

MICHILD EXTERNAL QUALITY REVIEW REPORT

(FY2012 Appropriation Bill - Public Act 63 of 2011)

**Within 30 days receipt of final report
from contractors**

Section 1670: (8) The department shall assure that an external quality review of each MICHild contractor, as described in subsection (5), is performed, which analyzes and evaluates the aggregated information on quality, timeliness, and access to health care services that the contractor furnished to MICHild beneficiaries.

*Michigan Department
of Community Health*



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

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2011–2012 MICHILD EXTERNAL QUALITY REVIEW TECHNICAL REPORT

April 2013



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|--|------------|
| 1. Executive Summary | 1-1 |
| Purpose of Report | 1-1 |
| Scope of External Quality Review (EQR) Activities Conducted | 1-2 |
| 2. External Quality Review Activities | 2-1 |
| Introduction | 2-1 |
| Compliance Monitoring | 2-1 |
| Validation of Performance Measures | 2-4 |
| 3. Overall Findings | 3-1 |
| Annual Compliance Review | 3-1 |
| Validation of Performance Measures | 3-5 |
| 4. Appendices Introduction | 4-1 |
| Overview | 4-1 |
| Michigan MICHild Contractor Names | 4-1 |
| <i>Appendix A.</i> Findings—Blue Cross Blue Shield of Michigan | A-1 |
| <i>Appendix B.</i> Findings—CoventryCares of Michigan, Inc. | B-1 |
| <i>Appendix C.</i> Findings—Grand Valley Health Plan | C-1 |
| <i>Appendix D.</i> Findings—HealthPlus of Michigan | D-1 |
| <i>Appendix E.</i> Findings—Midwest Health Plan | E-1 |
| <i>Appendix F.</i> Findings—Molina Healthcare of Michigan | F-1 |
| <i>Appendix G.</i> Findings—Priority Health Government Programs | G-1 |
| <i>Appendix H.</i> Findings—Total Health Care | H-1 |
| <i>Appendix I.</i> Findings—UnitedHealthcare Community Plan | I-1 |
| <i>Appendix J.</i> Findings—Upper Peninsula Health Plan | J-1 |
| <i>Appendix K.</i> Findings—Blue Cross Blue Shield of Michigan (Dental) | K-1 |
| <i>Appendix L.</i> Findings—Delta Dental Plan of Michigan | L-1 |
| <i>Appendix M.</i> Findings—Golden Dental Plan | M-1 |

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Purpose of Report

The State of Michigan, in compliance with federal regulations, requires an annual external quality review (EQR) of each medical and dental contractor with the MICHild health insurance program to analyze and evaluate the quality and timeliness of, and access to, health care services furnished by the contractor to MICHild beneficiaries.

To meet the EQR 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 conduct the validation of performance measures and to prepare the annual report.

MICHild is Michigan's implementation of the Children's Health Insurance Program (CHIP), a health care program jointly financed by federal and state governments and administered by the states. Originally created in 1997, CHIP targets uninsured children in families with incomes too high to qualify for Medicaid programs, but often too low to afford private coverage. Within federal guidelines, each State determines the design of its individual CHIP program, including eligibility parameters, benefit packages, payment levels for coverage, and administrative procedures. MICHild began in 1998 and provides health insurance to children of low-income and moderate-income families through ten medical and three dental contractors represented in this report:

- ◆ Blue Cross Blue Shield of Michigan (MBCM)
- ◆ CoventryCares of Michigan, Inc. (MCOV)¹
- ◆ Grand Valley Health Plan (MGVH)
- ◆ HealthPlus of Michigan (MHPL)
- ◆ Midwest Health Plan (MMID)
- ◆ Molina Healthcare of Michigan (MMOL)
- ◆ Priority Health Government Programs (MPRI)
- ◆ Total Health Care (MTHC)
- ◆ UnitedHealthcare Community Plan (MUNI)²
- ◆ Upper Peninsula Health Plan (MUPP)
- ◆ Blue Cross Blue Shield of Michigan (Dental) (MDBC)
- ◆ Delta Dental Plan of Michigan (MDDM)
- ◆ Golden Dental Plan (MGDP)

¹ OmniCare Health Plan changed its name to CoventryCares of Michigan effective June 1, 2012

² UnitedHealthCare of the 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 two of the three mandatory EQR activities, as listed below:

- ◆ **Compliance Monitoring:** MDCH evaluated the compliance of the MICHild contractors with federal Medicaid managed care regulations using a compliance review process. HSAG examined, compiled, and analyzed the results as presented in the contractor-specific compliance review documentation provided by MDCH.
- ◆ **Validation of Performance Measures:** HSAG conducted the validation activities as outlined in the Centers for Medicare & Medicaid Services (CMS) protocol for validating performance measures.
- ◆ **Validation of Performance Improvement Projects (PIPs):** At the time of this report, the MICHild contractors had not yet begun to conduct a PIP.

Summary of Findings

The following is a statewide summary of the conclusions drawn regarding the MICHild contractors’ performance in 2011–2012. Appendices A–M contain detailed, contractor-specific findings and Section 3 presents detailed statewide findings.

Compliance Reviews—MICHild Medical Contractors

MDCH completed the review of the six standards shown below during compliance reviews of the ten contracted MICHild medical contractors during state fiscal year (SFY) 2011–2012. Table 1-1 shows the statewide aggregated results.

| Standard | | Range of Contractors’ Scores | Number of Contractors With 100 Percent Compliance | Statewide Average Score |
|---------------|----------------------------------|------------------------------|---|-------------------------|
| 1. | <i>Administrative</i> | 75%–100% | 9 | 97% |
| 2. | <i>Provider</i> | 80%–100% | 4 | 92% |
| 3. | <i>Member</i> | 50%–100% | 2 | 84% |
| 4. | <i>Quality/Utilization</i> | 93%–100% | 5 | 96% |
| 5. | <i>MIS/Data Reporting/Claims</i> | 67%–100% | 7 | 93% |
| 6. | <i>Fraud, Waste, and Abuse</i> | 100%–100% | 10 | 100% |
| Overall Score | | 80%–100% | 1 | 93% |

The statewide average overall score across all standards and MICHild medical contractors of 93 percent reflected strong performance on the compliance reviews, with one contractor achieving an overall compliance score of 100 percent. The *Fraud, Waste, and Abuse* standard showed both the highest statewide average score of 100 percent and the highest number—all ten contractors—achieving 100 percent compliance. The *Administrative* standard represented another area of strong performance for the medical MICHild contractors, with nine of the ten contractors in full compliance with all requirements and a statewide score of 97 percent. These results indicated strengths related to the contractors’ compliance with requirements related to their governing bodies, organizational charts, and information about physician incentive plans, as well as policies, procedures, and processes to guard against fraud, waste, and abuse. With a statewide average score of 84 percent and only two of the contractors in full compliance with all requirements, the *Member* standard represented the largest opportunity for improvement. Performance on the *MIS/Data Reporting/Claims Processing* standard resulted in a statewide average score of 93 percent, with seven of the ten medical MICHild contractors achieving 100 percent compliance on this standard. While about half of the contractors received recommendations related to the *Quality/Utilization* and *Provider* standards, statewide average scores of 96 percent and 92 percent, respectively, indicated strong performance in these areas.

Compliance Reviews—MICHild Dental Contractors

MDCH completed the review of the five standards shown in the following table over the course of the 2011–2012 annual compliance reviews. Table 1-2 shows the statewide aggregated results across the three dental contractors.

| Table 1-2—Summary of Data From the 2011–2012 Annual Compliance Review of MICHild Dental Contractors | | | | |
|---|--|------------------------------|---|-------------------------|
| Standard | | Range of Contractors' Scores | Number of Contractors With 100 Percent Compliance | Statewide Average Score |
| 1. | <i>Administration</i> | 100%–100% | 3 | 100% |
| 2. | <i>Provider</i> | 95%–100% | 1 | 97% |
| 3. | <i>Enrollee Services</i> | 64%–100% | 1 | 85% |
| 4. | <i>Quality Assurance/ Utilization Management</i> | 67%–100% | 1 | 78% |
| 5. | <i>Fraud, Waste, and Abuse</i> | 33%–100% | 2 | 78% |
| Overall Score | | 74%–100% | 1 | 89% |

The statewide average overall score across all standards and MICHild dental contractors was 89 percent, with one contractor achieving an overall compliance score of 100 percent. The *Administration* standard showed the highest statewide average score of 100 percent, with all three contractors achieving 100 percent compliance. These results indicated a statewide strength related to the contractors' organizational structure and licensure, management information systems, and confidentiality policies and procedures. The statewide score for the *Provider* standard was the second highest at 97 percent, and one of the contractors demonstrated full compliance on this standard. Statewide performance on the *Quality Assurance/Utilization Management* and *Fraud, Waste, and Abuse* standards resulted in the lowest compliance scores of 78 percent. Two of the three contractors achieved 100 percent compliance on the *Fraud, Waste, and Abuse* standard, but the third contractor's weak performance led to a low statewide score. The results of this annual compliance review demonstrated strengths for the MICHild dental contractors as well as opportunities for improvement across all but one of the standards.

Validation of Performance Measures

HSAG conducted the performance measure validation activities as outlined in the CMS publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities, Final Protocol, 2002*, for all MICHild medical contractors.

MDCH developed and defined four performance measures for reporting—as shown in Table 1-3—and calculated the plan-specific results using encounter data submitted by the MICHild medical contractors. HSAG assessed several crucial aspects of the calculation of performance measures and determined that MDCH’s processes for data integration and data control, as well as the documentation of performance measure calculations, were acceptable. Noted strengths included (1) MDCH’s knowledge of the contractors and of the data used for calculating the performance measures; (2) well-established processes for monthly review of data for timeliness and completeness, including communicating monthly feedback to contractors, collaborating with contractors to resolve any issues with encounter data submissions, and back-up plans for data review; and (3) automated report production, reducing the potential for errors. Recommendations for improvement identified in the 2011–2012 validation included (1) requiring the contractors to comment on whether performance on encounter data, as reflected in the monthly Composite Reports, has any impact on its performance on the well-child visit measures; (2) complete updates to the Information Systems Capabilities Assessment Tool (ISCAT) document specific to the period under review; (3) considering NCQA protocol of not reporting rates with a denominator of less than 30 members in the report; and (4) exploring additional ways to use encounter data for performance measure reporting. The validation activities for SFY 2011–2012 indicated that performance measures were fully compliant with MDCH specifications.

MDCH monitored the performance of the MICHild medical contractors and specified a minimum performance standard for the four key performance measures. Table 1-3 presents the statewide results for contractors meeting the specified standards, showing for each measure the high and low percentage of the MICHild medical contractors meeting the MDCH standard for the reporting periods in the SFY, as well as the aggregated total across all contractors for the entire SFY.

| | Percentage Range | Total Across All Contractors |
|---|-------------------------|-------------------------------------|
| <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | 71%–100% | 87% |
| <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | 29%–67% | 50% |
| <i>Encounter Data Reporting—Institutional and Professional</i> | 40%–100% | 73% |
| <i>Encounter Data Reporting—Pharmacy</i> | 30%–100% | 82% |

Note: Results for the performance measures were based on varying numbers of MICHild medical contractors, as two of the contractors did not yet have an eligible population for reporting well-child measures for the first three quarters of the SFY; and one additional contractor that began enrollment of MICHild members during the SFY was added to the reporting of encounter measures only.

Quality, Timeliness, and Access

The annual compliance review of the MICHild contractors showed strong performance across the domains of **quality**, **timeliness**, and **access**. Medical and dental MICHild contractors implemented corrective actions to address recommendations from the prior-year compliance review and demonstrated strengths across the standards. The compliance review results further indicated opportunities for improvement across the **quality**, **timeliness**, and **access** domains.

Results for the well-child visits measures reflected opportunities for improvement in the **quality** domain. While rates varied greatly among contractors as well as across reporting periods, statewide total performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Well-Child Visits in the Seventh Through Eleventh Years of Life* measures met the MDCH performance standards.

Table 1-4 shows HSAG’s assignment of the compliance review standards and performance measures into the domains of **quality**, **timeliness**, and **access**.

| Table 1-4—Assignment of Activities to Performance Domains | | | |
|---|---------|------------|--------|
| Compliance Review Standards—Medical | Quality | Timeliness | Access |
| Standard 1. <i>Administrative</i> | ✓ | | |
| Standard 2. <i>Provider</i> | ✓ | ✓ | ✓ |
| Standard 3. <i>Member</i> | ✓ | ✓ | ✓ |
| Standard 4. <i>Quality Assurance/Utilization Management</i> | ✓ | | ✓ |
| Standard 5. <i>MIS/Data Reporting/Claims Processing</i> | ✓ | ✓ | |
| Standard 6. <i>Fraud, Waste, and Abuse</i> | ✓ | ✓ | ✓ |
| Performance Measures—Medical ³ | Quality | Timeliness | Access |
| <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | ✓ | | |
| <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | ✓ | | |
| Compliance Review Standards—Dental | Quality | Timeliness | Access |
| Standard 1. <i>Administration</i> | ✓ | | |
| Standard 2. <i>Provider</i> | ✓ | ✓ | ✓ |
| Standard 3. <i>Enrollee Services</i> | ✓ | ✓ | ✓ |
| Standard 4. <i>Quality Assurance/Utilization Management</i> | ✓ | | ✓ |
| Standard 5. <i>Fraud, Waste, and Abuse</i> | ✓ | ✓ | ✓ |

³ Two additional performance measures reported by MDCH (*Encounter Data Reporting—Professional and Institutional* and *Encounter Data Reporting—Pharmacy*) monitor data capture only and do not address performance related to the quality and timeliness of, or access to, services provided to MICHild enrollees.

Introduction

This section describes the manner in which HSAG examined the results of the compliance review activities, conducted the validation of performance measures activities, analyzed the resulting data from the two EQR activities, and drew conclusions as to the quality and timeliness of and access to care furnished by the MICHild contractors.

Compliance Monitoring

Objectives

This is the third year that MDCH has performed an evaluation of the MICHild contractors' compliance. The results from these reviews inform MDCH and the medical and dental contractors of areas of strength and opportunities for improvement.

MDCH and the MICHild contractors may use the information and findings from the compliance reviews to:

- ◆ Evaluate the quality and timeliness of and access to health care furnished by the contractors.
- ◆ Identify, implement, and monitor system interventions to improve quality.
- ◆ Evaluate the current performance processes.
- ◆ Plan and initiate activities to sustain and enhance current performance processes.

Technical Methods of Data Collection

MDCH conducted the annual compliance reviews of the MICHild contractors from November 2011 through September 2012.

For the 2011–2012 review cycle, MDCH completed a full review of all criteria for each of the standards, continuing to use its automated tools in an Access database application. The review tools focused on contractual requirements in the following areas:

For MICHild medical contractors:

1. *Administrative*
2. *Provider*
3. *Member*
4. *Quality Assessment/Utilization Management*
5. *MIS/Data Reporting/Claims Processing*
6. *Fraud, Waste, and Abuse*

For MICHild dental contractors:

1. *Administration*
2. *Provider*
3. *Enrollee Services*
4. *Quality Assessment/Utilization Management*
5. *Fraud, Waste, and Abuse*

Description of Data Obtained

To assess the MICHild contractors' compliance with requirements, MDCH obtained information from a wide range of written documents produced by the contractors, including:

- ◆ 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, medical record review reports
- ◆ Provider service and delegation agreements and contracts
- ◆ Provider files, disclosure statements, current sanctioned/suspended provider lists
- ◆ Organizational charts
- ◆ Fraud and abuse logs, fraud and abuse reports
- ◆ Employee handbooks, fliers, employee newsletters, provider newsletters, Web sites, educational/training materials
- ◆ Member materials, including welcome letters, member handbooks, member newsletters, provider directories, and certificates of coverage
- ◆ Provider manuals

Prior to the scheduled compliance review, each MICHild contractor received the review tool with instructions for entering the required information. Following the compliance review, MDCH completed the section for State findings, assigned a score for each criterion, and summarized the contractors' focus studies in a focus study report.

HSAG examined, compiled, and analyzed the review results as contained in the compliance review documentation submitted by MDCH.

Data Aggregation, Analysis, and How Conclusions Were Drawn

MDCH reviewers used the review tool for each MICHild contractor 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 contractor demonstrated full compliance with the requirement(s)
- ◆ *Incomplete*—The contractor demonstrated partial compliance with the requirement(s)
- ◆ *Fail*—The contractor failed to demonstrate compliance with the requirement(s)
- ◆ *Not Applicable (N/A)*—The requirement(s) did not apply to the contractor

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 contractor across all standards. The total compliance scores were obtained by adding the weighted number of criteria that received a score of *Pass* (value: 1 point) to the weighted number of criteria that received a score of *Incomplete* (0.5 points), *Fail* (0 points), or *N/A* (0 points), then dividing this total by the total number of applicable criteria reviewed. Statewide averages were calculated by summing the individual contractor scores, then dividing that sum by the total number of applicable criteria reviewed across all medical contractors and separately across all dental contractors.

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 the 2010–2011 compliance reviews focused on those criteria for which the contractor had received a score of *Incomplete* or *Fail* during the prior-year review. Therefore, the comparisons evaluate the 2011–2012 results against the results of the 2009–2010 compliance reviews, as these represent the most recent complete set of scores available. However, caution should be applied when making these comparisons. While the changes to the review tool for the medical contractors were minor, the number of contractors included in the compliance review increased substantially (from seven medical contractors in 2009–2010 to ten medical contractors in 2011–2012), potentially affecting the comparability of statewide results. While the dental contractors included in the compliance reviews remained the same, the review tool underwent significant changes, reducing the number of criteria assessed from 53 in 2009–2010 to the current total of 29 criteria across all standards. On some of the standards, MDCH combined several criteria that were scored separately in earlier reviews into one or two elements for the current review cycle.

To draw conclusions and make overall assessments about the **quality** and **timeliness** of, and **access** to, care provided by the MICHild contractors using findings from the compliance reviews, the standards were categorized to evaluate each of these three domains. Using this framework, Table 1-4 (page 1-6) shows HSAG’s assignment of standards to the three domains of performance.

Validation of Performance Measures

Objectives

In 2010, federal regulations required a validation of performance measures for all contracted CHIP managed care programs. MDCH contracted with HSAG to conduct the validation. HSAG conducted the validation activities as outlined in the CMS publication, *Validating Performance Measures: A Protocol for Use in Conducting External Quality Review Activities*, Final Protocol, Version 1.0, May 1, 2002 (CMS PMV protocol). HSAG presented its findings in the *State Fiscal Year 2012 Validation of Performance Measures Report for MICHild Managed Care Plans*, which served as the basis for the performance measure results presented in this technical report.

Technical Methods of Data Collection and Analysis

The CMS PMV protocol identified key types of data that should be reviewed as part of the validation process. The list below indicates the type of data collected and how HSAG conducted an analysis of this data:

- ◆ The *Information Systems Capabilities Assessment Tool (ISCAT)* or the *HEDIS Record of Administration, Data Management, and Processes (Roadmap)* was requested and received from all contracted MICHild health plans. Upon receipt by HSAG, the ISCAT/Roadmap underwent a cursory review to ensure that all sections were completed and all attachments were present. The documentation was then forwarded to the validation team for review. The validation team reviewed all ISCAT/Roadmap documents, noting issues or items that needed further follow-up. The validation team used information included in the ISCAT/Roadmap to begin completion of the review tools, as applicable.
- ◆ The *Final Audit Report (FAR)* was requested and received from those MICHild contractors that had completed a HEDIS audit. The validation team reviewed the FAR for any findings related to information system issues that would impact the accuracy of health plan encounter data.
- ◆ *Source code (programming language) for performance measures* was received from MDCH. An HSAG source code reviewer completed a line-by-line code review and observation of program logic flow to ensure compliance with MDCH measure definitions. The source code reviewer identified and shared areas of deviation with MDCH.
- ◆ *Supporting documentation* (examples of which are detailed in Attachments III and VI in the CMS PMV protocol) included any documentation that provided the validation team with additional information to complete the validation process, including policies and procedures, file layouts, system flow diagrams, system log files, and data collection process descriptions. The validation team reviewed all supporting documentation, with issues or clarifications flagged for further follow-up.

Pre-Audit Strategy

HSAG conducted the validation activities as outlined in the CMS PMV protocol. HSAG obtained the performance measure specifications developed by MDCH. Based on the measure definitions and reporting guidelines, HSAG developed measure-specific work sheets derived from Attachment I of the CMS PMV protocol.

To assess the health plan encounter data used for performance measure reporting, HSAG prepared documentation requests for all MICHild contractors, which consisted of the ISCAT (Appendix Z of the CMS PMV protocol), the Roadmap, or the FAR produced by an audit firm certified by the National Committee for Quality Assurance (NCQA). In collaboration with MDCH, HSAG customized the documentation requests to collect the necessary data consistent with MDCH's MICHild health care service delivery model. HSAG forwarded the request for documentation to all MICHild contractors, with a timetable for completion and instructions for submission. HSAG assisted the MICHild contractors with data gathering-related questions during the pre-on-site phase.

HSAG prepared an agenda describing all on-site visit activities and indicating the type of staff needed for each session. HSAG forwarded the agenda to MDCH prior to the on-site visit. HSAG conducted pre-on-site conference calls with MDCH to address the on-site visit activities, discussion items and scope of the system review, as well as queries and data access needs.

On-Site Activities

HSAG conducted an on-site visit to MDCH on October 25, 2012. HSAG collected information using several methods, including interviews, system demonstration, review of data output files, primary source verification, observation of data processing, and review of data reports. HSAG conducted the following on-site visit activities:

- ◆ **Opening meeting**—Included introductions of the validation team and key MDCH staff involved in performance measure activities. The meeting discussed the review purpose, required documentation, basic meeting logistics, and queries to be performed.
- ◆ **Evaluation of system compliance**—Included a review of the information systems assessment, focusing on the processing of encounter data, enrollment and eligibility data, and provider data. Additionally, the review evaluated the processes used to collect and calculate the performance measures, including accurate numerator and denominator identification and algorithmic compliance (which evaluated whether rate calculations were performed correctly, all data were combined appropriately, and numerator events were counted accurately).
- ◆ **Review of all collected MICHild contractor documentation**—Included a review of the processes used for collecting, storing, validating, and reporting performance measure data. This session was designed to be interactive with key MDCH staff so that the review team could obtain a complete picture of all the steps taken to generate the performance measures. The goal of the session was to obtain the degree of compliance with written documentation. Interviews were used to confirm findings from the documentation review, expand or clarify outstanding issues, and ascertain that written policies and procedures were used and followed in daily practice.

- ◆ **Overview of data integration and control procedures**—Included discussion and observation of source code logic and a review of how all data sources were combined and how the analytic file was produced for the reporting of selected performance measures. HSAG reviewed backup documentation on data integration. This session also addressed data control and security procedures.
- ◆ **Primary source verification**—Included discussion and observations of source code logic and a review of how all data sources were combined as well as how the analytic file was produced for the reporting of selected performance measures. HSAG reviewed backup documentation on data integration. This session also addressed data control and security procedures.
- ◆ **Closing conference**—Summarized preliminary findings based on the documentation review and the on-site visit, outstanding documents requested, and next steps.

Description of Data Obtained

MDCH identified SFY 2012 as the validation period, which encompassed the reporting periods of October 2011 through September 2012. MDCH developed and defined four performance measures for reporting and calculated plan-specific results using encounter data submitted by the health plans.

Table 2-1 lists the performance measures that HSAG validated.

| Table 2-1—MICHild Performance Measures for SFY 2012 | |
|---|---|
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> |
| 3. | <i>Encounter Data Reporting—Institutional and Professional</i> |
| 4. | <i>Encounter Data Reporting—Pharmacy</i> |

For each performance measure, MDCH specified the measurement period and reporting cycle for validation. Both of the well-child visit measures were reported quarterly. Each quarterly report covered a rolling 12-month measurement period, as shown in Table 2-2.

| Table 2-2—Measurement and Reporting Periods for the <i>Well-Child Visit</i> Measures | | |
|--|-------------------------------------|------------------|
| Quarter | Measurement Period | Reporting Period |
| Q1 | April 2010 through March 2011 | October 2011 |
| Q2 | July 2010 through June 2011 | January 2012 |
| Q3 | October 2010 through September 2011 | April 2012 |
| Q4 | January 2011 through December 2011 | July 2012 |

The encounter data reporting measures were reported monthly, based on the prior month’s encounters. HSAG validated the encounter data performance measure results covering the monthly reporting dates of October 2011 through September 2012. The corresponding measurement period was September 2011 through August 2012. Throughout this report, encounter data results are presented by the reporting date.

| Reporting Date | Oct 2011 | Nov 2011 | Dec 2011 | Jan 2012 | Feb 2012 | Mar 2012 | Apr 2012 | May 2012 | Jun 2012 | Jul 2012 | Aug 2012 | Sept 2012 |
|--------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Measurement Period | Sept 2011 | Oct 2011 | Nov 2011 | Dec 2011 | Jan 2012 | Feb 2012 | Mar 2012 | Apr 2012 | May 2012 | Jun 2012 | Jul 2012 | Aug 2012 |

Data Aggregation, Analysis, and How Conclusions Were Drawn

Based on all validation activities, HSAG determined results for each performance measure. As set forth in the CMS PMV protocol, HSAG gave a validation finding of *Fully Compliant*, *Substantially Compliant*, *Not Valid*, or *Not Applicable* for each performance measure. HSAG based each validation finding on the magnitude of errors detected for the measure’s evaluation elements. Consequently, it was possible that an error for a single audit element resulted in a designation of *Not Valid* because the impact of the error biased the reported performance measure by more than 5 percentage points. Conversely, it was also possible that several audit element errors had little impact on the reported rate and HSAG gave the indicator a designation of *Substantially Compliant*.

To draw conclusions and make overall assessments about the quality and timeliness of, and access to, care provided by the MICHild health plans using findings from the validation of performance measures, each measure was categorized to evaluate one or more of the three domains. Table 1-4 (page 1-6) shows HSAG’s assignment of performance measures to these domains of performance.

The following section of the report presents a two-year comparison of findings for the annual compliance reviews and validation of performance measures.

Annual Compliance Review

MDCH conducted annual compliance reviews of the MICHild medical and dental contractors. Since the 2010–2011 compliance reviews addressed only follow-up on criteria that were less than fully compliant in the prior-year review, data from the current 2011–2012 review cycle will be compared to data from the 2009–2010 reviews, which represent the most recent complete set of scores.

Appendices A–M present additional details about the results of the contractor-specific EQR activities.

MICHild Medical Contractors

The annual compliance reviews of the MICHild medical contractors assessed compliance with contractual requirements on six standards: *Administrative*; *Provider*; *Member*; *Quality/Utilization*; *MIS/Data Reporting/Claims Processing*; and *Fraud, Waste, and Abuse*.

Table 3-1 presents the results from the current (2011–2012) and previous (2009–2010) reviews of all applicable criteria across all contractors. In addition to the range of compliance scores and the statewide averages for each of the six standards and the overall score, the table below presents the number and percentage of contractors that achieved 100 percent compliance for each standard or across all standards.

Caution should be applied when making comparisons between the two review cycles. The 2011–2012 compliance review cycle included three medical contractors that had not been part of the 2009–2010 cycle, two of which were among the three lowest-performing plans overall. Additionally, the compliance review tool underwent some minor revisions that may have had an impact on the scores for some of the standards.

| Table 3-1—Comparison of Results From the Annual Compliance Reviews for MICHild Medical Contractors | | | | | | | |
|--|--------------------------------|-------------------|-----------------|-------------------|------------|---|--------------|
| Standard | | Compliance Scores | | | | Contractors in Full Compliance (Number/Percent) | |
| | | Range | | Statewide Average | | | |
| | | 2009–10 | 2011–12 | 2009–10 | 2011–12 | 2009–10 | 2011–12 |
| 1. | <i>Administrative</i> | 50%–100% | 75%–100% | 86% | 97% | 4/57% | 9/90% |
| 2. | <i>Provider</i> | 78%–100% | 80%–100% | 90% | 92% | 1/14% | 4/40% |
| 3. | <i>Member</i> | 58%–100% | 50%–100% | 89% | 84% | 3/43% | 2/20% |
| 4. | <i>Quality/Utilization</i> | 50%–100% | 93%–100% | 93% | 96% | 6/86% | 5/50% |
| 5. | <i>MIS/Data/ Claims</i> | 33%–100% | 67%–100% | 79% | 93% | 2/29% | 7/70% |
| 6. | <i>Fraud, Waste, and Abuse</i> | 50%–100% | 100%–100% | 90% | 100% | 5/71% | 10/100% |
| Overall Score | | 80%–96% | 80%–100% | 89% | 93% | 0/0% | 1/10% |

As shown in Table 3-1, performance of the medical MICHild contractors showed improvement from the 2009–2010 to the 2011–2012 review cycle.

Statewide average scores increased for five of the six of the standards, as did the percentage of contractors achieving 100 percent compliance. Only the *Member* standard had a decline for the statewide score and for the percentage of contractors in full compliance with all requirements. The *MIS/Data Reporting/ Claims Processing* standard reflected the largest improvement, with an increase of 14 percentage points in the statewide average score and a markedly higher percentage of contractors who achieved a compliance score of 100 percent on this standard. The *Administrative* standard saw similar increases; and performance on the *Fraud, Waste, and Abuse* standard improved to a slightly lesser degree. While the statewide average score for the *Quality/Utilization* standard increased, the number of medical MICHild contractors with 100 percent compliance on this standard declined. These results indicate that, while compliance with requirements on this standard increased overall, opportunities for improvement in this area were more widespread among the contractors.

Overall compliance scores increased for most contractors, as did the statewide average overall score. One of the medical MICHild contractors demonstrated full compliance with all requirements across the six standards and achieved an overall compliance score of 100 percent in the 2011–2012 compliance review cycle.

Dental Contractors

The annual compliance reviews of the MICHild dental contractors assessed compliance with contractual requirements on five standards: *Administrative*; *Provider*; *Enrollee Services*; *Quality Assurance/Utilization Management*; and *Fraud, Waste, and Abuse*. Table 3-2 presents the results from the current (2011–2012) and previous (2009–2010) complete reviews of all applicable criteria across all contractors. In addition to the range of compliance scores and the statewide averages for each of the six standards and overall, the table below presents the number and percentage of contractors that achieved 100 percent compliance for each standard, including a total across all standards.

Caution should be applied when making comparisons between the two review cycles. While the dental contractors included in the compliance review were the same for both cycles, MDCH revised the review tool, as described in Section 2 of this report.

| Standard | Compliance Scores | | | | Contractors in Full Compliance (Number/Percent) | |
|--|-------------------|-----------------|-------------------|------------|---|--------------|
| | Range | | Statewide Average | | 2009–10 | 2011–12 |
| | 2009–10 | 2011–12 | 2009–10 | 2011–12 | | |
| 1. <i>Administration</i> | 95%–100% | 100%–100% | 98% | 100% | 2/67% | 3/100% |
| 2. <i>Provider</i> | 88%–94% | 95%–100% | 91% | 97% | 0/0% | 1/33% |
| 3. <i>Enrollee Services</i> | 75%–86% | 64%–100% | 80% | 85% | 0/0% | 1/33% |
| 4. <i>Quality Assurance/Utilization Management</i> | 14%–86% | 67%–100% | 60% | 78% | 0/0% | 1/33% |
| 5. <i>Fraud, Waste, and Abuse</i> | 0%–100% | 33%–100% | 67% | 78% | 2/67% | 2/67% |
| Overall Score | 78%–92% | 74%–100% | 83% | 89% | 0/0% | 1/33% |

Performance of the dental MICHild contractors improved from the 2009–2010 to the 2011–2012 review cycle, as shown in Table 3-2.

Statewide average scores increased for all five standards. While the percentage of dental contractors achieving a score of 100 percent on the *Fraud, Waste, and Abuse* standard remained unchanged at 67 percent (two of three contractors), percentages increased for the remaining standards.

The *Administrative* standard was a statewide strength, with all three dental MICHild contractors achieving scores of 100 percent. Contractors demonstrated that their organizational structures and information systems were compliant with all contractual requirements. Performance on the *Provider* standard was also strong, with a statewide average score of 97 percent, reflecting that contractors provided adequate access to services and maintained their provider networks.

While the *Quality Assurance/ Utilization Management* standard had the largest increase in the statewide score, this standard continued to represent an opportunity for improvement. While all contractors complied with requirements related to access to emergency services, two of the three contractors received recommendations for their policies, procedures, and quality improvement activities to ensure access to and the quality of services provided to MICHild members.

Statewide performance on the *Enrollee Services* standard also reflected improvement, with an increase in the statewide average score as well as one of contractors achieving 100 percent compliance.

The statewide average overall score increased from the 2009–2010 to the 2011–2012 review cycle. One of the dental MICHild contractors demonstrated full compliance with all requirements across the five standards and achieved an overall compliance score of 100 percent in the 2011–2012 compliance review cycle.

Validation of Performance Measures

The following section presents findings for the validation of performance measures for the ten MICHild medical contractors. Appendices A–M of this report and the *State Fiscal Year 2012 Validation of Performance Measures Report for MICHild Managed Care Plans* present additional detail about the findings for the current-year validation cycle.

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 and determine the extent to which the specific performance measures followed the specifications established for each performance measure.

MDCH developed and defined four performance measures for reporting and calculated contractor-specific results using encounter data submitted by the MICHild medical contractors. The measures reported for SFY 2011–2012 were the same measures reported in the previous year.

Table 3-3 lists the performance measures and shows the final validation results for the 2010–2011 and 2011–2012 validation cycles.

| Table 3-3—2010–2011 and 2011–2012 Performance Measure Validation Results | | | |
|--|---|--|-----------|
| Performance Measure | | Percentage of Rates Scored Fully Compliant | |
| | | 2010–2011 | 2011–2012 |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | 100% | 100% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | 100% | 100% |
| 3. | <i>Encounter Data Reporting—Institutional and Professional</i> | 100% | 100% |
| 4. | <i>Encounter Data Reporting—Pharmacy</i> | 100% | 100% |

HSAG reviewed the source code and program logic flow for the performance measures and determined that all measures were calculated as defined in the MDCH measure specifications. The review of all encounter and pharmacy data did not result in any concerns. For SFY 2011–2012, all performance measures rates were rated as *Fully Compliant*.

The number of medical MICHild contractors included in the performance measure reporting continued to increase. Two of the contractors who did not have an eligible population for reporting the well-child measures in the previous report were included in the current reporting for the last quarter of SFY 2011–2012, thereby increasing the number of contractors with well-child results from seven contractors to nine. One of the new contractors began enrolling MICHild members in May 2011 and did yet not have an eligible population for reporting the well-child measures for the period under review. For the encounter data measures, the number of contractors included in the

reporting also increased, with all ten contractors included in all reporting months of SFY 2011–2012.

MDCH monitored the performance of the MICHild medical contractors through the four measures and specified minimum performance standards, which the contractors were contractually required to achieve. For the two well-child measures, *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Well-Child Visits in the Seventh Through Eleventh Years of Life*, the standards were 60 percent and 50 percent, respectively. For the encounter data measures, the minimum performance standard involved submitting a minimum volume of institutional and professional or pharmacy adjudicated claims by the monthly due date.

Table 3-4 shows the statewide aggregated total rates for the well-child measures for each quarter in the reporting period and the number of MICHild medical contractors that met the minimum performance standard as specified by MDCH, with prior-year results for comparison.

| Table 3-4—2010–2011 and 2011–2012 Results for Well-Child Performance Measures | | | | | | | | | | |
|---|---|---|-----|-----|-----|---------------|-----|-----|-----|-----|
| Performance Measure | | Quarterly Statewide Aggregated Total Rates and Number of Contractors Meeting the Standard | | | | | | | | |
| | | SFY 2010–2011 | | | | SFY 2011–2012 | | | | |
| | | Q 1 | Q 2 | Q 3 | Q 4 | Q 1 | Q 2 | Q 3 | Q 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Statewide Rate | 65% | 76% | 78% | 76% | 64% | 64% | 65% | 66% |
| | Met the Standard | 4/5 | 7/7 | 7/7 | 7/7 | 7/7 | 5/7 | 6/7 | 8/9 | |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Statewide Rate | 38% | 44% | 55% | 61% | 49% | 47% | 50% | 52% |
| | Met the Standard | 0/5 | 2/7 | 4/7 | 6/7 | 4/7 | 2/7 | 3/7 | 6/9 | |

The statewide rate for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure exceeded the MDCH standard of 60 percent for all four reporting quarters in SFY 2011–2012. For the first quarter, all seven MICHild medical contractors reporting rates for that quarter met the MDCH minimum performance standard. In the remaining quarters of the SFY, one or two contractors had rates that fell below the MDCH standard.

While statewide rates for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure remained above the MDCH standard for all four quarters of SFY 2011–2012, statewide aggregated total rates were lower than the rates for the previous SFY. However, performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure continued to represent a statewide strength, with seven of the nine MICHild medical contractors consistently meeting the MDCH performance standard.

The statewide rate for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure fell below the MDCH standard of 50 percent for the first two quarters of SFY 2011–2012, but it improved to exceed the standard in the last two quarters. The number of contractors who met the

standard varied over the quarters of the reporting period, ranging from a low of fewer than a third of the contractors in Quarter 2 to a high of two-thirds of the contractors in Quarter 4.

Statewide, performance on the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure continued to represent an opportunity for improvement. Quarterly statewide aggregated rates continued to meet the MDCH minimum performance standard for two of the four quarters in the SFY. While the total number of rates reported for SFY 2011–2012 increased, half of the contractors’ rates fell below the MDCH standard, as was the case in the previous SFY.

Table 3-5 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month the number of contractors that met the performance standard.

| Table 3-5—2010–2011 and 2011–2012 Results for Encounter Data Performance Measures | | | | | | | | | | | | | | |
|---|--|-------------|--|------|------|------|-------|-------|-------|-------|-------|-------|------|------|
| Performance Measure | | | Number of Contractors Meeting the Standard | | | | | | | | | | | |
| | | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | 2010 – 2011 | 7/7 | 7/7 | 7/7 | 7/7 | 9/9 | 9/9 | 6/9 | 8/9 | 6/9 | 7/9 | 5/10 | 9/10 |
| | | 2011 – 2012 | 9/10 | 6/10 | 7/10 | 8/10 | 10/10 | 10/10 | 6/10 | 8/10 | 8/10 | 6/10 | 6/10 | 4/10 |
| 4. | <i>Encounter Data—Pharmacy</i> | 2010 – 2011 | 4/7 | 5/7 | 4/7 | 4/7 | 5/8 | 5/8 | 6/9 | 5/9 | 6/9 | 6/9 | 3/10 | 3/10 |
| | | 2011 – 2012 | 3/10 | 5/10 | 6/10 | 7/10 | 10/10 | 10/10 | 10/10 | 10/10 | 10/10 | 10/10 | 9/10 | 8/10 |

For the *Encounter Data—Institutional and Professional* measure, all MICHild medical contractors met the performance standard for two of the twelve months in SFY 2011–2012. For the remainder of the reporting year, most contractors—ranging from four to nine contractors—met the MDCH standard. Compared to SFY 2010–2011, overall statewide results showed a decline, with a lower percentage of contractors meeting the MDCH performance standard in eight of the twelve months of SFY 2011–2012. These results show that timely and complete reporting of institutional and professional encounter data remains an opportunity for improvement.

For the *Encounter Data—Pharmacy* measure, all MICHild medical contractors met the performance standard for six of the twelve months in SFY 2011–2012. For the remainder of the reporting year, most contractors—ranging from three to nine contractors—met the MDCH standard. Compared to SFY 2010–2011, overall statewide results showed improvement, with a higher percentage of contractors meeting the MDCH performance standard in ten of the twelve months of SFY 2011–2012. These results reflect a statewide strength and indicate that contractors improved compliance with requirements for complete and timely reporting of pharmacy encounter data.

4. Appendices Introduction

Overview

This Appendices Introduction section identifies the acronyms used throughout this report for the MICHild contractors. Table 4-1 presents the ten MICHild medical contractors followed by the three MICHild dental contractors.

Each contractor-specific appendix presents the results of the 2011–2012 EQR activities. For medical contractors, the appendices include—when applicable—findings for the compliance reviews as well as the validation of performance measures. However, the appendices for dental contractors present findings only for the compliance reviews, as dental contractors were not included in the performance measure validation.

Michigan MICHild Contractor Names

Table 4-1 lists the appendix letter assignment for each contractor and the acronyms or abbreviated contractor names used throughout this report.

| Table 4-1—2011–2012 MICHild External Quality Review Appendices | | |
|--|---------|---|
| Appendix | Acronym | Contractor Name |
| Medical Contractors | | |
| A | MBCM | Blue Cross Blue Shield of Michigan |
| B | MCOV | CoventryCares of Michigan, Inc. |
| C | MGVH | Grand Valley Health Plan |
| D | MHPL | HealthPlus of Michigan |
| E | MMID | Midwest Health Plan |
| F | MMOL | Molina Healthcare of Michigan |
| G | MPRI | Priority Health Government Programs |
| H | MTHC | Total Health Care |
| I | MUNI | UnitedHealthcare Community Plan |
| J | MUPP | Upper Peninsula Health Plan |
| Dental Contractors | | |
| K | MDBC | Blue Cross Blue Shield of Michigan (Dental) |
| L | MDDM | Delta Dental Plan of Michigan |
| M | MGDP | Golden Dental Plan |

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MBCM**’s compliance with federal and State requirements related to the six standards shown Table A-1, which presents **MBCM**’s results from the 2011–2012 annual compliance review.

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MBCM | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 10 | 0 | 0 | 0 | 100% | 92% |
| 3. <i>Member</i> | 3 | 2 | 0 | 0 | 80% | 84% |
| 4. <i>Quality/Utilization</i> | 7 | 0 | 0 | 0 | 100% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 28 | 2 | 0 | 0 | 97% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MBCM continued its strong performance on the *Administrative* and *Fraud, Waste, and Abuse* standards. The contractor demonstrated continued full compliance with all requirements, resulting in compliance scores of 100 percent for these standards.

For the *Provider*, *Quality/Utilization*, and *MIS/Data Reporting/Claims Processing* standards, the contractor implemented corrective actions to address recommendations from the 2010–2011 review and achieved 100 percent compliance in the current review cycle. **MBCM** demonstrated that it maintained a network of qualified providers throughout its service area, developed a policy for standards related to appointment accessibility, and provided documentation that stated the contractor does not provide incentives that compensate decision makers to deny, limit, or discontinue medically necessary services. **MBCM** ensured that daily and monthly enrollment files were reconciled, submitted monthly claims reports as required, and implemented a process to include languages spoken by the member in the enrollment information.

The *Member* standard with a compliance score of 80 percent represented an opportunity for improvement for **MBCM**, as the 2011–2012 compliance review resulted in two recommendations for this standard. On its Web site, **MBCM** should include information for members that explain any changes to coverage or policies and procedures. The contractor should ensure that all documents regarding grievances and appeals (including the Web site) are updated and consistent with the most recent approved version of the member handbook and develop and maintain a grievance and appeal policy and process specific to the MICHild program.

MBCM's performance on five of the six standards and the overall compliance score of 97 percent equaled or exceeded the statewide scores, while compliance for the *Member* standard fell below the statewide average.

MBCM demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The recommendations identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table A-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|--|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns identified. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns identified. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MBCM** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table A-2.

Table A-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MBCM**; whether or not **MBCM** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table A-3—Well-Child Performance Measure Rates for MBCM | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----------|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MBCM | 63% | 64% | 67% | 68% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MBCM | 49% | 48% | 52% | 53% |
| | | Standard Met | N | N | Y | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MBCM's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent in all four reporting quarters. **MBCM**'s rate for the first quarter fell below the statewide rate, while the contractor's rate for the second quarter was equal to the statewide rate. For the remainder of the SFY, **MBCM**'s rates exceeded the statewide aggregate rates.

MBCM's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure fell below the MDCH-specified minimum performance standard of 50 percent for the first two quarters, but they met or exceeded the statewide aggregate rates for these quarters. Rates for the third and fourth quarters met the MDCH standard and exceeded the statewide rates for these quarters.

MBCM monitored services provided to its MICHild members through various reporting mechanisms, including annual utilization review reports and a 7-to-11-year-old well-child visit gap report. The contractor used the findings of such reports to develop outreach to MICHild members through newsletters, reminder letters, and a banner with reminders on the Web site.

MBCM maintained its strong performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, continuing to meet the minimum performance standard for all four quarters of SFY 2011–2012, and improved its rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure. **MBCM** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MBCM** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table A-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table A-4—Encounter Data Performance Measure Rates for MBCM | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 4. | <i>Encounter Data—Pharmacy</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MBCM** met the MDCH standard for all 12 reporting months.

MBCM's rates for the *Encounter Data—Pharmacy* measure met the MDCH performance standard for all 12 reporting months.

MBCM showed improvement in submitting the encounter data (both institutional/professional and pharmacy) during SFY 2011–2012, increasing the number of months in which the MDCH minimum performance standard was met.

MBCM should continue efforts to maintain the strong performance in meeting the MDCH minimum performance standard for encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MCOV**’s compliance with federal and State requirements related to the six standards shown in Table B-1, which presents **MCOV**’s results from the 2011–2012 annual compliance review.

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MCOV | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 8 | 2 | 0 | 0 | 90% | 92% |
| 3. <i>Member</i> | 4 | 1 | 0 | 0 | 90% | 84% |
| 4. <i>Quality/Utilization</i> | 7 | 0 | 0 | 0 | 100% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 27 | 3 | 0 | 0 | 95% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MCOV demonstrated strong performance on the *Administrative*, *Quality/Utilization*, *MIS/Data Reporting/Claims Processing*, and *Fraud and Abuse* standards and achieved full compliance with all requirements. **MCOV**’s performance on these standards, as well as the overall score of 95 percent, equaled or exceeded the statewide scores.

The *Provider* and *Member* standards represented opportunities for improvement for **MCOV** with compliance scores of 90 percent. The 2011–2012 compliance review resulted in recommendations for these areas. **MCOV** should ensure that its provider and hospital contracts include all required language. The contractor should develop an action plan to increase the compliance of primary care physicians with the requirement to make covered services available 24 hours per day, 7 days a week. **MCOV** should develop a policy that clearly specifies the procedure for review and revision of the member handbook. While **MCOV**’s performance on the *Member* standard was higher than the statewide average, performance on the *Provider* standard fell below the statewide score.

The 2011–2012 review was the first annual compliance review for **MCOV**; therefore, follow-up on prior recommendations was not required.

MCOV demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table B-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|--|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates for Quarter 4 are consistent with MDCH specifications. MCOV was not required to report this measure for quarters 1, 2, or 3. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates for Quarter 4 are consistent with MDCH specifications. MCOV was not required to report this measure for quarters 1, 2, or 3. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MCOV** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table B-2. The contractor did not yet have an eligible population for reporting the well-child measures during the first three quarters of SFY 2011–2012. Therefore, the contractor’s performance was not compared to the MDCH-specified minimum performance standards or the statewide aggregate rates for the well-child measures for these periods.

Table B-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MCOV**; whether or not **MCOV** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table B-3—Well-Child Performance Measure Rates for MCOV | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MCOV | | | | 64% |
| | | Standard Met | | | | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MCOV | | | | 33% |
| | | Standard Met | | | | N |
| | | Statewide | 49% | 47% | 50% | 52% |

MCOV’s fourth quarter rate for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent, but it fell below the statewide aggregate rate.

MCOV’s fourth quarter rate for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure did not meet the MDCH-specified minimum performance standard of 50 percent. **MCOV**’s rate was lower than the statewide rate for that quarter.

MCOV should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MCOV** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table B-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table B-4—Encounter Data Performance Measure Rates for MCOV | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | N | N | Y | Y | Y | Y | Y | Y | N | N | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | N | N | Y | Y | Y | Y | Y | Y | Y | Y | N |

For the *Encounter Data—Institutional and Professional* measure, **MCOV** met the MDCH standard for seven of the 12 reporting months.

MCOV's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for four reporting dates and met the performance standard for the remaining months of SFY 2011–2012.

The contractor showed improvement in submitting the encounter data during the measurement period of SFY 2011–2012, working to ensure that encounter files were submitted accurately and on time per the contract requirements and increasing the number of months in which the MDCH performance standard was met.

MCOV should continue its efforts to consistently meet the MDCH minimum performance standard for encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MGVH**’s compliance with federal and State requirements related to the six standards shown in Table C-1, which presents **MGVH**’s results from the 2011–2012 annual compliance review.

Table C-1—Compliance Review Results for MGVH

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MGVH | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 8 | 2 | 0 | 0 | 90% | 92% |
| 3. <i>Member</i> | 5 | 0 | 0 | 0 | 100% | 84% |
| 4. <i>Quality/Utilization</i> | 7 | 0 | 0 | 0 | 100% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 2 | 1 | 0 | 0 | 83% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 27 | 3 | 0 | 0 | 95% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MGVH demonstrated continued strong performance on the *Administrative*; *Member*; *Quality/Utilization*; and *Fraud, Waste, and Abuse* standards, with continued full compliance with all requirements. **MGVH**’s compliance scores of 100 percent on these standards, as well as the overall compliance score of 95 percent, equaled or exceeded the statewide scores.

For the *Provider* and *MIS/Data Reporting/Claims Processing* standards, the 2011–2012 compliance review identified recommendations for improvement, resulting in compliance scores for these standards of 90 percent and 83 percent, respectively, both of which fell below the statewide average scores. **MGVH** should ensure that its hospital contracts include all required language. The contractor should develop a policy and procedure for the coverage of both in-network and out-of-network emergency services. For the *MIS/Data Reporting/Claims Processing* standard, **MGVH** should develop a policy and procedure to ensure that all clean claims are processed within the required time frames.

The 2010–2011 compliance review did not identify any opportunities for improvement for **MGVH**; therefore, follow-up on prior recommendations was not required.

MGVH demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MICHild contractor. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table C-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|--|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. Apply caution when reviewing performance due to small numbers. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. Apply caution when reviewing performance due to small numbers. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MGVH** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table C-2.

Table C-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MGVH**; whether or not **MGVH** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table C-3—Well-Child Performance Measure Rates for MGVH | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----------|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MGVH | 100% | 50% | 75% | 78% |
| | | Standard Met | Y | N | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MGVH | 75% | 100% | 60% | 60% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MGVH's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent in three of the four reporting quarters, falling below the performance threshold as well as the statewide aggregate rate for the second quarter of SFY 2011–2012. **MGVH**'s rates exceeded the statewide aggregate rates for the remainder of the SFY.

MGVH's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure met the MDCH-specified minimum performance standard of 50 percent and exceeded the statewide aggregate rates for all quarters of SFY 2011–2012.

MGVH reviewed and evaluated performance on the well-child measures on various levels of the organization. To ensure access to care and services for its MICHild members, the contractor used quality assessment reports and other data to identify trends, practice patterns, and utilization information. The contractor shared performance measure results with its providers through the use of provider report cards.

MGVH's performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure was slightly lower compared to the previous SFY, failing to meet the minimum performance standard for one of the reporting quarters. Performance on the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure improved to meet the MDCH standard for all four quarters of SFY 2011–2012. However, caution must be applied when reviewing the contractor's performance due to the small numbers. **MGVH** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MGVH** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table C-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table C-4—Encounter Data Performance Measure Rates for MGVH | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | N | Y | N | Y | Y | N | N | N | N | N | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | N | N | N | Y | Y | Y | Y | Y | Y | N | N |

For the *Encounter Data—Institutional and Professional* measure, **MGVH** met the MDCH standard for four of the 12 reporting months.

MGVH's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for six reporting dates and met the performance standard for the remaining months of SFY 2011–2012.

The contractor showed improvement in submitting the pharmacy encounter data during the measurement period of SFY 2011–2012, working to ensure that encounter files were submitted accurately and on time per the contract requirements and increasing the number of months in which the MDCH performance standard was met.

MGVH should continue its efforts to consistently meet the MDCH minimum performance standard for accurate and timely encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MHPL**’s compliance with federal and State requirements related to the six standards shown in Table D-1, which presents **MHPL**’s results from the 2011–2012 annual compliance review.

Table D-1—Compliance Review Results for MHPL

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MHPL | Statewide |
| 1. <i>Administrative</i> | 1 | 0 | 0 | 1 | 100% | 97% |
| 2. <i>Provider</i> | 10 | 0 | 0 | 0 | 100% | 92% |
| 3. <i>Member</i> | 4 | 1 | 0 | 0 | 90% | 84% |
| 4. <i>Quality/Utilization</i> | 7 | 0 | 0 | 0 | 100% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 28 | 1 | 0 | 1 | 98% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MHPL demonstrated continued strong performance on the *Administrative*; *Provider*; *Quality/Utilization*; *MIS/Data Reporting/Claims Processing*; and *Fraud, Waste, and Abuse* standards and achieved full compliance with all requirements, resulting in compliance scores of 100 percent.

The *Member* standard represented an opportunity for improvement as the 2011–2012 compliance review resulted in one recommendation for this standard. **MHPL** should revise the Member Satisfaction Plan document to address how a member could request that benefits be continued pending the resolution of an appeal and provide an explanation of when a member could be responsible for the cost of these continued services. The contractor should submit an example of an adverse action notice that includes these provisions.

MHPL’s performance on all six standards, as well as the overall score of 98 percent, matched or exceeded the statewide scores.

The 2010–2011 compliance review did not identify any opportunities for improvement for **MHPL**; therefore, follow-up on prior recommendations was not required.

MHPL demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunity for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table D-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|--|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MHPL** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table D-2.

Table D-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MHPL**; whether or not **MHPL** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
|---------------------|---|----------------------------------|-----------|-----------|-----------|-----|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MHPL | 80% | 67% | 62% | 72% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MHPL | 58% | 48% | 43% | 47% |
| | | Standard Met | Y | N | N | N |
| | | Statewide | 49% | 47% | 50% | 52% |

MHPL's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent in all four reporting quarters and exceeded the statewide aggregate rates for three of the quarters. **MHPL**'s rate fell below the statewide rate for the third quarter of SFY 2011–2012.

MHPL's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure met the MDCH-specified minimum performance standard of 50 percent for the first quarter of the SFY, but they fell below the MDCH standard for the last three quarters. **MHPL**'s rates exceeded the statewide aggregate rates for the first two quarters, but they fell below the statewide rates for the third and fourth quarters of SFY 2011–2012.

MHPL monitored the provision of care to its MICHild members annually, using administrative data. The contractor's quality improvement committee conducted a review and evaluation of the MICHild performance measure data. While the MICHild population was not of sufficient size for stand-alone reports, providers treating MICHild members were the same providers treating Medicaid and other members, ensuring that any interventions, assessment of provider performance, and feedback to providers were consistent. **MHPL** prepared lists of members in need of specified well-child visits for its providers and used letters, postcards, or telephone calls as reminders for the members.

MHPL maintained its strong performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, continuing to meet the MDCH minimum performance standard for all four quarters of SFY 2011–2012. For the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure, the contractor's performance decreased from the prior-year results, resulting in fewer reporting quarters in which the MDCH performance standard was met. **MHPL** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MHPL** should continue

improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table D-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table D-4—Encounter Data Performance Measure Rates for MHPL | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MHPL** met the MDCH standard for 11 of the 12 reporting months, falling below the standard for the month of September 2012.

MHPL's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for the first reporting date (October 2011) and met the performance standard for the remaining months of SFY 2011–2012.

The contractor worked to ensure that encounter files were submitted accurately and on time per the contract requirements and achieved improvement in submitting the pharmacy encounter data during the measurement period of SFY 2011–2012, markedly increasing the number of reporting periods in which the MDCH standard was met. Compliance with the performance standard for the institutional/professional encounter data showed a slight decline from the previous SFY, when the MDCH standard was met for all reporting months.

MHPL should continue its efforts to consistently meet the minimum performance standard for encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MMID**’s compliance with federal and State requirements related to the six standards shown in Table E-1, which presents **MMID**’s results from the 2011–2012 annual compliance review.

Table E-1—Compliance Review Results for MMID

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MMID | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 7 | 3 | 0 | 0 | 85% | 92% |
| 3. <i>Member</i> | 3 | 2 | 0 | 0 | 80% | 84% |
| 4. <i>Quality/Utilization</i> | 6 | 1 | 0 | 0 | 93% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 2 | 1 | 0 | 0 | 83% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 23 | 7 | 0 | 0 | 88% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MMID demonstrated strong performance on the *Administrative* and *Fraud, Waste, and Abuse* standards and achieved full compliance with all requirements. **MMID**’s compliance scores of 100 percent on these standards equaled or exceeded the statewide scores.

The *Member* and *Provider* standards represented the greatest opportunity for improvement for **MMID** with compliance scores of 80 percent and 85 percent, respectively, both of which fell below the statewide averages. **MMID** should address the recommendations from the 2011–2012 compliance review and develop and maintain a prior-authorization policy for federally qualified, rural, child and adolescent, and tribal health centers and clarify prior-authorization requirements with its providers and in the member handbook. The contractor should submit the current pharmacy benefits contract and revise the Pharmacy Prior Authorization Process and Exceptions Policy to specify which programs the policy encompasses. **MMID** should develop an action plan to increase compliance with the requirement that primary care physicians make covered services available 24 hours per day, 7 days a week. For the *Member* standard, **MMID** should revise the policy and

process for mailing member ID cards and ensure that the member handbook is reviewed and updated annually.

MMID's performance on the *Quality/Utilization* and *MIS/Data Reporting/ Claims Processing* standards resulted in one recommendation each and compliance scores of 93 percent and 83 percent, respectively. Scores for both these standards fell below the statewide averages. **MMID** should submit a policy that specifies time frames for standard utilization management authorization decisions and ensure that the contractor has the ability to confirm the identity of parents or guardians in the customer services information systems.

The 2011–2012 review was the first annual compliance review for **MMID**; therefore, follow-up on prior recommendations was not required.

MMID demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table E-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|---|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Began enrolling MICHild members in May 2011. Not required to report this measure during the review period. | <i>Not Applicable</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Began enrolling MICHild members in May 2011. Not required to report this measure during the review period. | <i>Not Applicable</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MMID** reflected audit designations of *Not Applicable* for the two well-child measures, as the contractor did not yet have an eligible population for reporting. The encounter data measures were *Fully Compliant* with MDCH specifications, as noted in Table E-2.

MDCH was unable to calculate rates for **MMID** for the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* or *Well-Child Visits in the Seventh Through Eleventh Years of Life* measures, as shown in Table E-2. Therefore, the contractor’s performance was not compared to the MDCH-specified minimum performance standards or the statewide aggregate rates for these measures.

Table E-3 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table E-3—Encounter Data Performance Measure Rates for MMID | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | N | N | N | Y | Y | Y | N | N | N | N | N | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | N | N | N | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MMID** met the MDCH standard for three of the 12 reporting months in SFY 2011–2012.

MMID's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for four reporting dates and met the MDCH performance standard for the remaining eight months of SFY 2011–2012.

The contractor showed improvement in submitting the encounter data during the measurement period of SFY 2011–2012 and increased the number of reporting months in which the MDCH performance standard was met.

MMID should work to ensure that encounter files were submitted accurately and on time per the contract requirements and continue its efforts to consistently meet the minimum performance standard for encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MMOL**’s compliance with federal and State requirements related to the six standards shown in Table F-1, which presents **MMOL**’s results from the 2011–2012 annual compliance review.

Table F-1—Compliance Review Results for MMOL

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MMOL | Statewide |
| 1. <i>Administrative</i> | 1 | 1 | 0 | 0 | 75% | 97% |
| 2. <i>Provider</i> | 9 | 1 | 0 | 0 | 95% | 92% |
| 3. <i>Member</i> | 4 | 1 | 0 | 0 | 90% | 84% |
| 4. <i>Quality/Utilization</i> | 6 | 1 | 0 | 0 | 93% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 26 | 4 | 0 | 0 | 93% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MMOL demonstrated its strongest performance on the *MIS/Data Reporting/Claims Processing* and *Fraud, Waste, and Abuse* standards. The contractor successfully addressed the 2010–2011 recommendation to adjudicate clean claims within the required contractual timelines and achieved full compliance with all requirements, resulting in compliance scores of 100 percent for both standards. The contractor’s scores matched or exceeded the statewide scores for these standards.

The *Administrative*, *Provider*, *Member*, and *Quality/Utilization* standards represented opportunities for improvement for **MMOL**, with compliance scores of 75 percent, 95 percent, 90 percent, and 93 percent, respectively. The 2011–2012 compliance review resulted in one recommendation in each of these areas. The contractor should develop policies that detail the process for physician incentive plans and document coverage of hospital-billed ambulance services. **MMOL** should revise its Web site to include information specific to the MICHild program and submit policies that detail the disease management process.

MMOL’s performance on the *Provider, Member, MIS/Data Reporting/Claims Processing, and Fraud and Abuse* standards, as well as the overall score of 93 percent, matched or exceeded the statewide scores.

MMOL demonstrated strengths 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 in all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table F-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Table F-2—Performance Measure Validation Results <i>for</i> MMOL | | |
|--|--|------------------------|
| Performance Measure | Findings | Audit Designation |
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MMOL** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table F-2.

Table F-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MMOL**; whether or not **MMOL** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
|---------------------|---|----------------------------------|-----------|-----------|-----------|-----|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MMOL | 74% | 80% | 69% | 73% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MMOL | 65% | 59% | 51% | 70% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MMOL's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent and exceeded the statewide aggregate rates in all four reporting quarters of SFY 2011–2012.

MMOL's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure met the MDCH-specified minimum performance standard of 50 percent in all four reporting quarters of SFY 2011–2012. The contractor's rates exceeded the statewide aggregate rates for the entire SFY.

MMOL monitored and reported on the provision of care to its MICHild members. The contractor used HEDIS reports and reports on missed services to monitor performance. **MMOL** used the results of such reports for outreach through reminder letters to members and reports to physicians to identify members who are due or overdue for a well-child exam.

MMOL maintained its strong performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, continuing to meet the minimum performance standard for all four quarters of SFY 2011–2012. For the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure, the contractor's performance increased from the prior-year results, resulting in more reporting quarters in which the MDCH performance standard was met. **MMOL** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MMOL** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table F-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table F-4—Encounter Data Performance Measure Rates for MMOL | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MMOL** met the MDCH standard for 11 of the 12 reporting months, falling below the standard for the last reporting month of the SFY.

MMOL's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for the first reporting date and met the performance standard for the remaining 11 months of SFY 2011–2012.

The contractor worked to ensure that encounter files were submitted accurately and on time per the contract requirements, showing improvement in submitting the pharmacy encounter data during the measurement period of SFY 2011–2012 and increasing the number of months in which the MDCH performance standard was met. The institutional/professional encounter data showed a slight decline from the prior-year performance.

MMOL should continue its efforts to consistently meet the minimum performance standard for encounter data.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MPRI**’s compliance with federal and State requirements related to the six standards shown in Table G-1, which presents **MPRI**’s results from the 2011–2012 annual compliance review.

Table G-1—Compliance Review Results for MPRI

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MPRI | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 7 | 2 | 1 | 0 | 80% | 92% |
| 3. <i>Member</i> | 2 | 1 | 2 | 0 | 50% | 84% |
| 4. <i>Quality/Utilization</i> | 6 | 1 | 0 | 0 | 93% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 2 | 0 | 1 | 0 | 67% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 22 | 4 | 4 | 0 | 80% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MPRI demonstrated strong performance on the *Administrative* and *Fraud, Waste, and Abuse* standards and achieved full compliance with all requirements. **MPRI**’s compliance scores of 100 percent on these standards matched or exceeded the statewide scores.

The *Member* standard represented the largest opportunity for improvement for **MPRI** with a compliance score of 50 percent, which fell below the statewide average. **MPRI** should continue efforts to address the 2010–2011 recommendation to revise its Medicaid/MiChild Card Mailings Policy to accurately reflect requirements for providing new members with ID cards. The contractor should conduct regular reviews and updates of the member handbook to ensure that changes in regulations or contracts are reflected. While **MPRI** completed the previously recommended revisions to the grievance and appeal procedures, the contractor failed to submit the procedure for review and approval by MDCH and the Office of Financial and Insurance Regulation (OFIR). **MPRI** should submit the procedure for approval and continue efforts to meet all requirements related to the grievance and appeals processes.

The *Provider* and *MIS/Data Reporting/ Claims Processing* standards represented additional opportunities for improvement, with below-average compliance scores of 80 percent and 67 percent, respectively. For the *Provider* standard, **MPRI** successfully addressed two of the four recommendations from the 2010–2011 review. The contractor revised its transportation policy and demonstrated compliance with the requirements for emergency transportation, hospital-billed ambulance services, and coverage for out-of-network and out-of-area services. **MPRI** should continue efforts to address the remaining recommendations to revise its policies and procedures for access to federally qualified, child and adolescent, and tribal health centers; develop a policy and process for referring members to in-network specialists; and submit provider education materials concerning these referrals. **MPRI** should develop policies and procedures addressing the requirement for 24 hours a day, seven days a week coverage for MIChild members, conduct surveys with contracted PCPs regarding access, and develop reports demonstrating hospital access. **MPRI** continued to receive a recommendation on the *MIS/Data Reporting/ Claims Processing* standard. While **MPRI** developed a policy and began submitting monthly claims reports as recommended in the previous review, the contractor must continue efforts to process all clean claims in the required time frames.

MPRI's performance on the *Quality/Utilization* standard resulted in one recommendation and a compliance score of 93 percent, which was lower than the statewide score. **MPRI** should submit policies, procedures, and program descriptions that clearly explain disease management programs available to members.

MPRI's overall compliance score of 80 percent fell below the statewide overall score.

MPRI demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table G-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| | Performance Measure | Findings | Audit Designation |
|----|---|--|------------------------|
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. | <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. | <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MPRI** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table G-2.

Table G-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MPRI**; whether or not **MPRI** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
|---------------------|---|----------------------------------|-----------|-----------|-----------|-----|
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MPRI | 66% | 59% | 34% | 19% |
| | | Standard Met | Y | N | N | N |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MPRI | 50% | 39% | 18% | 6% |
| | | Standard Met | Y | N | N | N |
| | | Statewide | 49% | 47% | 50% | 52% |

MPRI's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent as well as exceeded the statewide aggregate rate for the first quarter. **MPRI**'s rates fell below the MDCH standard and the statewide rates for the remainder of the SFY.

MPRI's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure met the MDCH-specified minimum performance standard of 50 percent as well as exceeded the statewide aggregate rate for the first quarter. **MPRI**'s rates fell below the MDCH standard and the statewide rates for the remainder of the SFY.

MPRI monitored and evaluated care and services for its MICHild members. The contractor used an incentive program to reward primary care providers for delivering preventive services to MICHild members. **MPRI** made member-level data available to providers through an on-line resource and used this information to send educational reminders to members about appropriate services.

MPRI saw a decline in performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and *Well-Child Visits in the Seventh Through Eleventh Years of Life* measures when compared to the prior year, resulting in fewer reporting quarters in which the MDCH-specified minimum performance standards were met. **MPRI** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MPRI** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table G-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table G-4—Encounter Data Performance Measure Rates for MPRI | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | N | Y | Y | N | Y | N |
| 4. | <i>Encounter Data—Pharmacy</i> | N | N | N | N | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MPRI** met the MDCH standard for nine of the 12 reporting months.

MPRI's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for the first four reporting dates of SFY 2011–2012 and met the performance standard for the remaining months of the SFY.

The contractor's performance related to submission of both institutional/professional and pharmacy encounter data showed a decline compared to the prior-year performance. **MPRI** should continue efforts to consistently meet the MDCH performance standard by ensuring that encounter files are submitted accurately and on time per the contract requirements.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MTHC**’s compliance with federal and State requirements related to the six standards shown in Table H-1, which presents **MTHC**’s results from the 2011–2012 annual compliance review.

| Standard | Number of Scores | | | | Total Compliance Score | |
|-------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MTHC | Statewide |
| 1. Administrative | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. Provider | 10 | 0 | 0 | 0 | 100% | 92% |
| 3. Member | 5 | 0 | 0 | 0 | 100% | 84% |
| 4. Quality/Utilization | 7 | 0 | 0 | 0 | 100% | 96% |
| 5. MIS/Data Reporting/ Claims | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. Fraud, Waste, and Abuse | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 30 | 0 | 0 | 0 | 100% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MTHC demonstrated exceptionally strong performance across all standards. **MTHC** achieved full compliance with all contractual requirements, resulting in a compliance score of 100 percent for each standard as well as for the overall score, all of which matched or exceeded the statewide averages.

The 2011–2012 compliance review did not identify any opportunities for improvement for **MTHC**.

Follow-up on prior recommendations was not required, as the 2010–2011 compliance review had not resulted in any recommendations for improvement for **MTHC**.

MTHC demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the contractor.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table H-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Table H-2—Performance Measure Validation Results for MTHC | | |
|--|--|------------------------|
| Performance Measure | Findings | Audit Designation |
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MTHC** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table H-2.

Table H-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MTHC**; whether or not **MTHC** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table H-3—Well-Child Performance Measure Rates for MTHC | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MTHC | 74% | 82% | 64% | 83% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MTHC | 44% | 49% | 49% | 51% |
| | | Standard Met | N | N | N | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MTHC's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent in all four reporting quarters of SFY 2011–2012. The contractor's rates exceeded the statewide aggregate rates in three of the four reporting quarters of SFY 2011–2012.

MTHC's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure fell below the MDCH-specified minimum performance standard of 50 percent in the first three reporting quarters of SFY 2011–2012. The contractor's rates exceeded the statewide rate in Quarter 2, but they were lower than the statewide aggregate rates for the remainder of the SFY.

MTHC monitored and reported on the provision of care to its MICHild members. The contractor's quality improvement department reported on well-child exams according to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program, using HEDIS and CAHPS indicators to measure performance when applicable.

MTHC maintained its strong performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure, continuing to meet the minimum performance standard for all four quarters of SFY 2011–2012. For the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure, the contractor's performance improved compared to the prior-year results, resulting in an increase in the number of reporting quarters in which the MDCH performance standard was met. **MTHC** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MTHC** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table H-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table H-4—Encounter Data Performance Measure Rates for MTHC | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| 4. | <i>Encounter Data—Pharmacy</i> | N | N | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MTHC** met the MDCH standard for all 12 reporting months of SFY 2011–2012.

MTHC's rates for the *Encounter Data—Pharmacy* measure fell below the MDCH standard for the first two reporting dates and met the performance standard for the remaining months of SFY 2011–2012.

The contractor worked to ensure that encounter files were submitted accurately and on time per the contract requirements, showing improvement in submitting the encounter data during the measurement period of SFY 2011–2012 and increasing the number of months in which the MDCH performance standard was met.

MTHC should continue its efforts to consistently meet the minimum performance standards for encounter data.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MUNI**’s compliance with federal and State requirements related to the six standards shown in Table I-1, which presents **MUNI**’s results from the 2011–2012 annual compliance review.

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MUNI | Statewide |
| 1. <i>Administrative</i> | 1 | 0 | 0 | 1 | 100% | 97% |
| 2. <i>Provider</i> | 6 | 4 | 0 | 0 | 80% | 92% |
| 3. <i>Member</i> | 3 | 2 | 0 | 0 | 80% | 84% |
| 4. <i>Quality/Utilization</i> | 6 | 1 | 0 | 0 | 93% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 22 | 7 | 0 | 1 | 88% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MUNI demonstrated strong performance on the *Administrative*; *MIS/Data Reporting/ Claims Processing*; and *Fraud, Waste, and Abuse* standards and achieved full compliance with all requirements. **MUNI**’s compliance scores of 100 percent on these standards matched or exceeded the statewide scores.

The *Provider* and *Member* standards represented the largest opportunity for improvement for **MUNI** with compliance scores of 80 percent, both of which fell below the statewide averages. **MUNI** should revise and amend the model provider contracts to include required language about grievances and complaints and develop and maintain a policy to ensure access to federally qualified, rural, child and adolescent, and tribal health centers. The contractor should describe the services covered by the pharmacy benefit management contracts and submit formulary information. **MUNI**’s accessibility study goal of 95 percent of providers demonstrating 24 hour a day, seven days a week access should be revised to require 100 percent compliance. The contractor should conduct a follow-up study to ensure that all providers comply with the requirement.

For the *Member* standard, **MUNI** should develop a policy and procedure to ensure that member materials and ID cards are mailed within the required time frame. The contractor should revise the grievance and appeal policy as well as letters and notifications to members to include all required language about the appeal and grievance processes.

MUNI's performance on the *Quality/Utilization* standards resulted in one recommendation and a below-average compliance score of 93 percent. **MUNI** should submit policies, procedures, and program descriptions that detail the types of health promotion and health education programs available to members.

The 2011–2012 review was the first annual compliance review for **MUNI**; therefore, follow-up on prior recommendations was not required.

MUNI demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table I-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|---|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates for Quarter 4 are consistent with MDCH specifications. MUNI was not required to report this measure for quarters 1, 2, or 3. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates for Quarter 4 are consistent with MDCH specifications. MUNI was not required to report this measure for quarters 1, 2, or 3. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MUNI** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table I-2. The contractor did not yet have an eligible population for reporting the well-child measures during the first three quarters of SFY 2011–2012. Therefore, the contractor’s performance was not compared to the MDCH-specified minimum performance standards or the statewide aggregate rates for the well-child measures for these periods.

Table I-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MUNI**; whether or not **MUNI** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table I-3—Well-Child Performance Measure Rates for MUNI | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----------|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MUNI | | | | 68% |
| | | Standard Met | | | | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MUNI | | | | 67% |
| | | Standard Met | | | | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MUNI's fourth quarter rate for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent and exceeded the statewide aggregate rate.

MUNI's fourth quarter rate for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure met the MDCH-specified minimum performance standard of 50 percent. **MUNI**'s rate was higher than the statewide rate for that quarter.

MUNI should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MUNI** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table I-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table I-4—Encounter Data Performance Measure Rates for MUNI | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | Y | Y | Y | Y | Y | N | Y | Y | Y | N | Y |
| 4. | <i>Encounter Data—Pharmacy</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MUNI** met the MDCH standard for 10 of the 12 reporting months of SFY 2011–2012 .

MUNI's rates for the *Encounter Data—Pharmacy* measure met the MDCH standard for all 12 months of SFY 2011–2012.

The contractor maintained its strong performance in submitting the encounter data during the measurement period of SFY 2011–2012, working to ensure that encounter files were submitted accurately and on time per the contract requirements.

MUNI should continue its efforts to consistently meet the minimum performance standards for encounter data submissions.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MUPP**’s compliance with federal and State requirements related to the six standards shown in Table J-1, which presents **MUPP**’s results from the 2011–2012 annual compliance review.

Table J-1—Compliance Review Results for MUPP

| Standard | Number of Scores | | | | Total Compliance Score | |
|--------------------------------------|------------------|------------|----------|----------------|------------------------|------------|
| | Pass | Incomplete | Fail | Not Applicable | MUPP | Statewide |
| 1. <i>Administrative</i> | 2 | 0 | 0 | 0 | 100% | 97% |
| 2. <i>Provider</i> | 10 | 0 | 0 | 0 | 100% | 92% |
| 3. <i>Member</i> | 3 | 2 | 0 | 0 | 80% | 84% |
| 4. <i>Quality/Utilization</i> | 6 | 1 | 0 | 0 | 93% | 96% |
| 5. <i>MIS/Data Reporting/ Claims</i> | 3 | 0 | 0 | 0 | 100% | 93% |
| 6. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 0 | 100% | 100% |
| Overall/Total | 27 | 3 | 0 | 0 | 95% | 93% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MUPP demonstrated continued strong performance on the *Administrative*; *Provider*; *MIS/Data Reporting/Claims Processing*; and *Fraud, Waste, and Abuse* standards. **MUPP**’s compliance scores of 100 percent on these standards, as well as the overall compliance score of 95 percent, matched or exceeded the statewide scores.

For the *Member* and *Quality/Utilization* standard, the 2011–2012 compliance review identified recommendations for improvement, resulting in compliance scores of 80 percent and 93 percent, respectively, both of which fell below the statewide average scores. **MUPP** should review the MICHild contract for any coverage changes and include these changes in the MICHild member handbook. The contractor should update the Web site with changes to covered services or policies and procedures and make members aware of these changes. For the *Quality/Utilization* standard, **MUPP** should submit policies, procedures, and program descriptions for the disease management programs offered to members.

The 2010–2011 compliance review did not identify any opportunities for improvement for **MUPP**; therefore, follow-up on prior recommendations was not required.

MUPP demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MICHild contractor. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Performance Measures

Federal regulations for CHIP managed care programs include a requirement to validate performance measures for each contracted health plan. MDCH contracted with HSAG to conduct the validation. MDCH developed and defined four performance measures, as well as calculated and reported the rates.

Table J-2 lists the performance measures and presents the validation findings and audit designations for SFY 2011–2012.

| Performance Measure | Findings | Audit Designation |
|--|--|------------------------|
| 1. <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 2. <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | Rates are consistent with specifications. MDCH should follow up with the contractor on the low rates. | <i>Fully Compliant</i> |
| 3. <i>Encounter Data—Institutional and Professional</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |
| 4. <i>Encounter Data—Pharmacy</i> | No concerns were identified. Continue to strive to meet reporting standards for encounter submissions each month. | <i>Fully Compliant</i> |

The 2011–2012 validation findings for **MUPP** reflected that the performance measures were *Fully Compliant* with MDCH specifications, as noted in Table J-2.

Table J-3 presents the reported SFY 2011–2012 quarterly rates for the well-child visit performance measures for **MUPP**; whether or not **MUPP** met the MDCH-specified minimum performance standards of 60 percent for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* and 50 percent for *Well-Child Visits in the Seventh Through Eleventh Years of Life*; and the aggregated statewide rates across all MICHild medical contractors.

| Table J-3—Well-Child Performance Measure Rates for MUPP | | | | | | |
|---|---|----------------------------------|-----------|-----------|-----------|-----------|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | |
| | | | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 |
| 1. | <i>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</i> | MUPP | 72% | 63% | 67% | 72% |
| | | Standard Met | Y | Y | Y | Y |
| | | Statewide | 64% | 64% | 65% | 66% |
| 2. | <i>Well-Child Visits in the Seventh Through Eleventh Years of Life</i> | MUPP | 49% | 46% | 43% | 61% |
| | | Standard Met | N | N | N | Y |
| | | Statewide | 49% | 47% | 50% | 52% |

MUPP's rates for *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* met the MDCH-specified minimum performance standard of 60 percent in all four reporting quarters and exceeded the statewide aggregate rates for three of the quarters. **MUPP**'s rates fell below the statewide rate for Quarter 2 of the SFY.

MUPP's rates for the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure fell below the MDCH-specified minimum performance standard of 50 percent for the first three quarters and did not exceed the statewide aggregate rates for these quarters. The contractor's performance improved to meet the MDCH standard and exceed the statewide rate for the fourth quarter.

MUPP monitored and reported on the provision of care to its MICHild members. The contractor monitored well-child visits using a health care registry, which gave providers information on needed care for their patients. **MUPP** also used this information to determine provider incentives at the end of the year and for annual provider report cards.

MUPP improved its performance on the *Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life* measure to meet the minimum performance standard for all four quarters of SFY 2011–2012. For the *Well-Child Visits in the Seventh Through Eleventh Years of Life* measure, the contractor's performance remained at the same level as the prior-year results, meeting the performance standard in one of the four quarters of the SFY. **MUPP** should continue efforts to increase rates for well-child visits, which address the **quality** of services provided by the MICHild medical contractor. The American Academy of Pediatrics regularly releases recommendations that inform providers and parents of current recommendations on health screening guidelines as well as best practices for treatment and prevention. **MUPP** should continue improvement efforts already in place and could consider additional interventions to improve overall performance for pediatric and adolescent care measures. The contractor should also explore reasons for low rates and evaluate if a low rate is reflective of incomplete data or lack of services.

Table J-4 presents a comparison of the reported rates for encounter data against the MDCH minimum performance standard, showing for each month whether or not the rate met the performance standard or was *Not Valid*.

| Table J-4—Encounter Data Performance Measure Rates for MUPP | | | | | | | | | | | | | |
|---|--|--|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|
| Performance Measure | | Reported Rates for SFY 2011–2012 | | | | | | | | | | | |
| | | Meeting the Standard: Yes (Y) , No (N), or Rate Not Valid (NV) | | | | | | | | | | | |
| | | 2011 | | | 2012 | | | | | | | | |
| | | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep |
| 3. | <i>Encounter Data—Institutional and Professional</i> | Y | N | N | N | Y | Y | Y | Y | Y | Y | Y | Y |
| 4. | <i>Encounter Data—Pharmacy</i> | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |

For the *Encounter Data—Institutional and Professional* measure, **MUPP** met the MDCH standard for nine of the 12 reporting months of SFY 2011–2012.

MUPP's rates for the *Encounter Data—Pharmacy* measure met the MDCH performance standard for all 12 months of SFY 2011–2012.

The contractor worked to ensure that encounter files were submitted accurately and on time per the contract requirements, showing improvement in submitting the pharmacy encounter data during the measurement period of SFY 2011–2012, and increased the number of months in which the MDCH performance standard for encounter data was met.

MUPP should continue its efforts to consistently meet the minimum performance standards for encounter data.

Appendix K. Findings—Blue Cross Blue Shield of Michigan (Dental)

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MDBC**’s compliance with federal and State requirements related to the five standards shown in Table K-1, which presents **MDBC**’s results from the 2011–2012 compliance review.

| Standard | Number of Scores | | | Total Compliance Score | |
|--|------------------|-------------------|-------------|------------------------|------------------|
| | <i>Pass</i> | <i>Incomplete</i> | <i>Fail</i> | MDBC | Statewide |
| 1. <i>Administration</i> | 2 | 0 | 0 | 100% | 100% |
| 2. <i>Provider</i> | 10 | 0 | 0 | 100% | 97% |
| 3. <i>Enrollee Services</i> | 11 | 0 | 0 | 100% | 85% |
| 4. <i>Quality Assurance/Utilization Management</i> | 3 | 0 | 0 | 100% | 78% |
| 5. <i>Fraud, Waste, and Abuse</i> | 3 | 0 | 0 | 100% | 78% |
| Overall/Total | 29 | 0 | 0 | 100% | 89% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MDBC demonstrated exceptionally strong performance across all standards. **MDBC** achieved full compliance with all contractual requirements, resulting in compliance scores of 100 percent for each standard as well as for the overall score, all of which matched or exceeded the statewide averages.

The 2011–2012 compliance review did not identify any opportunities for improvement for **MDBC**.

MDBC successfully addressed the recommendations from the 2010–2011 compliance review. The contractor assigned staff and developed a process for reconciling the 834—Daily Enrollment Transaction File. The contractor provided policies and procedures to ensure quality of and access to services for MICHild members.

MDBC demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the contractor.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MDDM**’s compliance with federal and State requirements related to the five standards shown in Table L-1, which presents **MDDM**’s results from the 2011–2012 compliance review.

| Standard | Number of Scores | | | Total Compliance Score | |
|---|------------------|------------|----------|------------------------|------------|
| | Pass | Incomplete | Fail | MDDM | Statewide |
| 1. Administration | 2 | 0 | 0 | 100% | 100% |
| 2. Provider | 9 | 1 | 0 | 95% | 97% |
| 3. Enrollee Services | 10 | 0 | 1 | 91% | 85% |
| 4. Quality Assurance/Utilization Management | 1 | 2 | 0 | 67% | 78% |
| 5. Fraud, Waste, and Abuse | 3 | 0 | 0 | 100% | 78% |
| Overall/Total | 25 | 3 | 1 | 90% | 89% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MDDM demonstrated strong performance on the *Administration* and *Fraud, Waste, and Abuse* standards and achieved full compliance with all requirements. **MDDM**’s compliance scores of 100 percent on these standards matched or exceeded the statewide scores.

The *Provider* and *Enrollee Services* standards represented continued opportunities for improvement for **MDDM**. The contractor’s performance resulted in a below-average compliance score of 95 percent for the *Provider* standard and an above-average score of 91 percent for the *Enrollee Services* standard. While the contractor followed up on the recommendation from the 2010–2011 compliance review to ensure that its contracts with providers include all required provisions by posting on its Web site information that providers are not prohibited from advocating on behalf of enrollees in any grievance or utilization process, **MDDM** has not yet revised the actual contracts. **MDDM** did not address the recommendation from the prior compliance review to develop a notice of action letter that includes all required information about expedited resolutions of appeals and continued benefits during the appeal process. **MDDM** should continue efforts to successfully address these continued recommendations. Following a revision of its member handbook as recommended in the 2010–2011 compliance review, **MDDM** achieved a 6.0 grade reading level and demonstrated compliance with the contractual requirement.

MDDM's performance on the *Quality Assurance/Utilization Management* standard resulted in a below-average compliance score of 67 percent, representing the greatest opportunity for improvement for **MDDM**. **MDDM** should submit documentation detailing the following: the contractor's policies, procedures, and activities to ensure access to and quality of services provided to MIChild members; performance outcome standards for preventive care; member satisfaction surveys; and documentation showing the use of program findings to implement improvement strategies.

MDDM's performance resulted in an overall compliance score of 90 percent, which was higher than the statewide score.

MDDM demonstrated strengths across the domains of **quality** and **timeliness** of, and **access** to, services provided by the MHP. The opportunities for improvement identified in the 2011–2012 compliance review addressed all three domains.

Annual Compliance Review

According to federal regulations, the State or its EQRO must conduct a review to determine the CHIP managed care organizations’ compliance with standards established by the State for access to care, structure and operations, and quality measurement and improvement.

MDCH evaluated **MGDP**’s compliance with federal and State requirements related to the five standards shown in Table M-1, which presents **MGDP**’s results from the 2011–2012 compliance review.

| Standard | Number of Scores | | | Total Compliance Score | |
|---|------------------|------------|----------|------------------------|------------|
| | Pass | Incomplete | Fail | MGDP | Statewide |
| 1. Administration | 2 | 0 | 0 | 100% | 100% |
| 2. Provider | 9 | 1 | 0 | 95% | 97% |
| 3. Enrollee Services | 4 | 6 | 1 | 64% | 85% |
| 4. Quality Assurance/Utilization Management | 1 | 2 | 0 | 67% | 78% |
| 5. Fraud, Waste, and Abuse | 0 | 2 | 1 | 33% | 78% |
| Overall/Total | 16 | 11 | 2 | 74% | 89% |

Notes: The total compliance scores were obtained by adding the number of criteria that received a score of *Pass* to the weighted (multiplied by 0.5) number of criteria that received a score of *Incomplete*, then dividing this total by the total number of applicable criteria reviewed.

MGDP demonstrated strong performance on the *Administration* standard and achieved full compliance with all requirements. **MGDP**’s compliance score of 100 percent on this standard matched the statewide score.

MGDP’s performance on the *Provider* standard resulted in a compliance score of 95 percent, which fell below the statewide score, and one new recommendation to develop a formal credentialing/recredentialing policy and procedure. **MGDP** successfully addressed the recommendation from the 2010–2011 compliance review to ensure that members are informed of languages spoken by contracted providers.

The *Fraud, Waste, and Abuse* standard represented the largest opportunity for improvement for **MGDP**, with a below-average compliance score of 33 percent and recommendations for all criteria on this standard. The contractor did not address the recommendation from the 2010–2011 review and received a continued recommendation to provide policies and procedures detailing how **MGDP** complies with federal and State fraud and abuse standards. The 2011–2012 compliance review resulted in the additional recommendation that the contractor should submit a compliance plan for review and provide procedures for reporting suspicion or knowledge of fraud or abuse.

The *Enrollee Services* standard represented a continued opportunity for improvement for **MGDP** with a compliance score of 64 percent, which was lower than the statewide score. The contractor successfully addressed the recommendation from the prior compliance review and submitted newsletters and brochures to MDCH prior to distributing them to the members. Following a revision of its member handbook as recommended in the 2010–2011 compliance review, **MGDP** did not achieve the required 6.9 grade reading level and should continue efforts to reduce the reading level of its member handbook. The 2011–2012 compliance review identified additional opportunities for improvement for the *Enrollee Services* standard. **MGDP** should provide documentation of its process for timely notification to MDCH of any program or site changes prior to implementation, add instructions to its provider directory for choosing and changing dentists, and provide written policies and procedures for the resolution of complaints about the quality of dental services and the referral of grievances to the Michigan Dental Association’s peer review committee. The contractor should provide a template notice of action letter that includes all required information about expedited appeals and continued benefits during the appeal process and add language to the Provider Administration Manual and the Quality Assurance Guidelines about providing covered services without discrimination against or segregation of MICHild members from other persons receiving health care services.

MGDP’s performance on the *Quality Assurance/Utilization Management* standard resulted in a below-average compliance score of 67 percent. **MGDP** should submit policies and procedures detailing activities to ensure access to and quality of services provided to members and provide the applicable section of the provider contract that addresses the assessment of quality of care through review of recall programs by providers.

MGDP’s performance resulted in an overall compliance score of 74 percent, which was lower than the statewide score.

While **MGDP** demonstrated some strengths 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 in all three domains.