL-C Control <100mg/dL</i>	1	1	6	4	2
<i>Comprehensive Diabetes Care—Nephropathy</i>	1	2	4	1	6
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/80)</i>	1	3	4	5	1
<i>Comprehensive Diabetes Care—Blood Pressure Control (<140/90)</i>	2	1	7	3	1
<i>Controlling High Blood Pressure</i>	2	1	5	2	4
Utilization					
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): Outpatient—Total</i>	4	6	4	0	0
<i>Ambulatory Care—Total (Visits per 1,000 Member Months): ED—Total</i>	10	4	0	0	0
Total	101	123	243	194	128
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile					

Table 3-3 shows that 30.8 percent of all performance measure rates (243 of 789) fell into the average (★★★) range relative to national Medicaid results. While 16.2 percent of all performance measure rates ranked in the 90th percentile and above (★★★★★), 28.4 percent of all performance measure rates fell below the national Medicaid HEDIS 2011 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 2011–2012 validation continued with the State-mandated topic, *Childhood Obesity*. For the 2011–2012 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	
	2010–2011	2011–2012
<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 2011–2012 cycle, HSAG validated all second-year PIP submissions for Activity I—Select the Study Topic(s), through Activity IX—Assess for Real 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	
		2010–2011	2011–2012
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*	92%/100%	100%/100%
VI.	Use Valid and Reliable Data Collection Procedures	93%/100%	100%/100%
VII.	Data Analysis and Interpretation of Results	93%/100%	79%/100%
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	100%/100%	86%/100%
IX.	Assess for Real Improvement	Not Assessed	57%/NCE
X.	Assess for Sustained Improvement	Not Assessed	Not Assessed

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

The results from the 2011–2012 validation continued to reflect strong performance. All 14 MHPs received scores of *Fully Compliant* 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. Four MHPs failed to demonstrate full compliance with one element, and the remaining four MHPs received scores of less than *Met* for two or more elements.

The MHPs demonstrated full compliance with the requirements of the CMS PIP protocol for activities related to the study topic, study question, study indicator, and study population. Performance on the activities related to sampling techniques and data collection procedures improved, resulting in all MHPs demonstrating full compliance with all applicable evaluation elements in Activities V and VI. The percentages of MHPs meeting all evaluation elements remained high for the activities related to data analysis and interpretation and improvement strategies. Opportunities for improvement identified for these two activities addressed interpretation of findings, identification of differences between the initial measurement and remeasurement, discussion of factors that affect the ability to compare results across measurement periods, and standardization and monitoring of successful interventions. These recommendations applied to only one or two MHPs each, while the remaining MHPs were in full compliance with the requirements. About two-thirds of the recommendations from the 2011–2012 validation cycle addressed Activity IX—Real Improvement Achieved. While eight of the MHPs achieved statistically significant improvement in the study indicators, the remaining six MHPs did not reach statistically significant increases over the baseline rates.

During the first remeasurement period, the MHPs continued interventions implemented during the baseline period, standardized those that were successful, and revised or replaced others that did not achieve the desired outcomes for the study indicators. Interventions to increase the rates of documentation of BMI percentiles, counseling for nutrition, or counseling for physical activity occurred at the provider, member, and system level. Examples of such interventions included educational efforts through member and provider newsletters, MHP Web sites, provider visits, and targeted mailings. MHPs also sponsored community wellness events, such as health fairs, to promote healthy lifestyles and increased resources available to members by developing in-house programs or increasing the number of providers available for weight management or exercise programs.

HSAG identified *Points of Clarification* in many of the PIPs, which will assist the MHPs in strengthening their studies.

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. Statewide average scores increased for three of the six standards as well as for the overall compliance score. Across all MHPs, performance on the standards remained at the same level for about half of the scores, while about one-third of scores reflected improvement. The *Provider, MIS/Data Reporting*, and *Fraud, Waste, and Abuse* standards had the largest number of MHPs with improved scores, representing statewide strengths. Compliance with MDCH-specified minimum performance standards—assessed in the *Quality/Utilization* standard—remained a statewide opportunity for improvement.

The MHPs demonstrated mostly average to above-average performance across the performance measures compared with national Medicaid HEDIS 2011 results, with 72.0 percent of rates performing above the national HEDIS Medicaid 50th percentile, and 16.3 percent performing above the 90th percentile. Compared with the prior-year Michigan statewide rates, 48 of the 53 comparable measures reflected improved performance. Only five measures showed a decline from 2011, and the declines were not statistically significant. Overall, the MHPs continued to show improvement across all measures in all of the dimensions of care. Efforts should continue to improve on the 28.0 percent of rates that fell below the national average.

The 2011–2012 validation of the PIPs reflected high levels of compliance with the requirements of the CMS PIP protocol for the first nine activities. All 14 PIPs received a validation status of *Met* for their second-year submission of the PIP on *Childhood Obesity*. The studies demonstrated a thorough application of the PIP design stage, which created the foundation for the MHPs to progress to subsequent PIP stages—implementing improvement strategies and accurately assessing study outcomes. The MHP demonstrated strong performance in the PIP implementation stage, properly defining and collecting the data to produce accurate study indicator rates. As the studies progress to the second remeasurement, the MHPs should evaluate the efficacy of their interventions and revise or implement new, targeted interventions to achieve the desired outcomes; ensure accurate reporting and interpretation of the data; and work to achieve statistically significant improvement in the study indicators.

Overview

The following appendices summarize MHP-specific key findings for the three mandatory EQR-related activities: compliance monitoring, validation of performance measures, and validation of PIPs. For a more detailed description of the results of the mandatory EQR-related activities, refer to the aggregate and MHP-specific reports, including:

- ◆ Reports of the 2011–2012 compliance review findings for each MHP
- ◆ Michigan Medicaid HEDIS 2012 results reports
- ◆ 2012 PIP validation reports

Michigan Medicaid Health Plan Names

MDCH uses a three-letter acronym for each MHP. The acronyms are illustrated in the table below and are used throughout this report.

Table 4-1—List of Appendices With Michigan MHP Acronyms and Formal Names		
Appendix	Acronym	MHP Name
A	BCC	Blue Cross Complete of Michigan
B	COV	CoventryCares of Michigan, Inc.
C	CSM	CareSource Michigan
D	HPP	HealthPlus Partners
E	MCL	McLaren Health Plan
F	MER	Meridian Health Plan of Michigan
G	MID	Midwest Health Plan
H	MOL	Molina Healthcare of Michigan
I	PHP	Physicians Health Plan—FamilyCare
J	PRI	Priority Health Government Programs, Inc.
K	PRO	ProCare Health Plan
L	THC	Total Health Care, Inc.
M	UNI	UnitedHealthcare Community Plan
N	UPP	Upper Peninsula Health Plan

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **BCC**’s compliance with federal and State requirements related to the six standards shown in Table A-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table A-1 below presents **BCC**’s combined compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	9	1	0	0	95%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	13	0	0	1	100%	95%
Overall		52	1	0	2	99%	96%

BCC demonstrated compliance with all contractual requirements related to the *Administrative*; *Provider*; *Member*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **BCC**, the MHP’s performance exceeded the statewide average scores. Although the 2011–2012 compliance review identified one recommendation for the *Quality/Utilization* standard, **BCC**’s compliance score for this standard still exceeded the statewide score. **BCC**’s strong performance resulted in an overall compliance score of 99 percent, which was higher than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table A-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	<i>Childhood Immunization—Combo 2</i>	85.4%	★★★★★
	<i>Childhood Immunization—Combo 3</i>	82.7%	★★★★★
	<i>Childhood Immunization—Combo 4</i>	23.6%	★
	<i>Childhood Immunization—Combo 5</i>	68.9%	★★★★★
	<i>Childhood Immunization—Combo 6</i>	56.2%	★★★★★
	<i>Childhood Immunization—Combo 7</i>	20.0%	★★
	<i>Childhood Immunization—Combo 8</i>	15.8%	★★
	<i>Childhood Immunization—Combo 9</i>	48.2%	★★★★★
	<i>Childhood Immunization—Combo 10</i>	13.4%	★★
	<i>Immunizations for Adolescents—Combo 1</i>	81.4%	★★★★★
	<i>Lead Screening in Children</i>	74.2%	★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	71.2%	★★★★★
	<i>Well-Child 3rd–6th Years of Life</i>	80.7%	★★★★★
	<i>Adolescent Well-Care Visits</i>	60.1%	★★★★★
	<i>Appropriate Treatment of URI</i>	94.6%	★★★★★
	<i>Children With Pharyngitis</i>	85.1%	★★★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	39.8%	★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	56.8%	★★★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table A-2—Scores for Performance Measures for BCC			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	61.9%	★★★★
	<i>Cervical Cancer Screening</i>	79.5%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	54.5%	★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	68.1%	★★★
	<i>Chlamydia Screening—Total</i>	58.5%	★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.7%	★★★
	<i>Children’s Access—25 Months to 6 Years</i>	93.1%	★★★★★
	<i>Children’s Access—7 to 11 Years</i>	93.9%	★★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	93.7%	★★★★★
	<i>Adults’ Access—20 to 44 Years</i>	84.4%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	86.6%	★★
	<i>Adults’ Access—65+ Years</i>	86.7%	★★★
	<i>Adults’ Access—Total</i>	85.0%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	80.7%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	74.5%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	78.6%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	70.4%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	63.1%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	67.9%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	54.8%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	58.9%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	56.2%	★★★★
	<i>Adult BMI Assessment</i>	81.8%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	92.7%	★★★★
	<i>Postpartum Care</i>	71.5%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	27.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	10.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.8%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.6%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	4.4%	★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	3.4%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	8.3%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	28.2%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	55.7%	★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	91.9%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	27.8%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	58.4%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	41.7%	★★★★
	<i>Diabetes Care—Eye Exam</i>	73.7%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	81.7%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	46.4%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	90.7%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	53.0%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	74.6%	★★★★
	<i>Asthma—5 to 11 Years</i>	95.6%	^
	<i>Asthma—12 to 18 Years</i>	95.5%	^
	<i>Asthma—19 to 50 Years</i>	75.8%	^
	<i>Asthma—51 to 64 Years</i>	NA	^
	<i>Asthma—Total</i>	89.9%	^
	<i>Controlling High Blood Pressure</i>	65.3%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	81.7%	NC
	<i>Discussing Cessation Medications</i>	55.9%	NC
	<i>Discussing Cessation Strategies</i>	50.7%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	56.1%
<i>Race/Ethnicity—Black or African-American</i>		33.0%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		0.1%	NC
<i>Race/Ethnicity—Asian</i>		0.6%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

* For this measure, a lower rate indicates better performance. NA = Denominator < 30, unable to report a rate.

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table A-2—Scores for Performance Measures for BCC

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.6%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	9.5%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	3.7%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.4%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.5%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.1%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	321.4	★★
	<i>Ambulatory Care: ED—Total*</i>	64.4	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.5	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.9	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.9	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.4	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.4	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.6	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.1	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.4	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

BCC demonstrated strong performance on the HEDIS measures in 2011. Table A-2 shows that **BCC** had 50 performance measure rates that ranked at or above the national Medicaid HEDIS 2011 50th percentile. Eighteen of those measures ranked at or above the 90th percentile. The Obesity and Living With Illness dimensions stood out as having the strongest overall performance. Only five of the performance measure rates performed below the national Medicaid HEDIS 2011 50th percentile. Four of the five measures were in the Child and Adolescent Care dimension: *Childhood Immunization—Combo 4*, *Childhood Immunization—Combo 7*, *Childhood Immunization—Combo 8*, and *Childhood Immunization—Combo 10*.

Performance Improvement Projects (PIPs)

Table A-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	1	2	1	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	31	2	1	2
Percentage Score of Evaluation Elements Met		91%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **BCC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 91 percent and a score of 100 percent for critical elements. **BCC** received *Met* scores for all applicable evaluation elements in Activities I through VIII. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **BCC**'s strong performance indicated that

the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **BCC** to successfully progress to the next stage of the process and achieve improvement for one indicator in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

BCC's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rates of counseling for nutrition and physical activity. The first remeasurement results for Study Indicator 2—the percentage of members who had evidence of counseling for nutrition—exceeded the baseline measurement, as well as the Remeasurement 1 goal. However, the improvement was not statistically significant. Results for Indicators 1 and 3—the percentage of members who had evidence of BMI percentile documentation or counseling for physical activity during the measurement year—showed a decline in performance and fell below the baseline rates and the Remeasurement 1 goals. **BCC** continued several interventions from the baseline period and implemented new interventions, which included publishing articles in provider and member newsletters on the importance of screening, nutrition, and physical activity, as well as providing grants to elementary schools to implement programs to promote healthy eating and exercise habits.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

BCC successfully addressed one of the two recommendations from the 2010–2011 compliance review. **BCC** provided documentation that individual practitioners and entities were appropriately queried regarding ownership, criminal conviction, and managing employee information. To address performance measure rates falling below the MDCH standards, **BCC** implemented several quality initiatives relevant to postpartum check-up visits, well child visits, immunizations, and blood lead screening. While **BCC** demonstrated progress in meeting most of the performance standards, the rates for the *Postpartum Care* and *Blood Lead Screening* measures continued to fall below the standard.

Performance Measures

In 2011, the *Ambulatory Care—Outpatient Visits* measure was the only rate for **BCC** that fell below the national 25th percentile, representing an opportunity for improvement. HSAG recommended the MHP should investigate reasons why its outpatient visit rate was lower than the national average and consider conducting a network adequacy study to determine if its provider network services the population with a sufficient number of providers and adequate appointment availability. In HEDIS 2011, **BCC**'s *Ambulatory Care—Outpatient Visits* measure improved and ranked between the 25th and 50th percentile nationally.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **BCC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII. HSAG identified an opportunity for improvement in Activity VI—to provide the estimated degree of completeness for the administrative data and how it was determined. HSAG determined through the 2011–2012 validation process that **BCC** had successfully addressed the recommendation by providing the estimated degree of administrative data completeness and the process used to determine this percentage.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **BCC** showed both strengths and opportunities for improvement.

BCC demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements. The 2011–2012 compliance review also identified one opportunity for improvement for the *Quality/Utilization* standard, which addressed the **quality** and **access** domains. **BCC** should continue its improvement efforts to increase its rates for the two performance measures with rates below the MDCH standard—*Postpartum Care* and *Blood Lead Screening*—and meet the MDCH minimum performance standards.

For HEDIS 2012, **BCC** performed well, with over 87 percent of its measures across the **quality**, **access**, and **timeliness** domains performing at or above the national HEDIS 2011 Medicaid 50th percentile.

Within the **quality** domain, 40 of the 44 measures performed at or above the national HEDIS 2011 Medicaid 50th percentile, and 16 of those ranked above the 90th percentile. The measures that fell below the 50th percentile were *Childhood Immunization Status* measures, including *Combo 4*, *Combo 7*, *Combo 8*, and *Combo 10*. **BCC** should explore whether performance on a particular antigen is causing these combo rates to perform below the national average.

In the **timeliness** domain, 11 of the 15 rates performed above the national HEDIS 2011 Medicaid 50th percentile. The four rates that did not perform above the national average (*Childhood Immunization Status*) also addressed the **quality** domain.

In the **access** domain, 11 of the 14 reported rates benchmarked above the national 50th percentile. **BCC**'s rates for the *Ambulatory Care—Outpatient Visits* and *Ambulatory Care—ED Visits* measures benchmarked below the 60th percentile. The MHP should investigate reasons why its rates are lower than the national average. **BCC**'s rate for the *Adults' Access—45 to 64 Years* measure continued to benchmark below the 50th percentile and represented an opportunity for improvement. **BCC** should consider conducting a network adequacy study to determine if its provider network services the population with a sufficient number of providers and adequate appointment availability.

Related to all domains, **BCC** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **BCC** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data, in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **BCC**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the

requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation identified opportunities for improvement in the areas of intervention implementation and achieving real improvement in all study indicators. Due to the noted decline in performance for two of the three study indicators, **BCC** should perform data mining to identify and address the barriers surrounding the lack of documented BMI percentiles and counseling for physical activity. To strengthen the study, **BCC** should address the *Point of Clarification* in Activity VIII and document the type of causal analysis tool used to identify the listed barriers.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **COV**’s compliance with federal and State requirements related to the six standards shown in Table B-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table B-1 below presents **COV**’s combined compliance review results.

Table B-1—Compliance Review Results for COV							
Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	8	2	0	0	90%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		52	2	0	1	98%	96%

COV showed strengths in the *Administrative*; *Provider*; *Member*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse* standards, demonstrating compliance with all contractual requirements. **COV**’s performance on these standards exceeded the statewide scores. The 2011–2012 compliance review identified two opportunities for improvement for the *Quality/Utilization* standard, which had a compliance score that fell below the statewide average. **COV**’s strong performance resulted in an overall compliance score of 98 percent, which was higher than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table B-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	77.3%	★★★
	Childhood Immunization—Combo 3	73.4%	★★★
	Childhood Immunization—Combo 4	33.6%	★★★
	Childhood Immunization—Combo 5	47.0%	★★
	Childhood Immunization—Combo 6	22.2%	★
	Childhood Immunization—Combo 7	21.8%	★★
	Childhood Immunization—Combo 8	11.8%	★
	Childhood Immunization—Combo 9	16.9%	★
	Childhood Immunization—Combo 10	7.6%	★
	Immunizations for Adolescents—Combo 1	69.4%	★★★★
	Lead Screening in Children	78.5%	★★★
	Well-Child 1st 15 Months—6+ Visits	61.7%	★★★
	Well-Child 3rd–6th Years of Life	81.3%	★★★★
	Adolescent Well-Care Visits	59.1%	★★★★
	Appropriate Treatment of URI	87.0%	★★
	Children With Pharyngitis	50.7%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	22.7%	★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	26.5%	★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table B-2—Scores for Performance Measures for COV			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	58.7%	★★★★
	<i>Cervical Cancer Screening</i>	73.5%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	70.2%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	80.6%	★★★★★
	<i>Chlamydia Screening—Total</i>	73.4%	★★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	92.5%	★
	<i>Children’s Access—25 Months to 6 Years</i>	82.4%	★
	<i>Children’s Access—7 to 11 Years</i>	85.1%	★
	<i>Adolescents’ Access—12 to 19 Years</i>	84.3%	★
	<i>Adults’ Access—20 to 44 Years</i>	76.6%	★
	<i>Adults’ Access—45 to 64 Years</i>	85.9%	★★
	<i>Adults’ Access—65+ Years</i>	91.1%	★★★★
	<i>Adults’ Access—Total</i>	79.7%	★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	50.2%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	45.5%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	48.4%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	57.0%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	51.5%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	54.9%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	41.1%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	42.5%	★★
	<i>Children/Adolescents—Physical Activity, Total</i>	41.6%	★★★
	<i>Adult BMI Assessment</i>	71.3%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	86.2%	★★★
	<i>Postpartum Care</i>	55.7%	★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	52.8%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	6.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	25.1%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	11.3%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.6%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table B-2—Scores for Performance Measures for COV

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	11.2%	☆☆
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	15.9%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	11.9%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	14.7%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	46.4%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	82.4%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	44.3%	☆☆
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	50.3%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	39.4%	★★★★
	<i>Diabetes Care—Eye Exam</i>	60.8%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	80.9%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	38.7%	★★★★
	<i>Diabetes Care—Nephropathy</i>	86.9%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	32.7%	☆☆
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	53.6%	★
	<i>Asthma—5 to 11 Years</i>	78.4%	^
	<i>Asthma—12 to 18 Years</i>	77.5%	^
	<i>Asthma—19 to 50 Years</i>	72.4%	^
	<i>Asthma—51 to 64 Years</i>	64.7%	^
	<i>Asthma—Total</i>	75.1%	^
	<i>Controlling High Blood Pressure</i>	56.5%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.4%	NC
	<i>Discussing Cessation Medications</i>	47.3%	NC
<i>Discussing Cessation Strategies</i>	43.5%	NC	
Health Plan Diversity	<i>Race/Ethnicity—White</i>	10.6%	NC
	<i>Race/Ethnicity—Black or African-American</i>	83.4%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	<0.1%	NC
	<i>Race/Ethnicity—Asian</i>	0.5%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table B-2—Scores for Performance Measures for COV

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.2%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	5.3%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.6%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.4%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	99.6%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.4%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	288.4	★
	<i>Ambulatory Care: ED—Total*</i>	83.8	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.3	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.2	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.5	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	7.2	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.8	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table B-2 shows that **COV** had 32 measures rank at or above the national HEDIS 2011 Medicaid 50th percentile. **COV** had 11 measures rank at or above the 75th percentile, with five of those measures (*Chlamydia Screening—16 to 20 Years*, *Chlamydia Screening—21 to 24 Years*, *Chlamydia Screening—Total*, *Adult BMI Assessment*, and *Diabetes Care—Nephropathy*) ranking at or above the 90th percentile.

The dimension with the strongest performance for **COV** was Women—Adult Care, which had all five of its measures perform at or above the 50th percentile. The Access to Care dimension continued to show the lowest performance with six of the eight measures falling below the 25th percentile nationally.

For *Ambulatory Care*, both rates were below the 25th percentile. However, 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.

Performance Improvement Projects (PIPs)

Table B-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table B-3—2011–2012 PIP Validation Results for COV						
Activity		Number of Elements				
		Total	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>NA</i>
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	35	0	0	1
Percentage Score of Evaluation Elements <i>Met</i>		100%				
Percentage Score of Critical Elements <i>Met</i>		100%				
Validation Status		<i>Met</i>				

For the 2011–2012 second-year validation of **COV**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **COV** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **COV**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **COV** to successfully progress to the next stage of the process and achieve real improvement for all indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

COV's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rates of counseling for nutrition and physical activity. The first remeasurement results reflected statistically significant improvement compared to the baseline results and met the Remeasurement 1 goals for all study indicators. Following the baseline period, **COV** completed a causal/barrier analysis and continued several of its existing interventions,

such as member and provider incentives. The MHP also implemented a new intervention at the member level, training staff to conduct an exercise program for children.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

COV successfully addressed three of the four recommendations from the 2010–2011 compliance review. In response to the recommendation to meet identified MDCH performance measure standards, the plan initiated activities including incentives and monthly mailings to non-compliant members encouraging them to see their PCP for services, immunizations, and lead screening. Despite these efforts, the rates for *Childhood Immunizations (Combo 3)*, *Prenatal Care*, *Postpartum Care*, *Well-Child Visits 0 to 15 Months*, and *Blood Lead Screening* continued to fall below the performance threshold. COV provided timely submission of all reports, including the EPSDT provider incentives section of the Consolidated Annual Report. COV also demonstrated compliance regarding credentialing and recredentialing processes to solicit managing employee information, review for prohibited affiliations, and monthly checks of the Excluded Parties List System (EPLS) and List of Excluded Individuals and Entities (LEIE) databases.

Performance Measures

In HEDIS 2011, several rates for COV ranked below the 25th percentile nationally, representing opportunities for improvement: *Appropriate Testing of Children with Pharyngitis*, *Postpartum Care*, *Appropriate Medications for Asthma—5 to 11 Years*, *Appropriate Medications for Asthma—Combined Rate*, *Controlling High Blood Pressure* and all *Access to Care* measures except for the *45 to 64 Years* and *65+ Years* categories. COV performed analyses to determine barriers to improvement and implemented several interventions to target the low-performing measures. These included partnering with the largest pediatric practice and holding physician office events regarding well-child visits and immunizations, providing case management for all pregnant members to coordinate access and care, offering member and provider incentives for completing diabetic screenings, assigning health coaches for interactive education for non-compliant members, monitoring wait times and member complaints, and conducting an assessment of appointment availability in high-volume practices to identify barriers to members' access to care.

From HEDIS 2011 to HEDIS 2012, marked improvement was only seen in the *Controlling High Blood Pressure* measure that increased by over 11 percentage points and benchmarked between the 50th and 74th percentile. Efforts should continue on the other measures that continued to fall below the 25th percentile.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of the plan's PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **COV** showed both strengths and opportunities for improvement.

COV demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. All standards addressing the **timeliness** domain were fully compliant with all requirements. The 2011–2012 compliance review also identified opportunities for improvement for the *Quality/Utilization* standard, which addressed the **quality** and **access** domains. **COV** should develop a plan for conducting a clinical or non-clinical performance improvement project and continue its improvement efforts related to meeting the standards for the performance measures with rates below the MDCH standard.

Of the 44 measures in the **quality** domain, 30 performed above the national HEDIS Medicaid 50th percentile. Rates for seven measures in this domain (*Chlamydia Screening in Women*, *Controlling High Blood Pressure*, and *Physical Activity Counseling* as part of the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure) showed statistically significant decreases compared to HEDIS 2011. **COV** rotated many of these measures for HEDIS 2011, so this decline could have occurred over a two-year period. **COV** should investigate why these rates are declining and implement improvement efforts to increase performance.

Six of the 15 measures in the **timeliness** domain performed above the national average, with one measure, *Immunizations for Adolescents*, performing above the 75th percentile. None of the measures in this domain showed a statistically significant decline, but **COV** should consider working with providers and members to ensure compliance with appointments as well as complete and accurate data submissions.

Performance in the **access** domain indicated the largest opportunity for improvement. All but two of the rates benchmarked below the national HEDIS Medicaid 50th percentile. While two of the *Children's and Adolescents' Access to Primary Care Practitioners* indicators and one of the *Adults' Access to Preventive/Ambulatory Health Services* indicators showed statistically significant improvement from HEDIS 2011 to HEDIS 2012, there is still much room for improvement. **COV** should conduct a review of data completeness and network adequacy to determine barriers to members seeking care in order to ensure that members receive primary care services. When measures like *Breast Cancer Screening* and *Chlamydia Screening* perform above the 90th percentile, and many of the *Comprehensive Diabetes* indicators benchmark above the 50th percentile, these visits should count toward the access measures as well. Encounter and claims data may be incomplete.

Related to all domains, **COV** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **COV** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data, in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **COV's** PIP addressed the **quality** domain. The MHP

demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. To strengthen the study, **COV** should address the *Points of Clarification* in Activities III and VII. The MHP should document the goals in terms of an actual percentage and ensure accurate reporting of *p*-values for all study indicators.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **CSM**’s compliance with federal and State requirements related to the six standards shown in Table C-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table C-1 below presents **CSM**’s combined compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	9	0	1	0	90%	91%
5	<i>MIS/Data Reporting</i>	4	0	1	0	80%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		52	0	2	1	96%	96%

CSM demonstrated full compliance with all contract requirements related to the *Administrative*; *Provider*; *Member*; and *Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **CSM**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in one recommendation each for the *Quality/Utilization* and *MIS/Data Reporting* standards. These areas reflected opportunities for improvement for **CSM**. The MHP’s compliance scores for the *Quality/Utilization* and *MIS/Data Reporting* standards were lower than the statewide scores. **CSM**’s overall compliance score of 96 percent equaled the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table C-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table C-2—Scores for Performance Measures for CSM			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	<i>Childhood Immunization—Combo 2</i>	75.2%	★★★
	<i>Childhood Immunization—Combo 3</i>	70.8%	★★
	<i>Childhood Immunization—Combo 4</i>	51.8%	★★★★★
	<i>Childhood Immunization—Combo 5</i>	55.0%	★★★★
	<i>Childhood Immunization—Combo 6</i>	42.1%	★★★
	<i>Childhood Immunization—Combo 7</i>	43.8%	★★★★★
	<i>Childhood Immunization—Combo 8</i>	34.1%	★★★★★
	<i>Childhood Immunization—Combo 9</i>	36.5%	★★★★
	<i>Childhood Immunization—Combo 10</i>	30.7%	★★★★★
	<i>Immunizations for Adolescents—Combo 1</i>	71.8%	★★★★
	<i>Lead Screening in Children</i>	79.0%	★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	43.8%	★
	<i>Well-Child 3rd–6th Years of Life</i>	65.5%	★
	<i>Adolescent Well-Care Visits</i>	42.3%	★★
	<i>Appropriate Treatment of URI</i>	81.0%	★
	<i>Children With Pharyngitis</i>	54.9%	★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	37.1%	★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	46.0%	★★★
	★★★★★	= 90th percentile and above	
★★★★	= 75th to 89th percentile		
★★★	= 50th to 74th percentile		
★★	= 25th to 49th percentile		
★	= Below 25th percentile		

Table C-2—Scores for Performance Measures for CSM			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	49.5%	☆☆
	<i>Cervical Cancer Screening</i>	67.2%	☆☆
	<i>Chlamydia Screening—16 to 20 Years</i>	55.9%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	63.2%	★★★★
	<i>Chlamydia Screening—Total</i>	58.2%	★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	93.8%	★
	<i>Children’s Access—25 Months to 6 Years</i>	85.3%	★
	<i>Children’s Access—7 to 11 Years</i>	88.5%	☆☆
	<i>Adolescents’ Access—12 to 19 Years</i>	88.2%	☆☆
	<i>Adults’ Access—20 to 44 Years</i>	76.0%	★
	<i>Adults’ Access—45 to 64 Years</i>	84.2%	★
	<i>Adults’ Access—65+ Years</i>	92.9%	★★★★★
	<i>Adults’ Access—Total</i>	78.9%	★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	34.3%	☆☆
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	31.9%	☆☆
	<i>Children/Adolescents—BMI Percentile, Total</i>	33.3%	☆☆
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	43.3%	☆☆
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	38.0%	☆☆
	<i>Children/Adolescents—Nutrition, Total</i>	41.1%	☆☆
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	22.0%	★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	27.1%	★
	<i>Children/Adolescents—Physical Activity, Total</i>	24.1%	★
	<i>Adult BMI Assessment</i>	58.9%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	80.0%	★
	<i>Postpartum Care</i>	65.0%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	42.6%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	7.1%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	36.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	9.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	4.1%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table C-2—Scores for Performance Measures for CSM

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	10.9%	☆☆
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	7.3%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	6.8%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	13.1%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	61.8%	☆☆
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	80.1%	☆☆
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	50.3%	☆☆
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	48.1%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	36.7%	★★★★
	<i>Diabetes Care—Eye Exam</i>	49.5%	☆☆
	<i>Diabetes Care—LDL-C Screening</i>	71.3%	☆☆
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	33.4%	☆☆
	<i>Diabetes Care—Nephropathy</i>	80.3%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	38.4%	☆☆
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	57.5%	☆☆
	<i>Asthma—5 to 11 Years</i>	89.2%	^
	<i>Asthma—12 to 18 Years</i>	84.8%	^
	<i>Asthma—19 to 50 Years</i>	74.1%	^
	<i>Asthma—51 to 64 Years</i>	70.6%	^
	<i>Asthma—Total</i>	82.4%	^
	<i>Controlling High Blood Pressure</i>	44.0%	★
	<i>Advising Smokers and Tobacco Users to Quit</i>	75.0%	NC
	<i>Discussing Cessation Medications</i>	47.8%	NC
	<i>Discussing Cessation Strategies</i>	43.2%	NC
Health Plan Diversity	<i>Race/Ethnicity—White</i>	67.7%	NC
	<i>Race/Ethnicity—Black or African-American</i>	20.7%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.3%	NC
	<i>Race/Ethnicity—Asian</i>	0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table C-2—Scores for Performance Measures for CSM

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	7.6%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	3.7%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	6.9%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.5%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	1.4%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	277.0	★
	<i>Ambulatory Care: ED—Total*</i>	73.2	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.8	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.9	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.3	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.7	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.8	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.5	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table C-2 shows that **CSM**'s performance measure rates for 20 measures ranked above the national HEDIS 2011 Medicaid 50 percent benchmark. For **CSM**, the *Childhood Immunization* measures within the Child and Adolescent Care dimension had the strongest performance, with four measures performing at or above the national HEDIS 2011 Medicaid 90th percentile.

The three dimensions with the most opportunities for improvement were Access to Care, Obesity, and Living With Illness. Overall, **CSM** had 38 measures that performed below the national HEDIS 2011 Medicaid 50th percentile, which presented several opportunities for improvement in the upcoming measurement period.

Performance Improvement Projects (PIPs)

Table C-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table C-3—2011–2012 PIP Validation Results for CSM						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	35	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **CSM**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **CSM** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and

study implementation (Activities V through VII) phases, **CSM**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **CSM** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

CSM's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—exceeded the Remeasurement 1 goal and reflected a statistically significant increase over the baseline rate. Following the baseline period, **CSM** completed a causal/barrier analysis and implemented several new interventions, including telephone calls to members to remind them of services needed, provider visits, and system revisions to policies and procedures for services related to childhood weight management.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

CSM successfully addressed two of the four recommendations from the 2010–2011 compliance review. CSM provided an organizational chart identifying functional responsibilities of key staff members, which met review criteria. CSM provided an explanation of how claims and authorizations were addressed in rapid dispute resolutions and an explanation of the binding arbitration process. CSM's quality interventions to improve performance included making outbound calls to members directly from five large provider offices. Members in need of visits, testing, or services were called in an attempt to schedule an appointment with the provider. Nevertheless, the rates for *Childhood Immunizations*, *Well-Child Visits 0 to 15 Months*, *Well-Child Visits 3 to 6 Years*, *Prenatal Care*, and *Blood Lead Screening* continued to fall below the performance threshold. CSM did not successfully address the recommendation to submit timely and complete reports, as the electronic copy of its Medicaid Provider Directory was not submitted on time.

Performance Measures

In 2011, CSM had several rates that fell below the national 25th percentile: *Well-child Visits 3 to 6 Years*, *Breast Cancer Screening*, and *Children's Access to Care* for the *12 to 24 Months* and *25 Months to 6 Years* age groups. CSM conducted a barrier analysis regarding these measures and implemented related quality improvement activities. These activities were generally described as follows: member outreach using a variety of messaging approaches—such as outbound reminder calls—and newsletter and other written communications; member case management and disease management programs; provider education through newsletter and Web site articles, clinical practice guidelines, physician profiling reports, and physician alerts; provider incentives to improve rates and targeted provider record review to improve data abstraction; and community outreach to relevant programs and involvement in community collaborative work groups.

Performance for HEDIS 2012 did not show improvement in the measures that performed below the 25th percentile in 2011, indicating efforts need to continue to improve performance in these areas.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of CSM's PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **CSM** showed both strengths and opportunities for improvement.

CSM demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across all three domains. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **CSM** should provide a detailed listing of quality improvement activities for the measures that did not meet the MDCH performance standard in 2010–2011, specify revised and added interventions for unmet measures from the previous and current review cycles, and conduct an analysis of any successful interventions. The MHP should also continue to monitor the interventions and outcomes for measures with rates below the MDCH standard. To address the recommendation for the *MIS/Data Reporting* standard, which addressed the domains of **quality** and **timeliness**, **CSM** should continue efforts to ensure that all components of the Consolidated Annual Report are timely and accurate.

Compared to the national HEDIS 2011 benchmarks, **CSM** demonstrated below-average to average performance for the measures in the **quality**, **timeliness**, and **access** domains.

CSM performed below average in the **quality** domain. Twenty-six of the 44 (59 percent) measures within the **quality** domain fell below the national HEDIS 2011 Medicaid 50th percentile, and eight of those ranked below the 25th percentile. This presents many opportunities for improvement. **CSM** should explore reasons for these low rates, such as data completeness issues or lack of provider or member compliance. **CSM** had significant improvement in some measures in this domain but performance was still low. **CSM** chose to rotate one measure that had below-average performance; therefore, improvement efforts implemented for HEDIS 2012 were not reflected in the reported rate.

In the **timeliness** domain, 12 of the 15 rates performed above the national HEDIS 2011 Medicaid 50th percentile. The *Prenatal* and *Postpartum Care* measures both improved performance, but the *Prenatal Care* indicator continued to perform below average. Incomplete data for maternity services, which are often billed through a global bill, could be a contributing factor. **CSM** should investigate methods to obtain these visit data from providers.

In the **access** domain, 11 of the 14 measures performed below average. The *Adults' Access to Preventive/Ambulatory Health Services—20 to 44 Years* and *Total* rates showed a statistically significant decline from the prior year and ranked below the 25th percentile nationally. **CSM** should investigate why these rates are so low, considering possible calculation or coding issues. Rates for access to care should somewhat compare to those of other effectiveness of care measures since those services are performed during an outpatient visit. Data completeness could be another issue contributing to the low rates.

Related to all domains, **CSM** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **CSM** should investigate the impact of medical record data and use that

information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **CSM's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **CSM's** PIP did not identify any opportunities for improvement.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **HPP**’s compliance with federal and State requirements related to the six standards shown in Table D-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table D-1 below presents **HPP**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	1	1	0	0	75%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	11	0	0	0	100%	98%
4	<i>Quality/Utilization</i>	9	1	0	0	95%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		53	2	0	0	98%	96%

HPP demonstrated full compliance with all contract requirements related to the *Provider; Member; MIS/Data Reporting; and Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **HPP**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in one recommendation each for the *Administrative* and *Quality/Utilization* standards. These areas reflected opportunities for improvement for **HPP**. The MHP’s compliance score for the *Quality/Utilization* standard exceeded the statewide score, while **HPP**’s score for the *Administrative* standard was lower than the statewide score. **HPP**’s overall compliance score of 98 percent exceeded the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table D-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	80.7%	★★★★★
	Childhood Immunization—Combo 3	76.7%	★★★★★
	Childhood Immunization—Combo 4	32.4%	★★★
	Childhood Immunization—Combo 5	50.6%	★★★
	Childhood Immunization—Combo 6	24.7%	★
	Childhood Immunization—Combo 7	23.7%	★★★
	Childhood Immunization—Combo 8	13.9%	★★
	Childhood Immunization—Combo 9	18.6%	★
	Childhood Immunization—Combo 10	11.1%	★★
	Immunizations for Adolescents—Combo 1	76.1%	★★★★★
	Lead Screening in Children	79.9%	★★★
	Well-Child 1st 15 Months—6+ Visits	75.6%	★★★★★
	Well-Child 3rd–6th Years of Life	75.6%	★★★
	Adolescent Well-Care Visits	56.5%	★★★
	Appropriate Treatment of URI	79.4%	★
	Children With Pharyngitis	65.4%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	40.6%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	51.3%	★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table D-2—Scores for Performance Measures for HPP			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	62.1%	★★★★
	<i>Cervical Cancer Screening</i>	75.7%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	58.1%	★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	72.1%	★★★★
	<i>Chlamydia Screening—Total</i>	62.9%	★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.4%	★★★
	<i>Children’s Access—25 Months to 6 Years</i>	90.0%	★★★
	<i>Children’s Access—7 to 11 Years</i>	91.6%	★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	90.4%	★★★
	<i>Adults’ Access—20 to 44 Years</i>	83.8%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	90.0%	★★★★
	<i>Adults’ Access—65+ Years</i>	97.7%	★★★★★
	<i>Adults’ Access—Total</i>	85.5%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	67.6%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	62.0%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	65.5%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	69.6%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	62.0%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	68.1%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	53.8%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	65.8%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	57.4%	★★★★
	<i>Adult BMI Assessment</i>	82.5%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	87.3%	★★★
	<i>Postpartum Care</i>	71.8%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	40.1%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	32.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	12.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	5.9%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table D-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	11.4%	☆☆
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	18.2%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	9.5%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	11.9%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	48.9%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	85.8%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	33.6%	★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	58.3%	★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	40.9%	★★★★
	<i>Diabetes Care—Eye Exam</i>	66.5%	★★★★
	<i>Diabetes Care—LDL-C Screening</i>	79.8%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	43.1%	★★★★
	<i>Diabetes Care—Nephropathy</i>	86.3%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	38.9%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	64.6%	★★★★
	<i>Asthma—5 to 11 Years</i>	94.1%	^
	<i>Asthma—12 to 18 Years</i>	86.6%	^
	<i>Asthma—19 to 50 Years</i>	78.2%	^
	<i>Asthma—51 to 64 Years</i>	75.8%	^
	<i>Asthma—Total</i>	87.6%	^
	<i>Controlling High Blood Pressure</i>	62.9%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	74.9%	NC
	<i>Discussing Cessation Medications</i>	46.9%	NC
	<i>Discussing Cessation Strategies</i>	43.3%	NC
Health Plan Diversity	<i>Race/Ethnicity—White</i>	60.4%	NC
	<i>Race/Ethnicity—Black or African-American</i>	31.0%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.1%	NC
	<i>Race/Ethnicity—Asian</i>	0.3%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table D-2—Scores for Performance Measures for HPP

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	<0.1%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.1%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	8.1%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	4.5%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.9%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.1%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	<0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	335.4	★★
	<i>Ambulatory Care: ED—Total*</i>	63.8	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.7	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.0	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.0	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.4	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.5	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.3	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.7	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table D-2 shows that 48 of **HPP**'s performance measure rates ranked at or above the HEDIS 2011 Medicaid 50th percentile. This included four measures (*Immunizations for Adolescents—Combo 1; Adults' Access—65+ Years; Children/Adolescents—Physical Activity, 12 to 17 Years; and Adult BMI Assessment*) ranking at or above the 90th percentile.

The Obesity dimension had the strongest performance, with all of the measures that could be compared to national benchmarks ranking above the 75th percentile. **HPP** also showed strong performance in the Living With Illness dimension, with average to above-average rates for all measures.

Conversely, the Child and Adolescent Care dimension represented the largest opportunity for improvement for **HPP**, with six of the eighteen measures ranking below the 50th percentile. These measures included three measures (*Childhood Immunization—Combo 6, Childhood Immunization—Combo 9, and Appropriate Treatment of URI*) that fell below the 25th percentile.

Performance Improvement Projects (PIPs)

Table D-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table D-3—2011–2012 PIP Validation Results for HPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	35	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **HPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **HPP** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **HPP**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **HPP** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

HPP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—reflected a statistically significant increase over the baseline rate and exceeded the Remeasurement 1 goal.

Following the baseline period, **HPP** completed a causal/barrier analysis and implemented new provider and member interventions, including provider profiling reports that identify members who need specific services and an automated telephonic reminder system alerting members of needed well-care exams.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

HPP successfully addressed one of the three recommendations from the 2010–2011 compliance review. **HPP** provided documentation that demonstrated it was in compliance with the process to notify MDCH of any changes in key organizational personnel. The recommendation to recruit enrollee board members was continued because, despite **HPP**'s efforts to recruit and retain enrollee members on the board of directors, the two enrollee positions were vacant at the time of the 2011–2012 compliance review. The 2010–2011 recommendation for **HPP** to continue improvement projects related to provider file reporting and the *Blood Lead Screening* measure was continued because, at the time of the review, **HPP** did not meet the MDCH standard for either indicator.

Performance Measures

In 2011, **HPP** had two rates that fell below the national 25th percentile, *Appropriate Treatment for Children With URI* and *Appropriate Testing for Children With Pharyngitis*. **HPP** performed a barrier analysis regarding these measures and implemented numerous targeted interventions. **HPP** developed a member brochure on antibiotic resistance; distributed URI exam forms and posters to provider offices; developed provider educational materials on URI and pharyngitis; conducted focused provider education visits to provider offices, urgent care centers, and emergency departments; and continued previous initiatives related to testing for streptococcal infections.

Performance for the *Appropriate Testing for Children With Pharyngitis* measure improved from ranking below the 25th percentile to between the 25th and 49th percentile. While there was slight improvement in the *Appropriate Treatment for Children With URI* rate, performance remained below the national HEDIS 25th percentile. Efforts on these interventions should continue, as they appear to improve performance.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **HPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **HPP** showed both strengths and opportunities for improvement.

HPP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The MHP demonstrated its strongest performance in the **timeliness** domain, with full compliance on all standards. The 2011–2012 compliance review also identified opportunities for improvement for the **quality** and **access** domains. For the *Administrative* standard related to the **quality** domain, **HPP** should continue to expand its recruitment efforts for the vacant enrollee board member positions. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **HPP** should continue quality improvement activities for the measures that did not meet the MDCH performance standards.

Compared to the national HEDIS 2010 benchmarks, **HPP**'s performance across all domains ranged from below average to above average. Nine rates benchmarked below the national HEDIS Medicaid 50th percentile, and 14 rates performed above the national HEDIS Medicaid 75th percentile.

In the **quality** domain, 38 out of 44 measures performed above the national average. Three measures, *Childhood Immunization Status—Combo 6* and *Combo 9* and *Appropriate Treatment for Children With URI* performed below the national HEDIS 25th percentile, representing opportunities for improvement. None of the measures in this domain had a statistically significant decline in performance from HEDIS 2011 to HEDIS 2012, while 16 showed statistically significant improvement.

Four of the measures in the **timeliness** domain performed below the 50th percentile. These included the three in the **quality** domain that fell below the 25th percentile and *Childhood Immunization Status—Combo 8* and *Combo 10*. Efforts should continue to ensure that all services are being provided in a timely manner to all members. The MHP could consider monitoring data completeness to ensure that providers are submitting all encounter data for members receiving services.

All measures in the **access** domain performed above the national HEDIS Medicaid 50th percentile with the exception of the measures for *Ambulatory Care*. **HPP** needs to conduct a causal/barrier analysis to determine why members are not accessing services. Performance on many of the other **quality** and **timeliness** measures indicated that members are being seen by providers; therefore, **HPP** should determine if data completeness is an issue.

Related to all domains, **HPP** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **HPP** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **HPP**'s PIP addressed the **quality** domain. The MHP

demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. To strengthen the study, **HPP** should address the *Point of Clarification* in Activity VII and report the differences between measurement periods as percentage point differences, not percent differences.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **MCL**’s compliance with federal and State requirements related to the six standards shown in Table E-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table E-1 below presents **MCL**’s compliance review results.

Table E-1—Compliance Review Results for MCL							
Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	11	0	0	0	100%	98%
4	<i>Quality/Utilization</i>	10	0	0	0	100%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	12	2	0	0	93%	95%
Overall		53	2	0	0	98%	96%

MCL demonstrated full compliance with all contract requirements related to the *Administrative*, *Provider*, *Member*, *Quality/Utilization*, and *MIS/Data Reporting* standards. For these standards, which represented areas of strength for **MCL**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review also resulted in two recommendations for the *Fraud, Waste, and Abuse* standard, which represented an opportunity for improvement for **MCL**. The MHP’s compliance scores for the *Fraud, Waste, and Abuse* standard was lower than the statewide score. **MCL**’s overall compliance score of 98 percent exceeded the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table E-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	83.7%	★★★★★
	Childhood Immunization—Combo 3	83.0%	★★★★★
	Childhood Immunization—Combo 4	39.2%	★★★★★
	Childhood Immunization—Combo 5	55.7%	★★★★★
	Childhood Immunization—Combo 6	40.4%	★★★
	Childhood Immunization—Combo 7	30.7%	★★★★★
	Childhood Immunization—Combo 8	23.4%	★★★★★
	Childhood Immunization—Combo 9	30.2%	★★★
	Childhood Immunization—Combo 10	18.2%	★★★
	Immunizations for Adolescents—Combo 1	67.6%	★★★★★
	Lead Screening in Children	75.4%	★★★
	Well-Child 1st 15 Months—6+ Visits	78.3%	★★★★★
	Well-Child 3rd–6th Years of Life	78.3%	★★★★★
	Adolescent Well-Care Visits	57.4%	★★★★★
	Appropriate Treatment of URI	75.0%	★
	Children With Pharyngitis	58.5%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	43.2%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	56.4%	★★★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table E-2—Scores for Performance Measures for MCL			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	50.1%	☆☆
	<i>Cervical Cancer Screening</i>	74.7%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	50.5%	☆☆
	<i>Chlamydia Screening—21 to 24 Years</i>	63.4%	★★★
	<i>Chlamydia Screening—Total</i>	55.3%	☆☆
Access to Care	<i>Children’s Access—12 to 24 Months</i>	95.6%	☆☆
	<i>Children’s Access—25 Months to 6 Years</i>	87.2%	☆☆
	<i>Children’s Access—7 to 11 Years</i>	88.7%	☆☆
	<i>Adolescents’ Access—12 to 19 Years</i>	87.1%	☆☆
	<i>Adults’ Access—20 to 44 Years</i>	80.9%	☆☆
	<i>Adults’ Access—45 to 64 Years</i>	88.3%	★★★
	<i>Adults’ Access—65+ Years</i>	93.0%	★★★★★
	<i>Adults’ Access—Total</i>	83.0%	☆☆
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	61.2%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	60.9%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	61.1%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	61.9%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	48.9%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	57.7%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	60.8%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	48.9%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	56.9%	★★★★
	<i>Adult BMI Assessment</i>	66.4%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	94.9%	★★★★★
	<i>Postpartum Care</i>	83.2%	★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	27.4%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	39.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	17.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.0%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table E-2—Scores for Performance Measures for MCL			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	0.5%	★★★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	1.2%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	2.4%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	6.1%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	89.8%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	86.9%	★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	34.8%	★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	54.1%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	40.7%	★★★
	<i>Diabetes Care—Eye Exam</i>	52.9%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	80.9%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	75.3%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	91.3%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	57.3%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	80.1%	★★★★★
	<i>Asthma—5 to 11 Years</i>	94.6%	^
	<i>Asthma—12 to 18 Years</i>	84.8%	^
	<i>Asthma—19 to 50 Years</i>	73.8%	^
	<i>Asthma—51 to 64 Years</i>	71.2%	^
	<i>Asthma—Total</i>	86.3%	^
	<i>Controlling High Blood Pressure</i>	77.6%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.4%	NC
	<i>Discussing Cessation Medications</i>	42.9%	NC
	<i>Discussing Cessation Strategies</i>	36.1%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	71.6%
<i>Race/Ethnicity—Black or African-American</i>		18.1%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		0.2%	NC
<i>Race/Ethnicity—Asian</i>		0.8%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table E-2—Scores for Performance Measures for MCL

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.2%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	9.0%	NC
	<i>Race/Ethnicity—Declined</i>	0.1%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	4.5%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.7%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.3%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	<0.1%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	327.8	☆☆
	<i>Ambulatory Care: ED—Total*</i>	72.8	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.4	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.8	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.3	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.5	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.7	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.4	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.6	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table E-2 shows that 45 of **MCL**'s rates performed at or above the national HEDIS 2011 Medicaid 50th percentile. Thirteen of these 43 measures ranked at or above the 90th percentile, compared to nine in the previous year. In the Living With Illness and Obesity dimensions, the majority of the measures performed at or above the 50th percentile.

MCL's Access to Care dimension had the lowest performance, with six of the eight measures ranking below the 50th percentile. One measure, *Appropriate Treatment of URI*, ranked below the national HEDIS 2011 Medicaid 25th percentile. These measures represented opportunities for improvement for **MCL**.

Performance Improvement Projects (PIPs)

Table E-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table E-3—2011–2012 PIP Validation Results for MCL						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	35	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **MCL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **MCL** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **MCL**'s strong performance indicated that

the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **MCL** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

MCL's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—reflected a statistically significant increase over the baseline rate. **MCL** continued several educational interventions for members and implemented a new system-level intervention, partnering with a local county program to provide reimbursement for dietician visits.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MCL successfully addressed the recommendation from the 2010–2011 compliance review. **MCL**'s 2011 quality improvement plan evaluation indicated the MHP had over 24 outreach programs focusing on preventive care. Their effectiveness was demonstrated via the April 2012 Performance Monitoring Report, which documented that **MCL** had met *all* performance standards including *Childhood Immunization, Well-Child Visits—3 to 6 Years, Blood Lead Screening, and Pharmacy Encounter Data Reporting*.

Performance Measures

In 2011, six measures—*Appropriate Treatment for Children With URI, Appropriate Testing for Children With Pharyngitis, Use of Appropriate Medications for People with Asthma—12 to 50 Years*, and all three indicators for *Children's Access to Primary Care Practitioners*—ranked below the 25th percentile. **MCL** implemented several performance improvement initiatives, which included physician education regarding HEDIS specifications, instructions regarding components of HEDIS measurement on the Web site, and monitoring of data completeness for HEDIS measures. The MHP implemented asthma case management services and expanded its disease management program. To improve access to care, **MCL** conducted geo-access and provider-to-population ratio analyses of the network and assessed appointment availability.

Implemented improvement efforts appear to be successful; compared to the measures that performed below the 25th percentile for HEDIS 2011, only one of those measures (*Appropriate Treatment for Children With URI*) continued to benchmark below the 25th percentile. All other measures showed improvement.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **MCL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MCL** showed both strengths and opportunities for improvement.

MCL demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement for one standard that addressed all three domains. For the *Fraud, Waste, and Abuse* standard, **MCL** should submit evidence of actions taken to address the need for a full-time compliance officer. The MHP should demonstrate that it reviews medical and pharmacy claims to detect provider fraud, waste, and abuse and submit reports and evidence of an analysis of the data, including the outcome of such an assessment. **MCL** should submit an analysis and outcome of a grievance or complaint from a member to demonstrate compliance with the requirement to review member complaints to detect fraud, waste, and abuse by providers.

Compared with the national HEDIS 2011 performance, **MCL** demonstrated below-average to above-average performance for the measures in the **quality**, **timeliness**, and **access** domains. Similar to last year, **MCL**'s strongest overall performance was found in the Living With Illness dimension, which related to the **quality** domain. **MCL**'s rates for five of the measures for *Comprehensive Diabetes Care* and the *Controlling High Blood Pressure* measure benchmarked above the 90th percentile. A total of 11 rates benchmarked above the 90th percentile. In the **quality** domain, 39 of the 44 rates for **MCL** performed above the national HEDIS Medicaid 50th percentile. Five rates, *Appropriate Treatment for Children With Upper Respiratory Infections*, *Appropriate Testing for Children With Pharyngitis*, *Breast Cancer Screening*, and two indicators for *Chlamydia Screening in Women*, performed below the national 25th percentile. Three of these measures require members to have a pharmacy benefit. **MCL** should ensure that the MHP has complete pharmacy data to calculate these measures. The *Breast Cancer Screening* rate declined significantly from HEDIS 2011. **MCL** should investigate the reason for this decline and implement efforts to improve performance.

All of the measures related to **timeliness** performed above the national HEDIS Medicaid 50th percentile, demonstrating strength for **MCL** in this domain.

The Access to Care dimension, related to the **access** domain, included the lowest-performing measures, with most rates benchmarking below the national average. Eight of the 14 applicable measures in the **access** domain performed below the 50th percentile, with one rate benchmarking below the 25th percentile. **MCL** should investigate the reasons that members are not being seen by providers. **MCL** should determine if the issue is related to data completeness or a member's ability to access care and services due to appointment availability or travel distance to provider locations. Performance on other measures indicates that members are being seen. **MCL** should investigate whether this measure is being calculated correctly or if data completeness is an issue.

Related to all domains, **MCL** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **MCL** should investigate the impact of medical record data and use that

information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MCL**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **MCL**'s PIP did not identify any opportunities for improvement.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **MER**’s compliance with federal and State requirements related to the six standards shown in Table F-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table F-1 below presents **MER**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	10	0	0	0	100%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		54	0	0	1	100%	96%

MER showed strengths across all six standards: *Administrative*; *Provider*; *Member*; *Quality/Utilization*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse*. The MHP demonstrated compliance with all contractual requirements. **MER**’s compliance scores exceeded the statewide scores for each standard as well as for the overall score. The 2011–2012 compliance review did not identify any opportunities for improvement for the MHP.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table F-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	<i>Childhood Immunization—Combo 2</i>	79.1%	★★★
	<i>Childhood Immunization—Combo 3</i>	76.3%	★★★
	<i>Childhood Immunization—Combo 4</i>	34.2%	★★★
	<i>Childhood Immunization—Combo 5</i>	56.7%	★★★★
	<i>Childhood Immunization—Combo 6</i>	40.9%	★★★
	<i>Childhood Immunization—Combo 7</i>	28.8%	★★★★
	<i>Childhood Immunization—Combo 8</i>	22.6%	★★★★
	<i>Childhood Immunization—Combo 9</i>	33.5%	★★★
	<i>Childhood Immunization—Combo 10</i>	20.0%	★★★★
	<i>Immunizations for Adolescents—Combo 1</i>	79.6%	★★★★★
	<i>Lead Screening in Children</i>	80.8%	★★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	77.3%	★★★★★
	<i>Well-Child 3rd–6th Years of Life</i>	78.2%	★★★★
	<i>Adolescent Well-Care Visits</i>	67.9%	★★★★★
	<i>Appropriate Treatment of URI</i>	83.7%	★★
	<i>Children With Pharyngitis</i>	65.2%	★★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	42.6%	★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	50.3%	★★★
	★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile		

Table F-2—Scores for Performance Measures for MER			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	62.8%	★★★★
	<i>Cervical Cancer Screening</i>	78.1%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	63.2%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	68.6%	★★★
	<i>Chlamydia Screening—Total</i>	65.5%	★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.6%	★★★
	<i>Children’s Access—25 Months to 6 Years</i>	92.4%	★★★★
	<i>Children’s Access—7 to 11 Years</i>	93.3%	★★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	93.3%	★★★★
	<i>Adults’ Access—20 to 44 Years</i>	86.1%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	91.4%	★★★★★
	<i>Adults’ Access—65+ Years</i>	87.9%	★★★
	<i>Adults’ Access—Total</i>	87.4%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	71.4%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	74.2%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	72.3%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	48.8%	★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	51.5%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	49.7%	★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	34.0%	★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	43.9%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	37.1%	★★
	<i>Adult BMI Assessment</i>	77.4%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	93.9%	★★★★★
	<i>Postpartum Care</i>	71.1%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	25.1%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	10.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	48.0%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.3%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.1%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table F-2—Scores for Performance Measures for MER

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	1.9%	★★★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.3%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	3.5%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	4.2%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	88.1%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	90.9%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	31.3%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	57.8%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	45.2%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	53.2%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	81.5%	★★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	41.6%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	79.9%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	48.6%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	68.5%	★★★★★
	<i>Asthma—5 to 11 Years</i>	94.2%	^
	<i>Asthma—12 to 18 Years</i>	88.1%	^
	<i>Asthma—19 to 50 Years</i>	76.1%	^
	<i>Asthma—51 to 64 Years</i>	70.4%	^
	<i>Asthma—Total</i>	86.8%	^
	<i>Controlling High Blood Pressure</i>	69.5%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.2%	NC
	<i>Discussing Cessation Medications</i>	53.6%	NC
	<i>Discussing Cessation Strategies</i>	42.4%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	66.9%
<i>Race/Ethnicity—Black or African-American</i>		21.7%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		0.1%	NC
<i>Race/Ethnicity—Asian</i>		0.9%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table F-2—Scores for Performance Measures for MER

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.1%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.2%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	5.8%	NC
	<i>Race/Ethnicity—Declined</i>	4.3%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	5.8%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.0%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	1.0%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	99.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	1.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	99.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	1.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	369.8	★★★★
	<i>Ambulatory Care: ED—Total*</i>	79.3	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	10.7	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	6.0	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	0.4	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	7.1	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.7	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.7	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table F-2 shows that **MER** performed exceptionally well, with 50 measures that could be compared to national benchmarks ranking at or above the national HEDIS 2011 Medicaid 50th percentile. Twelve of the 48 measures surpassed the 90th percentile.

All of the dimensions showed strong performance, and no one dimension appeared to significantly outperform the others. Across the dimensions, only seven measures performed below the 50th percentile.

Performance Improvement Projects (PIPs)

Table F-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table F-3—2011–2012 PIP Validation Results for MER						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	34	1	0	1
Percentage Score of Evaluation Elements Met		97%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **MER**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 97 percent and a score of 100 percent for critical elements. **MER** received *Met* scores for all applicable evaluation elements in Activities I through VIII. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **MER**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements.

The solid design allowed **MER** to successfully progress to the next stage of the process and achieve real improvement for two of the indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

MER's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The first remeasurement results for the three study indicators—the percentage of members who had evidence of BMI percentile documentation, evidence of counseling for nutrition, or evidence of counseling for physical activity during the measurement year—demonstrated improvement for all three indicators; however, the improvement was statistically significant for BMI percentile documentation and counseling for physical activity, but not for counseling for nutrition. The MHP reached the Remeasurement 1 goal only for the BMI documentation study indicator. Following the baseline period, **MER** completed a causal/barrier analysis; continued interventions implemented during the baseline period; and implemented new provider, member, and system interventions, which included developing an in-house nutrition counseling program, contracting with additional providers for adolescent weight management programs, and participating in community events that promote healthy lifestyles.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MER was only partially successful in addressing the recommendation from the 2010–2011 compliance review. **MER** submitted an action plan addressing *Childhood Immunizations—Combo 2*. In addition to ongoing strategies to improve immunization rates, **MER** sent reminders to members who had not had their first immunization by seven months of age and sent reminders to members and providers on authorization notifications. At the time of the follow-up review, **MER** met or exceeded the performance standards for all quality measures and most administrative measures. However, the MHP did not meet the standard for the *Pharmacy Encounter Data Reporting* measure.

Performance Measures

In 2011, **MER** had no rates that fell below the 25th percentile and only three rates that performed below the 50th percentile, *Appropriate Testing Children With Pharyngitis*, *Comprehensive Diabetes Care—Blood Pressure <140/90*, and *Ambulatory Care—Outpatient Visits*. **MER** performed a barrier analysis regarding these measures and implemented numerous targeted interventions. The MHP developed a member brochure on antibiotic resistance; conducted focused provider education visits to provider offices, urgent care centers and emergency departments; and continued previous initiatives related to testing for streptococcus. **MER** implemented several provider and member initiatives related to diabetic care, including educating provider office staff regarding diabetes management, developing a gap analysis report for diabetic care, and mailing provider chronic care profiles and comparative compliance reports to individual providers. These interventions appear to have been successful, as the rate for *Appropriate Testing Children With Pharyngitis* showed statistically significant improvement, even though the rate remained below the national average; and the *Diabetes Care—BP < 140/90* measure had a statistically significant increase and performed above the national average. The *Ambulatory Care—Outpatient Visits* measure increased and ranked above the national average.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of the MHP's PIP on *Childhood Obesity*, HSAG validated Activities I through VIII resulting in an overall score of 100 percent, a critical element score of 100 percent, and an overall *Met* validation status. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MER** showed both strengths and opportunities for improvement.

MER demonstrated exceptionally strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP, achieving full compliance with all standards. The 2010–2011 compliance review did not identify any opportunities for improvement.

Compared to the national HEDIS 2011 benchmarks, **MER** demonstrated average to above-average performance for the measures in the **quality**, **timeliness**, and **access** domains.

MER's strongest performance was demonstrated in the **quality** domain, which included measures from all dimensions. Thirty-eight of the 44 measures within the **quality** domain performed at or above the national HEDIS 2011 Medicaid 50th percentile, and nine of those ranked above the 90th percentile. Six measures, *Appropriate Testing for Children With Pharyngitis*, *Appropriate Treatment for Children With URI*, and several indicators in the *Weight Assessment and Counseling for Nutrition and Physical Activity* measure, performed below the 50th percentile. **MER** should explore reasons for these low rates and determine if data completeness issues or lack of provider or member compliance were contributing factors. **MER** should consider working with providers to educate them on the proper guidelines for pharyngitis testing.

In the **timeliness** domain, all of the rates performed above the national HEDIS 2011 Medicaid 50th percentile, and two of these rates performed above the 90th percentile—*Immunizations for Adolescents* and *Timeliness of Prenatal Care*.

In the **access** domain, **MER** had average to above-average performance in all measures except *Ambulatory Care—ED Visits*, which benchmarked below the 25th percentile. **MER** should investigate reasons why its emergency room rates are much higher than the national average.

Related to all domains, **MER** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **MER** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MER**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation identified one opportunity for **MER**. The MHP should continue its efforts to achieve real improvement in all study indicators.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **MID**’s compliance with federal and State requirements related to the six standards shown in Table G-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table G-1 below presents **MID**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	9	1	0	0	95%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	13	1	0	0	96%	95%
Overall		52	2	0	1	98%	96%

MID demonstrated compliance with all contractual requirements related to the *Administrative*, *Provider*, *Member*, and *MIS/Data Reporting* standards. These standards represented areas of strength for **MID**. For the remaining two standards, *Quality/Utilization* and *Fraud, Waste, and Abuse*, the 2011–2012 compliance review identified recommendations. **MID**’s compliance score for all six standards exceeded the statewide scores; and its strong performance resulted in an overall compliance score of 98 percent, which was higher than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table G-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table G-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	77.9%	★★★
	Childhood Immunization—Combo 3	73.5%	★★★
	Childhood Immunization—Combo 4	40.4%	★★★★
	Childhood Immunization—Combo 5	60.6%	★★★★
	Childhood Immunization—Combo 6	37.2%	★★★
	Childhood Immunization—Combo 7	33.8%	★★★★
	Childhood Immunization—Combo 8	20.9%	★★★
	Childhood Immunization—Combo 9	32.1%	★★★
	Childhood Immunization—Combo 10	17.8%	★★★
	Immunizations for Adolescents—Combo 1	76.4%	★★★★★
	Lead Screening in Children	73.7%	★★★
	Well-Child 1st 15 Months—6+ Visits	82.0%	★★★★★
	Well-Child 3rd–6th Years of Life	85.4%	★★★★★
	Adolescent Well-Care Visits	68.9%	★★★★★
	Appropriate Treatment of URI	86.0%	★★
	Children With Pharyngitis	68.6%	★★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	39.7%	★★★
F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	50.0%	★★★	
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table G-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	57.5%	★★★★
	<i>Cervical Cancer Screening</i>	80.8%	★★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	63.1%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	71.2%	★★★★
	<i>Chlamydia Screening—Total</i>	66.0%	★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	98.4%	★★★★
	<i>Children’s Access—25 Months to 6 Years</i>	92.6%	★★★★
	<i>Children’s Access—7 to 11 Years</i>	93.6%	★★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	92.1%	★★★★
	<i>Adults’ Access—20 to 44 Years</i>	87.7%	★★★★
	<i>Adults’ Access—45 to 64 Years</i>	91.3%	★★★★★
	<i>Adults’ Access—65+ Years</i>	93.1%	★★★★★
	<i>Adults’ Access—Total</i>	89.0%	★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	81.4%	★★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	81.0%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	81.3%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	81.1%	★★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	84.4%	★★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	82.2%	★★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	80.3%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	81.0%	★★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	80.5%	★★★★★
	<i>Adult BMI Assessment</i>	76.4%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	95.1%	★★★★★
	<i>Postpartum Care</i>	72.3%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	20.0%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.0%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	48.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	23.4%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.0%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table G-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	5.8%	★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	4.6%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	3.6%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	2.9%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	83.0%	★★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	92.7%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	35.0%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	54.6%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	41.6%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	61.5%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	84.7%	★★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	40.5%	★★★
	<i>Diabetes Care—Nephropathy</i>	97.8%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	46.7%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	67.9%	★★★
	<i>Asthma—5 to 11 Years</i>	96.9%	^
	<i>Asthma—12 to 18 Years</i>	98.8%	^
	<i>Asthma—19 to 50 Years</i>	98.0%	^
	<i>Asthma—51 to 64 Years</i>	98.7%	^
	<i>Asthma—Total</i>	97.8%	^
	<i>Controlling High Blood Pressure</i>	67.6%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	78.0%	NC
	<i>Discussing Cessation Medications</i>	45.5%	NC
	<i>Discussing Cessation Strategies</i>	40.5%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	31.0%
<i>Race/Ethnicity—Black or African-American</i>		22.3%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		<0.1%	NC
<i>Race/Ethnicity—Asian</i>		0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table G-2—Scores for Performance Measures for MID			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	5.0%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	41.8%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	3.2%	NC
	<i>Language Diversity: Spoken Language—English</i>	97.8%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.4%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	1.8%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	97.8%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.4%	NC
	<i>Language Diversity: Written Language—Unknown</i>	1.8%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	97.8%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.4%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	1.8%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	388.7	★★★★
	<i>Ambulatory Care: ED—Total*</i>	64.0	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.9	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.4	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.3	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.1	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.7	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.6	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table G-2 shows that 54 of **MID**'s measures performed at or above the national HEDIS 2011 Medicaid 50th percentile, which indicated strong overall HEDIS performance. The only measure to perform below the 50th percentile was *Appropriate Treatment of URI*.

The Obesity dimension had the strongest performance, as all of its measures were at or above the 90th percentile. While no dimensions performed poorly, Child and Adolescent Care represented the largest opportunity for improvement with the only measure ranking below the national average and fewer measures exceeding the 90 percentile nationally.

Performance Improvement Projects (PIPs)

Table G-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	1	0	0
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	33	2	0	1
Percentage Score of Evaluation Elements Met		94%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **MID**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 94 percent and a score of 100 percent for critical elements. **MID** received *Met* scores for all applicable evaluation elements in Activities I through VII. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **MID**'s strong performance indicated that

the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **MID** to successfully progress to the next stage of the process and achieve improvement for all indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

MID's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. **MID** reported baseline data. The first remeasurement results for the study indicators—the percentage of members who had evidence of BMI percentile documentation, evidence of counseling for nutrition, or evidence of counseling for physical activity during the measurement year—exceeded the Remeasurement 1 goals and reflected improvement; however, the improvement was not statistically significant for documentation of BMI percentiles. Following the baseline period, **MID** completed a causal/barrier analysis; continued the majority of its interventions implemented during the baseline measurement period; and added new interventions, which included articles in provider and member newsletters and sponsoring community events that promoted healthy eating and exercise habits.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MID successfully addressed one of the two recommendations from the 2010–2011 compliance review. **MID** demonstrated it ensured through the credentialing process that practitioner disclosure forms included a series of questions related to convictions and sanctions. **MID** submitted a revised provider disclosure form that satisfied the requirements. **MID**'s results for the performance measures were mixed. While the rates for *Childhood Immunizations* and *Well-Child Visits—0 to 15 Months* increased to meet the MDCH standards, the rate for *Blood Lead Testing* continued to fall below the standard.

Performance Measures

In 2011 **MID** had only one measure, *Appropriate Testing for Children With Pharyngitis*, whose rate fell below the national 25th percentile, representing an opportunity for improvement. **MID**'s quality improvement interventions included a provider financial bonus for conducting streptococcus testing at the time of diagnosing pharyngitis. In HEDIS 2012, the rate for *Appropriate Testing for Children With Pharyngitis* had a statistically significant increase and benchmarked between the 50th and 74th percentile nationally.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **MID**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MID** showed both strengths and opportunities for improvement.

MID demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across the three domains. For the *Quality/Utilization* standard, which addressed the **quality** and **access** domains, **MID** should continue improvement efforts to increase its rate for the performance measure with rates below the MDCH standard—*Blood Lead Screening*—and meet the MDCH minimum performance standard. To address the recommendation for the *Fraud, Waste, and Abuse* standard—related to the **quality**, **timeliness**, and **access** domains—**MID** should provide evidence of a full-time compliance officer pursuant to the State contract.

Compared with the national HEDIS 2011 results, **MID** demonstrated average to above-average performance for the measures in the **quality**, **timeliness**, and **access** domains. **MID**'s strongest performance was found on measures in the Child and Adolescent Care dimension.

Performance among the measures in the **quality** domain was strong. Forty-three of 44 rates exceeded the national average. Eighteen of these rates ranked above the 90th percentile. The one measure that performed below the 25th percentile was *Appropriate Treatment for Children With Upper Respiratory Infections*. **MID** should continue efforts to improve performance for this measure and consider monitoring pharmacy data for completeness, as well as work with providers to ensure that appropriate clinical guidelines are being followed. Eleven measures in this domain had statistically significant improvement in performance. One rate (*Comprehensive Diabetes Care—Blood Pressure Control <140/80*) had a statistically significant decline in performance but still benchmarked above average. **MID** should investigate the reasons for the significant decline and identify ways to improve performance for next year.

For the **timeliness** domain, all 15 measures were above the national average, with six of them performing above the 75th percentile.

Performance in the **access** domain was average to above-average for most indicators, with one measure, *Ambulatory Care—ED Visits*, ranking below the 50th percentile.

Related to all domains, **MID** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **MID** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MID**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation identified opportunities for improvement for **MID**. The MHP should ensure that future

PIP submissions address all documentation requirements and continue efforts to achieve real improvement in all study indicators. To strengthen the study, **MID** should address the *Points of Clarification* in Activities IV and VI and ensure that codes in Activity IV align with the HEDIS technical specifications.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **MOL**’s compliance with federal and State requirements related to the six standards shown in Table H-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table H-1 below presents **MOL**’s compliance review results.

Table H-1—Compliance Review Results for MOL							
Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	12	0	1	0	92%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	9	0	1	0	90%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		52	0	2	1	96%	96%

MOL demonstrated compliance with all contractual requirements related to the *Administrative*; *Member*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **MOL**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review also identified recommendations for the *Provider* and *Quality/Utilization* standards. **MOL**’s compliance score for these two standards fell below the statewide scores. **MOL**’s strong performance resulted in an overall compliance score of 96 percent, which equaled the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table H-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table H-2—Scores for Performance Measures for MOL			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	78.0%	★★★★
	Childhood Immunization—Combo 3	73.4%	★★★★
	Childhood Immunization—Combo 4	30.6%	★★
	Childhood Immunization—Combo 5	48.6%	★★★★
	Childhood Immunization—Combo 6	31.5%	★★
	Childhood Immunization—Combo 7	21.5%	★★
	Childhood Immunization—Combo 8	15.3%	★★
	Childhood Immunization—Combo 9	22.2%	★★
	Childhood Immunization—Combo 10	11.6%	★★
	Immunizations for Adolescents—Combo 1	74.7%	★★★★★
	Lead Screening in Children	74.3%	★★★★
	Well-Child 1st 15 Months—6+ Visits	60.4%	★★
	Well-Child 3rd–6th Years of Life	76.4%	★★★★
	Adolescent Well-Care Visits	57.6%	★★★★★
	Appropriate Treatment of URI	84.1%	★★
	Children With Pharyngitis	57.8%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	35.6%	★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	43.3%	★★
★★★★★★ = 90th percentile and above ★★★★★ = 75th to 89th percentile ★★★★ = 50th to 74th percentile ★★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table H-2—Scores for Performance Measures for MOL			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	53.7%	★★★
	<i>Cervical Cancer Screening</i>	72.9%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	61.6%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	68.5%	★★★
	<i>Chlamydia Screening—Total</i>	63.9%	★★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	96.4%	★★
	<i>Children’s Access—25 Months to 6 Years</i>	90.1%	★★★
	<i>Children’s Access—7 to 11 Years</i>	92.1%	★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	89.1%	★★
	<i>Adults’ Access—20 to 44 Years</i>	81.7%	★★
	<i>Adults’ Access—45 to 64 Years</i>	88.0%	★★★
	<i>Adults’ Access—65+ Years</i>	88.3%	★★★
	<i>Adults’ Access—Total</i>	83.8%	★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	57.0%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	56.9%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	56.9%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	57.7%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	56.3%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	57.2%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	45.7%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	49.1%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	47.0%	★★★
	<i>Adult BMI Assessment</i>	72.9%	★★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	80.4%	★★
	<i>Postpartum Care</i>	64.1%	★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	NR	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	NR	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	NR	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	NR	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	NR	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).
 NR = Not Report (i.e., biased, or MHP chose not to report).

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

Table H-2—Scores for Performance Measures for MOL

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	19.1%	★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	11.7%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	7.0%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	15.6%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	46.6%	★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	80.9%	☆☆
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	36.8%	★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	55.0%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	NR	NC
	<i>Diabetes Care—Eye Exam</i>	47.5%	★
	<i>Diabetes Care—LDL-C Screening</i>	78.7%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	39.0%	★★★★
	<i>Diabetes Care—Nephropathy</i>	77.5%	☆☆
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	46.7%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	64.9%	★★★★
	<i>Asthma—5 to 11 Years</i>	88.1%	^
	<i>Asthma—12 to 18 Years</i>	78.9%	^
	<i>Asthma—19 to 50 Years</i>	67.9%	^
	<i>Asthma—51 to 64 Years</i>	50.0%	^
	<i>Asthma—Total</i>	77.1%	^
	<i>Controlling High Blood Pressure</i>	63.5%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.6%	NC
	<i>Discussing Cessation Medications</i>	52.6%	NC
	<i>Discussing Cessation Strategies</i>	41.8%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	49.5%
<i>Race/Ethnicity—Black or African-American</i>		37.7%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		0.1%	NC
<i>Race/Ethnicity—Asian</i>		1.2%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

* For this measure, a lower rate indicates better performance. NR = Not Report (i.e., biased, or MHP chose not to report).

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table H-2—Scores for Performance Measures for MOL

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.0%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	11.4%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	7.2%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.2%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.8%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	99.2%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.8%	NC
	<i>Language Diversity: Written Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	99.2%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.8%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	375.2	★★★★
	<i>Ambulatory Care: ED—Total*</i>	74.6	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.2	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.0	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.4	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.6	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.7	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.5	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table H-2 shows that **MOL** had 33 measures ranking at or above the national HEDIS 2011 Medicaid 50th percentile. Among these measures, *Adult BMI Assessment* was the only measure that performed at or above the 90th percentile. Due to changes in the technical specifications, there are no 2012 performance level data available for the *Use of Appropriate Medications for People with Asthma* (ASM) measure.

MOL had one measure, *Diabetes Care—HbA1c Control (<7.0%)*, with an *NR* audit designation, indicating that the health plan chose not to report the measure. The Obesity dimension was the highest-performing dimension with all of the measures performing at or above the 50th percentile. The Child and Adolescent Care dimension represented the largest opportunity for improvement for **MOL**, with 11 out of 18 (61 percent) of the rates ranking below the national average.

Performance Improvement Projects (PIPs)

Table H-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	7	2	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	1	2	1	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	30	4	1	1
Percentage Score of Evaluation Elements Met		86%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **MOL**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 86 percent and a score of 100 percent for critical elements. **MOL** received *Met* scores for all applicable evaluation elements in Activities I through VI and Activity VIII. **MOL**'s strong performance in the study design (Activities I through IV) and data collection process indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **MOL** to successfully progress to the next stage of the process and achieve real improvement for two of the three indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

MOL's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The Remeasurement 1 results reflected a statistically significant decrease in the percentage of members who had evidence of BMI percentile documentation. Rates for evidence of counseling for nutrition and evidence of counseling for physical activity improved over the baseline rates; however, the increases were not statistically significant. All three rates fell below the Remeasurement 1 goals. Following the baseline period, **MOL** completed a causal/barrier analysis; continued or revised interventions implemented during the baseline period; and added a provider survey to solicit input on materials to educate members on BMI, nutrition, and physical activity as a new intervention.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

MOL did not successfully address either of the two recommendations from the 2010–2011 compliance review. **MOL** did not have contracts with hospitals, pediatricians, and obstetricians/gynecologists (OB/GYNs) in all of the counties of its service area. **MOL**'s rates for *Childhood Immunizations*, *Prenatal Care*, *Postpartum Care*, *Well-Child Visits—0 to 15 Months*, and *Blood Lead Screening* showed some improvement but continued to fall below the MDCH performance standards.

Performance Measures

In 2011, **MOL**'s rates for *Appropriate Testing for Children With Pharyngitis* and all three indicators for *Appropriate Medications for Asthma* fell below the national 25th percentile. **MOL** determined barriers to the performance of pediatric and adolescent care measures and implemented provider and member interventions to improve rates. For members with asthma, **MOL**'s interventions included a focused clinical study on asthma through the disease management program, implementation of an Asthma Action Plan, and asthma education classes provided in high-volume primary care offices. Performance on the *Appropriate Testing for Children With Pharyngitis* measure had a statistically significant increase and benchmarked between the 25th and 49th percentiles, suggesting that the improvement efforts had been effective. Results for the two comparable *Asthma* measures showed declines in the rates—with the *Total* rate showing a statistically significant decline—and continued to benchmark below the 25th percentile nationally.

Performance Improvement Projects (PIPs)

For the 2010–2011 PIP validation, HSAG made a recommendation regarding the sampling methodology—that **MOL** should provide the margin of error. **MOL** successfully addressed the recommendation by using HEDIS technical specifications and providing the final audit report or certified software seal. **MOL** did not successfully address the recommendation to include a complete interpretation of the findings. The plan did not provide updated statistical testing, and none of the *p* values reported in the study could be replicated in the 2011–2012 validation process.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **MOL** showed both strengths and opportunities for improvement.

MOL demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across the three domains. **MOL** should address the recommendation for the *Member* standard—addressing the **quality**, **timeliness**, and **access** domains—and continue efforts to contract with additional providers to ensure compliance with contractual access standards. For the *Quality/Utilization* standard, which addressed the **quality** and **access** domains, **MOL** should continue its improvement efforts to increase performance on measures with rates below the MDCH standard and provide quarterly updates on activities to improve these measures.

Compared with the national HEDIS 2011 performance, **MOL** demonstrated average to below-average performance for the measures in the **quality**, **timeliness**, and **access** domains.

For the **quality** domain, 30 of the 44 measures performed at or above the national average. All three *Weight Assessment and Counseling for Nutrition and Physical Activity* indicators showed an increase in performance, with the *BMI* rates all showing a statistically significant improvement of more than 19 percentage points. The *Adult BMI Assessment* measure had statistically significant improvement and benchmarked above the 90th percentile. While rates for most measures increased, there is still much room for improvement with 14 measures ranking below the national average, and one of those falling below the 25th percentile.

Ten of the 15 measures in the **timeliness** domain performed below the national 50th percentile. Performance on these measures could be related to billing practices by providers. **MOL** should review its claims and encounter data and ensure that all services provided to members are being submitted. Hybrid reporting is important for both of these measures, since many visits related to pregnancy are submitted through a global bill, and immunizations can often be administered at places other than a doctor's office.

Nine of the 14 measures under the **access** domain performed below the national average, with *Ambulatory Care—ED Visits* performing below the national 25th percentile. **MOL** should investigate reasons for such low performance on the access to care measures. The MHP could perform data completeness studies as well as a review of members' ability to access providers. A network adequacy study could determine if there are enough providers to adequately service all members.

Related to all domains, **MOL** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **MOL** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **MOL**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through VIII of the CMS protocol for conducting PIPs. The 2011–2012 validation identified opportunities for improvement for **MOL**. The MHP should ensure that future PIP submissions include all attachments referenced in the PIP documentation, provide updated statistical testing, and continue its efforts to achieve real improvement in all study indicators.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **PHP**’s compliance with federal and State requirements related to the six standards shown in Table I-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table I-1 below presents **PHP**’s compliance review results.

Table I-1—Compliance Review Results <i>for PHP</i>							
Standard		Number of Scores				Total Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	9	1	0	1	95%	98%
4	<i>Quality/Utilization</i>	8	2	0	0	90%	91%
5	<i>MIS/Data Reporting</i>	4	1	0	0	90%	93%
6	<i>Fraud, Waste, and Abuse</i>	14	0	0	0	100%	95%
Overall		50	4	0	1	96%	96%

PHP demonstrated full compliance with all contract requirements related to the *Administrative*; *Provider*; and *Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **PHP**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in recommendations for the *Member*, *Quality/Utilization*, and *MIS/Data Reporting* standards. These areas reflected opportunities for improvement for **PHP**. The MHPs’ compliance scores for the *Member*, *Quality/Utilization*, and *MIS/Data Reporting* standards were lower than the statewide scores. **PHP**’s overall compliance score of 96 percent was equal to the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table I-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table I-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	74.0%	☆☆
	Childhood Immunization—Combo 3	68.1%	☆☆
	Childhood Immunization—Combo 4	24.8%	★
	Childhood Immunization—Combo 5	48.4%	☆☆☆
	Childhood Immunization—Combo 6	31.1%	☆☆
	Childhood Immunization—Combo 7	20.4%	☆☆
	Childhood Immunization—Combo 8	12.4%	★
	Childhood Immunization—Combo 9	22.9%	☆☆
	Childhood Immunization—Combo 10	9.7%	★
	Immunizations for Adolescents—Combo 1	77.4%	★★★★★
	Lead Screening in Children	82.9%	★★★★
	Well-Child 1st 15 Months—6+ Visits	53.4%	☆☆
	Well-Child 3rd–6th Years of Life	65.3%	★
	Adolescent Well-Care Visits	46.2%	☆☆☆
	Appropriate Treatment of URI	80.1%	★
	Children With Pharyngitis	53.7%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	37.0%	☆☆
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	47.2%	☆☆☆
★★★★★	= 90th percentile and above		
★★★★	= 75th to 89th percentile		
☆☆☆☆	= 50th to 74th percentile		
☆☆	= 25th to 49th percentile		
★	= Below 25th percentile		

Table I-2—Scores for Performance Measures for PHP			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	43.5%	★
	<i>Cervical Cancer Screening</i>	68.6%	★★
	<i>Chlamydia Screening—16 to 20 Years</i>	58.7%	★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	70.6%	★★★★
	<i>Chlamydia Screening—Total</i>	63.2%	★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	94.2%	★
	<i>Children’s Access—25 Months to 6 Years</i>	85.6%	★
	<i>Children’s Access—7 to 11 Years</i>	86.9%	★
	<i>Adolescents’ Access—12 to 19 Years</i>	85.5%	★
	<i>Adults’ Access—20 to 44 Years</i>	78.7%	★★
	<i>Adults’ Access—45 to 64 Years</i>	84.9%	★★
	<i>Adults’ Access—65+ Years</i>	NA	NA
	<i>Adults’ Access—Total</i>	80.6%	★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	68.5%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	59.7%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	65.5%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	63.3%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	47.2%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	57.7%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	47.2%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	47.9%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	47.4%	★★★
	<i>Adult BMI Assessment</i>	66.7%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	92.7%	★★★★
	<i>Postpartum Care</i>	70.6%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	3.3%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	0.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	3.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	86.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.1%	NC
NA = Denominator < 30, unable to report a rate.			
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table I-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	6.8%	★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	2.2%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	3.9%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	18.0%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	69.1%	★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	78.1%	★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	37.7%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	51.8%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	33.1%	★★
	<i>Diabetes Care—Eye Exam</i>	48.4%	★★
	<i>Diabetes Care—LDL-C Screening</i>	67.2%	★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	36.7%	★★★
	<i>Diabetes Care—Nephropathy</i>	76.4%	★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	39.0%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	64.4%	★★★
	<i>Asthma—5 to 11 Years</i>	95.0%	^
	<i>Asthma—12 to 18 Years</i>	88.1%	^
	<i>Asthma—19 to 50 Years</i>	75.0%	^
	<i>Asthma—51 to 64 Years</i>	NA	^
	<i>Asthma—Total</i>	88.5%	^
	<i>Controlling High Blood Pressure</i>	55.8%	★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	78.5%	NC
	<i>Discussing Cessation Medications</i>	51.6%	NC
	<i>Discussing Cessation Strategies</i>	45.6%	NC
	Health Plan Diversity	<i>Race/Ethnicity—White</i>	53.2%
<i>Race/Ethnicity—Black or African-American</i>		25.6%	NC
<i>Race/Ethnicity—American-Indian and Alaska Native</i>		0.2%	NC
<i>Race/Ethnicity—Asian</i>		0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table I-2—Scores for Performance Measures for PHP

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.8%	NC
	<i>Race/Ethnicity—Some Other Race</i>	9.3%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	10.9%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	9.3%	NC
	<i>Language Diversity: Spoken Language—English</i>	98.3%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.9%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.8%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	98.3%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.9%	NC
	<i>Language Diversity: Written Language—Unknown</i>	0.8%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	98.3%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.9%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	0.8%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	328.3	☆☆
	<i>Ambulatory Care: ED—Total*</i>	74.6	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.7	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.1	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.4	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.4	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.7	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	5.3	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.7	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table I-2 shows that 27 of **PHP**'s rates ranked at or above the national HEDIS 2011 Medicaid 50th percentile. Nine measures performed at or above the 75th percentile, with only one measure, *Immunizations for Adolescents—Combo 1*, performing at or above the 90th percentile.

PHP's performance was strongest in the Obesity dimension, with above-average rates for all 10 measures. For the second consecutive year, the Access to Care dimension demonstrated the lowest performance with all of the measures performing below the 50th percentile, representing opportunities for improvement.

Performance Improvement Projects (PIPs)

Table I-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	35	0	0	1
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **PHP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **PHP** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **PHP**'s strong performance indicated that

the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **PHP** to successfully progress to the next stage of the process and achieve real improvement for all indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

PHP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The first remeasurement results for each of the three study indicators—the percentage of members who had evidence of BMI percentile documentation, evidence of counseling for nutrition, or evidence of counseling for physical activity during the measurement year—showed statistically significant improvement over the baseline rates and met the Remeasurement 1 goals. Following the baseline period, **PHP** completed a causal/barrier analysis and continued several of the interventions implemented during the baseline measurement period. The MHP implemented several new interventions, which included targeted mailings, reminder calls, and participation in community and health department wellness events.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PHP successfully addressed one of the three recommendations from the 2010–2011 compliance review. **PHP** revised its grievance policy and procedures to correctly reflect the requirements for timely resolution and written authorization from the member for a provider to act on the member's behalf for non-expedited grievances. **PHP** met or exceeded the standards for two of the five measures it had recommendations to improve—*Childhood Immunizations* and *Prenatal Care*. However, despite **PHP**'s documented activities and action plans to improve performance on the *Postpartum Care*, *Well Child Visits—0 to 15 Months*, and *Well Child Visits—3 to 6 Years* measures, the MHP did not meet the MDCH performance thresholds. **PHP** had a continuing recommendation under the *MIS/Data Reporting* standard to ensure that all reports were complete and submitted on time.

Performance Measures

In 2011, **PHP** had several measures with rates that fell below the national 25th percentile—*Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life*, *Breast Cancer Screening*, and the lower age bands for *Children's and Adolescents' Access to Primary Care Practitioners*. **PHP** continued and implemented additional member incentives and outreach to members needing well-child visits. The rate for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* improved by 4.2 percentage points but continued to fall below the 25th percentile. Efforts to improve performance on the *Breast Cancer Screening* measure included member and provider education and incentives, as well as reminders for missed appointments. The *Breast Cancer Screening* measure's rate declined by 2.5 percentage points and continued to perform below the 25th percentile. **PHP** conducted access and availability studies and made efforts to recruit additional providers. However, performance on the *Access to Primary Care Practitioners* measures remained relatively unchanged from 2011 to 2012, and the rates continued to rank below the 25th percentile. Improvement efforts do not appear to have yielded successful results in improving performance on low-performing measures.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **PHP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **PHP** showed both strengths and opportunities for improvement.

PHP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across all three domains. For the *Member* standard, which addressed the **quality**, **timeliness**, and **access** domains, **PHP** should update its appeal procedure to specify the proper time frame for mailing confirmation of an expedited appeal determination. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **PHP** should sign an agreement with the Michigan Care Improvement Registry (MCIR) and ensure that this agreement is maintained and updated as needed. The MHP should also continue to monitor the progress of activities and interventions for the *Postpartum Care* and *Well-Child Visits* measures in order to meet or exceed the MDCH performance standards. To address the recommendation for the *MIS/Data Reporting* standard addressing the **quality** and **timeliness** domains, **PHP** should ensure that all required reports are timely and complete.

Compared with the national HEDIS 2011 performance standards, **PHP** demonstrated mostly average performance for the measures in the **quality**, **timeliness**, and **access** domains.

For the **quality** domain, **PHP** only had 23 of the 44 measures perform at or above the national HEDIS Medicaid 50th percentile. While 10 measures had statistically significant improvement from 2011 to 2012, many still performed below average. Seven measures had statistically significant declines from 2011, with one measure's rate dropping by 19 percentage points. **PHP** should explore the reasons for the decline in performance and implement processes to improve on performance and sustain improvement over time.

Nine of the 15 measures in the **timeliness** domain performed below the national average. Two measures in this domain—both immunization indicators—had statistically significant declines in performance. **PHP** should determine the reason why last year's average to above-average performance in this domain was not sustained.

The **access** domain represented the largest opportunity for improvement for **PHP**. All but four of the rates in this domain performed below average, with five of those rates benchmarking below the 25th percentile. **PHP** should conduct a causal/barrier analysis to identify any barriers to members accessing care. **PHP** could perform a network adequacy study to determine if the provider network is sufficient to meet the needs of the membership. The MHP should consider assessing the completeness of the data to determine if there are issues with providers submitting complete claims and encounter data.

Related to all domains, **PHP** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **PHP** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PHP**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **PHP**'s PIP did not identify any opportunities for improvement.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **PRI**’s compliance with federal and State requirements related to the six standards shown in Table J-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table J-1 below presents **PRI**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	12	0	0	1	100%	98%
3	<i>Member</i>	10	1	0	0	95%	98%
4	<i>Quality/Utilization</i>	9	1	0	0	95%	91%
5	<i>MIS/Data Reporting</i>	4	0	1	0	80%	93%
6	<i>Fraud, Waste, and Abuse</i>	13	1	0	0	96%	95%
Overall		50	3	1	1	95%	96%

PRI demonstrated full compliance with all contract requirements related to the *Administrative* and *Provider* standards. For these standards, which represented areas of strength for **PRI**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in recommendations for the *Member*; *Quality/Utilization*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse* standards. These areas reflected opportunities for improvement for **PRI**. The MHPs’ compliance score for the *Quality/Utilization* and *Fraud, Waste, and Abuse* standards exceeded the statewide score, while **PRI**’s scores for the *Member* and *MIS/Data Reporting* standards were lower than the statewide scores. **PRI**’s overall compliance score of 95 percent fell below the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table J-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	<i>Childhood Immunization—Combo 2</i>	88.1%	★★★★★
	<i>Childhood Immunization—Combo 3</i>	85.4%	★★★★★
	<i>Childhood Immunization—Combo 4</i>	45.0%	★★★★★
	<i>Childhood Immunization—Combo 5</i>	70.8%	★★★★★
	<i>Childhood Immunization—Combo 6</i>	58.2%	★★★★★
	<i>Childhood Immunization—Combo 7</i>	38.9%	★★★★★
	<i>Childhood Immunization—Combo 8</i>	34.1%	★★★★★
	<i>Childhood Immunization—Combo 9</i>	51.1%	★★★★★
	<i>Childhood Immunization—Combo 10</i>	30.9%	★★★★★
	<i>Immunizations for Adolescents—Combo 1</i>	86.3%	★★★★★
	<i>Lead Screening in Children</i>	71.3%	★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	70.0%	★★★★
	<i>Well-Child 3rd–6th Years of Life</i>	80.8%	★★★★
	<i>Adolescent Well-Care Visits</i>	58.2%	★★★★
	<i>Appropriate Treatment of URI</i>	93.0%	★★★★
	<i>Children With Pharyngitis</i>	74.1%	★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	38.1%	★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	45.5%	★★★
★★★★★	= 90th percentile and above		
★★★★	= 75th to 89th percentile		
★★★	= 50th to 74th percentile		
★★	= 25th to 49th percentile		
★	= Below 25th percentile		

Table J-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	62.8%	★★★★
	<i>Cervical Cancer Screening</i>	72.2%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	66.7%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	74.1%	★★★★★
	<i>Chlamydia Screening—Total</i>	69.4%	★★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.2%	★★★
	<i>Children’s Access—25 Months to 6 Years</i>	88.7%	★★
	<i>Children’s Access—7 to 11 Years</i>	91.1%	★★
	<i>Adolescents’ Access—12 to 19 Years</i>	90.0%	★★★
	<i>Adults’ Access—20 to 44 Years</i>	83.7%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	89.3%	★★★
	<i>Adults’ Access—65+ Years</i>	94.5%	★★★★★
	<i>Adults’ Access—Total</i>	85.2%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	70.3%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	72.0%	★★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	70.8%	★★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	65.9%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	63.6%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	65.2%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	50.5%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	61.4%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	54.0%	★★★★
	<i>Adult BMI Assessment</i>	85.8%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	91.2%	★★★★
	<i>Postpartum Care</i>	71.3%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	29.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	9.0%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	42.6%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	19.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.0%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table J-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	7.8%	☆☆
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	3.7%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	6.3%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	12.9%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	69.3%	★★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	87.0%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	29.6%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	59.1%	★★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	43.5%	★★★★★
	<i>Diabetes Care—Eye Exam</i>	67.7%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	78.5%	★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	44.3%	★★★★★
	<i>Diabetes Care—Nephropathy</i>	81.4%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	43.8%	★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	63.5%	★★★★
	<i>Asthma—5 to 11 Years</i>	96.3%	^
	<i>Asthma—12 to 18 Years</i>	92.5%	^
	<i>Asthma—19 to 50 Years</i>	82.2%	^
	<i>Asthma—51 to 64 Years</i>	NA	^
	<i>Asthma—Total</i>	91.7%	^
	<i>Controlling High Blood Pressure</i>	62.0%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	79.7%	NC
	<i>Discussing Cessation Medications</i>	47.9%	NC
<i>Discussing Cessation Strategies</i>	41.2%	NC	
Health Plan Diversity	<i>Race/Ethnicity—White</i>	60.2%	NC
	<i>Race/Ethnicity—Black or African-American</i>	18.1%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.1%	NC
	<i>Race/Ethnicity—Asian</i>	0.1%	NC

NA = Denominator < 30, unable to report a rate.

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table J-2—Scores for Performance Measures for PRI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	<0.1%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.3%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	21.1%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	10.8%	NC
	<i>Language Diversity: Spoken Language—English</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	326.9	☆☆
	<i>Ambulatory Care: ED—Total*</i>	77.2	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.7	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.4	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.0	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.8	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.3	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	4.5	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.6	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table J-2 shows that **PRI** had 51 measures rank at or above the national HEDIS 2011 Medicaid 50th percentile. This included 18 measures that ranked at or above the 90th percentile, an increase from 14 measures in the previous year.

The *Childhood Immunization* measures within the Child and Adolescent Care dimension performed extremely well, as all of them ranked at or above the 90th percentile. The Obesity dimension was another area of strong performance for **PRI**, as all measures performed at or above the 75th percentile. Only four of the performance measure rates performed below the national Medicaid HEDIS 2011 50th percentile: *Lead Screening in Children*, *Follow-Up Care for Children Prescribed ADHD Medications—Initiation Phase*, and *Children’s Access to Primary Care Practitioners—25 Months to 6 Years and 7 to 11 Years*. These measures represented opportunities for improvement for **PRI**.

Performance Improvement Projects (PIPs)

Table J-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	2	1	0	1
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	33	1	0	2
Percentage Score of Evaluation Elements Met		97%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **PRI**’s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 97 percent

and a score of 100 percent for critical elements. **PRI** received *Met* scores for all applicable evaluation elements in Activities I through VII and Activity IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **PRI**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **PRI** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

PRI's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—reflected statistically significant improvement over the baseline results and exceeded the Remeasurement 1 goal. **PRI** attributed the improvement to a quality improvement initiative designed to support physicians and medical practices in an effort to encourage alignment between clinical practice and known best practice care and treatment.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PRI successfully addressed one of the three recommendations from the 2010–2011 compliance review. **PRI** submitted all required reports timely and complete, including the Consolidated Annual Report and the quarterly Grievance/Appeal Report. However, the plan had a continuing recommendation to have a mechanism in place to meet the clean claim payment standard. **PRI**'s quality improvement activities included notifying providers bimonthly of their members who had not had a lead screening test, telephoning members who had not had a lead screening test, and mailing physical exam reminder cards to parents. In spite of these activities, **PRI**'s rates for the *Well-Child Visits—0 to 15 Months* and *Blood Lead Screening* measures continued to fall below the performance threshold.

Performance Measures

PRI only had one rate perform below the 25th percentile for HEDIS 2011—*Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years*. **PRI** conducted a geographic availability and provider-to-member ratio study and completed an assessment of appointment availability for all types of care. The rate for *Children's and Adolescents' Access to Primary Care Practitioners—25 Months to 6 Years* showed statistically significant improvement for HEDIS 2012 and benchmarked between the 25th and 49th percentiles.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **PRI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **PRI** showed both strengths and opportunities for improvement.

PRI demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across all three domains. For the *Member* standard, which addressed the **quality**, **timeliness**, and **access** domains, **PRI** should update its appeal policies and procedures to include current contract language related to grievances and the extension of non-expedited appeals. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **PRI** should continue to monitor improvement efforts for the *Prenatal Care*, *Well-Child Visits*, and *Blood Lead Screening* measures in order to meet or exceed the MDCH performance standards. To address the recommendation for the *MIS/Data Reporting* standard addressing the **quality** and **timeliness** domains, **PRI** must provide documentation of a mechanism to meet the clean claim payment standard of 95 percent of clean claims paid within 30 days. For the *Fraud, Waste, and Abuse* standard related to all three domains, **PRI** should obtain the provider's signature on the attestation regarding adoption and dissemination of required fraud, waste, and abuse policies and submit the completed document to MDCH.

Compared with the national HEDIS 2011 performance, **PRI** demonstrated average to above-average performance across all dimensions.

In the **quality** domain, 42 of the 44 measures performed above the national HEDIS Medicaid 50th percentile. Two rates (*Lead Screening in Children* and *Follow-Up Care for Children Prescribed ADHD Medications—Initiation Phase*) performed below the 50th percentile; and both had slight, non-statistically significant decreases in performance from 2011 to 2012. **PRI** should continue its work on these measures to maintain the high performance achieved, with many rates performing above the 90th percentile.

Related to the **timeliness** domain, 13 of the 15 measures performed above the 50th percentile. Ten of the 15 measures in this domain performed above the 90th percentile. This performance is commendable.

The **access** domain represented an area for improvement for **PRI**, with five of the 14 measures in this domain ranking below the national 50th percentile. The MHP should investigate reasons for lower performance within the access to care measures and determine the barriers to members receiving services. **PRI** should ensure the codes used to calculate these rates are correct.

Related to all domains, **PRI** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **PRI** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PRI**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **PRI**'s PIP identified opportunities for improvement. The MHP should ensure that future submissions include a discussion about the standardization of successful interventions. To strengthen the study, **PRI** should address the *Point of Clarification* in Activities II and VII. The MHP should revise the study question if additional interventions are implemented and ensure that results reported by the plan can be replicated.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **PRO**’s compliance with federal and State requirements related to the six standards shown in Table K-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table K-1 below presents **PRO**’s compliance review results.

Table K-1—Compliance Review Results for PRO							
Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	1	1	0	0	75%	93%
2	<i>Provider</i>	10	2	1	0	85%	98%
3	<i>Member</i>	9	0	1	1	90%	98%
4	<i>Quality/Utilization</i>	4	1	5	0	45%	91%
5	<i>MIS/Data Reporting</i>	2	2	1	0	60%	93%
6	<i>Fraud, Waste, and Abuse</i>	7	1	5	1	58%	95%
Overall		33	7	13	2	69%	96%

PRO showed its strongest performance on the *Member* and *Provider* standards, demonstrating compliance with most contractual requirements that were reviewed for these areas. However, the 2011–2012 compliance review identified opportunities for improvement across all standards. The *Quality/Utilization* and *Fraud, Waste, and Abuse* standards received the most recommendations and represented the largest opportunities for improvement for the MHP. **PRO**’s compliance review results on each standard, as well as overall, fell below the statewide scores.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table K-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table K-2—Scores for Performance Measures for PRO			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	26.8%	★
	Childhood Immunization—Combo 3	19.5%	★
	Childhood Immunization—Combo 4	12.2%	★
	Childhood Immunization—Combo 5	14.6%	★
	Childhood Immunization—Combo 6	4.9%	★
	Childhood Immunization—Combo 7	9.8%	★
	Childhood Immunization—Combo 8	4.9%	★
	Childhood Immunization—Combo 9	4.9%	★
	Childhood Immunization—Combo 10	4.9%	★
	Immunizations for Adolescents—Combo 1	NA	NA
	Lead Screening in Children	70.7%	★★
	Well-Child 1st 15 Months—6+ Visits	NA	NA
	Well-Child 3rd–6th Years of Life	56.8%	★
	Adolescent Well-Care Visits	24.3%	★
	Appropriate Treatment of URI	88.4%	★★★
	Children With Pharyngitis	NA	NA
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	NA	NA
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NA	NA
NA = Denominator <30, unable to report a rate.			
 = 90th percentile and above  = 75th to 89th percentile  = 50th to 74th percentile  = 25th to 49th percentile  = Below 25th percentile			

Table K-2—Scores for Performance Measures for PRO			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	NA	NA
	<i>Cervical Cancer Screening</i>	41.7%	★
	<i>Chlamydia Screening—16 to 20 Years</i>	NA	NA
	<i>Chlamydia Screening—21 to 24 Years</i>	NA	NA
	<i>Chlamydia Screening—Total</i>	58.3%	★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	77.2%	★
	<i>Children’s Access—25 Months to 6 Years</i>	60.8%	★
	<i>Children’s Access—7 to 11 Years</i>	NA	NA
	<i>Adolescents’ Access—12 to 19 Years</i>	NA	NA
	<i>Adults’ Access—20 to 44 Years</i>	49.2%	★
	<i>Adults’ Access—45 to 64 Years</i>	78.3%	★
	<i>Adults’ Access—65+ Years</i>	NA	NA
	<i>Adults’ Access—Total</i>	61.6%	★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	53.1%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	43.8%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	51.2%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	65.4%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	50.0%	★★★
	<i>Children/Adolescents—Nutrition, Total</i>	62.3%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	63.1%	★★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	40.6%	★★
	<i>Children/Adolescents—Physical Activity, Total</i>	58.6%	★★★★
	<i>Adult BMI Assessment</i>	NA	NA
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	NA	NA
	<i>Postpartum Care</i>	NA	NA
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	4.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	15.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	40.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	38.6%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	0.0%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available). NA = Denominator < 30, unable to report a rate.			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table K-2—Scores for Performance Measures for PRO

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	NA	NA
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	NA	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	NA	NA
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	NA	NA
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	63.4%	★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	73.2%	★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	19.5%	★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	19.4%	★
	<i>Diabetes Care—Eye Exam</i>	34.1%	★
	<i>Diabetes Care—LDL-C Screening</i>	58.5%	★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	12.2%	★
	<i>Diabetes Care—Nephropathy</i>	73.2%	★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	19.5%	★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	36.6%	★
	<i>Asthma—5 to 11 Years</i>	NA	^
	<i>Asthma—12 to 18 Years</i>	NA	^
	<i>Asthma—19 to 50 Years</i>	NA	^
	<i>Asthma—51 to 64 Years</i>	NA	^
	<i>Asthma—Total^</i>	NA	^
	<i>Controlling High Blood Pressure</i>	42.2%	★
	<i>Advising Smokers and Tobacco Users to Quit</i>	NA	NC
	<i>Discussing Cessation Medications</i>	NA	NC
	<i>Discussing Cessation Strategies</i>	NA	NC
Health Plan Diversity	<i>Race/Ethnicity—White</i>	27.2%	NC
	<i>Race/Ethnicity—Black or African-American</i>	58.2%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	<0.1%	NC
	<i>Race/Ethnicity—Asian</i>	0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

* For this measure, a lower rate indicates better performance. NA = Denominator < 30, unable to report a rate.

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table K-2—Scores for Performance Measures for PRO

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	0.8%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	13.7%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	4.7%	NC
	<i>Language Diversity: Spoken Language—English</i>	100.0%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	0.0%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	180.4	★
	<i>Ambulatory Care: ED—Total*</i>	70.5	★★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.1	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.5	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.5	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.0	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	4.1	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.8	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.5	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table K-2 shows that as a result of **PRO**'s small membership, 14 measures could not be reported due to small denominators, which was also the case during the previous reporting period. These measures received a *Not Applicable* audit designation, indicating that the health plan followed the specifications but the denominator was too small to report a valid rate. Therefore, these rates could not be compared to national percentiles.

Twenty-eight of **PRO**'s reported measures performed at or below the national HEDIS 2011 25th percentile. **PRO** demonstrated strong performance in the Obesity dimension, with all but one of the measures ranking above the 50th percentile nationally. One measure, *Weight Assessment and Counseling for Physical Activity—3 to 11 years*, surpassed the 90th percentile. The Child and Adolescent Care and Living with Illness dimensions represented the largest opportunities for improvement, as a majority of the measures in these dimensions ranked below the national HEDIS 2011 25th percentile.

Performance Improvement Projects (PIPs)

Table K-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	7	0	1	1
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	3	0	1	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	26	0	2	8
Percentage Score of Evaluation Elements Met		93%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **PRO**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 93 percent and a score of 100 percent for critical elements. **PRO** received *Met* scores for all applicable evaluation elements in Activities I through VI and Activity VIII. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **PRO**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **PRO** to successfully progress to the next stage of the process and achieve improvement for the study indicator in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined confidence in the reported results.

PRO's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had a BMI percentile performed during the measurement year—showed non-statistically significant improvement over the baseline results and exceeded the Remeasurement 1 goal. Following the baseline period, **PRO** completed a causal/barrier analysis and identified that additional member outreach and education/incentives are necessary to achieve real and sustained improvement.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

PRO successfully addressed seven of the 21 recommendations from the 2010–2011 compliance review. Of the 17 criteria scored *Incomplete* in 2010–2011, seven were scored *Pass*, three remained *Incomplete*, and seven were scored *Fail*. The four standards that were scored *Fail* in 2010–2011, continued to *Fail* in 2011–2012. **PRO** demonstrated compliance with the requirement to inform MDCH of key personnel changes and provided a summary of the services covered under the pharmacy benefit management services contract. **PRO** demonstrated compliance in assigning and submitting a quarterly PCP assignment report for newly enrolled members, but the MHP did not demonstrate that it had an appropriate subcontractor monitoring process. **PRO** demonstrated it ensured timely mailing of member enrollment ID cards and had a process to obtain MDCH approval for all member educational or informational materials. **PRO** updated its policies, procedures, letters, and other materials to reflect information consistent with contract language related to grievances and extensions of non-expedited appeals. However, it did not meet the requirements to have a current, approved grievance policy and member handbook, and it was not using grievance and appeal terminology or processes correctly. **PRO** did not successfully demonstrate that it had improved its annual effectiveness review; the effectiveness review provided at the follow-up compliance review did not document any new initiatives or changes to existing initiatives. **PRO** was not compliant with the requirement to have specific criteria and processes for monitoring and evaluating appointment scheduling for routine and urgent care. **PRO** was not able to demonstrate that it met required time frames for standard and expedited authorization decisions, or that it consistently applied the review criteria for authorization decisions. **PRO** did not meet the threshold for any of the performance standards identified in the prior-year review and did not

successfully address prior recommendations regarding processing newborn enrollments or submitting timely and complete reports. **PRO** did demonstrate it had a satisfactory process to review and monitor providers for sanctions, exclusions, felony convictions, and prohibited affiliations. **PRO** had continuing recommendations related to its compliance committee; using data (e.g., claims, grievance, and utilization) to monitor for fraud, waste, and abuse; and educating employees regarding detection and reporting of fraud, waste, and abuse.

Performance Measures

In 2011, many of **PRO**'s rates fell below the national 25th percentile, resulting in recommendations for improvement. Measures ranking below the national 25th percentile included indicators for *Immunizations*, *Well-Child Visits*, *Lead Screening in Children*, *Cervical Cancer Screening*, *Diabetes Care*, and *Access to Care*. **PRO**'s performance improvement efforts for measures in the Child and Adolescent Care dimension included member education, outreach programs, member incentives, and communication with providers. However, all but one of the measures continued to rank below the national 25th percentile. **PRO**'s rate for *Lead Screening in Children* improved to rank between the 25th and 49th percentiles nationally. Continuation of the disease management program for diabetes and other interventions did not result in significant improvement in the *Diabetes Care* measures, which continued to fall below the 25th percentile. **PRO** expanded its network and conducted monitoring of provider appointment access. The rates showed slight increases but continued to rank below the national 25th percentile.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **PRO**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **PRO** showed both strengths and opportunities for improvement.

PRO demonstrated mixed performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review identified opportunities for improvement across all standards as well as in each of the three domains. For the *Administrative* standard related to the **quality** domain, **PRO** should update policies to address how board member vacancies are filled. Recommendations for the *Provider* standard—related to the **quality**, **timeliness**, and **access** domains—addressed subcontractor monitoring reports; revisions to the Subcontractor Performance, Evaluation and Monitoring Policy; agreements for the coordination of health care and mental health care; and correction to provider dispute resolution policies to reflect current contract and Medicaid Provider Manual requirements. **PRO** should obtain approval for the member grievance and appeal policy from the Office of Financial and Insurance Regulation (OFIR) to address the recommendation for the *Member* standard, which was related to all three domains. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **PRO** should demonstrate compliance with contractual requirements for the Quality Assessment and Performance Improvement Program, provide documentation of performance improvement projects, and submit documentation related to the utilization management process, prior authorizations, referrals, and access standards. The MHP should continue quality improvement activities for the measures that did not meet the MDCH performance standards. For the *MIS/Data Reporting* standard addressing the **quality** and **timeliness** domains, **PRO** should ensure that all required reports are submitted timely and complete, and that it complies with requirements for timely payments to providers as well as member enrollment and disenrollment. Recommendations for **PRO** on the *Fraud, Waste, and Abuse* standard—related to the **quality**, **timeliness**, and **access** domains—addressed most aspects of the program integrity requirements. These included an updated fraud and abuse work plan; compliance committee meeting minutes to show presentation and discussion of reports on fraud, waste, and abuse; documentation of mechanisms to detect under- and overutilization of services; use of data sources to detect fraud, waste, and abuse by providers; review of data to detect fraud, waste, and abuse by members; and evidence that employees received training regarding the detection of fraud, waste, and abuse—including contact information for reporting any fraud, waste, or abuse as required.

Although **PRO**'s membership continued to grow, denominators for several HEDIS measures continued to be too small to report a valid rate.

In the **quality** domain, **PRO** reported a rate for 35 of the 44 measures. Twenty-three of the 35 reported rates performed below the national 25th percentile. Two of the *BMI Percentile* indicators showed statistically significant improvement and benchmarked above the national average. Two *Comprehensive Diabetes Care* indicators (*LDL-C Control* and *Blood Pressure Control <140/80 mm Hg*) had statistically significant decreases in performance. **PRO** should investigate reasons for the low rates and work to improve performance. The MHP should conduct a causal/barrier analysis to identify any barriers to members receiving services. Provider education around accurate billing and

coding could improve performance. Data completeness studies should be performed to ensure all claims and encounter data are being received.

PRO reported nine of the 15 measures in the **timeliness** domain. All of the reported rates continued to perform below the national 25th percentile. **PRO** should work with providers to ensure services are being coded and billed correctly. Member outreach through postcard mailings and telephone call reminders could improve performance. However, the small denominators for **PRO**'s reported rates could affect the impact of any interventions.

In the **access** domain, **PRO** reported rates for seven of the 14 measures. Six of the reported rates performed below the national 25th percentile. **PRO** should monitor data completeness and conduct a network adequacy study to ensure its provider network is sufficient to service a growing membership.

Related to all domains, **PRO** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **PRO** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **PRO**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **PRO**'s PIP identified opportunities for improvement. The MHP should include in future submissions a discussion about factors that could affect the ability to compare measurement periods and continue efforts to achieve real improvement in the study indicator. To strengthen the study, **PRO** should address the *Point of Clarification* in Activity VI and update references to tests used to determine statistical significance of the results.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **THC**’s compliance with federal and State requirements related to the six standards shown in Table L-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table L-1 below presents **THC**’s compliance review results.

Standard	Number of Scores				Total Compliance Score	
	Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1 Administrative	1	1	0	0	75%	93%
2 Provider	13	0	0	0	100%	98%
3 Member	10	0	0	1	100%	98%
4 Quality/Utilization	9	1	0	0	95%	91%
5 MIS/Data Reporting	5	0	0	0	100%	93%
6 Fraud, Waste, and Abuse	14	0	0	0	100%	95%
Overall	52	2	0	1	98%	96%

THC demonstrated full compliance with all contract requirements related to the *Provider; Member; MIS/Data Reporting; and Fraud, Waste, and Abuse* standards. For these standards, which represented areas of strength for **THC**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in recommendations for the *Administrative* and *Quality/Utilization* standards. These areas reflected opportunities for improvement for **THC**. The MHP’s compliance score for the *Administrative* standard was lower than the statewide score, while **THC**’s scores for the *Quality/Utilization* standard exceeded the statewide score. **THC**’s overall compliance score of 98 percent was higher than the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table L-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table L-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	80.7%	★★★★★
	Childhood Immunization—Combo 3	79.6%	★★★★★
	Childhood Immunization—Combo 4	36.7%	★★★
	Childhood Immunization—Combo 5	48.3%	★★★
	Childhood Immunization—Combo 6	19.0%	★
	Childhood Immunization—Combo 7	22.0%	★★
	Childhood Immunization—Combo 8	10.9%	★
	Childhood Immunization—Combo 9	13.0%	★
	Childhood Immunization—Combo 10	7.7%	★
	Immunizations for Adolescents—Combo 1	70.8%	★★★★★
	Lead Screening in Children	65.9%	★★
	Well-Child 1st 15 Months—6+ Visits	73.1%	★★★★★
	Well-Child 3rd–6th Years of Life	82.9%	★★★★★
	Adolescent Well-Care Visits	67.1%	★★★★★
	Appropriate Treatment of URI	84.0%	★★
	Children With Pharyngitis	62.1%	★★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	46.9%	★★★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	NA	NA
	NA = Denominator < 30, unable to report a rate.		
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table L-2—Scores for Performance Measures for THC			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	58.0%	★★★★
	<i>Cervical Cancer Screening</i>	76.0%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	69.0%	★★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	79.1%	★★★★★
	<i>Chlamydia Screening—Total</i>	72.2%	★★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	98.6%	★★★★★
	<i>Children’s Access—25 Months to 6 Years</i>	91.4%	★★★★
	<i>Children’s Access—7 to 11 Years</i>	93.4%	★★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	92.7%	★★★★
	<i>Adults’ Access—20 to 44 Years</i>	89.4%	★★★★★
	<i>Adults’ Access—45 to 64 Years</i>	94.6%	★★★★★
	<i>Adults’ Access—65+ Years</i>	93.4%	★★★★★
	<i>Adults’ Access—Total</i>	91.1%	★★★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	62.3%	★★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	62.3%	★★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	62.3%	★★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	64.5%	★★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	61.6%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	63.4%	★★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	50.9%	★★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	55.3%	★★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	52.5%	★★★★
	<i>Adult BMI Assessment</i>	63.4%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	88.5%	★★★
	<i>Postpartum Care</i>	70.2%	★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	44.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	5.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	27.2%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.0%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above			
★★★★ = 75th to 89th percentile			
★★★ = 50th to 74th percentile			
★★ = 25th to 49th percentile			
★ = Below 25th percentile			

Table L-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	4.1%	★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	11.1%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	10.3%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	3.8%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	70.7%	★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	88.3%	★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	38.8%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	48.2%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	35.0%	★★
	<i>Diabetes Care—Eye Exam</i>	55.0%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	85.5%	★★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	41.5%	★★★★
	<i>Diabetes Care—Nephropathy</i>	88.1%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	39.4%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	63.3%	★★★
	<i>Asthma—5 to 11 Years</i>	92.0%	^
	<i>Asthma—12 to 18 Years</i>	85.6%	^
	<i>Asthma—19 to 50 Years</i>	90.0%	^
	<i>Asthma—51 to 64 Years</i>	83.3%	^
	<i>Asthma—Total</i>	89.2%	^
	<i>Controlling High Blood Pressure</i>	65.1%	★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	77.9%	NC
	<i>Discussing Cessation Medications</i>	48.4%	NC
<i>Discussing Cessation Strategies</i>	42.1%	NC	
Health Plan Diversity	<i>Race/Ethnicity—White</i>	29.3%	NC
	<i>Race/Ethnicity—Black or African-American</i>	63.9%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.1%	NC
	<i>Race/Ethnicity—Asian</i>	1.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table L-2—Scores for Performance Measures for THC

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.1%	NC
	<i>Race/Ethnicity—Some Other Race</i>	2.3%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	3.3%	NC
	<i>Race/Ethnicity—Declined</i>	0.0%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	1.9%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.7%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	0.3%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	99.7%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.3%	NC
	<i>Language Diversity: Written Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	99.7%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.3%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	291.0	★
	<i>Ambulatory Care: ED—Total*</i>	72.0	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	8.9	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	4.7	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.6	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.0	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.6	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.7	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.7	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table L-2 shows that **THC** performed well with 47 measures ranking above the national HEDIS 2011 Medicaid 50th percentile. Twelve of these measures ranked at or above the 90th percentile nationally. Four measures (*Childhood Immunization—Combos 6, 8, 9, and 10*) ranked below the 25th percentile.

THC demonstrated strong performance across most dimensions. The MHP’s strongest performance was in the Women—Adult Care and Access to Care dimensions. **THC** scored above the 90th percentile for all of the *Chlamydia Screening in Women* and *Adults’ Access* measures. The Child and Adolescent Care dimension represented the largest opportunity for improvement for **THC**, as eight out of 17 (47 percent) of the measures fell below the 50th percentile nationally.

Performance Improvement Projects (PIPs)

Table L-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	8	1	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	34	1	0	1
Percentage Score of Evaluation Elements Met		97%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **THC**’s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 97 percent and a score of 100 percent for critical elements. **THC** received *Met* scores for all applicable

evaluation elements in Activities I through VI and Activities VIII and IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **THC**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **THC** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

THC's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—showed a statistically significant increase over the baseline rate and exceeded the Remeasurement 1 goal. **THC** revised and standardized existing interventions and added a new member intervention, publishing an article about the importance of healthy lifestyles in the member newsletter.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

THC had one recommendation from the 2010–2011 compliance review for not meeting performance standards for the *Prenatal Care*, *Postpartum Care*, and *Blood Lead Testing* measures. **THC**'s quality improvement interventions included providing education, direct contact, and communication with members, providers, and employees through newsletters, mailings, and telephone contact. **THC** succeeded in increasing the scores for *Prenatal Care* and *Postpartum Care*. The rate for *Blood Lead Testing*, however, continued to fall below the MDCH standard.

Performance Measures

In 2011, only one of **THC**'s rates ranked below the national 25th percentile, *Ambulatory Care—Outpatient Visits*. Recommendations specific to this measure's performance were to consider internal controls, such as data completeness tracking, and external controls, which could include outreach to providers and members. For HEDIS 2012, the rate for this measure showed an increase but continued to benchmark below the 25th percentile.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **THC**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII resulting in an overall score of 100 percent, a critical element score of 100 percent, and overall *Met* validation status. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **THC** showed both strengths and opportunities for improvement.

THC demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The MHP demonstrated its strongest performance in the **timeliness** domain, with full compliance on all standards. The 2011–2012 compliance review also identified opportunities for improvement for the **quality** and **access** domains. For the *Administrative* standard related to the **quality** domain, **THC** should develop a plan to fill the vacant enrollee board member positions and provide updates on its progress. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **THC** should continue quality improvement activities for the *Blood Lead Testing* measure, which did not meet the MDCH performance standard.

Compared with the national HEDIS 2011 performance standards, **THC** demonstrated below- to above-average performance in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, 34 out of 43 measures performed above the national 50th percentile. Four rates (*Childhood Immunization—Combos 6, 8, 9, and 10*) performed below the 25th percentile. The strongest performance was in the *Weight Assessment and Counseling for Nutrition and Physical Activity* measures, where all but two indicators had statistically significant improvement and all benchmarked between the 50th and 74th percentile. Statistically significant declines were seen in two measures (*Childhood Immunization—Combo 2* and *Well-Child Visits—Six or More Visits*) that were both rotated in 2011. **THC** should consider not rotating measures due to the decline in performance over a two-year period.

Six of 14 measures in the **timeliness** domain performed below the national average, with four rates for *Childhood Immunization Status (Combos 6, 8, 9, and 10)* performing below the 25th percentile. **THC** should continue its efforts to keep performance in this domain high.

Nine of the 13 reported rates in the **access** domain benchmarked above the 75th percentile, with five of those performing above the 90th percentile. Both indicators for the *Ambulatory Care* measure benchmarked below the 25th percentile, representing opportunities for improvement. **THC** should investigate reasons for the low performance on these two rates. **THC** should ensure the measure is being calculated correctly.

Related to all domains, **THC** should work toward increasing the rates of lower-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **THC** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **THC's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the

requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation of **THC**'s PIP identified opportunities for improvement. The MHP should select one statistical test and use it throughout the PIP. To strengthen the study, the MHP should also address the *Point of Clarification* in Activity III and update references to the measurement periods and HEDIS technical specifications.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **UNI**’s compliance with federal and State requirements related to the six standards shown in Table M-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table M-1 below presents **UNI**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		Pass	Incomplete	Fail	Not Applicable	MHP	Statewide
1	<i>Administrative</i>	2	0	0	0	100%	93%
2	<i>Provider</i>	13	0	0	0	100%	98%
3	<i>Member</i>	10	0	0	1	100%	98%
4	<i>Quality/Utilization</i>	9	1	0	0	95%	91%
5	<i>MIS/Data Reporting</i>	5	0	0	0	100%	95%
6	<i>Fraud, Waste, and Abuse</i>	11	3	0	0	89%	95%
Overall		50	4	0	1	96%	96%

UNI demonstrated full compliance with all contract requirements related to the *Administrative*, *Provider*, *Member*, and *MIS/Data Reporting* standards. For these standards, which represented areas of strength for **UNI**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in recommendations for the *Quality/Utilization* and *Fraud, Waste, and Abuse* standards. These areas reflected opportunities for improvement for **UNI**. The MHP’s compliance score for the *Fraud, Waste, and Abuse* standard was lower than the statewide score. **UNI**’s score for the *Quality/Utilization* standard exceeded the statewide score. **UNI**’s overall compliance score of 96 percent equaled the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table M-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Table M-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	Childhood Immunization—Combo 2	77.4%	★★★
	Childhood Immunization—Combo 3	72.3%	★★★
	Childhood Immunization—Combo 4	35.5%	★★★
	Childhood Immunization—Combo 5	54.5%	★★★
	Childhood Immunization—Combo 6	33.3%	★★
	Childhood Immunization—Combo 7	27.5%	★★★
	Childhood Immunization—Combo 8	19.7%	★★★
	Childhood Immunization—Combo 9	26.5%	★★
	Childhood Immunization—Combo 10	16.1%	★★★
	Immunizations for Adolescents—Combo 1	71.6%	★★★★
	Lead Screening in Children	82.2%	★★★★
	Well-Child 1st 15 Months—6+ Visits	93.2%	★★★★★
	Well-Child 3rd–6th Years of Life	82.4%	★★★★
	Adolescent Well-Care Visits	66.1%	★★★★★
	Appropriate Treatment of URI	85.3%	★★
	Children With Pharyngitis	52.6%	★
	F/U Care for Children Prescribed ADHD Meds—Initiation Phase	41.6%	★★★
	F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase	54.9%	★★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table M-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	57.2%	★★★
	<i>Cervical Cancer Screening</i>	77.3%	★★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	61.1%	★★★★
	<i>Chlamydia Screening—21 to 24 Years</i>	68.8%	★★★★
	<i>Chlamydia Screening—Total</i>	64.0%	★★★★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	98.0%	★★★★
	<i>Children’s Access—25 Months to 6 Years</i>	91.1%	★★★
	<i>Children’s Access—7 to 11 Years</i>	92.8%	★★★
	<i>Adolescents’ Access—12 to 19 Years</i>	92.3%	★★★★
	<i>Adults’ Access—20 to 44 Years</i>	83.6%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	90.9%	★★★★
	<i>Adults’ Access—65+ Years</i>	93.7%	★★★★★
	<i>Adults’ Access—Total</i>	86.1%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	48.5%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	49.7%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	48.9%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	57.1%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	57.2%	★★★★
	<i>Children/Adolescents—Nutrition, Total</i>	57.2%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	42.9%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	41.4%	★★
	<i>Children/Adolescents—Physical Activity, Total</i>	42.3%	★★★
	<i>Adult BMI Assessment</i>	67.6%	★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	92.5%	★★★★
	<i>Postpartum Care</i>	70.9%	★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	26.1%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	8.7%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	42.3%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	16.6%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	6.3%	NC
NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).			
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table M-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	5.1%	★★★
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	5.4%	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	6.6%	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	14.1%	NC
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	68.9%	★★★
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	84.5%	★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	36.2%	★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	54.7%	★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	39.5%	★★★
	<i>Diabetes Care—Eye Exam</i>	61.8%	★★★
	<i>Diabetes Care—LDL-C Screening</i>	79.6%	★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	41.0%	★★★
	<i>Diabetes Care—Nephropathy</i>	80.9%	★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	37.8%	☆☆
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	66.4%	★★★
	<i>Asthma—5 to 11 Years</i>	90.4%	^
	<i>Asthma—12 to 18 Years</i>	79.4%	^
	<i>Asthma—19 to 50 Years</i>	68.5%	^
	<i>Asthma—51 to 64 Years</i>	58.2%	^
	<i>Asthma—Total</i>	78.8%	^
	<i>Controlling High Blood Pressure</i>	59.6%	★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	80.5%	NC
	<i>Discussing Cessation Medications</i>	54.8%	NC
<i>Discussing Cessation Strategies</i>	47.8%	NC	
Health Plan Diversity	<i>Race/Ethnicity—White</i>	50.4%	NC
	<i>Race/Ethnicity—Black or African-American</i>	36.2%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	0.1%	NC
	<i>Race/Ethnicity—Asian</i>	0.0%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

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

^ For HEDIS 2012, the upper age limit for the Appropriate Medications for People With Asthma measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table M-2—Scores for Performance Measures for UNI			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.0%	NC
	<i>Race/Ethnicity—Some Other Race</i>	2.3%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	10.9%	NC
	<i>Race/Ethnicity—Declined</i>	0.2%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	5.2%	NC
	<i>Language Diversity: Spoken Language—English</i>	83.1%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	4.1%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	12.7%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Non-English</i>	0.0%	NC
	<i>Language Diversity: Written Language—Unknown</i>	100.0%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	370.9	★★★★
	<i>Ambulatory Care: ED—Total*</i>	74.3	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	7.9	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	3.1	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.4	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	5.6	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.8	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.9	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	6.4	NC
	<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.5	NC

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

UNI performed well, with 50 of the measures ranking at or above the national HEDIS 2011 Medicaid 50th percentile. The Women—Adult Care and Access to Care dimensions had the strongest performance, with 80 percent and 50 percent, respectively, of the measures ranking above the 75th percentile. Across all dimensions, three measures performed above the 90th percentile: *Well-Child 1st 15 Months—6+ Visits*, *Adolescent Well-Care Visits*, and *Adults’ Access—65+ Years*.

The Living With Illness dimension represented the largest opportunity for improvement for UNI, as none of the measures performed above the 75th percentile. Across all domains, six measures performed below the 50th percentile; they were: *Childhood Immunization—Combo 6*, *Childhood Immunization—Combo 9*, *Appropriate Treatment of URI*, *Children/Adolescents—Physical Activity, 12 to 17 years*, and *Diabetes Care—Blood Pressure Control (<140/80)*. The rate for *Children With Pharyngitis* ranked below the 25th percentile. Areas for improvement exist for all of these measures.

Performance Improvement Projects (PIPs)

Table M-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table M-3—2011–2012 PIP Validation Results for UNI						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	6	0	0	0
VI.	Use Valid and Reliable Data Collection Procedures	6	6	0	0	0
VII.	Data Analysis and Interpretation of Results	9	9	0	0	0
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	3	0	0	1
IX.	Assess for Real Improvement	4	3	1	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	33	1	0	2
Percentage Score of Evaluation Elements Met		97%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **UNI**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 97 percent and a score of 100 percent for critical elements. **UNI** received *Met* scores for all applicable evaluation elements in Activities I through VIII. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **UNI**'s strong performance indicated that the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **UNI** to successfully progress to the next stage of the process and achieve improvement for all indicators in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

UNI's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation, as well as increase the rate of counseling for nutrition and physical activity. The first remeasurement results showed improvement across all three study indicators, with the improvement for the indicators related to counseling for nutrition and counseling for physical activity being statistically significant. All indicators exceeded their respective Remeasurement 1 goals. Following the baseline period, **UNI** continued the interventions implemented during the baseline period, which included ongoing education for members and providers, and member incentives.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

UNI successfully addressed three of the five recommendations from the 2010–2011 compliance review. UNI was in compliance with requirements to provide notification to MDCH regarding subcontractor changes (there were no subcontractor changes during the review period). UNI implemented an internal plan and monitoring process to ensure that all member mailings were conducted within contractually required time frames. UNI implemented a variety of member and provider interventions to address performance measure standards, e.g., focusing education on high-volume, low-performing PCPs for lead screening and immunization rates. While UNI demonstrated progress in meeting the standards for *Well-Child Visits—0 to 15 Months* and *Pharmacy Encounter Data Reporting*, the rates for *Childhood Immunizations* and *Blood Lead Screening* continued to fall below the MDCH standards. UNI demonstrated that it monitored outliers identified on the high utilization report and that the fraud/waste/abuse team pursued medical record review and recoveries when appropriate. At the time of the compliance review, UNI did not provide sufficient supporting documentation to demonstrate that all requirements for provider credentialing were met.

Performance Measures

In 2011, the *Appropriate Treatment for Children With URI* and the *Use of Appropriate Medications for People With Asthma* measures had the only rates for UNI that fell below the national 25th percentile, representing opportunities for improvement. The MHP implemented improvement initiatives to improve performance. For the *Appropriate Treatment for Children With URI* measure, UNI educated providers about proper coding of URI. For HEDIS 2012, the rate for the URI measure improved by 0.3 percentage points and ranked between the 25th and 49th percentiles nationally. Efforts to improve rates for the *Use of Appropriate Medications for People With Asthma* measures included asthma disease management programs, correction of identified coding and billing problems, and evaluation of software systems. The rate for the age group from 5 to 11 years showed a statistically significant increase and improved to rank between the 25th and 49th percentiles, while the *Total* rate had a statistically significant decline and continued to rank below the national 25th percentile.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of the MHP's PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **UNI** showed both strengths and opportunities for improvement.

UNI demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across all three domains. To improve performance on the *Quality/Utilization* standard addressing the domains of **quality** and **access**, **UNI** should develop a quality improvement action plan to continue to monitor performance on the *Childhood Immunizations*, *Postpartum Care*, and *Blood Lead Screening* measures in order to meet or exceed the MDCH performance standards. For the *Fraud, Waste, and Abuse* standard related to all three domains, **UNI** should submit documentation showing which employees listed in the quality audit report are Michigan staff and state their scores; provide documentation showing the MHP's use of data sources to detect fraud, waste, and abuse by providers; and provide examples of completed credentialing and recredentialing checklists to document compliance with the requirements to review and monitor provider practitioners and entities for history of felony conviction, prohibited affiliations, ownership disclosures, and exclusion from Medicaid or Medicare programs.

Compared to the national HEDIS 2011 performance, **UNI**'s performance across the three domains of **quality**, **timeliness**, and **access** ranged from below average to above average.

In the **quality** domain, 38 of the 44 measures performed above the national HEDIS Medicaid 50th percentile, with two rates (*Well-Child Visits in the First 15 Months of Life—6+ Visits* and *Adolescent Well-Care Visits*) performing above the 90th percentile. One *Comprehensive Diabetes Care* measure—*Blood Pressure Control <140/80*—had a below-average rate. One measure, *Appropriate Testing for Children With Pharyngitis*, performed below the national HEDIS 25th percentile, representing an opportunity for improvement. For all of these measures, and *Appropriate Treatment for Children With Upper Respiratory Infections*, **UNI** should ensure that pharmacy data are complete. **UNI** should monitor pharmacy data volume monthly to look for missing data. Provider education on following appropriate clinical guidelines and prescribing practices should be considered as well.

Thirteen of the 15 measures in the **timeliness** domain performed above the 50th percentile. Two measures—*Childhood Immunization Status*, *Combo 6* and *Combo 9*—benchmarked between the 25th and 49th percentile, representing an opportunity for improvement.

All of but one of the measures in the **access** domain performed above the national HEDIS Medicaid 50th percentile. The *Ambulatory Care, ED—Total* rate benchmarked below the 25 percentile, indicating there is high emergency room use among members. **UNI** should continue the strong performance on measures in the **access** domain and investigate the reasons for the high emergency room utilization rate among its members.

Related to all domains, **UNI** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **UNI** should investigate the impact of medical record data and use that

information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **UNI**'s PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the requirements for Activities I through IX of the CMS protocol for conducting PIPs. The 2011–2012 validation identified one opportunity for improvement: **UNI** should continue efforts to achieve statistically significant improvement in all three study indicators.

Annual Compliance Review

According to 42 CFR 438.358, the State or its EQRO must conduct a review 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.

MDCH evaluated **UPP**’s compliance with federal and State requirements related to the six standards shown in Table N-1 over the course of two review cycles, addressing a subset of the requirements in 2010–2011 and the remaining criteria in 2011–2012. The 2011–2012 compliance review also included any criteria scored less than *Pass* in 2010–2011 as well as criteria that were evaluated regardless of the MHP’s prior performance. For a detailed explanation of the scoring methodology, please see Section 2 of this report.

Table N-1 below presents **UPP**’s compliance review results.

Standard		Number of Scores				Total Compliance Score	
		<i>Pass</i>	<i>Incomplete</i>	<i>Fail</i>	<i>Not Applicable</i>	MHP	Statewide
1	<i>Administrative</i>	1	1	0	0	75%	93%
2	<i>Provider</i>	12	0	0	1	100%	98%
3	<i>Member</i>	10	1	0	0	95%	98%
4	<i>Quality/Utilization</i>	10	0	0	0	100%	91%
5	<i>MIS/Data Reporting</i>	4	1	0	0	90%	93%
6	<i>Fraud, Waste, and Abuse</i>	13	1	0	0	96%	95%
Overall		50	4	0	1	96%	96%

UPP demonstrated full compliance with all contract requirements related to the *Provider* and *Quality/Utilization* standards. For these standards, which represented areas of strength for **UPP**, the MHP’s performance exceeded the statewide average scores. The 2011–2012 compliance review resulted in recommendations for the *Administrative*; *Member*; *MIS/Data Reporting*; and *Fraud, Waste, and Abuse* standards. These areas reflected opportunities for improvement for **UPP**. The MHP’s compliance score for the *Fraud, Waste, and Abuse* standard exceeded the statewide score, while **UPP**’s scores for the *Administrative*, *Member*, and *MIS/Data Reporting* standards were lower than the statewide scores. **UPP**’s overall compliance score of 96 percent equaled the statewide average.

Performance Measures

As set forth in 42 CFR 438.358, the primary objectives of the performance measure validation process are to evaluate the accuracy of the performance measure data collected by the MHP and 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 the ability of each MHP’s support system to report accurate HEDIS measures. The results of this assessment are presented in Table N-2. The table shows each of the performance measures, the rate for each measure for 2012, and the categorized performance for 2012 relative to national Medicaid results.

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Child and Adolescent Care	<i>Childhood Immunization—Combo 2</i>	83.4%	★★★★★
	<i>Childhood Immunization—Combo 3</i>	83.0%	★★★★★
	<i>Childhood Immunization—Combo 4</i>	62.4%	★★★★★
	<i>Childhood Immunization—Combo 5</i>	62.0%	★★★★★
	<i>Childhood Immunization—Combo 6</i>	50.5%	★★★★★
	<i>Childhood Immunization—Combo 7</i>	49.7%	★★★★★
	<i>Childhood Immunization—Combo 8</i>	41.6%	★★★★★
	<i>Childhood Immunization—Combo 9</i>	41.0%	★★★★★
	<i>Childhood Immunization—Combo 10</i>	35.0%	★★★★★
	<i>Immunizations for Adolescents—Combo 1</i>	75.4%	★★★★★
	<i>Lead Screening in Children</i>	90.2%	★★★★★
	<i>Well-Child 1st 15 Months—6+ Visits</i>	72.3%	★★★★★
	<i>Well-Child 3rd–6th Years of Life</i>	68.5%	★★
	<i>Adolescent Well-Care Visits</i>	50.7%	★★★
	<i>Appropriate Treatment of URI</i>	83.1%	★
	<i>Children With Pharyngitis</i>	73.2%	★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Initiation Phase</i>	45.9%	★★★★★
	<i>F/U Care for Children Prescribed ADHD Meds—Continuation and Maintenance Phase</i>	50.0%	★★★
★★★★★ = 90th percentile and above ★★★★ = 75th to 89th percentile ★★★ = 50th to 74th percentile ★★ = 25th to 49th percentile ★ = Below 25th percentile			

Table N-2—Scores for Performance Measures for UPP			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Women—Adult Care	<i>Breast Cancer Screening</i>	55.5%	★★★
	<i>Cervical Cancer Screening</i>	72.0%	★★★
	<i>Chlamydia Screening—16 to 20 Years</i>	48.4%	★
	<i>Chlamydia Screening—21 to 24 Years</i>	54.9%	★
	<i>Chlamydia Screening—Total</i>	50.8%	★
Access to Care	<i>Children’s Access—12 to 24 Months</i>	97.5%	★★★
	<i>Children’s Access—25 Months to 6 Years</i>	89.2%	★★
	<i>Children’s Access—7 to 11 Years</i>	90.7%	★★
	<i>Adolescents’ Access—12 to 19 Years</i>	92.1%	★★★★
	<i>Adults’ Access—20 to 44 Years</i>	85.7%	★★★
	<i>Adults’ Access—45 to 64 Years</i>	89.3%	★★★
	<i>Adults’ Access—65+ Years</i>	NA	NA
	<i>Adults’ Access—Total</i>	86.8%	★★★
Obesity	<i>Children/Adolescents—BMI Percentile, 3 to 11 years</i>	59.6%	★★★
	<i>Children/Adolescents—BMI Percentile, 12 to 17 years</i>	54.2%	★★★
	<i>Children/Adolescents—BMI Percentile, Total</i>	57.5%	★★★
	<i>Children/Adolescents—Nutrition, 3 to 11 years</i>	54.3%	★★★
	<i>Children/Adolescents—Nutrition, 12 to 17 years</i>	46.4%	★★
	<i>Children/Adolescents—Nutrition, Total</i>	51.3%	★★★
	<i>Children/Adolescents—Physical Activity, 3 to 11 years</i>	47.9%	★★★
	<i>Children/Adolescents—Physical Activity, 12 to 17 years</i>	53.0%	★★★
	<i>Children/Adolescents—Physical Activity, Total</i>	49.9%	★★★
	<i>Adult BMI Assessment</i>	71.1%	★★★★★
Pregnancy Care	<i>Timeliness of Prenatal Care</i>	93.7%	★★★★★
	<i>Postpartum Care</i>	81.5%	★★★★★
	<i>Weeks of Pregnancy at Time of Enrollment—≤ 0 Weeks</i>	17.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—1 to 12 Weeks</i>	12.5%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—13 to 27 Weeks</i>	29.9%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—28 or More Weeks</i>	36.3%	NC
	<i>Weeks of Pregnancy at Time of Enrollment—Unknown</i>	3.8%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

NA = Denominator < 30, unable to report a rate.

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

Table N-2—Scores for Performance Measures for UPP			
Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Pregnancy Care (continued)	<i>Frequency of Ongoing Prenatal Care—< 21 Percent*</i>	NR	NR
	<i>Frequency of Ongoing Prenatal Care—21 to 40 Percent</i>	NR	NC
	<i>Frequency of Ongoing Prenatal Care—41 to 60 Percent</i>	NR	NC
	<i>Frequency of Ongoing Prenatal Care—61 to 80 Percent</i>	NR	NR
	<i>Frequency of Ongoing Prenatal Care—≥ 81 Percent</i>	NR	NR
Living With Illness	<i>Diabetes Care—HbA1c Testing</i>	88.9%	★★★★★
	<i>Diabetes Care—Poor HbA1c Control (>9.0%)*</i>	29.3%	★★★★★
	<i>Diabetes Care—HbA1c Control (<8.0%)</i>	62.5%	★★★★★
	<i>Diabetes Care—HbA1c Control (<7.0%)</i>	38.8%	★★★
	<i>Diabetes Care—Eye Exam</i>	67.7%	★★★★★
	<i>Diabetes Care—LDL-C Screening</i>	82.1%	★★★★★
	<i>Diabetes Care—LDL-C Control <100mg/dL</i>	36.3%	★★★
	<i>Diabetes Care—Nephropathy</i>	93.3%	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/80)</i>	—	★★★★★
	<i>Diabetes Care—Blood Pressure Control (<140/90)</i>	73.5%	★★★★★
	<i>Asthma—5 to 11 Years</i>	93.8%	^
	<i>Asthma—12 to 18 Years</i>	84.0%	^
	<i>Asthma—19 to 50 Years</i>	73.0%	^
	<i>Asthma—51 to 64 Years</i>	NA	^
	<i>Asthma—Total</i>	84.2%	^
	<i>Controlling High Blood Pressure</i>	69.1%	★★★★★
	<i>Advising Smokers and Tobacco Users to Quit</i>	77.1%	NC
	<i>Discussing Cessation Medications</i>	45.8%	NC
	<i>Discussing Cessation Strategies</i>	39.1%	NC
Health Plan Diversity	<i>Race/Ethnicity—White</i>	92.9%	NC
	<i>Race/Ethnicity—Black or African-American</i>	1.4%	NC
	<i>Race/Ethnicity—American-Indian and Alaska Native</i>	1.8%	NC
	<i>Race/Ethnicity—Asian</i>	0.3%	NC

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

NR = Not Report (i.e., biased, or MHP chose not to report).

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

^ For HEDIS 2012, the upper age limit for the *Appropriate Medications for People With Asthma* measure was extended from 50 to 64 and the age band distribution was changed; therefore, HEDIS 2011 Medicaid percentiles for this measure are not presented.

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

Table N-2—Scores for Performance Measures for UPP

Dimension	Performance Measure	Rate for 2012	Performance Level for 2012
Health Plan Diversity (continued)	<i>Race/Ethnicity—Native Hawaiian and Other Pacific Islanders</i>	0.1%	NC
	<i>Race/Ethnicity—Some Other Race</i>	1.0%	NC
	<i>Race/Ethnicity—Two or More Races</i>	0.0%	NC
	<i>Race/Ethnicity—Unknown</i>	< 0.1%	NC
	<i>Race/Ethnicity—Declined</i>	2.5%	NC
	<i>Race/Ethnicity—Hispanic[£]</i>	0.7%	NC
	<i>Language Diversity: Spoken Language—English</i>	99.9%	NC
	<i>Language Diversity: Spoken Language—Non-English</i>	< 0.1%	NC
	<i>Language Diversity: Spoken Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Spoken Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Written Language—English</i>	99.9%	NC
	<i>Language Diversity: Written Language—Non-English</i>	< 0.1%	NC
	<i>Language Diversity: Written Language—Unknown</i>	< 0.1%	NC
	<i>Language Diversity: Written Language—Declined</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Non-English</i>	0.0%	NC
	<i>Language Diversity: Other Language Needs—Unknown</i>	100.0%	NC
	<i>Language Diversity: Other Language Needs—Declined</i>	0.0%	NC
Utilization	<i>Ambulatory Care: Outpatient—Total</i>	347.8	☆☆
	<i>Ambulatory Care: ED—Total*</i>	71.7	★
	<i>Inpatient Utilization: Discharges, Total Inpatient—Total</i>	6.7	NC
	<i>Inpatient Utilization: Discharges, Medicine—Total</i>	2.9	NC
	<i>Inpatient Utilization: Discharges, Surgery—Total</i>	1.1	NC
	<i>Inpatient Utilization: Discharges, Maternity—Total</i>	4.4	NC
	<i>Inpatient Utilization: ALOS, Total Inpatient—Total</i>	3.1	NC
	<i>Inpatient Utilization: ALOS, Medicine—Total</i>	3.4	NC
	<i>Inpatient Utilization: ALOS, Surgery—Total</i>	3.9	NC
<i>Inpatient Utilization: ALOS, Maternity—Total</i>	2.4	NC	

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

NC = Not Comparable (i.e., measure not comparable to national HEDIS 2011 Medicaid percentiles or percentiles not available).

£ The rate was calculated by HSAG; national benchmarks are not comparable.

ALOS = Average Length of Stay

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

Table N-2 shows that **UPP** performed well, with 45 measures ranking at or above the national HEDIS 2011 Medicaid 50th percentile. Thirteen of these rates ranked at or above the 90th percentile nationally, compared to 11 from the previous reporting period.

The Child and Adolescent Care dimension showed strong performance with 16 of the 18 measures ranking at or above the 50th percentile. The Living With Illness dimension also had strong performance. The Women—Adult Care and Access to Care dimensions each had at least two measures that ranked below the 50th percentile, indicating opportunities for improvement.

Performance Improvement Projects (PIPs)

Table N-3 presents the scoring for each of the activities in the CMS PIP protocol. The table shows the number of elements within each activity and, of those, the number that were scored *Met*, *Partially Met*, *Not Met*, or *Not Applicable (NA)*; the total percentage scores for evaluation and critical elements *Met*; and the validation status for the PIP.

Table N-3—2011–2012 PIP Validation Results for UPP						
Activity		Number of Elements				
		Total	Met	Partially Met	Not Met	NA
I.	Select the Study Topic(s)	2	2	0	0	0
II.	Define the Study Question(s)	1	1	0	0	0
III.	Select the Study Indicator(s)	3	2	0	0	1
IV.	Use a Representative and Generalizable Study Population	1	1	0	0	0
V.	Use Sound Sampling Techniques	6	0	0	0	6
VI.	Use Valid and Reliable Data Collection Procedures	6	4	0	0	2
VII.	Data Analysis and Interpretation of Results	9	8	0	0	1
VIII.	Improvement Strategies (Interventions for Improvement as a Result of Analysis)	4	4	0	0	0
IX.	Assess for Real Improvement	4	4	0	0	0
X.	Assess for Sustained Improvement	1	Not Assessed			
Totals for All Activities		37	26	0	0	10
Percentage Score of Evaluation Elements Met		100%				
Percentage Score of Critical Elements Met		100%				
Validation Status		Met				

For the 2011–2012 second-year validation of **UPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through IX, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. **UPP** received *Met* scores for all applicable evaluation elements in Activities I through IX. In the study design (Activities I through IV) and study implementation (Activities V through VII) phases, **UPP**'s strong performance indicated that

the PIP was well designed and implemented appropriately to measure outcomes and improvements. The solid design allowed **UPP** to successfully progress to the next stage of the process and achieve real improvement in the first remeasurement. Based on the validation of this PIP, HSAG's assessment determined high confidence in the reported results.

UPP's clinical PIP on *Childhood Obesity* was designed to increase the rate of body mass index (BMI) documentation. The first remeasurement results for the study indicator—the percentage of members who had evidence of BMI percentile documentation during the measurement year—showed statistically significant improvement in the study indicator. Following the baseline period, **UPP** discontinued several less effective interventions and continued provider education interventions with the focus on educating clinic staff on the value of BMI percentile measurement and documentation.

Assessment of Follow-Up on Prior Recommendations

Annual Compliance Reviews

UPP successfully addressed the three recommendations from the 2010–2011 compliance review. The MHP ensured that all full replacement electronic provider files were provided to the state-contracted enrollment broker every month. In addition to its member education and outreach activities, **UPP** participated in the MDCH-sponsored Immunization Conference as well as collaborated with the Michigan Care Improvement Registry (MCIR) systems. **UPP** met or exceeded all performance measure standards, including *Childhood Immunizations*. **UPP** provided documentation that it collected information on felony convictions at the time of practitioner appointment and reappointment.

Performance Measures

In 2011, **UPP**'s rate for *Chlamydia Screening in Women—16 to 20 Years* fell below the national 25th percentile, indicating an opportunity for improvement. **UPP** implemented improvement initiatives, which included analysis of chlamydia data by county, provider education, and interventions in under-performing clinics, as well as member education. The rate for this measure improved by 1.1 percentage points from 2011 to 2012, but it remained below the 25th percentile. The other two indicators for *Chlamydia Screening in Women (Ages 21 to 24 Years and Total)* showed a decline in performance and also fell below the 25th percentile, indicating improvement efforts should continue.

Performance Improvement Projects (PIPs)

For the 2010–2011 first-year validation of **UPP**'s PIP on *Childhood Obesity*, HSAG validated Activities I through VIII, resulting in a validation status of *Met* with an overall score of 100 percent and a score of 100 percent for critical elements. There were no recommendations for follow-up.

Recommendations and Summary Assessment Related to Quality, Timeliness, and Access

The current review of **UPP** showed both strengths and opportunities for improvement.

UPP demonstrated strong performance across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The 2011–2012 compliance review also identified opportunities for improvement across all three domains. **UPP** should address the recommendation for the *Administrative* standard—related to the **quality** domain—requiring **UPP** to submit an updated organizational chart. For the *Member* standard, which addressed the **quality**, **timeliness**, and **access** domains, **UPP** should maintain MDCH approval notifications for member newsletters. To improve performance on the *MIS/Data Reporting* standard addressing the **quality** and **timeliness** domains, **UPP** should ensure that all required report submissions are timely and complete. For the *Fraud, Waste, and Abuse* standard related to all three domains, **UPP** should provide documentation of actions taken to address the need for a full-time compliance officer.

Compared with the national HEDIS 2011 performance, **UPP** demonstrated below- to above-average performance for most measures in the **quality**, **timeliness**, and **access** domains.

In the **quality** domain, 38 of the 44 measures benchmarked above the national average, and 11 of these rates performed above the 90th percentile. All three rates for the *Chlamydia Screening in Women* and the *Appropriate Treatment for Children With URI* measures fell below the 25th percentile. **UPP** should ensure that all lab data are being received and incorporated into calculation of these rates. All of the *Immunization* measures except *Combo 2* had statistically significant increases ranging from 5.1 to 35.0 percentage points. **UPP** should continue efforts to keep improving performance on these measures.

All measures in the **timeliness** domain performed above the national average, and **UPP** should continue its improvement efforts to maintain its strong performance.

Four out of 13 reported rates in the **access** domain performed below the 50th percentile, with one rate benchmarking below the 25th percentile. **UPP** has opportunities to continue to improve the measures under this domain. The MHP could conduct a network adequacy study to ensure that its provider network meets membership needs as they relate to distance to the provider locations and appointment availability. A review of administrative data completeness could help ensure that these data are being received from all providers.

Related to all domains, **UPP** should continue its efforts to improve the rates of low-performing measures and ensure that claims and encounter data are complete, especially for pharmacy and lab data. For hybrid measures, **UPP** should investigate the impact of medical record data and use that information to target providers who are not submitting complete claims and encounter data in order to impact administrative rates.

The EQR activities related to the validation of PIPs addressed the validity and reliability of the MHP's processes for conducting valid PIPs. **UPP's** PIP addressed the **quality** domain. The MHP demonstrated strong performance related to the quality of its PIP and a thorough application of the

requirements for Activities I through IX of the CMS protocol for conducting PIPs. To strengthen the study, **UPP** should address the *Point of Clarification* in Activity VI and revise the documentation to reference only the statistical test that was actually used.